

State Collaborative Partnerships to End the HIV Epidemic - Meeting Summary

ASTHO, in partnership with the Health Resources and Services Administration (HRSA), hosted a cross-state learning opportunity from February 27-28, 2020, in Washington, DC, which was intended to help states make meaningful progress towards Ending the HIV Epidemic by 2030. Seven state health agency teams (Alabama, Arkansas, Kentucky, Mississippi, Missouri, Oklahoma, and South Carolina) discussed potential partnerships and strategies to address stigma, shape policy, and build relationships to reach populations who are not engaged in care, populations in care but who are not virally suppressed, and populations who are newly diagnosed with HIV. The meeting was also intended to build upon the drafted “Ending the HIV Epidemic” state plans previously submitted to CDC and to develop strategic next steps.

Welcoming Remarks

Jim Macrae, associate administrator of HRSA’s Bureau of Primary Health Care, and Laura Cheever, associate administrator for HRSA’s HIV/AIDS Bureau, joined Mike Fraser, CEO, ASTHO, opened the meeting and provided an overview of the agenda and goals.

Panel: Setting the Stage

Gina Brown, Southern AIDS Coalition; Tori Cooper, Human Rights Campaign; and Venton Hill-Jones, Southern Black Policy and Advocacy Network

The meeting opened with a panel that highlighted the importance of de-stigmatization and community engagement, which may include shifting the focus to individuals rather than to risk behaviors. The panel pinpointed the need to bring health workers into the system who have experiences similar to the people receiving HIV care and treatment services. The panel stressed that lessening some of the job requirements for public health positions related to HIV would allow community-led programs to flourish. Specific strategies could include the following:

- Address how stigma is perpetuated in clinical care delivery, including the type of language used and how federal grants are written.
- Consider barriers to employment (i.e. HR policies, job descriptions, recruitment processes, educational attainment requirements) that inadvertently exclude qualified professionals with lived experience.
- Create fellowships and training programs that can build leadership skills and ensure the provision of a culturally competent services.

The panelists also emphasized the need for community members to be at the table in order to make effective policy changes and programs. This will require trust-building and acknowledgment that policies and practices are often determined by people with privilege. With regards to incorporating community members into the discussions around HIV, one of the panelists stressed the need to make sure the community’s voice is included in a meaningful way and their time is compensated.

Panel: Provider and Community-Based Organization (CBO) Capacity to Engage Patients in Systems of Care

Ben Money, the North Carolina Department of Health and Human Services; Chris Shank, North Carolina Community Health Center Association; and S. Todd Wallenius, Western NC Community Health Services

Panelists spoke about engaging federally qualified health centers (FQHCs) and maximizing their resources to better contribute to efforts for ending the HIV epidemic. Speakers and attendees acknowledged current challenges and opportunities:

- States that have not expanded Medicaid are experiencing increased limitations in expanding care in places other than FQHCs. The panelists also discussed using 340B savings and emphasized that without Medicaid expansion, FQHCs end up shouldering the burden for many uninsured or underinsured.
- Ryan White HIV/AIDS Program (RWHAP) funding does not allow for state-wide HIV testing, leading states to explore other funding streams available (both public and private).
- States can pursue integration of behavioral health in FQHCs to expand access to services.
- States can expand universal STI testing in FQHCs and other settings by promoting “opt out” testing.
- Primary care associations (PCAs) can assist health departments in engaging with FQHCs.
- Expanding the use of telehealth and tele-PrEP in rural areas provides an opportunity to increase access to services.
- States are using tools to measure and address the social determinants of health (SDOH), such as housing and transportation needs of clients, and make referrals to CBOs (see Appendix A for resources).

The panelists discussed the need for compassion among providers to improve the quality of care offered to people living with HIV by, for example, incentivizing compassionate medical students to enter primary care. Additionally, the panelists emphasized the need to destigmatize sexual health. One approach is having a continuous and meaningful dialogue with patients about the topic, while also ensuring that staff at FQHCs and other health centers display cultural humility. The panelists also recommended implementing a training curriculum to medical practitioners on cultural competency and stigma in clinical practice.

