



LGBTQ+ HIV HEALTH EQUITY SUMMIT 2020

What Does LGBTQ+ PRIDE
Mean To You?

LGBTQ+ Pride is about promoting and celebrating community and solidarity. It's about feeling a sense of belonging rather than alienation. It's also about understanding your history and taking action against social injustice and inequity, including homophobia, transphobia, racism, classism, and ableism.

-ALBERTO C.

Pride is the joy I feel when connecting and making a difference within my community as a queer person. It's a confidence in calling myself queer, being proud to proclaim that.

-ALYSSA R.

Queer Black Liberation!

-ANONYMOUS

People
Respect
Inclusivity
Diversity
Equality

-LAJEUNE P.

Awareness and Strength

-MANUEL O.

Means I am free to love who I
want, free to be me.

-MICHAEL L.

LGBTQ+ Pride means loving every part of you. You have to love the good the bad and all of your scars. Pride means showing that love for everyone to see it so that they can love themselves too.

-ANGEL C.

Openness and celebration of our
love and its expression, our gender
identity and its expression, and our
social and political rights.

-MICHAEL F.

It means HOPE. It gave me hope to live and move forward with my life when no one including my own family would be there for me.

-JOHN

A rich history with a modern day
movement whose riots where
started by trans women of color,
fairy boys and butch dykes.

-SHAWN L.

Pride means remembering our roots, and proclaiming loudly the hard won victories fought by black trans women for the rights of all LGBTQ+ people, paid for in blood, which was eventually overshadowed by the patriarchal figurehead of white, gay, cisgender men.

-DIANA F.

It means freedom to be yourself.

-ANGEL L.

It is a celebration of sexual orientation that embraces and supports all men and women, no matter how they identify. It is love, acceptance, understanding, breaking down walls, educating youth, and supporting those who struggle to live proudly and openly due to fear of stigma and discrimination. It's also groups standing together to cheer for the Supreme Court decision! Yeahhhh!!!

-MARIA L.



THANK YOU EVERYONE!

THE SUMMIT WILL
BEGIN MOMENTARILY

CT Virtual LGBTQ+ HIV Health Equity Summit

Summit Organizers & Presenters

Paul A. Santos, NYC DOH

Brandon Harrison, PCDC

Kimberly Mirabella, PCDC

Marissa Miller, TransSolutions

Moya Brown-Lopez, NYC DOH

Henrietta Croswell, PCDC

Judy Lipshutz, PCDC

Dante Gennaro, CT DPH



Summit Agreements

- Please keep your microphone muted
- Please feel free to turn on your camera
- Ask questions through the chat box to be answered at the end of each session
- Copies of the presentations will be made available following the summit
- Group photo at the end of Day 2 (*Pixel Perfect*)

Summit Agenda: Day Two

- **10:00-10:05 AM- Welcome Back**
- **10:05-10:50 AM- Panel Discussion: Diversity & Inclusion in LGBTQ+ Healthcare**
Dante Gennaro, CT DPH
- **10:50-10:55 AM- Bio Break**
- **10:55-11:40 AM- Sex Positive Decision-Making Counseling for PrEP**
Moya Brown-Lopez, NYC DOH
- **11:40-11:45 AM- Bio Break**
- **11:45-12:30 PM- Status Neutral HIV Testing & Early Initiation Strategies**
Judy Lipshutz, PCDC
- **12:30-12:45 PM- Summit Finale: Photo Op!**



LGBTQ+ HIV Health Equity Summit: Panel Discussion

Diversity & Inclusion in
LGBTQ+ Healthcare:
Best Practices Addressing HIV Stigmas

Dante Gennaro, CT DPH



Aharon Walker

- Aharon Walker is 27 years old and was born in New Haven, CT. He married his husband two years ago and since then has been working as a financial services associate for a national bank. Aside from banking, Aharon is about to graduate with his Masters in Criminal Justice and has also worked on the side as a personal trainer for the last three years.
- Aharon enjoys incorporating healthy living in his personal training, especially with his clients who identify as HIV positive.
- Aharon has also participated in numerous campaigns created by the CT DPH to help promote awareness of HIV prevention messaging, such as PrEP and U=U.
- Aharon first started taking PrEP four years ago from a local provider in New Haven, CT. and adamantly adheres to his prescription.





Angel Cotto

- Angel Cotto is 21-years-old and was born in Florida and was raised in Hartford, CT.
- Angel is a researcher on Youth Homeless at the Institute for Community Research. He is on a team called, “Youth Action Hub”, which is comprised of young people with lived experiences of housing instability and homelessness.
- Angel wants to advocate more for youth and LGBTQ+ rights and spends time helping youth organizations around Hartford. He has worked with neighborhoods and organizations advocating for different rights and community issues, event planning, social media outreach, and getting youth involved.
- Angel received his HIV diagnosis in the fall of 2018 and is proud to report he has an Undetectable viral load.

Sean Woke

- Sean is 26-years-old and was born on the Island of St. Croix in the Virgin Islands. Sean moved to Hartford at the age of 13 and after living in various locations throughout CT, recently moved back to Hartford in October 2019.
- Sean started taking Truvada at the age of 24 for about a year and a half before discovering he had developed bone density complications and could not continue taking PrEP.
- On February 19th 2020, Sean was diagnosed with HIV and is happy to report that, to date, has an Undetectable viral load.
- Sean is a CT based activist who has spoken at numerous engagements, most recently at several Black Lives Matter Rallies. On social media Sean can be found on Facebook and YouTube.





Marissa Miller

- Marissa Miller is a nationally recognized advocate for human rights, social justice, health equity, and LGBTQ equality. Marissa has worked for the last 15 years on the local, state, and national levels to improve access to treatment and care for transgender people and people living with HIV, and to erase stigma and discrimination through education, policy, advocacy, and visibility.
- Marissa is now working to create change Globally, she is the Founder of TransSolutions LLC. TransSolutions LLC is designed to create a Global Culture of safety for the transgender, non-binary, and gender non-conforming communities through policy, safety networks, web developed concepts, certifications and devices.
- Marissa Miller has worked over the last 15 years with some of the nation's most influential national agencies working to End the HIV epidemic including: AIDS United, NMAC, CDC, HRSA, NIH and a former Board Member for Positively Trans (T+) Transgender Law Center. Through her work with the CDC Marissa served on the team that created the first intervention specifically designed for Transwomen, TWIST. Marissa currently serves as the Senior Strategic Director for the National Trans Visibility March, an annual event that brings together over five thousand constituents from across the U.S.
- Marissa brings a great deal of expertise serving transgender and gender non-conforming communities, specifically in the areas of: infrastructure building, program development, evaluation and leadership development. Marissa, with Center for Disease Control, Atlanta Georgia, alongside other Trans Woman of Color created the very first intervention specifically designed for Transwoman TWIST.

LGBTQ+ HIV Health Equity Summit 2020

Picture Search Activity: There are 5 differences between the 2 images. Can you find them all?



