

CD Bureau Program Briefing

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Bureau Chief

Bureau of Communicable Diseases Control

City of St Louis Department of Health

CD Bureau Program Briefing

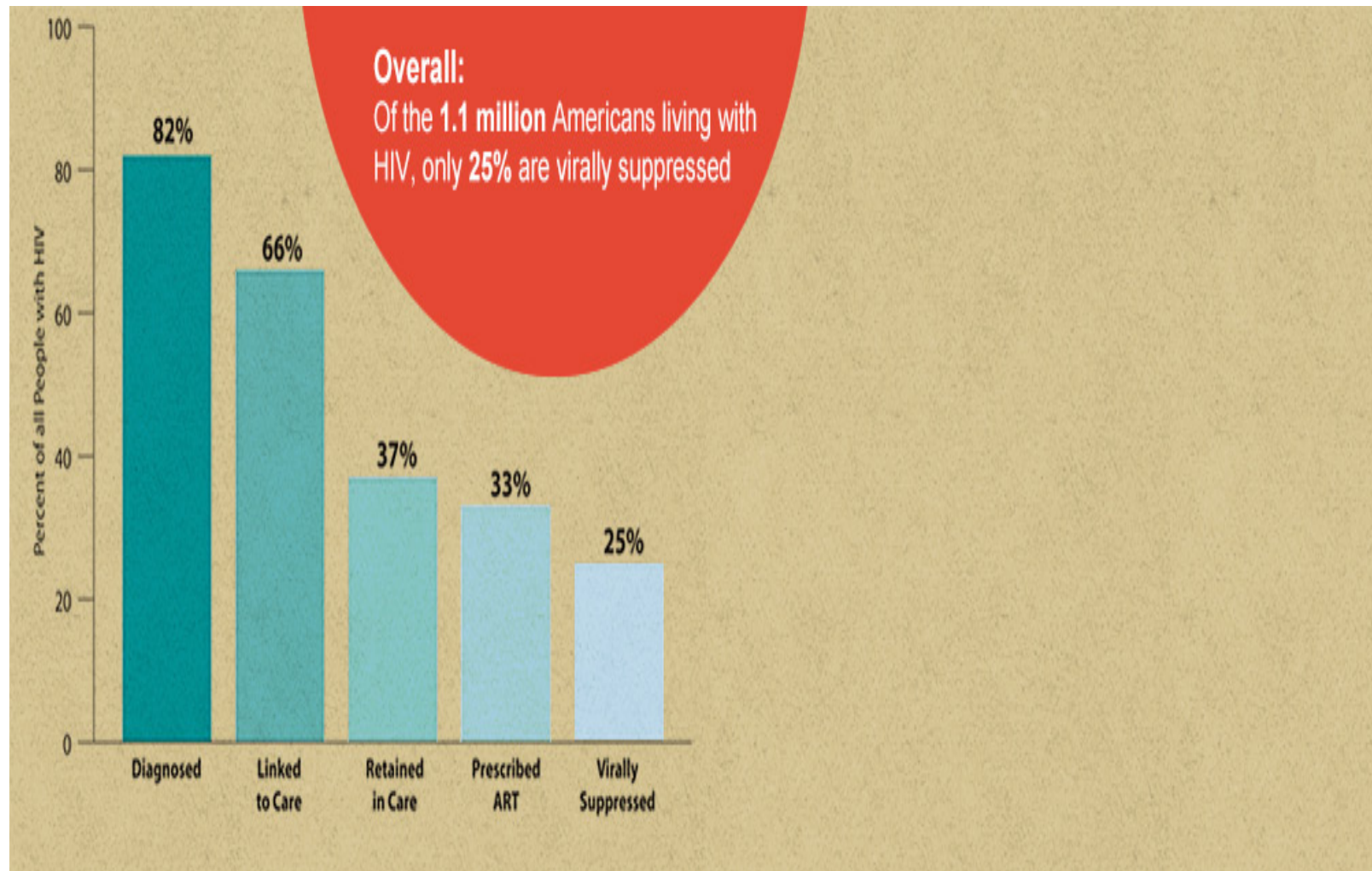
HIV/AIDS Care Service through RW Grant

- Linkage to Care Hotline
- Referral to medical care & essential support services for individuals/families living with HIV
- Aims to improve overall health status and quality of life for residents
- Serving Missouri Counties of St. Louis City, St. Louis County, Franklin, Jefferson, Lincoln, Warren, and St. Charles

An Innovative Approach

HIV Engagement & Adherence Team (HEAT)

HIV Care Continuum

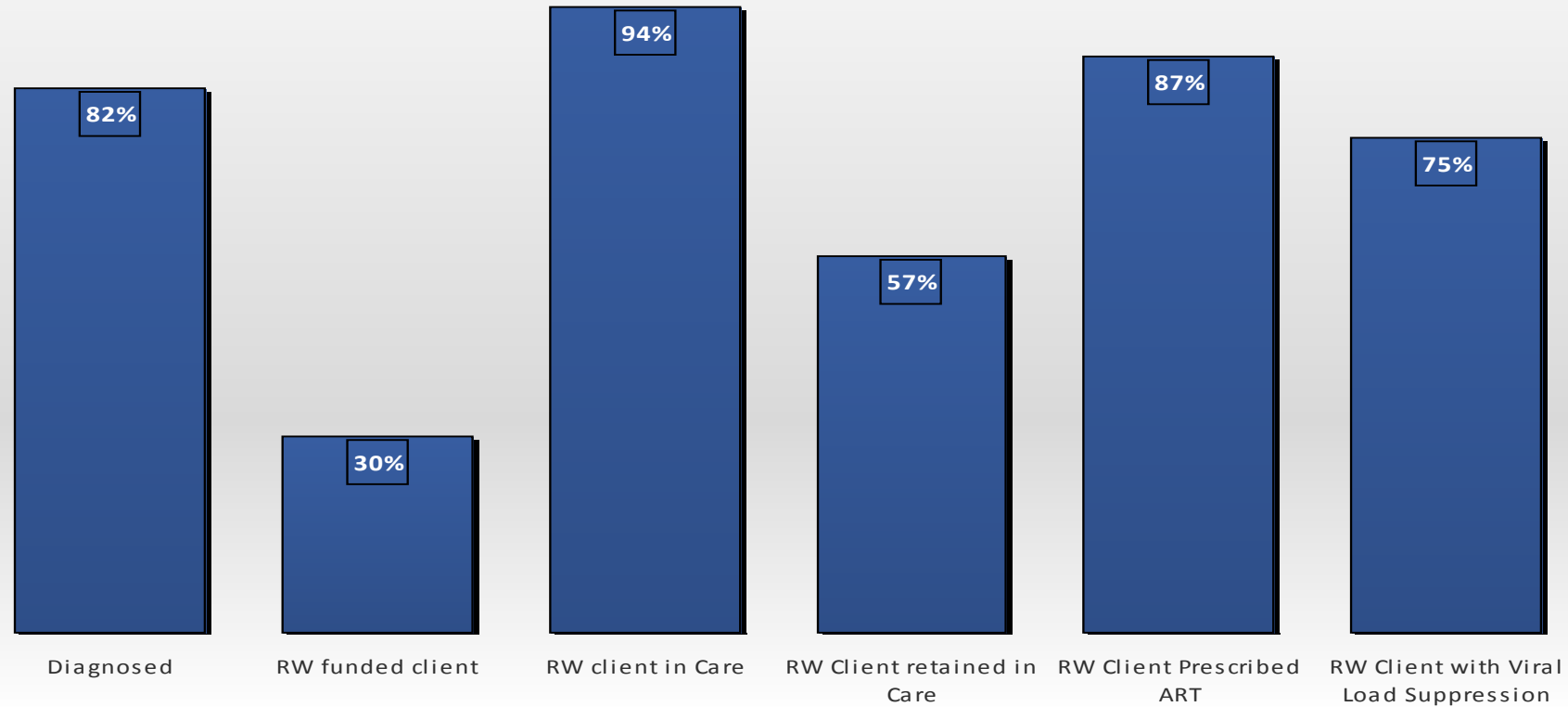


An Innovative Approach

HIV Care Continuum—MO TGA

HIV Engagement & Adherence Team (HEAT)

Overall: Of 1530 RW Clients in St. Louis HIV Region in Care, 75% Are Virally Suppressed



CD Bureau Program Briefing

Education

- ▶ Leadership & educational trainings on STIs, HIV and other reportable communicable diseases throughout the region
- ▶ Refer individuals to STI & HIV testing as well as advocate for increased testing & treatment in the region

CD Bureau Program Briefing

Community Planning

- ▶ Convenes community planning groups and contracts services for prevention
- ▶ Community planning groups assist in the leadership & development of programming, evaluations and integration of prevention services

CD Bureau Program Briefing :TB Control

- ▶ TB education
- ▶ TB screening using PPD/ Mantoux skin test
- ▶ Chest X-ray onsite
- ▶ LTBI treatment
- ▶ TB treatment
- ▶ Signs and symptoms review and laboratory monitoring

