

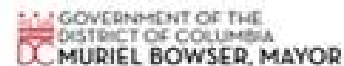


VIRTUAL
**2020 NATIONAL
RYAN WHITE
CONFERENCE ON
HIV CARE & TREATMENT**

Quick, Fast, and in a Hurry: Rapid Community Engagement for Ending the Epidemic Planning

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Objectives



- Describe the process of engaging community partners and developing collaborative relationships for EtHE planning
- Identify different strategies for effective community engagement
- Discuss how to integrate rapid engagement results into future planning efforts
- Consider how to adjust to unplanned pandemics

Ending the HIV Epidemic in DC



90% of those living with HIV know their status

90% of those who know their status are engaged in care

90% of those in care are virally suppressed

50% reduction in new infections

The graphic for the 90/90/90/50 Plan features a grid of colorful dots in shades of yellow, pink, blue, and green. Three circular inset photos are overlaid on the grid: a group of three people in a park, a woman smiling, and a man smiling. The DC logo 'WE ARE DC' is in the top left.

Mayor Muriel Bowser

90/90/90/50 Plan

Ending the HIV Epidemic in the District of Columbia by 2020

DOH | WAITING FOR AIDS | DC APPLESEED

Ending the HIV Epidemic in DC: Where are we now?



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Ending the HIV Epidemic Measures	2015	2016	2017	2018	2019	2020 Goal
Goal #1: 90% of HIV-positive District residents know their status	86%	86%	87%	88%	90%	90%
Goal #2: 90% of District Residents living with HIV are in treatment	73%	76%	77%	77%	80%	80%
Goal #3: 90% of District residents living with HIV who are in treatment reach viral suppression	78%	82%	84%	85%	87%	90%
Goal #4: 50% reduction in new HIV diagnoses	399	379	371	335	282	196

Ending the HIV Epidemic: A Plan for America



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Diagnose all people with HIV as early as possible.

Treat people with HIV rapidly and effectively to reach 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.



Ending the HIV Epidemic: A Plan for America



Diagnose · Treat · Prevent · Respond

1. PrEP/PEP: *Prevent*
2. Rapid ART: *Treat, Prevent*
3. U=U: *Diagnose, Treat, Prevent*
4. Accelerated Response/Data to Action: *Diagnose, Treat, Prevent, Respond*
5. Youth: *Diagnose, Treat, Prevent Respond*

- **Activity 1:** Engage with existing local prevention and care integrated planning bodies
- **Activity 2:** Prepare current epidemiologic profile for jurisdiction
- **Activity 3:** Prepare a brief situational analysis for jurisdiction
- **Activity 4:** Engage with local community partners
- **Activity 5:** Engage with local HIV service provider partners
- **Activity 6:** Reach concurrence on an Ending the HIV Epidemic plan with local HIV planning groups
- **Activity 7:** Prepare a final/revised Ending the HIV Epidemic plan for jurisdiction



Time to Engage!

- **Question 1**: How do we end the HIV epidemic in the District, a small jurisdiction within a large and complex metropolitan area inclusive of two other jurisdictions?
- **Question 2**: How does HIV factor in the lives of various focus populations?
- **Question 3**: What are the most impactful metrics to measure towards achieving the plan's goals?

Casting a wider net: what about the communities we don't usually hear from?



- Old Approach, who have we talked to?

- Annual Report
- Needs assessment
- Focus groups with recruitment from CBOs
- Provider engagements
 - Commonly identified gatekeepers
- Surveys
- Townhall meetings
- Anecdotal stories from the community
- Third party community assessments

- Deeper Dive

- Annual Report (Deeper Dive)
- Focus populations not traditionally connected to CBOs
 - African-American Women
 - African-American Gay/Bi-sexual Men
 - Latina Women
 - Returning Citizens
 - African-American Heterosexual Men
 - Faith Based Community
 - Foreign Born
 - Wellness Community

Transition from an HIV Focus Approach to a Wholistic Approach



- Questions focused on the lives of individuals
 - Theme #1: The Quality of Our Lives – What’s going on?
 - As a result of the conversation, 3 major themes were highlighted
 - How has life changed over the last (20) years?
 - What is the major concern of the community? (this response may not be HIV related)
 - Theme #2: We know that resiliency helps communities overcome challenges...
 - What are some of the strengths of the focus population?
 - How do we use these strengths to continue to support the lives of the focus population in the DMV?
 - What strategies do you believe would work?
 - What do you think would be some of the barriers to these strategies that we should keep in mind?
- This entire conversation could be had without ever mentioning HIV