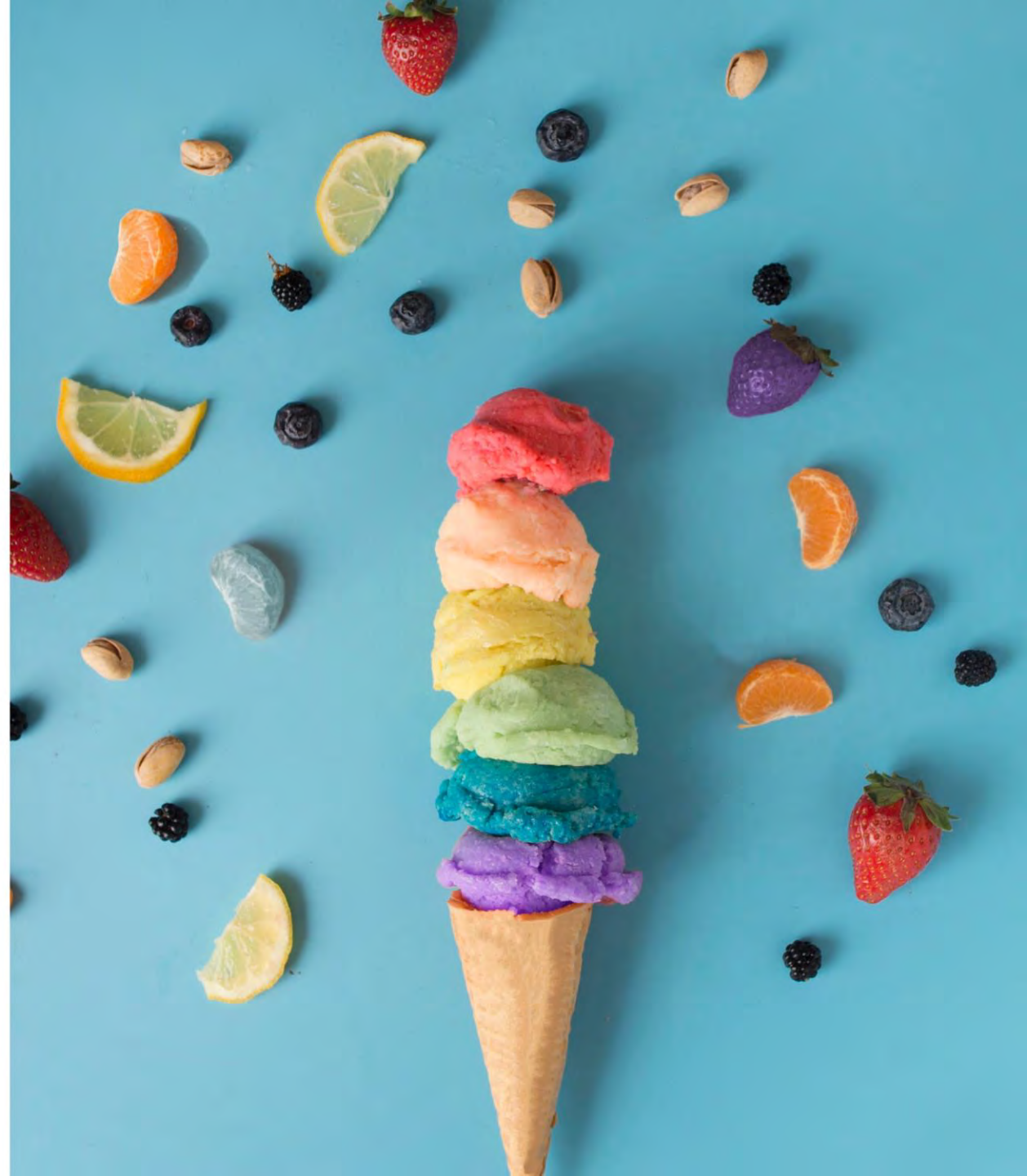


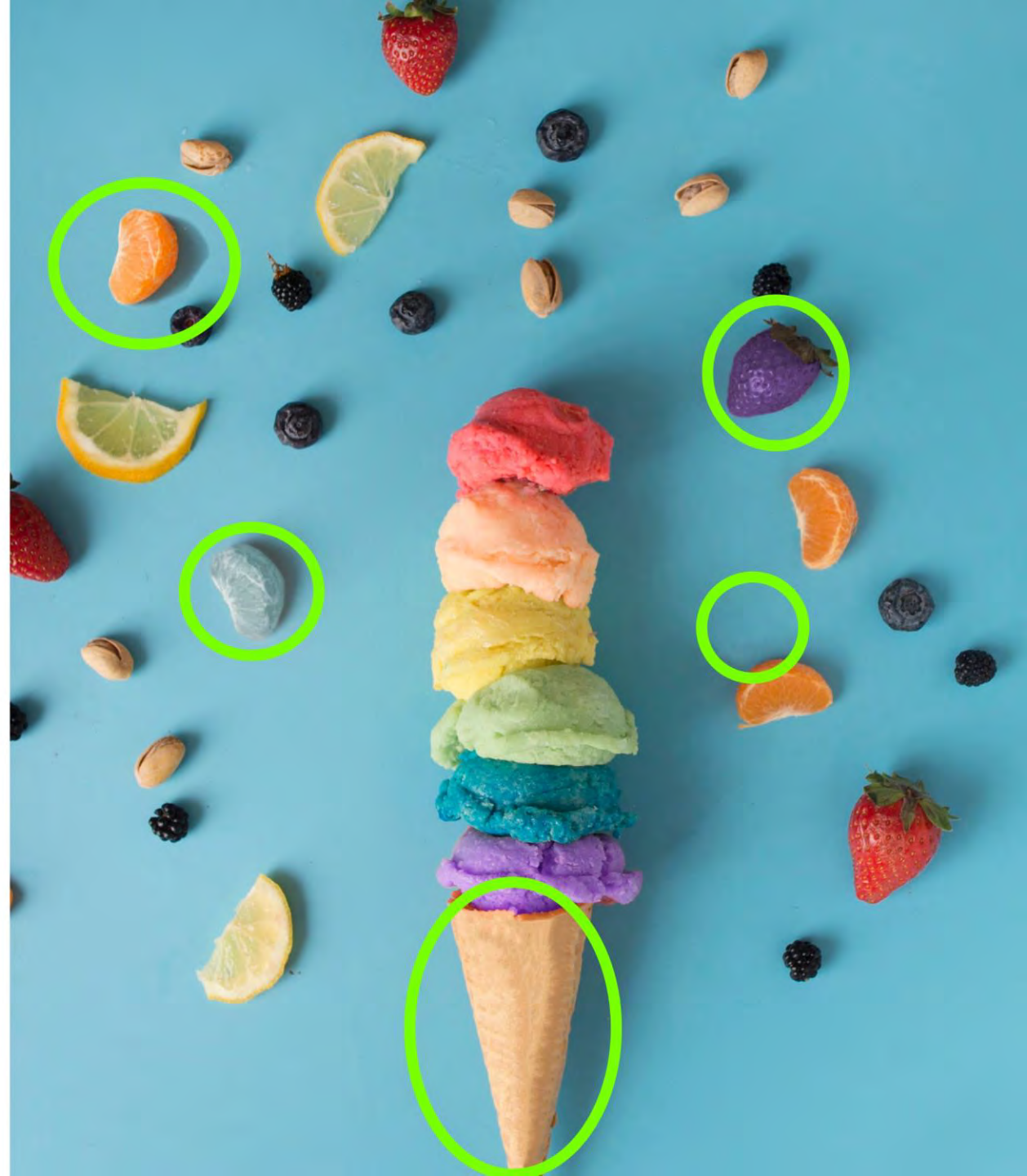






































Thank you for your
patience.

The summit will continue momentarily.



Sex Positive Decision-Making Counseling for PrEP

Moya Brown-Lopez, MPH/MS, MCHES
Director of Capacity Building Assistance (CBA)
NYC Department of Health & Mental Hygiene, Bureau of HIV

Moya Brown-Lopez

Moya is the Director of Capacity Building Assistance (CBA) within the NYC Department of Health & Mental Hygiene's Bureau of HIV. She has been working in HIV prevention, youth services, and harm reduction for almost twenty years, providing training and technical assistance in the latter half of that time.

She does this work to address racial, gender, and sexual health disparities and to improve quality of care for stigmatized and underrepresented populations. Moya is trained in public health and healthcare leadership and continues to learn everyday.



Session Outline



1. Sex Positivity
2. PrEP Basics
3. PrEP Decision-Making Counseling
4. Research on PrEP Counseling

Session Objectives



By the end of the session, participants will be able to...

- Describe key elements of sex positivity
- Compare old and new messages about sexuality
- Explain what is involved in taking PrEP
- List the goals of PrEP decision-making counseling
- Explain the core components of PrEP decision-making counseling



1. Sex Positivity



What does it mean to be *Sex Positive*?



Sex Positivity

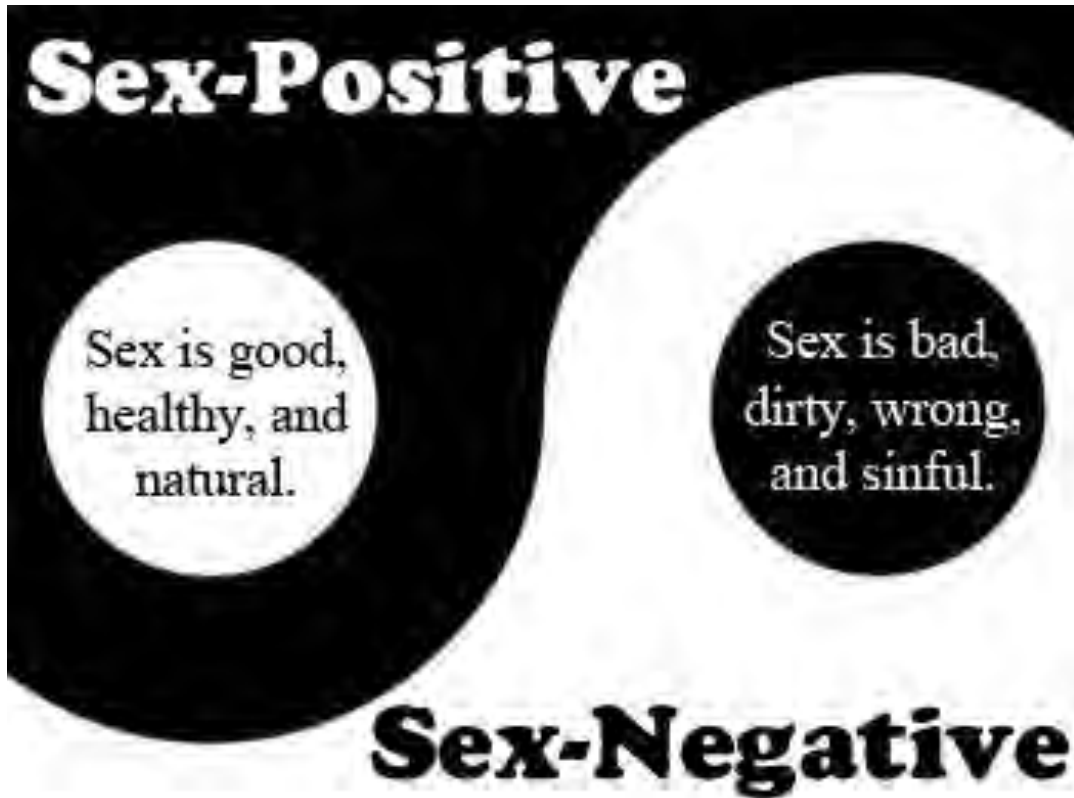
- Having positive attitudes towards sex
- Viewing sex as a natural part of the human experience
- Having boundaries and a personal framework about one's sexuality



Sex Positivity

- Not having judgements about others' choices that may be different than one's own
- Prioritizing open and honest conversations about sexuality, consent, and comprehensive education about bodies, gender, sex, and pleasure
- Undoing the shameful stigma and taboos around sex and sexuality





Sex Positive Messages

Old Message

My body is inherently sinful, and it needs to be controlled, covered up, and denied pleasure except in the context of heterosexual marriage.

New Message

My body is good. My body was designed for sex and pleasure, and sex and pleasure are good.

Sex Positive Messages

Old Message

My body and sex are private topics that we don't openly talk about.

New Message

I deserve a comprehensive education about my body, including functions and correct names for body parts. I have the right to discover and communicate what makes my body feel good (and also what makes me uncomfortable or causes unwanted pain.)

While growing up, what were some words often used to describe “private parts”?



Sex Positive Messages

Old Message

The clothes I wear and the way I take up space in the world make me responsible for people's actions and whether or not they respect me.

New Message

People are responsible for their own actions and I deserve respect. Point, blank, period! 😊



2. PrEP Basics



Pre-exposure Prophylaxis (PrEP)

- When a person without HIV takes medicine to prevent HIV
- When taken consistently, PrEP is highly effective for preventing HIV from sex or injection drug use (IDU).
- Studies have shown that daily PrEP reduces the risk of HIV from
 - Sex by about 99 %
 - IDU by about 74 %



Benefits of Taking PrEP

- Supports a person taking control of their sexual health
- Alleviates anxiety about sex and HIV
- Provides confidence and “peace of mind” to explore sexuality without the fear of HIV transmission



Benefits of Taking PrEP

- Used as part of a larger prevention strategy
- Can be “seasonal,” just like sexual behavior
- People often fluctuate between periods of high- and low-risk based on perceived risk of a sexual encounter (ex. beginning, opening, closing, or ending of a relationship)



The PrEP Process

1. Initial medical visit
 - HIV testing
 - Basic blood test (screen for kidney function)
 - Screening for STIs and viral hepatitis
 - Pregnancy testing
2. Consistent pill-taking (either daily or “on demand”)
3. Follow-up visits every 3 months



Does PrEP interfere with hormone therapy?

