



MOSES/WEITZMAN  
Health System

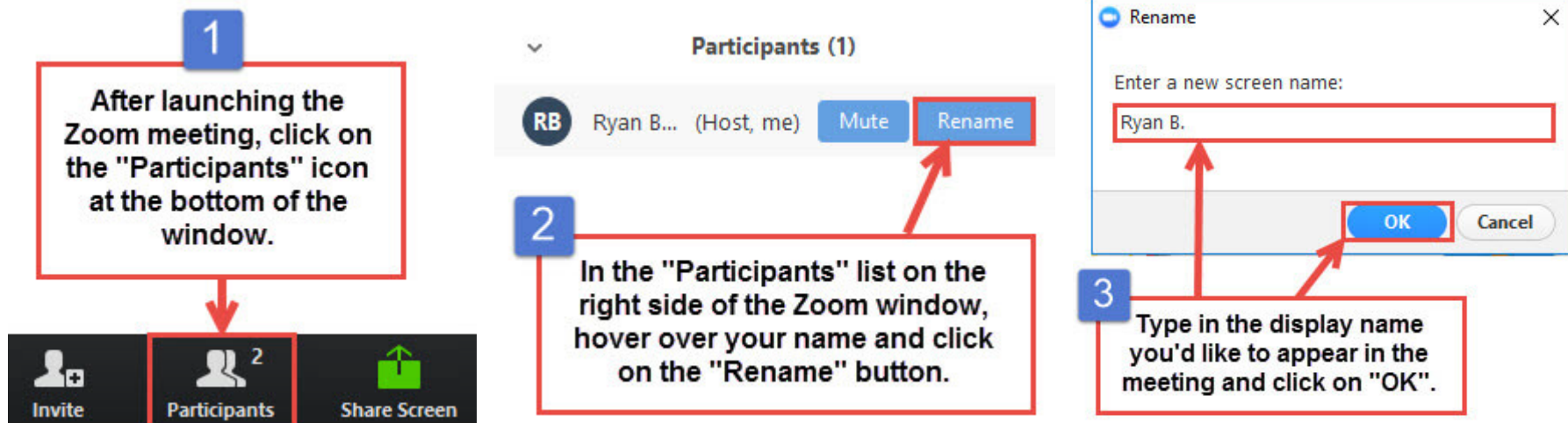
# HIV Prevention Learning Collaborative

Session One: January 29<sup>th</sup>, 2024



# Get the Most Out of Your Zoom Experience

- Please keep yourself on MUTE to avoid background/distracting sounds
- Use the CHAT function or UNMUTE to ask questions or make comments
- Please change your participant name to your full name and organization
  - “Meaghan Angers CHCI”



**1**

After launching the Zoom meeting, click on the "Participants" icon at the bottom of the window.

**2**

In the "Participants" list on the right side of the Zoom window, hover over your name and click on the "Rename" button.

**3**

Type in the display name you'd like to appear in the meeting and click on "OK".

# Session 1 Agenda

1:00 – 1:10	Introduction to CHCI, Collaborative Expectations, & Role of the Coach
1:10 – 1:25	Team Introductions: Part I
1:25 – 1:45	<p>Population-Based Approach to HIV Prevention and PrEP</p> <ul style="list-style-type: none"> <li>• Prevalence/Incidence of HIV and need for HIV prevention</li> <li>• What is a population-based approach? Why it matters.</li> <li>• Sex positive language</li> <li>• Cultural Humility</li> <li>• Equity in services for HIV prevention and PrEP</li> </ul>
1:45 – 2:00	Team Introductions: Part II
2:00 – 2:25	<p>HIV Prevention 101: the Basics</p> <ul style="list-style-type: none"> <li>• Strategies for Prevention</li> <li>• Evidence</li> </ul>
2:25 – 2:30	Q & A and Next Steps



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# Community Health Center Inc. and NTTAP Introduction



## NTTAP Faculty, Collaborative Design, and Facilitation

Amanda Schiessl, MPP

- Deputy Chief Operating Officer
- Project Director/Co-PI, NCA

Margaret Flinter, APRN, PhD, FAAN

- Co-PI, NCA & Senior Vice President/Clinical Director

Bianca Flowers, MPH

- Program Manager

Meaghan Angers

- Program Manager

Dr. Marwan Haddad, MD, MPH, AAHIVS,

- Medical Director, Center for Key Populations

Kasey Harding, MPH

- Program Director, Center for Key Populations

## Mentors, Coaching Faculty

Jeannie McIntosh, APRN, FNP-C, AAHIV

- Nurse Practitioner, Center for Key Populations
- mcintosj@chc1.com

Maria Lorenzo

- Community Based Services Manager, Center for Key Populations
- LorenzM@chc1.com

## Evaluation Faculty

Kathleen Thies, PhD, RN

- Consultant, Researcher
- ThiesK@chc1.com

# National Training and Technical Assistance Partners Clinical Workforce Development

Provides free training and technical assistance to health centers across the nation through national webinars, learning collaboratives, activity sessions, trainings, research, publications, etc.

## Team-Based Care



- Fundamentals of Comprehensive Care
- Advancing Team-Based Care

## Training the Next Generation



- Postgraduate Residency and Fellowship Training
- Health Professions Training

## Emerging Issue



- HIV Prevention

## Advancing Health Equity



## Preparedness for Emergencies and Environmental Impacts on Health



# Moses Weitzman Health System Affiliates



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**Community**  
**Health Center, Inc.**

the national institute for  
**nimaa**  
medical assistant advancement

  
**ConferMED**<sup>TM</sup>  
Connecting Primary Care to the Future



**CONSORTIUM**  
FOR ADVANCED PRACTICE PROVIDERS



# Community Health Center, Inc.

## Locations and Service Sites in Connecticut



## CHC Profile:

- Founded: May 1, 1972
- Staff: ~1,200
- Total Patients Served: 102,275
- Clinical Sites across CT: 19
- SBHCs across CT: 180+
- Students & Residents/year: 390
- Three Foundational Pillars:
  1. Clinical Excellence
  2. Research & Development
  3. Training the Next Generation



**The Center for Key Populations** is the first center of its kind that focuses on key groups who experience health disparities secondary to stigma and discrimination and who belong to communities that have suffered many barriers to healthcare.

The Center brings together healthcare, training, research, and advocacy for:

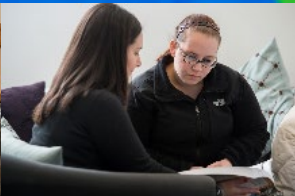
**People who use drugs, the LGB and Transgender populations, the homeless and those experiencing housing instability, the recently incarcerated, and sex workers.**



HIV Primary Care and Testing



Hepatitis C Screening and Treatment



Medication Assisted Treatment for Substance Use Disorders



Health Care for the Homeless



LGBTQ-focused Health Care



Community Drop-In Center



HIV PrEP (Pre-Exposure Prophylaxis and PEP Post-Exposure Prophylaxis)



Sexually Transmitted Infections

## Dr. Marwan Haddad

- I have been providing HIV primary care for over 20 years; I joined CHC in 2006.
- Established CHC's Center for Key Populations with Kasey Harding in 2016.
- I do and have done HIV prevention, HIV management, substance use disorder work in Lesotho, Uganda, Ukraine, Jamaica, and Malaysia. (Clinton Foundation, HRSA-PEPFAR, NIH grants)
- I am currently the Immediate Past Chair of the HIV Medicine Association of the Infectious Diseases Society of America.
- I was born in Lebanon, grew up in Greece, studied in the U.S., France, and Canada.
- Moved from Canada in 2015 to the U.S. to be with my now husband.
- We have the most beautiful boy and girl twins who are 9 years old. (Also our dog Coco and our guinea pigs Brownie and Buttercup)

## Kasey Harding

- I got my start as a director of residential services for people living with HIV in Hartford, CT.
- Began work as the Ryan White Program Director at CHC in 2005.
- Certified as a Quality Improvement Coach by the Dartmouth Institute in 2015.
- Helped to establish the Center for Key Populations with Dr. Haddad in 2016 and have the BEST job on the planet!!!
- Joined the HRSA team to provide HIV/QI to Presidents Emergency Plan for AIDS Relief (PEPFAR) in 2018.
- I have five beautiful children who are the light of my life.



## Jeannie McIntosh

- Family Nurse Practitioner and HIV Specialist with CKP. Started working at CHCI over 7 years ago. Graduate of CHCI's FNP Residency and CKP Fellowship.
- Clinical focus: HIV treatment and prevention, viral hepatitis, substance use health, LGBTQI+ health, healthcare for the homeless, farmworker health, and harm reduction
- Originally from Seattle, WA.
- I love to travel and study languages. Prior to becoming an NP I spent four years studying and working in Southeast Asia and Latin America.
- In my free time I like to cook, hike, listen to music and hang out with my cat Captain.

## Maria Lorenzo

- Working at CHCI for 24 years
- Community Based Services Manager for the Center for Key Populations (CKP)
- Provide administrative/operations oversight for- Ryan White Services, Prevention (PrEP), HIV/Hep C Testing, and Education, Wherever You Are Program (Healthcare for the Homeless), Oasis-Drop-in Center
- Provide support/supervision to PrEP, and HIV/Hep C Testing programs.
- For fun – I love to travel to PR to be with family and I love to play Bingo!





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# Collaborative Structure & Expectations



# Welcome to the HIV Prevention Learning Collaborative!

## Learning Collaborative Objectives

- (1) Assess readiness to participate utilizing Partnerships for Care (P4C).
- (2) Develop the knowledge, skills, and attitudes for developing and providing a population-based approach to HIV prevention and PreP.
- (3) Contribute to the learning among participating practice teams by engaging in Learning Collaborative activities.

