

## AAA: Assessment, Alignment, Action

Presented by Hailey de Anda, Akeshia Johnson Smothers, and Jaseudia Killion





- Learning objectives
- Introduction of presenters
- Overview of the Austin/Travis County; HIV Planning Council and Fast-Track Cities
- Techniques to ensuring local alignment
- Leveraging local alignment for Ending the HIV Epidemic application and grants
- Next steps and Lessons Learned

## **Learning Objectives**



- Demonstrate an understanding of models to structure a HIV Planning Council/Fast Track Cities/ Ending the Epidemic collaboration;
- Identify plan alignment techniques;
- List Plan Alignment tools to strategically parallel efforts and identify priorities; and
- Identify first steps toward creating a locally tailored Ending the Epidemic initiative.

#### Akeshia Johnson Smothers



- Austin Area HIV Planning Council Member
- Interim Social Services Policy
   Unit Manager with Austin Public
   Health (APH)
- Three year managing the HIV/STI Prevention services at APH
- Over 13 years of work in Public Health Follow up (Disease Intervention)
- Over 25 years of HIV/STI work/experience
- Masters of Social Work from Southern University New Orleans







- Interim Manager, Planning and Evaluation Unit, Austin Public Health
- Two years with the Office of Support for Ryan White Part A
- Eight years conducting health assessments and creating improvement plans based on
- Ten years in the public health field
- MPH from Texas A&M Health Science Center, School of Public Health



#### Jaseudia S. Killion



- Ryan White Part A Public Health
   Planner II, Austin Public Health
- 2015 CDC's Public Health Associate Program (PHAP) Cohort
- Ten Years of Public Health
   Experience in Infectious Disease,
   Violence & Injury Prevention,
   and Maternal & Child Health
- Master of Public Administration from the University of Memphis
- The George Washington School of Public Health, Master of Public Health





# Community driven efforts to end HIV in Austin, Travis County and surrounding areas

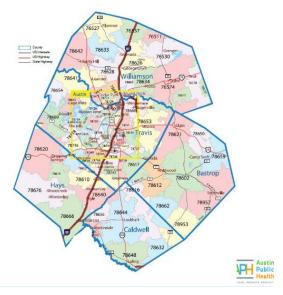
- HIV Planning Council
- Fast-Track Cities



#### **Austin Transitional Grant Area**



The Austin TGA utilizes over \$5 Million in Ryan White Part A funds to provide services in five counties.



- The Austin TGA has a population over 2 million people
- Most of the TGA population is White (51%) followed by Hispanic (34%). African Americans make up 7% of the Austin TGA
- The largest city, Austin, lies in Travis County, where the majority (80%) of People Living with HIV (PLWH) reside

#### **Executive Committee Members**











**Planning Council Members** 





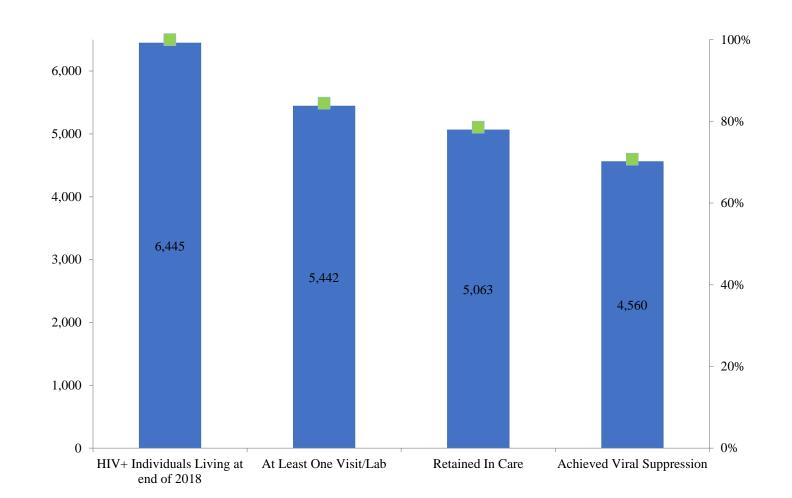




## HIV Population-Based Care Continuum for Austin Area, 2018



- 276 new HIV diagnoses in 2018.
- 1,513 HIV cases are estimated to be undiagnosed, making the estimated HIV/AIDS prevalence to be 7,958.
- Disproportionately impacted populations include:
  - Transgender Women,
  - Latinx MSM,
  - African American MSM, and
  - African American Women.



