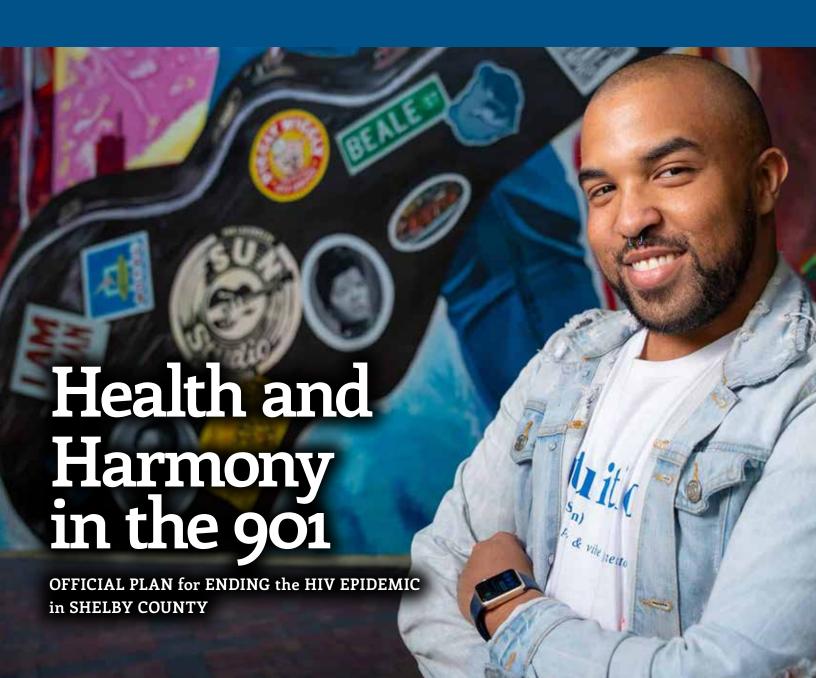


Ending the HIV Epidemic Shelby County





Ending the HIV Epidemic Shelby County

The Ending the HIV Epidemic (EHE) Initiative is a community-based collaborative effort to lower Shelby County's new HIV infection rates to 90% by 2030. We will help carry out the End HIV 901 Plan: Health and Harmony in the 901. We have also created a website to provide community resources like HIV testing, care, HIV treatment centers, supportive programming, and listings for related services for anyone in Shelby County, TN.

endhiv901.org

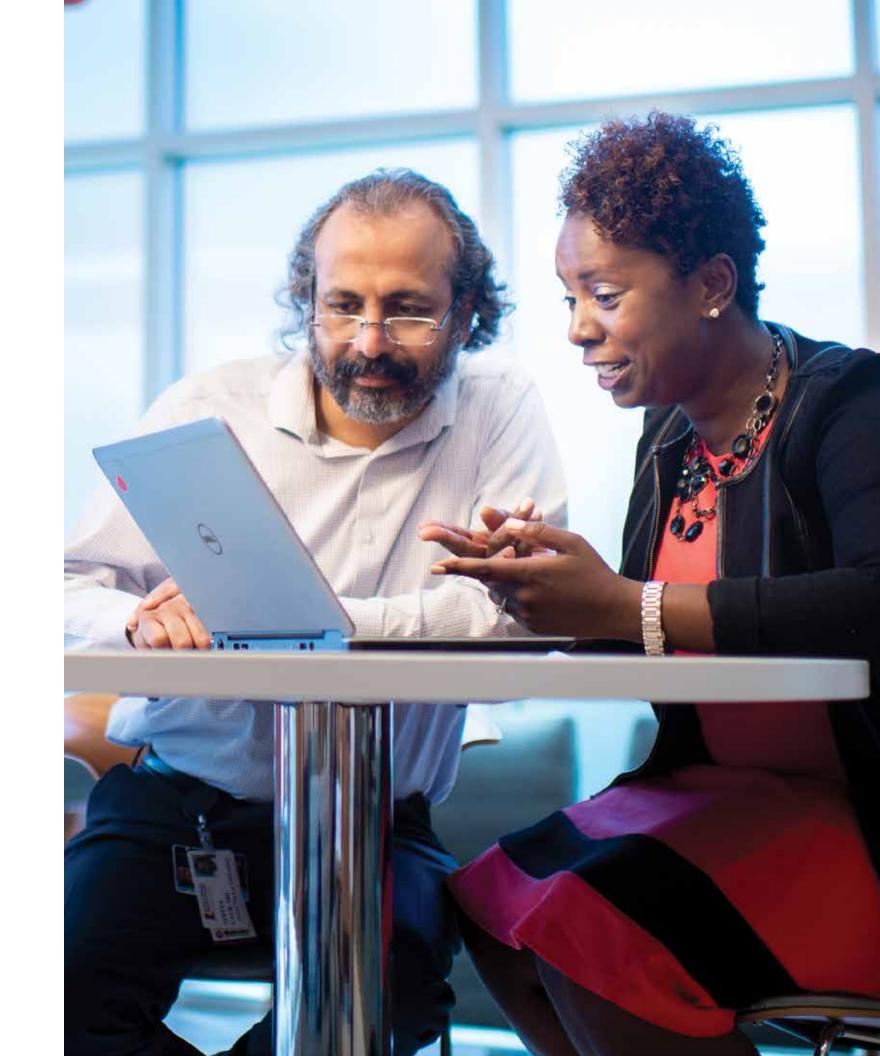


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Executive Summary

| Ending | the | HIV | Epidemic PS19-1906: Strategic Partnerships and Planning to Support Ending the HIV Epidemic in the United States

Component B: Accelerating State and Local HIV Planning Ending the HIV Epidemic (EHE) Plan Executive Summary

Funded Jurisdiction:	Memphis, Shelby County				
Jurisdiction's EHE Coordinator (name, title, organization, location, phone, email address)	Andrea W. Stubbs, MPA Mgr., HIV Community Program, Infectious Diseases St. Jude Children's Research Hospital – MSN 600 Memphis, TN 38105 901-595-5989 Andrea.Stubbs@stjude.org				
Jurisdiction's EHE Plan Website: (please provide public-facing website where the EHE plan will be posted)	https://endhiv901.org/				
Jurisdiction's HIV Prevention Website: (please provide website for local EHE information, community engagement, planning, and prevention efforts, etc.)	https://hivmemphis.org/				
Type of EHE Phase I jurisdiction:	☑ Jurisdiction with named phase I counties☐ No named counties (statewide)				

Please list below each of the Phase I Counties and the local EHE point of contact (name, title, organization, location, phone, email address, and local website). ***Note: Please start each new Phase I County along with its respective contact information, on a

new line preceded by a dash (-).

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Executive Summary (no more than 2 pages)

<u>Instructions:</u> The Executive Summary is a synopsis of the overall EHE plan's content. It should briefly describe the novel and disruptively innovative activities that supported local community engagement activities and its respective planning process. The EHE plan serves as a jurisdictional blueprint for EHE health department jurisdictions to operationalize, implement, and monitor EHE activities. Please keep the Executive Summary to no more than 1 – 2 pages while highlighting and focusing on major, key local EHE plan accomplishments and themes.

Memphis, Shelby County is one of the most historic and cultural cities of the Southern United States. For many years, Memphis—commonly referred to by our area code prefix '901'—has been synonymous with defining moments in the Civil Rights Movement, our world-famous Memphis in May Championship Barbeque Cooking Contest, and our deep musical roots of Blues and Rock and Roll. On the contrary, Memphis looks like an impoverished city and has many of the health disparities that accompany poverty, with disproportionate HIV infections being one of them. Many Memphians (25.1 %) live in poverty (U.S. national rate, 12.3%) and have limited access to health care services. Health disparities make enjoying quality years of living challenging. As the most populated county in Tennessee with nearly one million people, Shelby County has a household median income of \$48,415 (U.S median income, \$57,617), and despite advances in treatment, availability of rapid HIV testing, and the increase in evidence-based prevention interventions, new HIV infection rates remain high for Blacks (84%), males (38.7 per 100,000 population; 79%), and young adults aged 15-34 years (63%).

To address these alarming rates of HIV and root cause contributors, in 2017, an active network of HIV prevention and care providers—including the local health department, HIV service organizations, community- and faithbased organizations, clinicians, PWH, and Federally Qualified Health Centers, collaborated to align resources and activities with the common goal of optimizing HIV prevention and treatment in a more streamlined and harmonious fashion. With additional resources from the CDC 19-1906 mechanisms (October 2019), these local partners, formally known as Connect to Protect (C2P) Memphis Coalition—a St. Jude Children's Research Hospital-funded organization—fostered inroads to other stakeholders, priority populations (e.g., sexual minority youth, masculine-presenting women, transgender individuals), and planning bodies (e.g., Headliners Youth Community Advisory Board, Ryan White HIV/AIDS Planning Council) to build out a community-driven plan to end HIV in Memphis. Mobilizing these agencies led to the following key objectives being the premise of the strategic plan to implement a wide-ranging approach to achieve zero new HIV infections by the year 2030. With the support and assistance from key stakeholder commitments, the End HIV 901 plan has been composed to (1) reduce the number of new HIV infections to 75% by 2025; (2) reduce HIV-related disparities, health inequities, and stigma; (3) implement plans that help improve access to care and treatment for PWH; and (4) work towards having 90% of PWH know their status, be in care, and have an undetectable HIV viral load. The EHE planning members identified and shared best practices, and together recommended new policies, operations, and crosscutting approaches including:

- Development of a centralized repository of information for clients and providers to identify local testing locations, PrEP, SSP, ART, and social services providers;
- Startup of a community mobile unit to provide testing, prevention, treatment, and response activities;
- A social media campaign (i.e., <u>Facebook</u>, <u>Instagram</u>, <u>Twitter</u>, etc.) and <u>website</u> to increase testing, combat stigma, and increase awareness of HIV-related disparities and health inequities through various artistic mediums (photography, live music, monologues).

The END HIV 901 planning members are committed to continue cross-agency collaboration to build out a community-driven End HIV 901 plan in a non-threatening, collective environment. It was this insistence on collaboration and the stakeholders' choice of musical notation as our logo that led to the name for our effort: "Achieving Health and Harmony in the 901." In our effort, individuals and agencies with different backgrounds and priorities will collaboratively implement innovative and relevant approaches that build upon the grassroots efforts that began two years ago. We are pleased as a committee to embark upon this planning process together and to help our community reach zero new HIV infections by 2030.

H-CAP Letter of Concurrence



December 21, 2020

Arthur Lusby, Grants Management Officer, Team Lead Centers for Disease Control and Prevention Letter of Concurrence PS19-1906 2960 Brandywine Road, Mailstop TV-2 Atlanta, GA 30341-5509

Dear Mr. Lusby

The Memphis Transitional Grant Area Ryan White Part A Program HIV Care and Prevention Group (H-CAP) concurs with the following submission by the Tennessee Department of Health, Shelby County Health Department, St. Jude Children's Research Hospitals' *Connect to Protect Coalition* and other local organizations in response to Notice of Funding Opportunity (NOFO) PS19-1906 Strategic Partnerships and Planning to Support Ending the HIV Epidemic in the United States - Component B: Accelerating State and Local HIV Planning to End the HIV Epidemic.

Members of H-CAP have provided input into the development of the finalized Ending the HIV Epidemic (EHE) plan that is to be submitted to the Centers for Disease Control and Prevention (CDC) by sitting in on planning sessions and recommending relevant strategies for our impacted community. HCAP concurs that the Jurisdictional HIV Prevention Plan describes how programmatic activities and resources are being allocated to the most disproportionately affected population and geographical areas which bear the greatest burden of HIV disease.

Sincerely,

Dewayne Murrell

Dewayne Murrell HIV-Care and Prevention Group Co-Chair hence M. TAYlor

Renae Taylor HIV-Care and Prevention Group Co-Chair

814 Jefferson Ave., Ste. 203, Memphis, TN 38104 - (901) 222-9456 - (901) 222-8987 - www.hivmemphis.org

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·	Committees. However, attendance is not required unless the Chair/Co-Chair is assigned.							
Blue = New Committee Member	TOTAL A MERIANICE IS HOLICANICO MIRES HE CHAHICO-CHAH IS ASSIGNED.							
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8 End HIV 901 Plan | SHELBY COUNTY | endhiv901.org | SHELBY COUNTY | End HIV 901 Plan 9

Health and Harmony in the 901

Memphis is home to the Blues and Rock and Roll, so, we've carried our branding across the guide and have used music to illustrate our vision. Each pillar, represented here by quarter notes, works together to build the whole note, or the EHE Plan.

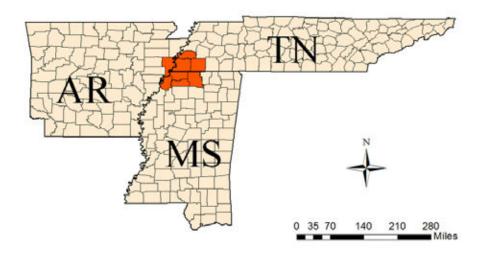


Section I: Epidemiologic Profile

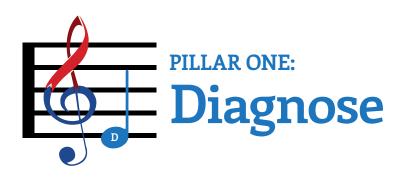
Most of the epidemiologic profile focuses on Shelby County. However, in order to place Shelby County in context, the profile begins with the HRSA Ryan White Part A Memphis Transitional Grant Area (TGA), as documented in the HIV Surveillance Report published by the Centers for Disease Control and Prevention (CDC). Also, the team was challenged in retrieving county-level data due to the tremendous staffing burden in Shelby County posed by the SARS-CoV2 pandemic. Fortunately, we were able to obtain data on Shelby County from the Tennessee Department of Health (TDH).

Shelby County, TN, is located in the southwest corner of Tennessee, bordering Arkansas and Mississippi, and the city of Memphis is its county seat. The Memphis Metropolitan Statistical Area (MSA), which mirrors the boundaries of the TGA, is populated by more than 1.3 million people inside 4,578 square miles of land area.1 The Memphis/ Shelby County TGA also serves the following counties: Fayette, Shelby, and Tipton in Tennessee; Crittenden in Arkansas; and Desoto, Marshall, Tate, and Tunica in Mississippi. The orange-shaded region on the map in Figure 1 represents the geographical location of the Memphis TGA in the Tri-State Area.

Figure 1. Geographical Location of the Memphis TGA



In 2018, per the CDC, the Memphis MSA ranked 4th in the nation among all MSAs for the rate of new HIV diagnoses with a rate of 27.2 per 100,000 and a prevalence of 530.3 per 100,000 population.² In the same year, the Memphis MSA ranked 1st among all MSAs for the rate of newly diagnosed AIDS cases with a rate of 14.8 per 100.000 population.³ In Tennessee, Shelby County ranked 1st among all counties for the rate of newly diagnosed HIV cases in the state (32.9 per 100,000 persons), as well as for the number of people with HIV (PWH) in 2018 (716.8 per 100,000 persons), accounting for 40.5% of new diagnoses and 37.2% of PWH, respectively.4



From 2014 through 2017, the total number and the rate of new HIV diagnoses overall in the Memphis TGA decreased; however, in 2018, both the total number and the rate of new HIV diagnoses overall in the Memphis TGA increased. From 2014 to 2018, Shelby County continually accounted for over 80% of new HIV diagnoses in the Memphis TGA. In 2018, there were 363 new HIV diagnoses in the Memphis TGA, 82% (n=297) of which were diagnosed in Shelby County, TN (Table 1).

Table 1: Persons Newly Diagnosed with HIV in Memphis TGA and Shelby County, TN, 2014–2018

Dominus	20	14	2015		2016		12017		2018	
Regions	N	%	N	%	N	%	N	%	N	%
Memphis TGA Total	338	100%	318	100%	308	100%	305	100%	363	100%
Shelby County	284	84%	279	87%	265	86%	259	85%	297	82%

Data Source: eHARS, TN, MS, & AR

Cisgender males and non-Hispanic Black/African Americans are continually disproportionately represented among those newly diagnosed with HIV. Rates steadily increased among cisgender males from 2014 through 2018, rising from 46.8 per 100,000 to 51.3 per 100,000, and among non-Hispanic, Black/African Americans, rising from 46.6 per 100,000 to 50.4 per 100,000. Rates have also increased among the Hispanic population; however, case numbers are relatively small. A large increase in the rate of new diagnoses has also been seen among those aged 25-34 years with an increase of almost 20 cases per 100,000 (56.9 to 75.4 per 100,000) from 2014 to 2018, while rates are stable or decreasing in all other age groups. Rates are decreasing among cisgender females, decreasing from 15.1 per 100,000 in 2014 to 11.8 per 100,000 in 2018 (Table 2).

Also of note is the increasing number of transgender individuals newly diagnosed with HIV over this time period, rising from only 1 in 2014 to 11 in 2018. In 2018, transgender individuals represented 3.7% (11/297) of new diagnoses, which is higher than the statewide proportion of 2.9% (22/760).⁴ Additionally, in the same year, transgender individuals newly diagnosed in Shelby County accounted for 50% (11/22) of those diagnosed in this group in TN, while Shelby County accounted for 39% (297/760) of all new HIV diagnoses in TN across groups.

Table 2. Persons Newly Diagnosed With HIV by Demographic Characteristics, Shelby County, TN, 2014–2018

	2014		20	2015		2016		2017		18
	N	Rate	N	Rate	N	Rate	N	Rate	N	Rate
Overall	284	30.3	279	29.8	265	28.3	259	27.7	297	31.7
Gender										
Cisgender male	209	46.8	212	47.5	206	46.3	211	47.5	228	51.3
Cisgender female	74	15.1	62	12.6	54	11.0	46	9.4	58	11.8
Transgender person	1	_	5	_	5	_	2	_	11	_
Age group (years)										
<15	4	2.0	3	1.5	2	1.0	0	0.0	3	1.5
15–24	92	67.9	84	63.2	76	58.5	76	60.0	86	69.2
25–34	76	56.9	87	64.7	92	67.7	84	61.2	105	75.4
35–44	53	44.2	43	36.2	42	35.9	39	33.5	46	39.4
45–54	33	26.7	41	33.5	31	25.6	31	26.1	32	27.5
≥55	26	11.5	21	9.1	22	9.3	29	12.1	25	10.3
Race/ethnicity										
Non-Hispanic black	232	46.6	239	47.9	242	48.4	224	44.7	253	50.4
Non-Hispanic white	29	8.4	27	7.9	12	3.5	22	6.5	26	7.8
Hispanic	11	19.7	11	19.3	6	10.3	11	18.5	15	24.6
Other	12	32.3	2	5.3	5	13.0	2	5.1	3	7.5

Data Source: eHARS, TN, MS, & AR

Among people newly diagnosed with HIV, male-to-male sexual (MMS) contact is the predominant transmission risk category reported among cisgender males, and heterosexual contact is second most common across all years. Heterosexual contact is the most common transmission risk among cisgender females (Table 3).

Reports of injection drug use (IDU) among all genders are the least common; however, for many, the risk was recorded as "unknown." Due to stigma and/or fear of prosecution, IDU may be underreported (Table 3).

Table 3. Persons Newly Diagnosed With HIV by Risk Categories, Shelby County, TN, 2014–2018

	20)14	20	15	20)16	20)17	20	18
Transmission risk	N	%	N	%	N	%	N	%	N	%
Cisgender male	N =	209	N = 212		N = 206		N = 211		N = 228	
Male-to-male sexual	139	67%	126	59%	127	62%	140	66%	123	54%
contact (MMS)	0	00/	2	10/	0	00/	1	00/	4	00/
Injection drug use (IDU)	_	0%	2	1%	0	0%		0%	1	0%
MMS and IDU	1	0%	0	0%	0	0%	1	0%	4	2%
Heterosexual sexual contact	51	24%	41	19%	62	30%	33	16%	35	15%
Perinatal exposure	1	0%	1	0%	0	0%	0	0%	2	1%
Other	0	0%	0	0%	0	0%	0	0%	0	0%
Unknown	17	8%	42	20%	17	8%	36	17%	63	28%
Cisgender female	N =	- 74	N = 62		N = 54		N = 46		N = 58	
Heterosexual sexual contact	70	95%	40	65%	50	93%	30	65%	31	53%
IDU	0	0%	5	8%	1	2%	1	2%	1	2%
Perinatal exposure	3	4%	2	3%	2	4%	0	0%	1	2%
Other	0	0%	0	0%	0	0%	0	0%	0	0%
Unknown	1	1%	15	24%	1	2%	15	33%	25	43%
Transgender person	N	= 1	N	= 5	N = 5		N = 2		N =	= 11
Any sexual contact	1	100%	5	100%	5	100%	2	100%	10	91%
IDU	0	0%	0	0%	0	0%	0	0%	0	0%
Any sexual contact and IDU	0	0%	0	0%	0	0%	0	0%	0	0%
Perinatal exposure	0	0%	0	0%	0	0%	0	0%	0	0%
Other	0	0%	0	0%	0	0%	0	0%	0	0%
Unknown	0	0%	0	0%	0	0%	0	0%	1	9%

Data Source: eHARS, TN, MS, & AR

Rates of PWH in Shelby County have also been steadily increasing, because of increasing diagnoses and access to antiretroviral therapy (ART). Cisgender males and non-Hispanic Black/African Americans represent the majority of PWH, with rates in excess of 1,000 per 100,000 population, 1035.9 and 1119.3 respectively, in 2018. A large increase in the rate of PWH has been seen among those aged 45-54, which is likely due to ART because there has not been a corresponding increase in new cases (Table 4).

Table 4. Persons With HIV by Demographic Characteristics, Shelby County, TN, 2014–2018

	2014		2015		2016		2017		2018	
	N	Rate								
Overall	6183	659.5	6375	680.3	6493	693.7	6459	690.6	6710	716.6
Gender										
Cisgender male	4175	934.9	4323	969.2	4405	989.6	4406	992.1	4604	1035.9
Cisgender female	1947	396.6	1982	403.6	2006	408.6	1974	401.9	2008	408.2
Transgender person	61	_	70	_	82	_	79	_	98	_
Age group (years)										
<15	35	17.6	36	18.2	37	18.8	29	14.8	32	16.3
15–24	367	271.0	360	270.9	330	253.8	330	260.5	323	260.0
25–34	1313	982.4	1331	989.8	1364	1004.1	1318	959.6	1384	993.6
35–44	1610	1342.6	1595	1343.3	1556	1330.4	1528	1311.2	1569	1344.7
45–54	1729	1396.9	1793	1465.1	1788	1478.9	1757	1478.6	1748	1500.9
≥55	1129	500.8	1260	546.3	1418	602.1	1497	624.8	1654	678.7
Race/ethnicity										
Non-Hispanic black	5118	1028.3	5291	1059.7	5430	1084.9	5410	1080.1	5621	1119.3
Non-Hispanic white	693	199.8	706	206.0	688	203.0	672	200.1	696	208.9
Hispanic	155	277.3	161	281.8	165	283.5	167	281.0	177	290.3
Other	217	584.6	217	573.1	210	546.6	210	538.0	216	539.6

Data Source: eHARS, TN, MS, & AR

Among PWH, MMS contact is the predominant transmission risk category reported among cisgender males, with heterosexual contact second most common across all years, and heterosexual contact is the most common transmission risk among cisgender females. Reports of IDU continue to be rare and are possibly underreported (Table 5).

Table 5. Persons With HIV by Risk Category, Shelby County, TN, 2014–2018

	2014		20	15	20	16	20	17	2018		
Transmission risk	N	%	N	%	N	%	N	%	N	%	
Cisgender male	N = 4	4175	N = 4	N = 4323		N = 4405		N = 4406		N = 4604	
Male-to-male sexual contact (MMS)	2593	62%	2707	63%	2750	62%	2769	63%	2872	62%	
Injection drug use (IDU)	108	3%	108	2%	106	2%	98	2%	101	2%	
MMS and IDU	100	2%	99	2%	96	2%	92	2%	96	2%	
Heterosexual sexual contact	712	17%	733	17%	772	18%	773	18%	804	17%	
Perinatal exposure	31	1%	29	1%	29	1%	28	1%	29	1%	
Other	14	0%	13	0%	12	0%	12	0%	11	0%	
Unknown	617	15%	634	15%	640	15%	634	14%	691	15%	
Cisgender female	N = :	1947	N = 1	1982	N = 2	2006	N = 1974		N = 2008		
Heterosexual sexual contact	1504	77%	1527	77%	1550	70%	1527	77%	1529	76%	
IDU	69	4%	70	4%	71	3%	71	4%	73	4%	
Perinatal exposure	45	2%	48	2%	48	2%	49	2%	52	3%	
Other	2	0%	2	0%	2	0%	2	0%	2	0%	
Unknown	327	17%	335	17%	335	15%	325	16%	352	18%	
Transgender person	N =	61	N =	- 70	N = 82		N = 79		N =	98	
Any sexual contact	52	85%	59	84%	70	85%	66	84%	84	86%	
IDU	0	0%	0	0%	0	0%	0	0%	0	0%	
Any sexual contact and IDU	0	0%	1	1%	1	1%	1	1%	1	1%	
Perinatal exposure	0	0%	0	0%	0	0%	0	0%	0	0%	
Other	0	0%	0	0%	0	0%	0	0%	0	0%	
Unknown	9	15%	10	14%	11	13%	12	15%	13	13%	

Data Source: eHARS, TN, MS, & AR

Conclusion

New diagnoses in the Memphis TGA are rising and are largely driven by Shelby County, TN. An important first step in understanding this increase will be to study testing patterns to determine who is being tested, the reasons for testing, and if there have been changes over time. While some increase is likely due to improvements in local surveillance activities, additional increases may be the result of more targeted testing among high-risk individuals and/or simply higher-volume testing. Much work has already been done in Shelby County to provide education and increase testing among high-risk individuals; therefore, it will be essential to know whether increasing diagnoses are due to these efforts.

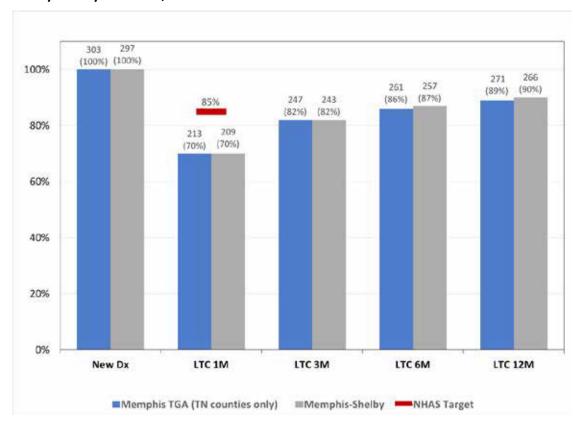
While relatively low, new HIV diagnoses are increasing among transgender individuals in Shelby County. In 2018, the CDC reported that, nationwide, transgender male-to-female had the largest percentage increase (24%) among PWH.² Increases seen at the local and national level may be a result of more targeted testing and/or improvements in how gender is captured by providers/testers and documented in local surveillance. Given the high proportion of new diagnoses among transgender individuals in Shelby County relative to the state, focused efforts should be made to increase testing in this high-risk population.

These data clearly show populations that are disproportionately affected by HIV, and interventions will need to be targeted to these groups, specifically cisgender males, Black/African American males, and the population of men who have sex with men (MSM), which are important overlapping/intersecting priority populations. Additionally, as will be discussed again in the Respond Pillar, IDU is a growing public health issue in Shelby County, TN. It is concerning that there are many for whom the risk category is unknown, especially considering that IDU reports are very rare. It is possible that IDU is being underreported. Increased effort needs to be made to ensure data are as complete and accurate as possible so that appropriate interventions can be developed and deployed.



Due to the large proportion of cases coming from Shelby County and surrounding Tennessee counties, continuum of care data were calculated using data from TDH for Shelby, Tipton, and Fayette counties in TN. For 2018 outcomes, data were available for 303 cases in the TN counties of the Memphis TGA and 297 cases in Shelby County. Seventy percent (70%) were linked to care within 1 month. In this same year, 89% and 90% of newly diagnosed individuals were linked to care by 1 year for the TN-Memphis TGA counties and Shelby County, respectively (Figure 2).

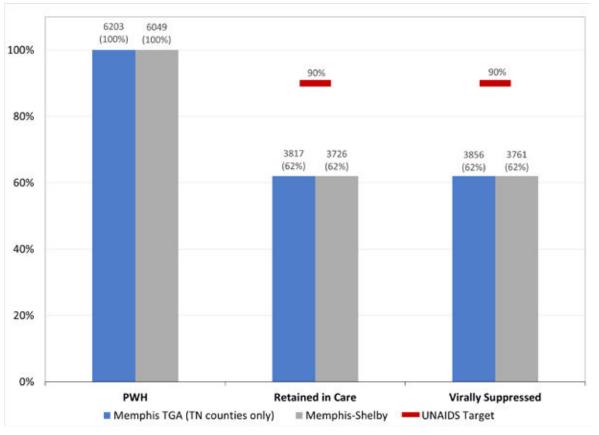
Figure 2. Proportion of Newly Diagnosed Individuals Linked to Care, by Time to Linkage, Memphis TGA and Shelby County Residents, 2018



Abbreviations: Dx = Diagnoses, LTC = Linked to care, M = Month, NHAS = National HIV/AIDS Strategy; Linked to care is defined as having one or more CD4 count and/or viral load lab results reported after the diagnosis date among those newly diagnosed with HIV during 2018.

There were 6203 PWH in the TN TGA counties, and, of them, 6049 resided in Shelby County, TN, in 2018. At the end of 2018, 62% of them were retained in care, defined as having 2 or more CD4 counts and/or having viral load results reported 3 or more months apart in 2018. Sixty-two percent were virally suppressed, defined as those who had 1 or more viral load labs in 2018 with the last viral load count reported as less than or equal to 200 copies/mL (Figure 3).

Figure 3. Proportion of PWH Retained in Care, and Virally Suppressed, Memphis TGA and Shelby County Residents, 2018



Conclusion

The proportion of those newly diagnosed and linked to care within 1 month and those PWH retained in care and virally suppressed are well below the National HIV/AIDS strategy goals of 85% linked to care within 1 month and the UNAIDS target of 90% retained in care and 90% virally suppressed. As shown in the Diagnose Pillar, there clearly has been some success with viral suppression as indicated by the higher rate of PWH between 2015 and 2018 among those aged 45-54 despite no increase in new cases; however, we are still well below targets.



