HIV, STI, & Viral Hepatitis Sentinel Network
Virtual Meeting: Ending the HIV Epidemic Query
Agenda

- Introductions
- EtE Overview
- EtE Query Results
- Discussion
Introductions

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EtE Overview: How did we get here?

• National HIV/AIDS Strategy: Updated to 2020
• UNAIDS: *Ending the AIDS Epidemic by 2030* and *Fast-Track Cities Initiative*
• Jurisdictional (local and state) plans to end the HIV epidemic
• On December 1, 2018, the Act Now: End AIDS Coalition and AIDS United released *Ending the HIV Epidemic in the United States: A Roadmap for Federal Action*
• On February 5, 2019, *Ending the HIV Epidemic (EtHE): A Plan for America* was announced during the State of the Union Address
Federal EtHE Initiative

• Announced during the 2019 State of the Union Address
• Aims to reduce the number of new HIV infections by:
  • 75% within 5 years
  • 90% within 10 years
• Phase I: During the first 5 years, focus will be on the 48 counties, plus Washington, DC, and San Juan, PR, where more than 50% of HIV diagnoses occurred in 2016 and 2017, and 7 states with a substantial number of HIV diagnoses in rural areas
• Phase II: Efforts will be even more widely disseminated across the nation to reduce new infections by 90 percent by 2030
• Phase III: Intensive case management will be implemented to maintain the number of new infections at fewer than 3,000 per year
Phase 1 Jurisdictions

EtE Initiative Pillars

HHS will work with each community to establish local teams on the ground to tailor and implement strategies to:

- **Diagnose** all people with HIV as early as possible.
- **Treat** the infection rapidly and effectively to achieve sustained viral suppression.
- **Prevent** new HIV transmissions by using proven interventions, including pre-exposure prophylaxis (PrEP) and syringe services programs (SSPs).
- **Respond** quickly to potential HIV outbreaks to get needed prevention and treatment services to people who need them.

Additional information available at [www.hiv.gov](http://www.hiv.gov).
HIV, STI, & Viral Hepatitis Sentinel Network

Purpose:
- Assess local health department (LHD) efforts, needs, challenges, and successes
- Advance NACCHO's ability to fulfill its mission to be a leader, partner, catalyst, and voice for LHDs

Membership:
- Open to all LHDs
- Currently more than 130 LHDs from over 40 states

Member Responsibilities:
- Complete brief surveys on an approximately quarterly basis
EtE Query

Purpose

• For LHDs engaged in EtE efforts, assess how they are engaged and what they may need to advance this work

• For LHDs not engaged in jurisdictional EtE efforts, assess interest in jurisdictional plan development and what may be needed to jump start the discussion locally

Respondents

• Query conducted Feb-Mar 2019

• 63/135 (47%) Sentinel Network members responded

• 31 states represented in results
Query Results

Local Health Department Engagement in Jurisdictional Ending the HIV Epidemic Initiatives
48% of LHDs were unfamiliar with EtE plans or initiatives prior to receiving this query.
Jurisdictional Engagement in EtE Initiatives

LHDs engaged in EtE were more likely to:

- Serve **large or extra-large** populations
- Serve **urban** communities
- Be in the **West**, less likely to be in the **South**

n = 63
For LHDs in Jurisdictions with EtE Initiatives
Jurisdictional EtE Plans

- Local: 38%
- State: 19%
- Both: 42%

n = 26
Status of EtE Initiatives

- 16% Just getting started
- 36% Planning process is underway
- 8% Plan has been developed or is nearly final
- 40% Plan is currently being implemented

n = 25
LHD Engagement in EtE Initiatives: In Your Own Words

**Community engagement** – bringing local leaders together.

Active **co-convener**, work group implementation, data reporting and data sharing. **Implementer** of key plan strategies.

Recipient and **pass-through funder**… overseeing backbone organization, representation on **leadership committee**…[and] all subcommittees.

Carrying out…local level initiatives organized by [state health department].

[We have] **contracted with local CBOs** to implement proposed interventions…Staff have worked with the Committees to **develop metrics** and score cards to **track progress**.

Data accrual, analysis and **epidemiology support**

We currently **fund** one hospital and… CBO to address prevention activities.
Evolving Roles and Experiences for LHDs

Broadening of our partnerships with community organizations

Currently not engaged

We are looking at all methods to EtE including...PrEP which had not been a focus.

There is increased support from [state health department]

Being led by community primarily and not public health. Increased focus on social justice, policy and advocacy.

Having a contracted backbone organization has been unique, in that other HIV planning processes...have really had [LHD] as the convener.

We are not part of planning and not leading.
Engagement of New Community Members & Stakeholders

Most LHDs reported that the EtE planning process has **engaged new community members or stakeholders**

- **38%** Not sure
- **58%** New community members or stakeholders have been involved
- **4%** New community members or stakeholders have **NOT** been involved

n = 24
Benefits of Jurisdictional EtE Initiatives

Invigoration of the HIV community: 48%
New/innovative proposals, programs, or policies: 43%
Development of targets and metrics: 39%
Improved coordination and collaboration with the state: 35%
Increased financial resources for HIV: 30%
Increased and substantive community leadership and involvement: 22%
Increased awareness of HIV among policy and other decision makers: 22%
Increased prioritization of HIV within the health department: 22%

n = 24
Technical Assistance Needs

Engagement of and outreach to communities most impacted by HIV 39%

Addressing HIV-related syndemics 35%

Implementing structural interventions 30%

Messaging about U=U 26%

Assessing and leveraging existing resources 22%

Determining policy approaches and solutions 22%

Integrating EtE into existing HIV plans/initiatives 22%

Biomedical interventions (PrEP, PEP, TasP) 17%

Substantive community involvement and leadership 13%

Building diverse movements 13%

Increasing connection, collaboration, and learning with other EtE jurisdictions 13%

