

Supporting Implementation of Whole Person, Status Neutral Approaches in the HIV Prevention and Care Community

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HEARD IT THROUGH THE GRAPEVINE: **Public Health Partnerships, Collaboration, and Innovation**
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#NA360

Presenters/Speakers



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Learning Objectives

At the conclusion of this session, participants will be able to:

- Recall the aim of the SNAP ETAP Initiative
- Describe a whole person approach to HIV prevention and care
- Explain the Person-Centered Care Framework
- Understand the opportunities and challenges to implementing whole person approaches in San Diego County and Hennepin County

Overview of the Initiative

A Status Neutral Approach to
Improve HIV Prevention and
Health Outcomes for Racial
and Ethnic Minorities

SNAP  **ETAP**



Purpose of the SNAP ETAP Initiative

- **Develop, implement, and evaluate whole person strategies** within Ryan White HIV/AIDS Program (RWHAP) Part A jurisdictions for racial and ethnic minority subpopulations who need HIV prevention services.
- Focus on the **prevention pathway**, utilizing the existing RWHAP non-medical case management model (NMCM) and applying it to people who test negative for HIV and are at substantial risk for HIV, in order to assist in **improving access to needed services**.
- Guide activities and services to reach the populations of greatest need, thereby **reducing health disparities and improving health equity**.



HRSA-funded Implementation Sites

Ryan White HIV/AIDS Program Part A Jurisdictions

- Bexar County, San Antonio, TX
- Clark County, Las Vegas, NV
- Hennepin County, Minneapolis-St. Paul, MN
- County of San Diego, San Diego, CA



SNAP ETAP: Evaluation and Technical Assistance Provider

- Provide **technical assistance (TA) and capacity building** to the implementation sites including planning, coordination, mapping services, and infrastructure development/enhancement on the development of a whole person framework
- Work collaboratively with the sites to implement a **comprehensive multi-site evaluation**
- **Disseminate successful models**, findings, best practices, and lessons learned for the RWHAP and the HIV services community



What is a whole person approach?

- Create “one door” for both HIV prevention and treatment services
- Address institutionalized HIV stigma by integrating HIV prevention and care rather than supporting separate systems
- Enable people to know their status by making testing and services more accessible and routine, such as:
 - HIV testing
 - Linkage to medical care and prevention services
 - Testing for other medical conditions such as sexually transmitted infections (STIs) and hepatitis C virus (HCV)