Evidence Based Approaches and Policy Interventions

Marcus Plescia, Chief Medical Officer, ASTHO

Essential policies for HIV prevention and control include:

- Improving access to health insurance that covers needed services including PrEP.
- Housing-first policies to help patients engage in care.
- Decriminalization laws.
- Expanding scope of practice and allowing providers other than physicians to prescribe for PrEP (e.g., pharmacists).
- Addressing confidentiality and consent for minors’ testing and treatment.
- Safe syringe programs as a risk reduction method, including suspension of state statutes and legalities that prevent programs from operating.
- Screening of incarcerated populations.

ASTHO stressed the need for states to think through a health equity lens as they develop their draft state plans, as well as to work with external partners to identify and better understand effective policies and interventions for ending the HIV epidemic.

State Spotlight: Louisiana

Samuel Burgess, Louisiana Department of Health

Louisiana's approach to ending the HIV epidemic links HIV-related inequities to issues of social injustice and failures in the healthcare delivery system. Louisiana's efforts focus on developing workforce capacity by providing mandatory trainings for staff on institutional racism, homophobia, and other related issues. The Louisiana Department of Health also dedicated an area of its strategic plan to community engagement and created community advisory boards and community planning groups. Burgess shared that the downward trend in the number and rate of HIV diagnoses in recent years in Louisiana is partly due to the involvement of the community in the work.

Louisiana also introduced a health models intervention that provides cash incentives to people living with HIV who attend appointments and lab visits regularly. The intervention started with three clinics and expanded to four more clinics with 3,500 people living with HIV in the program. He indicated that racial disparities have decreased among participants in the health models program. States pursuing this model, however, will need to explore funding avenues beyond the Ryan White Program, since monetary incentives are not authorized under Ryan White legislation.

In the last two years, the Louisiana Department of Health integrated Hepatitis C (HCV) into its HIV portfolio. Additionally, Louisiana developed a plan to eliminate HCV with a goal of diagnosing at least 90 percent and treating at least 80 percent living with HCV among the Medicaid population and total populations by 2024. The two strategies emphasized including mandatory negative lab reporting and expanding syringe service programs (SSPs).

World Café Themes and Discussions

Meeting participants rotated through world café tables, each with a CDC or HRSA subject matter expert leading discussions based on key state priorities (assessed during calls with each state team prior to the convening.) Themes from the report-outs are highlighted:

Addressing Stigma: *Antigone Dempsey (HRSA)*

- Addressing stigma must take place through community education as well as through health department staff and provider education (e.g., stigma, cultural humility, historical trauma, myth-busting, poverty simulations).
- Participants from states reinforced the need to reach out to nontraditional partners, including the media, social media (e.g., Grindr, Pandora), faith-based organizations, oral health providers,
- People are fearful of lack of confidentiality, especially in rural communities, which can prevent individuals from seeking care. Peer support services and community-wide events can help reduce stigma.
- States are interested in exploring routine opt-out testing. University of Alabama at Birmingham is surveying providers across the state to understand barriers to expanding opt-out testing.

Telehealth/TelePrEP – Bill England (HRSA)

- States are interested in expanding access to care through telehealth and supporting distance learning for providers through Project ECHO.
- Challenges to implementing telehealth include lack of broadband access and limited cellular data in home settings.
- States expressed a desire for joint federal guidance (HRSA/CMS) for Medicaid and FQHCs on telehealth reimbursement policies.

Rural Test and Treat/Testing and Surveillance for Populations who are Not Engaged in Care – Elizabeth DiNenno (CDC), CAPT Paul Weidle (CDC)

- Find people where they go:
 - States are interested in partnering with academic institutions, churches, barber shops, CBOs, state fairs, colleges' sporting events, employers/factories, and local businesses to offer broad health screenings, which may also reduce stigma related to testing.
 - Offer incentives to participate in community-wide testing events, such as discounts to local businesses or give-away items. Some states have partnered with CBOs to secure such incentives.
- Meet people where they are by recruiting people online and sending at-home self-testing kits:
 - Self-testing kits should offer resources on what to do if you test positive.
 - Limitations are that people who take the test may not be connected to care and not included in surveillance data.
 - Affordability is an issue, so some pilot programs have offered coupons or free kits mailed to consumers, such as through a social media campaign.
- States are working to engage hospitals:
 - Louisiana relied on labs' and large hospitals' electronic reports (which are less labor intensive than sending people out to look at records).
 - Couple (opt-out) testing with other mandated STI testing.