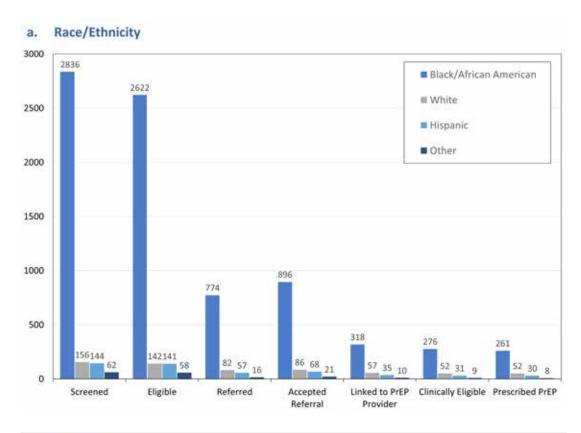
This pillar is aimed at preventing new transmissions using proven interventions such as pre-exposure prophylaxis (PrEP). The TDH applied for and received funding to improve PrEP uptake in the Memphis MSA. Four Memphis communitybased organizations and the Shelby County Health Department applied for and were awarded funding from the TDH to provide PrEP navigation services during this 4-year demonstration project, Project PrIDE, which was conducted from 2016 through 2019. The figures in this section show the frequency of screening, linkage, and prescription of PrEP to those provided PrEP navigation as part of Project PrIDE.

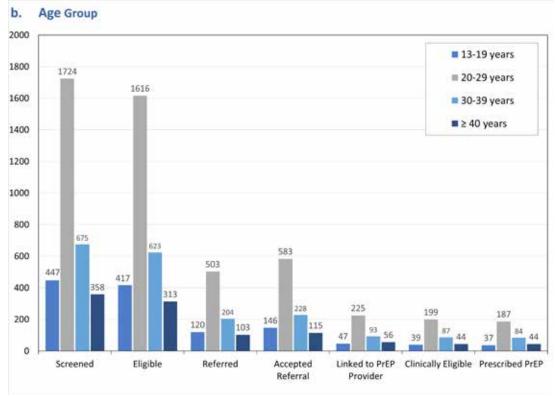
There were 3204 HIV-negative or status-unknown clients served during the Project PrIDE reporting period and, of those, 2969 were determined to be eligible for PrEP based on their level of risk. Among all clients eligible for PrEP, 31% (n=930) were referred and 14% (n=421) were linked to a PrEP provider. Of those, 369 were clinically eligible, and 95% (n=352) were prescribed PrEP; however, this only represents 12% of those originally eligible. When stratified by race/ethnicity, age, gender, and population risk group, similar patterns were seen. The highest uptake was seen among White, non-Hispanic participants. Among White, non-Hispanic participants eligible for PrEP (n=142), 58% (n=82) were referred, and 40% (n=57) were linked to a PrEP provider. Of those linked to a provider, 91%, (n=52/57) were clinically eligible, and 100% (n=52) of those clinically eligible were prescribed PrEP; however, this only represents 37% of those originally eligible (Figure 4a). Non-Hispanic, Black/African Americans represent 89% (2836/3,204) of the clients served by Project PrIDE. While prescription rates are high among clinically eligible non-Hispanic Black/African Americans (95%), the overall percentage of those receiving prescriptions is only 10% of those who were eligible after the initial screening.

The highest uptake was seen among those 40 years of age and older, with 14% (44/313) of those eligible after screening receiving a prescription (Figure 4b). Cisgender males were most likely to receive a prescription for PrEP; among those eligible for a referral, 31% (n=753) were referred and 14% (n=359) were linked to a provider. Of those clinically eligible (n=319), however, 95% were prescribed PrEP (n=304), representing 13% of those originally eligible (Figure 4c). Lastly, MSM, excluding people who inject drugs (PWID), had the highest uptake among the different priority groups. Of the 2138 eligible for referral, 33% (n=704) were referred to a provider, 16% (n=341) were linked to a provider, and 14% (n=304) were clinically eligible. Of those clinically eligible, 96% (n=291) received a prescription for PrEP, which represents 14% of those originally eligible for PrEP referral (Figure 4d).

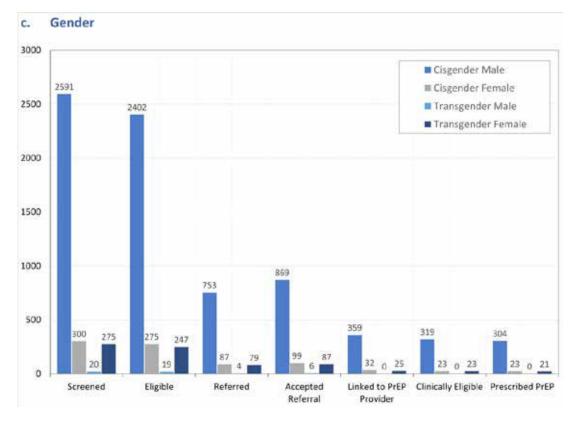
NOTE: Data presented in the graphs below exclude those with unknown race/ethnicity, age, gender, risk category and those demographic and risk categories with sample sizes too small for any meaningful conclusions to be drawn ($n \le 10$). Any discrepancies between figures are attributable to these absent data.

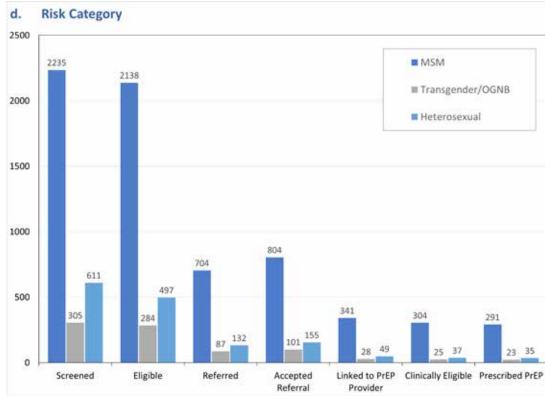
Figures 4a through 4d. Screening for, Linkage to, and Provision of PrEP Services for all HIV-Negative/HIV Status-Unknown Persons, by Race/Ethnicity, Age Group, Gender, and Risk Category, Project PrIDE, Memphis MSA, 2016 - 2019





Continued: Figures 4a through 4d. Screening for, Linkage to, and Provision of PrEP Services for all HIV-Negative/ HIV Status-Unknown Persons, by Race/Ethnicity, Age Group, Gender, and Risk Category, Project PrIDE, Memphis MSA, 2016 - 2019

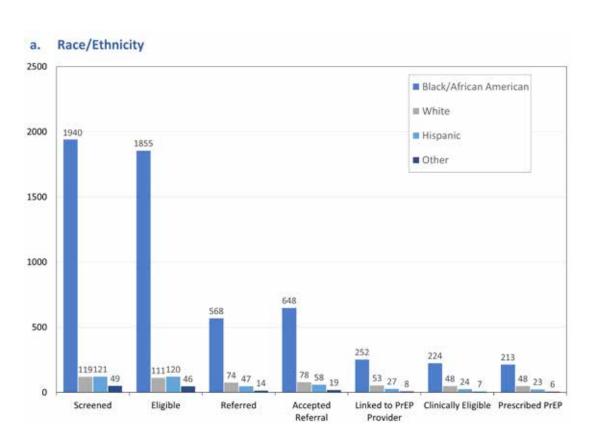




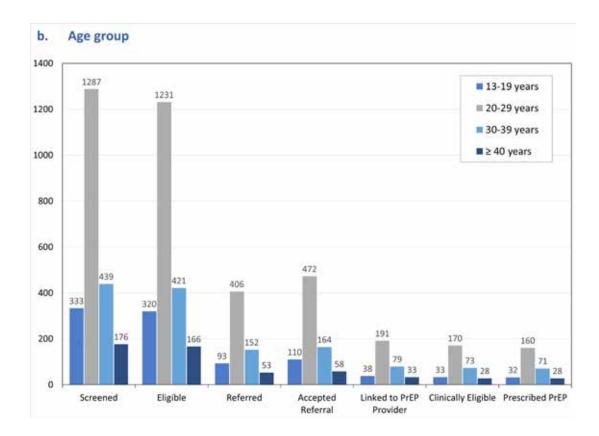
Abbreviation: OGNB = other gender, non-binary

Among MSM, the highest uptake continues to be among White, non-Hispanic individuals. Of the 111 eligible for referral, 67% (n=74) were referred to a provider, 48% (n=53) were linked to a provider, and 43% (n=48) were clinically eligible; of those clinically eligible, 100% received a prescription for PrEP. This represents 43% of those originally eligible (Figure 5a). PrEP prescription continues to be low among non-Hispanic, Black/African Americans with only 11% (213/1855) of those eligible at initial screening receiving a prescription (Figure 5a). MSM aged 30 years of age or older have the highest rates of PrEP prescriptions, with 16%-18% of those eligible at initial screening receiving a prescription; however, they represent only 28% of the clients served by the Project PrIDE agencies (Figure 5b).

Figures 5a and 5b: Screening for, Linkage to, and Provision of PrEP Services for HIV-Negative/HIV Status Unknown MSM, by Race/Ethnicity and Age Group, Project PrIDE, Memphis MSA, 2016 – 2019

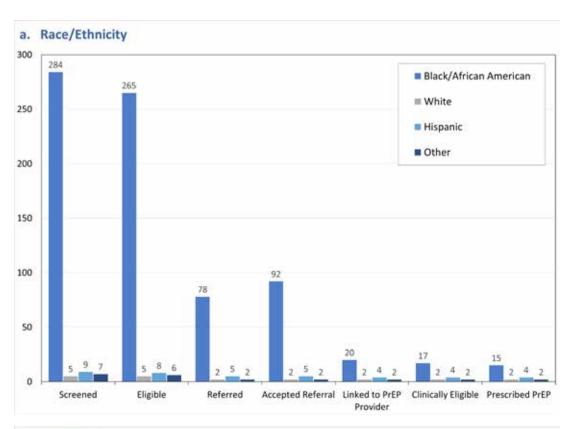


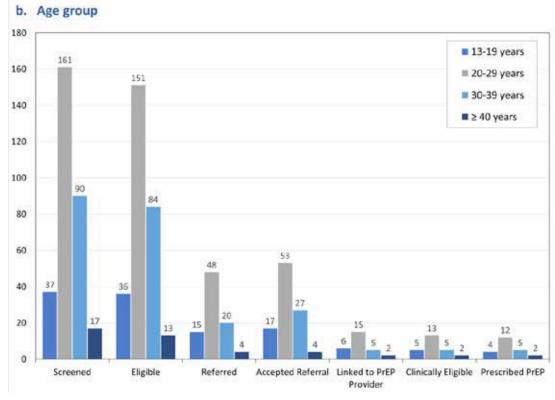
Continued: Figures 5a and 5b: Screening for, Linkage to, and Provision of PrEP Services for HIV-Negative/HIV Status Unknown MSM, by Race/Ethnicity and Age Group, Project PrIDE, Memphis MSA, 2016 – 2019



Among transgender persons, overall, 284 were eligible for PrEP, and 31% (n=87) were referred; 10% (n=28) were linked to a PrEP provider. Of those, 9% (n=25) were clinically eligible; however, of those, 92% (n=23/25) were provided a prescription for PrEP. This represents 8% of those eligible after initial screening. Non-Hispanic, Black/African Americans represent 93% (284/305) of screened and, therefore, have a similar pattern with 88% (15/17) of those clinically eligible and only 5% (15/284) of those initially eligible receiving a prescription for PrEP (Figure 6a). With respect to age, the same patterns seen previously emerge among transgender persons. Younger age groups, aged less than 40 years, have high rates among those clinically eligible, with 92% (12/13) among those aged 20-29 years and 100% among those aged 30-39 years (5/5); however, these participants accounted for only 8% (12/151) and 6% (5/84), respectively, of those initially eligible (Figure 6b).

Figures 6a and 6b: Screening for, Linkage to, and Provision of PrEP Services for HIV-Negative/HIV Status Unknown Transgender Persons, by Race/Ethnicity and Age Group, Project PrIDE, Memphis MSA, 2016 – 2019

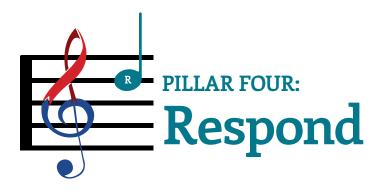




Conclusion

According to data from AIDSvu.org, Shelby County is lagging the country with respect to PrEP use. A metric used to illustrate the need for PrEP in the community is the PrEP-to-Need Ratio (PNR)—the ratio of the number of PrEP users to the number of people newly diagnosed in that same year. The 2018 PNR for the United States was 4.89, whereas the PNR for Shelby County was 1.69. Though below the national PNR, Shelby County has shown great improvement with an 8-fold increase in PNR (0.19 to 1.69) from 2014 to 2018. 5,6

Data from Project PrIDE showed that, while the proportion receiving PrEP prescriptions among those who were clinically eligible was high, Shelby County struggled to refer and link those eligible after initial screening to a PrEP provider. The percent referred and linked to providers was relatively high among White, non-Hispanics; however, they represent only a small proportion of those serviced by PrEP providers. Across all groups, non-Hispanic, Black/ African Americans and those under 30 years of age make up the largest demographics seen by PrEP providers and consistently have the lowest prescription rates among those eligible after screening. Since prescription rates are high if persons are clinically eligible, increased effort needs to be directed at referrals and linkages to providers.



To adequately respond to the HIV epidemic in Shelby County, TN, and its surrounding areas, it is essential to understand risk factors. High-risk sexual behavior is evidenced by the high rates of sexually transmitted infections (STIs) in Shelby County, IDU, and a lack of awareness of PrEP among PWID. These are areas at which interventions can be targeted.

In 2018, per the CDC, Shelby County ranked 27th in the nation in reported cases of chlamydia, 18th in reported cases of gonorrhea, and 49th in reported cases of primary and secondary syphilis. In the same year, Shelby County had the highest rate of chlamydia and gonorrhea in TN with rates of 1044.1 and 465.3 cases per 100,000 population, respectively, and is second in the state in cases of primary and secondary syphilis with a rate of 16.7 per 100.000. Rates of chlamydia in Shelby County are particularly troubling. The overall rate is over 1,000 per 100,000 population, but this rate conceals a true epidemic. Rates among older adolescents (15-19 years) and young adults 20-24 exceed 4,500 cases per 100,000 population (4,725.9 and 5,510.2 per 100,000, respectively).8

A comparison of risky sexual behavior among high school students in Shelby County, TN, to such behavior in the United States confirmed the high rates of STIs among this local population. In the 2019 Youth Risk Behavior Survey, it was found that teens in Shelby County were more likely to have ever had sexual intercourse, be currently sexually active, have multiple sex partners, and have had sex before age 13. Additionally, 51% of Shelby County teens reported not using condoms during their last sexual encounter compared to 46% nationally. Lastly, high school students in Shelby County, TN, were more likely to have been tested for an STI within the last 12 months and to have ever been tested for HIV (Table 6).9

Table 6. Risky Sexual Behavior, Shelby County, TN vs. United States, 2019 YRBSS

	Shelby County, TN	United States
Ever had sexual intercourse	45% (40% - 49%)	38% (35% - 42%)
Currently sexually active	30% (26% - 35%)	27% (25% - 30%)
Multiple sex partners	11% (9% - 14%)	9% (8% - 10%)
Sex before 13 years of age	7% (6% - 9%)	3% (3% - 4%)
Did not use a condom during last sexual encounter	51% (44% - 58)	46% (43% - 48%)
Were tested for an STI within last 12 months	16% (14% - 18%)	9% (8% - 10%)
Were ever tested for HIV	20% (17% - 23%)	9% (8% - 10%)

Finally, as mentioned in the Diagnose Pillar, opioid use and abuse is a growing public health problem in Shelby County, TN. Overdoses due to opioids are becoming more common, with deaths increasing from 164 in 2017 to 213 in 2018. Additionally, naloxone administration by emergency responders has increased from 2,432 occurrences in 2017 to 2,646 in 2018. Among those taken to the emergency department (ED) in 2018 for opioid-related visits, most were male (57%) and White (60%). Most were between 21 and 39 years of age: aged 21-29 years (25%) and 30-39 vears (31%).10

As part of the 2018 National HIV Behavioral Surveillance (NHBS) cycle in the Memphis MSA, PWID were recruited to complete the survey and were offered HIV, STI, and Hepatitis C (HCV) testing. Five hundred sixty-six participants completed the survey, and, of those not self-reporting an HIV-positive status, 5.3% (n=30) tested HIV-positive, and 41% had a positive HCV antibody test result. 11 It was found that only 6% were aware of PrEP, compared to 73% of MSM surveyed who were aware of PrEP; 50% reported sharing needles at last injection, less than 1% reported ever taking used needles to a syringe exchange, 12% reported passing needles on to others, and 23% reported never or rarely using a sterile needle.¹¹

As part of NHBS, high-risk sexual behavior was also examined among MSM and PWID populations. Although NHBS did not have a representative sample, these indicators point to a potential subset of the population in engaging in multiple high-risk activities. Among PWID, 62% reported having condomless vaginal or anal sex, 54% reported more than 3 sex partners, and 37% reported exchanging sex for "things like money or drugs" within the last 12 months. Among cisgender MSM participants, 55% reported having condomless anal sex and 13% engaging in sex exchange. 11

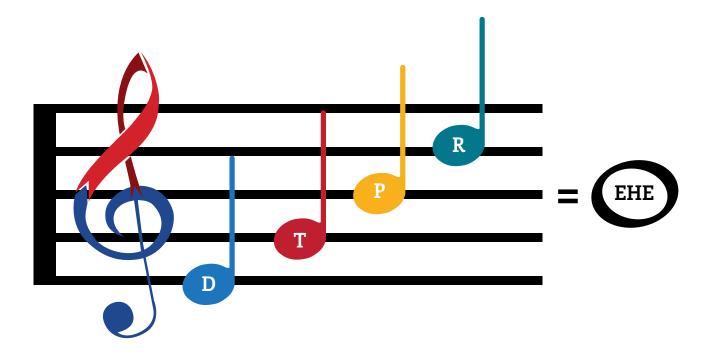
Conclusion

As discussed in the Diagnose Pillar, studying testing patterns will be important to understanding HIV/AIDS in Shelby County, TN. We have seen increasing diagnoses in Shelby County despite so much work being done in the community already. Additionally, Shelby County high school students are 2 times more likely to report ever being tested for HIV than the students across the United States. Identifying the reasons they were tested (e.g., as part of primary care, finding out they had been exposed, displaying symptoms, or because of some education they received or a free HIV testing event they attended) will allow us to better understand if there is truly increased community spread or if targeted testing and education are pushing individuals toward testing services.

IDU use is on the rise in Shelby County, and the demographic most affected by IDU use is different from the risk group currently most affected by HIV in Shelby County, with 47%% of those who go to the ED for IDU being White males and 19% being White females. Transmission risk information is missing for many among those newly diagnosed with HIV (Table 3), with IDU potentially being underreported due to stigma and/or fear of prosecution. This seemingly growing at-risk population, with little awareness of PrEP, and multiple behavioral risk factors, is another group at which interventions need to be targeted.

One risk factor that stands out among all is the young age of those at risk. Those in the age range of 15-24 years had the highest rate of HIV diagnoses and the highest rates of STIs and also had a high rate of opioid-related ED visits. Interventions clearly need to be directed at the youth and adolescents of Shelby County, TN.

Finally, the TDH partners closely with the Shelby County Department of Health (SCHD) to closely monitor surveillance data to understand and identify trends in HIV transmission among key groups such as young MSM, PWID, etc. and to potentially respond to clusters and rapid transmission events. Though, to date, no clusters have been identified, accurate and timely data, as well as careful monitoring, are essential to planning targeted and appropriate interventions.



Section II: Situational Analysis and **Needs Assessment**

The situational analysis for the End HIV 901 Plan incorporates findings from community engagement with the general public, educators, medical providers, social service providers, faith leaders, and people with HIV (PWH). Individual telephone interviews were conducted between July 2020 and October 2020 with thirty-two gatekeepers who serve priority groups. These gatekeepers are community members who understand the environment of PWH or those at risk for HIV, and they are deeply connected to such individuals and can facilitate inroads to them. These interviews were conducted to understand strengths, barriers, and needs with respect to HIV prevention and care activities in Shelby County. Engagement approaches prioritized individuals who were otherwise not already involved in either the Memphis Connect to Protect (C2P) Coalition or the Memphis Ryan White Program HIV Care and Prevention Group (H-CAP). End HIV 901 Director Andrea Stubbs and Coordinator Ayeisha Cole (St. Jude Children's Research Hospital) facilitated planning workgroups throughout much of 2020. Ms. Cole and End HIV 901 coordinator Edward Wiley (Tennessee Department of Health [TDH]) will continue to ensure that planning workgroups and special topic meetings are representative of priority populations during implementation. Meaningfully engaging people throughout the process will be critical for the successful execution of the End HIV 901 plan.

Priority Populations

In the interviews and workgroups, several key groups were identified as populations to prioritize in End HIV 901 implementation efforts. Descriptions of these priority populations and suggestions for how to tailor needs under End HIV 901 are included below.

Men Who Have Sex With Men

As shown in the epidemiologic profile, male-to-male sexual (MMS) contact is the predominant transmission risk factor for those with HIV. In every year between 2014 and 2018, men who have sex with men (MSM) have been more than 40% of those newly diagnosed with HIV in Shelby County. The same is true for PWH. Our discussions with members of the MSM population suggest that even for those who are aware of healthy sex practices, maintaining consistency in these practices can be challenging. There is a strong desire among MSM to work professionally in settings that serve the MSM population in order to provide support and education from a community perspective. A substantial need in the MSM community is the training and education necessary to fill such roles.

Out-of-Care Clients

PWH categorized as 'out-of-care' are determined using last known CD4 and/or viral load lab reports, number of medical visits, and AIDS Drug Assistance Program (ADAP) lists as proxies. Lack of access to or data sharing agreements with local laboratories prevent additional identification of out-of-care clients.

Youth and Young Adults

Epidemiologic profile data have indicated rising rates of HIV among young adults aged 25-34 years old and epidemic proportions of chlamydia among adolescents aged 15-19 years old. Youth Risk Behavioral Surveillance data report that

among high school students in Shelby County, 11% have multiple sex partners, 7% have had sex before age 13, and 51% do not use condoms. This suggests the need to intervene with younger age groups to present sexual health education messages and provide prevention and treatment access points sooner. Additionally, epidemiologic profile data demonstrate that the highest rates of HIV diagnoses, sexually transmitted infections (STIs), and opioidrelated emergency room visits are all among youth and young adults aged 15-24 years.

Heterosexual Black Women

Despite HIV rates decreasing among cisgender females in general, the rate of new HIV diagnoses in Shelby County is 11.8 per 100,000. Heterosexual contact is the most common transmission risk among cisgender females. Moreover, STIs act as precursors



or predisposing factors to HIV.¹² In 2018, Shelby County had the highest rate of chlamydia (1044.1 cases per 100,000) and gonorrhea (465.3 cases per 100,000) in Tennessee.¹³ These data suggest cisgender women are potential candidates for pre-exposure prophylaxis (PrEP) and other preventative services because they are clearly at risk of HIV infection. The community gatekeepers who were interviewed believe that the lack of emphasis on gender disparity data perpetuates mislabeling and stereotypes of Black MSM as the only groups at risk.

Latinx/Hispanic Individuals

Very limited surveillance data on the Latinx/Hispanic community in Shelby County are available to drive prevention and treatment decisions. While case numbers are relatively small, rates have increased among the Latinx subgroup. Gatekeepers strongly urge investing time to understand several key cultural nuances to better serve and build capacity with Latinx communities. Despite misconceptions, Latinx are not a monolithic community; in Memphis, 71% of Latinx identify as Mexican descent, followed by a combined 16% from several Central American countries.¹⁴ Tangible support is needed to



increase engagement, such as meeting Latinx at businesses and warehouses where they are typically employed. Latinx are subsumed into the same ethnic category, but it does not hold true that all Latinx speak Spanish. There are indigenous languages such as Quiche, Mam, and Zapotec to consider during translation of HIV educational materials. Finally, gatekeepers encourage the engagement of Latinx churches, however, with the understanding of the likelihood that sexual health content will be censored—for instance, in favor of abstinence-only messages. Sexual health educators perceive that the inability to discuss all types of prevention is detrimental to the ultimate purpose of preventing HIV.

Indigenous Population

Engaging the Indigenous population in Memphis will require directed efforts to further expand our growing circle of partnerships. According to Census records, the Indigenous population of Memphis is potentially about 3,800.15 Members of this population are reported as "American Indian and Alaska Native Alone or in Combination with One or More Other Races." Identifying the Indigenous population and their needs should be an area of focus.

Persons who are Unsheltered/Homeless

Homeless men and women have less access to care and may experience barriers to adhering to a strict care routine of regular meals and adherence to HIV medications. To maintain dignity of this group, agencies are encouraged to offer showers and washer/dryer access in addition to HIV support.

Seniors/Persons who are Aging

Despite the increase in the rate of PWH aged 45-54 years, perceived susceptibility for HIV is low for this age group and older. Increasing sexual health messaging as a part of overall health and providing access to condoms and other sexual health resources are needed.

Rural Communities

The digital divide for telehealth and transportation to medical appointments should be considered in successful End HIV 901 efforts. Utility of social marketing dissemination in rural counties presents a challenge given the reduced density of phone towers and diminished signal quality.

Sex Workers

Ascertaining the extent of sex work in Shelby County is difficult. One way to gauge some of the activity might be to consult police records, but the publicly available police database reports only violent and property crimes. However, conversations with people in the community and occasional news stories indicate that sex work is prevalent. 16,17 During the engagement process for this End HIV 901 plan, participants also noted that sex workers are harassed by police. In addition, participants indicated a need to support sex workers by addressing criminalization for having HIV. Other support is also needed. Honey, LLC, is a new agency raising funds to support sex workers in a 2-year transition program. The non-profit agency uses money to assist former sex workers with starting a new life.

HIV Workforce

Continuing education and training were identified as needs to improve HIV care and treatment. The gatekeepers suggested provider and staff training to increase cultural humility, reduce stigma and implicit bias, improve self-efficacy to prescribe PrEP, and institute rapid antiretroviral therapy (ART) start programs. Gaps in clientcentered care and provider knowledge of health disparities and understanding social determinants of health were discussed among gatekeepers. The University of Tennessee Health Science Center instituted a course in partnership with Church Health called Serving the Underserved geared toward medical school and allied health professionals. This could potentially be offered to HIV providers as well.

PWH often want to share their lived experiences, tell their personal stories, and serve as peer advocates, yet there may be a struggle with medication adherence. Gatekeepers encourage providing supports to facilitate PWH leading by example and 'walking the walk'. However, PWH sometimes face a barrier in hiring practices. That is, they may be offered a job to fill a diversity and inclusion quota instead of for the value that they can contribute. Hiring people to meet a quota is an unacceptable means to strengthen the workforce and shows that leaders lack vision or capacity to train staff.



Gatekeepers who work in the field highlighted burnout and lamented over the competing demands of following Ryan White procedures, accommodating PWH needs, and managing conflicting priorities. As a compounding factor, low wages are incommensurate with field staff workload. Field staff perceive that TDH and local health department leaders are unaware of the challenges of field staff burnout. Ultimately, they want their feelings to be heard. Developing pipelines for field staff to take on leadership roles, allowing staff to be engaged in decision-making, and providing an inviting space to use their voice to manage these conflicts will ultimately develop, mold, and polish staff into leaders while facilitating staff retention.

In addition, the Latinx workforce should be strengthened, which would require innovative strategies. Workforce participation can be a challenge due to language and cultural barriers and barriers posed by immigration status. Federal funding should support volunteers, promotores (community health workers), and agencies like Latino Memphis and Casa Luz to serve as the fiduciary to disperse funds to undocumented individuals living in priority zip codes.

Social Determinants of HIV

Parallel to HIV/STI disparities noted in the epidemiologic profile, socioeconomic disparities, specifically social determinants of HIV risk, persist in Shelby County. Interview participants commonly cited factors critical to address before ending the HIV epidemic in Shelby County. These determinants of HIV are described below.

Food Insecurity

Food insecurity is an indicator for living in poverty, which is a known determinant of HIV risk. Food insecurity in Shelby County has been reported as being 15% as recently as 2018. However, the percentage might exceed that amount. In 2019, The Guardian, a British news organization, released a mini-documentary titled "The Food Deserts of Memphis: Inside America's Hunger Capital—Divided Cities."19 Food distribution sites for lower wealth families are potential partners for HIV outreach and testing.

Lack of Transportation

Previous Memphis Ryan White Needs Assessments identified lack of transportation as a critical barrier to retention in care. Often, services are scattered across Shelby County, making it difficult for working people with families to seek out care, especially without a reliable means of transportation. Interviews suggested that establishing an Uber health fund with federal dollars would strengthen the process of connecting people to services.

Violence

Community violence, sexual violence, and physical abuse are all determinants of HIV. The pervasiveness of violence and the number of youth experiencing loss of friends and family members to violence require more community counseling programs. A need exists to train the HIV workforce (i.e., all mandated reporters and medical/social service providers) on the identification of violence as a risk factor for HIV.

Gatekeepers reported that age differences between dating prospects have been connected to physical violence; lack of maturity and the ability to communicate or articulate emotions have potential for violence. Gatekeepers also commented on the limited dating pool for older cisgender Black women. The network of men is younger and sometimes of a different nationality. In addition, gatekeepers noted that misogynistic music may shape the mindset about relationships, interactions, and the opinions about interpersonal relationships with women, having the potential to create volatility in these relationships.

