Collaboration is Key: Working Together to End the HIV Epidemic (EHE)

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Learning Objectives



- Describe the efforts of the Northeast Caribbean AIDS Education Training Center (NECA AETC) to further the goals of the federal EHE initiative.
- Provide an in-depth overview of the NECA AETC's collaborative partnerships to address the goals of the EHE initiative.
- Illustrate how collaborating across our region on EHE activities allowed regional partners from different territories to co-learn and co-create resources and trainings that increased provider capacity along the HIV care continuum.

NECA AETC Region



- Aligns with US DHHS Region II and serves New Jersey, New York, Puerto Rico and the U.S. Virgin Islands.
- Home to over 31.6 million people.
- Nearly 1 in 5 PWH in the US live in the NECA AETC region.

Location	Total
0. District of Columbia	2,325.4
1. New York	765.0
2. Maryland	656.2
3. Georgia	638.5
4. Florida	615.0
5. U.S. Virgin Islands	603.2
6. Puerto Rico	563.3
7. Louisiana	551.4
8. New Jersey	468.0
9. Nevada	415.8
10. Delaware	408.2
11. South Carolina	404.0
12. Texas	402.1
13. California	401.1
14. Mississippi	396.7
United States	378.0

EHE Workgroups



- 4 workgroups
 - 3 focused on defined areas of the HIV Care Continuum (HIV testing, pre-exposure prophylaxis (PrEP) and viral suppression)
 - 1 that was cross-cutting (social, cultural economic determinants).
- Consist of regional partners and peer workers.
- Inform and challenge service providers and community health workers to work with consumers.
- First time we collaborated in this capacity!

- PreP
 - Focus on facilitating access to PrEP and other prevention strategies
- HIV Testing
 - Increase the number of people who know their HIV status by diagnosing HIV infection as early as possible
- Viral Suppression
 - Address the medical side of viral suppression and transitions that interrupt care
- Social, Cultural, Economic Determinants
 - Increase the number of health care providers well versed in the Social Determinants of Health and help them to recognize how these determinants fuel structural and cultural inequities and their impact on vulnerable populations.

Methods



Workgroup processes consisted of a series of steps:

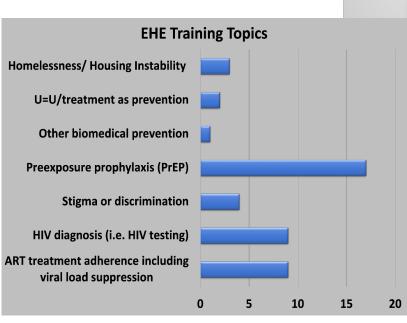
- 1) Identify regional training needs, key informants and resources.
- 2) Compare such findings and highlight training gaps, barriers, hard to reach communities.
- 3) Prioritize trainings on best practices to targeted audiences.
- 4) Develop strategic webinars, panel discussions, tool kits and podcasts.

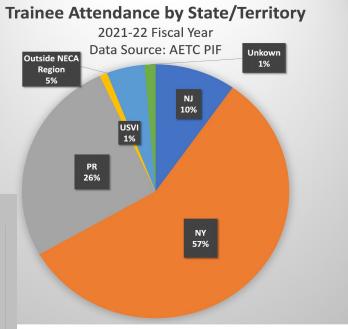
- Identify and Describe
 - Regional Training Resources
 - Key Informants
 - Training Needs
- Compare and Contrast
 - Regional Barriers
 - Hardly Reached Communities
 - Workforce Training Gaps
- Prioritize and Plan
 - Best Practices
 - Primary Care Team Members
 - Novel Training Strategies
- Design and Implement
 - Strategic Webinars
 - Regional Panel Discussion
 - Powerful Podcasts
 - Tool Kit Development

Results



- From July 2021-June 2022, we produced 35 EHE funded trainings across our region reaching 1193 participants.
 - More than half were from NYS.
 - Trainings include best practices and panel discussions focused on testing, understanding the lived experience of using PrEP, regimen simplification, stigmas and language biases and more..





Future Directions



- Expand trainings to include people with lived experience as well as providers.
- Provide technical assistance and implementation assistance through a "Twinning Program" with funding from the Bureau of Primary Health Care (BPHC).
 - Matched funded sites with "twin" mentor sites.
 - Mentor sites are clinical sites that have achieved the highest standards of excellence in HIV Testing and PrEP.
 - Completed 3 site visits this fiscal year.







• For more information and links to our trainings & podcasts visit us at www.necaaetc.org