# Learning Collaborative Structure

- Six 90-minute Learning Collaborative video conference sessions
- Bi-weekly calls between coach mentors and practice coach
- Internal team workgroup meetings
- Use the Weitzman Education Platform to access resources and receive CME credit

Learning Session Dates	
<b>Learning Session 1</b>	Monday January 29 <sup>th</sup>
<b>Learning Session 2</b>	Monday February 26 <sup>th</sup>
<b>Learning Session 3</b>	Monday March 25 <sup>th</sup>
<b>Learning Session 4</b>	Monday April 22 <sup>nd</sup>
<b>Learning Session 5</b>	Monday May 20 <sup>th</sup>
<b>Learning Session 6</b>	Monday June 10 <sup>th</sup>



## Conditions of Success

- **Attendance** at collaborative learning sessions and engagement in bi-weekly coach/mentor calls
- **Engagement** in work between sessions that included protected time to meet as a team, trust and respect.
- **Commitment** of trained coaches to improving their skills and helping teams achieve results
- **Support** of practice leadership for time, resources, spread and sustainability

## Role of Coach Mentor

**Jeannie McIntosh & Maria Lorenzo**

- Meet with Team Coaches bi-weekly to discuss progress
- Work directly with Team Coach to identify successes and work through challenges/barriers.
- Mentors Team Coach on how to run an effective meeting for their team and develop their coaching skills
- Be available for individual sessions with Team Coaches for specific team and program development

## Role of Team Coach

**1-2 representatives from your health center!**

- Teach team how to prepare and facilitate effective meetings
- Provide coaching support between and during weekly internal team meetings
- Participate in bi-weekly Zoom calls with Coach Mentors to discuss progress, challenges, and stuck points.
- Help team follow timelines, complete assignments, and progress reporting
- Share team's progress with the Coach Mentor and other Team Coaches during collaborative sessions



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# 2024 Cohort

Affinia Healthcare	St. Louis, Missouri
Asian American Health Coalition dba HOPE Clinic	Houston, Texas
East Central Oklahoma Family Health Center	Wetumka, Oklahoma
FirstMed Health and Wellness	Las Vegas, Nevada
Hi-Desert Memorial Health Care District	California
International Community Health Services	Seattle, Washington
Jane Pauley Community Health Center	Indianapolis, Indiana
North County Health Project, Inc. DBA TrueCare	San Marcos, California
Promise Healthcare	Champaign, Illinois
The HealthCare Connection, Inc.	Cincinnati, Ohio
WellSpace Health	Sacramento, California

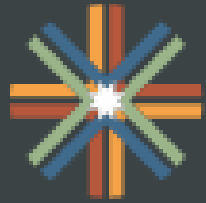


## Team Introductions – Part 1

Order of Introductions	
1	Affinia Healthcare
2	Asian American Health Coalition dba HOPE Clinic
3	East Central Oklahoma Family Health Center
4	FirstMed Health and Wellness
5	International Community Health Services

- Name of your practice, size, etc.
- Names and positions of participating team members
- Goals for the learning collaborative





**AFFINIA**  
HEALTHCARE™

*Inspired by the Patients We Serve*

## TEAM

- VP OF THE COMMUNITY DEPARTMENT - Sonia Deal
- DIRECTOR - Juliana Castellanos
- CHW - Amiyah Cole

# Goals of participation

- Equip staff with practical skills and tools for implementing evidence-based HIV prevention programs.
- Ensure up-to-date with the latest developments, research, and best practices in the field of HIV prevention.
- Establish mechanisms to assess the effectiveness of HIV prevention initiatives and adjust strategies based on feedback and outcomes.
- Strengthen the understanding of HIV prevention strategies and interventions among participants.
- Foster a collaborative learning environment to encourage knowledge sharing and effective teamwork in HIV prevention efforts.

Asian American  
Health Coalition of  
the Greater Houston  
Area

HOPE CLINIC | HOPE HEALTH  
PHARMACY

 HOPE  
CLINIC  
a community health center

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 HOPE Health  
Pharmacy 

# About HOPE Clinic

- Established as a Federally Qualified Health Center in 2012, HOPE Clinic now boasts five locations and an in-house pharmacy. Committed to inclusivity, we are expanding our patient care to embrace individuals from all backgrounds, including those living with HIV.
- Our mission is to provide quality, unbiased healthcare to Greater Houston residents, serving the low-income, uninsured, underinsured, and those with limited English proficiency.
- In our pursuit of inclusivity, we're training our staff to cater to the specific needs of HIV patients. By promoting cultural competence, we aim to create a welcoming environment for everyone seeking compassionate healthcare.
- Our pharmacy team is joining this learning collaborative in order to break down barriers and strive to make healthcare accessible and respectful to all.





## East Central Oklahoma Family Health Center



### *HIV Prevention Team*

We received the Health Resources and Services Administration (HRSA) Ending the HIV Epidemic-Primary Care HIV Prevention grant in July 2023. We are working to implement a well-rounded HIV prevention program. Our goals are to increase HIV screening, decrease the stigma associated with HIV through education and outreach, and linking patients to HIV care while meeting their primary care needs.

# Meet our team!



**Leslie Hughes, APRN  
Coach**



**John Manning, APRN  
Co-coach**



**Kristen Otwell,  
HIV Community Health  
Worker**



**Joanna Schmidt, LCSW**



**Melissa Sorrell, RN**



**Serra DeQuinzio,  
Receptionist**

# FirstMed Health & Wellness

A nonprofit community healthcare clinic providing preventive and primary health care services to individuals and families in Southern Nevada

Chief Executive Officer: **ANGELA QUINN**

Vice President: **SONYA HARRIS  
WILSON**

Chief Medical Officer: **LILNETRA GRADY**

Chief Operation Officer: **MYESHA**

## • Our Services:

- Primary Care for Adults & Adolescents
- Behavioral Health Services for Adults & Adolescent (Therapy & Psychiatry)
- Housing Program
- Crisis Intervention for Established clients
- Sliding Scale Program

## • Patient Services:

- Bus Passes / Uber Rides / Transportation Resources
- Food Pantry / Hygiene Products / Household Supplies / Pet Food / Clothes for Employment
- Insurance Enrollment
- Assistance for: SNAP / TANF / Identification Cards / Social Security

## • We Provide:

- Community Health Workers that assist with Medical Referrals and Community Resources for our clients.
- Help clients Navigate through the Health System

✓ *We also offer services for cancer prevention, detection and management and infectious disease like HIV, sexually transmitted infections and diseases, and Hepatitis C*

## • HIV Care:

- Provide HIV Care Plans
- Prescribe PrEP and PEP
- Assist with Ryan White Enrollment

## • HIV Prevention

- Provide HIV Testing and Testing for STI's.
- Provide Community Outreach Events
- Provide Safer Sex-Kits



# FirstMed Health & Wellness

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- **OUR GOALS:**

- Learn Ways to Increase PrEP and PEP intake in the LGBTQ+ Community
- Learn Different Ways to Educate Minorities of PrEP & PEP.
- Learn Strategies to Improve HIV/STI Testing & Screenings
- Ways to Encourage Medication Adherence
- Learn Strategies for Community Outreach



# International Community Health Services (ICHS)

**NTTAP HIV Prevention Learning  
Collaborative 2024**

# About Us

## Background

International Community Health Services (ICHS) is an FQHC serving more than 30,000 patients across King County, Washington. More than 70 languages are spoken by the clinic's patients, >50% of whom have limited English proficiency. 77% are people of color, 70% have Medicare/Medicaid or are uninsured, and more than 80% are considered low income.

## Vision

Healthier People. Thriving Families. Empowered Communities. A Just Society.

## Mission

Deeply rooted in the Asian Pacific Islander community, ICHS provides culturally and linguistically appropriate health and wellness services and promotes health equity for all.

# Meet the Team



**Antonio Foles,  
MPH, MBA**

Health Education  
Administrator



**Savanh  
Chansombath**

Lead Health Educator -  
LTBI



**Omar Ramos**

Lead Health Educator -  
HIV

# Meet the Team



**Trudy Thompson**

Health Educator



**Zahra Masroori**

Health Educator



**John Marrin, DNP,  
FNP-BC**

Provider Project Lead -  
HIV



# ICHS Goals for Collaborative

1

Identify areas of improvement for current PrEP access models (provider and pharmacy-led)

3

Identify new ways to improve HIV screening rates among patient population

2

Improve sexual history and other health history intake and better align these workflows across clinical care teams

4

Develop better engagement strategies for HIV/PrEP/STI communication and outreach



# Population-Based Approach to HIV Prevention and PrEP



# Epidemiology of HIV

- About 1.2 million people with HIV are living in the U.S. in 2021.
- 1 in 8 (about 13 %) unaware of their infection.
- In 2021, 36,136 new infections occurred.

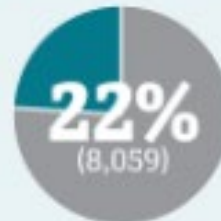


# HIV Incidence

There were **36,136 new HIV diagnoses\*** in the US and dependent areas in 2021. Of those:



were among gay, bisexual, and other men who reported male-to-male sexual contact†



were among people who reported heterosexual contact



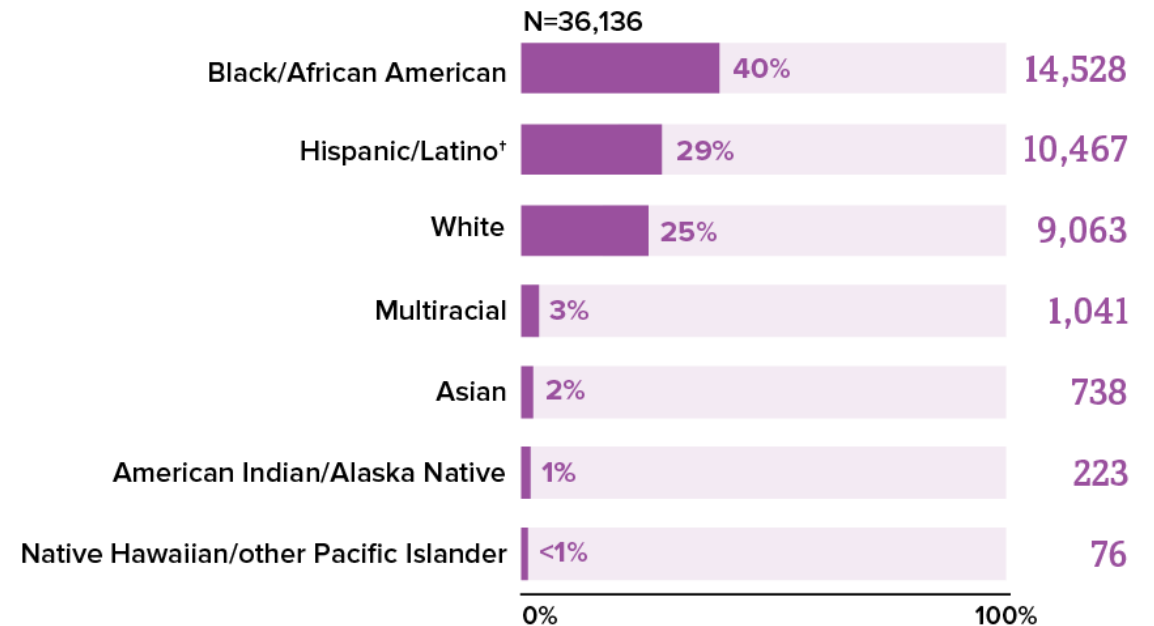
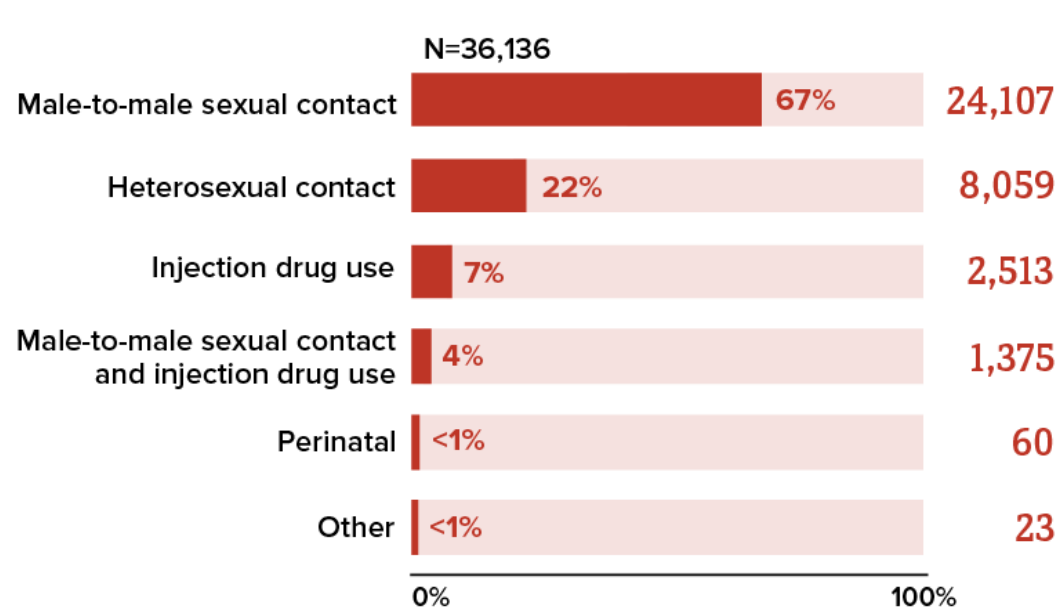
were among people who inject drugs

\*Among people aged 13 and older.