Housing Insecurity

For anyone under 18 years of age searching for public housing or shelter, there is a requirement for them to be reported to Department of Children's Services (DCS). This presents a barrier, particularly for LGBTQ+ youth seeking safer living arrangements. Housing was identified as a barrier to HIV retention in care in the 2011 Memphis TGA Housing Needs Assessment.²⁰ Gatekeepers believe that homelessness is the ultimate barrier, where the focus on where a person will stay each night is higher on the priority list than getting treatment for a disease that has not killed them yet. Housing may be one of many needs that are prioritized for persons who are unsheltered. The organization Memphis Interfaith Coalition for Action and Hope (MICAH) notes that each year, 30,000 eviction cases are filed with the courts in Memphis.²¹ Housing security is one of the issues that the End HIV 901 planning stakeholders addressed for various populations affected by HIV.

Geographic and Racial Context

One gatekeeper described Memphis as "the punching bag" for the State of Tennessee, as the metropolitan area is mostly African American/Black, which further stigmatizes this group. Gatekeepers have described living in Memphis as a determinant of HIV risk and argue that this heightens the need to seek routine HIV testing. The dominant voice is Christian White upper class. As a result, sexual and reproductive healthcare is severely limited because there is a complicit stance of abstinence-based education.

Memphis is situated in the South and Bible Belt where talking about sex, who you have sex with, and how you have sex is very taboo. Concerning the proportion of new diagnoses of STIs and HIV, providers believe they are dealing with the consequences of conservative decisions. In the past, state legislators have intervened with the ability to ask Youth Risk Behavior Surveillance (YRBS) survey questions assessing behavioral risk factors such as drug, alcohol, and tobacco use, and sexual behaviors. As a result, comparable state-level data are nearly nonexistent.

In addition, race plays out in executive leadership of HIV organizations providing HIV services in the county and state. Specifically, they do not reflect most of the clients served, most of whom are people of color. Racial concordance of clientleadership and workforce development pipelines are factors to explore in addressing racial context as a determinant of HIV outcomes.

Memphis has a history of racial strife, a legacy that continues to today. For instance, most of the 38 hate groups in Tennessee are based in the Memphis area.²² Both the American Public Health Association²³ and the American Medical Association²⁴ have determined that racism is a public health crisis.

Lack of Health Insurance

A primary barrier in HIV prevention and care is access to affordable healthcare. Access to care is directly related to insurance status. Tennessee still has not expanded Medicaid, which has implications for PrEP uptake, particularly for young males. The healthcare system is tied to employer-based health insurance, and a growing number of people are losing their insurance as a result of the pandemic. Consequently, this results in limited-to-no access to HIV care or HIV medications. Gatekeepers explain how the broader community receives primary healthcare from urgent care or walk-in clinics (e.g., Kroger). For insured individuals who access larger systems like Methodist Healthcare or clinics where they receive care from a primary care doctor, there is opportunity to receive education and to access primary prevention resources. The problem uninsured individuals face is not having a primary care doctor or a medical home to access regular primary care and prevention.

Education Status

Tennessee is the only publicly funded district in the nation to have coordinated school health in every school district. HIV education is offered in high school with lifetime wellness. This is a potential strength to circumvent acquisition of STI/HIV if modern, comprehensive sex education is supported. At the post-secondary level, first-generation college students are another important group navigating a complex system with limited familial help or support. Comprehensive sexual health training may also be a need for this group. In Shelby County, many of the first-generation college students are Black, and most are of low wealth status. As mentioned previously, poverty is a social determinant of HIV. In Shelby County, being Black is also prevalent among those who have HIV.

Illiteracy

In general, investment in health literacy and adult reading programs is a priority that gatekeepers identified. Specifically concerning are the digital divide and lack of literacy among the Latinx who do not read or speak English nor, perhaps, Spanish. In many instances, Spanish is actually the third language of several Latinx because of Indigenous languages from Central America. This is the case of the Guatemalan population, where they speak Mam or Zapotec. 4 Approximately 6% of the Memphis Latinx population is of Guatemalan origin. This subset of the community is not present on social media to receive HIV messaging. Alternative ways to reach Latinx using text messaging platforms have been used for peer-to-peer messaging on a larger scale. However, illiteracy to both written information and computer use prevent people from getting the information that they need about staying healthy.

Religion

Southern conservative and religious beliefs are social determinants of HIV risk and health outcomes. Very religious gatekeepers believe offering proven prevention interventions gives the community the permission to engage in premarital sex. Catholicism has a particularly strong hold in Latin America, and discussions around same-sex activity is difficult to talk about in groups of Latinx men. Many Catholic churches in Memphis hold at least a Spanish mass. The Black church is also infused in the culture of Memphis. Planning stakeholders recognized the power of the Black church and emphasized ways that the Black church and its leadership can help to end the HIV epidemic.

Stigma

HIV-related stigma impedes information-seeking behaviors due to embarrassment to ask or search for answers. Stigma is the number one umbrella over the four End HIV 901 pillars. Church-based testing events suffer from poor uptake attributed to stigma. In the Black community, there is a misconception around injection drug use and perception that Blacks are not injection users. There also is a fallacy that substance use applies only to lower-income echelons. Gatekeepers suggest strategically and covertly placing syringe service programs (SSPs), given the stigma of certain neighborhoods being mislabeled as high overdose areas. Finally, MMS behaviors of MSM have stigmatized men, as the focus is all on them and their HIV risk. As a community, there remains a need to break away from narrowly focused messaging.

Trauma

The most prevalent adverse childhood experiences (ACEs) in Shelby County are substance abuse, emotional abuse, and violence between adults in the home. Shelby County has higher prevalence of childhood sexual abuse and violence between adults in the home than the state and the nation.²⁵ Of adults in Shelby County, 52% have experienced at least one ACE, 21% of adults have experienced 2 to 3 ACEs, and 12% of adults have experienced 4 or more ACEs. Also, 21% of those aged 18-29 years reported having 4 or more ACES. This percentage was higher than in older adults surveyed. Individuals reporting 4 or more ACEs have heightened risk for negative adult social and health outcomes. As the epidemiologic profile for this End HIV 901 plan shows, those in the age range of 15-24 years had the highest rate of HIV diagnoses. In community engagement discussions for the End HIV 901 plan, stakeholders called for the training of healthcare providers on trauma-informed care.

Poor Mental Health

Community mental health issues intersect HIV risk and client demographics. The most notable example is HIV among persons who inject drugs. Another barrier is a lack of emotional and/or physical support. The rate of suicide in Shelby County is 9.2 deaths per 100,000 people.²⁶ In 2016, 14% of adults in Shelby County reported 14 or more days of poor mental health a month. Among the Medicare population in Shelby County, 14.2% reported being depressed. Also, the drug overdose rate is 21 deaths per 100,000 people in the county. Excessive alcohol use is also related to depression and suicide. In 2016, 13% of adults in Shelby County reported excessive drinking. Planning stakeholders felt strongly that mental health services should be provided along the continuum of care, from the point of diagnosis onward.

Substance Use

Reports of injection drug use (IDU) may be underreported, as indicated in the epidemiologic profile. Opioid abuse and overdose are both growing problems in Shelby County. SSPs are now funded locally to prevent hepatitis C and HIV. Gatekeepers of color find this puzzling, as, in their view, the problem seems to be urgent only because it is now affecting White communities. In the Latinx community, alcohol abuse is more prevalent than drug use.

Social Injustice

Racism, white supremacy, microaggressions, and implicit bias are topics of conversation that are, at present, not assertively pursued. This affects several priority groups, including sex workers and transgender women, in relation to overpolicing and criminalization. There is a need for agency training on misgendering, correct pronoun usage, and assessing sexual orientation, and risk.²⁷ The Latino Commission on AIDS (https://www.latinoaids.org) has a resource guide to have these conversations on racism and understanding the Latinx community.²⁸

Tennessee has various laws related to PWH. For instance, engaging in a sexual act without disclosing positive HIV status could lead to a felony conviction, punishable by 3-15 years in prison and a fine of up to \$10,000.28 PWH who are engaged in sex work may be subject to a felony with a penalty of up to 15 years. Physically engaging in a sex act is only 1 of 3 conditions for which someone may be charged under the applicable law. Furthermore, someone convicted under one of the HIV laws must register as a sex offender for the remainder of the person's lifetime. Participants in the End HIV 901 engagement process identified decriminalization of HIV as a point of needed attention.

❖ Needs Assessment by End HIV 901 Pillar

Each of the 4 End HIV 901 Pillars is listed below along with summaries of community feedback. It was important to engage community gatekeepers in conversations to understand their perceptions of strengths, challenges, and needs.



This strategy aims to diagnose all PWH as early as possible. Strategies discussed during interviews included expanding HIV testing to reach priority populations, using data to better understand who is unknowingly living with HIV, identifying at-risk social networks and their locations, and focusing interventions in those populations and locations. We also assessed perceptions of opt-out testing and HIV self-testing to improve testing uptake.

Strengths

- Most gatekeepers perceive opt-out HIV testing favorably.
- Pop-up HIV testing sites have been successful in non-traditional spaces (i.e., South Memphis Alliance [SMA] laundromat, apartment complexes).
- Vehicular HIV testing during the COVID-19 pandemic has been implemented successfully on a small scale.
- Outreach testing at Memphis Job Corps and jails has worked well and has been sustained.
- Project Homeless Connect has offered community testing for years.
- Christ Community Health Services is the new provider for Shelby County Schools (SCS) with friendly/longer hours and several location options.
- SCS offers annual school-based HIV/STI testing events (e.g., World AIDS Day).
- Consistency of the Ryan White 'Know Now, Live Longer' Campaign has been very effective over time.
- Churches have been suggested by gatekeepers as an appropriate community-based testing site.
- Promotores is a program at Planned Parenthood that provides bilingual and bicultural educational and testing programming.
- University of Memphis HIV testing occurs in the Student Health Center, which is less stigmatizing than the previous campus location at the University Center, where testing uptake numbers would vary due to the highly public setting.
- Friends For Life HIV testing counselors set up mobile HIV testing in other agencies (e.g., Latino Memphis).
- HIV self-testing can be completed in the privacy of a person's home.

Challenges

- Clients may not want to know their status even if HIV testing is free. The use of needles for the blood draw may serve as a barrier to STI testing. Clients may not have current symptoms and thus may not believe testing is necessary.
- Purchasing an HIV self-testing kit is likely not going to happen when a client can access free HIV testing in the community. Second, social stigma may impede a client entering a business to purchase a self-testing kit. Placing responsibility for reporting results on the person is problematic. Finally, depending on the literacy level, there may be a user-error margin to consider for obtaining accurate test results.
- After the SCS merger between Memphis City Schools and Shelby County Schools, there was a lack of funds for reproductive health services and limited capacity for sexual health services.

- Patients use personal agency during a Well Woman visit to ask their health care provider for additional sexual health testing, which makes the patient feel a little uneasy. The provider should automatically screen and not leave it up to the patient to independently pursue.
- Access to STI and HIV testing has diminished due to the COVID-19 pandemic. Additionally, service disruption has been a consequence of social distancing measures.
- Failure to maintain gender concordance for HIV testing, particularly for men of Latinx descent, can present HIV testing challenges. Latinx men might not be comfortable if a woman administers the HIV test. The reverse also applies to Latinx women with male testers.
- The cultural concept of Machista (i.e., macho men) can be a challenge when working with Latinx communities.
- Providers, especially general practitioners, may not see routine HIV testing as a priority.
- Among social service providers, there is a lack of knowledge about HIV confirmatory testing best practices and that viral load or CD4 count may be used. Gatekeepers ask if there is need to introduce capacity building training for disease intervention specialists (DIS) and continuing education or training around confirmatory testing. Gatekeepers perceive this to be a gap and acknowledge surveillance and field staff are not working harmoniously together.
- Challenges include maintaining relationships with the juvenile correction/detention centers and starting routine testing with these populations.

Identified Need

- Normalize HIV testing by using regular messaging from respected persons in Memphis, as the community feels kinship with such persons.
- Conduct mobile testing in Latinx community living in designated areas of Memphis (i.e., Hickory Hill, Winchester, and Parkway Village) and among unsheltered populations.
- Institute opt-out testing (e.g., HIV, Hepatitis C) policy for all sexually active adults and/or those at risk for HIV based on specific behaviors.
- Support neutral testing centers and neutral laboratory centers.
- Develop protocol for HIV self-testing linkage to PrEP and HIV care. Create informative guide of agencies to contact for a positive result and to obtain a confirmatory test if needed.
- Facilitate next steps for HIV-positive results among undocumented Latinx community.
- Increase funding for self-testing kits.
- Increase staffing for field DIS to conduct contact tracing.
- Pilot test HIV testing marketing materials in doctors' offices.
- Assess testing patterns among those who have had HIV testing to understand motivators or contributing factors for testing.

Barriers

- The biggest problem in HIV testing and diagnosis in the Latinx community is immigration status. For certain services, individuals do not have required documents such as a social security card (although in some cases ITIN numbers may be used instead). Undocumented persons are fearful of how personal information will be used, how databases will trace new cases back to the community, or how health departments are notified about positive HIV tests. The challenge is identifying what resources are available to undocumented folks.
- The Tennessee sexual health law is flawed regarding consent and adolescents. A student cannot check themselves out of school without parental consent or parental permission. Also, adolescent testing/STI services law, policy, regulations, and actual practice are often left to the personal interpretation by a healthcare provider. Access for testing services for adolescents comes down to transportation and health insurance for youth, making testing a challenge.



This strategy aims to treat HIV rapidly to achieve viral suppression. Assessing rapid ART, flexible clinic times, appointment schedules, and utility of surveillance and other data sources informed this pillar. In Shelby County in 2018, 70% of newly diagnosed individuals were linked to care within 1 month and 90% by 1 year. That same year, 62% of persons with diagnosed HIV were virally suppressed. The epidemiologic profile indicates that these rates are below the National HIV/ AIDS strategy goals.

Strengths

- Recording system exists for state ADAP.
- A pre-completed case management form/template is available.
- Gender-inclusive agency intake forms are available that acknowledge LGBTQ+ preferred pronouns and preferred names.
- Walgreens pharmacy patient follow-up program is of benefit to PWH.
- Translation services via WICY, Medicaid, and Food Stamp offices are available as needed.
- Early Intervention Specialist (EIS) engagement is ongoing.
- A database is available for EIS to follow-up with out-of-care clients.

Challenges

- Coordination of care (between agencies and disciplines) often is not a smooth experience for the patient.
- Epidemiologists have access to only payer data/utilization data from Ryan White.
- Gaps exist in data to fully quantify the number of persons in medical care versus out of care.
- Case managers are slow or resistant to adopting advancements such as the Rapid START program.
- DIS are required to send clients to a social worker for linkage and Ryan White eligibility.
- Language barriers and identifying translators are challenges because all members of the Latinx community do not speak the same dialect or language.
- Achieving Ryan White recertification every 6 months is a challenge for PWH.
- Providers do not have medication samples and refuse pharmaceutical drug representatives coming to clinics.

Identified Need

- Advocate for the development of business partnerships that will allow PWH to obtain medications from sources other than Nashville.
- SCHD employees have access to the ADAP data but not national chain pharmacies' databases.
- For Ryan White clients, medication is mailed from the Nashville Pharmacy, which has a 2-day turnaround for receipt of shipment.
- Forge relationships between health departments (local and state) with national pharmacy chain suppliers for ARTs.
- Use telehealth for initial medical appointment to build rapport.
- Institute half-day workshop by EIS to introduce Ryan White services, including transportation vouchers to new clients.

- Establish provider dashboard for consumers to review provider performance measures (e.g., average amount of time to get a new appointment, customer satisfaction survey ratings).
- Recertify HIV clients for Affordable Care Act insurance.
- Increase the number of legal advisors who can assist undocumented Latinx community to access services without having documentation.
- Educate pastors on strategies to encourage church members to seek treatment and care.
- Educate general practitioners on Ryan White services.
- Open appointment scheduling for newly diagnosed HIV clients.
- Increase cross training for medical case managers and social workers to reduce 2-month lag time to see provider.

Barriers

- Being unsheltered or homeless may pose a barrier to adherence to medications and medical visits.
- Lack of transportation has been identified as a critical barrier to retention in care.
- Lack of health insurance can be a barrier to receiving and maintaining treatment.
- SCHD employees have access to the ADAP data but not national chain pharmacies' databases.
- For Ryan White clients, medication is mailed from the Nashville Pharmacy, which has a 2-day turnaround for receipt of shipment.



This strategy aims to implement PrEP and SSPs to prevent HIV. As indicated in the epidemiologic profile, Black young adults and younger age groups, particularly people under 30 years of age, make up the largest proportion of people seen by PrEP providers and consistently have the lowest prescription rates. In addition, the epidemiologic profile reports that nearly 50% of persons who inject drugs and present at the emergency department are White males, and 19% are White females with little awareness of PrEP.

Strengths

- Existing partnership with Nate Boutte PharmD (Manager, Community-Based Specialty Store for Walgreens Pharmacy) is a strength.
- The Corner (community-based prevention center) serves uninsured clients and provides access to a PrEP provider.
- A PrEP nurse was recently hired at SCHD.
- Existing SSPs include A Betor Way and Memphis Area Prevention Coalition.
- STOP Events (Street Team of Overdose Prevention) can be held to reach community of persons who inject drugs (PWID).
- The *Promotores* Program at Planned Parenthood serves the Latinx community.
- Methodist Healthcare has an extensive primary care network to potentially recruit new PrEP providers.
- An on-site prescription dispensary is located at the University of Memphis.
- A PrEP navigator works with local high schools.
- A community survey on PrEP is led by Friends For Life.

Challenges

- PrEP messaging has been geared towards same gender—loving men versus heterosexual women. Gatekeepers perceive that the average straight Black woman, particularly those in the faith-based community in between 45-55 years of age, do not associate with or see themselves as having any similarities to the people in televised PrEP commercials.
- Maintaining valid and up-to-date PrEP provider contact numbers and information for clients is challenging.
- Providers do not want to prescribe PrEP because they do not understand how the drug works. Practitioners also are afraid of writing a prescription for PrEP and post-exposure prophylaxis (PEP) since these new biomedical interventions were not taught or learned during their professional schooling.
- Several agencies do not have a PrEP navigator.
- Following up with clients after providing information on PrEP is challenging. Clients may not go to the agency and/or answer the phone, becoming lost in the system. It is difficult connecting anybody to PrEP at community events. Community members are afraid others will think they are HIV positive.
- Latinx women may reveal to a testing agency their husband is with a man and request being screened. The counseling is never about PrEP, prevention services, or being undetectable. The male partner never will come for testing.
- For PWH who are already collaborating with other agencies (such as a methadone clinic), facing competing priorities, and dealing with sobriety issues, it is difficult to add information about the danger of acquiring HIV or continuing without treatment for existing infection.

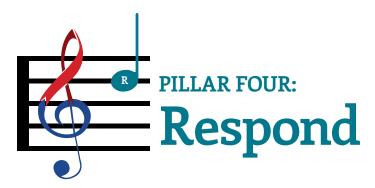
- Among substance users, medication adherence for HIV and Hep C or to PrEP is concerning for gatekeepers who think that substance users are going to lose the medication bottle. Inconsistency of use may be due to not remembering or thinking about it because they may be awake consecutively for 10-12 days at a time. Gatekeepers desire an easier way to offer the PWID population PrEP and PEP, given the high risk. There remain questions about whether the PWID community would take a daily drug regimen.
- Setting up an SSP is extremely difficult, necessitating an approximately 9-month process requiring a great deal of paperwork. Once the SSP is set up with approval from the state, then approval from the city is required.
- SSPs exclusively being mobile and carrying around tents, tables, and syringes is a challenge.
- Although employees often find used syringes in open spaces like parking lots, employers and employees are resistant to receiving Narcan training.
- Neighbors may perceive SSP locations as bringing the 'wrong kind' of person into their neighborhood.
- Harm reduction products (e.g., alcohol pads) are not funded by the TDH.

Identified Need

- Distribute more information in the community about PrEP.
- Increase access to PrEP education and the importance of PrEP on college campuses (e.g., Lemoyne-Owen College, University of Memphis).
- Build incentives or monetary compensation for primary care providers (PCP) prescribing PrEP.
- Increase provider education in HIV care for nursing and medical school curricula.
- Create a PrEP/prevention toolkit for the pulpit by giving faith leaders Bible scriptures and sermon topics to build a solid message around the topic.
- Promote and increase community knowledge of SSP under the Memphis Area Prevention Coalition and Church Health umbrella like Safe Point.
- Increase messaging for the often-overlooked community of Black PWID.

Barriers

- Lack of health insurance can translate to the absence of regular medical care and the preventive screenings and discussions that coincide with such care.
- Lack of mental health care can lead to paying little, if any, attention to addressing residual issues from a traumatic childhood and the challenges of daily life.
- A significant barrier to getting a PrEP prescription and overall PrEP community uptake has been the expensive costs for the kidney function test, and labs are unable to bill insurance.
- Memphis does not have a pharmacy-led rapid PrEP program.
- ACEs make people more susceptible to negative health experiences.



This strategy aims to respond to growing HIV clusters and to prevent new infections via partnership approaches. It is important to disentangle sexual behaviors, STI, IDU, and PrEP uptake, given epidemic proportions among adolescents and young adults.

Strengths

- The 211 hotline from the United Way of the Mid-South is a best kept secret for information on emergency housing, food, and other resources available in 11 counties.
- Operating the 'Community in Schools' program is a strength. In the program, a group of professionals (including social workers and teachers) provides additional resources and services at charter schools and public schools.
- Adopting genotyping at SCHD can help with cluster investigation.
- Repeated interviews can be used to identify clusters.

Challenges

- The word "cluster" is critiqued because of confusion about the latency period of delayed HIV test results in Memphis.
- Epidemiologists and other data specialists are hesitant to use granular-level maps due to privacy concerns.
- A need exists to improve collaboration across state lines since sexual networks may extend to counties in Mississippi.
- STI outbreaks occur in local high schools.
- Identifying the drug pusher responsible for outbreaks among PWID can be difficult.

Identified Need

- A need exists for clarifying roles of epidemiology and surveillance units for infectious diseases and improving communication between them.
- Revising responsibilities of the community DIS from the local health department or agencies to include contact tracing could lead to earlier testing, detection, and treatment in exposed contacts.
- Provide education for PWH to emphasize the need and importance of preventing other STDs.

Barriers

- The geographical position of Shelby County presents a barrier in terms of the county's ability to respond to clusters. The MSA includes counties in 2 other states. Coordination with public health agencies across state lines can be difficult.
- Illiteracy (primarily either in English or Spanish) is a barrier to the county's ability to communicate with the community about clusters.

❖ End HIV 901 Opportunities

Several opportunities emerged from conversations with gatekeepers, including the suggestions to seek out allies to build on cultural capital and honor the cultural capital already existing in the community. Other opportunities mentioned by gatekeepers include 'Heal the Hood' outreach with middle school to high school students based in Hickory Hill, a predominantly African American/Latinx part of Memphis; community development center connectors; cultural connections; and community canvassing and events (e.g., block parties, international festivals like Africa in April and Memphis in May). Interview participants recommended additional opportunities, which are included below and organized by key themes.

Interfaith-Based Partnerships

- Update the Memphis Ryan White HIV toolkit for faith communities.
- Consider the utility of interfaith partnerships since not all community members identify with Christian values or beliefs.
- Work with progressive faith-based community to increase understanding of HIV; have community outreach programs in places like counseling departments (e.g., Hope Church in Memphis and Oak Grove Missionary Baptist Church [historically Black church] located in Bartlett,)



- Engage pastors with social service or health background and knowledge of community needs.
- Bring faith communities together and ensure all are on the same page, including working with a specific group of prominent clergy to promote a campaign with each of them speaking. Parishioners are more inclined to listen to messaging facilitated by and coming from the top, where the leaders are respected.
- Work with churches that have health, social, youth, or women's ministry.
- Work with smaller churches located in higher risk neighborhoods.
- Include speakers in church programs, and do not specify topic in advance to increase attendance. (If congregants are aware of the topic in advance and are resistant to the topic, they will not attend.)
- Work with retired healthcare professionals in churches or current members who work in social services or in the hospital system.
- Participate in church food distribution events by speaking with the individuals as they come around in their cars for food pickup; pass out pamphlets and flyers about testing, and deliver brief education about HIV. Possibly partner with the Memphis Food Bank for a list of churches.
- Partner with pastors to ensure that messages come from them and from the position of the pulpit to increase trust. According to faith gatekeepers, outreach in women's ministries or in Sunday school classes will be more effective than social media.
- Education about the public health crisis of HIV is something that any pastor can recognize, and hearing from other pastors is probably also a good idea. If there are ordained persons who have stories about HIV or can speak to congregations, that is another opportunity to consider.
- Substance use recovery ministry could serve as a catalyst for HIV programs. Traditionally, churches have been more receptive to substance use recovery programs.
- Consider CEO of Neighborhood Christian Center as a potential new partner.

Social Marketing

- CLOUD901 is a local service to teens and a digital space serving as a teen hangout. End HIV 901 plans should keep Memphis Public Library at the center of outreach for teens, especially given density of neighborhood library branches.
- End HIV 901 messaging should use a digital dimension, employ digital integration, and develop positive digital content, including ads about self-care, self-worth, and a list of contact agencies for resources.
- Knowlt is a local resource to identify nearby sexual health services and testing sites.
- Add information about Memphis C2P HIV coalition on End HIV 901 website to stay fresh, stay relevant, and remain prominent.
- The personal face of HIV prevention messaging should include an African American woman, an older person, and/or a younger person who was perinatally infected to promote the message that HIV is no longer 'a gay person's disease or virus'—rather, anybody can get it. At present, MSM/Gay are all the community sees, and until the narrative changes, other subgroups of the community will find difficulty associating with prevention messages.
- Narrative medicine in the form of a story of healing, suffering, and pain along with personal testimonies are powerful
 approaches. However, these strategies could unintentionally set off an emotional response, particularly to religious
 congregations. Therefore, selecting stories for congregations needs to be done intentionally and very carefully.
- Messaging to raise awareness, address stigma, and normalize HIV testing or other prevention and care services should be explicitly stated. If HIV is seen as being linked to a particular group in the Memphis area, the End HIV 901 planning body will meet with some resistance. During the End HIV 901 implementation phase, it is crucial to be mindful of the different levels of theological reasonings and beliefs in Memphis communities of faith. If people can be connected on a human being level rather than in one group or another, there is potential to result in more success in media outreach approaches. Gatekeepers suggest messages that reach people on a human level, messages that tell an individual's story that can lead to reduction of the number of new infections and represent the stated national goals for End HIV 901.
- HIV and PrEP billboards should be positioned outside of Midtown Memphis for a broader community reach.

Continuing Education Units/Training

- An opportunity exists for training people who have small businesses or interest in starting and applying for funding from the county. Training might include how to read a request for proposals (RFP), how to follow through on RFP deliverables, and how to manage program documentation and measures.
- A pipeline could be developed for ethnic/racial minorities and men in social services with experience invested in the local school district to apply for employment opportunities to improve comprehensive sex education.
- An opportunity exists for training on cultural sensitivity and providing respectful services to transgender clients no matter how they present physically into the clinic (e.g., knowing how to tactfully ask about name and pronoun preferences). The topic of training on cultural sensitivity arose several times during the engagement process. Also, the rise in HIV diagnoses among transgender persons in the county, as shown in the epidemiologic data, magnifies the present need for this type of training for staff.
- Opportunities exist regarding offering free continuing education units (CEUs) and free lunch to clinic staff, bringing experts into clinic offices, and sharing professional development information with staff during regular staff meetings.

Advocacy

- Recent SCS Title IX policy changes around discrimination of LGBTQ+ students, preferred pronoun, and bathroom usage could potentially change community stigma.
- Recent implementation of programs on first renter's education and understanding renters' rights could reduce housing insecurity.²⁰
- Advocacy for sex work trade and sex trafficking as a determinant of HIV risk should be considered in End HIV 901 implementation.
- Planned Parenthood's Raiz ("root" in Spanish) advocacy program
 presented local findings about the needs of the Latinx community to
 Tennessee state legislators. The Raiz promotora methodology/approach
 could serve as a model program to garner support for Latinx HIV
 needs. Promotores are lay people who are trained to do research and
 community outreach.

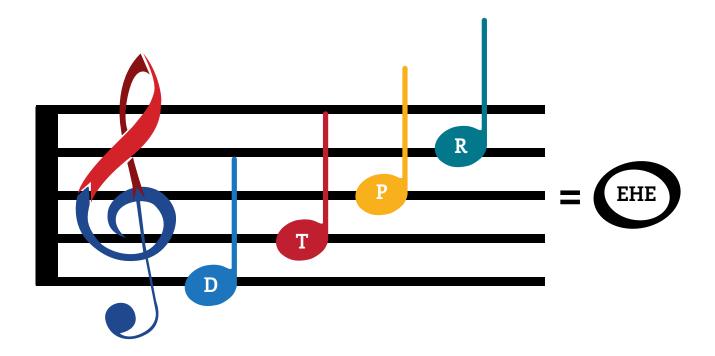


 Previous advocacy work of Friends For Life (FFL), in their meetings with state legislators on comprehensive sexual health education, could serve as a model program. For instance, advocates for FFL prepare scripts that they practice before their meetings with legislators.

Other End HIV 901 Opportunities

- Having a succession plan in place is extremely important when employees leave HIV agency positions.
- Creating an aesthetically pleasing clinic environment with colorful walls, art, and caring staff will make clients more comfortable in seeking care.
- Currently, there are few community health facilities, and the communities are akin to "healthcare deserts." However, pharmacies are in many communities. These facilities can be maximized by being used as specialty pharmacies that include physicians who operate clinics.

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Section III: End HIV 901 Plan

The activities included below are those that the majority of survey respondents considered to be of high priority, disruptively innovative, or both. Although some activities were not considered to be disruptively innovative, respondents might have seen a need to have the activity available in the community. Respondents were also asked whether local organizations were already engaged in the activity. If they answered "yes," they noted the local organizations. It was determined that existence of the activity in a program did not exclude an activity's categorization as "innovative." Especially with the high poverty and transportation needs of many Memphians, a need might exist in parts of a local area that are not currently being served.

End HIV 901 planning members decided that goals interacted across pillars in order to support local strategies most effectively. For this reason, some goals might appear to be duplicative. However, they were envisioned to work across pillars. See Appendix A for the abbreviations used and the names and descriptions of organizations mentioned with the pillar activities. For ease of use, all of the information in Appendix A is in one list.