CD Bureau Program Briefing :TB Control

- ▶ Refugees are referred to us by the International Institute and Catholic Charities of STL
- ▶ We receive refugees from Countries such as:
 - ▶ Iraq, Cuba, Congo, Sudan, Afghanistan, Burma
- ▶ We provide the following services to the refugees:
 - ▶ HIV testing
 - ▶ HBV testing
 - ▶ Parasite testing and treatment
 - ▶ TB screening and treatment
- ▶ We provide these services every Monday, Wednesday and Friday

CD Bureau Program Briefing :TB Control

We provide TB screening and treatment to shelters

- ▶ Harbor Light
- ▶ Salvation Army Adult Rehabilitation Center
- ▶ Other shelters call us when they need the service

CD Bureau Program Briefing

HIV Surveillance

- ▶ In partnership with the Missouri Department of Health & Senior Services, all HIV case reports, CD4s, and viral loads are entered, tracked & researched
- ▶ Provide annual data reports as needed
- ▶ Provide hepatitis services for city providers and tracking of perinatal and adult Hepatitis B cases

CD Bureau Program Briefing: RCD Surveillance

Public Health Surveillance and Epidemiological Investigation (PHS&EI) will consist of the ability to perform following 4 functions:

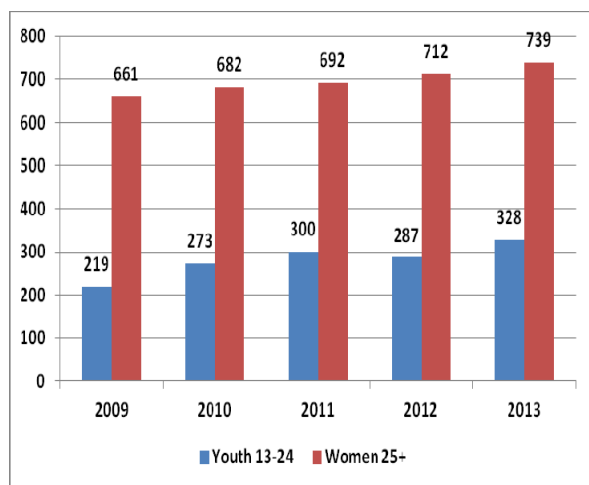
- ▶ Disease surveillance and detection
- ▶ Epidemiological investigation.
- ▶ Recommendation, monitoring and evaluation of control measures.
- ▶ Building and improvement of disease surveillance and epidemiological investigation systems.

Washington University- Project ARK

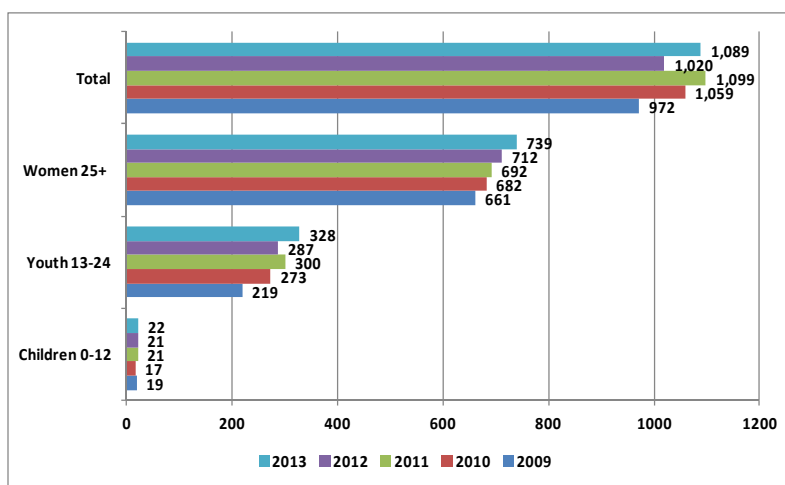
Ryan White Part D Network

Washington University is the largest HIV clinical provider in the St. Louis area and has been the region's Part D grantee since 1995. We offer a comprehensive, one-stop shop model of care for people living with HIV/AIDS that includes on-site laboratory services, specialty care referrals, case management, mental health, support groups, transportation, patient education, peer treatment adherence support and retention services. Project ARK works closely with our WU sister program Adult Infectious Diseases (Part C grantee) and coordinates a Part D Network that also includes Saint Louis University New Hope Clinic and Cardinal Glennon.

**Youth & Women Enrollment
2009-2013¹**

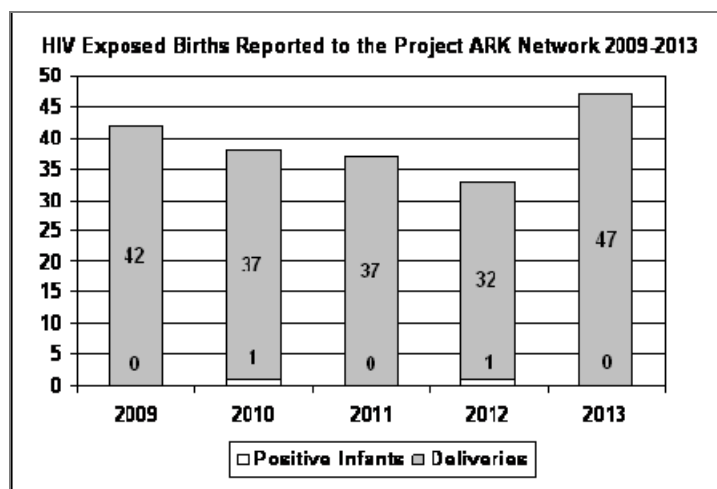


**Part D Populations Served,
2009 – 2013¹**



¹HIV infected clients only. Transgender included in appropriate age range.

**Progress towards Elimination of Regional
Mother-to-Child Transmission², 2009 - 2013**



² Mother-to-Child Transmission (MTCT) 2013: 0%

2013 Part D Client Demographics

Total HIV+ Clients = 1,089

HIV+ New to Medical Care = 99

Race/Ethnicity:

African American = 901 (83%)

Caucasian = 176 (16%)

Other= 12 (1%)

Gender:

Male= 269

Female= 787

Transgender= 33

Exposed Infants = 69 (not included in total above)



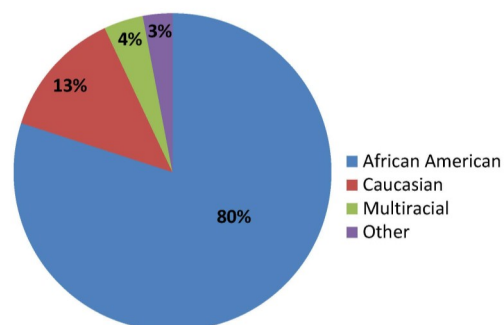
HIV Medical Directors – Gregory Storch MD, Katie Plax MD, & Erica Hayes MD
HIV Program Director – Kim Donica, LCSW

The Project ARK Part D Perinatal Network includes the following clinics:
Washington University HIV Clinic; Washington University Youth/Pediatric HIV Clinic; Cardinal Glennon Children's Hospital HIV Clinic; and Saint Louis University New Hope HIV Clinic.



the clients (n=2,763)

Primary Race



by Gender

female	1838	66.52%
male	874	31.63%
transgender female-to-male	25	0.90%
transgender male-to-female	16	0.58%
gender queer	2	0.07%
intersex	3	0.11%
other/unknown	5	0.18%

The SPOT provides confidential services to youth (ages 13-24) including:

- medical & reproductive health care
- HIV, STI screening and treatment
- case management
- mental health & psychiatry
- substance abuse screening & counseling
- GED preparation & testing referrals
- career counseling
- social & prevention services

All services at The SPOT are free of charge.

Pregnancy, HIV, STI Screening & Treatment

January - December 2013

- 97% of youth with positive STI tests were successfully treated, and 92% were treated within 10 days.
- 1360 youth have received HIV testing.
 - ⇒ 12 HIV+ youth have been identified.
 - ⇒ All 12 received their results all agreed to a linkage to care referral for HIV care.
- 2042 youth have received STI screening, reproductive health care & pregnancy tests.
 - ⇒ 56 youth had a positive pregnancy test, ~75% linked to OB/GYN care.

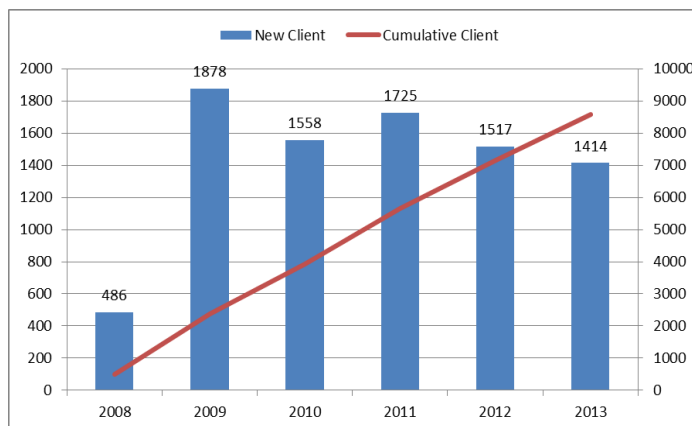
Prevalence of STI's and HIV

January - December 2013

Chlamydia	2308	340(14.7%)
Gonorrhea	2308	133(5.8%)
Syphilis	1356	49(3.6%)
HIV	1360	12(0.95%)

Case Management, Substance Abuse & Mental Health Services January 2013 - December 2013

- 378 youth have received case management services (701 encounters).
 - ⇒ Youth receiving case management were subsequently referred to services for housing, employment, and supplemental income assistance.
- 252 youth have received mental health services (785 encounters).
 - ⇒ 225 encounters were with a psychiatrist; 560 were with mental health specialist.
- 2394 youth screened for substance abuse with CRAFFT, of which 840 (35%) screened positive.
 - ⇒ 147 clients agreed to meet with substance abuse counselor in 215 sessions.





