“Ending the HIV Epidemic in Memphis: A Community Based Approach to Zero New HIV Infections.”

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Acknowledgements

- Providers
- ASOs, FBOs
- Local High Schools, Universities
- Shelby County Health Dept.
- Tennessee Department of Health
- Funded Testing Agencies
- Clinic & Research Team - SJCRH
Objectives

1) Discuss the process of developing a plan of *Getting to Zero* new HIV infections.

2) Highlight the impact of community partnerships to reduce the HIV community burden

3) Examine early successes and challenges of developing a *Getting to Zero New HIV infections* plan
Major Geographic and Demographic Disparities for HIV Incidence in the U.S.

- 1.1 M people living with HIV, of whom 14% are unaware of their infection
- During 2016-2017, >50% of new HIV infections occurred in 48 counties, Washington, DC and Puerto Rico
- MSM, Black/African American and Latinx bear the greatest burden of HIV
- 7 mostly southern states have a disproportionate occurrence of HIV in rural areas
- 38,281 newly diagnosed HIV infections in 2017
  - 21% among youths 13-24 years old

U.S. Areas with the Highest Burden of HIV Diagnosis

Source: CDC, June 2018
Tennessee, 2018 | Epi Profile Highlights

18,069 Persons living with diagnosed HIV

https://www.tn.gov/health/health-program-areas/statistics/health-data/hiv-data.html

Slide Courtesy of Samantha Mathieson, TDH
Tennessee, 2018

760 Persons newly diagnosed with HIV

https://www.tn.gov/health/health-program-areas/statistics/health-data/hiv-data.html
Slide Courtesy of Samantha Mathieson, TDH
HIV/AIDS in Memphis

- **Memphis/Shelby County** has a low number of new infections, but an **HIV incidence rate** equal to or **higher than** major urban areas (Ranked 8th in MSAs).
- There were approximately **6,716 PLWHA** in Memphis Shelby County.
- The majority of these were among **African Americans (87%)** and **males (69%)**.
- **Incidence** rates in **15-19 yr. olds** and **20-24 yr. olds** were **three times higher** in Memphis.
Memphis/Shelby County, 2018

- 308 persons newly diagnosed
- 20% late diagnoses
- 6,716 persons living with HIV

https://www.tn.gov/health/health-program-areas/statistics/health-data/hiv-data.html

Slide Courtesy of Samantha Mathieson, TDH
St. Jude Children’s Research Hospital
HIV Clinical Program

Department of Infectious Diseases

- In 1987, St. Jude founder, Danny Thomas, declared AIDS a catastrophic illness.
- Developed a broad, multidisciplinary pediatric program called the Pediatric AIDS Clinical Trials Unit (PACTU).
- Designated a "Center of Excellence" by the Robert Wood Johnson Foundation
- In 1993, received an endowment for the Arthur Ashe Chair in Pediatric AIDS Research
- Provide excellent care to perinatally-infected infants and children
- Excellent youth-focused HIV program for ages 13 to 21
- Committed to the cause of HIV education and prevention in the community
HIV Funded Clinical Research Studies
How will EtE Planning benefit local communities?

Scientific Basis: We have the Tools

OPINIONS
No More Excuses.
We Have the Tools to End the HIV/AIDS Pandemic.

-Dr. Anthony Fauci

https://www.washingtonpost.com/opinions/no-more-excuses-we-have-the-tools-to-end-the-hivaidspandemic/2016/01/08/a01cc876-b611-11e5-a842-0feb51d1d124_story.html
Who is leading the Ending the HIV Epidemic Implementation Plan Development in Memphis?
A Model For Success

Bridging Community and Clinic Relationships

- **Launched October 2008** - approx. 25 consistent members representing AIDS service organizations, local government, faith-based & social service organizations.

- **Target Geo Area:**
  - Memphis

- **Target Population:**
  - Youth & young adults aged 13-24 years

- **Vision:**
  - Reduce new HIV infections in Memphis’ most vulnerable youth
Who Will Lead the Ending the HIV Epidemic Plan Development?

- Implementation Plan with cogent SMART goals
- Garner Content Experts
  - Clinicians
  - Faith-based leaders
  - Youth
- Leverage Resources
  - In Kind
  - Intellectual

- Youth
- Legal Justice
- Social Service Org.
- Healthcare personnel and Orgs.
- Local and State Government
- Media
- Civic and Community Organizations
- Businesses
- Spiritual or Faith-Based Organizations
- Education/Schools
- Parents, Guardians, Families
Snap Shot of Ending the HIV Epidemic Memphis Progress-to-Date
Timeline for EHE Memphis
Ongoing Technical Assistance from IAPAC, Treatment Action Group and other EHE Jurisdictions

**Kickoff**
- September 2017
  - Capacity Building, Orienting Coalition Participants
    - IAPAC
    - Dimitre Daskalaskis, MD
    - NASTAD
    - C2P WGM