Goal: Reduce by 75% the number of all new HIV diagnoses by 2025.

Strategy: Improve reporting process for new HIV cases and related accountability measures for local health department.

Target Population: All HIV testers, clinics, laboratories, frontline staff

Activity

High Priority and Disruptively Innovative

- 1. Create guide for all local providers on how to report new HIV cases.
- 2. Review with laboratories the Shelby County Health Department (SCHD) reporting requirements (explained by an epidemiologist).
- 3. Designate someone to obtain results from all labs and report to the SCHD because surveillance does not have the capacity.
- Coordinate with all local testing agencies to assure that all positive HIV tests are reported to surveillance and people are linked to their first appointment.
- 5. Create a policy that will require online testing service to submit results to the state for follow-up purposes and to prevent loss to follow-up.
- 6. Learn other cities' best practices in reporting positive tests.
- 7. Revise and enforce penalties for testing organizations not reporting positive results.
- 8. Connect with 20 private providers per year to verify they have updated list of resources.
- 9. Streamline linkage-to-care process so that all agencies follow the same process.
- 10. Create a position with SCHD that is partially funded by EHE that would work specifically with private providers to provide SCHD with monitoring data.

High Priority Per Stakeholder Survey

Inform private-practice patients of the reporting process.

Key Partners

ANAC, Bluff City Medical Society Providers, Community-based organizations, FQHC, testing agencies funded by TDH, In-kind support from EHE TDH coordinator, Hospitals, Local and state health departments (Surveillance/Disease Intervention division), Memphis Medical Society and other medical groups requiring CEUs, Sexual health clinics, UT Medical Group

Potential Funding Resources

CDC HIV Prevention and Surveillance programs, RWHAP, State and local funding, NIH grants, Industry grants

Estimated Funding Allocation

- Training
- \$500 per agency (5 agencies x 6 trainings = \$15,000)
- \$500 x6 trainings (materials, supplies, incentives) = \$3000
- = \$0 (instead, in-kind support from TDH EHE coordinator)

Total: \$18,000

Outcomes (reported annually, locally monitored more frequently)

- # of providers reporting new HIV cases
- # of laboratory trained on new reporting requirements
- # of providers with updated resources
- # of agencies trained on streamlined linkage to care process
- Improve reporting process for HIV cases in the local health department

- Report to state and local health department
- HIV Surveillance data
- SCHD EHE coordinator report

Goal: Reduce by 75% the number of all new HIV diagnoses by 2025.

Strategy: Increase to 90% the percentage in the county living with HIV who know their status.

Target Population: Adolescents, African American and Latinx 15-35 year-olds, aging community, heterosexual women, transgender women and men, individuals entering criminal justice facilities

Key Activities

High Priority and Disruptively Innovative

- Promote available testing agencies and modalities to all communities so that clients can identify the best for them, with more frequent efforts in the most at-risk communities.
- 2. Implement ARTAS (Anti-Retroviral Treatment and Access to Services) training for those who are doing HIV testing.
- 3. Extend "I Know" training throughout the city, and increase stigma reduction efforts in highly populated places (e.g., schools, health department, drug rehabilitation programs, various facilities [medical, mental health, skilled nursing, rehabilitation], church health fairs).
- 4. Increase at-home testing availability and awareness.
- 5. Partner with large employers (e.g., warehouses, government), including those with wellness clinics, to host health fairs/outreach services.
- 6. Host annual citywide "Testing Day" with providers and agencies, checking for STIs.
- 7. Create week of free HIV testing through providers' offices every 6 months.
- 8. Create a memorandum of understanding between SCHD and criminal justice agencies to disclose HIV test results to inmates while incarcerated.

Disruptively Innovative

- 9. Promote the historical development of HIV care by using a timeline to show the progress made in quality of life and medical care over the years.
- 10. Increase education and testing at housing facilities (e.g., senior-living facilities, high rises, apartment complexes, facilities for transitional housing, substance abuse treatment centers, homeless shelters).

Key Partners

Adolescents, African American and Latinx aged 15-35 years, Aging community, FFL ASO, Heterosexual women, infectious disease health representatives in incarceration facilities, Latino Memphis, Local community event organizers, OM, PEAS, Inc., SCHD, Stigma Reduction experts, TDH, Transgender Women/Men

Potential Funding Resources

A Betor Way, Bureau of Primary Health Care, Memphis Area Prevention Coalition, Other public and private funding sources, RWHAP, State and/or Local Funding

Estimated Funding Allocation

- \$30,000 for each community health worker (3 FTE = \$90,000)
- \$2500 each for 2 yearly CHW trainings (materials, supplies, incentives, venue rental, mileage) = \$5000
- \$50,000 (.25 FTE) Sr. Linkage to Care Coordinator trainers/mentor = \$12,500
- \$4000 yearly, incentives for newly diagnosed youth (trinkets, giveaways, gas reimbursements, etc.)

Total: \$111,500

Outcomes (reported annually, locally monitored more frequently)

- # of persons with newly identified HIV
- # of persons with HIV identified but not in care
- # of attendees at train-the-trainer session (sign-in sheet)
- # of agencies that hire community health workers and require yearly training,

Monitoring Data Source

- State and local surveillance data
- CDC-funded coordinated school health STI/HIV testing data

Goal: Reduce by 75% the number of all new HIV diagnoses by 2025.

Strategy: Advertise PSAs on TV and social media to promote sources of information about diagnosis.

Target: priority populations (African American, sexual minority youth, masculine-presenting women, seniors, Native Americans)

Key Activities

High Priority and Disruptively Innovative

- 1. Use media to maintain awareness of where to go for testing.
- Establish a resource hotline for HIV prevention and care resources (website, counselor, health department) that will be displayed throughout the city (bus stops, digital billboards, etc.).
- 3. Promote PSAs on TV and social media (data sites) with a hotline for additional information (website, counselor, health department).
- 4. Create a marketing strategy in partnership with SCHD, CDC, and TDH and other grassroots organizations with strong social media presence.
- 5. Create a PSA that incorporates a personal risk assessment that will display on local channels and provide testing agency information. (For instance, the PSA will state, if you fall into these categories, you might be at risk for HIV infection.)
- 6. Use local magazines and community mailers such as grocery ads for advertising HIV prevention and care services.
- 7. Partner with dating apps to post banners that show discount offers or incentives for providing proof of HIV test.

Key Partners

Gyms, Memphis Health and Fitness Magazine, Memphis Flyer, Out 901, Ray Rico Freelance Media Specialist, SJCRH HIV Digital communications

Potential Funding Resources

- COMPASS
- EHE funding

Estimated Funding Allocation

- Printing
- Graphic design
- Web maintenance
- Social media
- Marketing
- Search engine marketing

Total: \$23,000

Outcomes (reported annually, locally monitored more frequently)

- # of followers
- # of likes and shares
- engagement scores
- following score

- Facebook analytics
- Twitter analytics
- Instagram analytics
- CDC testing/linking data
- Surveillance data

Goal: Reduce by 75% the number of all new HIV diagnoses by 2025.

Strategy: Normalize HIV testing.

Target: Residents of Memphis, Shelby County.

Key Activities

High Priority and Disruptively Innovative

- 1. Create standard process for HIV testing during regular doctor office visits to help normalize testing.
- 2. Offer continuing education units to train physicians to implement universal testing.
- 3. Train young people (aged 18-25 years) to promote testing to help reach people in their age range.
- 4. Partner with FQHCs to offer HIV testing as a standard of care.
- 5. Partner with healthcare-contracted agencies providing schoolbased clinical care to offer opt-out HIV testing to students presenting with STI symptoms.

Key Partners

CME providers, Licensing boards, Medical professional societies, Medical professionals

Potential Funding Resources

- Funding sources for CME programs
- Health insurance companies
- State and local health departments

Estimated Funding Allocation

- CME courses and tests
- Incentives

Total: \$5000

Outcomes (reported annually, locally monitored more frequently)

- # of new Ryan White providers
- # of referrals to SCHD from private physicians
- FQHC HIV testing data reports
- School testing data

Monitoring Data Source

- Local databases
- FQHC medical records data
- RWHAP
- eHARS

Goal: Reduce by 75% HIV-related disparities and health inequities in 5 years.

Strategy: Develop a social media initiative to increase by 75% the number of at-risk individuals who get tested for HIV and know their status.

Target: Black LGBTQ+, Colleges, Gay families, LGBTQ+ university student groups, Technical schools, Underground sororities/fraternities

Key Activities

High Priority and Disruptively Innovative

- 1. Disseminate information about End HIV 901 and PrEP to youth through social media.
- 2. Hire a centralized social media manager who partners with all involved organizations to create, compile, post, and analyze social media data.
- 3. Filter audience on social media platforms so that a specific, targeted age group will be reached.
- 4. Create media campaign for Shelby County Schools and charter schools for HIV testing three times a year.
- 5. Create PSA competition for high schools for World AIDS Day.
- 6. Use social media campaigns to advertise through park systems/community centers; offer incentives.
- 7. Use text messaging and Facebook to send appointment reminders to youth.

Key Partners

Boys & Girls Clubs, Bridges, Charter Schools, Greendot, Exchange Club, FFL, Fraternities & Sororities, Frayser Community School, High school youth-led groups, HH, HL, Job Corps, LCHN, OM, PEAS, Inc., Planned Parenthood, TC, The Haven, Tech schools, SCS, SJCRH, Coordinated School Health, The Paige, Universities/colleges, WeCareTN, Youth organizations

Potential Funding Resources

- Corporate grants
- Elton John Foundation
- Gilead Sciences
- · Health Care companies
- Public/private funding sources
- RW
- SE AETC
- Shelby County Government
- SCHD
- State, local and federal resources
- TDOH
- ViiV Healthcare

Estimated Funding Allocation

Social and mass media estimated costs (social media specialist, graphic artist, mass media artist @ \$50,000; Facilitator @\$10,000)

Total: \$60,000

Outcomes (reported annually, locally monitored more frequently)

- # of Social Media site views
- # of patients utilizing text message reminders for adherence

- # of youth tested
- # of events
- Data analytics from social media posts/websites

Goal: Reduce by 75% the number of new HIV diagnoses in 5 years.

Strategy: Increase by 75% the number of at-risk youth and young adults (aged 13-24 years) who get tested and know their status.

Target: Injection drug users, MSM, Populations at-risk for HIV

Key Activities

High Priority and Disruptively Innovative

- 1. Include 3-site testing for Gonorrhea and Chlamydia.
- 2. Initiate STI Rapid Start treatment on indication of STI.
- 3. Create Spanish-speaking "telenovelas" / PSAs to address much of the Hispanic community.
- 4. Create after school programs for targeted age range geared toward sexual health education (could be especially helpful if we're unable to get it put into the school curriculum).
- 5. Create school performance groups that include LGBTQ and HIV-related themes in performing arts.

Key Partners

13-24 year-olds, Bars, clubs, and house parties popular with at-risk youth, Be Proud. Be Responsible, Boys & Girls Club, CBOs, Faith-based organizations and facilities, Funded testing agencies, Job Corps, LeMoyne-Owen College (an HBCU) health program, Local universities, OM Youth Shelter, SC Juvenile Detention Center, SCHD, Shelby County Schools, University of Memphis School of Public Health and College of Public Health Studies, Youth shelter programs, Youth Villages, Youth-focused groups

Potential Funding Resources

- Gilead Sciences, Inc.
- Kaiser Family Foundation Greater Than AIDS
- OPTIONS for Sexual Health (<u>www.optionsforsexu-</u> alhealth.org/sex-ed/shec/; partnering w/ HRSA for aid for cost of funds)
- SCHD
- TDH

Estimated Funding Allocation

- PSA- \$15,000
- After School Program Coordinator-\$40,000
- Program Support Supplies- \$10,000

Total: \$65,000 Yearly

Outcomes (reported annually, locally monitored more frequently)

- # of STI testing results
- # of After school programs
- # of Spanish education materials

Monitoring Data Source

- Places in Memphis that offer free HIV testing and
- Survey the community about ideas related to HIV
- Qualitative data from focus groups on intended social media audiences

Goal: Reduce by 75% HIV-related disparities and health inequities by 2025.

Strategy: Modernize current Tennessee state HIV criminalization laws to reflect findings from scientific research.

Target: Residents of Memphis, Shelby County

Key Activities

High Priority and Disruptively Innovative

- 1. Encourage members of local HIV-servicing clinics to participate in local advocacy groups to modernize state HIV laws.
- 2. Provide training to legislatures on decriminalizing HIV diagnosis.
- 3. Provide training to HIV+ individuals on rights, laws, and what constitutes felony charges

Key Partners

H-CAP – Ryan White, The PAIGE TN HIV Modernization Coalition, TN Ending the Syndemic workgroup,

Potential Funding Resources

Ryan White PSAs, EHE funding

Estimated Funding Allocation

\$5000 (incentives, marketing)

Total: \$5000

Outcomes (reported annually, locally monitored more frequently)

- # individuals arrested and charged for HIV criminalization
- # updated criminalization laws
- #legislators trained
- #HIV positive individuals trained on rights

- H-CAP Ryan White Calendar (for public access),
- TN Syndemic data
- The PAIGE annual report seminars, member reports
- Local criminal report

Goal: Reduce by 75% the number of all new HIV diagnoses by 2025.

Strategy: Revitalize the "Social Network Strategy" (SNS; maximizing the power of influence that social connections share) and expand.

Target: Youth, Young adults, Everyone

Key Activities

High Priority and Disruptively Innovative

- 1. Incorporate Headliners' Community Advisory Board (sexual minority youth and young adult) events to support Social Network Strategy.
- 2. Create a social media campaign using local celebrities and spokespersons to recruit people for testing.

Key Partners

Friends For Life, Headliners, My Sistah's House, OM, PEAS, Inc., SisterReach, The Corner, WeCare

Potential Funding Resources

Grants

Estimated Funding Allocation

- \$5,000 (gift cards)
- \$1,500 (social media campaign) Total: \$6500

Outcomes (reported annually, locally monitored more frequently)

- · #events that offer testing
- #individuals that test, linked to care or PrEP while at the event
- #Social media likes/shares

Monitoring Data Source

- CBOs annual reports about SNS to improve testing, state and local linkage and prevention data
- Social Media analytics
- CDC testing/linkage data
- · Surveillance data

Goal: Reduce by 75% HIV-related disparities and health inequities by 2025.

Strategy: Increase the number of nontraditional testing sites.

Target: Adolescents, African Americans 15-35 years old, Aging community, Everyone, Heterosexual, Latinx 15-35 years old, Transgender women/men, Young adults

Key Activities

High Priority and Disruptively Innovative

- 1. Partner with local universities/colleges to support HIV testing for student orientation, start of each semester, and homecoming events; share information with campus health clinic and student organizations (e.g., student government association, Greek-letter fraternities/sororities).
- 2. Use technology by enlisting university students to create an app to locate testing facilities and linkage to care (link to hotline), and put QR codes on home mail-in test kits to provide instructions.
- 3. Test and offer education at places where hundreds gather: community events, car shows, rodeos, concerts, festivals, bars/nightclubs, barber/beauty shops, nail salons, grocery stores, assisted living facilities, retirement communities, and large retail stores (e.g., Sam's, Costco, malls). Example events: "Be Safe Barbecue" at apartment complexes, "Dine & Diagnose" dinner after worship service at the churches.
- 4. Partner with local organizations (e.g., alumni African American Greek-letter sororities/fraternities, youth service organizations [e.g., Boys and Girls Club, Youth Villages]) to support testing events and to increase education.
- 5. Offer HIV testing in specialty clinics (e.g., Kroger, Shot Nurse).
- 6. Train and educate organizations (e.g., Memphis Fire Department, ambulance services, faith-based organizations, and other community organizations) to participate in the HIV continuum of care (e.g., testing, education, Rapid testing, SSP, following up regarding linkage to care) and provide the option to choose where they would like to contribute to fit their level of comfort.

Key Partners

Barber shops, nail salons, spas, hair salons; Charter schools; Colleges and universities; Community centers; Faith communities; High rise, assisted living, and retirement facilities; Homeless shelters; Memphis Fire Department; Shelby County Schools; Social/Sexual locales (groups); Sororities/fraternities (collegiate and alumni); Specialty clinics (Shot Nurse, Kroger, etc.); Technical schools; Transitional housing facilities; Youthbased organizations (ex. Boys & Girls Clubs, Youth Villages, Job Corps)

Potential Funding Resources

Bureau of Primary Health Care, Grants. "Greater than HIV." Private funding/donations, RWHAP, Suppliers of home HIV testing kits, Sponsors, State and local funding

Estimated Funding Allocation

20,000 for food costs

Total: \$20,000

Outcomes (reported annually, locally monitored more frequently)

- #new nontraditional testing sites
- #scans from QR code metrics
- # of social sexual networks identified
- #first responders trained on Rapid **Testing**
- #faith-based institutions doing test-

- HIV testing data reporting system
- Ray Rico Freelance Marketing
- State and local testing data
- Ryan White HCAP data
- Surveillance data



Goal: Achieve 90% linkage to care, 90% engagement in care, and 90% viral suppression among those newly diagnosed with HIV.

Strategy: Increase the percentage of 15-35-year-olds with diagnosed HIV infection who are virally suppressed to at least 90%.

Target: 15-35 year-olds, MSM, Parents/Significant other of 15-35, Perinatally infected aging up tweens/teens and those with documented, ACEs, PWH, Retention in care programs, Transgender individuals

Key Activities

High Priority and Disruptively Innovative

- Hold tween/teen-focused classes that address health disparities and life skills development.
- 2. Create best practices based on interviews of virally suppressed teens/tweens about their motivation for staying virally suppressed.
- 3. Provide group therapy and summer programs
- 4. Utilize telehealth for prevention and care
- 5. Create an app for medical refills

High Priority

- 1. Build and strengthen support networks for newly diagnosed individuals (for instance support in disclosing HIV status with family and friends).
- 2. Utilize community health workers to reinforce medication adherence.
- 3. Simplify the anti-retroviral refill process with Nashville Pharmacy by implementing policy and common practice changes surrounding the dispense of medication.
- 4. Educate patients and anyone involved with patient care about the refill process.

Key Partners

AETC, ANAC Care centers, Community health workers, LCHN frontline staff, FQHCs, Funded testing agencies, H-CAP members, Headliners Community Advisory Board, HH, HH constituents, Medical case managers, Needle exchange, OM constituents, PEAS, Inc., Retention in care programs

Potential Funding Resources

EHE funding, Other public/private funding sources, RWHAP, State/local funding

Estimated Funding Allocation

- \$40,000 (.25FTE) = \$10,000 x 4, Group Session **Facilitator Coordinator**
- \$500/ea. x10 = \$5000, group training sessions (supplies, materials, educational resources, incentives
- Master's-level counselor (\$25,000)

Total: \$70,000

Outcomes (reported annually, locally monitored more frequently)

- # new support network groups
- #agencies trained on refined pharmacy change
- #individuals trained -refill process
- #individuals downloading the med-refill app
- #telehealth visits
- #teens attending skills building courses

Monitoring Data Source

- Patient provider experience surveys
- EMR
- Surveillance data
- Social media metrics
- State and local continuum of care data

Goal: Improve access to care and treatment for 75% of PWH by 2025.

Strategy: Create and develop housing support for HIV(+) women who are entering substance abuse recovery and/ or are homeless.

Target: Cisgender (+) women and their children, Cisgender (+) women seeking recovery, Transgender (+) women and their children, Transgender women (male to female; identifying as women), Transgender (+) women seeking recovery

Key Activities

High Priority and Disruptively Innovative

- 1. Provide housing facility for women and children only.
- 2. Provide domestic care management, continuing education programs, and support groups for cisgender (+) women.
- 3. Identify specific shelter and/or programs (such as a drop-in center) for transgender women.
- 4. Create emergency and long-term housing opportunities or explore existing housing for HIV(+) women who are not yet ready for a path to recovery.
- 5. Create a position for a housing navigator who is accessible evenings and weekends.

High Priority

- 1. Require women who live in the housing facility (described in #1 in the "High Priority and Disruptively Innovative" section of this strategy) to agree to the program's standard procedures and expectations.
- 2. Provide recovery assistance (with a medication regimen; extended patient and alcohol recovery) to help women suffering from alcohol/drug abuse.
- 3. Increase funding through Tenant-Based Rental Assistance, specifically targeted toward women and children with the expectation of maintained sobriety and continued attendance in support groups.
- 4. Implement screening tools on intimate partner violence regarding safety planning, preparation for the unknown, and state of recovery (if applicable).

Key Partners

A Betor Way, CAAP, Inc., CHS, Existing recovery centers, I Am My Sister, MICAH, MIFA (food bank), OM, LCHN, PEAS, Inc., Serenity, SR

Potential Funding Resources

EHE funding, HRSA with RW Part D for WICY, NIH, RW, TDH

Estimated Funding Allocation

- 25 units available for emergency and long-term at \$25k per year
- Staff members certified to assess for recovery and provide support services – 2 Trainings= \$5,000, two part time staff at \$20k=40k
- Support for educational courses -\$5k per quarter - 8 events= \$40k
- Support services for women and their families - \$8000x25 = 200k0k Housing Navigator \$45k per year plus benefits

Total: \$355,000

Outcomes (reported annually, locally monitored more frequently)

- # Housing facility attendee
- #Training attendees
- #screened for intimate partner violence
- # recipients of recovery assistance program
- #available housing facilities for women and children

- **HOPWA** data
- Ryan White H-CAP data
- Data from Social Service agencies that target women and children

Goal: Achieve 90% linkage to care, 90% engagement in care, and 90% viral suppression among those newly diagnosed with HIV.

Strategy: Increase the percentage of newly diagnosed 24+ year-olds linked to HIV medical care within 1 month of their HIV diagnoses to at least 90%.

Target: Community-based organizations, Community health workers, ID providers in Ryan White and private providers, Individuals that certify for Ryan White eligibility, Shelby County Health Department, Linkage-to-care programs, Over 24 yrs., Diagnosed within last 30 days, Programs with linkage-to-care grant funding, Testing agencies

Key Activities

High Priority and Disruptively Innovative

- 1. Create a meeting for at least 1 representative for each Ryan White agency to attend with updates according to each funding source (Part A, Part D, Part B, etc.).
- 2. Create a new staff position for a Rapid Start coordinator, housed under state/health department to oversee all care facilities.

High Priority

- Standardize LTC program using the YOUTH LTC model and make the patient's program participation opt out to assist with retention in care to increase likelihood of viral suppression.
- 2. An early intervention specialist follows the client until they are settled and comfortably medically compliant.

Key Partners

ASCC, Case managers with RW certification eligibility, CBOs, CHS, CCHS, CHWs/LTC Programs, FFL entities, SCHD, LCHN, MHC, Other testing agencies, OM, PEAS, Private providers, Privately & publicly funded clinics who do not receive RW funding, Programs with LTC component as part of their grant funding, Rooming houses, RW providers, Spirit Medical, SSPs, Testing agencies, THD

Potential Funding Resources

EHE funds, Other private and public funding, RWHAP, Ryan White, Shelby County government

Estimated Funding Allocation

- \$32,000 x 6 FTE CHWs = \$192,000
- \$25,000 for community wide CHW training (trainer, supplies, materials, incentives, venue, mileage, etc.)
- \$50,000 (.25 FTE) = \$12,500, Sr. Linkage to Care Coordinator trainers/mentor
- \$4000/year, incentives for newly diagnosed youth (trinkets, giveaways, gas reimbursements, etc.)
- \$30000 for new providers

Total: \$263,500

Outcomes (reported annually, locally monitored more frequently)

- LTC, # of newly identified
- LTC, # of persons identified as not in care
- # of attendees at train the trainer (sign-in)
- # of agencies that hire CHWs and require yearly training

Monitoring Data Source

- RWHAP
- CDC testing linkage data
- Consumer surveys
- Ryan White audit

Goal: Reduce by 75% HIV-related disparities and health inequities by 2025.

Strategy: Develop an all-cisgender women's facility that will serve as a drop-in center for HIV(+) women that will later be available to HIV(-) cisgender women.

Target: HIV (+) cisgender women, HIV (-) women phased in later

Key Activities

High Priority and Disruptively Innovative

- Partner with TN Voices to offer assistance with care coordination, connecting families with necessary services and facilitating the development of the child and family in the stopin center.
- 2. Implement a program to identify the interests/ needs of cisgender women for services.
- 3. Partner with Shelby County Schools, Southwest Tennessee Community College, and/or Hope Works to conduct GED preparation classes.
- 4. Provide career support services to women at the drop-in center—for example, classes on attire, speaking roles, email etiquette, leadership; a business center (Internet access, computer, wifi, etc.) to assist in building professional skills; and career certification options.
- 5. Provide family counseling at the drop-in center.
- Provide classes on sexual health education, financial literacy, fitness/exercise, overall wellness, substance abuse recovery, domestic violence awareness, and healthy relationships.

High Priority

- Create an HIV support group facilitated by HIV(+) women who have been living with HIV for several years.
- 2. Partner with the city food bank to provide fresh food for the women in the drop-in center.

Disruptively Innovative

- 1. Plant a fresh vegetable garden (planted and maintained by clients) to provide fresh vegetables for clients of the drop-in center.
- 2. Partner with area cooking classes (hopefully at a discounted rate) for active clients participating in the programs at the drop-in center.

Key Partners

Casa Luz, Choices, Church / religious partners, CCHS, Commercial Real Estate partners (donate space), Community food partners, Corporations – In-Kind or monetary support, Department of Children Services, Excel Center, Family Safety Center, FFL, First ladies of local churches, Hope House, Hospitality Hub, I Am My Sister, Kroc Center/Salvation Army, Latino Memphis, Memphis Public Library, Merci, Mid-South Food Bank, Nicole Becton Ministries, OM, PPGMA, Shelby County Schools, SR, South Memphis Alliance, Southwest Tennessee Community College, The Haven, The Urban League, TN Voices, WICY, Womenserving organizations, Youth Villages, YWCA

Potential Funding Resources

Church / religious partners (donate space), City of Memphis, Commercial Real Estate partners (donate space), HRSA, Pharmaceutical companies, Ryan White Part D, Salvation Army, SAMHSA, Sister Reach (grant), University of Memphis(in-kind/intern), Women-serving organizations

Estimated Funding Allocation

- \$2,000ducational courses
- \$32,000 x 6 FTE CHWs = \$192,000
- \$40,000 (\$10,000 @4) staff members for support services and medical services
- \$5000 -Support for building
- \$5000- Support for transportation

Total:\$244,000

Outcomes (reported annually, locally monitored more frequently)

- #attendees of support group
- #recipients receiving training
- #community gardens maintained and planted by HIV+ women
- #clients enrolled in cooking classes

- Ryan White audit consumer surveys
- SCHD data
- University of Memphis internships/practicum reports
- ASO
- annual report data
- Community Based Organization annual activity report data

Goal: Achieve 90% linkage to care, 90% engagement in care, and 90% viral suppression among those newly diagnosed with HIV.

Strategy: Increase to 75% the number of transwormen who reach and maintain viral suppression by 2025.

Target: Advocates, Clinics, Community-based organizations, Mental health associates, Providers, Trainers, Transwomen

Key Activities

High Priority and Disruptively Innovative

- Train transwomen to be advocates for HIV care/prevention navigation and to act as connectors for younger/new transwomen seeking care resources.
- 2. Supply transwomen with "healthcare kits" (hygiene products, HIV tests, contraceptives, lubrication) via trans advocates, clinics, and trans-friendly and accessible organizations.
- 3. Increase transportation options (Uber/Lyft cards, gas cards, mobile van) for transwomen for participation in social support groups and committees around the city.
- 4. Place more transwomen advocates in professional positions to make trans clients feel comfortable upon arrival for appointments and support service events.
- 5. Provide psychological therapy during linkage-to-care process for HIV care and PrEP.
- 6. Create marketing strategies to increase participation from the trans community in an attractive way to recruit transwomen who are not comfortable coming to professional settings for support and care.
- 7. Create innovative activities (e.g., pep rallies, roundups) for transwomen to launch new outreach programs specifically for transcommunity.
- 8. Encourage healthcare providers to engage in a "Help Heal the Community" campaign by sharing local activities within the trans community

Key Partners

Cathedral of Praise, Cherokee Health Services, CHOICES, Christ Community Health Services, FFL, Hope House, Mental Health Partners, My House (Nashville), My Sistah's House, OM, Partnership to End AIDS Status, Inc., Planned Parenthood, ROHMC, SR, Spirit Health, The Haven, the PAIGE, WeCare TN

Potential Funding Resources

CFAR, EHE funding, Grant partnership w/PEAS, WeCare TN or OM, Minority AIDS Initiative RW Part A funds, RWHAP, State/local funding

Estimated Funding Allocation

- master's-level counselors \$65,000 per year per counselor
- \$10,000 supplies per year

Total: \$75,000

Outcomes (reported annually, locally monitored more frequently)

- #attendees-innovative activities
- #healthcare kits distributed
- #healthcare provider patient data
- #transportation requests
- #transgender individuals attending support and care classes and given hygiene kits

Monitoring Data Source

- Local databases/ASO annual outcome reports
- Local reports

Goal: Improve access to care and treatment for 75% of PWH by 2025.

Strategy: Increase the effectiveness of the community health worker workforce in Shelby County to support clients with anti-retroviral therapy (ART) adherence to become virally suppress.

Target: All newly diagnosed PWH who are out of care, All PWH who are not virally suppressed, Community health workers, Disease intervention specialists, Early intervention specialists, Medical case managers, People who are members of vulnerable subpopulations, Supervisors of community health workers, Retention in care programs

Key Activities

High Priority and Disruptively Innovative

- 1. Conduct two annual trainings for community health workers and supervisors (focusing on a variety of subjects, including specific populations—e.g., women, seniors, Latinx), using an evidence-based curriculum, open to all Ryan White grantees in Shelby County.
- 2. Assign mentors to community health workers.
- 3. Implement quarterly virtual coaching sessions to train community health workers and workers at FQHCs to improve their skills and abilities to retain clients in care.
- 4. Define the required credentials, responsibilities, and standards for community health workers.
- 5. Require that community health workers go through training and certification (including training on linkage to care and medication.)
- Require that community health workers receive intensive training on communication skills, health promotion, cultural competence, and risk factors.