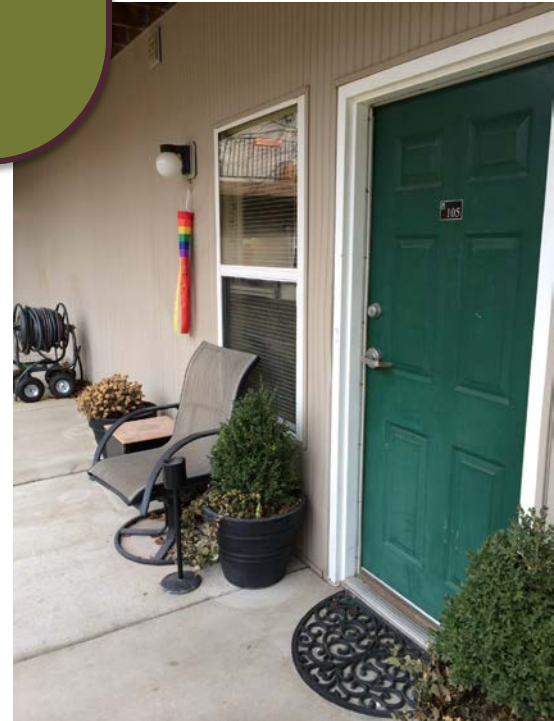
Housing is Healthcare

Housing is Prevention

Housing is A Human Right



DOORWAYS is an interfaith non-profit organization which provides housing and related supportive services to improve quality of life and health outcomes for people affected by HIV/AIDS.



DOORWAYS Programs (FY13)

Cooper House – 24 Hour Care Facility

- served 37 residents

Jumpstart Program – Single Parent Program

- served 19 clients, 38 kids

Residential Program – Independent Living

- served 222 clients, including 71 kids

Own Home Program – Independent Housing Assistance

- served 1506 clients, including 331 kids

Outstate Program – Outside Metro St. Louis Assistance

- served 281, including 34 kids



Cooper House

(formerly Doorways Supportive Housing Facility)

- 24 Hour Care Facility
- 36 Private Rooms
- Nutritional Dietary Support
- Nursing & Medical Support
- Transportation Services
- Activities



Jumpstart Program

- Homeless at Entry
- Intensive Case Management
- Childcare Assistance
- Goal Planning
- Subsidized Housing
- Education Assistance
- Transportation



Residential Program

- 74 Independent Living Apartments
- 29 Family Apartments
- Subsidized Rental Rates
- Utilities Included
- Educational Programs and Support Groups



Residential Program



Mama
Nyumba

Jefferson Park
(aka Anne's House)



Kaya Malaika



Delmar Apartments



10th & Lami



Partridge Place



Sullivan Street
(aka CJ's
Place)



Gertrude



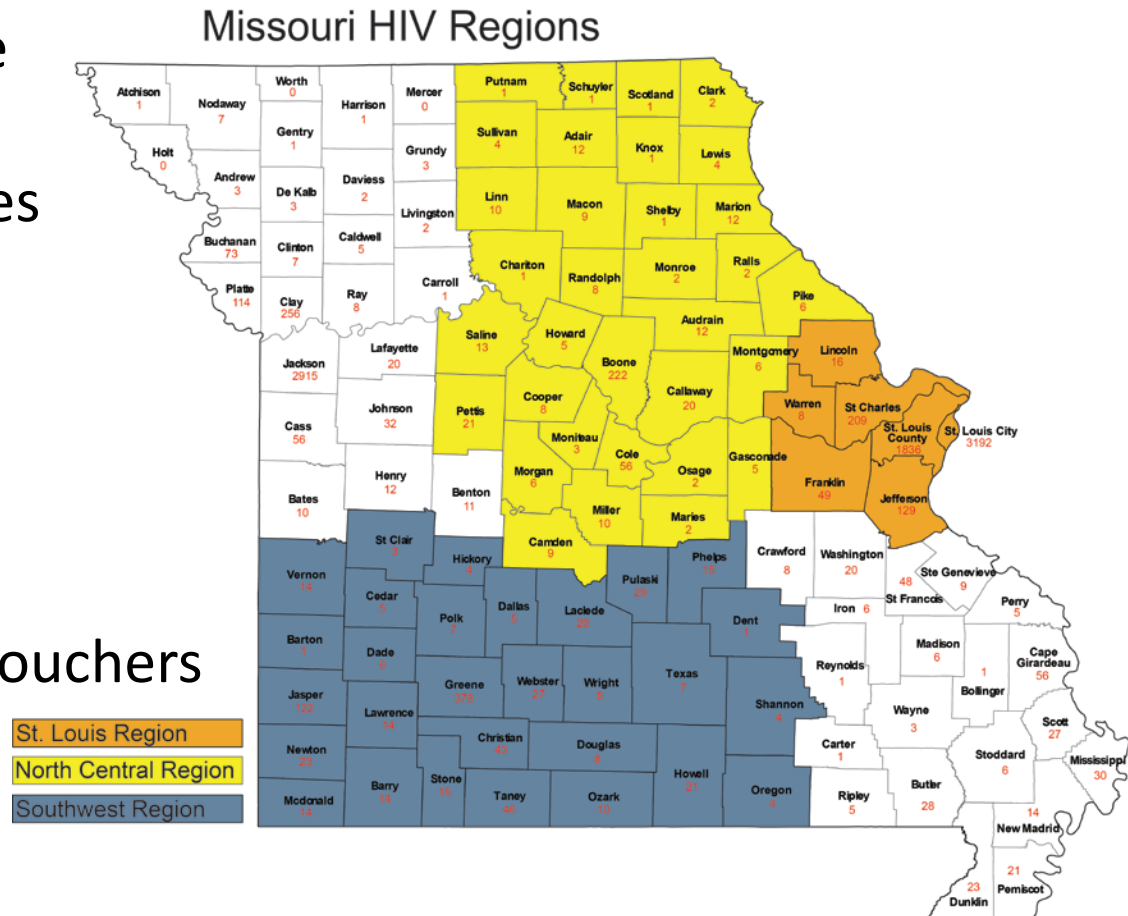
Own Home Program

- Rent/Mortgage Assistance
- Utility Assistance
- Move-In Subsidies
- Provides Emergency Housing
- Housing Referrals
- Circle of Care



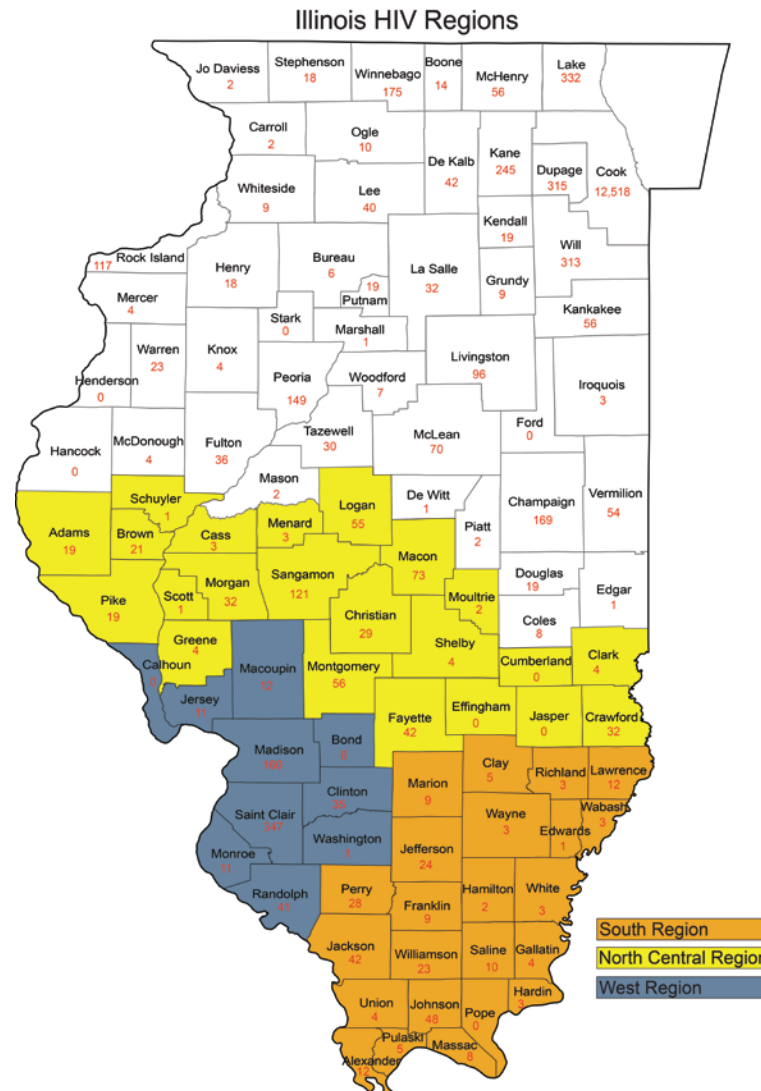
Outstate Program - MO

- Rent/Mortgage Assistance
- Utility Assistance
- Move-In Subsidies
- Master Lease
- Motel Vouchers
- Transportation Vouchers
- Project Sponsor:
RAIN



Outstate Program - IL

- Rent/Mortgage Assistance
- Utility Assistance
- Move-In Subsidies
- Master Lease
- Transportation Vouchers
- Project Sponsor:
Fifth Street Renaissance



Why?