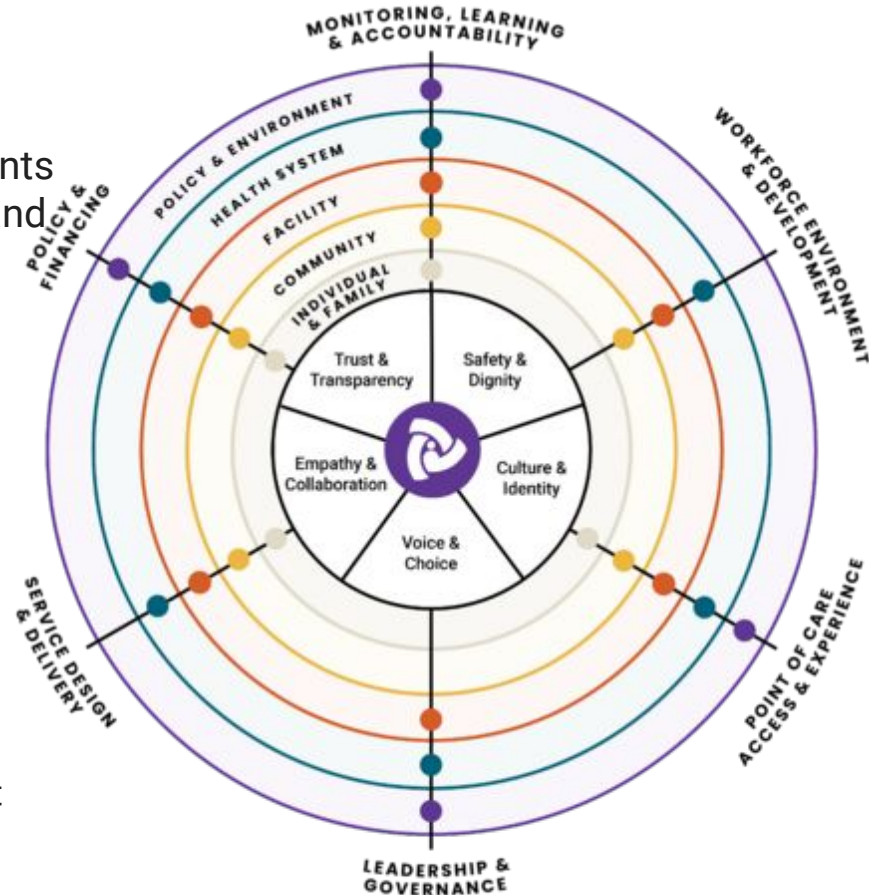
A whole person approach

- Emphasizes engaging and retaining people in high quality HIV prevention, care, and support services regardless of their HIV status
- Continually addresses the healthcare and social service needs of all people affected by HIV so that they can achieve and maintain optimal health and well-being
- Pre-exposure prophylaxis (PrEP)/post-exposure prophylaxis (PEP) and antiretroviral therapy (ART) are seen as complementary pathways
- HIV testing is not the only entry to whole person care and services
 - Harm reduction services including syringe services programs (SSPs)
 - Sexually transmitted infection (STI) testing
 - Care at health centers or emergency departments
 - Social service organizations



Person-Centered Care Framework

- Places individual at the center and accounts for different perspectives on healthcare and wellness
- Supports a trauma-informed lens
- Engages stakeholders as active contributors
- Considers system, service delivery, and client levels
- Six domains
 - Service design and delivery
 - Policy and financing
 - Monitoring, learning, and accountability
 - Workforce environment and development
 - Point of care access and experience
 - Leadership and governance





Initiative Timeline: Sept. 2023–Aug. 2026

Year 1: Start Up

- Baseline TA needs assessment
- Define whole person approach to service delivery
- Establish roles, including Non-Medical Case Manager
- Develop site-specific TA and evaluation plans

Year 2: Implementation

- Begin data collection of whole person services
- Identify and deliver tailored TA
- Cross-site learning and sharing
- Disseminate early findings and lessons learned

Year 3: Evaluation

- Evaluate whole person services
- Disseminate implementation resources, evaluation findings, and lessons learned
- Conduct end point readiness assessment

Hennepin County

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Hennepin Priority Population & Partners

The priority population served is:

- Black men aged 18-34 years old

Partners:

- Red Door Clinic (RDC)
- Youth and AIDS Projects (YAP)