Key Partners

All FQHCs, All interested parties, All RW grantees in Shelby County, C2P, FFL, LCHN, SCHD, University of Memphis—School of Social Work

Potential Funding Resources

CFAR, RWHAP, State/local funding

Estimated Funding Allocation

- Two annual CHW and supervisor trainings- \$15,000
- Cost to each agency for CHW salaries/benefits - \$45,000
- Virtual coach for quarterly coaching meetings with CHWs -\$2000

Total: \$62,000

Outcomes (reported annually, locally monitored more frequently)

- # of pre and post-test to assess knowledge.
- # of direct observations using standardized checklist)
- # of attendees at CHW and supervisor trainings (sign-in sheets)
- # of attendees at quarterly coaching meetings with CHW and supervisors

- Surveillance data of viral suppression rates
- Agency reports
- FQHC annual reports/medical records

Goal: Achieve 90% linkage to care, 90% engagement in care, and 90% viral suppression among those newly diagnosed with HIV.

Strategy: Increase the percentage of persons with diagnosed HIV infection who are virally suppressed to at least 90%.

Target: African American MSMs (15-20 years old), African Americans, All county residents, Consumers, Hispanic communities, HIV positive, PWH, Transpersons

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Key Activities

High Priority and Disruptively Innovative

- 1. Create "Fast Track" Viral Load (VL) blood draw program.
- 2. PWH will come to their appointments 1-2 days before their adherence appointment. On the day of their appointment, they will receive the results for their viral load. Patients who come to their first appointment will receive a gift card for participation and viral suppression. A running log will be created to show their viral load status and will be used as a motivation log.
- 3. Implement peer coordinators to oversee all providers for peer support for RW or privately insured.
- 4. Engage Part B at state level for Shelby County, ensuring that Part B at the state level mirrors Part B at the county level.
- 5. Incorporate mental health at diagnosis or in linkage-to-care process. (Partner to offset costs.)
 - Provide mental health care to patients at their locations so that they do not have to travel.
 - Use mental health care to address medication noncompliance.
 - Use mental health care to address concerns of transpersons.
- 6. Promote benefits to taking medication. (Target: patients, medical case managers, and supportive professionals)
- 7. Have conversations (training) w/providers to engage them to refrain from making medication a "carrot."
- 8. Begin Rapid ART in all areas
 - o Make sure all providers are trained on Rapid ART.
 - Apply consistent definition of Rapid ART: 72 hours; Same-day appointments where possible.
- Virtually implement directly observed therapy (DOT).
- 10. Create relationships with pharmaceutical companies and provider agencies to obtain antiretroviral (ARV) samples for same-day start.
- 11. For Transpersons,
 - o Host social media LIVE (Facebook, etc.) sessions.
 - Distribute pamphlets.
 - Promote on news stations by buying ads.
 - Promote neutral places to obtain care (e.g., place information on mailboxes and in corner stores/gas stations).
- 12. Increase the number of provider locations that offer services, including private providers.
- 13. Make sure providers have access to co-pay cards for those who have commercial insurance.
- 14. Offer flexible clinic hours.
- 15. Improve providers' working environments to affect work morale, thus increasing client engagement, rapport, trust, and communication.
- 16. Develop relationship w/ providers for opt-out.
- 17. Text message reminders for appointments
- 18. Meet with medical case managers to determine barriers (e.g., lack of transportation and insurance).
- 19. Reduce fears of discrimination or lack of professional care for transpersons (e.g., *add "Preferred Name to medical paperwork*).
 - Add a category for "Preferred Name" to paperwork in doctors' offices and hospitals. Some individuals feel uncomfortable having to use their "dead name" when filling out paperwork, especially if their gender marker does not match their appearance.
- 20. Provide supports to increase the self-care potential of transpersons.
 - Financial literacy education
 - Assistance enrolling in college or trade school
 - Emergency assistance (e.g., for emergency housing)

Key Partners

A Betor Way, AHC, CAAPS, Inc., Caremore, Casa Luz, Cherokee Health, CHOICES, CCHS, FFL, HH, Latino Memphis, LeBonheur Comm. Outreach, MHC, Memphis Teen Vision, Memphis Area Prevention Coalition, colleges/universities, OM, PEAS. Pharmaceutical Representatives, Pharmacies (Walgreens, Kroger, AVITA, etc.), PPGMA, Private practitioners, Rapid Start/HRSA, ROHMC, RW providers and/or HIV providers (medical facilities and community-based organizations), Ryan Whitefunded agencies, Serenity, Shelby County government, SCHD., Shelby County Schools, SR, Spirit Health, TDH, University of Memphis

Potential Funding Resources

AIDS United, CDC (HIV Prevention), Elton John , GILEAD, HRSA, Janssen, Merck, Red Door Foundation, Ryan White (A. B, C & D), SAMHSA, TheraTech, ViiV

Estimated Funding Allocation

- LTC staff/EIS specialist/ engage with practitioner -\$50,000
- Mental health provider -\$75,000 (new position)
- Transportation Services
 -\$5000
 - Training staff \$5000
 - Total: \$135,000

Outcomes (reported annually, locally monitored more frequently)

- # of PWH Virally Suppressed
- # of patients utilizing mobile mental health services
- # of PWH adherent to HIV medications

- From other data sources
- Continuum of Care data
- Medical reports from physicians
- # of new patients that reach 90-90-90

Goal: Improve access to care and treatment for 75% of PWH by 2025...

Strategy: Create an alternative pathway to HIV care through holistic approaches and health practices in addition to HIV medications

Target: Families who have an association with (+) persons, HIV(+) women and those interested in alternative (natural) HIV care, MSM, PLH providers, Transwomen and Transmen.

Key Activities

High Priority and Disruptively Innovative

- Utilize partnerships w/dieticians, naturalists, other alternative/mental health providers as access points for treatment and care.
- Create a series of classes and resources (for example—meditation, spiritual guidance, nutrition, yoga) on the benefits of using the holistic approach to help boost the immune system.
- Provide training for all people (regardless
 of job title) who work with people with
 HIV—to help workers to provide culturally
 competent customer service in linking
 patients to care and helping them to find
 resources.
- 4. Offer providers competency training on trauma-informed care.
- 5. Create an alternative pathway to HIV care through holistic approaches and health practices in addition to HIV medications.

High Priority

Create a list of resources that will support holistic health that will be distributed to clients and organizations as a resource guide.

Key Partners

Alliance Health, Champion Pharmacy and Herb Store, Local community garden groups, Community-supported agriculture, and local food organizations/co-ops, Dietician, Family Safety Center, FFL dietician, HIV care providers, Love Doesn't Hurt, Medical case managers, Mental Health Services, OM, PEAS, Physical trainers, Rape Crisis Center, Social work programs, Somas Un, Trap Garden (Nashville), universities, community college, yoga (FFL)

Potential Funding Resources

CDC, City of Memphis, EHE funding, RW, NIH, TDH

Estimated Funding Allocation

- Support for HIV (+) individuals and families who need financial assistance for alternative care similar to Ryan White
- Adding cost to services through Ryan White
- Support for holistic care providers
- Support for meeting space for educational courses
- Farm to Table Skills (Instructor and Supplies) 5 events at \$50k over 2 years
- Mental Health Services \$15,000 per year
- Trauma-informed care competency trainings, 1 per quarter over 2 years \$5,000 per training x4 = \$20,000
- Resource Guide \$15,000 to create
- Healthcare provider services at \$200k per year

Total: \$300,000

Outcomes (reported annually, locally monitored more frequently)

- # new access points for treatment and care
- #new complementary and alternative medicine classes and attendees
- #provider competency training on trauma-informed
- #attendees trained in culturally competent customer service
- #providers in competency training

Monitoring Data Source

- Create spreadsheet for tracking
- Pre-Survey
- ASO/CBO annual reporting data
- Ryan White H-CAP annual data report

Goal: Improve access to care and improve treatment for 75% of PWH by 2025.

Strategy: Use telehealth to expand access to health services for PWH.

Target: Everyone

Key Activities

High Priority and Disruptively Innovative

- 1. Identify an existing mobile app already approved by Ryan White that can be used for telehealth appointments.
- 2. Identify and recruit local doctors and nurses/clinics who can participate in telehealth.
- 3. Create a survey to gauge how people (doctors, nurses, clinics, and patients) feel about using telehealth (challenges, benefits, future extension, etc.).
- 4. Research the use of expanded telehealth services beyond medical appointments (nutrition, mental health, etc.).
- 5. Secure telehealth locations with trusted agencies throughout Memphis to accommodate patients who do not have access to equipment to participate in telehealth services.
- 6. Continue to offer telehealth services post-COVID; reduce restrictions, making it more accessible to facilitate continued adherence.

Key Partners

MATA (public transportation agency) CDC/RW, Consumers, Health providers, Uber and Lyft gift cards (and partnerships with the companies)

Potential Funding Resources

Grants

Estimated Funding Allocation

- \$3000-Mobile Application Maintenance
- \$2000 (transportation cards)
- \$5000 (equipment for telehealth delivery and program support)

Total: \$10,000

Outcomes (reported annually, locally monitored more frequently)

- # of Ryan White providers who use telehealth
- # of non-medical services using telehealth

Monitoring Data Source

Surveys

Goal: Improve access to care and improve treatment for 75% of PWH by 2025.

Strategy: Improve access to treatment and care related to substance abuse and injection drug usage.

Target: Adolescents, Adults, People who participate in SSPs

Key Activities

High Priority and Disruptively Innovative

- 1. Partner with providers of substance abuse treatment to increase testing, linkage to care, and other HIV-related needs.
- 2. Host condom drives and HIV education events at substance abuse treatment centers.
- 3. Increase participation in syringe service programs by partnering with these programs to stabilize supply needs (e.g., syringes).
- 4. Employ dedicated staff who have background and training in substance abuse and mental health (to provide EIS services for this subset).
- 5. Partner with churches and local community agencies to help support substance abuse groups that meet there.
- 6. Offer incentives to people with substance abuse for testing and linkage to medical services.

Key Partners

A Betor Way, Alcoholics Anonymous/Narcotics Anonymous, Memphis Area Prevention Coalition, Recovery Centers, S.T.O.P. Events

Potential Funding Resources

- EHE
- 340B Drug Pricing Program

Estimated Funding Allocation

 \$40,000 yr + 30% benefits for funding (EIS services)

Total: \$52,000

Outcomes (reported annually, locally monitored more frequently)

- # of substance abuse agencies providing HIV-related services
- # of HIV education events hosted at substance abuse facilities
- # of staff of substance abuse facilities trained for EIS services

Monitoring Data Source

Report substance abuse usage

Goal: Improve access to care and improve treatment for 75% of PWH by 2025.

Strategy: Expand case management services to support and address patients' needs related to HIV care.

Target: Everyone

Key Activities

High Priority and Disruptively Innovative

- Collaborate with private practices and insurance companies about HIV and HIV services for their patients and secure an agreement for them to pay toward a case management position instead of using Ryan White.
- 2. Make case management a "billable service" for the insurance companies.
- 3. Identify the funds or HIV services that are available for enrollment and case management services at the top insurance companies used in the area.
- 4. Create 2 staff positions for each clinic, training them to administer well-check and linkage to services in support of the case manager
 - Support approximately 100 clients per person.
- 5. Use community health worker model, employing PWH so that clients will benefit from the empathy that they will apply in their work, and the new employees will gain needed employment and experience.

Key Partners

BCBS, CIGNA, Private practice providers, Ryan White users locally, Spirit Health, Hope House

Potential Funding Resources

CDC, CFAR, Insurance companies, Other federal funds, SCHD, TDH

Estimated Funding Allocation

- Funds for community health workers and case manager positions
- Funds for creation of these positions

Total: \$120,000

Outcomes (reported annually, locally monitored more frequently)

of increased support staff

- Ryan White reports
- Insurance companies' data
- Cost benefit analysis
- Tennessee Department of Health (IAP)

Goal: Improve access to care and improve treatment for 75% of PWH by 2025.

Strategy: Improve access to mental health services.

Target: Everyone

Key Activities

High Priority and Disruptively Innovative

- 1. Create small group sessions led by mental health professionals, possibly available online.
- 2. Build network of mental health providers, including those who can provide free care.
- 3. Identify barriers to linkage to mental health services.
- 4. Create awareness of mental health needs on social media (possible topics: stress reduction methods, self-care).
- 5. Use local champions to advocate for getting help with mental health.
- Create a survey (randomly administered) to assess patients' need to seek mental health assistance. The survey will ask questions about recent experience with a range of emotions and unusual behavior, for instance.
- 7. Provide mental health services at existing testing facilities with trained, experienced HIV professionals.
- 8. Increase number of providers (public and private) able to utilize Ryan White funding for mental health services.
- 9. Engage individuals who have been providing mental health care to PWH to get their input and help to streamline the process of providing mental health services.

Key Partners

Elected officials, Mental health professionals, Nonprofits, University training programs for mental health professionals

Potential Funding Resources

• Grants, In-kind hours

Estimated Funding Allocation

- \$2000 social media ads
- Therapist/Licensed Counselors Fee- \$50,000

Total: \$52,000

Outcomes (reported annually, locally monitored more frequently)

- # of PWH participating in mental health groups
- # of mental health providers who accept Ryan White

Monitoring Data Source

 https://www.mhanational.org/issues/state-mental-health-america Goal: Improve access to care and treatment for 75% of PWH by 2025

Strategy: Increase linkage to care for persons who have experienced incarceration.

Target: Newly released, ages 18 +

Key Activities

High Priority and Disruptively Innovative

- 1. Develop a flow process with the criminal justice system to improve linkage-to-care process upon release.
 - Consult with Ryan White to find agencies that provide linkage-to-care services, including for people returning from incarceration.
- 2. Provide education for medical staff and administration of criminal justice facilities on HIV-related services.
- 3. Partner with re-entry programs to offer information and resources.
 - Share information with probation court.

Key Partners

FFL, Hope House, Hospitality House, Juvenile Justice Center, Memphis Union Mission, Shelby County Criminal Justice Center (201 Poplar), Shelby County Office of Re-Entry/ other agencies/ Transition Services, Shelby County Department of Corrections (facilities [including penal farm] and parole offices), SCHD, TDH, The Haven

Potential Funding Resources

- RW
- Correctional Facilities

Estimated Funding Allocation

- Support Supplies- \$2,000
- Project Coordination- \$40,000

Total: \$42,000

Outcomes (reported annually, locally monitored more frequently)

- # of incarcerated individuals receiving HIV/STI testing
- # of staff trainings and trainings participants in the jail system

Monitoring Data Source

Shelby County Health
 Department Incarceration Data
 Reports



Goal: Reduce by 75% the number of new HIV diagnoses in by 2025.

Strategy: Reduce new HIV diagnoses by increasing availability and accessibility of PrEP locations and prescribers of

Target: Clinicians, Dentists, FQHCs, HIV testing agencies, Pharmacists, Sexually active people (adolescent, adults), county residents, Transgender people

Key Activities

High Priority and Disruptively Innovative

- 1. Identify all current and potential PrEP providers and invite them to participate in Clinician Roundtable to determine capacity
- 2. Survey Clinician Roundtable participants to determine capacity needs.
- 3. Collaborate with pediatric and primary care providers to use STI testing messages as prevention/good practice.
- 4. Assist FQHCs with opening PrEP clinics in the 4 regions of the community that have the highest HIV rates.

High Priority

- Build collaborations with relevant agencies (i.e., Gilead Sciences, SE AAETC, Tennessee Medical Association) to provide training for all clinicians on PrEP capacity building.
- 6. Identify care clinics, pharmacies, and community organizations to participate in PrEP provider trainings sponsored by collaborating partners.
- 7. Secure experts to facilitate Clinician Roundtable capacity-building discussion.

Key Partners

All RW-funded agencies, ANAC, Dating Apps (Jack'd & Grinder), Gilead Sciences, PCP and pediatric providers, Pharmacies, Private ID providers, SCS, SCHD, Southeast AIDS Education Training Center, TN Medical Association, TN Nurses Association

Potential Funding Resources

- All pharmaceutical companies that supply PrEP
- **Gilead Sciences**
- Other public and private funding sources
- Ryan White
- SE AETC
- Shelby County Health Department
- State, local and federal resources

Estimated Funding Allocation

- 5 trainings over 5 years for 25 clinicians (\$3500/training) + \$1000/event, speaker fees = \$22,500
- Clinic opening (incentives, advertisements, partner appreciations) = \$1000 x 4 locations

Total: \$26.500

Outcomes (reported annually, locally monitored more frequently)

- # of clinicians attending clinical roundtables
- # of medical PrEP providers

Monitoring Data Source

- Add a questionnaire on sex habits among high-risk patients in all public health clinics for all patients receiving care, regardless of the type of care
- PrEP awareness as part of the intake process at the SCHD
- PrEP navigation logs
- Referrals for PrEP from STI clinics and testing agencies
- Training sign-in sheets

Goal: Reduce by 75% HIV-related disparities and health inequities in 5 years.

Strategy: Eliminate disparities by creating streams of continuous education methods that focus on reducing stigma, how to support effective care, and how to improve prevention strategies.

Target: CBO Executives, Consumers, General community, HIV testing agencies that provide PrEP linkage, Medicalrelated trade/technical schools, Youth and Young Adults (K-5, Middle through High; College)

Key Activities

High Priority and Disruptively Innovative

- 1. Implement education program for youth and young adults that is conducted by established community groups.
- 2. Partner with Southeast AIDS Education & Training Center (AETC) to facilitate virtual continuing education on this topic
- 3. Encourage leadership from local organizations to offer monthly paid protected time to staff for continuing education/professional development.
- 4. Establish policies for community-based organizations for continuing education requirements for all employees (e.g., security guards, front desk, early intervention specialist, linkage staff, medical case manager, upper management, executive level).
- 5. Implement training in medical and allied health professional schools.
- 6. Meet with appropriate agencies to engage them in establishing a public education campaign to reduce stigma about HIV/AIDS research.
- 7. Explore relationships with faith-based community organizations to facilitate training and support programs to reduce stigma.
- 8. Encourage active participation in planning for decriminalization of HIV (adopting platforms with each provider who is providing HIV services).
- 9. Encourage providers to adapt to a holistic care approach, including addressing mental health, nutritional values or needs, physical health, and more.
- 10. Re-institute sex health education in Shelby County Schools (beginning at the high school level), and make optional due to parent objections.

High Priority

Invite agencies to "Lunch and Learn" programs.

Disruptively Innovative

Establish relationships with schools that have medical programs (e.g., University of Tennessee Health Science Center, high schools, colleges).

Key Partners

Agency directors, Agency managers, Auditors, Colleges/universities (health centers, youth programs, LGBTQ), Exchange Club, Boys & Girls Clubs, Faith-based orgs and community leaders, Headliners, Job Corps, UT School of Pharmacy, Local Ryan White committee members, Private practitioners providing HIV care, Privately funded clinics providing HIV care, Ryan White-funded clinics, SCHD, SCS, Student National Pharmaceutical Association – UTHSC/ SEAETC. The PAIGE

Potential Funding Resources

- CDC/HRSA
- Elton John Foundation
- Gilead Sciences, Inc.
- Lambda fraternity
- Other public and private funding sources
- Shelby County Health Department
- · State, federal, and/or local funding
- TDOH
- Universities (youth programs, health centers, LGBTQ, Diversity offices)
- ViiV Healthcare

Estimated Funding Allocation

- Program Facilitator-\$40,000
- Program support cost-\$10,00

Total: \$50,000 a year

Outcomes (reported annually, locally monitored more frequently)

- # of youth participants in HIV education trainings
- # of Faith based organizations providing HIV education and trainings
- # of Lunch and Learns for education

- CAREWare (for RW-funded clinics)
- Establishing quarterly reminders for client check-ins
- PrEP navigation logs
- Referrals for PrEP from STI clinics
 - Performance review documentation
 - Certificates of completion
- Training sign-in sheets

Goal: Reduce by 75% the number of new HIV diagnoses in by 2025

Strategy: Improve HIV prevention within the 45-55 years and older community.

Target: Churches, Employees of large corporations, city and county government, Persons ages 45-55yrs of age who are sexually active or have risk factors, Primary care providers

Key Activities

High Priority and Disruptively Innovative

- 1. Introduce the target population to alternative digital resources for 45-55 year-olds (Adult Sex Ed online), Facebook livestreams.
- 2. Collaborate with local male stakeholders to organize and integrate prevention education and safer sex programming specifically for diverse groups of men.
- 3. Broadcast PSAs for radio and local news.
- 4. Make prevention education materials available in all provider offices.
- 5. Collaborate with diverse self-care providers to integrate prevention and safer sex messaging in addition to education into their programs and offerings.

Key Partners

City and county government, FFL, Hope House, Large companies (AutoZone, FedEx, IP, ServiceMaster, etc.), Primary care providers, Sapphire Sisters, Sister, Reach, The Old School, The Well Station, TN Alliance for Sexual Health, Velvet Lips, LLC, Women to Women

Potential Funding Resources

- SCHD
- TDH

Estimated Funding Allocation

- Staff skilled in HIV education-\$40,000
- Staff skilled in linkage to care-\$40,000
- Staff skilled in resource navigation-\$40,000
- Additional Supplies-\$15,000 a year

Total: \$135,000

Outcomes (reported annually, locally monitored more frequently)

- # of PSAs broadcasted for HIV education
- # of Social media live streams

Monitoring Data Source

- SCHD epidemiological data
- STI surveillance data
- EMR

Goal: Reduce by 75% the number of all new HIV diagnoses by 2025.

Strategy: Identify 5-7 facilities to serve as condom distribution centers to increase condom accessibility and use.

Target: All sexually active individuals

Key Activities

High Priority and Disruptively Innovative

- 1. Develop a condom distribution plan, including marketing.
- 2. Identify nontraditional agencies to distribute condoms (e.g., nursing homes, mental health facilities, community centers, etc.).
- 3. Identify condom distribution partners that will make free condoms available 24 hours a day (e.g., condom vending machines, hospitals.)
- 4. Explore available condom locator apps that people can use to locate condoms at close-by locations. (An app may need to be developed.)

Key Partners

Community-based organizations, Corporate sponsors (e.g., Krispy Kreme, Kroger, Nike), PPGMA, Local and state health departments, Nontraditional agencies (nursing homes, community centers, etc.), Shelby County Schools, SJCRH, The PAIGE

Potential Funding Resources

CDC, Donations from sponsors, Grants, Health insurance companies, State and local health departments

Estimated Funding Allocation

- Cost of condom locator app (unknown)
- Condoms
- \$10,000 for incentives

Total: \$10,000

Outcomes (reported annually, locally monitored more frequently)

- # of condoms distributed through the city
- # of new agencies
- # of nontraditional agencies distributing condoms
- App usage analytics

Monitoring Data Source

Reports to state and local health departments

Goal: Reduce by 75% HIV-related disparities and health inequities in 5 years.

Strategy: Increase awareness of HIV-related disparities and health inequities through various artistic mediums (e.g. photography, live music, monologues) that are accessible to the community.

Target: All ages, All communities, All races, Senior citizens, Youth/Young adults

Key Activities

High Priority and Disruptively Innovative

- 1. Host an art showcase with live music and personal monologues from people who are HIV positive or negative and can share their thoughts about living with HIV or remaining negative.
- 2. Create art-based events for different age groups.
- 3. Locate funding opportunities to display exhibits for wider exposure.
- 4. Use photovoice projects.
- 5. Create local community-level art contests.
- 6. Invite local artists to engage with us in this artbased program.
- 7. Create artistic expression to honor people who have been lost to HIV/AIDS in the community.
- 8. Work with local artists to design and paint a community wall mural that is relevant to the increase of HIV-related disparities and health inequities. Consider creating it in a community that experiences a high rate of these disparities and inequities. A good example of a community mural is "Midtown is Our Memphis" off of Rembert and Poplar.
- 9. Insert QR codes on the murals for people to get access to resources for free testing, PrEP information, and treatment.
- 10. Promote mural and associated awareness effort via social media.
- 11. Use photos from the art showcase event to change the narrative locally.
- 12. Work with existing art groups to incorporate the HIV message.
- 13. Create a podcast series with a limited number of episodes on issues related to HIV.
- 14. Create 1-2 minute video series on social media platforms (Instagram, TikTok, etc.), including a hashtag campaign. The series can feature a variety of topics, including poetry.

Key Partners

"LáDeia Joyce" (Public figure), Community centers, Crosstown Concourse Arts, Hattiloo Repertory Theatre, Headliners, Local community advisory boards, Orange Mound Gallery/The Collective, Parks & Recreation Department, Ryan White-funded clinics, SCHD, Shelby County Schools, University of Memphis, School of Public Health, UT Pharma advocacy group (HIV)

Potential Funding Resources

- CDC for social media ads
- CDC HIV prevention and surveillance programs
- **Crosstown Concourse Arts**
- Gilead
- HIV school-based grant funds
- Janssen
- **RWHAP**
- State and/or local funding
- STD funding
- TDH for TDH data monitoring and assistance
- A supplier of art supplies

Estimated Funding Allocation

- \$5000/ea. X2 = \$10,000, Art showcase (entertainment, audio/visual rental, venue, incentives, art supplies)
- \$40,000 for coordinator
- \$1000/ea. X2 = \$2000, advertisements
- \$10,000 for mural

Total: \$62,000

Outcomes (reported annually, locally monitored more frequently)

- # of creative artistic community interventions for HIV prevention
- # of posters and billboards promoting HIV care and prevention

Monitoring Data Source

- Local protocols
- Local reports
- Social media/digital advertising agencies (using QR codes in murals)
- Tennessee Department of Health data monitoring

Goal: Improve access to care and improve treatment for 75% of PWH by 2025.

Strategy: Provide access to PrEP to high-risk individuals to keep them HIV negative.

Target: High-risk individuals

Key Activities

High Priority and Disruptively Innovative

- Develop high-risk assessment tool such as a questionnaire, survey, or billboard to help people to identify their high-risk behaviors. Use the tool to encourage individuals to seek treatment.
- Advertise PrEP in "hook-up" apps in pop-up ads and in social media apps.
- 2. Advertise PrEP on billboards in high-visibility areas for high-risk individuals.
- 3. Develop slogans.
- Create a questionnaire/assessment to assess the client's history of trauma so that they can receive "trauma-informed care"; the assessment is to be completed by all individuals (e.g., case managers) who have contact with patients for HIV care and PrEP.
- Use case managers for clients receiving PrEP to help guide the process, help with challenges, and remind clients about tests and medication.
- PrEP navigators will help clients to access coverage in their insurance policies.

Key Partners

Accredited universities/colleges social work departments (including LeMoyne Owen College), All agencies that fund PrEP Navigator, All mental & behavioral health agencies, All providers of PrEP, Baptist School of Nursing, Cherokee Health, Christ Community, Gilead, Health insurance agencies, Memphis Health Center, SCHD, Spirit Health, Syringe providers, The Corner

Potential Funding Resources

- Gilead Sciences
- TDH, Health insurance agencies, HRSA

Estimated Funding Allocation

- Advertisement- \$10.000
- Development of Resource Tool: \$5.000

Total: \$15,000

Outcomes (reported annually, locally monitored more frequently)

- # of completed questionnaire and results
- # of Social media campaigns for PrEP and HIV prevention

Monitoring Data Source

- Tennessee Department of Health
- **Shelby County Health** Department
- Agency Social Work Departments

Goal: Reduce by 75% the number of all new HIV diagnoses by 2025.

Strategy: Increase expedited partner therapy using on-demand PEP for those newly diagnosed.

Target: Residents of Memphis, Shelby County.

Key Activities

High Priority and Disruptively Innovative

- Develop an awareness campaign, using testimonials from users of PEP.
- 2 Shelby County Health Department will begin offering PEP to newly diagnosed individuals' partners.
- 3 The Corner and Cherokee Health Services will implement the same practice of offering PEP to newly diagnosed individuals.

Disruptively Innovative

1. Host testing events to promote PEP (HIV "PEP Rally).

Key Partners

Physicians, Regional colleges and universities, Shelby County Schools, State and local health departments, App developer, social media content experts, SCHD PrEP clinic.

Potential Funding Resources

State and local grants, EHE funding

Estimated Funding Allocation

\$10,000 (advertisements, agency advertisements)

Total: \$10,000

Outcomes (reported annually, locally monitored more frequently)

- Local and state data surveillance
- # individuals offered PEP at The Corner, Cherokee Health and other FQHCs
- # individuals on PrEP data
- # individuals on PEP

Monitoring Data Source

- Local databases
- Medical records
- FQHC, CDC testing linkage data

Goal: Reduce by 75% HIV-related disparities and health inequities by 2025.

Strategy: Implement PrEP starter kits for populations at highest risk for contracting HIV.

Target: African Americans, Black men who have sex with men, All ages at risk, Cisgender women and men, Gay and Bisexual men, Hispanics / Latinos, Injection drug users, Populations most at risk for contracting HIV, Sero-discordant couples. Sex workers. Transgender people. Transgender women who have sex w/men. Young Black men who have sex with men

Key Activities

High Priority and Disruptively Innovative

- 1. Identify providers and resources who currently prescribe PrEP, and increase their capacity to implement same-day start.
- 2. Create PrEP "pop-up" experiences at venues where those most at risk congregate (e.g., social sexual networking events, parties) within the community.
- 3. Provide HIV awareness and stigma reduction education to local officials to gain support for End HIV 901 efforts.
- 4. Host drop-in health fairs in impoverished areas and senior living facilities.
- 5. Host a PrEP booth at World AIDS Day events.
- 6. Create PrEP support groups tailored to various populations.
- 7. Create an online support group for those who don't have access to or don't feel comfortable coming into group settings.