Financing through RWHP/Medicaid – Heather Hauck (HRSA)

- Most states attending the convening did not expand Medicaid, so FQHCs are often a primary provider for community members. Funding is often a challenge for FQHCs, so if the state health agency can work with CDC or other partners to secure funding for and provision of testing kits, the FQHC might become a more willing partner.
- RWHP is a primary funder for most states for HIV care and treatment; however, each state receives federal funding from other agencies to support the four pillars of the EHE plan. States may consider exploring all funding streams available.
- Rebates allow flexible use of funds for HIV care and treatment services. However, rebates can present challenges since there might be uncertainty in the amount of returns. The rebates need to be written in the contracts and monitored routinely. Some grant recipients found success in using grant dollars to build state infrastructure and the rebate dollars to fund service delivery.
- Technical assistance needs include how to educate providers and consumers on RWHP resources. The RWHP AIDS Education and Training Centers (AETCs) can be a partner in this.
- States indicated the need for more flexibility in funding, especially for prevention and public education, and the ability to redirect additional funds to EIA activities.

Co-location for substance use disorder (SUD) treatment and engaging with harm reduction programs – John Hannay (HRSA), Alice Asher (CDC)

- Sister agencies may be a partner to expand access to HIV testing:
 - South Carolina is exploring whether WIC clinics can offer testing.
 - States are interested (but often need guidance) in connecting with the state behavioral health agency, SSPs, and other partners. Central challenges may include limited staff capacity, funding siloes, and administrative barriers to referrals.
 - Some health departments may consider providing “train the trainer” programming to the behavioral health agency staff to expand the number of testers in the state beyond CBOs.
- Rural communities may already lack access to SUD clinics, and there is often political resistance to SSPs.

Engaging justice-involved populations – Connie Jorstad (HRSA)

- Challenges include ensuring timely access to medication, addressing high recidivism rates, ensuring prison data systems can communicate with other electronic health record systems, and addressing criminalization laws. Another challenge that was brought up was the loss of health insurance coverage once incarcerated and the time gap between release and re-establishing coverage.
- States would like to address efforts towards providing wrap-around services and peer navigation services to facilitate linkages to care, especially once someone is released from the criminal justice system.
- One opportunity might be to include HIV testing as part of jails’ routine medical screening.
- Critical partners include law enforcement (sheriffs associations, prison system, policy chiefs, local and county police), HIV advocacy groups, drug courts, academic institutions, and departments of corrections.

Themes: State-to-State Discussions

Bright Spots

States highlighted innovative and successful partners in their efforts to end the HIV epidemic:

- Several of the state health agencies have strong relationships with PCAs and service organizations in their states.
- State health agencies have initiated new partnerships with faith-based organizations and the criminal justice system to reach marginalized populations.
- One of the states indicated creating a channel of communication with leadership in the state public health department and Medicaid agency to ensure that there is strong relationship.
- Several of the states indicated partnering with universities and school systems to work on a variety of HIV-related efforts, including recruiting of people from marginalized communities and working with medical schools to encourage new graduates to be involved in HIV work. Some states are working with universities to develop curriculums, including one state that developed a course to teach CBOs to work more effectively with communities.

States highlighted strategies to engage groups who are not in care:

- Several states indicated having a good telehealth infrastructure, which can be utilized to improve access to care.
- Social media campaigns can raise awareness and engage marginalized groups, including MSMs.

One of the states indicated that one of its strengths is the capability to coordinate HIV funding between different grantee entities and partners, which is valuable considering the different funding streams and array of partners that are involved in efforts for ending the HIV epidemic at different levels.