- Homeless are 2 to 6 times more likely to use hard drugs, share needles or exchange sex than stably housed persons.
- Research shows a direct relationship between housing status and risk behaviors among extremely low HIV+ persons with multiple behavioral issues.
- Homeless women are 2 to 4 times as likely to have multiple sex partners as housed indigent women (in part due to effects of physical violence).
- Over time studies show a strong association between change in housing status and risk behavior change.

Housing Saves Lives!



Volunteers

DOORWAYS volunteers service areas:

Gardening
Activities
Personal Companions
Special Activities and Events
Cleaning/Organizing
Administrative Needs
Tutors
Mentors
Pastoral Care
Support Groups
Hair Care
Yoga
Massage Therapy
and more!



Interested?

Volunteer@DoorwaysHousing.org or 314-535-1919, ext. 3072



Community Partners



NATIONAL LOW INCOME
HOUSING COALITION



Strength, Dignity, Quality of Life
MISSOURI HOUSING
DEVELOPMENT COMMISSION



Lutheran Foundation
OF ST. LOUIS

Christian support that heals lives and the community



ST LOUIS CITY
Continuum of Care
HOPE IS MOVING IN



INTERFAITH
AIDS
HOUSING
AND
SERVICES



Questions?

Opal M. Jones, President and CEO

314-535-1919

ojones@doorwayshousing.org

www.DoorwaysHousing.org

Twitter: @Doorways

Facebook: DoorwaysAIDShousing

Thank you!





Housing is Healthcare

Housing is Prevention

Housing is A Human Right



www.DoorwaysHousing.org



DoorwaysAIDSHousing



@Doorways



AIDS Clinical Trials Unit

Networking Event

December 1, 2014

Disclosures

- Advisory board for Viiv (GSK)
- Travel: Gilead, GSK
- Principal investigator or industry sponsored studies: Gilead, GSK
 - Sub-I on studies funded by Gilead, Merck, Astellas, Bristol-Meyers Squibb, Bavarian Nordic, and Cepheid
- ACTG (NIH funded network) receives study drug from Gilead, Bristol-Meyers Squibb, AbbVie and Merck

ACTU

- Member of the AIDS Clinical Trials Network since 1987
- One of the top ten most productive sites
- Renewal of grant for next 7 years
 - Collaboration with Vanderbilt ACTG and VTN
- Current focus: Inflammation, HIV Cure, Hepatitis and Tuberculosis

Inflammation predicts disease in treated HIV infection, as it does in the general population

- **Mortality** (Kuller, PLoS Med, 2008, Sandler JID 2011, Tien JAIDS 2011)
- **Cardiovascular Disease** (Baker, CROI 2013)
- **Lymphoma** (Breen, Cancer Epi Bio Prev, 2010)
- **Venous Thromboembolism** (Musselwhite, AIDS, 2011)
- **Type II Diabetes** (Brown, Diabetes Care, 2010)
- **Cognitive Dysfunction** (Burdo AIDS 2012)
- **Frailty** (Erlandson, JID 2013)
- Chronic immune activation is a hallmark of HIV disease
 - Better predictor of disease progression and immune suppression than CD4 or VL
- Recent studies suggest immune activation may be due in part to gut dysfunction and microbial translocation



Long-term consequences of chronic HIV: immune activation?

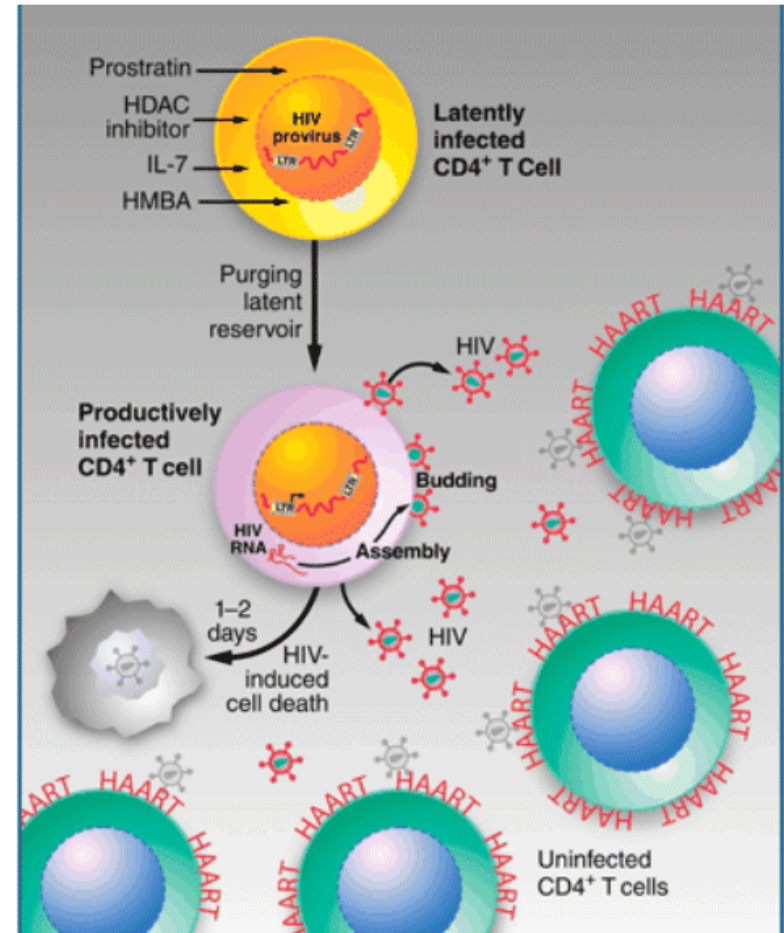
- Unclear risk factors:
 - HIV: damage in latent reservoirs
 - Immune activation: response to virus, response to endotoxemia
 - HAART: subtle, long-term toxicity
 - Traditional risk factors: tobacco, alcohol, DM, HTN, poor socioeconomic status, psychiatric comorbidities
 - Aging

Current studies: inflammation

- A5314
 - Placebo controlled study of LDMTX x 24 wks
 - Includes BART, inflamm markers, substudy w FDG-PET-CT to image arterial inflammation
 - HIV+, >40 yo, VL<75 x 24 wks, CD4>400, CVD risk
 - Current smoker, HTN, non-HDL-C>160, HDL<40, hsCRP>2
- A5325
 - Placebo controlled study of isotretinoin x 16 wks
 - Inflamm markers, substudy w gut biopsy
 - HIV+, VL<75 x 12 mo, CD4<350
- INHALD
- Cohort studies (local and national)

HIV and the future: a cure?

- Hematopoietic stem cell transplant from CCR5-delta 32 donor (the “Berlin Patient”)
- Early and prolonged therapy can result in “functional cure”
- Vaccination: prevention vs therapeutic
- Reversal of latency
- Reversing exhaustion
- Genetic modification of target cells or immune system



Huetter, NEJM, 2009; Persaud, CROI 2013; VISCONTI, PLoS Pathogens 2013; Henrich, IAS 201; Argos, IAS 2013; Arch Nature 2012; Lewin CROI 2013, Tolstrup IAS 2013; NATAP

Can we cure HIV?

- Eradicate infection → cure
 - HAART plus ????
- Functional cure
 - Prevent spread of virus to new cells
 - Ameliorate immunosuppressive effects of HIV infection
 - Elite control
- Can we get people off HAART?