†Includes infections attributed to male-to-male sexual contact and injection drug use (men who reported both risk factors).



# New HIV Diagnoses in the United States 2021

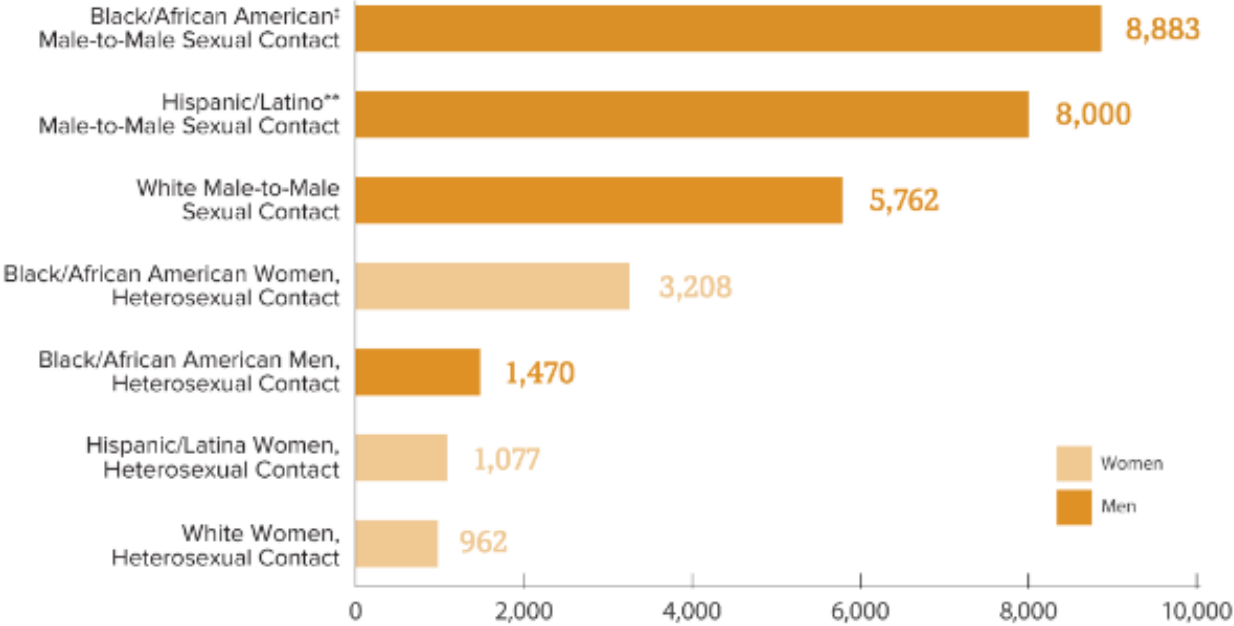


- New Diagnoses in 2021: 36,136
  - 71% among MSM
  - 69% among Black and Hispanic



# New HIV Diagnoses in the US and Dependent Areas for the Most-Affected Subpopulations, 2021\*†

Gay and bisexual men are the population most affected by HIV.



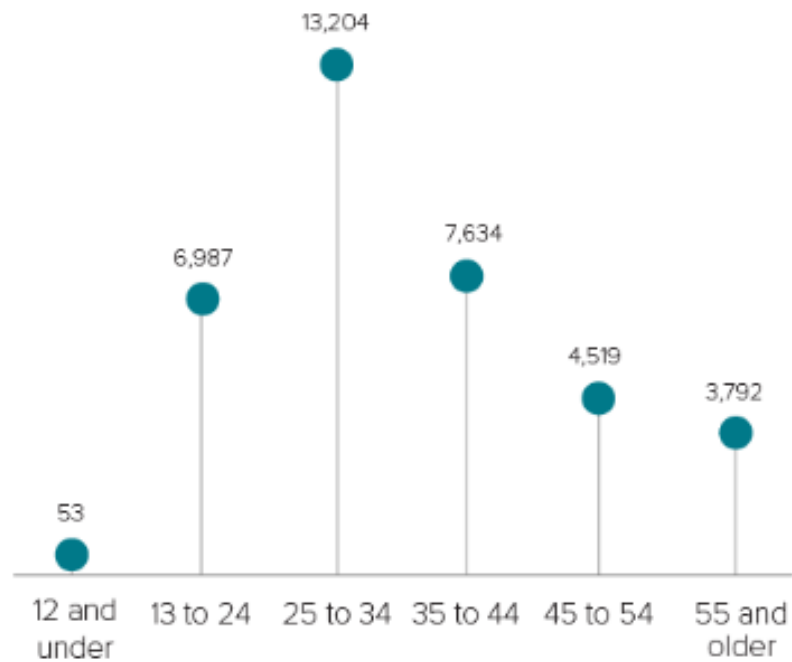
Subpopulations representing 2% or less of all people who received an HIV diagnosis in 2021 are not represented in this chart.

\* Among people aged 13 and older.



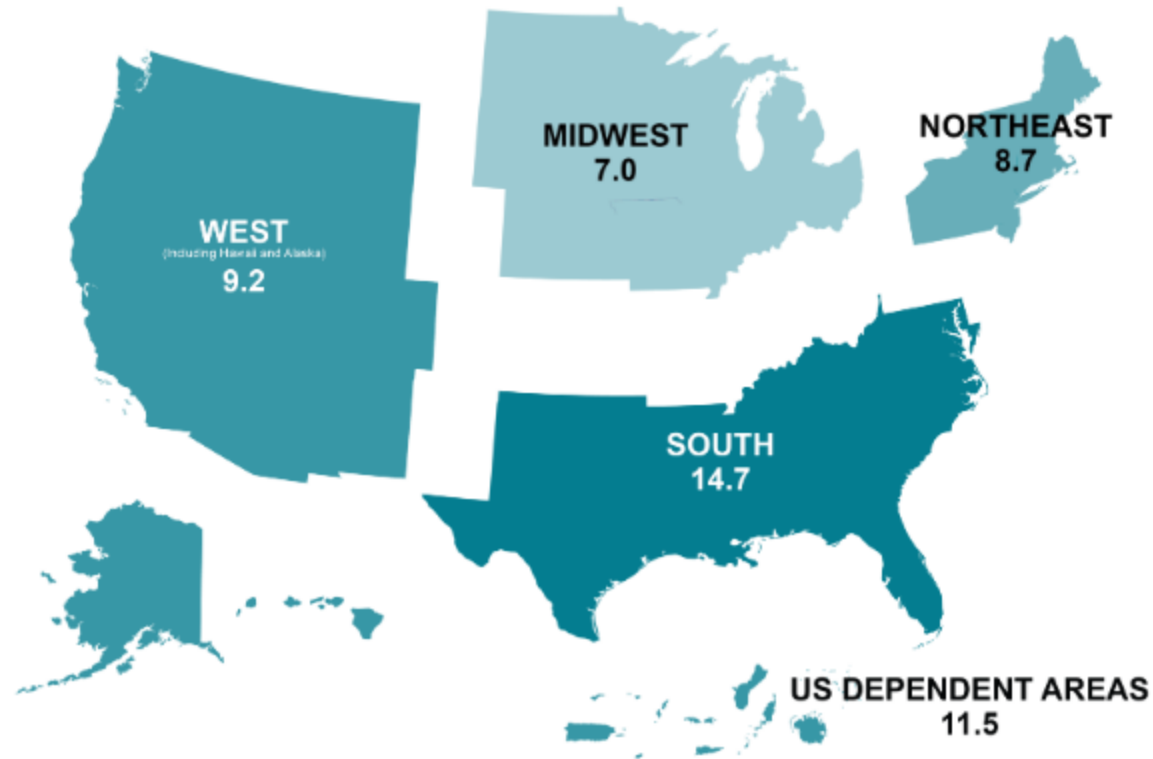
## HIV Diagnoses in the US and Dependent Areas by Age, 2021

People aged 13 to 34 accounted for more than half (56%) of new HIV diagnoses in 2021.



Source: CDC. [Diagnoses of HIV infection in the United States and dependent areas, 2021](#). *HIV Surveillance Report* 2023;34.

## Rates of New HIV Diagnoses in the US and Dependent Areas by Region, 2021<sup>\*†</sup>



\*Rates are per 100,000 people.

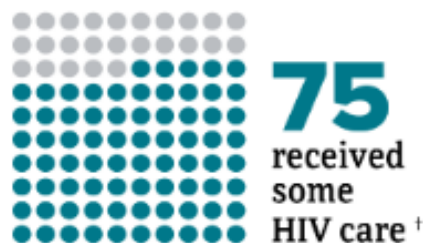
† Among adults, adolescents, and children under the age of 13.

Source: CDC. [Diagnoses of HIV infection in the United States and dependent areas, 2021](#). *HIV Surveillance Report* 2023;34.



## HIV Care Among People with Diagnosed HIV in 47 States and the District of Columbia, 2021\*

More than half of people with diagnosed HIV are virally suppressed. For every **100 people overall with diagnosed HIV:**



\* Among people aged 13 and older.

† At least 1 viral load or CD4 test.

‡ Had 2 viral load or CD4 tests at least 3 months apart in a year.

\*\* Based on most recent viral load test.

Source: CDC. [Monitoring selected national HIV prevention and care objectives by using HIV surveillance data—United States and 6 dependent areas, 2021](#). *HIV Surveillance Supplemental Report* 2023;28(4).