- *No.* Although more studies are needed on the topic, research shows that there are no known drug conflicts or interactions between PrEP medication and hormone therapy



Can I start taking PrEP or continue taking PrEP without in-person visits to a provider?

- Yes. With telemedicine (phone or video consultation with a healthcare provider) and mail-in self-testing its possible to order a specimen collection kit, which contains the supplies to do all the testing required.



What drugs are approved for PrEP?

Truvada (TDF/FTC)

- Tenofavir (teh-NOF-o-veer) disoproxil fumarate or **TDF** + Emtricitabine (em-tri-SIT-a-bean) or **FTC**
- FDA approved July 2012

Descovy (TAF/FTC)

- Tenofavir (teh-NOF-o-veer) alafenamide fumarate or **TAF** + Emtricitabine (em-tri-SIT-a-bean) or **FTC**
- FDA approved October 2019

Truvada

- Potent, safe, easy, evidence-based
- Proven effective in trans and cis women, women, gay and bisexual men, and people who inject drugs (PWIDs)
- Possible side effects include elevated creatinine (kidney function), reduced bone mineral density, nausea, headache, diarrhea, and unintentional weight loss



Key HIV PrEP Trials Using Oral Tenofovir (TDF) or Tenofovir-Emtricitabine (TDF-FTC)

Study	Study Population	Study Randomization	HIV Incidence Impact
IPrEx (Brazil, Ecuador, South Africa, Thailand, US)	2499 MSM and transgender women	Daily oral TDF-FTC or placebo	TDF-FTC: 44% ↓
Partners PrEP Study (Kenya, Uganda)	4147 heterosexual HIV discordant couples	Daily oral TDF, TDF-FTC, or placebo	TDF: 67% ↓ TDF-FTC: 75% ↓
TDF2 Study (Botswana)	1219 heterosexual men and women	Daily oral TDF-FTC or placebo	TDF-FTC: 63% ↓
FEM-PrEP (Kenya, South Africa, Tanzania)	2120 women	Daily oral TDF-FTC or placebo	TDF-FTC: no protection
VOICE (South Africa, Uganda, Zimbabwe)	5029 women	Randomized to daily oral TDF, TDF-FTC, oral placebo, TDF vaginal gel, or gel placebo	TDF: no protection TDF-FTC: no protection TDF gel: no protection
Bangkok TDF Study (Thailand)	2413 injection drug users	Randomized to daily oral TDF or placebo	TDF: 49% ↓
IPERGAY (France, Quebec)	400 MSM	Randomized to "on-demand" TDF-FTC or placebo	TDF-FTC: 86% ↓
PROUD (United Kingdom)	545 MSM and transgender women	Randomized to daily oral TDF-FTC immediately or delayed	Immediate TDF-FTC: 86% ↓

Descovy

- Potent, safe, easy, evidence-based
- FDA approved for *anal sex only* (more studies needed among cis women)
- Primarily prescribed to clients with known kidney or bone disease because of more favorable renal and bone safety outcomes
- Possible side effects include increased lipids and weight gain



PrEP On Demand:

An Option for Anal Sex

- While daily PrEP is the only approved dosing schedule in the US, robust data supports the use of intermittent or “on demand” PrEP.

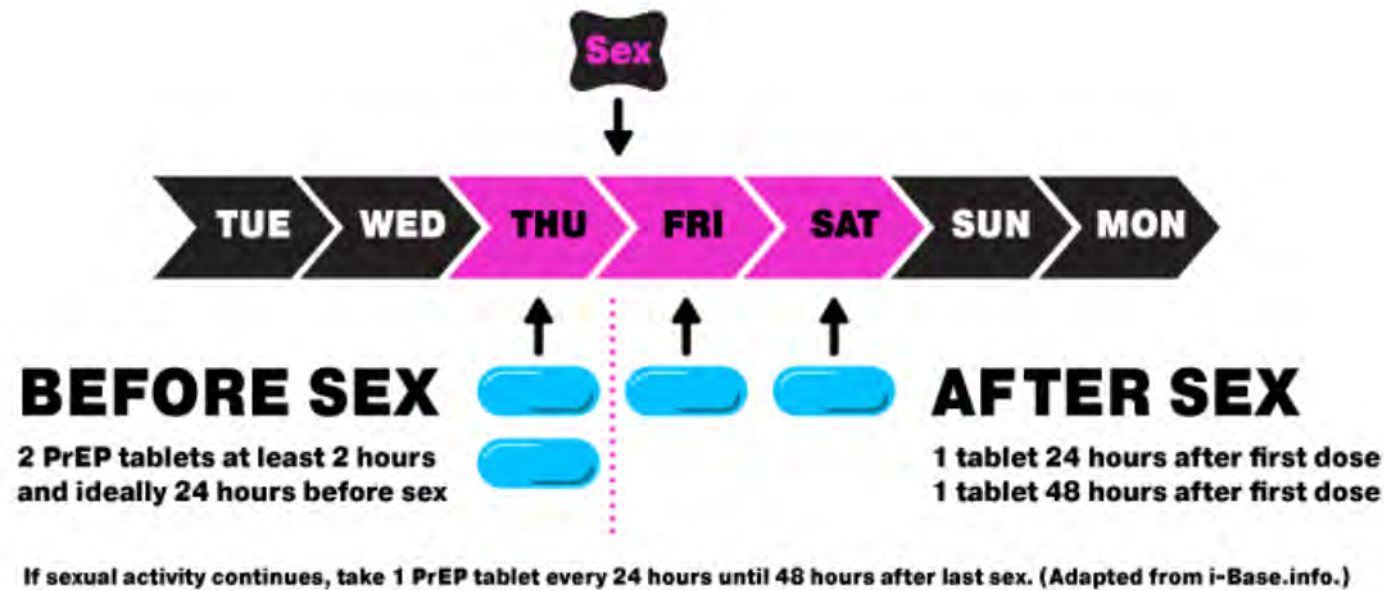
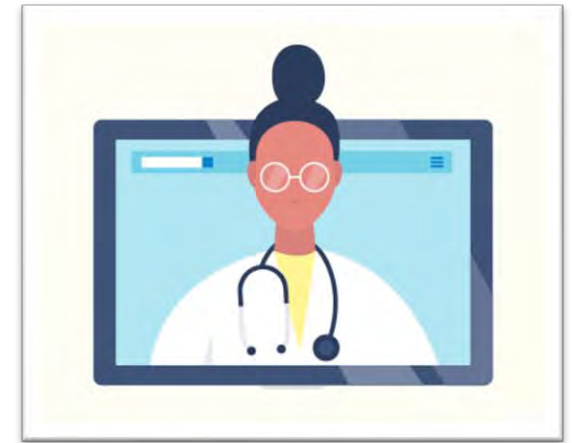


Figure 1: Dosing schedule for PrEP 2-1-1

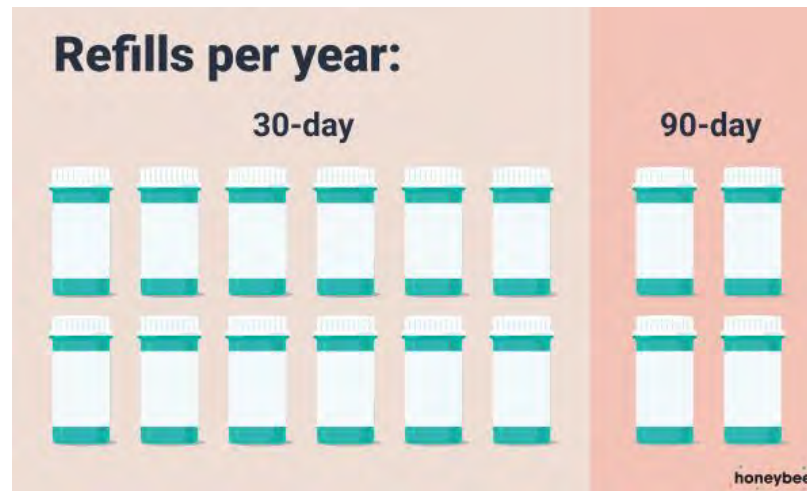
COVID-19 Update

- If a client needs a PrEP refill or has questions, suggest that they stay at home and call or email their health care provider.
- If a client is taking Truvada as daily PrEP, they can conserve their medicine by taking PrEP on demand.



COVID-19 Update

- Once a client's negative HIV-status is confirmed, consider a prescription for a 90-day supply of PrEP medication (rather than a 30-day supply with two refills), to minimize trips to the pharmacy and facilitate adherence.



3. PrEP Decision-Making Counseling



Effective PrEP Decision-Making Counseling

Ensures that...

- clients who would benefit from PrEP, fully (and truly) consider it.
- clients who decide to take PrEP feel that it is an *empowering* part of their sexual health plan.
- if PrEP is not the right choice, then clients are empowered to choose other sexual health promotion strategies that best support their desires and ideals.



Effective PrEP Decision-Making Counseling

Should be...

- designed to reframe HIV prevention conversations away from a focus on risk and disease and towards a focus on sexual health.
- part of a larger comprehensive sexual health strategy, including condom use, negotiated safety, seropositioning, and screening for sexual health behaviors (ex. “party N’ play,” meth use + sex).



Core Components of PrEP Decision-Making Counseling

1. Start with an empowering opener that emphasizes choice.
2. Provide PrEP Basics.
3. Discuss the Pros and Cons of PrEP.
4. Answer questions and make appropriate referrals (with a warm hand-off).



PrEP Decision-Making Counseling

1. Start with an empowering opener that emphasizes choice.

For example...

*“Have you heard about PrEP?
I’m talking to all my clients about
new strategies to prevent HIV
and PrEP can help you take more
control of your health.”*

PrEP Decision-Making Counseling

2. Provide PrEP Basics.

- What is it?
- How does it work?
- How do you take it?
- What doesn't it do?

PrEP Decision-Making Counseling

3. Discuss the Pros and Cons of PrEP.

Pros	Cons
Strong protection from HIV	Doesn't protect against other STIs and pregnancy

Four Key Principles of Motivational Interviewing



PrEP Decision-Making Counseling

4. Answer questions and make appropriate referrals (with a warm hand-off).



What are the most common referrals made for clients taking PrEP?