Clinical studies: cure

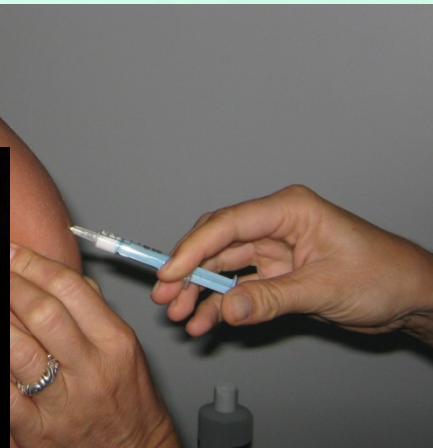
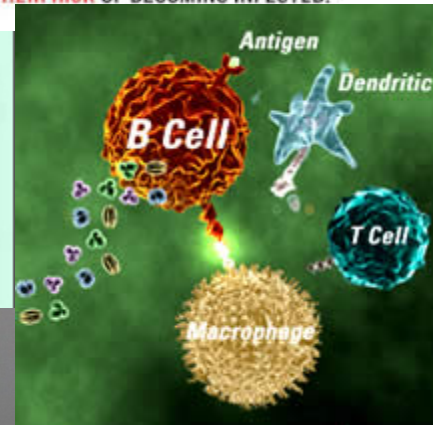
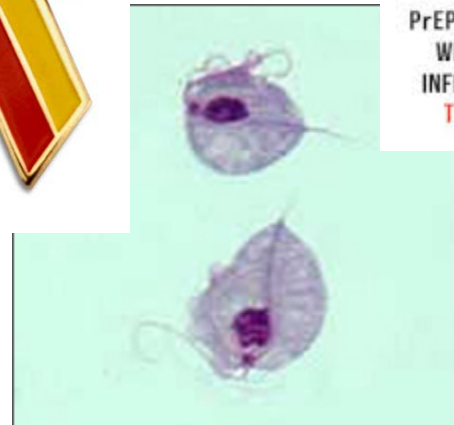
- 5326
 - Phase I, dose-escalating, placebo-controlled study of single infusion of PD-L1 Ab
 - HIV+, CD4>350, VL<20, but detectable by SCA
 - Safety, tolerability, PK
 - Reduction in SCA, improved HIV-1 specific immune response (HIV-1 Gag-specific CD8)
- IMPAACT P1107 (using CCR5 Δ 32 cord blood in HSCT in HIV+)
- Early/acute treatment
- Reservoir studies

Ancillary studies: ID-CRU

- Hepatitis
- STDs
- PrEP
- Influenza
- Vaccination
- Immunology
- Behavior



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.**





State of Food Outreach

December 2, 2014

Food Outreach: Our Mission



Food Outreach is the only St. Louis area organization whose *mission is to provide nutritional support and enhance the quality of life of men, women and children living with HIV/AIDS or Cancer.*

Food Outreach: Who We Are



Small Operating Staff

- ◆ Nine full-time employees
- ◆ Two part-time employees
- ◆ Two Registered Dietitians
- ◆ Executive Chef

Army of Supporters

- ◆ 600+ Volunteers
- ◆ Community support from several schools, businesses, foundations and individuals

Food Outreach: Our History



- ◆ **1988:** Food Outreach is founded by a group of friends cooking for seven friends with HIV/AIDS
- ◆ **1988-1999:** All meals prepared and stored at Church Kitchen
- ◆ **1996:** Food Outreach adds grocery center
- ◆ **1999:** Food Outreach moves to 10,000 square foot facility
- ◆ **2000:** Monday Hot Lunch becomes a weekly program
- ◆ **2002:** Van Delivery service implemented
- ◆ **2003:** Services expanded to include grocery distribution to Illinois organizations
- ◆ **2006:** Expand services to cancer clients — unanimous board decision
- ◆ **2007:** One of 22 agencies across the country to win a Victory Against Hunger Award, granted by the Congressional Hunger Center
- ◆ **2010:** Partnership with pharmacy through a Schnucks Markets
- ◆ **2011:** Partnership with Gateway Greening/Community Gardens
- ◆ **2012:** More than 500,000 meals to 2,000 clients — a new record
- ◆ **2014:** Partner with Visiting Nurse Association (funded by EPHT)



Food Outreach: People We Serve



Throughout 2014: 2,100 clients

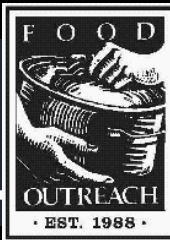
- ◆ Over 60% are African American
- ◆ 400+ Cancer clients
- ◆ Averaging 1,100 clients served per month
 - ◆ Increasing adult population — 59% are ages 45 or older, up 32% since 2008
 - ◆ Increasing youth — 10% in the last year

Growth: 120% (2000-2013)

- ◆ More people infected with HIV/AIDS
- ◆ Expanding outreach in cancer community



Food Outreach: Programs



Food Items — Groceries and Frozen Prepared Items

- ◆ 510,054 meals in 2013 (up 10% from 2012)
- ◆ 520,000 meals in 2014 (projected)
- ◆ 7,500 meal items prepared every week
- ◆ All menu items are trans fat free

Nutrition Counseling

- ◆ One-on-one meal planning and counseling
- ◆ Nutrition education classes
- ◆ Personalized meal plans to optimize medications

Hot Lunch Mondays

- ◆ Restaurant-style lunch for clients and family/caregivers

Food Outreach: Programs (cont.)



Meal Delivery – Avg. of 120 clients each month

- ◆ Clients enrolled based on need
- ◆ Emergency requests for temporary meal assistance
 - ◆ Recent hospital release
 - ◆ Car won't start





Food Outreach: Proof in the Pudding



- ◆ “The eating practices of patients should be assessed throughout the continuum of care to reflect the changing goals of nutritional therapy”

National Cancer Institute at the National Institute of Health (Oct, 2013)

- ◆ “Many HIV-related conditions affect and are affected by the body’s nutritional status”

Health Resources and Services Administration (HRSA), Jan, 2011

- ◆ “Study results speak to the power of comprehensive nutrition services in HIV treatments. Research showed clients had significantly lower overall healthcare costs”

Commissioned Study at Partner Agency in Philadelphia (MANNA, N = 65)



Food Outreach: Our Supporters



- ◆ Schnucks Specialty Pharmacy
- ◆ Wells Fargo Advisors
- ◆ Ameren
- ◆ Cranksgiving – Hosted by B Works (Youth Mentoring Program)
- ◆ Gateway Greening/City Seeds
- ◆ Visiting Nurse Association of Greater St. Louis
- ◆ Contemporary Art Museum St. Louis – Joint Membership Drive
- ◆ St. Louis University Dietetic and Culinary Interns
- ◆ Schools and Universities – Distance Internships
- ◆ Alternative Spring Break – Colleges Across the Country
- ◆ Week of Hope – High School Groups During the Summer



Food Outreach: Partners



- ◆ Schnucks Specialty Pharmacy
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Food Outreach: Our Partner Highlight



◆ Schnucks Specialty Pharmacy

- ◆ Since 2010, Provide Consultative Services
 - ◆ Annual Value of \$75,000
- ◆ Seasonal Flu Shots
- ◆ Food Donations
- ◆ Direct and through Operation Food Search
- ◆ Grocery Bags
- ◆ Lobby Remodel
- ◆ Equipment Donation – *Freezers*
- ◆ Outcome Measurements
- ◆ Guest Speakers at Nutrition Education Classes



Food Outreach: Partner Highlight



◆ Gateway Greening/City Seeds Urban Farm

- ◆ Run by Clients of St. Patrick's Center
- ◆ FO Largest Customer –
 - ◆ *Thousands of Pounds of Organic Produce*
- ◆ Cooking Demos. and Nutrition Education Classes
- ◆ Hosted by FO Chef and Dietitian



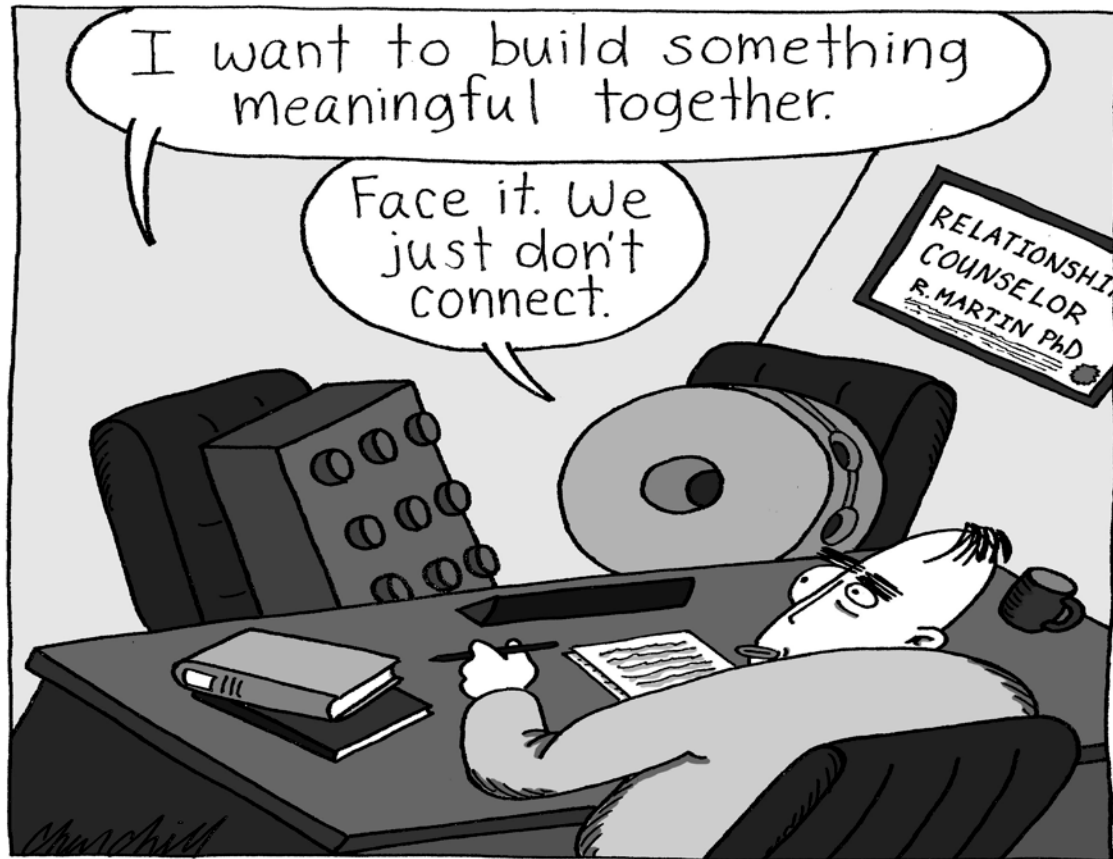
Food Outreach: Partner Highlight



◆ Visiting Nurse Association of Greater St. Louis

- ◆ Funded by the Episcopal Presbyterian Health Trust
- ◆ Model Program for Other Association Members
- ◆ Nurse Ride Along with FO Van Driver
- ◆ Diagnostics
 - ◆ *Blood Pressure, Blood Sugar, Cholesterol*
- ◆ Provide Medical Measures and Health Information
- ◆ Seasonal Flu Shots

Food Outreach: Partners



WASHINGTON UNIVERSITY INFECTIOUS DISEASES CLINIC

NETWORKING EVENT FOR COMMUNITY ORGS & RESEARCHERS
TAWNIA BROWN, MSW, HIV PROGRAM DIRECTOR
DECEMBER 2 2014

THE BASICS

Largest HIV clinical care site in the St. Louis region serving 1,700+ HIV/AIDS patients per year, including more youth ages 13-24 and women than any other site.