# PrEP in the United States 2022-2023

- About 1.2 million persons in the US are likely to benefit from PrEP<sup>[1]</sup>
  - 1 in 4 sexually active MSM: 814,000<sup>[2]</sup>
  - 1 in 5 PWIDs: 73,000<sup>[2]</sup>
  - 1 in 200 heterosexual adults: 258,000<sup>[2]</sup>
- In 2022, 36% of those who could benefit from PrEP were prescribed PrEP.
- Blacks and Hispanics account for 69% of new HIV infections but their PrEP use is too low.
  - 94% of Whites who could benefit from PrEP were prescribed it.
  - 13% of Blacks who could benefit were prescribed it.
  - 24% of Hispanics who could benefit were prescribed it.

	2022			2023 (January–March)		
	Persons prescribed PrEP <sup>a</sup>	Persons with PrEP indications <sup>b</sup>	PrEP coverage <sup>c</sup>	Persons prescribed PrEP <sup>a</sup>	Persons with PrEP indications <sup>b</sup>	PrEP coverage <sup>c</sup>
	No.	No.	%	No.	No.	%
<b>Sex at birth</b>						
Male	405,189	989,200	41.0	285,069	989,200	28.8
Female	32,854	227,010	14.5	18,475	227,010	8.1
<b>Race/ethnicity<sup>d</sup></b>						
Black/African American	60,056	468,540	12.8	39,202	468,540	8.4
Hispanic/Latino <sup>e</sup>	76,481	312,820	24.4	51,853	312,820	16.6
Other	19,130	131,180	14.6	13,255	131,180	10.1
White	282,494	300,650	94.0	199,306	300,650	66.3
<b>Total</b>	<b>438,164</b>	<b>1,216,210</b>	<b>36.0</b>	<b>303,616</b>	<b>1,216,210</b>	<b>25.0</b>

1. Harris. MMWR Morb Mortal Wkly Rep. 2019;68:1117. 2. Smith. Ann Epidemiol. 2018;28:e9. 3. Sullivan. J Int AIDS Society. 2020;23:e25461.

<https://www.cdc.gov/hiv/library/reports/surveillance-data-tables/vol-4-no-3/index.html>



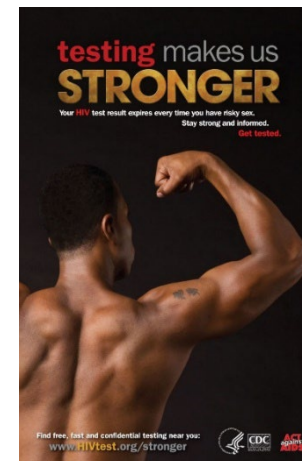
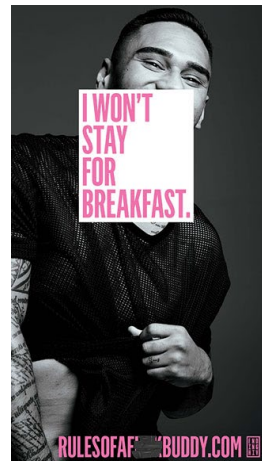
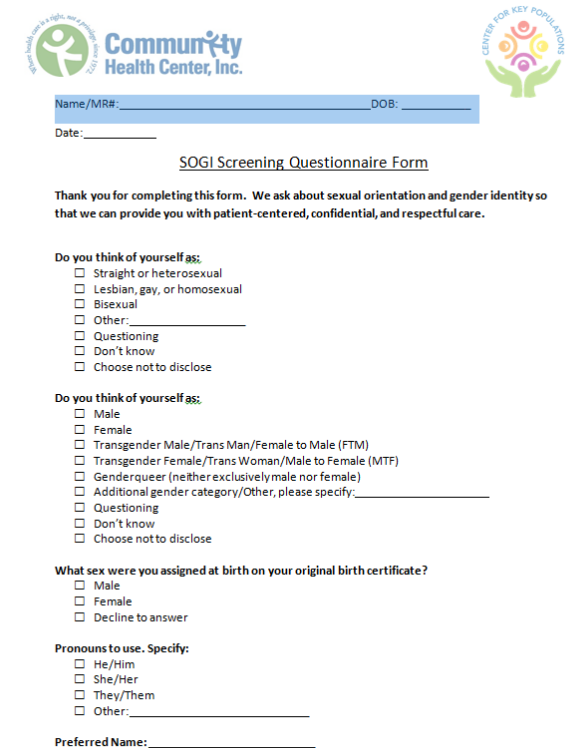
# Population-Based Approach

- Actively reaches people who may benefit from the health service or intervention.
- Increases access to the service or intervention to more people.
- Can lead to addressing health inequities.



# Population-Based Approach

- Using sexual orientation and gender identity (SOGI) information, positive STI results to reach out to potential at-risk individuals.
- Targeting messaging to at-risk populations.
- Making access to services readily available where people are at.

**Community Health Center, Inc.**

Name/MRN: \_\_\_\_\_ DOB: \_\_\_\_\_  
Date: \_\_\_\_\_

SOGI Screening Questionnaire Form

Thank you for completing this form. We ask about sexual orientation and gender identity so that we can provide you with patient-centered, confidential, and respectful care.

Do you think of yourself as:

- Straight or heterosexual
- Lesbian, gay, or homosexual
- Bisexual
- Other: \_\_\_\_\_
- Questioning
- Don't know
- Choose not to disclose

Do you think of yourself as:

- Male
- Female
- Transgender Male/Trans Man/Female to Male (FTM)
- Transgender Female/Trans Woman/Male to Female (MTF)
- Genderqueer (neither exclusively male nor female)
- Additional gender category/Other, please specify: \_\_\_\_\_
- Questioning
- Don't know
- Choose not to disclose

What sex were you assigned at birth on your original birth certificate?

- Male
- Female
- Decline to answer

Pronouns to use. Specify:

- He/Him
- She/Her
- They/Them
- Other: \_\_\_\_\_

Preferred Name: \_\_\_\_\_

# Sex Positive, Status Neutral Approach



# Sex Positive, Status Neutral Goals

- Promote healthy sex lives.
- Invite open and comfortable dialogue about sex.
- No matter who you are, who or how many you have sex with, and what kind of sex you like.
- Straight, bi, gay, pansexual; cis, trans, or non-binary gender; living with or without HIV.
- Empower with knowledge and choice.
- Protect through prevention, screening, and treatment.

## Sex Positive, Status Neutral Goals

- Determine who needs STI and HIV screening.
- Identify who is at risk for HIV and refer to PrEP.
- Identify who is living with HIV and link them to care.



# Sex Positive, Status Neutral Goals

- Be comfortable talking about sex.
- Check any judgment at the door.
- Make no assumptions.







# Creating an Affirming and Safe Environment in Your HIV Prevention Program: Basic Principles

- Cultural Humility
- Awareness of Intersectionality
- Understanding Gender Identity and Sexual Orientation
- How Stigma and Discrimination Impact Health Outcomes
- Trauma-Informed Care
- Language Matters

# Cultural Humility

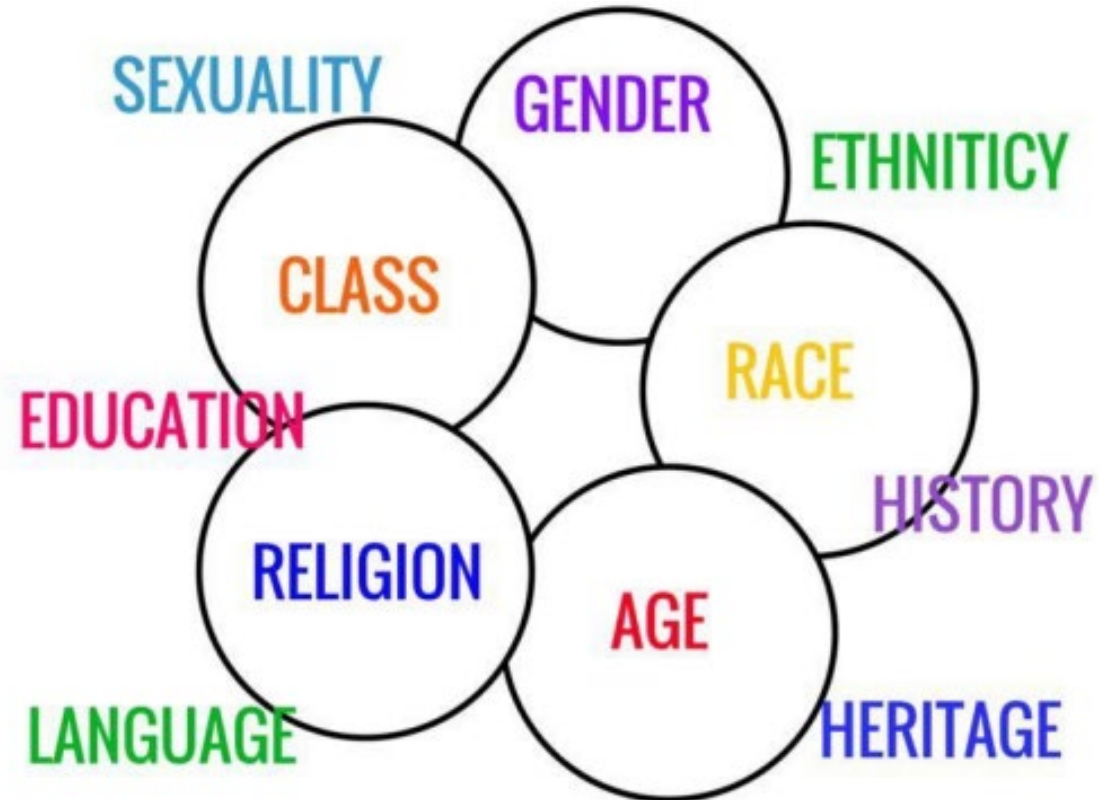


## Intersectionality

Introduced by legal scholar Kimberlé Crenshaw, intersectionality is a framework for understanding the ways that the multiple aspects of our identities intersect, influence one another, and compound to create unique experiences. The concept is regularly used to describe the ways that societal privilege and oppression is complicated by the different parts of our identity that are marginalized or privileged in society.



# Intersecting Identities



"overlapping or intersecting social identities and related systems  
of oppression, domination, or discrimination."