Key Partners

C2P, City of Memphis, Colleges & universities, Community health educators, FQHCs, Gilead Science, H-CAP, Headliners, Medical care providers, Memphis area shelters, Memphis needle exchange programs, OM, PEAS, Inc., SCHD, Shelby County Schools, Senior living facilities, SCHD, SR, Spirit Health Clinic, TC, TDH

Potential Funding Resources

- **RWHAP**
- · State and local funding
- Other public and private funding sources
- H-CAP
- HRSA
- Gilead
- TDH

Estimated Funding Allocation

- PrEP starter kits = Estimated \$2000 for 30 day supply
- PrEP referral incentives and survey completion = \$500
- Pop-up shop (n=8) resources, supplies, venue, incentives = \$2000
- Training on how to start a PrEP clinic (\$500 @ 4/ea.) = \$2000

Total: \$Estimated \$6500

Outcomes (reported annually, locally monitored more frequently)

- # of PrEP starter kits distributed
- #of agencies distributing PrEP starter kits
- # of training attendees

Monitoring Data Source

Shelby County Health Department PrEP distribution data

Goal: Reduce by 75% HIV-related disparities and health inequities by 2025.

Strategy: Increase the percentage of politicians who use their power and influence to implement HIV preventionfocused planning by 75%.

Target: Chief of Police, City of Memphis Mayor, Local and state representatives, Memphis City Council (including all districts), Shelby County Mayor, State Senators

Key Activities

High Priority and Disruptively Innovative

- 1. Attend City Council meetings on a quarterly basis to inform them of the need for HIV education in Memphis.
- 2. Attend "Day on the Hill" to discuss the epidemic in Memphis and the need for PrEP start-up clinics.
- 3. Provide HIV awareness and stigma reduction education to local officials to gain support for End HIV 901 efforts.

Key Partners

C2P members, FFL, Governmental liaisons, Junior League members, Latino Memphis, Greater Memphis GLBT Chamber of Commerce, Sister Reach's Black Folks Day on the Hill, District U.S. Representative, TAAN, County Commission, City Council members, The PAIGE, The Urban League, TEP(Nashville), TN Equality Project

Potential Funding Resources

- CDC HIV prevention and surveillance programs
- State and/or local funding
- Other public and private funding sources, etc.

Estimated Funding Allocation

- 2 trainings for local political staff @ \$2000 per training = \$4000. This will include stakeholder engagement, incentives, venue rental, supplies, educational materials.
- Content expert facilitator honorarium \$500x2=\$1000

Total: \$5,000

Outcomes (reported annually, locally monitored more frequently)

Record Minutes and evaluations

Monitoring Data Source

State of Tennessee HIV prevention intervention participation data

Goal: Reduce by 75% the number of new HIV diagnoses in by 2025.

Strategy: Conduct focus groups with priority groups to understand people's knowledge and understanding of STIs (e.g., partner notification, medication adherence) using culturally relevant language.

Target: African American adolescents, Discordant couples, Latinx adolescents, Older adults, PWH, Transgender

Key Activities

High Priority and Disruptively Innovative

- 1. Recruit key participants for focus groups.
- 2. Create focus groups to identify general health literacy.
- 3. Offer more inclusive (hetero) PrEP education.
- 4. Offer "Talk to the Pharmacist" training (with Walgreens) about how medications affect patients.

Key Partners

LCHN frontline staff, FQHCs, Graphic artists, HL community advisory group, HIV Care & Prevention (Ryan White planning body) members, HH constituents, Local health departments, Nontraditional gathering places, OM constituents, PEAS, Inc. Community Advisory Group, Priority population gatekeepers, Social behavior researchers (University of Memphis, School of Public Health), Social media groups, Universities/colleges, Walgreens

Potential Funding Resources

- RWHAP
- State and/or local funding
- Public and private funding sources

Estimated Funding Allocation

- 8 focus groups @ 1,000/ea. = \$8,000. Costs include meeting space, supplies, materials, incentives.
- Training Coordinator =.FTE (\$50,000)

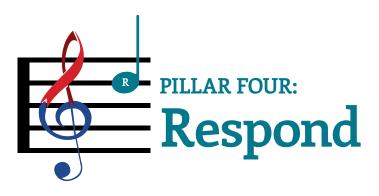
Total: \$58,000

Outcomes (reported annually, locally monitored more frequently)

- # of Pharmaceutical Trainings
- # of Focus Group implemented

Monitoring Data Source

- STI surveillance data
- EMR



Goal: Achieve a more coordinated response to HIV epidemic.

Strategy: Use existing surveillance data sources to identify areas of increase in the number of newly infected HIV cases by location.

Target: 25+ years old, Newly diagnosed and patients out of care.

Key Activities

High Priority and Disruptively Innovative

- Use existing behavioral surveillance data sources (e.g., NHBS) to identify social/sexual network locations.
- 2. Use existing PrEP uptake and adherence data (e.g., Project PrIDE).
- 3. Use epidemiological profiles.
- 4. Use GIS mapping.

Key Partners

All HIV testing agencies, Non-emergency clinics, private providers, SCHD

Potential Funding Resources

SCHD, TDH

Estimated Funding Allocation

Database-\$20,000

Total: \$20,000

Outcomes (reported annually, locally monitored more frequently)

- # of individuals utilizing PreP
- # of organizations utilizing GIS mapping for prevention and care

Monitoring Data Source

- State of Tennessee Data Source
- Shelby County Health Department Data Source

Goal: Reduce by 75% HIV-related disparities and health inequities by 2025.

Strategy: Increase the number of faith-based partnerships to address HIV prevention, education, and stigma.

Target: Faith-based organizations, African American emphasis, Latinx emphasis

Key Activities

- 1. Create coalition of faith-based leaders and health educators.
- 2. Locate faith-based organizations that have already indicated that they are LGBTQ friendly.
- 3. Seek partnerships with pastors to benefit from the strong influence of their voice "from the pulpit."
- 4. Establish speakers' series on sexual health stigma and religious practices.
- 5. Develop cadre of faith leaders to serve as peer leaders and mentors to encourage other faith-based leaders to participate in HIV faith-based events.
- Create inclusion strategy to engage more minority faith-based organizations, collaborating with diverse chaplains, other clergy, and people of faith through personal networks.
- 7. Partner with faith-based initiatives that already exist, such as the HIV conference held at Christ Missionary Baptist Church.
- 8. Integrate HIV education materials in existing information distribution channels in diverse communities—for example, in church announcements/bulletins year round, but also HIV awareness days such as World AIDS Day, long-term survivor days, and national testing days.
- 9. Partner with national experts that can train local faith leaders on faith-based practices regarding HIV prevention, education, and stigma.
- 10. Use Nashville's NAACP "HIV in Black Church" program to create similar program in Memphis, engaging leadership groups, etc.
- 11. Train youth group ministry leaders on sexual health education and social injustice by incorporating information into summer camp programs (vacation bible school, etc.) and by engaging youth groups.
- 12. Develop guides for educators (perhaps designated educators for this community) to address faith-based leaders and organizations to follow.
- 13. Develop guides for the faith-based organizations.

Key Partners

African American Pastor Consortium, Baptist Assoc. of Ministers, C2P Coalition, Christ Church Center, Christ Missionary Baptist Church, Church Health's Congregational Health Promoter Program, Church on the River, Faith in Harm Reduction, Freedom's Chapel Christian Church, FFL, Memphis Conference of the United Methodist Church, Memphis Interfaith, Methodist Le Bonheur Hospital's Congregational Health Network, National Coalition of Pastors' Spouses, National Faith-Based Mobilization Network, SisterReach, SCLC, University of Memphis School of Public Health, Whitehaven District Association

Potential Funding Resources

Churches, NIMHD R13, RWHAP, State and/or local funding, ViiV, AIDS United

Estimated Funding Allocation

- 4-part speaker series for approximately 15 clergy
 - \$4000 (venue, materials, supplies, travel reimbursements, food)
 - \$1000 (incentives)
 - \$2000 each event (speaker fees for travel and honorarium \$2000x4=\$8000)
- \$12,500 (.25 FTE)
- Coordinator- \$45,000

Total: \$70,500

Outcomes (reported annually, locally monitored more frequently)

- # of Annual surveys
- # Faith-based organizations offering HIV programs that support testing and supportive services for PWH
- # Follow-up reports from trained position
- Percentage of trained faith leaders
- Implement Pre/Post-test
- Implement Sign-in sheets for training attendance

Monitoring Data Source

• https://theblackchurchandhiv.org/

Goal: Reduce by 75% the number of all new HIV diagnoses in 5 years.

Strategy: Create resources and support for sex workers.

Target: Sex workers

Key Activities

High Priority and Disruptively Innovative

- Decriminalize sex work by abolishing the practice of police using the possession of a large number of condoms as evidence that one is engaging in sex work.
- 2. Implement policy so that sex workers who are HIV(+) are not added to the sex offender registry. Also, remove sex workers from the registry who were listed because of HIV status.
- 3. Establish a phone line—free from judgment—for sex workers to use as a resource to obtain proper tools to maintain their health.
- 4. Provide free PCR and RNA tests for sex workers to identify infection earlier than possible via traditional testing.
- 5. Provide education to law enforcement on sex workers vs. sex traffic victims.
- 6. Provide cultural competency training for law enforcement.
- 7. Provide wrap-around services (housing, etc.) for those who choose sex work because of financial need.
- 8. Partner with walk-in clinics to provide health screenings and other needed medical services.
- 9. Hold focus group with sex workers on their needs to stay safe on the street.
- 10. Obtain input from experienced sex workers to gain their advice on best practices to stay safe.
- 11. Create manual for sex workers on how to remain medically safe. Make sure that such a guide is consistent with "FOSTA-SESTA" ("Fight Online Sex Trafficking Act" and "Stop Enabling Sex Traffickers Act") laws.

Key Partners

PEAS, Planned Parenthood, Red Umbrella Project, SWOP-USA, The Corner, The Sex Workers Project at Urban Justice Center, Thistle and Bee,

Potential Funding Resources

- EHE
- YWCA
- Housing Authorities
- Shelby County Health Department

Estimated Funding Allocation

- Program Developer-\$60,000
- Program Coordinator: \$40,000
- Supplies/Resources/Training Material-\$20,000

Total: \$120,000

Outcomes (reported annually, locally monitored more frequently)

- # of laws modified around HIV criminalization
- # Sex workers using support services
- # of support services offered for sex workers
- #of health screenings for identified sex workers
- Develop monitoring source for program participation (Survey, database, etc.)

Monitoring Data Source

 Shelby County Health Department Jail/ Incarceration surveillance Goal: Achieve a more coordinated response to HIV epidemic.

Strategy: Increase number of opportunities for roundtable discussions held in neutral community spaces with communities most affected by HIV.

Target: African American LGBTQ, Latinx LGBTQ, MSMs, Youth & young adults 13–34 who are sexually active

Key Activities

High Priority and Disruptively Innovative

- 1. Identify communities most affected by HIV.
- 2. Engage leaders in the LBGTQIA+ community to assist in identifying neutral spaces for the community to engage in information sharing and discussions.
- 3. Identify individuals willing to participate in a cohort to discuss HIV in the LBGTQIA+ community.
- 4. Involve local officials (county and city commissioners, etc.) to educate them and engage their support. (This is different from a previously mentioned activity. This activity is different in that it asks officials to come to LBGTQIA+ spaces.)
- 5. Enlist trusted community leaders and stakeholders to help engage community members and spotlight public health needs.
- 6. Hold meetings in community centers and offices of community-based organizations (and not churches) to engage a wider audience.
- 7. Partner with HIV-affiliated agencies to have cohort representatives facilitate planning and development.
 - Engage nurses, clinicians, doctors, etc., to present information.
- 8. Provide opportunities for roundtable discussions about stigma, transmission, and care with those infected and affected by HIV.
- Develop web page for list of facilities and services in Memphis w/links to partners and facilities, etc.

Key Partners

City community centers, Coalition for the Homeless, Colleges/universities – faculty and student groups, Community-based organizations, Faith-based institutions, Grassroots, transgender organizations, Impacted community groups, Latino Memphis, Local officials, MICAH, National Civil Rights Museum, OM, Schools

Potential Funding Resources

Corporate sponsorships, Gilead Sciences, Inc., Local foundations, SCHD

Estimated Funding Allocation

- Lunch and learn (Total = \$550)
- \$250, content expert facilitator
- \$300, incentives, space, material, supplies
- Other costs (TBD)
- \$10,000 (refreshments, advertising)

Total: \$10,550

Outcomes (reported annually, locally monitored more frequently)

- # of roundtable discussions held
- # of participants attending
- # of agencies that buy in and support
- # of meetings held with stakeholders
- # of meetings held among priority/targeted populations
- # of different venues and mechanisms utilized

Monitoring Data Source

Community surveillance reports

Goal: Improve access to care and improve treatment for 75% of PWH by 2025

Strategy: Increase the percentage of 15-35 year-old PWH who have public or private health insurance to at least 85%.

Target: 13–35 year-olds, Uninsured clients, Underinsured clients

Key Activities

High Priority and Disruptively Innovative

- 1. Identify financial resources that are available to assist patients with premium payments, co-pays, and other costs associated with HIV treatment.
- 2. Train pharmacists to refer clients to benefits enrollment counselors when needed.
- 3. Educate PWH or individuals at high-risk for HIV about important topics to consider when choosing coverage options.
 - Plans for formulary and pharmacy network.
 - Whether their chosen provider is in the coverage plan they select.
- 4. Require HIV providers and Ryan White staff to coordinate timely enrollment in health coverage.
- 5. Incorporate navigators to help PWH get private insurance. Use RW funds to purchase ACA insurance.
- 6. Fund temporary staff who are Certified Application Counselors (CACs) in order to enroll clients in insurance through the ACA Marketplace.
- 7. Host insurance enrollment fair during ACA Marketplace open enrollment to enroll clients in the Marketplace and in the Insurance Assistance Program. (Important: Have medical case managers on site to ensure client is Ryan White B certified so that client will receive funding).
- 8. Also include COBRA insurance.
- Develop an enrollment process that includes ACA requirements during the time frame (end of Oct – end of Feb).
- 10. Help individuals to get insured during the linkage-to-care process.
- 11. Offer incentives to get individuals to complete insurance sign-up process during small enrollment window.
- 12. Cultivate relationships with providers (public and private) to make it is easier for patients to get 90-day prescriptions and injections vs monthly.

Key Partners

Agency directors and managers, BCBS/CIGNA, The Hill Hernando Church, CAC training curriculum, Center for Medical & Medicaid Services, Christ Community to help w/ insurance part (billable codes, etc.), Community Walgreens, Champion's Pharmacy, Friends For Life, Greater Than AIDS project, Hope House, Greater Than AIDS, Kaiser Family Foundation, Local Ryan White committee members, Medical case managers, Memphis Health Center, Navigators from each organization and linkage to care, Regional One, Ryan White Part B, SCHD, SJCRH, Spirit Health, TDH

Potential Funding Resources

BCBS/CIGNA, HRSA, Other public and private funding, RWHAP, Ryan White B Insurance Assistance Program, State and/or local funding

Estimated Funding Allocation

- Enrollment event; space, info/invitations, staffing, supplies, etc.- \$5,000
- Training-\$5000
- Additional part-time or seasonal enrollment staff-\$25,000x3

Total: \$85,000

Outcomes (reported annually, locally monitored more frequently)

- Consumer surveys
- Ryan White audit
- # of Ryan White clients enrolled for insurance

Monitoring Data Source

CAREWare data report

Goal: Improve access to care and improve treatment for 75% of PWH by 2025.

Strategy: Reduce the percentage of unstably housed persons with diagnosed HIV infection to less than 5%.

Target: All ages and communities

Key Activities

High Priority and Disruptively Innovative

- 1. Increase funding resources to agencies who advocate for and address homelessness.
- 2. Identify Ryan White funding allocation for housing services.
- 3. Complete a needs assessment of PWH experiencing housing instability to determine barriers to stable housing and extent of their needs (e.g., healthcare, financial needs, mental health, food).
- 4. Identify funding sources for agencies that provide housing for MSMs and transgender women and men.
- 5. Provide technical assistance regarding grant writing and sustainability for community-based and nonprofit organizations that offer housing support.
- 6. Provide supportive housing services that include bill paying, budgeting, and eviction advocacy.
- 7. Develop initiative to offer housing, job training, and related resources to families who agree to fulfill medical adherence.
- 8. Increase awareness among clients about the availability of agencies who advocate for and address homelessness.
- 9. Create centralized database for HIV support services available for clients.
- 10. Locate housing opportunities for transgender men and women
- 11. Empower individuals to transition from housing support by creating specific benchmarks to move toward independent housing.
- 12. Obtain stable income within 6 months.
- 13. Develop transitional housing with programs for financial independence, job skills, etc.
- 14. Locate buildings that can be used for housing, etc.
- 15. Look for partner organizations to provide furniture, furnishings, etc.
- 16. Partner with local community colleges to provide skills building for people experiencing homelessness.
- 17. Work with HUD to identify the assistance that they can offer.
- 18. Develop resource tools to guide development of care plans (drug testing, home making service, parenting classes, Cage-aid, etc.)
- 19. Advocate for employers to consider investing in a generation of potential employees by partnering with End HIV 901.
- 20. Hire or train navigators to assist with writing résumés and job interview preparation to help to secure employment for people who are unstably housed.

Key Partners

Alliance, CDC, Center of Excellence (HRSA, Behavioral Health), City of Memphis, Community Division, City of Memphis Housing Division, CMI (vocational rehab), Community Foundation, Driving the Dream (United Way), Faith-based organizations, Friends For Life, Individual Placement Support/ Lowenstein House, Job Corps, Just City, Local government, Memphis Area Prevention Coalition, Neighborhood Christian Center, OM, Peabody House, Regional HUD office, Rhodes College, Salvation Army, Goodwill, surplus stores, etc. (for furniture, home goods, etc.), Shelby County Opioid Response, SNAP "Skill-Up" -employment & job training, TN Advocacy Center, TN Primary Care Assoc., University of Memphis

Potential Funding Resources

COE w/ HRSA (Behavioral Health), Community Foundation, Grantee's office (Part B Emergency Housing - \$683,000), Housing Opportunities for Persons With AIDS (homemaker services), Local government, State and federal grants, TN Primary Care Assoc., Youth Homelessness Demonstration Program: https://www.hud.gov/sites/dfiles/Main/documents/HUDPrograms2018.pdf

Estimated Funding Allocation

- Temporary Housing Funds-\$200,000
- Grantee's office
- \$50,000 (Program Manager)
- Program Materials and Support-\$20,000
- Support Staff-\$30,000x3

Total: \$360,000

Outcomes (reported annually, locally monitored more frequently)

- # of grant applications submitted by organization
- # of technical assistance trainings offered
- Home inspections (more frequent) Digital/ virtual during COVID

Monitoring Data Source

- CAREWare
- Grantee's office

Goal: Improve access to care and improve treatment for 75% of PWH by 2025.

Strategy: Provide supportive services for children of mothers with ailing health related to HIV.

Target: Ryan White HIV/AIDS Program Part D—Women, Infants, Children, and Youth (WICY) population

Key Activities

High Priority and Disruptively Innovative

- 1. Take children to their medical appointments, whether or not they have HIV. (Explore ride share, Uber, bus passes, etc.)
- 2. Assist with medication administration.
- 3. Act as surrogates (e.g., taking children to school and providing general care) if HIV(+) moms become incapacitated and incapable of providing care
- 4. Provide social support for children ("play dates," programs, etc.).
- 5. Obtain a list of children who are receiving extra support from school systems to link them to additional support that they might receive at home.
- 6. Establish connections between mothers (peer support/buddy system, etc.).
- 7. Support children's education by providing access to virtual learning environments (particularly in response to the environment presented by the coronavirus pandemic).
- 8. Identify and partner with respite care providers in Memphis area.
- 9. Select 4 of the 39 respite care facilities in Memphis to potentially receive funds.
- 10. Collaborate with Ryan White Part D for assessment of additional awards of funds to provide services for respite care for women, infant, children, or youth (WICY).
- 11. Review and/or advocate for change in standards of care for RW Part D eligibility for persons tangibly affected by the experiences of PWH (WICY: Women, infant, children or youth; pursue the intricate work of changing policy so that services are extended to adult children of PWH).
- 12. Support connections for RW Part D subrecipients for psychosocial support services and create groups specifically for caretakers.

Key Partners

Church first ladies, Headliners, Hope House, HRSA for RW Part D, LCHN, RW Part D funds w/ HRSA project officer, policy change, etc.), Organizations that provide support for women, Shelby County Schools, SisterReach, SJCRH

Potential Funding Resources

HRSA, Memphis Grizzlies, TN Medicaid/Medicare

Estimated Funding Allocation

- Activities
- Cost of respite care averages between \$210-\$405 per day w/ mean annual cost of \$67,525
- Food, supplies, etc. -\$10,825
- Locations for activities -\$10,825
- Staff to complete activities -\$10,825

Total: \$100,000

Outcomes (reported annually, locally monitored more frequently)

- # of respite care organizations supporting PWH families
- # of virtual leaning site and participants
- # of volunteers and "Acts as surrogates"

Monitoring Data Source

 HRSA RW Part D Standards of Care (www.HRSA.gov)



Section IV: Concurrence Plan

To reach concurrence during the End HIV 901 planning process, the leadership of the Connect to Protect (C2P) Memphis Coalition and partners from other local organizations (e.g., the local health department, HIV service organizations, community based organizations, clinicians, PWH, syringe service providers, and federally qualified health centers) focused on refining recommended strategies and activities throughout each stage of the strategic plan development process. Since 2008, the Coalition has provided a non-threatening, collective environment where individuals and agencies with different backgrounds and priorities are able to collaboratively implement structural changes that impact HIV prevention and treatment. These same tenets have been used to encourage cross-agency collaboration to build out a community-driven Ending the HIV Epidemic (EHE) plan for Memphis, Shelby County. Partner participation has been based on a shared vision and mission—achieve zero new infections by 2030. This has been the impetus for finding connections between competing ideas and shaping them into palatable and innovative concepts that are agreeable for all. The following section outlines the current and future decision-making process to ensure consensus building and planning.

Approach

Working Group Meetings and Subcommittee Meetings

End HIV 901 partners have evolved throughout the plan development process. Partners—those 25 C2P members representing a diverse mix of stakeholders from various sectors already involved as well as newly engaged stakeholders (e.g., consumers, youth, providers, faith leaders) that joined later—were organized into working group meetings (WGM) and subcommittee meetings (SCM) based on expertise related to strategic planning needs and community priorities to address the four key pillars: diagnose, treat, prevent, and respond; priority focused groups (e.g., executive directors, youth/young adults, clinicians) were also involved. Each WGM and SCM was framed with specific objectives related to keeping members focused on developing, planning, and prioritizing innovative strategies and activities. Key informant interviews were conducted with priority populations, and data were collected from the local health experts to support the feasibility and importance of proposed strategies and to help prioritize ideas. Members of the WGM and SCM used these data to rank the strategies and advance them to be included in the plan. Each WGM included a basic review of the plan with updates on newly recommended or modified strategies, activities, and resources of the End HIV 901 plan. Subcommittee work that occurred between WGMs was reported at these meetings to ensure that the entire group was informed of progress. When the drafted plan was in the most completed format, a comprehensive review was conducted using an electronic survey method that asked each partner to assess and rank each strategy according to the following:

- High Priority the activity is strongly needed in the community and should be placed in the End HIV 901 draft,
- Disruptively innovative this activity is a new idea and a great attempt at being disruptively innovative in our community,
- o Redundant this activity is repeated in another strategy or pillar

This process helped to refine and prioritize strategies for each pillar. This method of reaching consensus and evaluation will be continuous, fluid, and implemented every six months or more frequently if priorities are identified.

Facilitation

Facilitation for WGMs and SCMS is conducted by End HIV 901 Coordinators and Co-Chairs. These leaders encourage an effective and inclusive meeting and help committee members make decisions and work toward agreed-upon outcomes. Each facilitator understands the importance of having everyone reach the best possible decision for the group, rather than competing for personal preferences. Facilitators serve as a neutral entity within the operating structure, help to address dissenting views, and assure that stakeholders, including those impacted by the changes, are involved in the consensus decision-making process.



Section V: End HIV 901 Community Engagement

Overview and Background of Ending the HIV Epidemic Planning - Shelby County

Community Engagement for Ending the HIV Epidemic planning in Shelby County has been led by St. Jude Children's Research Hospital's Connect to Protect (C2P) Community Coalition. C2P began under the Adolescent Trial Network (ATN) in 2008. For over 10 years, a consistent cadre of stakeholders has worked to eliminate HIV in the Memphis area, representing a diverse mix of stakeholders from various sectors in Shelby County, including the health department. faith-based organizations, schools, civic and community groups, LGBTQ youth and young adults and health care organizations. Each member shares a common goal of optimizing HIV prevention and treatment by advising and working alongside one another in the development and implementation of a solid community-based HIV prevention infrastructure in Shelby County.

For over a decade, the coalition has provided a non-threatening, collaborative environment where individuals and agencies with different backgrounds and priorities are able to collaboratively implement structural level changes. Therefore, when ATN funding ended in 2017, St. Jude Children's Research Hospital (St. Jude) recognized the strength and value of the C2P coalition infrastructure where members could continue cross-agency collaboration to build out a community-driven Ending the HIV Epidemic (EHE) plan for Shelby County. The community mobilization process for End HIV 901 began, followed by consensus to initiate a tailored End HIV 901 initiative and a continuous process of attaining buy-in and support from individuals not already involved in the planning process (see Appendix B).

Progress since 2019 has included engaging with new stakeholders and meeting community leaders, grassroots organizations, and other gatekeepers to help fortify and build out the engagement processes. Specifically, since September of 2019, C2P has managed to expand engagement with interested groups (see Appendix C), even during the COVID pandemic. Our existing partners and the new partners from different organizations have continued to enrich the End HIV 901 planning coalition.

Below are descriptions of community outreach efforts and established C2P planning meetings that have taken place since 2019. C2P (St. Jude) has served as the End HIV 901 Coordinating Center leading the EHE planning in partnership with the Tennessee Department of Health, Shelby County Health Department, the University of Memphis, and the Memphis Ryan White Program.



Community Engagement through Virtual Forums

Starting in April of 2020, St. Jude (End HIV 901 Coordinating Center) launched a new series called Virtual Chalk Talks (VCT). VCT was created as an immediate response to COVID-19, as the majority of all community partners, stakeholders, and advocates were actively working from home to prevent the spread of COVID-19. The idea of the VCT was to help keep and increase the momentum

of community mobilization through the efforts of End HIV 901 and to strategize innovative pathways to keep the community together. Each VCT opened with End HIV 901 updates.



Updates included discussing subcommittee accomplishments, End HIV 901 timelines and calendar dates, pillar review statuses, and upcoming events. This was also an opportunity to invite other community partners to join the subcommittee and discuss potential questions while providing a point of clarity for each End HIV 901 step. Following the End HIV 901 updates, the VCT introduced a community partner who took 20-25 minutes to provide education on mental health awareness, HIV and STI care during COVID, new programs and community projects, and faithbased support for COVID, injection drug usage support, and HIV testimonials. Other topics addressed during the VCT included End HIV 901 planning for the upcoming website, broadening social media streams for End HIV 901 education, and current research opportunities for both injectable PrEP and the HIV prevention vaccine.

Each meeting occurred on Wednesdays starting at 11:30. The virtual meetings were held 45 minutes to an hour, depending on the amount of End HIV 901 updates and the day's topic. St. Jude utilized WebEx to host each meeting, sending out both an invitation and WebEx link weekly, sharing with the group each weekly topic and presenters to encourage full participation. On average, 35 individuals joined the VCT weekly, representing many different clinics, service and resource providers, community stakeholders, and gatekeepers. At the conclusion of each meeting, a survey monkey questionnaire was delivered to participants as a gesture to identify the relevance of the topic to both End HIV 901 and the climate of COVID. Those who participated in the survey shared other issues they would like to hear about weekly such as COVID testing, HIV outreach events, and the transition of End HIV 901 pre-implementation to implementation. St. Jude welcomed volunteers to speak on these topics and other topics of their expertise to engage the community and enhance the End HIV 901 community partnership list. In the descriptions below, when possible, we included the academic credentials of the presenter in order to provide some context for their perspective.

End HIV 901 Virtual Chalk Talks

Virtual Chalk Talk

Topic—Training Community Health Workers and their Supervisors: Lessons Learned and Future Directions

Speaker(s)	Date	Meeting Method	Attendees
University of Memphis	4/15/2020	WebEx	31
Robin Lennon-Dearing, PhD & Serena Rajabuin, PhD			

Summary

April 15th marked the first day of the weekly Virtual Chalk Talk. End HIV 901 coordinators shared with attendees the purpose of the weekly VCTs, explaining the new platform of virtual meetings and WebEx while taking questions and answers about how End HIV 901 planning and discussions would go during COVID-19. Following the End HIV 901 updates, the University of Memphis gave a detailed presentation of community health workers' roles and how they will be integrated into the support of HIV care and prevention. Speakers also shared how community health workers will be utilized in the End HIV 901 plan and future training for community health workers in Shelby County.

Virtual Chalk Talk
Topic—MAPC Introduction and Overview

Topic Will Cintibudetion and Overview				
Speaker(s)	Date	Meeting Method	Attendees	
Memphis Area Prevention Coalition	4/29/2020	WebEx	36	
Jack Wyatt, MSW				

Summary

The End HIV 901 coordinator shared with the group that the End HIV 901 subcommittees would begin to meet virtually, and interested parties could sign up to join an End HIV 901 subcommittee to begin the End HIV 901 draft plan review process. The speaker of the hour introduced a new syringe service program in Memphis. Memphis Area Prevention Coalition shared an overview of their program and ways to integrate their services with the HIV community and End HIV 901 plans for the coming year. MAPC answered questions at the end of the presentation while introducing their team and their roles for future partnership plans.

Virtual Chalk Talk

Topic—A Celebration of Men

Speaker(s)	Date	Meeting Method	Attendees
Partnership to END AIDS Status (PEAS)	6/6/2020	WebEx	27
Rosa Barber, BSPH, CPhT, and Mason King			

Summary

The St. Jude End HIV 901 coordinating team opened the VCT with announcements and updates pertaining to End HIV 901. Partnership to END AIDS Status (PEAS) introduced their newest MSM-targeted intervention program, "A Celebration of Men." PEAS shared their recruiting process, topics of discussion during their meetings, activities implemented through group participation, along with new opportunities for End HIV 901 partnership. PEAS also shared with the group their updated practices for HIV testing and PrEP recruitment during COVID while providing additional education regarding other programs they host, such as TWISTA and their End HIV 901 Transgender coalition for End HIV 901.