Ryan White Part C grantee for the St. Louis region since 2007 -

Part C funds are designated by Ryan White legislation to provide comprehensive primary health care in outpatient settings for people living with HIV disease. Most Part C grantees are ID clinics or FQHCs.



Located on the WU School of Medicine campus, convenient to bus and MetroLink as well as WUSM/BJH clinics (e.g., OB/GYN, colorectal, hepatology, radiology, neurology, dermatology, oncology, vision care)

Proud to offer a multidisciplinary, one-stop shop model of HIV care in coordination with sister program Project ARK, which includes onsite access to: laboratory services, specialty care referral, clinical trials research, prevention of perinatal transmission, mental health, support groups, transportation, peer treatment adherence counseling, retention services, and medical case management including specialized case managers for youth 13-24 and linkage to care.

Committed to quality improvement and consumer involvement: quality teams for HIV clinical care and for case management; patient satisfaction surveys; patient experience committee (*new*); and consumer advisory board aka “Clinic CAB”

BY THE NUMBERS

2013 WU HIV Clinic Demographics

Total patients = 1,709

New patients = 174

Gender:

Male = 1,175 (69%)

Female = 515 (30%)

Transgender = 19 (1%)

Race/Ethnicity:

African-American = 1,213 (71%)

Caucasian = 442 (26%)

Hispanic/Latino(a) = 10 (<1%)

Asian = 8 (<1%)

All others* = 36 (2%)

*includes several foreign-born patients

Age

13-24 = 127 (7%)

25-44 = 766 (45%)

45-64 = 767 (45%)

65 and up = 49 (3%)

Insurance (primary)

None (Ryan White) = 443 (26%)

Medicaid = 414 (24%)

Medicare = 414 (24%)

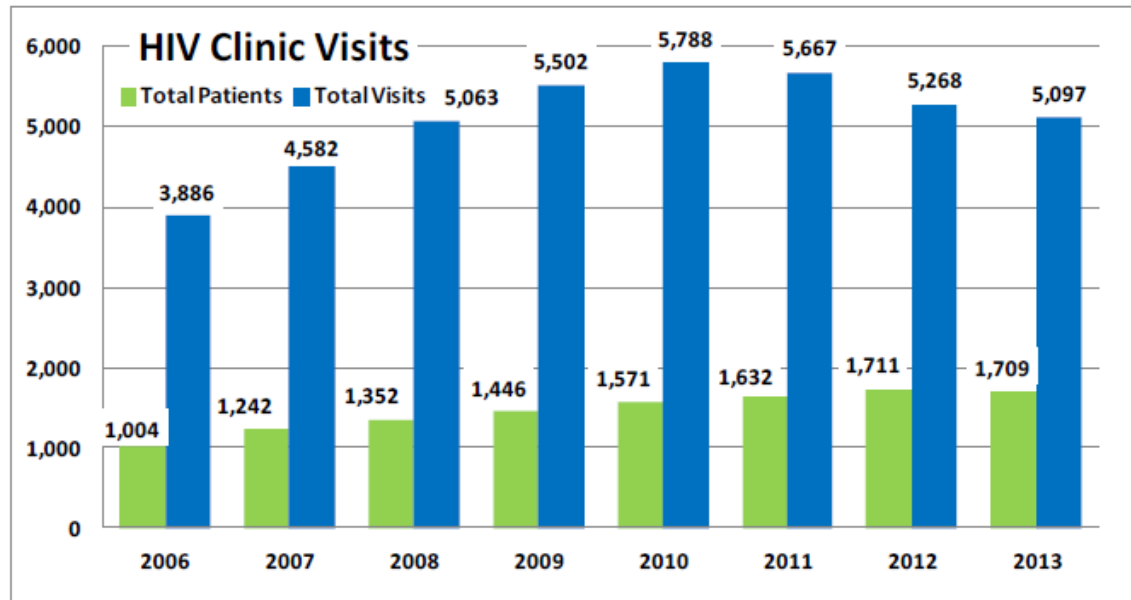
Private** = 438 (26%)

**shifted in 2011-2013 due to PCIP enrollment

70% increase in patients served per year since 2006

2.98 average clinic visits per patient per year

Clinic providers began scheduling stable patients at 4-6 month intervals in 2011.



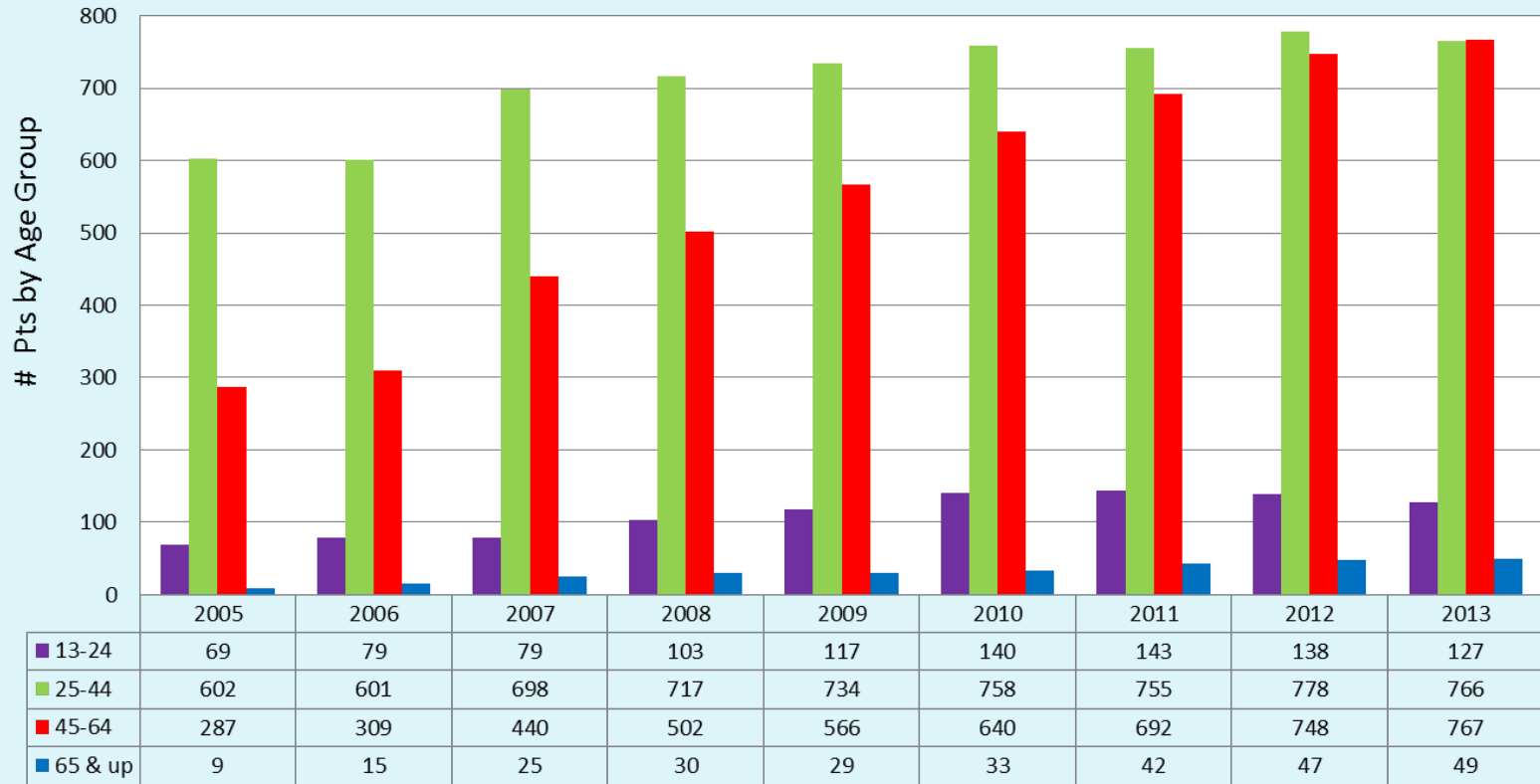
15% of MSM
screened for
rectal STDs
were positive
(2012)

79% of male
patients
report MSM
behavior
(2013)

21% of women
receiving a well
woman exam had
an abnormal Pap
(2013)

SHIFTING DEMOGRAPHICS

THE SHIFTING DEMOGRAPHICS OF WU HIV CLINIC BY AGE



EXPANDED TESTING INITIATIVE (ETI)

The Expanded HIV Testing Initiative (ETI) began in 2007 in response to the CDC's revised recommendations for HIV screening among persons ages 13-64.