# What do we mean by LGBT?

- LGBT
  - Lesbian
  - Gay
  - Bisexual
  - Transgender
- L, G, B, T
  - Usually referred to as “one” community
  - Many similarities, especially when it comes to stigma and discrimination
  - Must keep in mind that they represent diverse communities with differing healthcare risks and needs



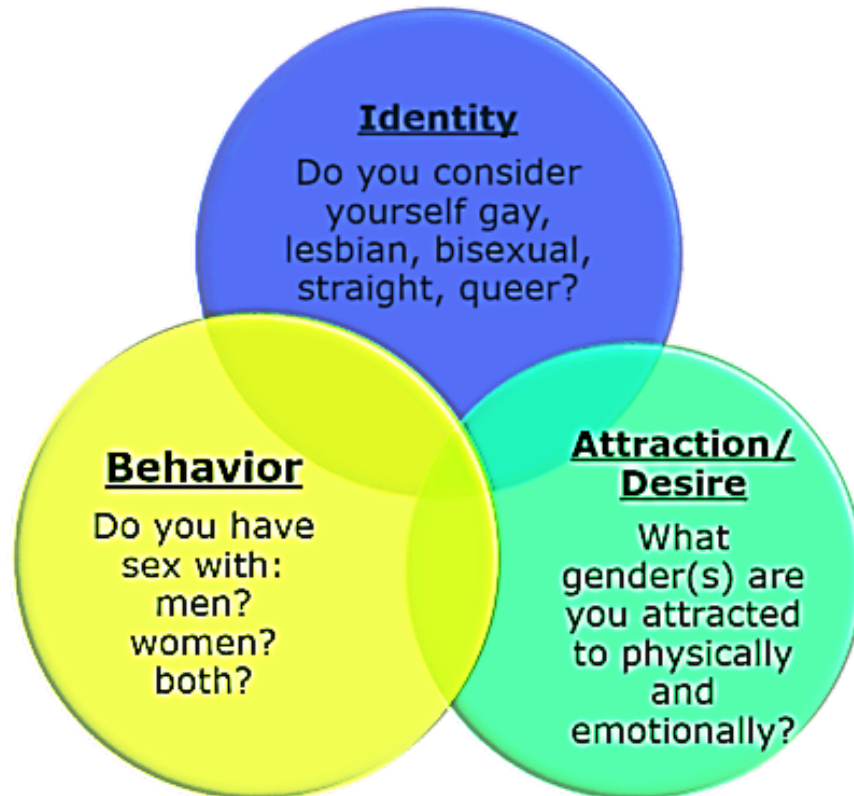
# Sexual Orientation and Gender Identity are Not the Same

- All people have a sexual orientation and gender identity
- How people identify can change
- Terminology varies
- Gender Identity  $\neq$  Sexual Orientation



# Sexual Orientation

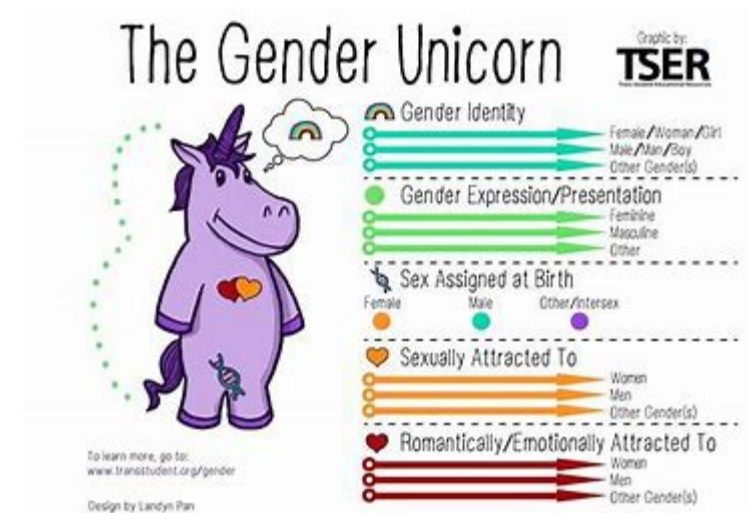
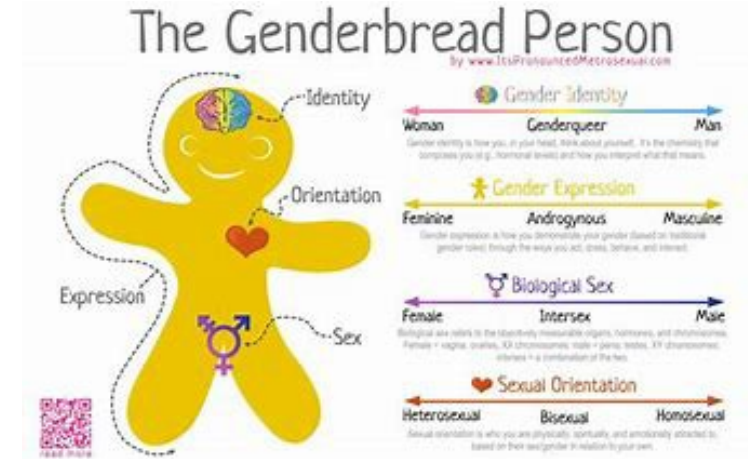
## Dimensions of Sexual Orientation:



- Gay
- Lesbian
- MSM = man who has sex with men
- Bisexual
- Heterosexual
- Queer
- Questioning
- Asexual
- Aromantic
- Polyamorous
- Pansexual
- T4T

# Gender Identity & Gender Expression

- Gender identity
  - A person's internal sense of their gender
    - Do I identify as male, female, both, neither?
- Gender expression
  - How one presents themselves through their behavior, mannerisms, speech patterns, dress, and hairstyles