Wholistic Approach + HIV Integration = The Pivot



- *Is HIV a concern? Why or why not?*
- *Have you been tested for HIV/STI? Why or Why not? Probes around visits with providers: Did your provider ask you if you wanted to be tested? Did your provider talk to you about your sexual history or sexual health?*
- *What kinds of things would impact your perception of risk and influence your testing behavior?*
- *Have you ever heard of PrEP? What do you know?*
- *Have you ever heard of PEP? What do you know?*
- *Would you use PrEP? Would you use PEP? When? Why? Why not?*
- *What could be done to meet some of the needs you brought up today?*
- *How do you think the health department can help meet some of these needs?*

- Partnerships with CBOs typically not at the table, regional participation, DC Health staff, social networks, providers, subpopulations (populations never previously considered)

Community Engagement

Sessions Held	Engagement in COVID-19 Environment
African-American women (3)	Mental Health Providers (2)
Young African-American gay men (3)	HIV Positive Individuals (3)
Transgender individuals (2)	Senior Citizens Providers (2)
LatinX/a/o individuals	Latinx Providers (2)
Frontline staff (2)	Re-entry Service Providers (2)
Returning citizens (2)	HAHSTA ALL Hands
Latina women (1)	HAHSTA Staff Breakout-Youth
Faith-based (2)	HAHSTA Staff Breakout-Seniors
COHAH Retreat (1)	HAHSTA Staff Breakout-Mental Health Services
Ryan White funded providers (1)	HAHSTA Staff Breakout-PrEP Services
African-American men (1)	Researcher(2)
People who use drugs (2)	

How We Did It - Community Engagement Pt. 2

- Brunches, chats/discussion/conversation parties, focus groups, dinners, and large scale informational happy hour.



Middle Management Provider Dinner Discussion



LatinX Community Mixer

How We Did It - Community Engagement Pt. 3



- Surveys (focus populations not typically surveyed) and staff engagement

<p>Thoughts About PrEP</p> <p>Please respond to the following statements regarding our thoughts about PrEP</p> <p>Perceptions of risk - I don't believe I am at risk - Circle One response to each statement below</p> <p>1. I use condoms most of the time. Strongly Agree Agree Neither Agree nor Disagree Disagree Strongly Disagree</p> <p>2. I don't have the kind of sex that puts me at risk. Strongly Agree Agree Neither Agree nor Disagree Disagree Strongly Disagree</p> <p>3. Nobody gets sick anymore, so it's not a big deal anymore. Strongly Agree Agree Neither Agree nor Disagree Disagree Strongly Disagree</p> <p>4. If my partner is undetectable, why should I use PrEP? Strongly Agree Agree Neither Agree nor Disagree Disagree Strongly Disagree</p> <p>5. Most people I know are Undetectable. I think I am safe. Strongly Agree Agree Neither Agree nor Disagree Disagree Strongly Disagree</p> <p>6. I have sex with individuals I am sure are HIV negative. Strongly Agree Agree Neither Agree nor Disagree Disagree Strongly Disagree</p> <p>7. I trust my partner(s), I am sure he/she is negative. Strongly Agree Agree Neither Agree nor Disagree Disagree Strongly Disagree</p> <p>8. I never let anyone cum/ejaculate inside of me. They pull out before that happens. Strongly Agree Agree Neither Agree nor Disagree Disagree Strongly Disagree</p> <p>9. No one in my circle is HIV positive. I feel safe with him/her/them. Strongly Agree Agree Neither Agree nor Disagree Disagree Strongly Disagree</p> <p>10. Only old gay men are HIV positive. Strongly Agree Agree Neither Agree nor Disagree Disagree Strongly Disagree</p> <p>11. I am not at risk for HIV. Strongly Agree Agree Neither Agree nor Disagree Disagree Strongly Disagree</p> <p>Trust Effectiveness - Circle One response to each statement below</p> <p>12. I don't believe it works, so, why bother? Strongly Agree Agree Neither Agree nor Disagree Disagree Strongly Disagree</p> <p>13. I heard about someone who was on it and they tested positive. Strongly Agree Agree Neither Agree nor Disagree Disagree Strongly Disagree</p> <p>14. I don't trust it. Strongly Agree Agree Neither Agree nor Disagree Disagree Strongly Disagree</p>	<p>Thoughts About PrEP</p> <p>Please respond to the following statements regarding our thoughts about PrEP</p> <p>Taking a pill forever/efficacy - Circle One response to each statement below</p> <p>15. I am just not good at taking pills all the time. Strongly Agree Agree Neither Agree nor Disagree Disagree Strongly Disagree</p> <p>16. It will get in the way of me partying/drinking (scared I will miss a dose) Strongly Agree Agree Neither Agree nor Disagree Disagree Strongly Disagree</p> <p>17. I don't like taking pills. Strongly Agree Agree Neither Agree nor Disagree Disagree Strongly Disagree</p> <p>18. It won't protect me from other STDs. Strongly Agree Agree Neither Agree nor Disagree Disagree Strongly Disagree</p> <p>Stigma - Circle One response to each statement below</p> <p>19. I am not a freak/whore - they are the ones that should be on PrEP. Strongly Agree Agree Neither Agree nor Disagree Disagree Strongly Disagree</p> <p>20. I don't want people to think or call me a freak/whore. Strongly Agree Agree Neither Agree nor Disagree Disagree Strongly Disagree</p> <p>21. I think it would be difficult to explain if someone saw my PrEP medication because it associated with HIV. Strongly Agree Agree Neither Agree nor Disagree Disagree Strongly Disagree</p> <p>Thank you for taking this survey!</p>
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Then COVID-19 came...