The “Best” PrEP Counseling...

- **is sex positive**, assuming all people have the right to a healthy and fulfilling expression of their sexuality.
- **focuses not on clients’ past “failures,”** but rather asks what strategies they plan to use in the future.



The “Best” PrEP Counseling...

- **understands the critical role of clients’ circumstances** in determining sexual behavior and focuses on developing strategies to help them avoid and/or overcome triggers or other situations that might make it difficult to achieve sexual health goals.
- **values open communication** between counselors and clients and emphasizes the counselors’ role in helping clients reflect on their own beliefs, desires, and priorities.



4. Research on PrEP Counseling



Study #1

The iNSC Study



The iNSC Study (Background)

- Subset of a larger multi-site PrEP study with young MSM in the US (ATN110/113)
- An evaluation of integrated Next Step Counseling (iNSC), an intervention to promote health through patient-centered discussions about sexual health protection and PrEP, as part of clinical care visits
- Emphasized exploration and open discussion before considering specific needs and strategies

The iNSC Study (Background)

- Evaluated case reports completed by iNSC counselors at study visits 4, 8, 12, 24, 36 and 48
 - 1,000 sessions involving 178 participants ages 15-22 (between 2013-2015)
- High fidelity!
 - 98-100% of sessions included critical steps for sexual health protection discussions
 - 96-98% of sessions included a PrEP use discussion

The iNSC Study (Results)

Sexual Health Protection	
Most common <i>motivator</i> ...	Commitment to stay negative
Most common <i>challenge</i> ...	Assuming partner is negative
Most common <i>need</i> ...	Having access to a sexual health protection tool or strategy (besides PrEP)

The iNSC Study (Results)

Adherence	
Most common <i>facilitator</i> ...	Carrying doses to have them on-hand when needed
Most common <i>challenge</i> ...	Drug and alcohol use
Most common <i>need</i> ...	Access to a dose when needed

Study #2

A Counseling Framework for HIV-Serodiscordant Couples



A Counseling Framework for HIV-Serodiscordant Couples (Background)

- Subset of a larger Partners Demonstration Project that prospectively studied 1,013 serodiscordant couples in Kenya and Uganda (began in 2012)
- Partners with HIV were offered antiretroviral therapy (ART) and partners without HIV were offered PrEP, before ART initiation and through the partner with HIV's first 6 months of ART use
- Time-limited PrEP as a “bridge” to ART-driven viral suppression

A Counseling Framework for HIV-Serodiscordant Couples (Background)

- Counselors conducted individual and group discussions to elicit the health communication framework and key messages about ART and PrEP that were delivered to couples.
- Counseling sessions included discussion about HIV serodiscordance, PrEP and ART initiation and integrated use, and PrEP discontinuation.

A Counseling Framework for HIV-Serodiscordant Couples (Results)

ART messages emphasized...	PrEP messages emphasized...
<ul style="list-style-type: none">• Daily lifelong use for treatment and prevention• Adherence• Viral suppression• Resistance• Side effects• Safety of ART during pregnancy	<ul style="list-style-type: none">• Daily dosing• Time-limited PrEP use until the partner with HIV has sustained 6 months of adherence• Adherence• Safety during conception• Side effects• Other risks for HIV

Study #3

Perspectives of PrEP Users and PrEP Naïve Men



Perspectives of PrEP Users and PrEP Naïve Men (Background)

- Four focus groups held at Fenway Health in Boston, a site of a CDC PrEP study and iPrEx trial (October 2011-March 2012)
 - Two focus groups = PrEP-experienced participants, recruited from people who had participated in a prior PrEP clinical trial
 - Two focus groups = high-risk MSM, PrEP-naïve participants, recruited through advertising at bars, clubs, and cruising areas and community outreach through print, clinic flyers, and electronic media

Perspectives of PrEP Users and PrEP Naïve Men (Results)

1. Motivations to Use PrEP	<ul style="list-style-type: none">• Protection from HIV• Satisfaction knowing they were part of a larger group volunteering to help prevent HIV
2. Barriers to PrEP Use	<ul style="list-style-type: none">• Mental health concerns (ex. depression, anxiety, insomnia)• Substance use (ex. alcohol use)

Perspectives of PrEP Users and PrEP Naïve Men (Results)

3. Facilitators to PrEP Use	<ul style="list-style-type: none">• Individualized approaches, especially when taking medications on a regular basis for other medical concerns (ex. daily rituals, anticipatory changes in schedules, external reminders)• Phone calls or text messages
4. Sexual Decision-Making	<ul style="list-style-type: none">• Feeling free from the need to use condoms and still feel protected from HIV• Feeling protected in serodiscordant relationships and in non-monogamous, open relationships

Perspectives of PrEP Users and PrEP Naïve Men (Results)

<p>5. PrEP Education Information <i>(most important topics for adherence)</i></p>	<ul style="list-style-type: none">• How can PrEP affect a person's physical health? the broader MSM community?• What are the short- and long-term effects?• How will participants access medication after their research participation ends?
<p>6. PrEP Delivery Personnel</p>	<ul style="list-style-type: none">• Be well educated and trained about PrEP use• Build rapport with people who use PrEP

Takeaways

Having judgements about others' choices that are different than one's own, often creates a barrier for genuine trust and communication between a counselor and client.

Prioritize open and honest conversations about sexuality, consent, and comprehensive education about bodies, gender, sex, and pleasure.

Undo the shameful stigma and taboos around sex and sexuality.

The best PrEP counseling is sex positive, assuming all people have the right to a healthy and fulfilling expression of their sexuality.



Thank you!!

Moya Brown-Lopez

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nyccbba@health.nyc.gov



LGBTQ+ HIV HEALTH EQUITY SUMMIT

What Does LGBTQ+ PRIDE
Mean To You?

LGBTQ+ Pride means to come together regardless of what you identify as (straight, gay, bisexual, etc.) and being united to send the message that it's okay being different. This is our life. We shouldn't shudder to fear. It means to stand together in unity and being proud of who we are.

-Daniel R.

Equal rights for all

-Sue M.

To me, LGBTQ+ pride means that my brother can celebrate love. He can celebrate how much he loves love, and during pride, he can be reminded that he deserves love.

-Marissa G.

Promotion, Acceptance, & Affirmation of LGBTQ+ people

-Dolly G.

LGBTQ+ Pride is the authenticity of oneself. Understanding that you, as an individual, are showing up with the capacity to love and pleasure whoever you want. LGBTQ+ is rejecting the binaries. LGBTQ+ Pride is knowing the historical background of our tribe that has paved the road to give us the freedoms and acceptance that we have today. LGBTQ+ Pride started with a riot. Pride is political.

-Mitchell B.

All about sex, gender and gender identity, sexual orientation is who you are attracted to.

-Quintino N.

It means being myself,
spontaneous, loving and
supportive of my community
without being judged 🙄💕

-Jon F.

LGBTQ+ Pride means to me that we reflect and pay respect to all those who have passed away, been killed, prisoned, persecuted before us to allow us the rights that we have today. It also means a time to assure we continue to move forward and demonstrate in order to continue having those rights.

-Luis I

Freedom to be who you are.
Unconditional love.

-Loretta M

LGBTQ+ pride is the celebration of ALL members of our community. It is also a remembrance of the queer, BIPOC that have sacrificed so much for us to be where we are today.

-Christopher A.

Pride is the joy I feel when connecting and making a difference within my community as a queer person. It's a confidence in calling myself queer, being proud to proclaim that.

-ALYSSA R.

A rich history with a modern day
movement whose riots where
started by trans women of color,
fairy boys and butch dykes.

-SHAWN L.

LGBTQ+ Pride means loving every part of you. You have to love the good the bad and all of your scars. Pride means showing that love for everyone to see it so that they can love themselves too.

-ANGEL C.



THANK YOU EVERYONE!

THE SUMMIT WILL
CONTINUE MOMENTARILY

Judy Lipshutz

- Judy Lipshutz is a Senior Project Manager with the High Impact Prevention (HIP) in Health Care Team at PCDC.
- She is a nurse and a social worker and for more than 30 years, has spent her career providing direct services, supervision, and training pertaining to reproductive health including HIV.
- Judy is dedicated to the promotion of reproductive rights, HIV treatment and prevention services, contraceptive choice, and school and community-based health services.



Status Neutral HIV Care Continuum and Early Initiation Strategies



Judy Lipshutz, MSW, RN
Senior Project Manager,
Primary Care Development Corporation
Connecticut LGBTQ Summit
June 30, 2020



Session Objectives

- Discuss the status neutral HIV Care Continuum
- Discuss HIV testing as the gateway to HIV treatment and prevention
- Discuss early initiation of anti-retroviral therapy (ART) and other promising practices

Acknowledgments

Erica D'Aquila and Julie Anne Bell

NYC Dept. of Health & Mental Health
Bureau of HIV

Ramon



- Ramon is a 28 year old man who comes for a routine primary care visit.
- **He has never been tested for HIV.**
- He has a 26 year old male partner named Hector who he has been involved with for the past few months.
- Ramon was treated for Gonorrhea six months ago.
- He currently feels healthy.

1 in 7
people with
HIV
don't know
THEY
have it.



Get the facts. Get tested. Get involved.

Find out more about HIV, including where to get tested, at gettested.cdc.gov



OVER
HALF
OF YOUTH 13 to 24
LIVING WITH HIV
DON'T KNOW IT.