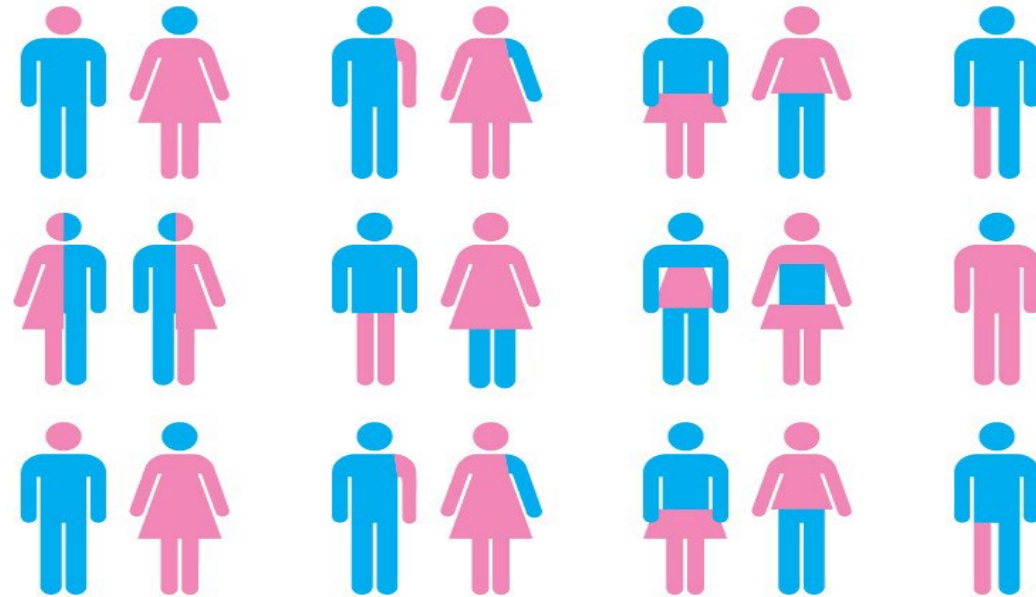




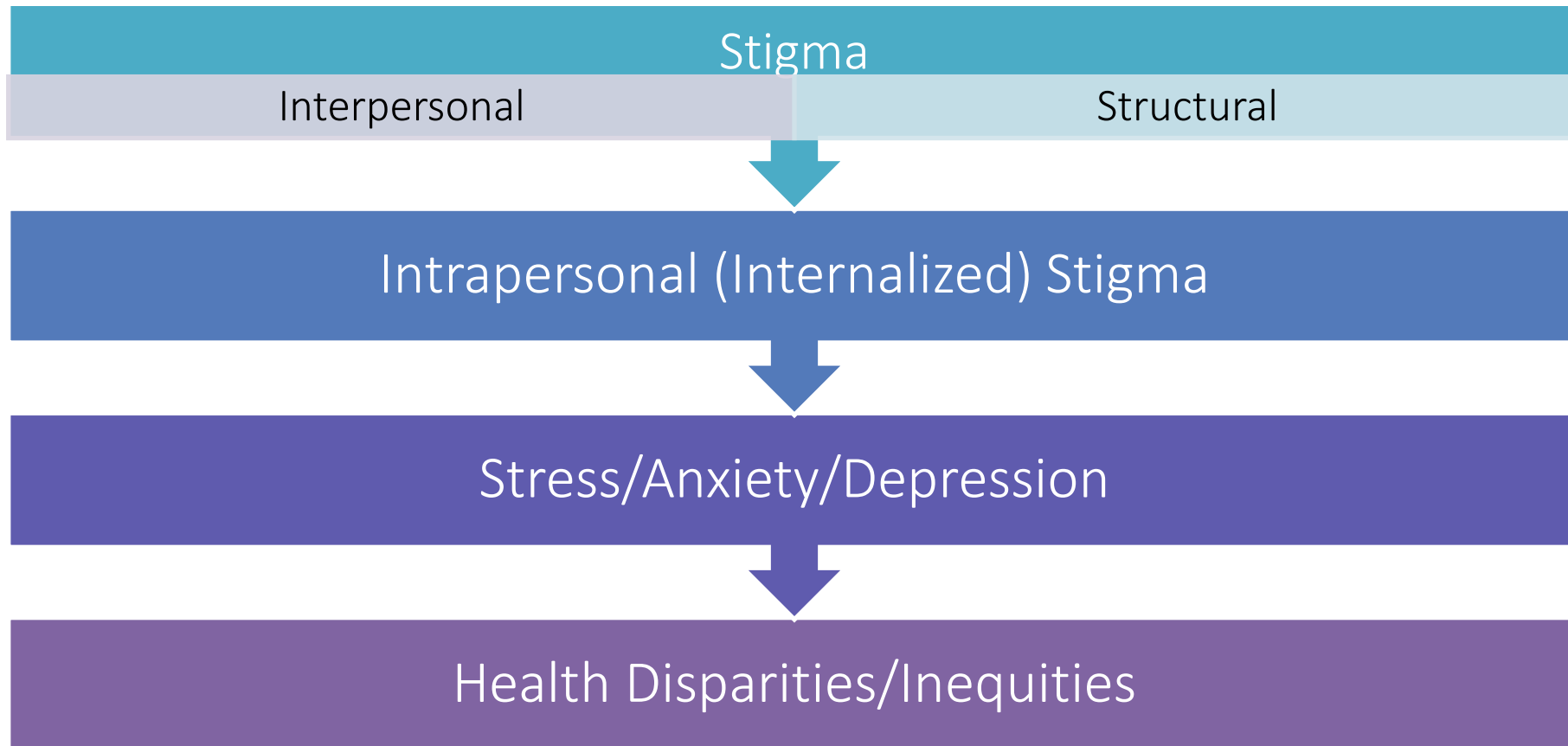
## WHAT PEOPLE ASSUME GENDER IS



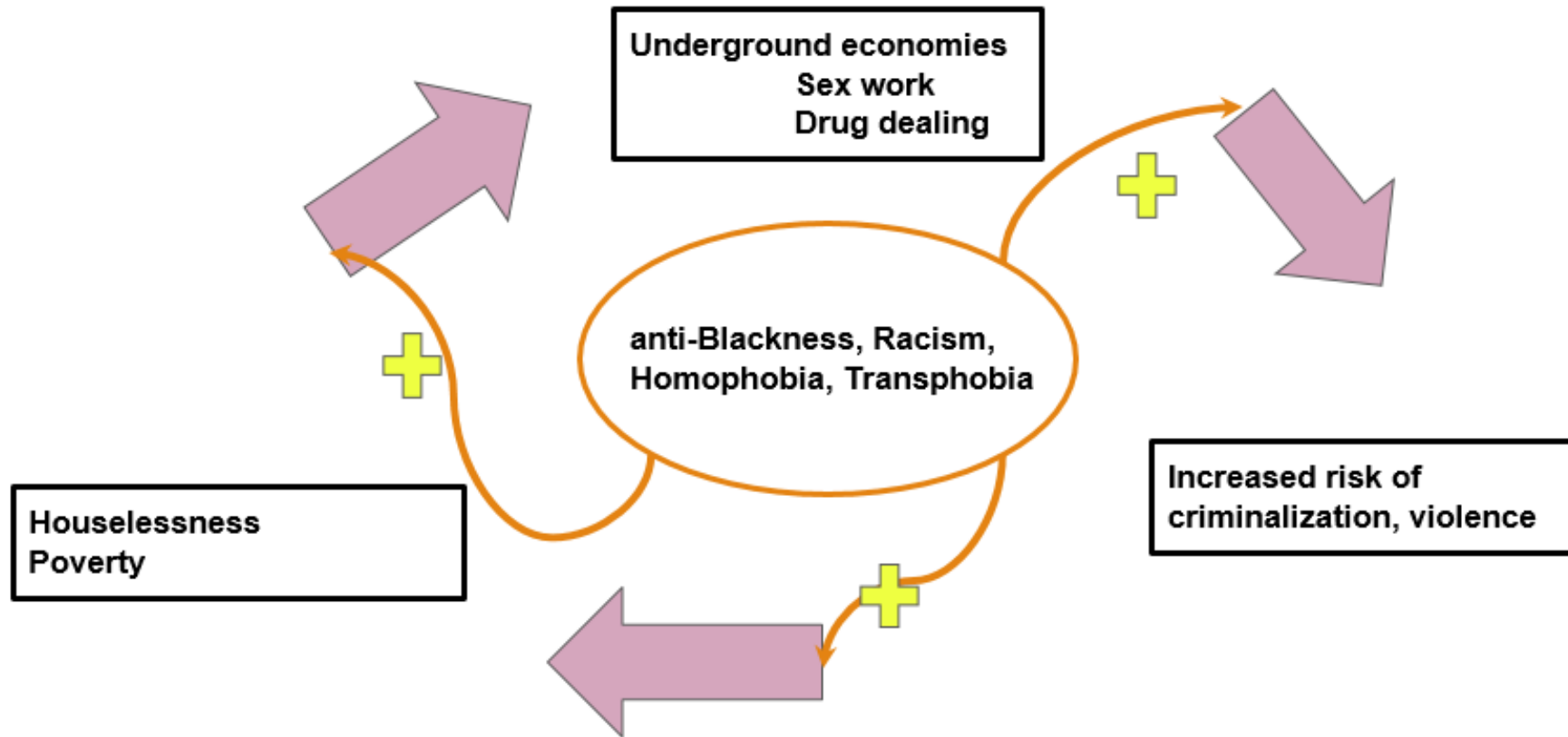
## WHAT GENDER ACTUALLY IS



# Stigma, Discrimination, and Health



## Systemic Cycle of Structural Violence



# Trauma Informed Care (TIC)

**A strengths-based framework that is grounded in an understanding of and responsiveness to the impact of trauma, that emphasizes physical, psychological, and emotional safety for both providers and survivors, and that creates opportunities for survivors to rebuild a sense of control and empowerment. ~ Hopper et al (2010)**

## Examples of TIC in Clinical Practice:

- Screening for trauma and adverse childhood experiences (ACEs)
- Creating a safe physical environment
- Before physical examination explain what you are doing and ask for permission
- Use affirming and sensitive language
- Avoid making assumptions about patient's identity, family structure, relationships, etc.
- Involving patient in deciding plan of care
- Training staff at all levels in trauma awareness



# Affirming Language & Sensitive Communication

## Gender-Neutral Terms -to Address a Group-

Y'all Peep-a-doodles  
Peeps Humans Dawgs  
Beautiful People Folx  
Kids/Kiddos Everyone  
Friends Homosapiens  
Change Makers

- ✓ You cannot always correctly guess someone's gender identity or sexual orientation based on how they look or sound.
- ✓ Listen to how people describe their own identities and partners—use the same terms, if comfortable.
- ✓ Treat every patient identifying as LGBTQI+ as a unique individual rather than making group generalizations.

- To avoid assuming gender or sexual orientation with new patients:
  - *Instead of:* "How may I help you, sir?"  
**Say:** "How may I help you?"
  - *Instead of:* "He is here for his appointment."  
**Say:** "The patient is here in the waiting room."
  - *Instead of:* "Do you have a wife?"  
**Say:** "Are you in a relationship?"
  - *Instead of:* "What are your mother and fathers' names?"  
**Say:** "What are your parents' names?"

## Name & Pronouns

- It is important to use the correct name and pronouns when referring to a patient.  
*Ex: He/him/his*  
*She/her/hers*  
*They/their/theirs*
- Name and pronouns may change over time.
- A patient may choose to use a different name and pronouns in different contexts.

<https://www.minus18.org.au/pronouns-app/>  
<http://www.theyismypronoun.com/>

- If you are unsure about a patient's name or pronoun
  - **“What name and pronoun would you like me to use?” OR**
  - **“My name is \_\_ and my pronouns are \_\_\_\_.  
What are yours?”**
- If you accidentally use the wrong term or pronoun
  - **“I’m sorry. Thank you for letting me know.”**
- If a patient's name doesn't match insurance or medical records
  - **“Could your chart/insurance be under a different name?”**
  - **“What is the name on your insurance?”**

# LGB &

# TRANS VISIBILITY



# Diversity, Equity, and Inclusion Intentionality





## Team Introductions – Part 2

Order of Introductions	
6	Jane Pauley Community Health Center
7	Promise Healthcare
8	The HealthCare Connection, Inc.
9	WellSpace Health

- Name of your practice, size, etc.
- Names and positions of participating team members
- Goals for the learning collaborative



# Jane Pauley CHC - Overview



## Our Mission

The mission of Jane Pauley Community Health Center is to provide accessible, respectful, and integrated healthcare to all regardless of insurance status.



## Our Vision

Jane Pauley Community Health Center will be the provider of choice in the communities we serve as responsible and compassionate leaders in health care.

- Founded in 2009 and awarded FQHC status in 2011. Jane Pauley CHC offers services at 10 family medicine locations serving 4 counties in central Indiana.



**Jane Pauley**  
Community  
Health Center

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*Caring for Our Communities*

# Our HIV Project Team

07/25/2023

- Notice of award for Primary Care HIV Prevention Funds

November 2023

- Manager of HIV Prevention hired and onboarded.

December 2023

- Identification of subject matter experts across various roles and locations.
- Manager of HIV Prevention Services began assembling HIV Prevention project Team

January 2024

- HIV Project Team confirmed
- HIV Project Team kickoff meeting – 01/25/2024
- Job descriptions created for an dedicated HIV prevention outreach staff member and a RN care coordinator.



<b>Project Name:</b>	Improving HIV Screening and Access to Prevention Services	
<b>Start Date:</b>	01/25/2024	<b>End Date:</b> 06/25/2024
<b>Background Information:</b>		
<p>In 2023 JPCHC applied for and received Primary Care HIV Prevention Funds from HRSA. These funds were awarded to strengthen HIV prevention services across the JPCHC network of clinics with the goals of increasing HIV screening, increasing PrEP utilization, and timely entry to HIV care for those testing positive for HIV.</p> <p>JPCHC currently has as routine HIV screening rate of 51%. Sexual health and HIV risk assessment are not consistently included in routine care visits; and very few patients are utilizing PrEP.</p>		
<b>Objectives:</b>		
<p>There are three main objectives for the HIV project team.</p> <ol style="list-style-type: none"> <li>1. Increase routine HIV screening and counseling rates across the JPCHC network.</li> <li>2. Increase comfort and completion of sexual history.</li> <li>3. Increase access to HIV prevention services and PrEP utilization.</li> <li>4. Increase % of patients linked to HIV care and treatment within 30 days.</li> </ol>		
<b>Deliverables:</b>		
<ol style="list-style-type: none"> <li>1. HIV screening process maps</li> <li>2. HIV prevention referral process maps</li> <li>3. A set of written HIV prevention protocols to include:             <ol style="list-style-type: none"> <li>a. Sexual history documentation</li> <li>b. HIV screening and counseling</li> <li>c. Use of and distribution of point of care testing kits</li> <li>d. PrEP services</li> <li>e. Positive HIV test follow-up</li> </ol> </li> <li>4. Training and Implementation Plan</li> </ol>		
<b>Team Members:</b>		
<b>Name / Title</b>	<b>Team Role</b>	<b>JPCHC Location</b>
Amber Melchior, RN	Facilitator	HIV Services
Aaron Knapp, Director of Pharmacy	Pharmacy - SME	Pharmacy
Janelle Jenkins, Clinical Systems Analyst	Data - SME	IT
Steph Branson, Quality and Development Specialist	Training / Quality – SME	Clinical Quality
Michelle Meinzer, RN	Nursing – SME	PCC – Shadeland
Heather Wilkins, CMA	MA – SME	Anderson 1210B
Desirae Hamilton, CMA	MA – SME	Post Road
Ashley Dugan, Site Coordinator	Front office – SME	Arlington
Dawn Houchin, Practice Manager	Operations/Admin – SME	Shelbyville
Nancy Curd, Director of Enabling Services	Outreach – SME	Enabling Services
Twaambo Situmbeko, FNP	Clinician – SME	16 <sup>th</sup> Street

# Promise Healthcare



**Melonie Richardson**  
Chief Medical Officer



**Zina Soltis**  
VP of Risk, Quality, & Compliance



**Tandra Cross**  
Quality Program Supervisor

# Promise's Participation Goals

1. Improve HIV and STI screening rates and develop scripting for providers
2. Incorporate HIV testing as part of standard STI testing workflow
3. Increase knowledge of PrEP (pre-exposure prophylaxis) to prevent HIV
4. Develop protocol and scripting for medical providers to prescribe PrEP

# The HealthCare Connection

- FQHC located in Northern Cincinnati Founded in 1967
- Primary Care, OB/GYN, Behavioral Health, Infectious Diseases, Dental
- 340B pharmacy
- Serve over 20,000 patients across 9 locations
  - Large immigrant, Latino(a), and Black population
  - “PrEP desert”

# The HealthCare Connection

- HIV Prevention/PrEP Core Team

Matthew Bauer*	Chief Medical Officer, Infectious Diseases Physician
Cheryl Coleman	Director of Quality Improvement & Risk Management
Janet Pressley-Barr	Population Health RN
Megan Deeley	Population Health RN
Sarah Tolbert	RN Clinic Manager - Lincoln Heights (LH)
Jada Johnson	RN Clinic Manager - Mt. Healthy (MH)
Ashley Collins	Physician - Family Medicine MH
Rachael Tayce	Nurse Practitioner - LH
Lashandra Duncan	Nurse Practitioner - GCB
Angie Hartman	Sr. Director of School Based Health & Vision (SBHC)
Quyen Wiggins	Nurse Practitioner - SBHC
Kelsey Neal	Dentist
Patricia Harris	LPN - MH
Vicki Norman	Behavioral Health Counselor - SBHC

## Goals:

- Decrease disparities in PrEP access and prescriptions.
- Reduce HIV transmission
- Increase awareness of PrEP in community
- Increase access to services to better health outcomes

# WellSpace Health – STI Grant

## Infectious Diseases Team

- Teresa Posas, Health Center Manager
- Yareli Pulido Lamas, Medical Assistant
- Mario Lopez Mendez, PrEP Navigator
- Roxane Gaedeke, Clinical Quality Manager – Public Health
- Nina Traverso, Clinical Quality Program Coordinator – Public Health

## Our Mission

- Build active, inclusive, and meaningful engagements with communities that effectively represent priority populations affected by the STI epidemic.
- Mobilize public health partners to develop a clinic-level plan to increase quality comprehensive sexual health services, strengthen clinic infrastructure, and increase available provisions of sexual health services.