(Source: 2019 Ryan White Part A grant application – Health Service Delivery Area)

# Austin and Travis County Fast Track Cities



On June 20th, 2018, Austin Mayor Steve Adler and Travis County Judge Sara Eckhardt signed the Paris Declaration on Fast-Track Cities



# Current Status of FTC Goals in Travis County



GOAL	CURRENT STATUS	GAP
Goal 1: 90% of all people living with HIV will know their HIV status.	Estimated 83% of Travis County residents living with HIV know their status	7%
Goal 2: 90% of all people with diagnosed HIV infection will receive sustained antiretroviral therapy.	80% of people diagnosed with HIV are retained in care	10%
Goal 3: 90% of all people receiving antiretroviral therapy will have viral suppression.	90% of people who are retained in care are virally suppressed	Goal Met
Goal 4: 50% reduction in new infections	There were 242 new diagnoses of HIV in Travis County. A 50% reduction would mean 121 new diagnoses.	50%
Goal 5: End stigma related to HIV	77% said stigma or fear of discrimination had not kept them from obtaining care	23%

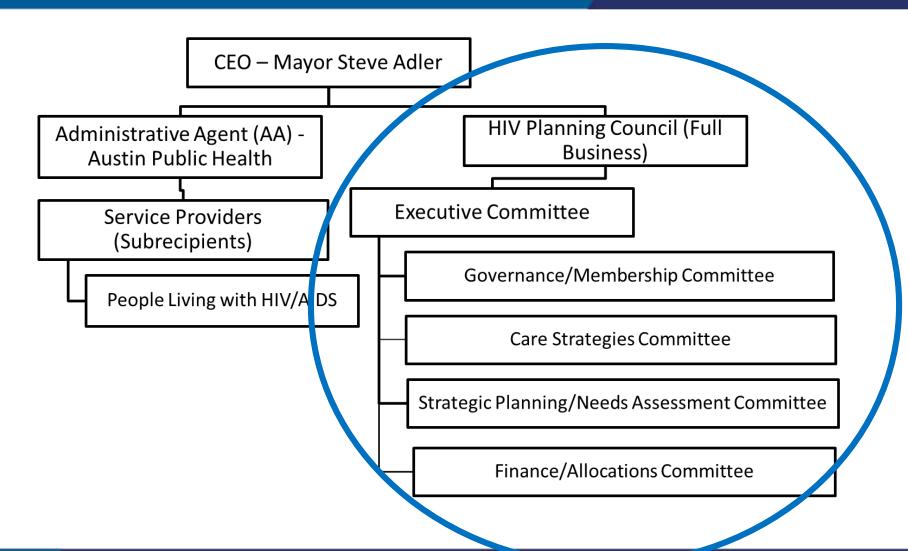


## How to leverage HIV Planning Council and Fast-Track Cities for collaboration

- Structure of HIV Planning Council and Fast-Track Cities
- Alignment of the HIV planning council