Virtual Chalk Talk

Topic—Memphis Health Center Overview

Date	Meeting Method	Attendees
5/13/2020	WebEx	55

Summary

The St. Jude End HIV 901 coordinating team opened the VCT with announcements and updates pertaining to End HIV 901. The Memphis Health Center presentation focused on the transition of HIV service coordinators integrated with their new COVID-19 services for the year. MHC referred to their work-from-home services for their current and new clients. Additionally, the presenter updated the End HIV 901 coalition on their new drive-through services for COVID and answered questions from the group.

Virtual Chalk Talk

Topic—The PAIGE Introduction / HIV Criminalization

Speaker(s)	Date	Meeting Method	Attendees
The PAIGE	5/20/2020	WebEx	39
Dewayne Murrell			

Summary

The St. Jude End HIV 901 coordinating team opened the VCT with announcements and updates pertaining to End HIV 901. During this VCT, the PAIGE director opened the presentation with the history of The PAIGE and its mission. The PAIGE is a youth group created to bring support to youth and young adults who identify with the LGBTQ population. The presentation then transitioned to their current focus: HIV criminalization in Tennessee. The PAIGE educated the coalition on the headway they have made with supporting the change of HIV criminal law and emphasized the need to incorporate these activities in the End HIV 901 draft plan for Shelby County.

Virtual Chalk Talk

Topic—Cherokee Health Center Introduction of Services

Speaker(s)	Date	Meeting Method	Attendees
Cherokee Health Center	5/27/2020	WebEx	41
Ariel Long, MD			
Kimberly Truss, MPH			
Eboni Winford, PhD			

Summary

The St. Jude End HIV 901 coordinating team opened the VCT with announcements and updates pertaining to End HIV 901. Dr. Long and Dr. Winford presented on the upcoming Cherokee Health services. Cherokee Health Center is a Federally Qualified Health Center new to the Memphis area. Cherokee discussed their current services and gave a timeline of their process to provide Ryan White service to their patients. Cherokee also emphasized the availability of their PrEP clinic and support services offered to clients in need of PrEP. Cherokee also has committed staff to support the End HIV 901 plan.

Virtual Chalk Talk

Topic—Whole YOUniversity

Speaker(s)	Date	Meeting Method	Attendees
University of Memphis	6/3/2020	WebEx	29
Latrice Pichon, PhD			
Headliners			
Eddie (Edward) Wiley			

Summary

The St. Jude End HIV 901 coordinating team opened the VCT with announcements and updates pertaining to End HIV 901. The End HIV 901 manager introduced the presenters. Dr. Pichon and Eddie Wiley presented the youth-centered project named Whole YOUniversity. The duo gave an overview of several sessions implemented throughout YOU, including mental health, financial literacy, physical health and hygiene, and self-care management.

Virtual Chalk Talk

Topic—The Power of Engagement: Using Our Connections to Make a Difference

Date	Meeting Method	Attendees
6/10/2020	WebEx	31

Summary

The St. Jude End HIV 901 coordinating team opened the VCT with announcements and updates pertaining to End HIV 901. Representatives from the State of Tennessee presented on community engagement and education within minority populations. Francis Garcia discussed with the group the moving parts that help them build relationships with minority groups, including local colleges, community centers, and youth groups. Mr. Garcia answered questions at the conclusion of the VCT, sharing his thoughts and expertise on different channels to engage with minority groups.

Virtual Chalk Talk Topic—Update on HIV / Headliners Overview

Speaker(s)	Date	Meeting Method	Attendees
Southeast AIDS Training Center	6/10/2020	WebEx	39
Anna Person, MD			
Headliners			
DeMarcus Jones and Daniel Thompson			

Summary

The St. Jude End HIV 901 coordinating team opened the VCT with announcements and updates pertaining to End HIV 901. The VCT took a different direction, as there were a few presenters with different topics. Dr. Person of The Southeast AIDS Training Center presented a snapshot of HIV in the South. She shared data and metrics relevant to the End HIV 901 plan and brought insight into areas that need attention in HIV care and prevention. DeMarcus Jones and Daniel Thompson are chairs of the locally created "Headliners" group. The Headliners shared how they have moved to a virtual forum through Zoom, providing information on upcoming events and meetings.

Virtual Chalk Talk Topic—Ready, Set, PrEP

Speaker(s)	Date	Meeting Method	Attendees
Vanderbilt University Medical Center	6/24/2020	WebEx	27
Sean Kelly, MD			

Summary

The St. Jude End HIV 901 coordinating team opened the VCT with announcements and updates pertaining to End HIV 901. Dr. Sean Kelly of Vanderbilt University Medical Center presented on PrEP for prevention. Dr. Kelly began with primary PrEP education and transitioned to PrEP management within the clinic, labs, insurance, and affordability. Dr. Kelly took the time to compare both PrEP options (Truvada and Descovy). VCT participants asked many questions as Dr. Kelly took the time to give detailed responses and shared the importance of PrEP education for medical providers and front-line professionals.

Virtual Chalk Talk

Topic—Walgreen's HIV Services

Speaker(s)	Date	Meeting Method	Attendees
Community Walgreens	7/8/2020	WebEx	42
Nate Boutte, PharmD			

Summary

The St. Jude End HIV 901 coordinating team opened the VCT with announcements and updates pertaining to End HIV 901. Dr. Boutte was welcomed as the presenter of the hour. Dr. Boutte's presentation highlighted the Community Walgreens as a specialty Walgreens that services clients' pharmaceutical needs. Community Walgreens Pharmacy also provides services that are unique to their location only, such as medication education, outreach events, and follow-up care for clients. Dr. Boutte clarified their role in filling PrEP prescriptions and aiding clients to afford PrEP.

Virtual Chalk Talk

Topic—SisterReach / Headliners

Speaker(s)	Date	Meeting Method	Attendees
SisterReach	7/15/2020	WebEx	39
Elise Saulsberry			
Headliners			
DeMarcus Jones			

Summary

The St. Jude End HIV 901 coordinating team opened the VCT with announcements and updates pertaining to End HIV 901. Continuing the theme of community education, the VCT hosted 2 presenters on Sister Reach's topic and updates on the research study HPTN 083. Ms. Saulsberry took the first half of the meeting to share with the group the mission and vision of SisterReach. SisterReach is an organization that focuses on women in need of support, as SisterReach provides services in leading healthy families, making healthy choices, and educating women for better life decisions. Following SisterReach, DeMarcus provided an overview of the research study HPTN-083. St. Jude has successfully recruited MSM for the injectable PrEP study, and the investigation has now closed.

Virtual Chalk Talk

Topic—Ryan White Programs

Speaker(s)	Date	Meeting Method	Attendees
Shelby County Health Department	7/22/2020	WebEx	38
Veronyca Washington, MSPH			

Summary

The St. Jude End HIV 901 coordinating team opened the VCT with announcements and updates pertaining to End HIV 901. Veronyca Washington presented on Ryan White Programs in Shelby County. Ryan White is the leading HIV care and prevention provider for those with low income. Ryan White provides fiscal support with dental and medical care, medication assistance, insurance, and housing. Ryan White also provides grant funds for intervention related to HIV care and prevention like HIV testing, support groups, and behavior intervention for those infected with or affected by HIV.

Virtual Chalk Talk

Topic—Implementing the Memphis End HIV 901 Plan

Speaker(s)	Date	Meeting Method	Attendees
Tennessee Department of Health	7/29/2020	WebEx	36
Meredith Brantley, PhD, MPH, and Kimberly Truss, MPH			

Summary

The St. Jude End HIV 901 coordinating team opened the VCT with announcements and updates pertaining to End HIV 901. As the VCT became consistent, Meredith Brantley brought a well-anticipated presentation to review End HIV 901's expectations in the implementation phase. Dr. Brantley's presentation started with a review of the first End HIV 901 draft submitted in December 2019. Next, she presented an outline of the End HIV 901 deliverables for the next 5 years. Dr. Brantley shared that the Shelby County Health Department will disperse rewards, and the request for proposals (RFP) will be available to all who are interested.

Virtual Chalk Talk

Topic—Addressing Our Faith, Our Fears, and The Facts

Speaker(s)	Date	Meeting Method	Attendees
Christ Missionary Baptist Church	8/5/2020	WebEx	32
Pastor Gina Stewart, D.Min.			

Summary

The St. Jude End HIV 901 coordinating team opened the VCT with announcements and updates pertaining to End HIV 901. Each speaker in the month of August focused on the topic of COVID through Faith, Mental Health, and Vaccinations. Dr. Gina Stewart was the first of the month to have a COVID-focused presentation. In the community, she is a known champion for those who experience the negative effects of health disparities and the social determinants of health. Dr. Stewart shared the aspect of incorporating faith and a level of spirituality to hope that COVID-19 will eventually be controlled. Dr. Stewart outlined that faith sustains us when the circumstances of life fail us.

Virtual Chalk Talk

Topic—Support and Hope for Residents in Need

Speaker(s)	Date	Meeting Method	Attendees
Shelby Community Services Division Dorcas Young-Griffin, MPA	8/12/2020	WebEx	37

Summary

The St. Jude End HIV 901 coordinating team opened the VCT with announcements and updates pertaining to End HIV 901. Each speaker in the month of August focused on the topic of COVID through Faith, Mental Health, and Vaccinations. Dorcas Young-Griffin, representing the Community Services Division through Shelby County, provided additional services and resources for those in need. Within the presentation, Ms. Young-Griffin identified resources in several categories, including seniors, adults with disabilities, the crime and victim center, bill pay assistance, veterans, incarceration, and community outreach. Emphasis was placed on all resources available to those who are HIV infected, and some resources have broadened considering increased need due to the COVID pandemic. Ms. Young-Griffin agreed to meet with organizations in the HIV community to ensure that those within the HIV community can access the county's resources.

Virtual Chalk Talk

Topic—Emotional Well-Being During a Pandemic

Speaker(s)	Date	Meeting Method	Attendees
St. Jude Children's Research Center	8/19/2020	WebEx	32
Jerlym Porter, PhD, MPH			

Summary

The St. Jude End HIV 901 coordinating team opened the VCT with announcements and updates pertaining to End HIV 901. Each speaker in the month of August focused on the topic of COVID through Faith, Mental Health, and Vaccinations. Dr. Porter brought mental health awareness and perspective during the COVID-19 series. During the presentation, she highlighted ways to address and aid individual mental health needs through social distancing. She identified resources available to all. Resources included virtual therapy, positive thinking skills, healthy eating habits, and meditation techniques to combat anxiety. Dr. Porter took questions and answers and provided specific resources to help mental awareness for HIV clients and End HIV 901 WebEx attendees.

Virtual Chalk Talk				
Topics—"COVID-19: Epidemiology, Virology, and Disease Course" and "COVPN: COVID-19 PREVENTION NE2RK"				
Speaker(s) Date Meeting Method Attendees				
Gilead Sciences	8/26/2020	WebEx	3737	
Jarrod Coffey, PharmD				
St. Jude Children's Research Center				
Aditya Gaur, MD and Patricia Flynn, MD				

Summary

The St. Jude End HIV 901 coordinating team opened the VCT with announcements and updates pertaining to End HIV 901. Each speaker in the month of August focused on the topic of COVID through Faith, Mental Health, and Vaccinations. The VCT series on COVID-19 ended with a 2-part presentation shared by Gilead Science and St. Jude Children's Research Hospital.

Part 1 of the presentation was presented by Dr. Jarrod Coffey as he gave a high-level review of Gilead's development of remdesivir, an approved treatment for COVID. His presentation described the pathways of the COVID virus and how individuals are infected with the virus. Dr. Coffey then shared the process of developing remdesivir and the potential side effects. He also provided a thorough explanation of how the remdesivir should work in the body.

Part 2 of the presentation was shared by both Dr. Aditya Gaur and Dr. Patricia Flynn. St. Jude has been selected to participate in one of the COVID vaccine trials. The duo explained the purpose of vaccination and requirements to participate in the trial. They also answered questions pertaining to the study. At the conclusion of the presentation, Dr. Gaur showed an interest in seeking a way to engage the community for participation, asking the End HIV 901 VCT attendees for best practices for recruitment and ways to share education material for the study.

Virtual Chalk Talk

Topic—Let's Talk About What A SARS-CoV-2 Vaccine Can Do?

Speaker(s)	Date	Meeting Method	Attendees
St. Jude Children's Research Center	10/21/2020	WebEx	27
Andrea Stubbs, MPA	11/18/2020		19

Summary

The St. Jude End HIV 901 coordinating team opened the VCT with announcements and updates pertaining to End HIV 901. Continuing the theme of COVID-19 and End HIV 901, Andrea Stubbs took 2 presentations to discuss the COVID-19 vaccination study with the End HIV 901 coalition. For both dates, Ms. Stubbs focused on COVID-19 from a community perspective, considering how it has been incorporated with the care and prevention process of HIV and End HIV 901. Ms. Stubbs took time to describe the benefits of the vaccination, showing in picture form how a vaccine works in the body. Also, Ms. Stubbs encouraged healthy discussion within the presentation, increasing active participation by addressing ideas and concerns about the vaccine during a pause between each PowerPoint section. End HIV 901 VCT attendees were allowed to ask detailed questions regarding the vaccine. HIV providers and clients shared their concerns in real time.

Virtual Chalk Talk				
Topic—BIKTARVY: Real Patient Stories				
Speaker(s)	Date	Meeting Method	Attendees	
Gilead Health Sciences	10/28/2020	WebEx	30	
Trina Scott, MHSA, and Vic Sorrell, BBA				

Summary

The St. Jude End HIV 901 coordinating team opened the VCT with announcements and updates pertaining to End HIV 901. Gilead Sciences ended the VCT this year by sharing what they learned from HIV patients about their stories of becoming HIV positive. A video was displayed with several individuals describing their experience with HIV from the point of testing positive to the difficulties faced since then. Some explained how there was a lack of support from family and friends, their fears of life and death, and overcoming unexpected challenges in life that were related and unrelated to HIV. Participants in the video commented on the progression of HIV medications and resources that will help the community to become strong, shedding light on healthcare advancement and ways to prevent HIV stigma in the community. We used the VCT forum to address other related issues that show concern in areas addressed in the End HIV 901 draft plan like incorporating the faith-based community, gaining access to transportation and housing, HIV disclosure conversations, and managing other health issues along with

End HIV 901 Subcommittees

Before COVID-19, C2P/End HIV 901 subcommittees met face to face in various areas like community rooms, restaurants, and conference calls. Considering the need to finish the End HIV 901 draft plan review process, there was a need to quickly think of ways to move the review process along with modifying, creating, and assessing new strategies and activities for the draft plan. The End HIV 901 coordinator moved to the virtual platform WebEx to engage with the Policy Subcommittee, Prevention Subcommittee, Access to Treatment and Care Subcommittee, and Executive Director Council. Chairs and co-chairs of each subcommittee agreed to choose a standing day and time for their subcommittee to commit to the weekly review process. The End HIV 901 coordinating team set up the WebEx meeting for each group and provided virtual tools necessary for the weekly review process. The subcommittees focused their time on creating new activities for each pillar. Each group was challenged to create at least 11 new strategies and several pillar- relevant activities. The subcommittee coordinators and community advocates also communicated through emails, phone calls, and direct messages to ensure that the End HIV 901 draft planning would be complete by November 2020.

After the second review process, the End HIV 901 drafts were sent to the technical writer to consolidate and restructure the written documents. Considering the hefty information and the time that would be required for additional WebEx meetings, surveys were sent, instead, for a third review. In this stage of review, subcommittee members prioritized the activities for whether they were of "high priority" and "disruptively innovative." Also, if they knew activities to be currently implemented in Shelby County, they shared the name of the organization currently doing the activity. If activities were currently in operation, that did not preclude them from inclusion in the End HIV 901 plan. Because many are limited by their lack of transportation, they might not have the ability to participate in existing activities. If the majority of participants considered an activity to be of high priority or to be disruptively innovative, the activity was included in the End HIV 901 plan.

Basic Agenda for Each Meeting

End HIV 901 Planning Sub-Committee Meetings

Agenda

- . Welcome / Roll Call of Attendees
- II. Pillar Review
- III. Announcements
- IV. Next Steps / Next Meeting Date

End HIV 901 Subcommittee Meetings

Prevention Subcommittee				
Meeting	Dates	Туре		
Thursday	4/9/2020	WebEx		
Thursday	5/7/2020	WebEx - Chair & Co-Chairs Only		
Tuesday	5/19/2020	WebEx		
Wednesday	5/20/2020	WebEx - Chair & Co-Chairs Only		
Tuesday	5/26/2020	WebEx		
Tuesday	6/1/2000	WebEx		
Tuesday	6/16/2020	WebEx		
Thursday	7/2/2020	WebEx		
Thursday	7/9/2020	WebEx		
Thursday	7/23/2020	WebEx		
Thursdays	7/30/2020	WebEx		
Thursday	8/6/2020	WebEx		
Thursday	8/13/2020	WebEx		
Thursday	8/20/2020	WebEx		
Thursday	8/27/2020	WebEx		

Policy Subcommittee			
Meeting Dates		Туре	
Thursday	5/7/2020	WebEx - Chair & Co-Chairs Only	
Monday	5/18/2020	WebEx	
Wednesday	5/20/2020	WebEx - Chair & Co-Chairs Only	
Thursday	5/28/2020	WebEx	
Thursday	6/4/2020	WebEx	
Tuesday	6/9/2020	WebEx	
Monday	6/15/2020	WebEx	
Monday	6/22/2020	WebEx	
Monday	7/6/2020	WebEx	
Monday	7/13/2020	WebEx	
Tuesday	7/21/2020	WebEx	
Tuesday	7/28/2020	WebEx	
Tuesday	8/4/2020	WebEx	
Tuesday	8/26/2020	WebEx	

End HIV 901 Subcommittee Meetings

Access to Treatment and Care Subcommittee			
Meeting Dates		Туре	
Tuesday	4/7/2020	WebEx	
Friday	4/17/2020	WebEx	
Thursday	5/7/2020	WebEx - Chair & Co-Chairs Only	
Tuesday	5/19/2020	WebEx	
Wednesday	5/20/2020	WebEx - Chair & Co-Chairs Only	
Tuesday	5/26/2020	WebEx	
Tuesday	6/2/2020	WebEx	
Thursday	6/11/2020	WebEx	
Thursday	6/18/2020	WebEx	
Monday	6/22/2020	WebEx	
Thursday	7/2/2020	WebEx	
Thursday	7/9/2020	WebEx	
Thursday	7/16/2020	WebEx	
Thursday	7/30/2020	WebEx	
Thursday	8/6/2020	WebEx	
Thursday	8/13/2020	WebEx	

Executive Council			
Meeting	g Dates	Туре	
Friday	4/24/2020	WebEx	
Tuesday	5/5/2020	Conference Call	
Friday	5/15/2020	Conference Call	
Monday	5/18/2020	WebEx	
Tuesday	5/26/2020	WebEx	
Tuesday	6/2/2020	WebEx	
Friday	6/5/2020	Conference Call	
Thursday	7/30/2020	WebEx	
Thursday	8/6/2020	WebEx - Groups ABC (See the next section for explanation of "ABC.")	
Thursday	8/13/2020	WebEx - Groups ABC	
Thursday	8/20/2020	WebEx - Groups ABC	
Thursday	8/27/2020	WebEx - Groups ABC	
Thursday	9/3/2020	WebEx - Groups ABC	
Thursday	9/24/2020	WebEx - Groups ABC	
Wednesday	10/7/2020	WebEx - Groups ABC	

Information about the Executive Council

The Executive Council comprises directors, managers, and decision-makers from several community organizations and health clinics. When bringing the executive council into the End HIV 901 review process, it was taken under consideration that there was a need to create unique meeting times that would take into account the schedules of most of the group's members. The group decided to meet during the early morning for the End HIV 901 overview and education. During the morning meetings, the council agreed on topics like the draft review approach, a delegation of tasks, and monitoring data and budget reform. The Executive Council took the same approach in its review process as did the End HIV 901 subcommittees.

Considering the large group, the council agreed to split the group in 3. They also voted on 3 individuals to share the Co-Chair responsibilities, with each leading the End HIV 901 review process for their group. The Co-Chairs selected 3-4 strategies for their group to review at their preferred time and day. Each participant shared with the group leaders which group they elected to join based on the strategies being reviewed and assessed with each particular group. The 3 groups later transitioned to meet after 3:00pm weekly and biweekly on Fridays as a group at large. During the Friday meetings at large, each Co-Chair shared their group updates, allowing all members to make suggestions and modifications based on their expertise.

Initial Meeting of End HIV 901 Executives HIV and Prevention Organizational Directors		
Date	Address	Attendees
November 18, 2019	Community Foundation of Greater Memphis 1900 Union Ave.	18
	Memphis, TN 38104	

Summary

Many of these directors have staff who were active with the End HIV 901 planning process by committing their time and expertise in suggesting activities that were included in the Shelby County End HIV 901 plan. Those executives with committed staff agreed to meet with their organization's representatives to obtain updated information. This group was considered a subcommittee.

Executive Council Meetings

Executive Cou	Executive Council Group A			
Thursday	5/7/2020	WebEx - ED Chair & Co-Chairs only		
Friday	5/15/2020	WebEx		
Wednesday	5/20/2020	WebEx - ED Chair & Co-Chairs only		
Friday	5/22/2020	WebEx		
Tuesday	5/26/2020	WebEx		
Tuesday	6/2/2020	WebEx		
Friday	6/5/2020	WebEx		
Tuesday	6/9/2020	WebEx		
Tuesday	6/23/2020	WebEx		
Tuesday	6/30/2020	WebEx		
Monday	7/13/2020	WebEx		

Executive Council Meetings

Executive Council Group B				
Meeting Dates		Туре		
Thursday	5/7/2020	WebEx - ED Chair & Co-Chairs only		
Friday	5/15/2020	WebEx		
Wednesday	5/20/2020	WebEx - ED Chair & Co-Chairs only		
Friday	5/22/2020	WebEx		
Wednesday	5/27/2020	WebEx		
Wednesday	6/3/2020	WebEx		
Friday	6/5/2020	WebEx		
Wednesday	6/10/2020	WebEx		
Wednesday	6/24/2020	WebEx		
Monday	7/13/2020	WebEx		
Wednesday	7/15/2020	WebEx		

Executive Council Group C			
Meeting Dates		Туре	
Thursday	5/20/2020	WebEx - ED Chair & Co-Chairs only	
Friday	5/15/2020	WebEx	
Wednesday	5/20/2020	WebEx - ED Chair & Co-Chairs only	
Friday	5/22/2020	WebEx	
Thursday	5/28/2020	WebEx	
Thursday	6/4/2020	WebEx	
Thursday	6/11/2020	WebEx	
Thursday	6/25/2020	WebEx	
Thursday	7/2/2020	WebEx	
Thursday	7/9/2020	WebEx	
Thursday	7/16/2020	WebEx	
Thursday	7/23/2020	WebEx	

Executive Council Group			
Meeting Dates Type			
Thursday	7/30/2020	WebEx - Groups ABC	
Thursday	8/6/2020	WebEx - Groups ABC	
Thursday	8/13/2020	WebEx - Groups ABC	
Thursday	8/20/2020	WebEx - Groups ABC	
Thursday	8/27/2020	WebEx - Groups ABC	
Thursday	9/3/2020	WebEx - Groups ABC	
Thursday	9/24/2020	WebEx - Groups ABC	

End HIV 901 Finale Review Group

Meeting	g Dates	Туре
Tuesday	9/29/2020	WebEx
Wednesday	10/7/2020	WebEx
Tuesday	10/13/2020	WebEx
Thursday	10/15/2020	WebEx
Wednesday	11/4/2020	WebEx
Thursday	11/19/2020	WebEx
Wednesday	12/2/2020	WebEx

End HIV 901 Website Development

During the summer of 2020, the End HIV 901 coordinating team began to discuss media content development. The first steps included identifying a graphic art designer for an End HIV 901 logo and then locating and selecting a social media content developer to create the End HIV 901 website and social media campaign. St. Jude and the End HIV 901 coordinating team chose the logo and the social media developer.

Specifically, for the logo, St. Jude decided to go with a local graphic artist who has done work within the community. Groove Theory met with the End HIV 901 coordinator to discuss a logo that would reflect Memphis's culture as a diverse city representing all things Memphis—like music, The University of Memphis, the bridge over the Mississippi River, and other unique identifiers of Memphis. Several logos were created, as each displayed a unique flare while still encompassing the red HIV ribbon. The creation of the logo took a couple of months to develop as the graphic design artist shared the desire to create a logo that was one of a kind to Memphis and the End HIV 901 plan. Each logo was shared with the End HIV 901 subcommittees during the End HIV 901 draft review meetings. The subcommittees voted individually for the logo that they identified as the most aesthetically eye-catching logo that represented both the Memphis culture and the work of End HIV 901 Shelby County.

Following the Groove Theory work, Ray Rico Freelance was referred to the End HIV 901 coordinating team as a website and content developer for End HIV 901. Ray Rico Freelance has an extensive background with creating, formalizing, and strategizing media content for local businesses and organizations. The consulting group has done similar work with community partners who have been active participants in the End HIV 901 coalition. St. Jude and Ray Rico Freelance partnered to take on the significant role of creating the End HIV 901 website and social media platforms that are inclusive of Facebook, Twitter, and Instagram. Media content also includes social media campaigns with hashtags for End HIV 901 and developing slogans to bring traction to the newly developed End HIV 901 website. Countless meetings transpired between St. Jude (End HIV 901 coordinating center) and Ray Rico Freelance to track the website creation's success and discuss resources needed for the site's design. St. Jude's marketing team was included within the meetings and provided an extra layer of assistance in helping to expand the creative direction. Ray Rico Freelance incorporated the thoughts and ideas of the End HIV 901 coalition by administering surveys to assess precisely what the community would like to see on the website. This was also an opportunity for the End HIV 901 coalition to share resources and commentary surrounding the language, topics, and images displayed on the website.

End HIV 901 Website Development Meetings

Meeting	g Dates	Туре
Thursday	4/30/2020	Website / Social Media Mtg
Thursday	5/14/2020	Updated and review the proposal
Wednesday	5/27/2020	End HIV 901 Questions / Proposal update
Wednesday	6/3/2020	End HIV 901 Questions / Proposal update
Wednesday	6/10/2020	End HIV 901 Questions / Proposal update
Thursday	8/6/2020	SJ Kick-Off Meeting
Monday	8/17/2020	End HIV 901 Follow-up
Tuesday	9/8/2020	End HIV 901 Follow-up
Thursday	9/17/2020	End HIV 901 Website Update
Thursday	10/1/2020	End HIV 901 Catch-up meeting
Thursday	10/15/2020	RRF/End HIV 901 Catch-up
Thursday	10/29/2020	RRF/End HIV 901 Website update
Thursday	11/12/2020	RRF/End HIV 901 Catch-up
Thursday	12/10/2020	RRF/End HIV 901 Catch-up/ Website

End HIV 901 Community Meetings

The group of community partners listed in the End HIV 901 draft plan submitted in December 2019 served as the starting point, but the End HIV 901 coordinating team expanded the group of potential community partners in 2020. At the beginning of the year 2020, meetings were being held within the community at different locations. However, by March of 2020, each session transitioned to conference calls and virtual forums.

Connect to Protect			
Working Group Meetings			
Date	Address	Attendees	
September 17, 2019	End HIV 901 Coordinating Center St. Jude Children's Research Hospital 262 Danny Thomas Pl Memphis, TN 38105	35	

Summary

For the past 12 years, the Connect to Protect (C2P) Memphis Coalition has engaged a broad group of community stakeholders to work towards reducing HIV infection in youth. The coalition includes over 20 agencies representing a diverse mix of stakeholders from various sectors in Memphis, including the health department, faith-based schools, business, civic/community, young adult, and health care organizations, with the common goal of optimizing HIV prevention and treatment in Memphis. The C2P September meeting focused on the progression and updates of each priority area subcommittee. Members who have committed to C2P within the past three years collectively identified areas of priority that are significant to the progression of EHE in Memphis. At the time, the priority areas for the sequence were Prevention, Access to Treatment and Care, Data-Driven, and Policy. The prevention subcommittee focused on measures that can be implemented to help prevent the transmission of HIV. The Access to Treatment and Care committee had a heavy emphasis on creating a blueprint that will be universal in relation to linkage for both HIV positive and negative clients. The data subcommittee worked to collect local, state, and potential national data that will support the objectives and goals of each committee. The Policy subcommittee worked to create or modify current policies related to HIV care. criminalization, healthcare, and structural change objectives. Each subcommittee met once a month for eight months. Together, previous to September 17, 2019, the subcommittees had hosted 20 meetings, creating 20 preliminary objectives related to EHE that would be reviewed by the group. After the review, draft revisions and updates were to be incorporated in the final plan.

	October 15, 2019	End HIV 901 Coordinating Center	20
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Summary

The attendees reviewed the timeline of the EHE efforts from the previous two years. Based on the work that had been done, Dr. Eugene McCray and other federal leaders were interested in hosting an EHE listening session to discuss barriers and solutions in Shelby County related to HIV treatment and prevention. The four pillars of EHE were also introduced to the coalition as areas of priority moving forward. Additionally, St. Jude was granted the CDC 19-1906 in partnership with the State of Tennessee.

November 19, 2019	End HIV 901 Coordinating Center	75
14040111001 13, 2013	Life the 301 coolemating center	73

Summary

C2P hosted a federal listening session for stakeholders, gatekeepers, advocates, and professionals alike in the HIV/STI field. Pre-work was done as C2P coordinators made visits to clinics, groups, and committee meetings to identify barriers and issues that are experienced as both providers and consumers. During the listening session, participants were given the opportunity to share areas that are barriers to HIV care and prevention. Dr. Patricia Flynn opened the session by giving her account of the progression of HIV treatment and care at St. Jude. After Dr. Flynn, a snapshot of data was presented by both the Shelby County Health Department and the Tennessee Department of Health. The meeting then transitioned to the C2P coordinators as they co-facilitated the listening session as the participants revisited their concerns and barriers to HIV prevention and care. Also, participants provided solutions that would support EHE efforts.