# Our Goals

- To gain insight from other collaborative organizations that will inform the development of a strategic plan for improving our HIV prevention program.
- To learn best practices for gaining internal support for investing in our HIV prevention program.
- Improve the identification and coordination of individuals diagnosed with HIV to appropriate care, treatment, and support services.
- Establish referral pathways between testing sites, healthcare providers, and support organizations for those testing positive.
- Implement strategies to address barriers to care, such as transportation or stigma, to ensure individuals are linked to medical care promptly.



MOSES/WEITZMAN  
Health System

# HIV Prevention 101: the Basics



# HIV Prevention Strategies

- Risk reduction counseling
  - Barrier methods, partners, syringe services
- STI testing and treatment
- PEP (post-exposure prophylaxis)
- HIV testing
- PrEP (pre-exposure prophylaxis)
- Treatment as Prevention
- U=U (Undetectable = Untransmittable)



## Estimated Per-Act Probability of Acquiring HIV from an Infected Source, by Exposure Act\*

Type of Exposure	Risk per 10,000 Exposures
<b>Parenteral</b>	
Blood Transfusion	9,250
Needle-Sharing During Injection Drug Use	63
Percutaneous (Needle-Stick)	23
<b>Sexual</b>	
Receptive Anal Intercourse	138
Insertive Anal Intercourse	11
Receptive Penile-Vaginal Intercourse	8
Insertive Penile-Vaginal Intercourse	4
Receptive Oral Intercourse	Low
Insertive Oral Intercourse	Low
<b>Other<sup>^</sup></b>	
Biting	Negligible
Spitting	Negligible
Throwing Body Fluids (Including Semen or Saliva)	Negligible
Sharing Sex Toys	Negligible

\* Factors that may increase the risk of HIV transmission include sexually transmitted diseases, acute and late-stage HIV infection, and high viral load. Factors that may decrease the risk include condom use, male circumcision, antiretroviral treatment, and pre-exposure prophylaxis. None of these factors are accounted for in the estimates presented in the table.

<sup>^</sup> HIV transmission through these exposure routes is technically possible but unlikely and not well documented.

Source:

- Patel P, Borkowf CB, Brooks JT. Et al. Estimating per-act HIV transmission risk: a systematic review. AIDS. 2014. doi: 10.1097/QAD.0000000000000298.
- Pretty LA, Anderson GS, Sweet DJ. Human bites and the risk of human immunodeficiency virus transmission. Am J Forensic Med Pathol 1999;20(3):232-239.



# Condom Use Protection Against HIV

- Consistent condom use with usual rates of breakage and slippage protects about 80% (with range: 35 to 94%)
  - Estimates mainly based on heterosexual couples.
  - Very few studies in MSM or with anal sex.



Holmes KK, Levine R, Weaver M. Effectiveness of condoms in preventing sexually transmitted infections. Bull World Health Organ. 2004 Jun;82(6):454-61. PMID: 15356939; PMCID: PMC2622864.

# HIV Testing

- CDC and USPSTF recommend routine HIV testing for 13 (15)-64 year olds.
  - Recommendation for those at higher risk to get tested at least once a year.
- Importance of HIV testing
  - People with HIV who are aware of status can get HIV treatment
    - Promote individual health
    - Prevent transmission
  - People who don't have HIV but are at-risk can make decisions about their health, including PrEP.

# Who Should We Be Testing?

- All patients 13-64 years of age, at least once
  - USPSTF recommends starting at age 15
- Any patient suspected of acute HIV infection
- Pregnant women
- Patients with TB
- Patients seeking STD treatment and attending STD clinics
- Patients with HBV/HCV
- Patients starting new sexual relationships
- Occupationally exposed individuals
- Patients with ongoing risk, at least annually
  - People who inject drugs and their sex partners
  - Persons who exchange sex for money or drugs
  - Sex partners of persons with HIV
  - MSM or heterosexual persons who themselves or their partners have had more than one sexual partner since their last HIV test



# HIV Tests



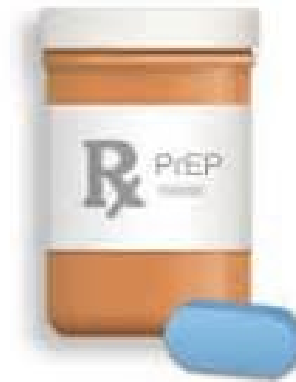
- Routine HIV Test
  - 4<sup>th</sup> generation Ab/Ag testing
    - Blood test (results in 1-2 weeks)
    - Sensitivity >99.7%, Specificity 100%
- Rapid Tests
  - INSTI HIV1/2 Ab IgM/IgG (3<sup>rd</sup> generation)
    - Blood test (results in 1 minute)
    - Sensitivity >99.8%, specificity >99.5%
    - Picks up infection by 3 weeks
  - Alere Determine HIV1/2 Ab/Ag(4<sup>th</sup> generation)
    - Blood test (results in 15 minutes)
    - Sensitivity 100%, specificity 99.8%
    - Picks up infections earlier (by 1-2 weeks).
  - Positive results require confirmation





# Pre-Exposure Prophylaxis (PrEP)

An individual without HIV takes antiretroviral medication(s) *before* potential HIV exposure.



**PrEP IS A NEW HIV PREVENTION METHOD IN WHICH PEOPLE WHO DO NOT HAVE HIV INFECTION TAKE A PILL DAILY TO REDUCE THEIR RISK OF BECOMING INFECTED.**

# PrEP Prescribing Choices

- TDF/FTC (Truvada or generic) for MSM, transgender women, heterosexually active men and women, and people who inject drugs who meet PrEP prescribing criteria.
  - Dosed as a single pill once daily
  - ONLY for MSM/transgender women, can be dosed on demand (2-1-1)
- TAF/FTC (Descovy) for MSM and transgender women at sexual risk.
  - Dosed as a single pill once daily
- Injectable cabotegravir (Apretude) for adults/adolescents 35 kg + at sexual risk.
  - Monthly injection for 2 months then every other month.



# PrEP with TDF/FTC Works!

Study	Efficacy Overall, %	Blood Samples With TFV Detected, %	Efficacy By Blood Detection of TFV, %
iPrEx <sup>[1]</sup>	44	51	92
iPrEx OLE <sup>[2]</sup>	49	71	NR
Partners PrEP <sup>[3]</sup>	67 (TDF) 75 (TDF/FTC)	81	86 (TDF) 90 (TDF/FTC)
TDF2 <sup>[4]</sup>	62	80	85
Thai IDU <sup>[5]</sup>	49	67	74
Fem-PrEP <sup>[6]</sup>	No efficacy	< 30	NR
VOICE <sup>[7]</sup>	No efficacy	< 30	NR

*FTC, emtricitabine; NR, not reported; PrEP, pre-exposure prophylaxis; TDF, tenofovir disoproxil fumarate; TFV, tenofovir.*

1. Grant RM, et al. N Engl J Med. 2010;363:2587-2599. 2. Grant RM, et al. Lancet Infect Dis. 2014;14:820-829. 3. Baeten JM, et al. N Engl J Med. 2012;367:399-410. 4. Thigpen MC, et al. N Engl J Med. 2012;367:423-434. 5. Choopanya K, et al. Lancet. 2013;381:2083-2090. 6. Van Damme L, et al. N Engl J Med. 2012;367:411-422. 7. Marrazzo J, et al. CROI 2013. Abstract 26LB.



Clinical Trial > Lancet. 2020 Jul 25;396(10246):239-254. doi: 10.1016/S0140-6736(20)31065-5.

# PrEP with TAF/FTC Works!

## Emtricitabine and tenofovir alafenamide vs emtricitabine and tenofovir disoproxil fumarate for HIV pre-exposure prophylaxis (DISCOVER): primary results from a randomised, double-blind, multicentre, active-controlled, phase 3, non-inferiority trial

Kenneth H Mayer<sup>1</sup>, Jean-Michel Molina<sup>2</sup>, Melanie A Thompson<sup>3</sup>, Peter L Anderson<sup>4</sup>, Karam C Mounzer<sup>5</sup>, Joss J De Wet<sup>6</sup>, Edwin DeJesus<sup>7</sup>, Heiko Jessen<sup>8</sup>, Robert M Grant<sup>9</sup>, Peter J Ruane<sup>10</sup>, Pamela Wong<sup>11</sup>, Ramin Ebrahimi<sup>11</sup>, Lijie Zhong<sup>11</sup>, Anita Mathias<sup>12</sup>, Christian Callebaut<sup>13</sup>, Sean E Collins<sup>14</sup>, Moupali Das<sup>15</sup>, Scott McCallister<sup>14</sup>, Diana M Brainard<sup>14</sup>, Cynthia Brinson<sup>16</sup>, Amanda Clarke<sup>17</sup>, Pep Coll<sup>18</sup>, Frank A Post<sup>19</sup>, C Bradley Hare<sup>20</sup>