## **HIV Planning Council Structure**





#### Fast-Track Cities Structure





Prevention

Testing & Rapid Linkage

Retention, Reengagement & Viral Suppression

**Executive Committee** 

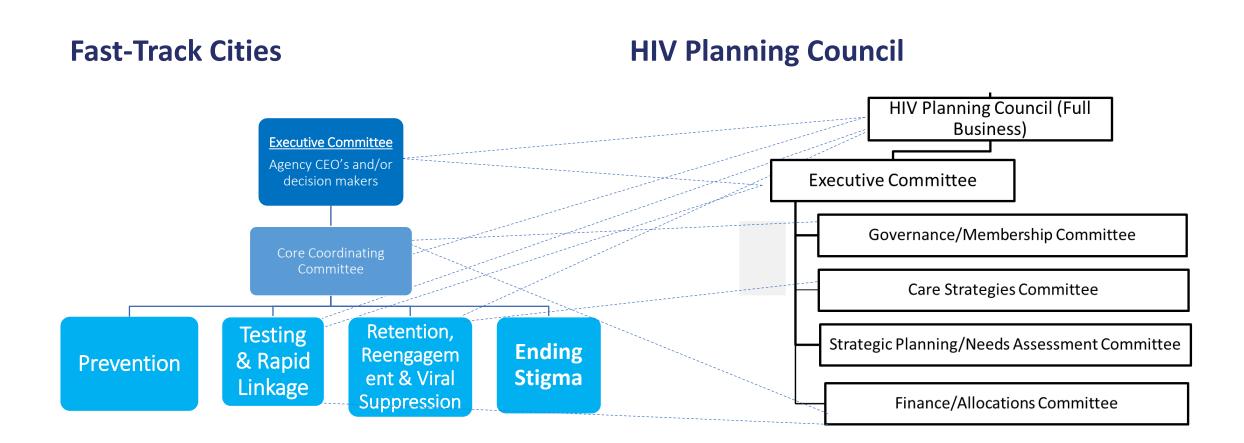
Agency CEO's and/or decision makers

Core Coordinating
Committee

**Ending Stigma** 

## Linkage







# Techniques to build consensus and broad support

- Alignment of plans
- Transparent and open processes for HIV Planning Council and Fast-Track Cities
- Reconciling data

### Cultivate a Stigma-Free Climate



Strategy	Activity	Achieving Together	Fast Track Cities	HIV Planning Council
	Coordinated social marketing			
	campaign	<b>√</b>		<b>✓</b>
Accurate Messages	U=U messaging	<b>√</b>	<b>✓</b>	
	Oral History		<b>✓</b>	<b>✓</b>
Shared Language	Define Stigma	<b>✓</b>	<b>✓</b>	
Sharea Language	Develop Language Guide	<b>✓</b>	<b>✓</b>	
Normalize HIV Testing	Expand Opt-Out HIV Testing	<b>√</b>	<b>✓</b>	<b>✓</b>
Policy and Advocacy	Advocate for Comprehensive Sex Education	<b>✓</b>	<b>✓</b>	
	World AIDS Day		<b>✓</b>	<b>✓</b>

## Fast Track Cities Goal Alignment



Goal Alignment							
	Fast Track Cities- Austin	Integrate Plan-HIV Planning Council	Achieving Together- State	Alignment			
Prevention	Priority Area 1: Prevention 50% reduction in the number of new persons with HIV by 2020	Goal 1: Reduce New HIV Infections	Goal 1: Reduce HIV transmission and acquisition	√			
Testing and Rapid Linkage	Priority Area 2: Testing and Rapid Linkage			Partial @ objective level- Integrate Plan missing rapid linkage component			
Retention, Reengagement and Viral Suppression	Priority Area 3: Retention, Reengagement and Viral Suppression	Goal 2: Increase access to care and improve health outcomes for people living with HIV	Goal 2: Increase viral suppression	✓			
Eliminate Health Disparities	Woven throughout at strategies level	Goal 3: Reduce HIV - related disparities and health inequities	Goal 3: Eliminate Health Disparities	√ - FTC addresses disparities @strategy level			
End Stigma	Priority Area 4: End Stigma	·	Goal 4: Cultivate Stigma-Free Climate	Partial- Integrated Plan does not address stigma @ goal or objective level.			
Coordination		Goal 4: Achieve a more coordinated local response to the HIV epidemic	[Focus Area 3: Collaborate, cooperate and coordinate across systems]	Partial- not explicit in FTC plan			

## Open and Transparent Meeting



#### **HIV Planning Council**

- Open application process for new members
- Open meetings
- Meeting materials publicly accessible
- Public comment allowed

#### **Fast-Track Cities**

- Workgroups open to anyone who is interested in participating
- Quarterly consortiums where the general public can learn about FTC efforts

#### Reinforcement of efforts



- Findings from FTC and HIV Planning Council start to align and overlap
- Conflicted PC members can participate in FTC meetings with local AA and have dialogue without creating a conflict of interest
- Assessment efforts complement each other and support each other's findings
- Variable opportunities for interested parties to become a part of local efforts through either FTC or HIV Planning Council
  - Some community members are interested in being on the Council
  - Some can attend consortiums

## **Reconciling Data**



#### **Fast Track Cities:**

- Austin
- Travis County



#### **Austin TGA:**

- Bastrop
- Caldwell
- Hays
- Travis
- Williamson



#### **Delivery Area (HSDA):**

- Travis,
- Williamson
- Bastrop
- Caldwell
- Hays
- Blanco
- Fayette
- Lee
- Llano







# Using federal funds to implement local plans

- Overview of Ending the HIV Epidemic
- Ending the HIV Epidemic Funds were used to promote local planning efforts

#### Leveraging alignment for grant applications



Ending the HIV Epidemic





#### Ending the HIV Epidemic



Several funding opportunities were released related to Ending the HIV Epidemic.