Challenges

Several of the states indicated that some of the key challenges they are facing in their efforts to end the HIV epidemic include the following:

- States face difficulties in hiring culturally competent individuals with shared background with the communities they serve due to the merit system at the health department. States emphasized the need to create pathways to bring on-board people who are representative of the communities they serve, including lowering requirements for public health department jobs.
- All the states cited stigma as a critical challenge in their efforts for ending the HIV epidemic, particularly stigma among those that are delivering direct services.
- Some states experience roadblocks related to funding for PrEP, including challenges for patients who may not be able to afford the co-pays. However, Ryan White programs can provide funding for treatment of people who are living with HIV and who do not have other coverage.
- Rural communities may face challenges accessing care, and states indicated interest in better utilizing their telehealth infrastructure to provide services remotely. Additionally, some states face rural healthcare provider shortages.
- Data-sharing may be limited by confidentiality concerns.
- Legal barriers limit the development SSPs, which could reduce HIV transmission among some of the most marginalized groups. One state highlighted legal barriers to disseminating messaging via platforms such as radio channels.
- Almost all the states indicated a lack of appropriate HIV and sexual education programs, which would be an avenue for reaching the young population.

Next Steps

Each of the states worked with an ASTHO staff person to identify potential next steps as they continue to develop their draft state plans with CDC.

- 1) Develop and strengthen partnerships with other organizations and state departments, such as the department of corrections, department of education, faith-based organizations, historically black colleges, mental health service providers, health equity offices, healthcare providers serving black women and transgender communities, military community (recruitment sites and other), law enforcement, and fraternities and sororities.
- 2) Develop and provide trainings for state and local health agency staff and those in the clinical setting on stigma, bias, and cultural humility.
- 3) Better utilize telehealth infrastructure to increase access to HIV diagnostic and treatment services.
- 4) Increase workforce capacity by providing trainings and improving recruiting strategies.
- 5) Educate legislators on some of the legal barriers for expanding services, including SSPs and HIV education.
- 6) Improve awareness-raising efforts by using innovative strategies and working with new partners to reach the most marginalized groups.
- 7) Create opportunities for engaging the public on the development of the draft state plan, including setting up town hall meetings and setting up online pages for gaining direct feedback.

- 8) Build support from harm reduction programs.
- 9) Modernize data management and communication plans to improve information-sharing among different entities.
- 10) Develop state-wide taskforces or steering committee for efforts to end the HIV epidemic.

The meeting was adjourned with closing remarks from Heather Hauck, deputy associate administrator for the HIV/AIDS Bureau at HRSA and Natasha Coulouris, associate administrator of the Office of Regional Operations at HRSA. ASTHO, with support from HRSA and in collaboration with CDC and other national associations, will continue to serve as a technical assistance resource for state representatives.

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APPENDIX A: Resources Shared

Addressing Stigma:

- NASTAD: [Talking Points: The Resource Guide for Facilitating Stigma Conversations](#)
- NASTAD: [Addressing Stigma in Healthcare Facilities: A “Secret Shopper” Intervention](#)
- NASTAD: [Trauma-Informed Approaches Toolkit](#)
- [Campaign for Southern Equality and Our Whole Lives](#): Resources for Cultural Competency and Sexuality Trainings

Expanding Testing:

- Test in pharmacies through the [Ready, Set, PrEP initiative](#)

Telehealth and TelePrEP:

- HRSA’s [Office for the Advancement of Telehealth](#).
- HRSA Telehealth Centers of Excellence and [Telehealth Resource Centers](#) (such as for regional meetings or to share state concerns back with HRSA).
- [HRSA Program Assistance Letter](#): Telehealth and Health Center Scope of Project (2020)
- [HRSA Telehealth Learning Series Webinar](#): Expanding HIV Prevention Efforts and Treatment through Telehealth (2020)

SDOH Screening and Referrals:

- National Association of Community Health Centers (NACHC): [Protocol for Responding to and Assessing Patients' Assets, Risks, and Experiences \(PRAPARE\)](#)

State Examples:

- **Louisiana** Department of Health: [Health Models Program](#)
- TelePrEP and telehealth efforts in [Alabama](#), [Iowa](#), and [Louisiana](#)
- **Virginia** Department of Health has a [partnership with Walgreens](#) to reimburse \$25 for each test.
- **Maine** is partnering with Corrections for HCV testing (contact: jeff.caulfield@maine.gov).
- [North Carolina NCCARE360](#): Resource for bi-directional referrals. Panelists noted that early challenges that rural communities face due to a limited number of providers and CBOS could be overcome with public health capacity building and telehealth