Get the Facts. Get Tested. Get Involved.
gettested.cdc.gov



HIV Health Disparities

Health disparities in HIV are closely linked with social and economic disadvantages

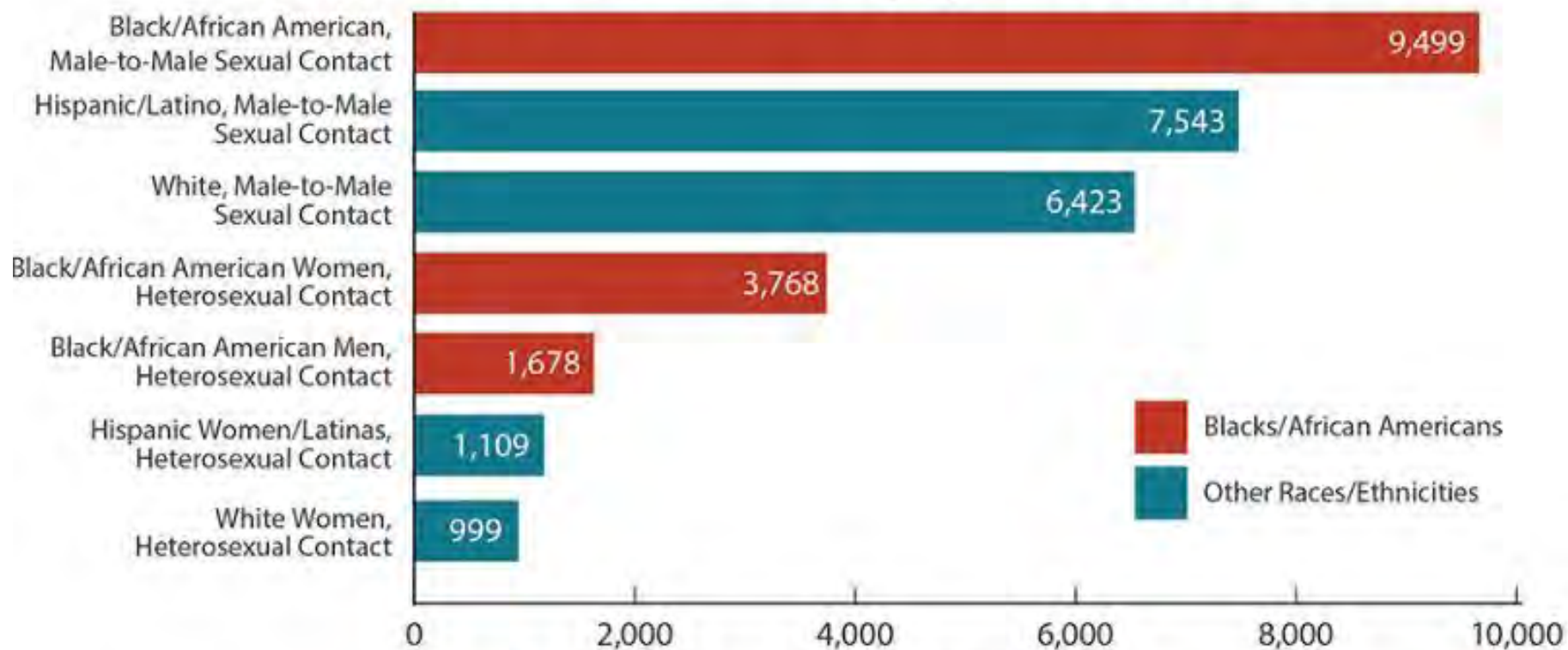
HIV can affect anyone regardless of age, sexual orientation or race

Black Americans are 14% of the population but make up almost half of new HIV infections

Gay and bisexual men, particularly African American gay and bisexual men are most affected.

From 2009 to 2014, 2,351 transgender people received an HIV diagnosis in the U.S.

New HIV Diagnoses in the US and Dependent Areas for the Most-Affected Subpopulations, 2018



Hispanics/Latinos can be of any race.

Source: CDC. [Diagnoses of HIV infection in the United States and dependent areas, 2018](#) [PDF - 10 MB]. *HIV Surveillance Report* 2019;30.

HIV Treatment and Prevention Starts with Testing



Advances in HIV diagnosis, treatment and prevention have the potential to change the course of HIV for individuals and communities, and **HIV testing** is the gateway to this transformation

14% of those individuals who do NOT know their status may be responsible for 40% of new diagnoses

Poll



Do you know about the HIV Status Neutral Continuum?

Yes

No

Unsure

HIV Testing: Status Neutral HIV Continuum

Building on the various prevention of care continua, the New York City Department of Health and Mental Hygiene (NYCDOHMH) presented a novel schematic that incorporates both people living with HIV and people at risk, making it effectively “status-neutral.”

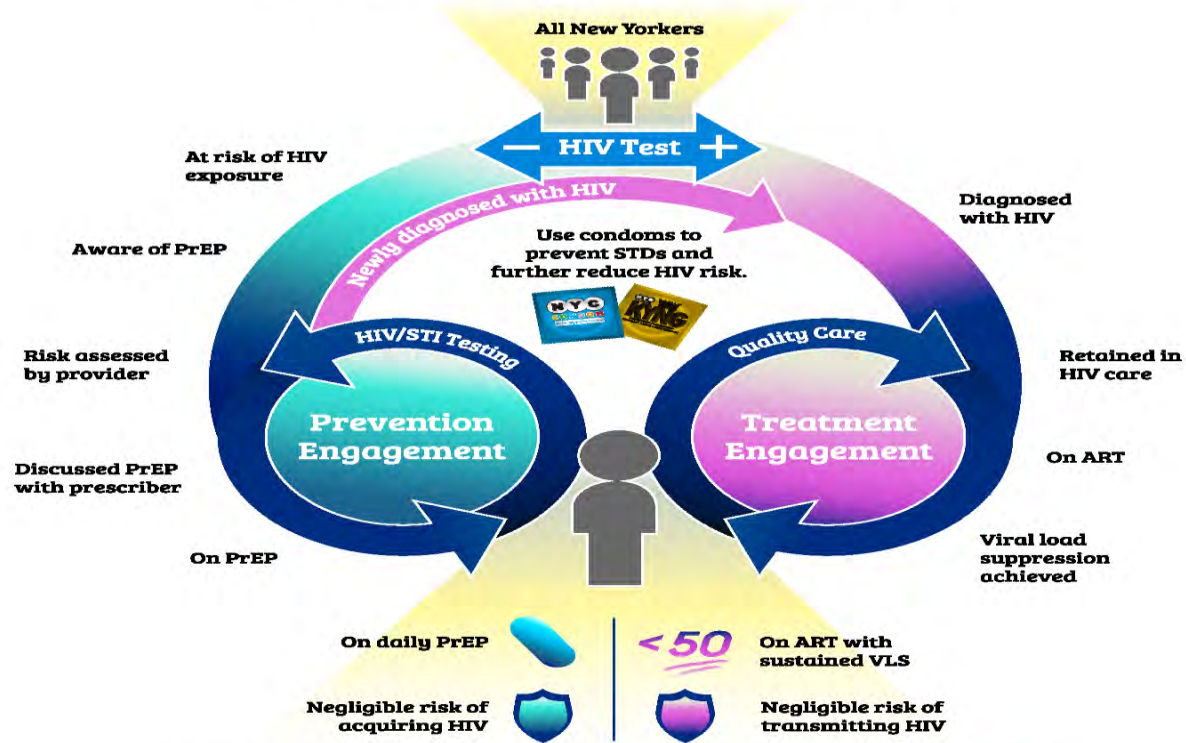
This multi-directional continuum begins with an HIV test and offers two divergent paths depending on the results; these paths end at a common final state.

The model proposes the same approach for engagement, regardless of one’s HIV status.



HIV Status Neutral Continuum

New York City's HIV Status Neutral Prevention and Treatment Cycle



People at risk of HIV exposure **taking daily PrEP** and people with HIV **with sustained viral load suppression** do not acquire or transmit HIV.



Back to Ramon

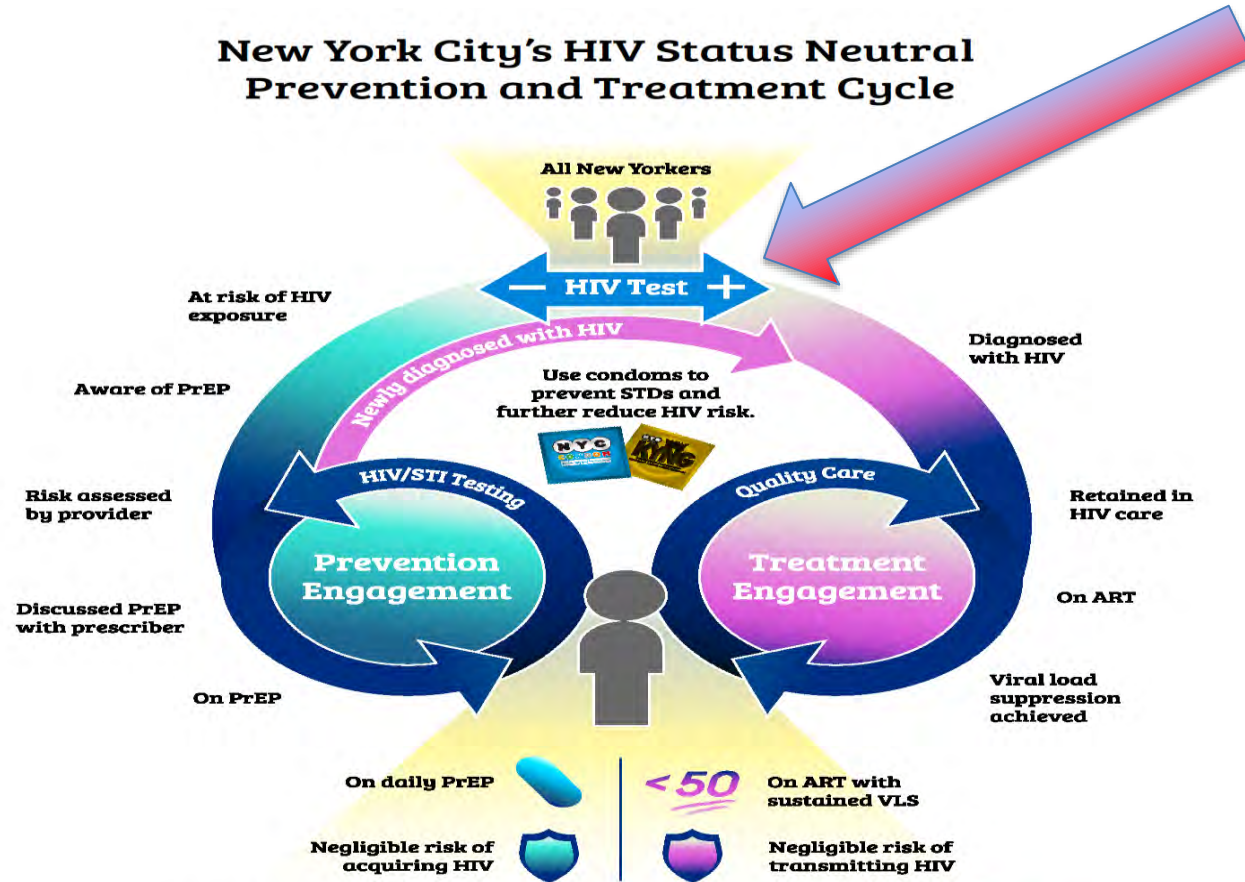


Ramon's Antigen/Antibody Rapid Test is Positive

What's Next?