WU ID Clinic receives CDC funding from MO DHSS to recruit and support all ETI sites in the St. Louis region, which are primarily medical care providers.

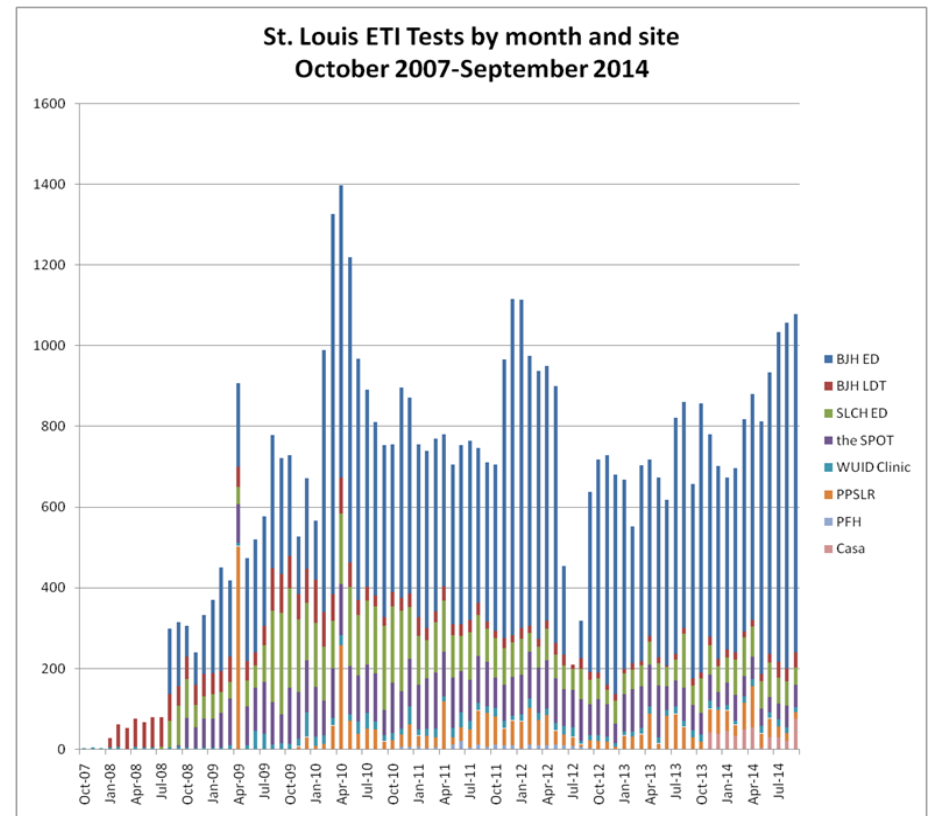
Currently, 13 St. Louis ETI sites – newest sites are Casa de Salud, STL County Juvenile Detention & UMSL Student Health.

ETI sites will test >10,000 people for HIV in 2014.

From 2008-2014*, over 55,000 HIV tests have been performed, and 332 HIV+ persons identified (.599%)

Still recruiting more ETI sites!

*2014 data only available January-September



INTEREST AREAS

CONTACT:
TAWNIA BROWN, MSW
HIV PROGRAM DIRECTOR
314-747-3071
TMBROWN@DOM.WUSTL.EDU

Adherence

Aging & HIV

Co-morbidities (e.g., MH, SA, STDs,
hepatitis B/C, anal & cervical cancers)

Early identification of HIV (routine HIV
screening in medical settings, acute
HIV infection, linkage to care)

Prevention with positives

PrEP

Retention



WHAT WE DO

Prevention Services

- HIV Counseling, Testing & Referrals (CTR)
- Early Intervention/Mobile Testing
- HCV Testing
- STI testing and treatment
- Syphilis Elimination
- Healthy Relationships, 3MV & LIFE

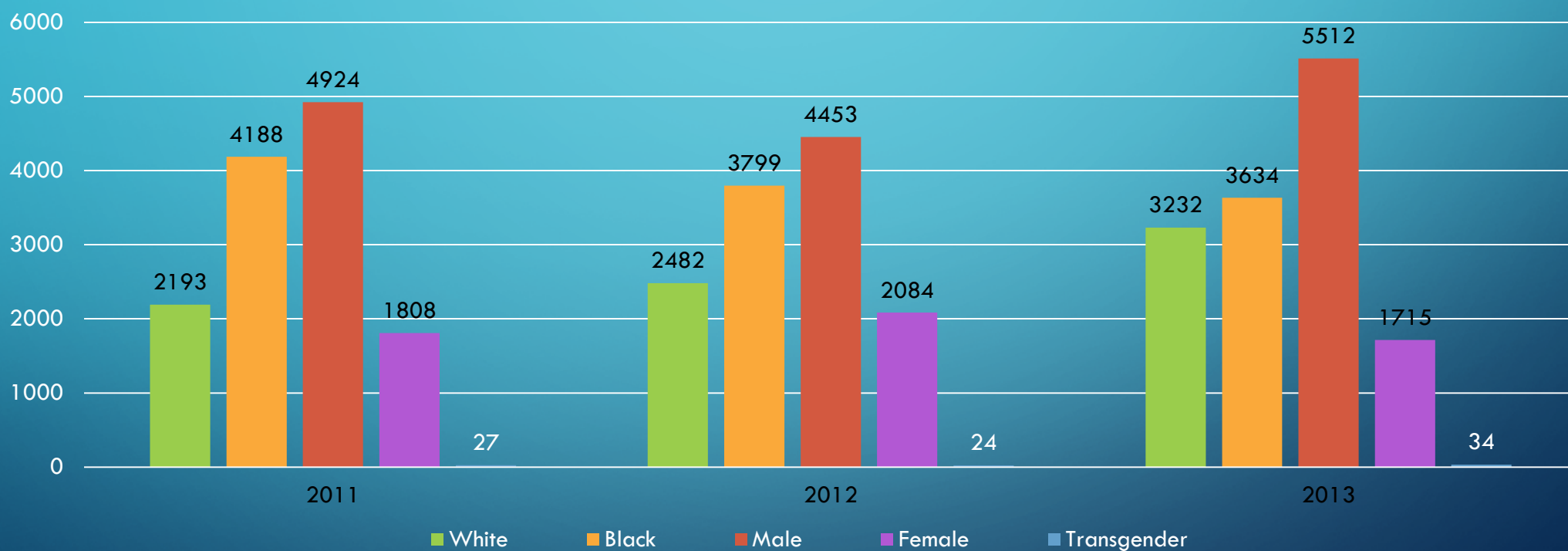
Client Services

- Case Management
 - Waiver
 - General / Co-Located
 - Resource & Referral
 - Transitional
 - Bi-Lingual (Spanish)
- Barrier Elimination & Care Navigation (BEACON)
- Pets Are Wonderful Support (PAWS)

Engagement & Advocacy

- Access to Care & Coverage through Enrollment and Support Services (ACCESS) – five Certified Application Counselors
- World AIDS Day
- Advocacy