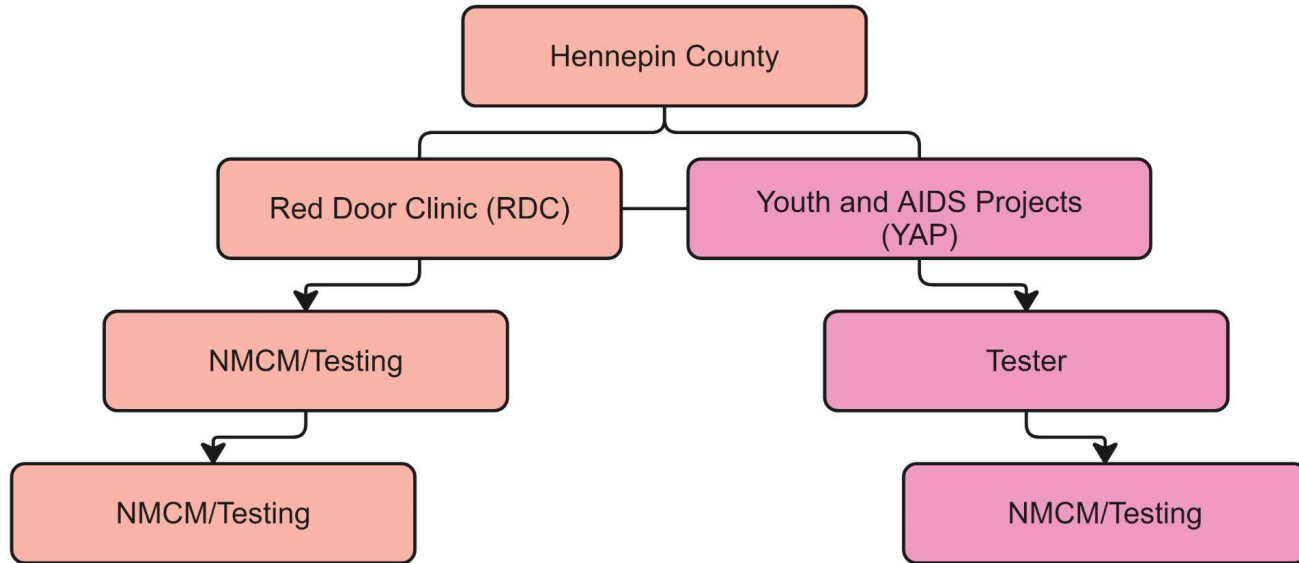


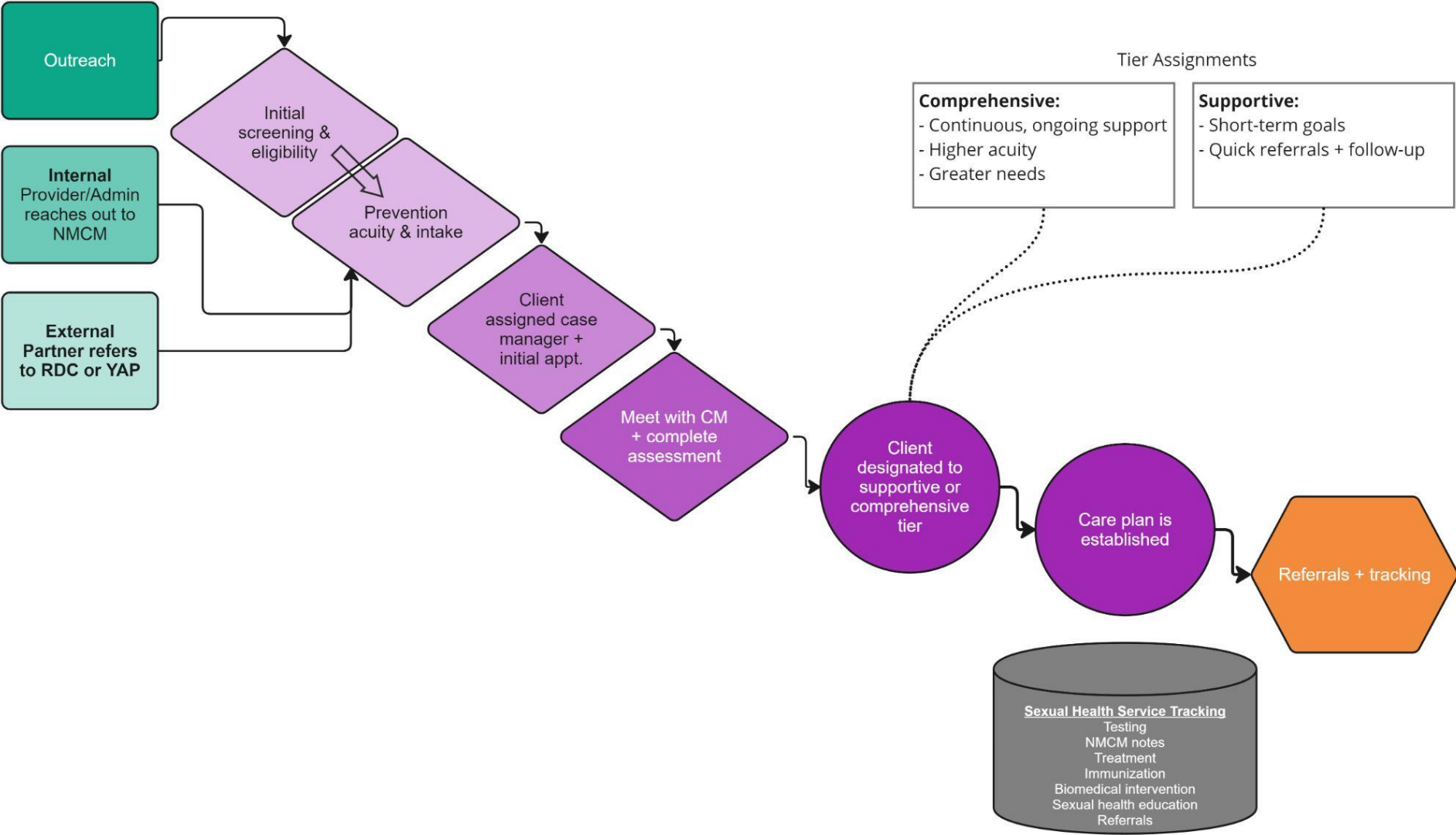
Hennepin County Whole Person Approach

- Non-medical case management
 - All clients receiving sexual health services (routine HIV and syphilis testing, STI education/counseling, linkage to PrEP, harm reduction) will be linked to a status neutral case manager
 - Streamlining holistic services
- Community Advisory Board
- Community outreach and engagement
- Robust partnership development



Hennepin County Program Structure





County of San Diego

SNAP  ETAP



San Diego Priority Population & Partners

The priority population served will focus on the Southeastern region of the county and include:

- Monolingual Spanish speaking men who have sex with men (MSM)
- Monolingual Spanish speaking Transgender individuals

Partners:

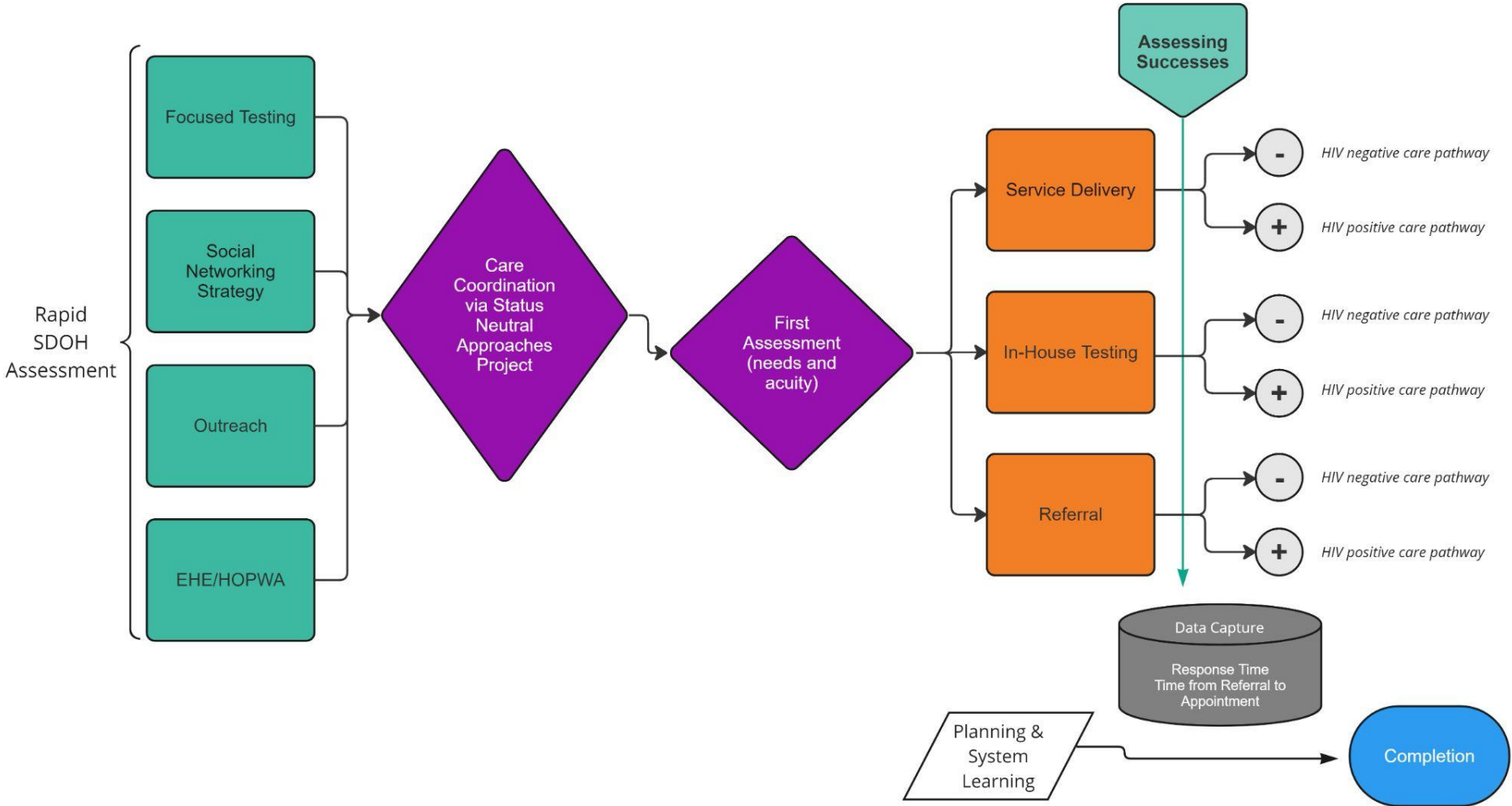
- Procurement in process





County of San Diego Whole Person Approach

- Expand existing non-medical case management to include PrEP support
- Deploy Social Network Strategy (SNS) to expand outreach and testing
- Revise service standards that were co-created by the HIV planning group and county staff to reflect status neutral approach
- Examine Medicaid systems to support whole person care coordination



Panel Discussion

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Questions



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resources and more at:
snapetap.jsi.com

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