HIV Status Neutral Continuum

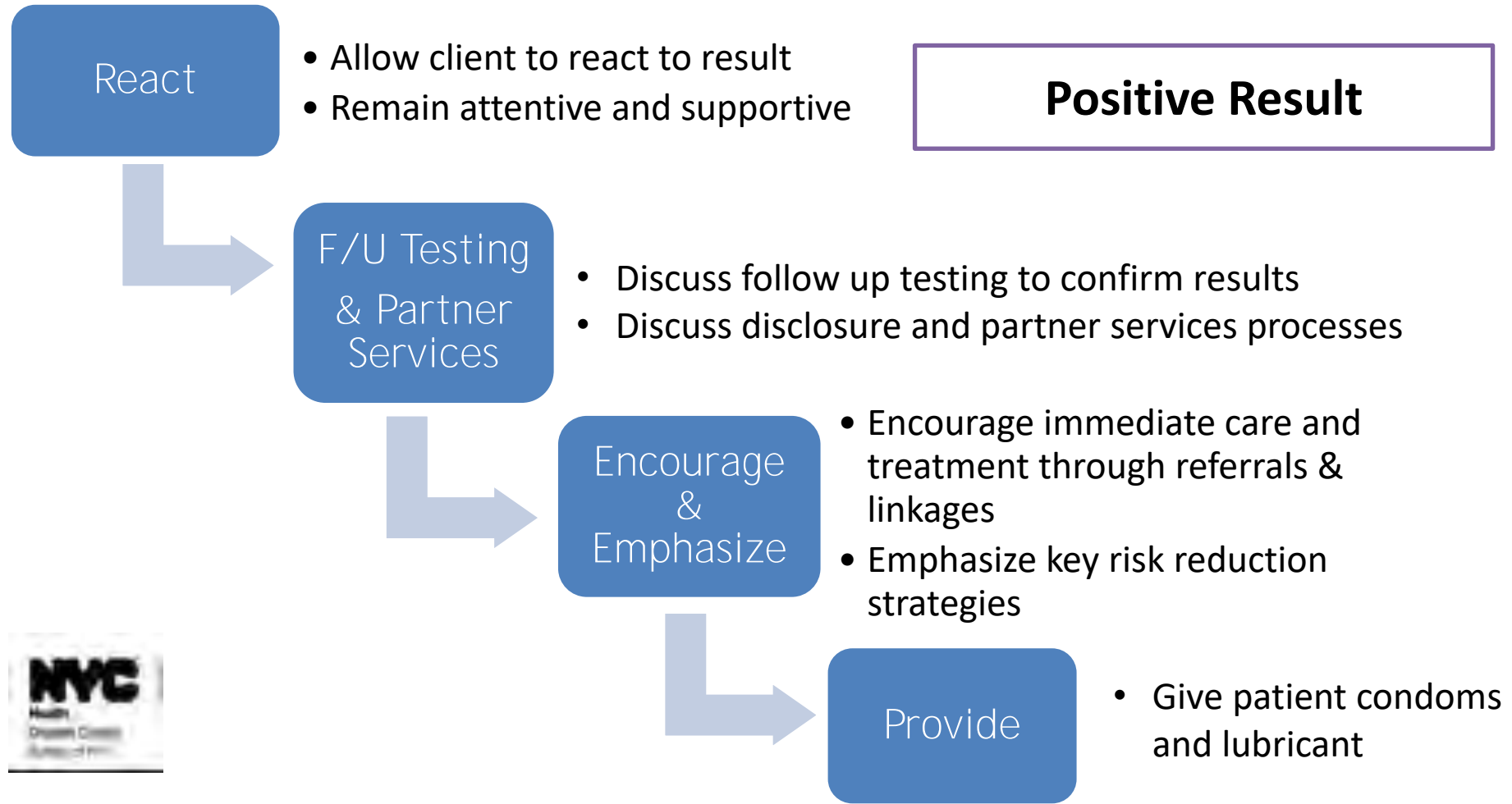
New York City's HIV Status Neutral Prevention and Treatment Cycle



People at risk of HIV exposure **taking daily PrEP** and people with HIV **with sustained viral load suppression** do not acquire or transmit HIV.



Develop Care, Treatment, and Prevention Plan Based on Results



Five Things to Know About Antiretroviral Therapy (ART) & Viral Suppression

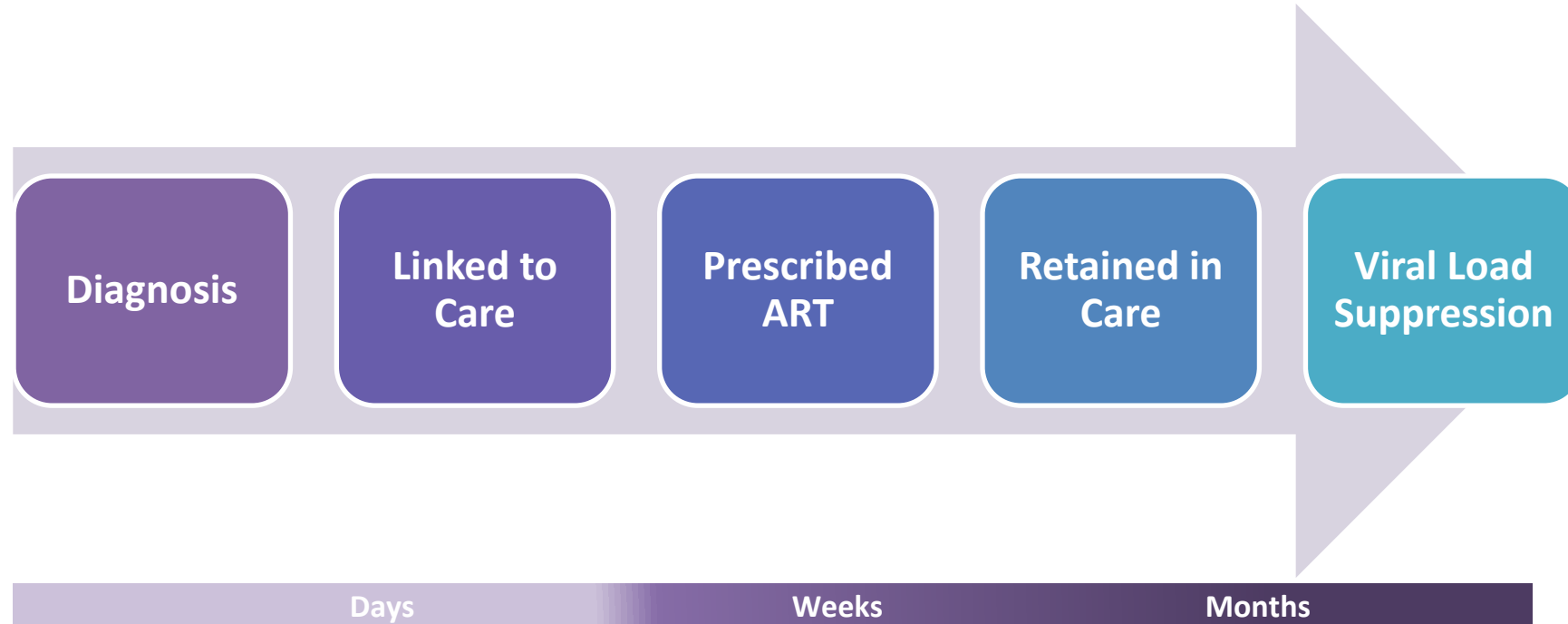
1	Antiretroviral therapy preserves the health of people living with HIV.
2	People living with HIV who take ART as prescribed, and achieve and maintain an undetectable viral load have effectively no risk of sexually transmitting the virus.
3	There are many people who are not aware of treatment and prevention options.
4	Medication adherence is key to achieving and maintaining viral suppression.
5	HIV testing, prevention, and treatment needs to be culturally competent, scientifically accurate, accessible, and inclusive for all persons at risk for or living with HIV; regardless of age, socioeconomic status, race, gender, or sexual orientation.



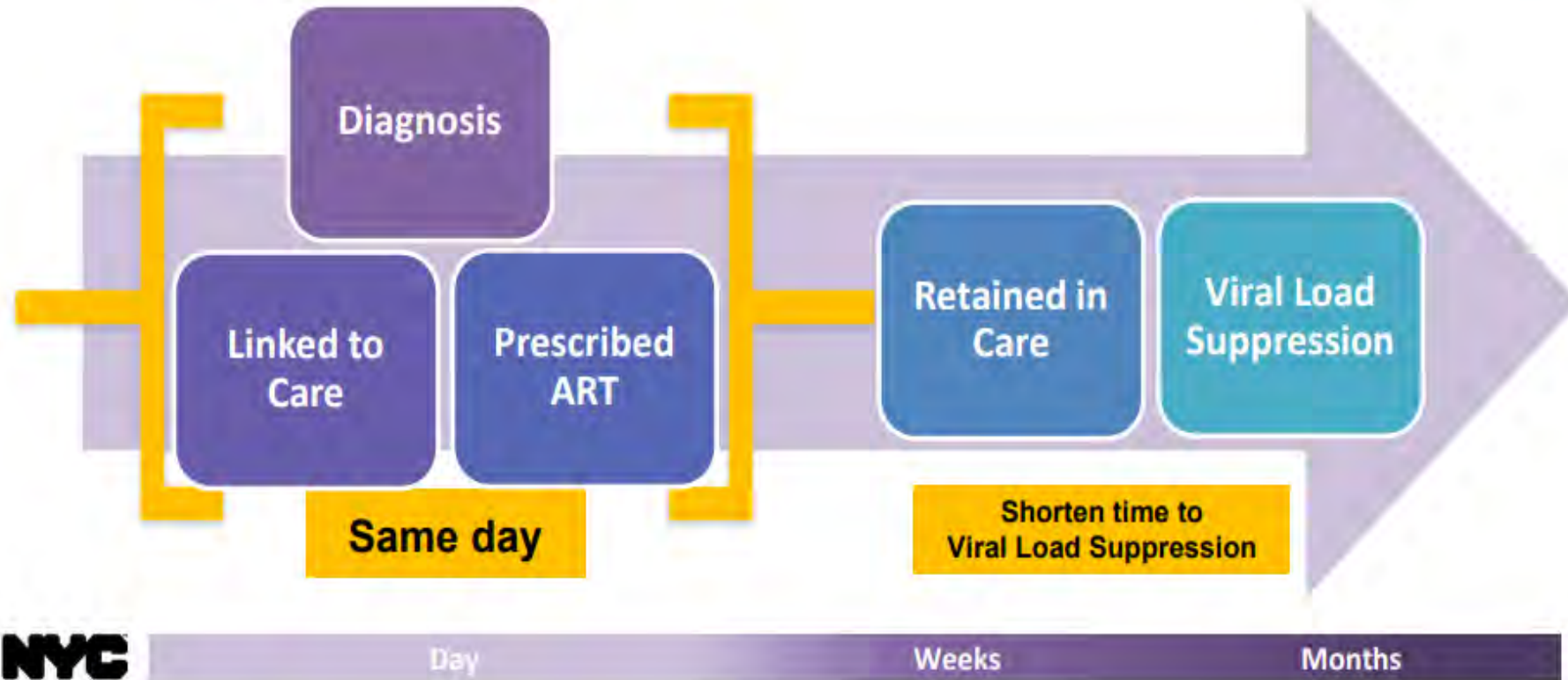
U=U was put forth by the Prevention Access Campaign