WHO WE WORK WITH



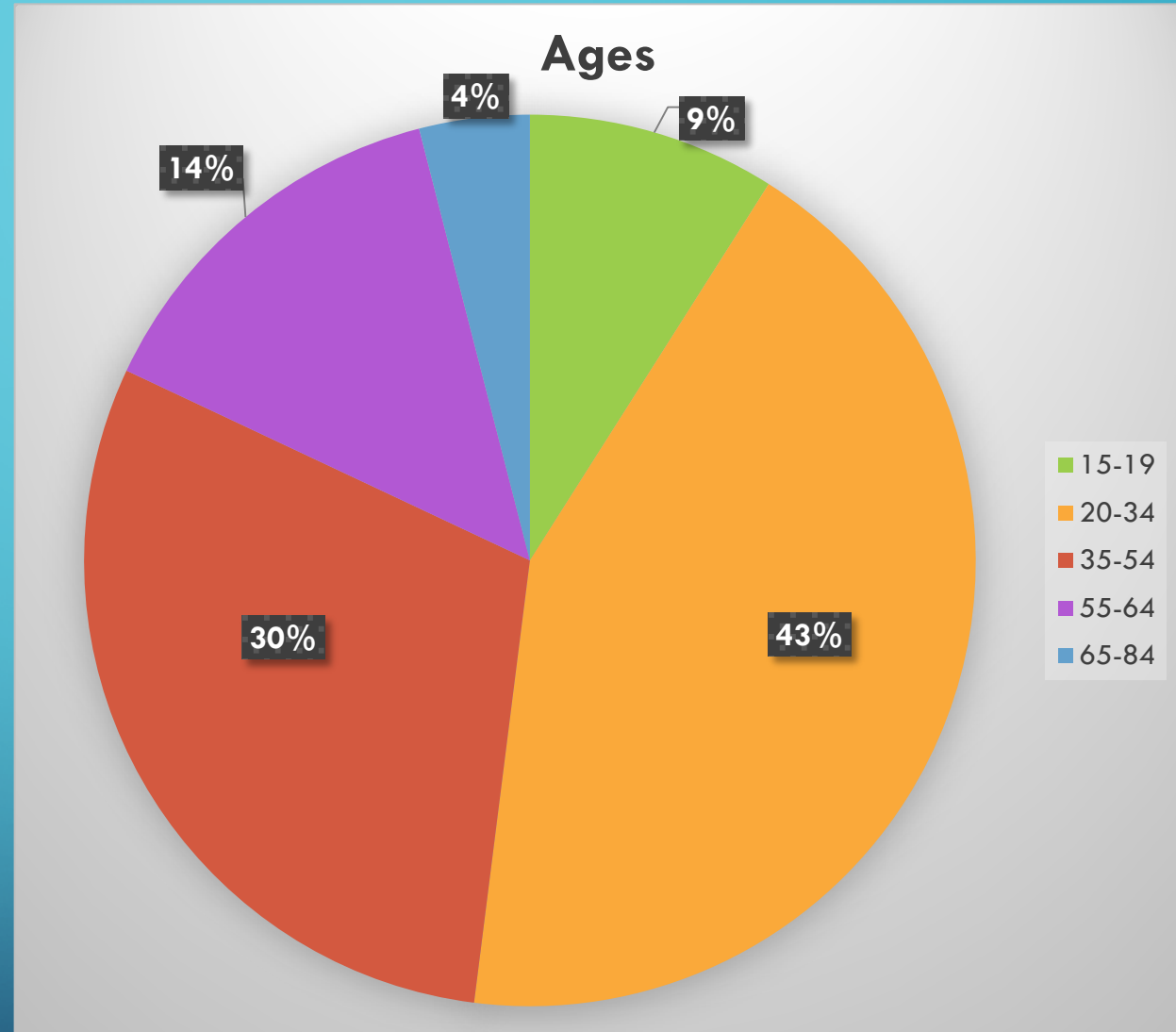
Of 7,261 Direct clients In 2013, 76% were male, 45% White and 50% Black

WHO WE WORK WITH

73% are between 20-54 years of age:

43% 20-34

30% age 35-54



CHALLENGES

Aging
Population

20% PLWHA
don't know
their status

36% of
PLWHA not in
care

Mistrust of health systems,
including ACA Insurance
Exchanges

PrEP can
prevent
infections but
is controversial

Stigma, health disparities and
discrimination

GAPS

Culturally competent
providers

Lack of knowledge
about HIV, linkage to
care & treatment,
insurance & resources

Need for Cultural
Awareness &
Sensitivity Training

Health Literacy

Lack of inclusion in
surveillance data for
Transgender
populations

Medicaid Expansion

Patient Engagement & Decision Support to Improve STI Testing in the Emergency Department

Fahd Ahmad, MD, MSCI
Pediatric Emergency Medicine
Washington University &
St. Louis Children's Hospital

STI Screening in the ED

- ⊗ Untreated infections with significant morbidities
 - ⊗ Chronic abdominal pain
 - ⊗ Ectopic pregnancy
 - ⊗ Infertility
- ⊗ Adolescents frequently receive episodic care in the emergency department (ED)
- ⊗ Often do not receive preventive/primary care
- ⊗ ED visits an to screen these youth for STIs

STI Screening in the ED

ED environment has numerous challenges:

- ⊗ High patient volume
- ⊗ Parent/guardian presence
- ⊗ Lack of private space
- ⊗ No pre-existing relationship
- ⊗ Primary complaint usually not related to STIs
- ⊗ Healthcare providers not familiar with screening guidelines

STI Screening in the ED

- ⦿ Audio-enhanced Computer-assisted self-interviews (ACASIs)
 - ⦿ Self-directed electronic questionnaire
 - ⦿ Completed in private
 - ⦿ Audio component to aid comprehension
- ⦿ Prior studies demonstrate quality of ACASI collected data
- ⦿ Used for patient-generated history, depression/suicide screening
- ⦿ Decision tree to create recommendation for STI testing
- ⦿ Results provided to ED providers in real-time

ACASI Pilot Results

- ⊗ Enrolled 800 patients over eight months
- ⊗ Fifty-percent in need of STI testing
- ⊗ Provided testing to 50% of at-risk patients
- ⊗ Eighteen percent of those tested positive for chlamydia and/or gonorrhea
- ⊗ Most positive tests in those without complaints related to STI
- ⊗ Highly rated by adolescent participants

Future Directions

- ⊗ Rebuild ACASI for sustainable risk-based HIV, gonorrhea, chlamydia testing
- ⊗ Pursuing funding for multi-center trial
- ⊗ Cost-effectiveness analysis comparing method to universal testing

HIV Activities

Disease Intervention



DIS Case Assignments

- ✦ Post Test Counseling
- ✦ Partner Services
- ✦ Linkage to Care Referral
- ✦ Risk Reduction Counseling
- ✦ Co-morbidity: risk reduction counseling, assess care status, partner services

HIV Activities Planning



Member of TGA Planning Bodies

- Prevention: Regional Planning Advisory Group member
- Care: Ryan White Planning Council

HIV Activities

Testing




- **HIV Testing available at all 3 clinic sites**
 - North Central Community Health Center, also the location for our Free, Full Clinical Service STD Clinic
 - John C. Murphy Health Center
 - South County Health Center
- **Saint Louis County Justice Center Testing**
conjunction with mandated syphilis, gonorrhea & chlamydia screening
- **Saint Louis County Juvenile Detention Center**
Expanded Testing site, gonorrhea & chlamydia screening

Research Ideas/Interests



- Lost to Care for newly diagnosed
- Reasons lost to care
- co-morbidity in females 14-24 years of age
- Uptake of and adherence to PrEP in a private or health department clinic
- Harvesting information from medical records to improve STD/HIV Prevention
- Behavioral dynamics of HIV & STD co-infections in MSM in the St. Louis region



Community Representation in The ACTG

- Global Community Advisory Group (GCAB)
- Community Scientific Subcommittee (CSS)
- Site community advisory board (CAB)

Community Input

Collaboratively
Organized

Of a Self
Determined
Structure

A CAB is a
Requirement



Mirroring the
Local Epidemic

To Advise the
Site PI

To Educate
Community

Better Research

Community Advisory Boards Guidelines

Each Clinical Research Site (CRS – ACTU) Shall Maintain a Community Advisory Board (CAB)

- Representing the local community
- Working with site staff to support research
- Presenting community interests and concerns to investigators
- Reviewing potential protocols and all Informed Consents
- Outreach and education to community
- Communication and support from all ACTG CABs

All CAB member email list – actg.cab@fstrf.org

How does the CAB function

Monthly meetings

- Agenda
- Education
- Community Input
- Buffet meal offered 30 minutes prior to meeting

CAB Draft Project

Opportunity for community to review developing protocols and submit questions and comments to protocol team

CAB Newsletter

Articles and photos from community and CAB staff about their CRS activities

The Roles and Responsibilities of Network Demension Representation

The Purpose of the GCAB shall be to:

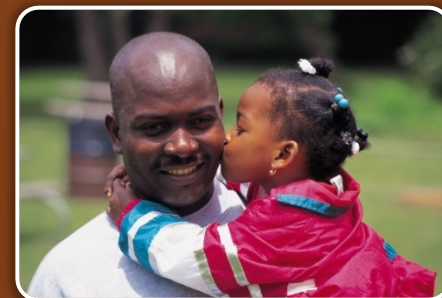
- Ensure that ACTG scientific priorities reflect the needs of all people living with HIV/AIDS
- Promote the inclusion of all populations in clinical trials
- Advocate for innovative, efficient, and timely clinical trials
- Protect the interests of research participants
- Facilitate transfer of local community concerns to the ACTG
- Advocate for an effective Community Advisory Board (CAB) at every ACTG site.

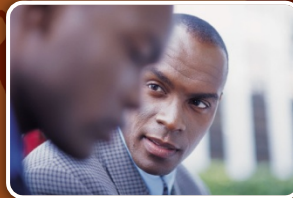


Community

Williams & Associates, Inc.

Our Community, Our Health



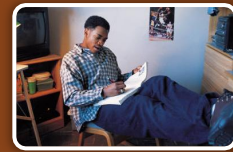


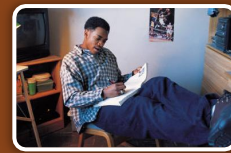
“Of all the forms of inequality, injustice in health care is the most shocking and inhumane.”

— Martin Luther King Jr.

Introduction

- Who is Williams & Associates, Inc?
- What We Do
- Why We Do What We Do





HIV/AIDS Services @ WA, Inc.

- Health Education Risk Reduction
- Minority AIDS Initiative (MAI)
- MSI/CBO SAMHSA MAI Initiative
- Ryan White Medical Case Management
- High-Impact HIV Prevention (CDC)

Areas of Interest

- Addressing Minority Health Disparities
- Diabetes Prevention/Management
- Substance Abuse Recovery/Prevention
- Mental Health
- Cardio-Vascular Disease
- Population Specific Research
- Health Literacy