- Moving to a virtual platform.....will it work?
 1. Test virtual platform with DC Health staff of 100
 - a. Staff listening session (perceived needs of the community)
 - b. Four virtual break out sessions discussing various focus populations
 2. Collaborated with the Washington, D.C. Regional Planning Commission on Health and HIV (COHAH) our local commission to conduct virtual sessions for HIV positive individuals
 - a. 3 sessions held, 20 participants per session
 3. Conducted virtual provider sessions
 - *focused primarily on providers DC Health HAHSTA normally does not work with , such as mental health, senior citizens services and returning citizens
 4. Surveyed pre-COVID-19 participants regarding their desire to be engaged on a virtual platform and the possibility of outdoor venue sessions
 - a. RedCap survey conducted
 5. Are we ready? YES!!
 6. Since COVID-19 we have engaged over 221 participants

What We Are Learning



- African American Women
 - Life and work balance
 - Generational trauma
 - “Super Woman Syndrome”
 - Violence
- Returning Citizen- Men
 - Structural Barriers
 - System broke, doesn’t allow for real connections
- Returning Citizen-Women
 - Shame, guilt of leaving family behind
- African American Gay Men
 - Don’t see themselves at risk
 - Transplant isolation
 - Transplant vs. natives
- Latinas
 - Isolation
 - Fear
 - Language
 - Family/Gender Roles
- Trans Individuals
 - Violence

Emerging Common Themes - Context



- Stress
 - Life and work balance
 - Generational trauma
 - “Super Woman Syndrome”
 - Violence
- Connected
 - Finding partners
 - Communal spaces
- Culture
 - Stigma, shame, fear
 - Misinformation
 - Perception of risk
- Identity
 - Gay
 - Transgender
 - Gender
- Structural
 - Health care access
 - Mental Health
 - Language
- Social Determinants
 - Socio-economic status
 - Education

What do we do with all that we're learning?

Informing Initiatives



- Launch Federal Grant Initiatives
 - HRSA 20-078
 - CDC PS 20-2010

- Pilot Research Projects: Center for AIDS Research, NIH

Informing Planning



- Ending the HIV Epidemic Planning 2.0
- Integrated HIV Prevention and Care Plan 2.0
- Living/evolving process that will not stop after December
 - Carry over into PS 20-2010
 - How engagement is conducted within the organization and moving forward with the community
 - Creation of a coalition/workgroup with 1906 representation

Informing Community



- Feedback loop to the community
 - Public facing data dashboard
 - Collaboration with the Regional Planning Commission (COHAH)
 - Multi-layer, post engagement outcomes/activities with participants, stakeholders, and staff
 - Here's what you told us
 - This is what we've learned
- Community Conference



Quick, Fast, in a Hurry?

Acknowledgements



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THANK YOU