Affiliations + expand

PMID: 32714900 DOI: 10.1016/S0140-6736(20)31065-5

# PrEP with Cabotegravir Works!

	<b>HPTN 083</b>	<b>HPTN 084</b>
<b>Active Products</b>	Long-acting injectable cabotegravir (CAB LA), oral cabotegravir (CAB), oral FTC/TDF	Long-acting injectable cabotegravir (CAB LA), oral cabotegravir (CAB), oral FTC/TDF
<b>Populations</b>	4,570 cisgender men and transgender women who have sex with men	3,200 (projected) cisgender women
<b>Locations</b>	Argentina, Brazil, Peru, South Africa, Thailand, U.S., Vietnam	Botswana, Eswatini, Kenya, Malawi, South Africa, Uganda, Zimbabwe
<b>Start Date</b>	December 2016	November 2017
<b>Study Design</b>	<b>Non-Inferiority of CAB LA to FTC/TDF</b> A non-inferiority study tests whether one drug works about the same as, but not worse than, another drug	<b>Superiority of CAB LA to FTC/TDF</b> A superiority study tests whether one drug works better than another drug
<b>Study Steps</b>	<p><b>STEP 1</b> 5 weeks of 2 daily oral pills – 1 active and 1 placebo</p> <p><b>STEP 2</b> Injections every 8 weeks and daily pills for up to <b>3 years</b></p> <p><b>STEP 3</b> Daily oral pills for 48 weeks</p>	<p><b>STEP 1</b> 5 weeks of 2 daily oral pills – 1 active and 1 placebo</p> <p><b>STEP 2</b> Injections every 8 weeks and daily pills for up to <b>3 years</b></p> <p><b>STEP 3</b> Daily oral pills for 48 weeks</p>
<b>Study Results</b>	<p>The study showed <b>superiority</b> of CAB LA over oral FTC/TDF, meaning CAB LA worked better to prevent HIV infection in the population than oral FTC/TDF.</p> <p>There was a <b>66%</b> reduction in HIV infections in study participants provided CAB compared to FTC/TDF.</p>	<p>The study showed <b>superiority</b> of CAB LA over oral FTC/TDF, meaning CAB LA worked better to prevent HIV infection in the population than oral FTC/TDF.</p> <p>There was a <b>89%</b> reduction in HIV infections in study participants provided CAB compared to FTC/TDF.</p>

■ = placebo

# What is Treatment As Prevention?



A person with HIV who takes HIV medicine as prescribed and gets and stays virally suppressed or undetectable can stay healthy and has effectively no risk of sexually transmitting HIV to HIV-negative partners.

<https://www.cdc.gov/hiv/risk/art/index.html>

# Prevention Access Campaign: 2016

**UNDETECTABLE = UNTRANSMITTABLE**



<https://www.preventionaccess.org/>

# Risk by Transmission Category

## Risk of HIV Transmission With Undetectable Viral Load by Transmission Category

Transmission Category	Risk for People Who Keep an Undetectable Viral Load
Sex (oral, anal, or vaginal)	Effectively no risk
Pregnancy, labor, and delivery	1% or less <sup>†</sup>
Sharing syringes or other drug injection equipment	Unknown, but likely reduced risk
Breastfeeding	<b>Substantially reduces, but does not eliminate risk.</b> Current recommendation in the United States is that mothers with HIV should <i>not</i> breastfeed their infants.

<sup>†</sup> The risk of transmitting HIV to the baby can be 1% or less if the mother takes HIV medicine daily as prescribed throughout pregnancy, labor, and delivery and gives HIV medicine to her baby for 4-6 weeks after giving birth.

<https://www.cdc.gov/hiv/risk/art/index.html>



# Scientific Evidence

THE LANCET

Comment

Providers should discuss U=U with all patients living with HIV



Comment 107-1075  
Published Online  
February 15, 2019  
https://doi.org/10.1016/S0140-6736(19)30121-1

	Enrolled sample	Study design	Number of condomless sex acts	Number of new HIV infections		
				Total	Phylogenetically linked	Phylogenetically linked when HIV-positive partner virally suppressed
HPTN 052 (2016) <sup>3</sup>	1763 serodifferent couples; 98% male–female couples	Two-arm trial with HIV-positive partner randomised to early or delayed ART	..	78 19 in early-ART group; 59 in delayed-ART group	46* 3 in early-ART group; 43 in delayed-ART group	0
PARTNER1 (2016) <sup>4</sup>	1166 serodifferent couples; 888 in analysis subset; 62% male–female couples	Observational	55 193 total; 34 214 in male–female couples; 20 979 in male–male couples†	11	0	0
PARTNER2 (2018) <sup>1</sup>	972 serodifferent male–male couples; 783 in analysis subset	Observational	76 991	15	0	0
Opposites Attract (2018) <sup>5</sup>	358 serodifferent male–male couples	Observational	12 447 counted when HIV-positive partner virally suppressed and HIV-negative partner not on PrEP	3	0	0

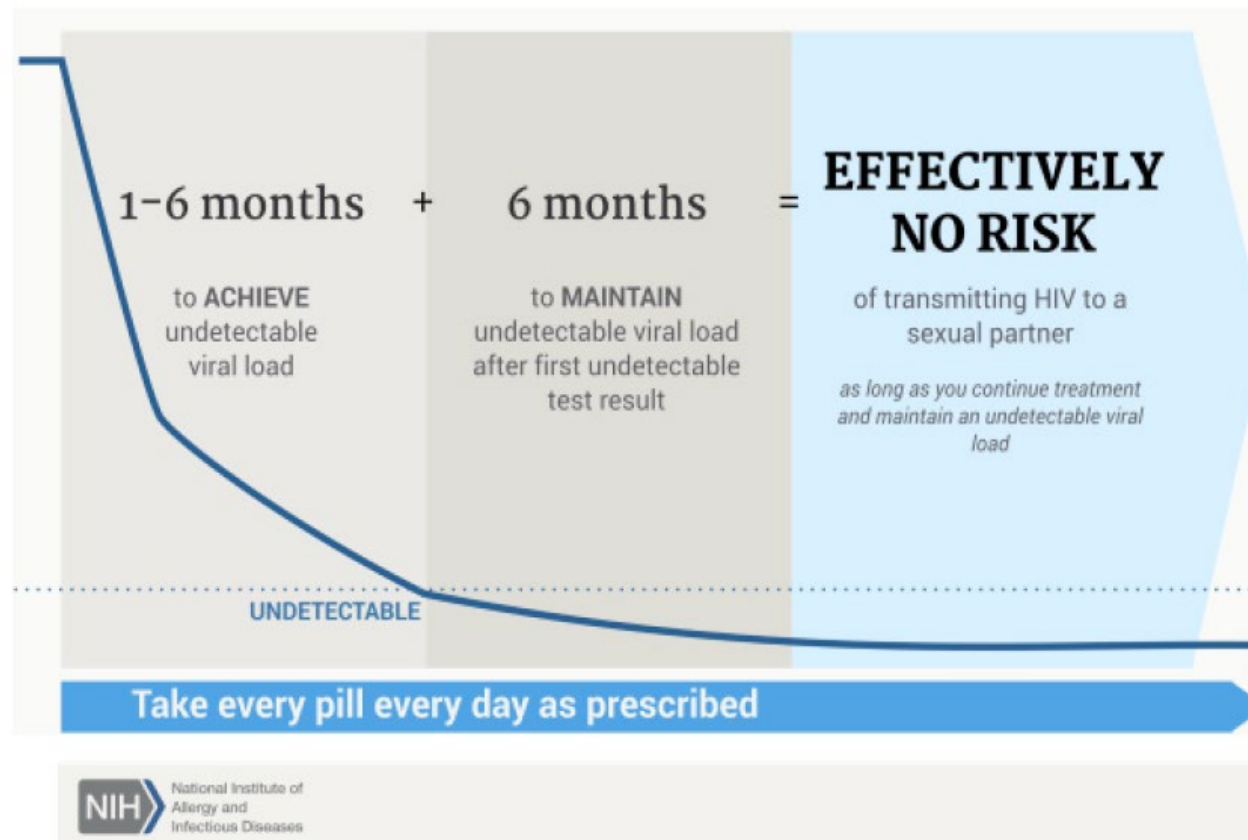
For a systematic review and meta-analysis of earlier relevant research, see Attia et al (2009).<sup>6</sup> U=U=undetectable=untransmittable. ART=antiretroviral therapy. PrEP=pre-exposure prophylaxis. \*Viral linkage status not determined for six of 78 infections. †Estimates calculated by averaging the number of within-couple condomless sex acts self-reported by each serostatus subgroup within each couple type.

Table: Evidence for U=U 2016–18





# When does TasP become effective?





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Health System

# Questions?



# Next Steps

## Agenda items for your meetings during this action period

- Review the results of your *Organizational Readiness to Implement Change (ORIC)* and *Partnership for Care (P4C) Health Center Readiness Assessment*
- Review tools you currently use for assessing gender/gender identification, race/ethnicity, sexual orientation, and sexual behavior
- Review data for current uptake of HIV prevention in your organization, that is, do patients come back for ongoing care?
- Review current strategies for outreach to at-risk populations

## Assignments

- Narrative on health center [details provided in syllabus]
- Develop profile on population of patients whom you consider to be at-risk

CME and Resource Page

Access Code: HIV2024



[https://education.weitzmaninstitute.org/  
content/nttap-hiv-prevention-learning-  
collaborative-2024](https://education.weitzmaninstitute.org/content/nttap-hiv-prevention-learning-collaborative-2024)

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**REMINDER: Complete evaluation in the poll!**

Upcoming Coach Calls: Monday February 5<sup>th</sup> & February 19<sup>th</sup>

Next Learning Session is **Monday February 26<sup>th</sup>!**



# Explore more resources!

## National Learning Library: Resources for Clinical Workforce Development

National Learning Library



CHC has curated a series of resources, including webinars to support your health center through education, assistance and training.

[Learn More](#)



The National Training and Technical Assistance Cooperative Agreements (NCAs) provide free training and technical assistance that is data driven, cutting edge and focused on quality and operational improvement to support health centers and look-alikes. Community Health Center, Inc. (CHC, Inc.) and its Weitzman Institute specialize in providing education and training to interested health centers in Transforming Teams and Training the Next Generation through:

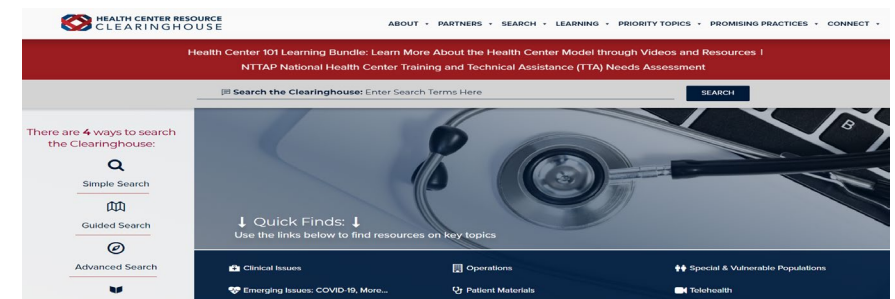
**National Webinars** on advancing team based care, implementing post-graduate residency training programs, and health professions student training in FQHCs.

**Invited participation in Learning Collaboratives** to advance team based care or implement a post-graduate residency training program at your health center.

Please keep watching this space for information on future sessions. To request technical assistance from our NCA, please email [NCA@chc1.com](mailto:NCA@chc1.com) for more information.

<https://www.weitzmaninstitute.org/ncaresources>

## Health Center Resource Clearinghouse



<https://www.healthcenterinfo.org/>