APPENDIX B: Attendees

- Kelly Alexander, Kentucky Department for Public Health
- Meredith Allen, ASTHO
- Alice Asher, CDC
- Anna Bartels, ASTHO
- Melinda Becker, NGA Center for Best Practices
- Linda Bell, South Carolina Department of Health and Environmental Control
- Chloe Bernard, Mississippi State Department of Health
- Sally Bouse, Oklahoma State Department of Health
- Gina Brown, The Southern AIDS Coalition
- Samuel Burgess, Louisiana Department of Health
- Nick Butler, Arkansas Department of Health
- Laura Cheever, HRSA
- Gabrielle Cooper, Mississippi State Department of Health (MSDH)
- Tori Cooper, Human Rights Campaign
- Natasha Coulouris, HRSA Office of Regional Operations
- Nicholas Davidson, South Carolina Department of Health and Environmental Control
- Cathleen Davies, HRSA HIV/AIDS Bureau
- Antigone Dempsey, HRSA
- Elizabeth DiNenno, CDC
- Thomas Dobbs, Mississippi State Department of Health
- Kristen Eberly, Oklahoma State Department of Health
- Renata Ellington, CDC
- Bill England, HRSA
- Michael Fraser, ASTHO
- Julia Greenspan, ASTHO
- Courtney Hampton, Arkansas Department of Health
- John Hannay, HRSA
- Scott Harris, Alabama Department of Public Health
- Heather Hauck, HRSA HIV/AIDS Bureau
- Craig Highfill, Missouri Department of Health and Senior Services
- Venton Hill-Jones, Southern Black Policy and Advocacy Network
- Alicia Jenkins, Missouri Department of Health and Senior Services
- Angela Johnson, NASTAD
- Tisha Johnson, Kentucky Department for Public Health
- Sharon Jordan, Alabama Department of Public Health
- Connie Jorstad, HRSA
- Lilly Kan, NACCHO
- Alexandra Kearly, ASTHO
- Dylan Leach, ASTHO
- James Macrae, HRSA
- Renee Mallory, Arkansas Department of Health
- Ali Mansaray, South Carolina Department of Health and Environmental Control
- Lisa Mariani, HRSA Office of Regional Operations
- Emily McCloskey, NASTAD

- Vontrese Mcghee, Alabama Department of Public Health
- Mary McIntyre, Alabama Department of Public Health
- Benjamin Money, North Carolina Department of Health and Human Services
- Geetika Nadkarni, ASTHO
- Roberto Nolte, HRSA HIV/AIDS Bureau
- Janet Oputa, ASTHO
- Naveen Patil, Arkansas Department of Health
- Felicia Pickering, South Carolina Department of Health and Environmental Control
- Jeri Pickett, HRSA Office of Regional Operations
- Marcus Plescia, ASTHO
- Amelia Poulin-Obregon, ASTHO
- Debbie Purton, Oklahoma State Department of Health
- Diba Rab, HRSA
- Tori Reaves, HRSA
- Katherine Richardson, South Carolina Department of Health and Environmental Control
- Nancy Rios, HRSA Office of Regional Operations
- Susan Robilotto, HRSA HIV/AIDS Bureau
- Elizabeth Ruebush, ASTHO
- Chris Shank, North Carolina Community Health Center Association
- Latisia Shauntel Grant, NACCHO
- Christine Smith, Missouri Department of Health and Senior Services
- Michelle Smith, Arkansas Department of Health
- Nathaniel Smith, Arkansas Department of Health
- Danny Staley, ASTHO
- Linwood Strennecky, Kentucky Department for Public Health
- Tequam Tiruneh, ASTHO
- Rick Toomey, South Carolina Department of Health and Environmental Control
- Tiffany Vance, Arkansas Department of Health
- S. Todd Wallenius, Western NC Community Health Services, Inc.
- Paul Weidle, CDC
- Connie Gayle White, Kentucky Department for Public Health
- Jora White, Alabama Department of Public Health
- Randall Williams, Missouri Department of Health and Senior Services
- Melody Winston, Mississippi State Department of Health