- Health Equity Initiative
- End the dual epidemics of HIV and HIV-related stigma
- Empower people with accurate and meaningful information about their social, sexual, and reproductive health

Traditional ART Initiation



iART: Rethinking Time and Process



Poll



In the healthcare organization where you work, please describe the status of iART:

- I have never heard of iART
- We are learning about and/or beginning to think about implementing iART
- We have started using iART with some patients
- We are routinely implementing iART
- I am not affiliated with a health center

Defining iART – Immediate Antiretroviral Therapy

iART is defined as initiation of antiretroviral therapy (iART) — preferably on the **same day or within 96 hours** to all individuals who are candidates for immediate ART initiation:

- A new reactive point-of-care HIV test result
- A new HIV diagnosis
- **Suspected** acute HIV infection
- Treatment naive and/or history of limited use of ART

**Different clinics and researchers may use
different terminology for iART
(e.g., rapid start, JumpstART, QuickStart, etc.)**



Individual and Community Benefits of iART:

Prompt viral load suppression

Increases retention in care

Decreases inflammation and immune activation

Decreases morbidity and mortality

Prevents selection of drug-resistant mutations

Prevents HIV transmission to others



Impact on Individual Health Outcomes:

Data from four randomized controlled trials

Increased viral load suppression at 3 months

Increased viral load suppression at 12 months

Increased retention in care at 12 months

Reduced mortality*

Reduced loss to follow-up at 12 months*

*Trend, but not statistically significant



Impact on Viral Load Suppression:

Data from four observational studies:

San Francisco: Patients who received iART achieved viral load suppression by **1.8 months** compared to 4.8 months

San Diego: 80% of iART patients achieved viral load suppression by **3 months** compared to 57% of the non iART patients

London: 85% of iART patients achieved viral load suppression at **4 months**, and 99% of iART patients achieved VLS at 6 months

Baltimore: 70% of newly diagnosed patients and 50% of previously diagnosed patients who received rapid ART achieved viral load suppression by **4 months**



Counsel and communicate iART effectively

Keys to Communicating about iART:



NYC
Health
Disease Control
Bureau of HIV

- ✓ Starting HIV treatment remains an individual choice
- ✓ iART involves more than just making an appointment and getting a prescription
- ✓ Make the person feel safe to express any concerns
- ✓ Provide clear, factual information to address concerns
- ✓ Respect a person's choices without judgement
- ✓ Negotiate an agreed upon plan of action

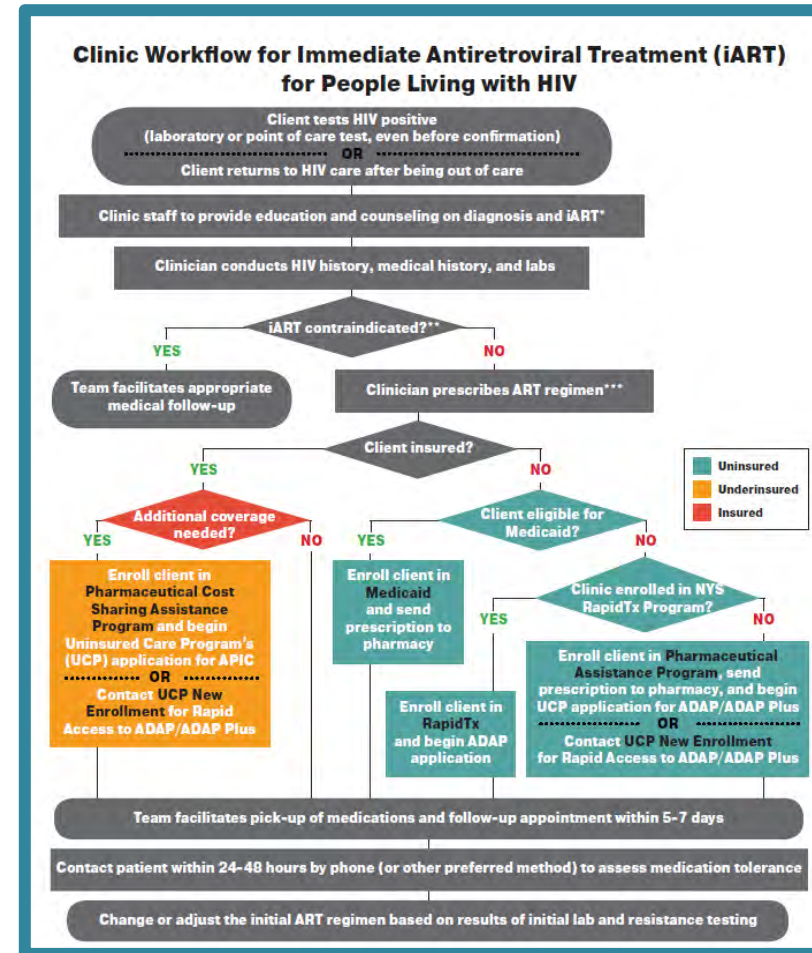
Client Needs Beyond ART

- ✓ Provide or refer client for support services, behavioral health, and harm reduction services, and address barriers:
 - Intimate Partner Violence
 - Immigration issues
 - Housing
 - Mental Health
 - Substance Use

Address potential barriers to medication adherence and continuity in care. Patients with active substance use, untreated mental health conditions, immigration issues or unstable housing deserve the highest standard of HIV care, including the option of rapid initiation of ART. Help address barriers to care with appropriate counseling and linkage to support services.

Best Practice: Changing Clinic Workflow

Create a new iART workflow tailored to your clinic that includes open time slots, contraindications, suggested regimens, & benefits navigation information



iART Take Home Messages

ART initiation, preferably on the same-day or within 96 hours of an HIV diagnosis, is now the standard of care in New York

Art is associated with better health outcomes for individuals living with HIV and public health

iART requires a multi-disciplinary approach

Capacity Building assistance is available



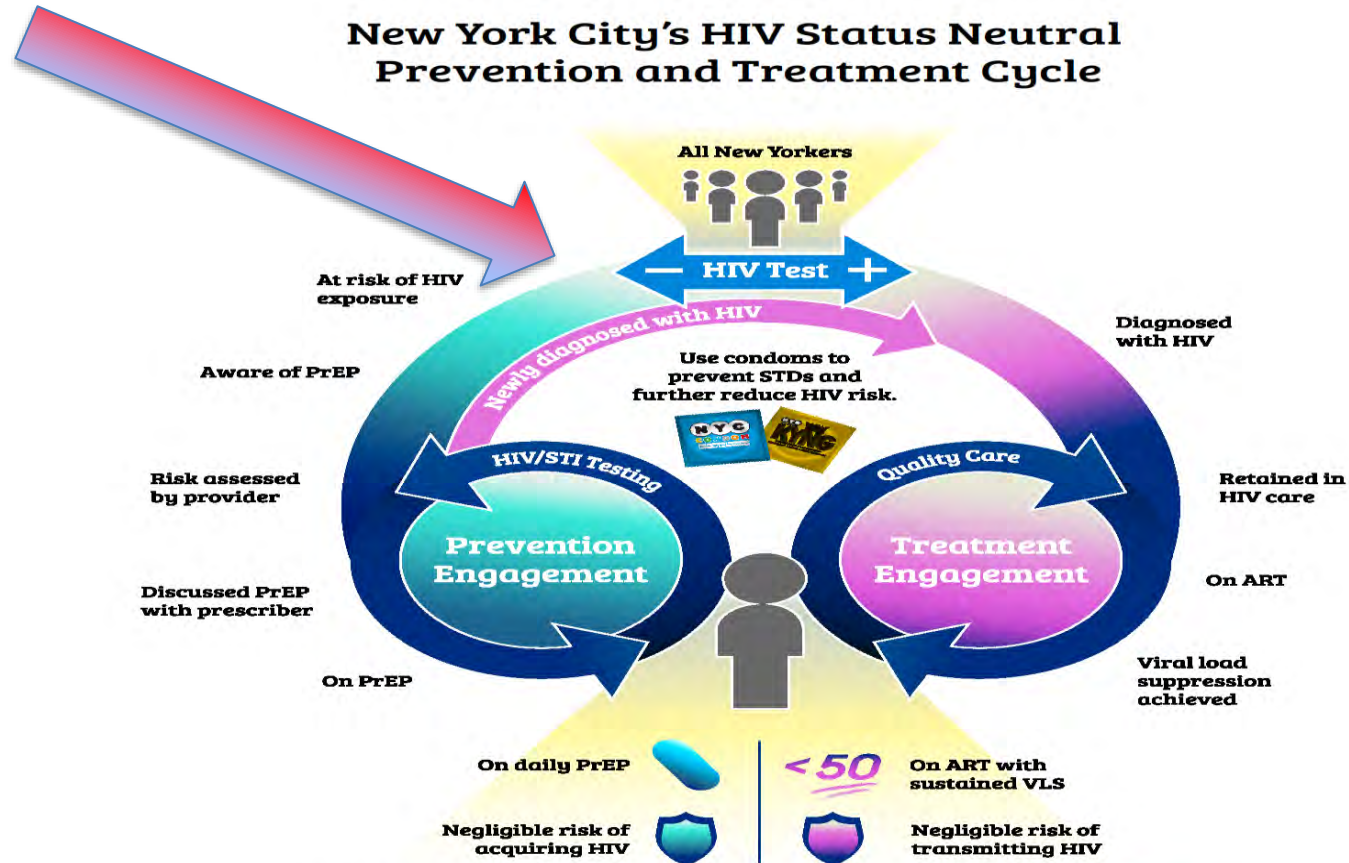
What About Hector?