- December 2017

- February 2018
  - Stakeholder Engagement Scheduling

- March 2018
  - Establishing Guiding Principles
  - Rapid Start Pilot

- April 2018
  - Priority Areas and Goals Established
    - TAG
    - Guiding Principles
    - Fortify Operating Structures

- August 2018

- February 2019
  - Subcommittee Working Group
    - Objective Development

- April 2019
  - Creating and Refining Objectives
    - Provide Monthly Updates
    - 1yr Rapid Start Data Assessment
    - Clinician’s Summit

- June 2019
  - Partnership with TDH & UoM for CDC 19-1906 Planning Grant

- September 2019

*40 Draft Objectives to inform development of recommendations, targets and other policy and practice changes.
National Center for HIV-AIDS, Viral Hepatitis, STD, and TB Prevention  Strategic Partnerships and Planning to Support Ending the HIV Epidemic in the United States

CDC-RFA-PS19-1906
EHE Draft Plan Review
Memphis Ambitions
(2017 2018)

Garner Partnerships
• Ending AIDS as a public health threat by 2030
• Increase utilization of combination HIV prevention services
• Set 90/90/90 Target
• Reduce impact of stigma & discrimination
• Address Social and Structural Barriers

EtE Memphis Goals

By 2024, Memphis will:
• Reduce new HIV diagnoses by 50%
• Increase access to care and improve outcomes for PLWH
• Reduce HIV-related disparities and health inequities
• Achieve a more coordinated TGA response to the HIV epidemic
• Guarantee 90% of all residents with HIV will know their HIV status and be linked to a 1st medical appointment within one month of diagnosis
• 90% of residents living with HIV will be in sustained treatment
• Ensure that 90% of those engaged in care will achieve sustained viral suppression

EtE Memphis Guiding Principles

• Access to Treatment & Care – Achieving Viral Suppression
• Prevention
• Policy
• Data Driven Solutions & Research
**Diagnose.**

**Goal:** Reduce by 50% No. of All New HIV Cases in 5 Yrs.

<table>
<thead>
<tr>
<th>Strategy 1</th>
<th>Strategy 2</th>
<th>Strategy 3</th>
<th>Strategy 4</th>
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<tbody>
<tr>
<td><strong>↑ FBO partnerships</strong></td>
<td><strong>↑ Present partnership proposal to FBO leaders</strong></td>
<td><strong>↑ reporting process and accountability measures local health department requires</strong></td>
<td><strong>↑ to 90% all PLWH who know status</strong></td>
</tr>
<tr>
<td>- FBO+ health educator coalition</td>
<td>- Develop cadre of FB leaders as peer leaders and mentors</td>
<td>- Create doc to show how to report new cases</td>
<td>- ↑ education/awareness on testing modalities to find best suit to each client</td>
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<tr>
<td>- Speaker series on sexual health stigma + religion</td>
<td>- Partner with national FB experts on HIV/Faith-based practices to train and support local faith leaders.</td>
<td>- Meet labs to review health dept. reporting</td>
<td>- Locate agencies who do HIV test. Make known in highest-risk communities.</td>
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<td>- Inclusion strategy for FBOs (AA/Latinx)</td>
<td></td>
<td>- Coordinate with testing agencies</td>
<td>- ↑ approaches to reduce stigma about HIV testing</td>
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This project will mobilize PLWH and Faith Leaders in HIV Prevention and Care by addressing the role of the church in promoting or protecting PLWH from stigma. Photos will be used to promote supportive stigma-less environments.

A project that looks at PLHW and the impact of stigma & spirituality
Ostracized

I don’t want nobody going in my medicine cabinet. They might find my Triumeq in there. They’d say, “What’s this bottle?” or worse Google it. I would say to myself, “Oh no, they looked in my cabinet.”

I took a picture of disinfectant because people think that you’re dirty like “this is the dirty people disease.” Some people treat you like, “I can’t touch you.” Or they have to put on gloves.

I had never been sick before I was diagnosed. I went to the health department and was put in a room with the door cracked. The lady was loud and asked me a lot of questions like, “Have you ever been to jail?” Who are you? Have you had sex with? You been having sex with children? I was thinking... “I am not saying nothing to this lady, she is really scaring the daylights out of me.” I thought to myself, people don’t want to come back here once they hear someone talking to them like that.” People will say, “I’ll stay away or just go and die.” That’s why I feel like I’d found nothing to do with people here in Memphis, they left her and said, “I’ll try and make it on my own, I’m not coming back to find out anything.”

My church has a sign that says, “Love, without limits” or something like that. I’m like, “What a lie. They don’t even let us come to that church and speak.” People don’t see what’s inside of you. They’ve got to love what’s inside you, not just what they see.
"Lay hands on me, too."

My personal church... does a lot of praying for people in the church that have cancer. I feel if I was to tell them I had HIV, it wouldn't be the same prayer. It would be a prayer, but it would be a little bit different. You know what I mean?