Partnering with the state health department 13%

n = 23
<table>
<thead>
<tr>
<th>Policy Issues and Challenges</th>
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<tbody>
<tr>
<td><strong>Need to de-criminalize HIV</strong></td>
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<tr>
<td>State health department has improved surveillance of new HIV diagnoses - but <strong>this information is not able to be easily shared</strong> with the agencies that do the outreach work and testing.</td>
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<td><strong>Homelessness &amp; unstable housing</strong></td>
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<td><strong>Need to have access to the school system</strong></td>
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<td><strong>Criminal justice reform</strong></td>
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<td><strong>A need to address HIV related <strong>stigma</strong> in the community, addressing <strong>mental health, psychosocial barriers, financial barriers</strong> among people who live with HIV/AIDS to retain in care</strong></td>
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<tr>
<td><strong>Increase in [substance use disorder] <strong>harm reduction</strong>, treatment &amp; recovery services/resources</strong></td>
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For LHDs Without or Unsure of Jurisdictional EtE Initiatives
Discussion of EtE by LHD or Community

- 27% Not that we are aware of
- 54% No, because we were not previously aware of EtE
- 11% Other
- 3% We have had conversations internally and with community partners
- 5% It has been discussed in our jurisdiction but the LHD has not been engaged

n = 37
**Anticipated Impact of EtE Initiatives**

*Yes*, an EtE plan would meaningfully impact our HIV response

*No*, an EtE plan would not meaningfully impact our HIV response

Unsure whether an EtE plan would be beneficial

n = 37
For those that reported “No” or “Unsure” about the local impact of EtE initiatives, we heard...

We have a small staff and this is **not a priority** item for us at this time.

We have a very **low incidence of HIV** in our county

My health department does not currently have **staff**, or extra **funding**, to participate in an EtE initiative.

We are not engaged at the local level because there are **regional efforts under way**
Anticipated Benefits of EtE Efforts

78% of LHDs not currently engaged in EtE efforts consider **new strategies for HIV prevention and care** as the greatest potential benefit of developing an EtE plan.

- **New/innovative proposals, programs, or policies for improved HIV prevention and care** (78%)
- **Invigoration of the HIV community and other key stakeholders** (44%)
- **Increased financial resources for HIV** (33%)
- **Development of jurisdiction-specific targets and metrics for ending the HIV epidemic** (33%)
- **Improved coordination and collaboration between the state and local health department** (28%)
- **Increased awareness of HIV among policy and other decision makers** (28%)
- **Increased and substantive community leadership and involvement** (28%)
- **Increased prioritization of HIV within the health department** (17%)

n = 18
Anticipated Technical Assistance Needs

- Examples and resources from jurisdictions that have launched EtE initiatives: 61%
- General information about jurisdictional EtE initiatives: 56%
- Engaging and conducting outreach to the communities most impacted by HIV: 39%
- Integrating EtE planning into existing HIV initiatives: 28%
- Implementing strategies in partnership with other EtE partners and stakeholders: 28%
- Establishing trust and building relationships with CBOs: 22%
- Assessing and leveraging existing resources: 17%
- Improved access to local data and metrics for HIV: 11%
- Building diverse movements: 11%
- Supporting substantive community involvement and leadership: 11%

n = 18
Technical Assistance Needs

We would like to learn more about how other local health departments are initiating an End the Epidemic plan.

Marketing campaigns to address risk behavior and prevention, including PrEP

Information on planning process, funding opportunities, innovative ideas

Training on community engagement

Engaging with similar jurisdictions that have had successes as well as best practices.

We [receive] overwhelming amounts of requests with very small staff. There are no delineations...as to what might be appropriate for small, rural, or economically challenged programs.
Policy Issues and Challenges

**HIV case reporting** and follow up are performed at a state level, rather than at the local level.

Inability to have **needle exchange program**, inability to have real conversations with students in **schools** about how to protect themselves from STI/HIV

**Minors** under 18 years old cannot access PrEP without parental permission. Also minors cannot seek HIV care without parental permission.

**Criminalization laws** surrounding HIV

There continues to be **stigma** associated with HIV, and in very conservative [state], it's harder to get someone to prioritize affordable treatment.

Getting **law enforcement approval** [for syringe service programs] has been a struggle.
Key Takeaways

• Need for increased awareness of jurisdictional EtE efforts

• EtE initiatives provide opportunities to work with community and other partners in different ways

• Innovation and increased community engagement as key benefits of EtE initiatives

• Policies, inequities, stigma, and structural barriers challenge ability to end the HIV epidemic

• NACCHO should increase communication to members about EtE initiatives and support engagement and learning across jurisdictions.
Questions?
Discussion

• What new insights or understanding have you gained from these results?
• Do you think that awareness of EtE initiatives has increased since announcement of the federal EtE initiative?
• What opportunities do you see for EtE efforts as a result of the federal initiative?
• What concerns do you have about the approach for the federal initiative to end the HIV epidemic?
• If you are in a Phase I jurisdiction, what has your experience been to date?
• How do you want to stay connected and learn from EtE initiatives across the country?
Thank You!