#### **GOAL:**

reaching 75% reduction in new HIV infections by 2025 and at least 90% reduction by 2030.

HHS will work with each community to establish local teams on the ground to tailor and implement strategies to:



Diagnose all people with HIV as early as possible after infection.

**Treat** the infection rapidly and effectively to achieve 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 Grant #1



#### **Planning Grant: STD Control Grant**

- Funder: CDC through Texas Department of State Health Services
- Purpose or role of funds: This funding is intended to support the development of a community plan that will role-up into a state plan for Texas. The funds support FTC support staff, printing of FTC books and facilitation service to help us prioritize and do deep dives into the FTC's plan.

Funding Amount: \$80,000 for FTC

**Time Frame:** October 2019-September 2020



## **Ending the HIV Epidemic Grant #2**



#### **Funding Amount:**

Award for Year 1: \$750,000. Remaining 4 years may range from \$750,000 - \$2 000, 000

#### **Time Frame:**

March 2020-Febuary 2025

## Ending the HIV Epidemic: Direct Services Grant: A Plan for America-Ryan White HIV/AIDS Programs Parts A and B

- Funder: Health Resources and Services Administration
- Purpose or role of funds: A portion of these funds will be used to support the FastTrack
  Cities plan. The AA staff responsible for contracting out these funds will review Fast-Track
  Cities plan to identify what objectives and strategies will make appropriate funding
  opportunities for funds.



### **Ending the HIV Epidemic Grant #3**



## Programming Grant: Integrated HIV Programs for Health Departments to Support Ending the Epidemic

- Funder: CDC through Texas Department of State
   Health Services
- Purpose or role of funds: A portion of these funds will be contracted out by the AA staff in alignment with grant's action plan. A portion of the funds will pay for Fast-Track Cities staff support. Picking up where the Planning grant left off. This grant will also support contact tracking.





**Funding Amount:** 

**Grant Awards delayed due to COVID-19 (expectant announcement August 2020** 

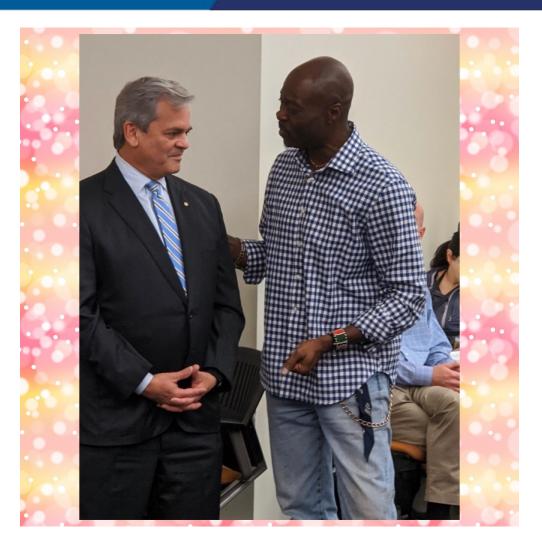
**Time Frame:** 

October 1, 2020-TBD



## In Closing

- Lessons Learned
- Next Steps



#### Lessons Learned



- Frequent updates at HIV Planning Council and Fast-Track Cities meetings regarding activities and meetings of the other group.
- Overlap in membership between groups
- Open process for development of all deliverables with lots of opportunities for input from all organizations
- Identify similarities while also acknowledging differences between the two efforts
- Eliminate competition between planning efforts through alignment and collaboration

## **Next Steps**



- Developing a better understanding and alignment with other Ending the HIV Epidemic grants in the community.
- Ensuring alignment and updates between grant work plan and community action plans.
- Identifications of gaps in participation and recruitment to fill gaps.
- Continue regular meetings and alignment.