Some churches very seldom embrace you living with HIV.

They [church] are either judgmental or they will embrace you. When you walk into a church, it's beautiful. It's shining. It's clean. It's got the chandelier, but you get a lot of judgment in that place.

Stigma comes from family members...

...that ask their HIV+ family members to use paper plates and plasticware. They are probably afraid of catching HIV. They don't have any knowledge of HIV.

My family is a huge support. If you're living with HIV, and your family supports you, who cares about what anybody else thinks? But when you don't have family support it can take you on a mind trip. Family that supports you gives you that power to deal with people that don't support you... "That is a difference... and that's why I have been able to..."
### Strategy 1

- **Goal:** Improve access to care and improve treatment for 50% PLWH.

**Goal:** by 2025

**Treat.**

**Goal:** to 80% in 5 years, viral suppression of 15-35yo. diagnosed with HIV

- Build and strengthen support networks for the newly diagnosed, e.g., through disclosing status with supportive/trustworthy family and friends and through enhanced communication with medical providers about their status.

### Strategy 2

- **Goal:** by 80% in x years, newly diagnosed adults over 24yo. who get linked to medical care within 1 month of their HIV diagnosis

- Identify reps from each agency to represent communications to other agencies in community.

- Create meeting for at least 1 rep for each Ryan White agency to attend with updates according to each funding source (Part A, Part D, etc.).

- Emphasize importance of continuous involvement in meetings using phone calls, webinars, in person, or other.

- Enhance collaboration of agencies that provide care.
Successful Treatment and Care Programs

**A Model For Success**
Bridging Community and Clinic Relationships

- **Launched October 2006**: approx. 22 consistent members representing AIDS service organizations, local government, faith-based & social service organizations.
- **Target Geo Area:** Memphis
- **Target Population:**
  - Youth & young adults aged 13-24 years
- **Vision:**
  - Reduce new HIV infections in Memphis’ most vulnerable youth

**SMILE Memphis**

- **Launched in 2010**
- **Goal:** To link all youth (13-24) with HIV diagnosis, into medical care
- **MOU between St. Jude’s Infections Disease Department & the Shelby County Health Department**
  - A dedicated case manager/adolescent outreach expert (i.e., SMILE Linkage to Care Coordinator)
  - Provides linkage to and retention in care services for HIV+ adolescents & young adults referred to the program by the testing location

**Injectable Pre-Exposure Prophylaxis – CAB LA**

- Only Site in the tri-state area (TN, MS, AR)
- Enrollment Update:
  - 101 approached & screened
  - 93 enrolled
## Prevent.

**Goal:** Reduce by X% in 5 yrs.

% HIV-Related Disparities and Health Inequities

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### Strategy 1

- **Goal:** by 50% in 5 years, new HIV diagnoses by increasing the availability and accessibility of PrEP locations and prescribers of PrEP

- Open a PrEP clinic at the Shelby County Health Department

- Develop a local media campaign to inform the community where PrEP can be accessed

- Host a groundbreaking and informational ceremony for the Shelby County Health Department’s PrEP clinic
THE PHYSICIANS ROUNDTABLE

MAY 16TH
6:30PM

COLLABORATING PARTNERS:
St. Jude Children's Research Hospital
Gilead, AETC Southeast

REGISTER TODAY!
WWW.SEAETC.COM/EVENT/?ER_ID=36855

CAPITAL GRILLE
6065 POPLAR AVE.
MEMPHIS, TN 38119
### Strategy 1

**Goal:**

Improve access to care and improve treatment for 50% PLWH.

**Strategy 1**

- **Up to 85% + in 5 years the % of 15-35yo. PLWHA with public or private health insurance**
  - Identify financial resources available to assist patients with premium payments, co-pays, and other costs associated with HIV care
  - Train pharmacists to refer clients to benefits enrollment counselors when needed
  - Educate PLWH or high-risk individuals for HIV on important topics to consider when choosing coverage

### Strategy 2

- **Down %, unstably housed persons with diagnosed HIV infection to less than X% by 2025**
  - Increase funding resources to agencies who advocate for and address homelessness in youth
  - Complete a needs assessment of % of youth experiencing housing instability
  - Learn the allocation of Ryan White funds toward resources
  - Assess current buy-in for investment in youth care across various agencies and organizations
Goal

To equip The Headliners and their social and sexual network with capacity skills to ultimately manage HIV disease, reach viral suppression (i.e., HIV undetectable level), or maintain HIV-negative status.
Next Steps

Build

Host

Session with Federal Stakeholders – November 13th

Codify our Recommendations

Listening Session with Federal Stakeholders – November 13th
Well thank you, thank you very much!
References

6. https://www.washingtonpost.com/opinions/no-more-excuses-we-have-the-tools-to-end-the-hivaids-pandemic/2016/01/08/a01cc876-b611-11e5-a842-0feb51d1d124_story.html
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