- Hector comes in for an HIV test after Ramon discloses his status
- He tells you he was tested a year ago with a negative result, and that he has always used condoms with Ramon
- His HIV test is negative

What can you offer Hector?

HIV Status Neutral Continuum



People at risk of HIV exposure **taking daily PrEP** and people with HIV **with sustained viral load suppression** do not acquire or transmit HIV.



Refer and Link with Medical Care, Social and Behavioral Services

Negative Result

Identify & make referrals

- Identify necessary medical, social, and behavioral referral services



Support linkages

- Assist client with linking to referred services (e.g. transportation support, appointment making, physical accompaniment)



Let's talk
about PrEP!

Pre-Exposure Prophylaxis (PrEP)

- One pill taken daily to lower chances of infection
- Highly effective when taken consistently
- Can SIGNIFICANTLY lower risk

*Pre-exposure prophylaxis for the prevention of HIV infection in the United States – 2017.
A clinical practice guideline. Atlanta: Centers for Disease Control and Prevention.
<https://www.cdc.gov/hiv/pdf/risk/prep/cdc-hiv-prep-guidelines-2017.pdf>*

PrEP

HIV prevention pill is not reaching most who could potentially benefit – especially African Americans and Latinos



of people who could potentially benefit from PrEP are **African American** – approximately **500,000 people...**

...but only **1%** of those – **7,000 African Americans** – were prescribed PrEP*



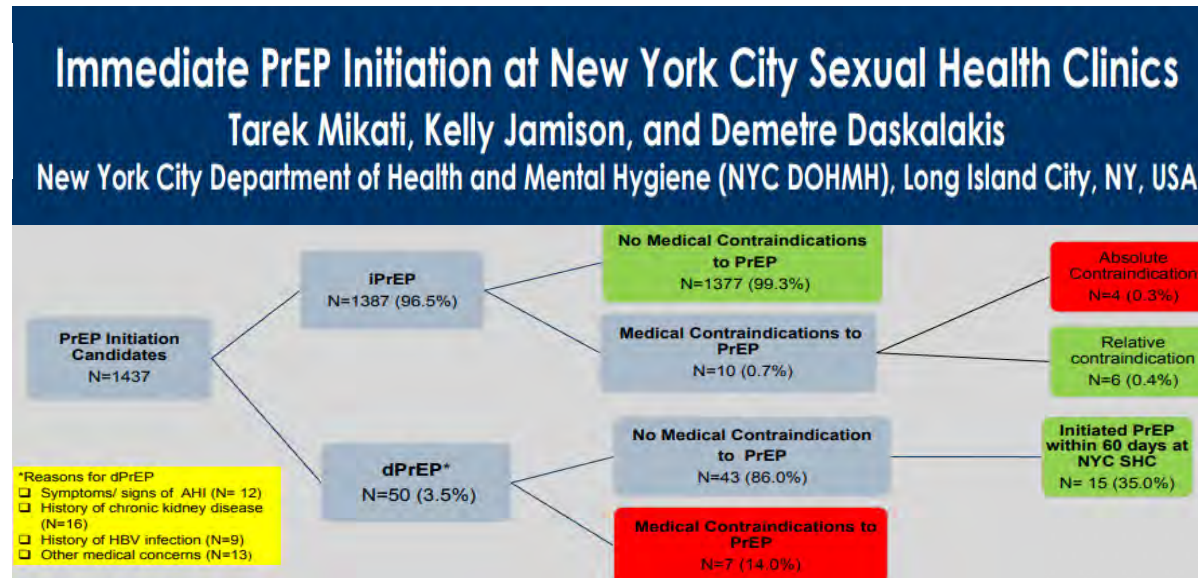
of people who could potentially benefit from PrEP are **Latino** – nearly **300,000 people...**

...but only **3%** of those – **7,600 Latinos** – were prescribed PrEP*



*Prescription data in this analysis limited to those filled at retail pharmacies or mail order services from September 2015 – August 2016; racial and ethnic information not available for one-third of the prescription data

Immediate PrEP Initiation is a Promising Model



iPrEP= 30 days of PrEP:

- Provided before lab results if no contraindications
- Stopped if GFR < 60 ml/min or + HIV VL
- Can continue if HBV sAg +

Conclusion

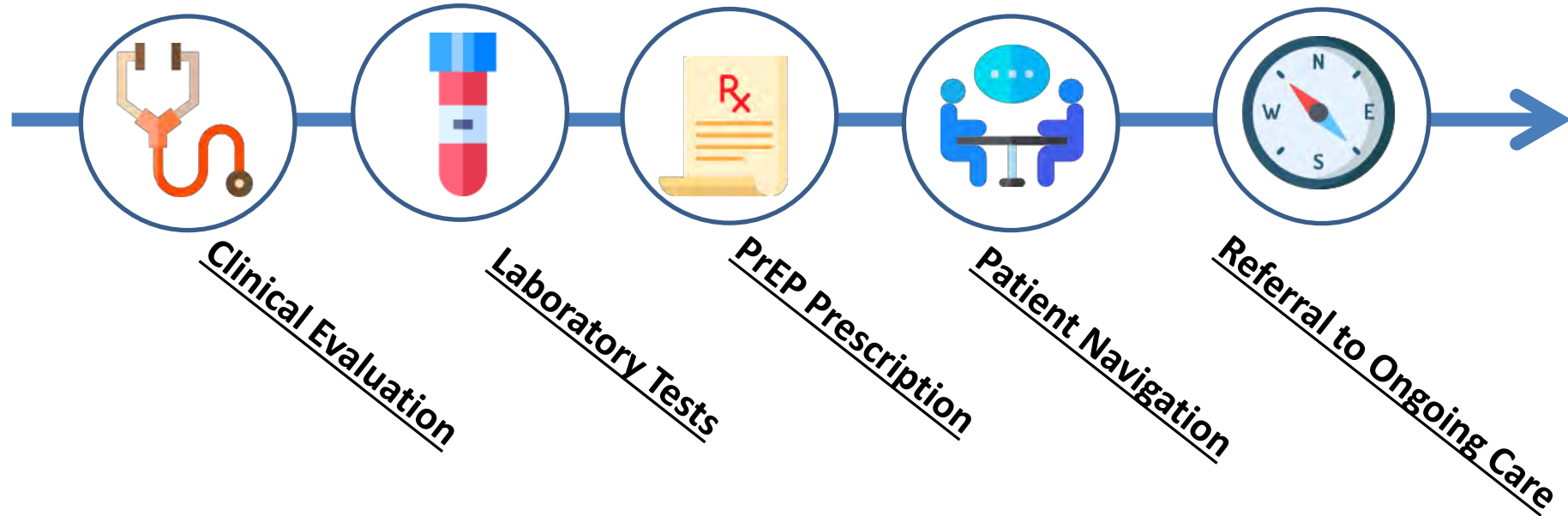
- Clinical assessment adequate for iPrEP in setting w/out previous renal function/hepatitis testing
- Delaying PrEP resulted in substantial loss to follow-up
- iPrEP is a promising and safe model

Conference on Retroviruses and Opportunistic Infections, Seattle, WA
March 7th, 2019, Abstract # 962

Same Day PrEP in Colorado

- A study was conducted at the Denver Metro Health Clinic (CMHC) STD Clinic from April 2017-October 2018.
- The study hypothesis was that same-day PrEP initiation would be safe and convenient, well received by clients, and that a high proportion of individuals initiated on same-day PrEP would engage in ongoing PrEP care
 - The study outcomes suggests STD clinic-based, same-day PrEP initiation is acceptable, feasible, safe, and links a high proportion of individuals into ongoing PrEP care.
 - The study also suggests that additional resources may be needed to support low-income individuals' retention in care.

Expedited PrEP Program: Condense Steps to One Day



Poll



In the healthcare organization you are working with, how would you describe the status of PEP (post-exposure prophylaxis):

- I have never heard of PEP
- We are learning about and/or beginning to think about providing and/or referring for PEP
- We have started to provide/refer some patients for PEP
- We are routinely providing/referring patients for PEP
- I am not affiliated with a health center

Post-Exposure Prophylaxis (PEP)

- Clinical prevention strategy
- Used in emergency situations
- Taken daily for 28 days
- Highly effective, but not 100%

Exposed to HIV? The clock is ticking!



To be effective, **PEP** must begin **within 72 hours** of exposure

What Is Involved In Taking PEP?

- **Medical visit within 72 hours of exposure (early access is required)**
 - HIV testing
 - Screening for STIs and Hepatitis
 - (Pregnancy testing and emergency contraception)
- **Daily pill-taking for 28 days**
- **Follow-up visit at 30 and 90 days**



Summary of Key Points

- Status neutral HIV prevention and treatment provides opportunities for HIV testing, engagement, linkage and retention.
- HIV testing is the starting point.
- People living with HIV who take ART as prescribed, and achieve/maintain an undetectable viral load have effectively no risk of sexually transmitting HIV.
- PrEP and PEP are powerful HIV prevention tools but uptake is lagging, especially for African Americans, Latinos and women.
- ART, PEP and PrEP can be initiated immediately.
- Enhancing the cultural responsiveness of our institutions can contribute to increasing health care access and retention for individuals regardless of their age, race, socioeconomic status, gender, sexual orientation or gender identity.



For more information about PCDC's HIP in Health Care capacity building assistance services, contact us at:

T: (212) 437-3970

E: hip@pcdc.org

W: www.pcdc.org/hipinhealthcare

Questions?



Resources/References

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Reflections

Please chat in.



THANK YOU!