January 28, 2020	End HIV 901 Coordinating Center	20
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Summary

The C2P/EHE coalition opened the beginning of 2020 with an opportunity for participants to have their professional photos taken for EHE media usage and personal usage. This event was given as an incentive and was requested by the EHE coalition. The group also took time to outline the next EHE subcommittee meetings while encouraging new members to sign up for subcommittees-.

CDC 19-1906 Grant - Planning Meetings for the Draft Ending the HIV Epidemic Plan		
Date	Address	Attendees
September 27, 2019	Conference Call	8
October 4, 2019		
October 11, 2019		
October 18, 2019		
November 15, 2019		
November 22, 2019		
November 29, 2019		
December 6, 2019		

Summary

In preparation for the CDC 19-1906 grant project planning and implementation, St. Jude's C2P staff, the University of Memphis, the Tennessee Department of Health, and Shelby County Health Department and Ryan White personnel met weekly via conference calls. Representatives coordinated through the partnership as the leading EHE planning committee. Weekly meetings helped with engagement and communication between each partner as a strong effort to move on tasks and implementation of the End HIV 901 plan. Each call followed an agenda of reviewing timelines, engaging content experts for capacity building, setting dates for task completion, and discussing EHE priority areas needed to complete a final EHE plan by December 2020. While preparing for a successful EHE plan, potential EHE staff were approached to fulfill the positions of the epidemiologist, EHE coordinator, technical writer, and social media consultant. For each meeting, the EHE timeline was presented to ensure that the task would meet the deadline. As each position was filled, the leading EHE coordinating planning committee continued within this forum to meet once weekly via conference call.

HIV Care and Prevention			
Meeting Type	Date	Address	Attendees
Full Body Meeting	October 25, 2019	The Office in Uptown 594 N Second St Memphis, TN 38105	40
Evaluation & Assessment Committee	November 13, 2019	The Junior League 3475 Central Ave Memphis, TN 38111	10
Community Partnership Committee	November 14, 2019	Hope House (Social Service Provider for PLWH) 23 S Idlewild St Memphis, TN 38104	25
Priorities & Integrated Committee	November 18, 2019	Christ Church of Memphis 4488 Poplar Ave 3rd Floor Memphis, TN 38117	25
Priorities & Integrated Committee	February 26, 2020	The Office in Uptown 594 N Second St Memphis, TN 38105	20

Summary

In preparation for the federal listening session, HIV Care and Prevention meetings and committee meetings were attended by C2P coordinators. Each meeting consisted of an average of 25 participants with discussions at a 1-hour maximum. C2P coordinators listened to the voices of the consumers and groups of different disciplines communicating their experiences and perceived barriers in HIV treatment and care. Participants where asked questions about challenges and barriers to HIV prevention and care. Members of the HIV Care and Prevention committees were in agreement with challenges being associated with transportation, lack of medical providers, and a need for an increase in HIV education. Suggestions to help increase prevention and care in HIV included enhancing linkage to care strategies, education in schools, and enhancing PrEP accessibility. Additional responses were used to help facilitate and navigate the C2P federal listening session.

PrEP Roundtable		
St. Jude, AETC , GILEAD		
Date	Address	Attendees
October 1, 2019	Conference Call	6 (each meeting)
November 5, 2019		

St. Jude assessed the progression of PrEP uptake in the Tri-State area through the C2P coalition members and current PrEP navigators. Responses indicated that existing barriers to PrEP include the lack of PrEP education provided to clinicians, causing clinicians to reject prescribing PrEP. Other obstacles and concerns identified were related to unavailable funding sources for PrEP, along with the current community medical centers being oversaturated with a high demand for PrEP and not enough capacity to serve the population in need. C2P took this information and shared it with Gilead Sciences and the AIDS Education Training Center (AETC) as an effort to collaborate and create a series of PrEP educational sessions specific for clinicians only. 'Clinicians' is an umbrella word inclusive to medical doctors, nurse practitioners, physician assistants, pharmaceutical doctors, and those medical decision-makers of interest. Clinicians who committed to the series represent a suppopulation that would be engaged throughout the EHE planning process to help reach the aggressive targets of 90-90-90, which include PrEP uptake.

Strategic planning took place among St. Jude, Gilead, and AETC to meet the needs of the participating clinicians while providing education and support that will increase clinicians prescribing PrEP. Areas of focus for the 4-part series included Descovy for PrEP, PrEP navigation and office management, managing reactions to behavior assessments, and lab/insurance/cost/assistance programs. Clinicians at a previous roundtable in May of 2019 highlighted these topics as areas of concern. Within planning, the decision was to continue the series until May of 2020. Those participating on the phone call assisted with planning the location of each meeting, identifying appropriate speakers, allocating funding to support each session, and solidifying target dates for completion of the series. The planning group agreed to incentivize participating clinicians with educational credits through AETC. Additional goals included increasing the number of clinicians prescribing PrEP, gaining buy-in from clinicians to partake in the EHE planning, and formalizing a process for prescribing PrEP in the city of Memphis.

February 13, 2020	Conference Call	20 (each meeting)
February 26, 2020		
March 5, 2020		

The EHE coordinator shared information on the EHE draft plan. Attendees gave their feedback and asked questions.

University of Memphis

Associate Professor of Epidemiology, Dean of Academic Affairs

Date	Address	Attendees
October 10, 2019	University of Memphis	3
December 11, 2019	3710 Alumni Ave.	
•	Memphis, TN. 38152	

Summary

Through previous partnerships with the University of Memphis, an epidemiologist was identified, and a conference call was administered. The EHE Coordinating Center facilitated the conference, providing an explanation of End HIV 901 along with the expectations and goals for the epidemiologist role.

Shelby County Schools

Coordinated School Health, HIV Prevention Team

Baptist College of Health Sciences

1 0		
Date	Address	Attendees
October 7, 2019	The Haven	10
October 23, 2019	206 GE Patterson Avenue	
	Memphis, Tennessee 38103	

Summary

Shelby County Schools partnered with the Shelby County Health Department, St. Jude, and Baptist College of Health to coordinate World AIDS Day within the county school system. St. Jude, along with other community organizations, administered HIV education at Trezevant High school and Trezevant Vocation school. HIV and STI tests were offered to all students by the Shelby County Health Department. St. Jude assisted the students from the Trezevant Health Occupations Students of America (HOSA) program to create a skit that reflects the four pillars of EHE. Students were educated on data specific to youth aged 13-24 years, as a reflection of the burden of HIV disease. They were asked to provide education for their peers on the importance of committing to End the HIV Epidemic. Students participated in a World AIDS Day press conference at Trezevant High school, where advocates, organizations, and students were highlighted for the work they do in HIV.

University of Memphis Department of English (Technical Writer)		
November 11, 2019	End HIV 901 Coordinating Center St. Jude Children's Research Hospital 262 Danny Thomas PI Memphis, TN 38105	2

Summary

The EHE director and the potential technical writer discussed the technical writing needs for the EHE plan.

End HIV 901 Medical Provider Interest Meeting		
Spirit Health Clinic		
Date	Address	Attendees
November 12, 2019	End HIV 901 Coordinating Center	5
	St. Jude Children's Research Hospital	
	262 Danny Thomas Pl Memphis, TN 38105	

Summary

St. Jude (EHE Coordinating Center) diligently worked to identify all barriers to HIV care within the city of Memphis. One barrier addressed throughout the community is the known deficiency of HIV care providers. St. Jude and C2P members utilized resources and strategies to locate current HIV providers in the city while locating newer medical providers who specialize in infectious diseases. Spirit Health Clinic met with the Shelby County EHE coordinating team to discuss the launching of the new clinic. During the meeting, St. Jude introduced the EHE plans, reviewing the past and present timeline while outlining the future trajectory for EHE in Shelby County. St. Jude shared their experience with launching the pilot program of Rapid Start at the adolescent clinic. Rapid Start has been perceived as the next wave of EHE as the goal is to set an appointment for a new HIV-diagnosed client within 1 week. Once the client attends their appointment, their nurse practitioners review their ART medication options and send them home with a same-day prescription. As clients return for their next appointment, their early start on their ART should reflect in viral suppression.

Spirit Health Clinic communicated their willingness to implement Rapid Start at their adult clinic as a pilot project as well. Rapid Start is directly associated with the target of 90-90-90 and End HIV 901 Shelby County. Spirit Health Clinic decided to be a part of the EHE planning coalition, serving as one of the leading health clinics committed to both PrEP and Rapid Start.

Date	Address	Attendees
	Headliners	
November 7, 2019	The Haven	10
	(Drop-in center for men who have sex with Men)	
	206 GE Patterson Avenue	
	Memphis, Tennessee 38103	
	Social Workers/Early Intervention Specialist	!
November 13, 2019	Christ Community Health Services	5
	(Federally Qualified Health Center)	
	2861 Broad Ave.	
	Memphis, TN. 38112	

Summary

In preparation for the federal listening session, local HIV/AIDS clinics and community-based organizations were visited to hear the voices of the consumers and for groups from different disciplines to communicate their experienced and perceived barriers in HIV treatment and care. Responses were used to help facilitate and navigate the C2P federal listening session.

University of Memphis School of Public Health Students		
Date Address Attendees		
September 18, 2019	University of Memphis 3720 Alumni Ave, Memphis, TN 38152	6

Summary

PhD/MPH students from the University of Memphis School of Public Health were invited to St. Jude to review EHE plans throughout the United States. Students were engaged in analyzing plans from EHE states like California, Texas, Tennessee, and Mississippi. Students thoroughly read through each method, took notes, and presented their findings individually. Students made suggestions for the plans they reviewed, identifying gaps, and highlighting positive outcomes. The reviews moved to an informal discussion of ways to help improve End HIV 901 planning and suggested areas that may require additional attention in Shelby County. St. Jude shared the progress of End HIV 901 with the students, inviting them to join the C2P coalition and encouraging them to bring their ideas compared to established plans they have reviewed.

September 9, 2020	Zoom	7
November 4, 2020		

Summary

Continuing the effort to share the End HIV 901 Plan, St. Jude had an opportunity to share the steps and timeline of the EHE plan with the students of the University of Memphis Public Health program. Students asked questions related to the plan and were assigned to create an assessment of selected strategies and activities. The project allowed students to develop strong media campaigns to help support the plan's activities and potential implementation.

Clinician Roundtable Descovy for PrEP

Date	Address	Attendees
December 5, 2019	Seasons 52	17
	6085 Poplar Ave,	
	Memphis, TN 38119	

Summary

Gilead Sciences, in partnership with St. Jude and AETC, hosted a clinician roundtable. The roundtable was attended by local clinicians interested in and currently prescribing PrEP. Specifically, the discussions focused on Descovy for PrEP. Clinicians had the opportunity to listen to an educational presentation, and an open discussion followed. Clinicians asked questions related to Descovy and discussed what differentiated Descovy from Truvada for PrEP. Clinicians also reviewed best case scenarios to prescribe Truvada for PrEP or Descovy for PrEP. This opportunity helped clinicians to better understand PrEP and the process of prescribing PrEP for each client case by case.

	SisterReach

(New in 2020)

Date	Address	Attendees
January 31, 2020	Conference Call	4 (each meeting)
April 7, 2020	WebEx	

Summary

St. Jude joined with SisterReach to discuss the needs for cisgender women and masculine-presenting women. The EHE draft plan was shared with SisterReach, giving them access to review the plan and share their areas of concern. During the second meeting, representatives of SisterReach revealed specific resources missing in the plan that will support women, and they gave ideas that will help engage with the faith-based community.

Partnership To END AIDS Status Act Now: End AIDS (ANEA) **End HIV 901 Transwomen Group**

Date	Address	Attendees
February 28, 2020	6073 Mount Moriah Suite 19; Memphis, TN 38225	5
March 17, 2020	Zoom	4
July 17, 2020	Zoom	4
November 23, 2020	Zoom	12

Summary

Partnership to END AIDS Status (PEAS) operates as grassroots nonprofit HIV prevention organization. PEAS has been a long-standing community partner with C2P and showed a special interest in End HIV 901 activities. St. Jude met with PEAS and their End HIV 901 transgender women group to share the End HIV 901 draft for their insight and modifications. ANEA hosts between 10-15 transwomen biweekly through zoom and conference call. PEAS was very strategic in focusing on the barriers and challenges that affect the transwomen population. PEAS End HIV 901 group provided their modifications and their End HIV 901 updated activities. ANEA created 6-7 activities placed in the End HIV 901 plan that represent the need and gap to prevention and care with transwomen in Shelby County.

Positive Women		
Date	Address	Attendees
March 4, 2020	Hope House	6
23 Idlewild St.		
Memphis, TN 38104		

Summary

After the recognition that women were not well represented in the End HIV 901 plan, members of the End HIV 901 coordinating team interviewed HIV-positive women, asking several questions to understand what resources and tools are needed the most to support this group. The women gave extensive examples, suggestions, and potential activities that were converted into End HIV 901 activities and placed in the End HIV 901 plan.

Unleashed Voices	
(New in 2020)	

Date	Address	Attendees
January 27, 2020	The Office in Uptown	5
	594 N Second St	
	Memphis, TN 38105	

Summary

Continuing to identify potential and new organizations, St. Jude met with the magazine and LGBTQ advocating organization Unleashed Voices. The Unleashed Voice Magazine creates media magic in the Black LGBTQ community. The meeting focused on merging the work and new ideas of Unleashed Voices within the End HIV 901 draft plan. The organization expressed interest in partnering with C2P/End HIV 901 as the transition occurs from End HIV 901 pre-implementation to the implementation phase.

Memphis Area Prevention Coalition

(New in 2020)

Date	Address	Attendees	
March 18, 2020	Conference Call	4	

Summary

Connecting with new organizations and locating more unique services, the End HIV 901 coordinating team connected with Memphis Area Prevention Coalition, which provides syringe services. Memphis Area Prevention Coalition has been identified as a new organization that serves a population that lacks resources. The meeting served as an opportunity to share the work of End HIV 901 and hear about the up and coming programs in prevention in the Memphis area. An invitation was extended for Memphis Area Prevention Coalition to present at one of the next C2P/End HIV 901 meetings. Additionally, the organization shared areas of need, which were placed in the End HIV 901 plan as potential activities for implementation.

Headliners

Date	Address	Attendees
May 21, 2020	Zoom	15

Summary

The Headliners and C2P/End HIV 901 hosted a Zoom call to facilitate an End HIV 901 plan review meeting. The zoom call opened the floor for the participants to share their views on strategies and activities that support the LGBTQ community. Additionally, the End HIV 901 coordinator introduced an opportunity for the Headliners to create a tag line and weigh in on making the End HIV 901 logo. Communication also centered around increasing participation in the Headliners community advisory board and creating a pathway for Headliners to join the C2P/ End HIV 901 coalition.

Thistle and Bee (New in 2020)

Date	Address	Attendees
August 21, 2020	WebEx	2

Summary

Continuing to identify potential and new organizations, St. Jude met with the company Thistle and Bee. Thistle and Bee's mission is to help women thrive who have survived prostitution and trafficking. The End HIV 901 timeline and draft plan were reviewed on the call, and the organization shared their goals and programs currently implemented. It was identified that Thistle and Bee would be a great asset to the C2P/End HIV 901 coalition, marking potential collaboration and connections with other organizations.

End HIV 901 Celebratory Holiday Event		
Date	Address	Attendees
December 1, 2020	1350 Concourse Ave Suite 142	14
Memphis, TN 38104		

Summary

Concluding the year of developing the End HIV 901 draft plan, creating a social media presence, survey distribution, and modification, C2P/End HIV 901 coordinated a COVID-safe celebration of appreciation. The group also used this time to acknowledge World AIDS Day by viewing the World AIDS Day live stream facilitated by H-CAP, Shelby County Schools, C2P/End HIV 901, and the Shelby County Health Department.



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Appendix A

General Abbreviations/Descriptions of Organizations Mentioned in Section IV of the End HIV 901 Plan

Abbreviation	Organization/Population	Description
	A Betor Way	A provider of services for individuals who inject drugs
AETC	AIDS Education and Training Center	A federal support agency that works to build the capacity of providers to care for PWH
AHC	Alliance Health Care	Not-for-profit organization is the largest comprehensive behavioral health provider
ANAC	Association of Nurses in AIDS Care	A national organization of nurses who care for PWH
ASCC	Adult Special Care Clinic	HIV care and treatment medical provider
ASO	AIDS Service Organization	A non-governmental organization that assists in providing services for PWH
ВСН	Bluff City Health	A wellness center that considers trauma, abuse, and crisis management, using nutritional health and other modalities to treat.
	Black women	A community of focus in the End HIV 901 plan.
	Bluff City Medical Society	A local society of Black physicians working to eliminate health disparities
C2P	Connect 2 Protect-Memphis	Part of national initiative - provides HIV prevention, care, and treatment services for adolescents, including HIV/STI screening and testing, mental-health services, social-support services, and case management/care coordination
CAC	Certified Application Counselors	"An individual (affiliated with a designated organization) who is trained and able to help consumers, small businesses, and their employees as they look for health coverage options through the Marketplace, including helping them complete eligibility and enrollment forms. Their services are free to consumers." (healthcare.gov)
CAAP	Cocaine and Alcohol Awareness Program	A provider of behavioral and mental health services, providing culturally specific programming related to substance abuse.
	CAREWare	"CAREWare is a free, electronic health and social support services information system for HRSA's Ryan White HIV/AIDS Program recipients and providers." (https://hab.hrsa.gov)
СВО	Community-based organization	
CCHS	Christ Community Health Services	A faith-based medical provider that seeks to meet the physical, spiritual, emotional needs of the underserved, the uninsured, and the homeless. (8 medical centers, 5 dental centers, 1 women's center, 1 mobile clinic, 5 pharmacies)
CDC	Centers for Disease Control and Prevention	Federal agency responsible for efforts in health, safety, and disease prevention.
CFAR	Centers for AIDS Research	A program that supports high-quality HIV research via the National Institutes of Health
CHIP	Comprehensive High Impact Prevention	Provides free HIV education and testing.

CHS	Cherokee Health Systems	Provides medical care regardless of ability to pay
Church	Area churches, predominantly Black and Latino/a churches	Church is part of the core of life in the Memphis area. Memphis has been described as having a church on every corner.
CHW	Community health worker	A frontline worker who uses a deep understanding of PWH and their needs in order to assist them in navigating their care experience.
CME	Continuing Medical Education	Education encounters that allow medical professionals to remain current in their field
COMPASS	Commitment to Partnership in Addressing HIV/AIDS in Southern States	A program offered by Gilead Sciences to work on decreasing instances of HIV in the South.
	Crosstown Concourse Arts	A local space that cultivates the arts community
DRC	Day Reporting Center	A facility for use by people who are under court order. They report daily to receive training on being accountable for their actions.
eHARS	Enhanced HIV/AIDS Reporting System	An electronic data reporting system that allows health departments to report data to the CDC
EHE	Ending HIV Epidemic	An initiative that aims to end HIV by 2030
EMR	Electronic medical records	Medical records that are available electronically
FFL	Friends for Life	An organization working to prevent the spread of HIV and to help those affected by HIV
FQHC	Federally Qualified Health Clinics	Federally funded healthcare centers available for underserved communities
	Get PrEP TN	A campaign in Tennessee to raise awareness about PrEP
GIS	Geographic Information System	Technology used to capture geographic information that car be used to locate clusters
	Hattiloo Repertory Theatre	A theatre that predominantly produces plays based in the African American experience
НВСИ	Historically Black College or University	One of 100+ colleges whose student population has traditionally been African American since their founding, some of which were founded in the late 1800s
H-CAP	HIV Care and Prevention	An administrative body overseeing Ryan White funds
НН	Hope House	An organization helping those affected by HIV and poverty
HL	Headliners-Whole YOUniversity	A group of LGBTQ community members, stakeholders, gatekeepers, and allies who plan events to empower, entertain, and inform Memphis and surrounding areas.
HOPWA	Housing Opportunities for Persons With AIDS	A federal program designed to assist PWH with housing needs
	A federal program designed to assist PWH with housing needs	An organization focused on social justice, comprised of community and faith-based organizations
HRSA	Health Resources and Services Administration	A federal agency focused on access to health care for the underserved
	LáDeia Joyce	Local public figure sharing her journey of being a Black woman living with HIV and promoting importance of taking ownership of one's sexual health

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	T	T .	
	Latino Memphis	An information support center for Latinx in Memphis. Programs address student success, policy, community engagement, and more.	
LCHN	LeBonheur Children's Hospital Community HIV Network	An initiative offering a range of HIV services (e.g., testing, referrals, transportation to appointments, case management)	
LGBTQ	Lesbian, Gay, Bisexual, Transgender, Queer	A community of focus in the End HIV 901 plan.	
LTC	Linkage to care	Being connected to care after HIV diagnosis	
MCM	Medical Case Manager	A professional who works with health care professionals and others in the community to assist people to manage their health	
	Merci	Mental Health Service	
МНС	Memphis Health Center	An organization with a mission to improve community health and eliminate health disparities locally	
MHN	Men's Health Network	A national non-profit organization whose mission is to reach men, boys, and their families .	
MICAH	Memphis Interfaith Coalition for Action and Hope	An organization focused on social justice, comprised of community and faith-based organizations	
MIFA	Memphis Interfaith Association	An organization that provides a range of services such as food assistance and housing	
MSH	My Sistah's House	Advocacy organization for LGBTQ people, especially transwomen	
NIH	National Institutes of Health	A consortium of federal research institutes	
NIMHD	National Institute on Minority Health and Health Disparities	Part of the NIH, focused on health disparities, especially those experienced by minorities	
NPS Pharmacy	NPS Pharmacy	Specialty pharmacy located in Nashville, TN	
ОН	Oak Street Health	A health care provider focused on providing equitable care	
	Orange Mound Gallery/Collective	An organization that works to create a platform for African American artists, located in the oldest community built in the United States for and by African Americans	
ОМ	OUTMemphis	Founded in 1989 as Memphis Gay & Lesbian Community Center, the organization later changed its name to OUTMemphis. It works to nurture a sense of community among LGBTQ Memphians.	
	Out901	A platform for entertainment, news, and connect for the LGBTQ community	
PAIGE	The Project of Advancement in Gays' Efforts	A local Black LGBTQIA social justice organization focused on the wellness and leadership development needs of youth and the community	
PEAS, Inc.	Partnership to End AIDS Status	An organization that assesses service gaps, community needs related to people affected by HIV and other STIs or at risk for them. Strong focus on providing HIV education to the most highly affected community during their "vulnerable hours" (after business hours and weekends).	
PPGMA	Planned Parenthood	A provider of medical care regardless of the patient's ability to pay. Strong focus on sex education.	
PSA	Public Service Announcement	Announcements made on television or radio to share information of public importance	
		imormation of public importance	

	Red Umbrella Project	A small peer-led organization based in Brooklyn, New York,	
	nea ombrena i roject	which does community organizing and advocacy to make policy and systemic change to support the rights of sex workers.	
ROHMC	Regional One Health Medical Center	A large medical system in Shelby County	
ROHMC ASCC	Regional One Health Medical Center Adult Special Care Center	A Ryan White-funded program focusing on viral suppression and quality of life.	
RWHAP	Ryan White HIV/AIDS Program	A federal program providing primary medical care and support services for PWH	
RW-D	Ryan White-Part D	Grant program that serves providers of care and support services for women, infants, children, and youth living with HIV.	
SAMHSA	Substance Abuse and Mental Health Services Administration	A federal agency that works to reduce substance abuse and mental illness	
SCCSA	Shelby County Community Services Agency	An organization focused on breaking the cycle of poverty and supporting local citizens in their goals for economic independence	
SCHD	Shelby County Health Department	The major public health organization in the county	
	Sex Workers Project at Urban Justice Center	Organization that engages in legal services, advocacy, education, media, and organizing to build a movement to protect the human rights of sex workers	
SCLC	Southern Christian Leadership Conference	A civil rights organization	
SCS	Shelby County Schools	The public school system that covers most of Shelby County	
	Serenity	Substance abuse rehabilitation center	
SHM	Spirit Health Medical	A faith-based provider of medical care, including for HIV.	
SJCRH	St. Jude Children's Research Hospital	A provider of HIV care for children and youth	
SMILE	Strategic Multisite Initiative for the Linkage and Engagement of HIV-Positive Young MSM	A partnership between St. Jude Children's Research Hospital and the Shelby County Health Department	
SNS	Social Network Strategy	"An evidence-supported approach to engaging and motivating a person to accept a service that is based on the underlying principle that persons within the same social network who know, trust, and can exert influence on each other share the same risks and risk behaviors for HIV. SNS is particularly useful to recruit persons at risk for HIV into testing." (cdc.gov)	
SR	SisterReach	An advocacy and service organization that focuses on sex education and community support (e.g., providing free sex kits, emergency financial support)	
SSP	Syringe Services Program	A program that provides a range of services for those who inject drugs	
STI	Sexually transmitted infection	An infection transmitted by sexual contact	
SWOP-USA	Sex Workers Outreach Project USA	A national organization focused on ending violence and stigma encountered among sex workers	
TAAN	Tennessee AIDS Advocacy Network	A coalition of groups in Tennessee working to increase awareness about HIV	

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TC	The Corner	A provider of PrEP, PEP, HIV testing, and telehealth services
TDH	Tennessee Department of Health	The public health agency for the state of Tennessee
	Tennessee Alliance for Sexual Health	An organization that works to "enhance sexual health awareness and provide education for professionals and the community in TN and beyond" (tnash.org)
The Haven	The Haven	The Haven Memphis is a drop-in center for LGBTQ+ people of color to come and learn about sexual health.
TEP	TN Equality Project	The Tennessee Equality Project advocates for the equal rights of LGBTQ people in Tennessee.
UTHSC	University of Tennessee Health Science Center	A medical school and research center in Memphis, TN
UT Medical Group	University of Tennessee Medical Group	A large group practice affiliated with UTHSC
	Velvet Lips	A "sex-positive sex education venue offering workshops and intensive coaching" (velvetlipssexed.com)
WSP	Walgreens Specialty Pharmacy	Staffed by pharmacists, nurses, and care specialists trained to offer services for complex conditions
WCT	WeCareTN	An advocacy group for transwomen to achieve equity and maximum quality of life
WICY	Women, Infant, Children and Youth	Services provided to women, infants, children, and youth under Ryan White Part D
WNL	Walking into a New Life	Program for victims of domestic violence

NOTES

Appendix B

Members of Subcommittees and Community Partners

Askew, Brooke	Barber, Rosa	Bernard, Mary	Bond, Dana
St. Jude Children's Research Hospital	PEAS, Inc.	Spirit Health Medical	Serenity Recovery Centers
Boutte, Nate	Bowers, Orisha	Brantley, Meredith	Brooks, Ace
Walgreen's Community Based Specialty Store	Memphis Harm Reduction Coalition	TN Dept of Health / HIV Prevention Dept.	Shelby Co. Health Dept./ Ryan White Program
Buford, Lauren	Campbell, Bettina	Carroll, Austin	Claudio, Jessie
TN Dept. Health - Ryan White Planning Group	Hill Hernando Church / YOUR Center	Memphis Area Prevention Coalition	OUTMemphis
Clemons, Davin	Clemons, Gwen	Clines, Joanna	Cohen, Sherry
The Unleashed Voice Magazine	The Unleashed Voice Magazine	Johnson & Johnson/ Janssen Pharmaceuticals	Shelby Co. Health Dept. / Ryan White Program
Cole, Ayeisha	Cushman, Sudie	Devasia, Rose	Dickens, Carole Y.
St. Jude Children's Research Hospital	Shelby Co. Schools - Coordinated School Health	TN Dept of Health / HIV Prevention Dept.	Temple of Deliverance
Doty, Aamiyah	Dunlap, Tanyelle	Edwards, Sharron	Farrar, Melissa
Headliners Community Advisor (AdCare TN)	Christ Community Health Services	Regional One Health	Hope House
Fletcher-Pope, Lucille	Galloway, Denford	Garrison, Denise	Gaur, Aditya
St. Jude Children's Research Hospital / Dietician	Shelby Co. Health Dept. / Ryan White Program	Shelby County Schools- HIV, STD, & Teen Pregnancy Prevention	St. Jude Children's Research Hospital
Gooch, Pastor Darnell	Grayson, Nikia	Gregory, Lela	Hamlin-Palmer, Shameka
Cathedral of Praise Church of Memphis	CHOICES Memphis	St. Jude Children's Research Hospital	Univ. of Memphis - School of Public Health
Hampton, Martavius	Harrell, Daryl	Hervey, Laquetta	Hill, Carlotta
Shelby County School System - Community Health Program	Gilead Sciences, Inc.	Christ Community Health Services	Community Advocate
Hurd-Sawyer, Laronia	Jones , DeMarcus	Kent, Monica	Knowlton, Portia
PEAS, Inc.	St. Jude Children's Research Hospital	TN Dept of Health / HIV Prevention Dept.	Shelby County Schools - Coordinated School Health
Lee, Pearl	Lennon-Dearing, Robin	Lewis, Aimee	Long, Ariel
Youth Striving for Excellence	Univ. of Memphis - School of Social Work	Planned Parenthood of Memphis	Cherokee Health Systems, Inc.

McGee, Tereva	McKay, Virginia	Mitchell, Kimberly	Monroe, Sheri
Methodist LeBonheur Community HIV Network	Washington Univ. St. Louis	City of Mphs / Homeless & Special Needs Housing Srvcs	St. Jude Children's Research Hospital
Moore, Dana	Murrell, Dewayne	Nichols, Tshaka	Nolan, Vikki
Methodist LeBonheur Community HIV Network	The PAIGE	Friends for Life, Inc.	Univ. of Memphis - School of Public Health
Patterson, Rashida	Pepper, Jennifer	Pettit, April	Pichon, Latrice
Memphis Health Center, Inc.	CHOICES Memphis	Vanderbilt Univ. Medical Center	Univ. of Memphis - School of Public Health
Propst, Elizabeth	Randolph, Bruce	Rhine, Laquita	Richardson, Shanndolyn
Methodist LeBonheur Community HIV Network	Shelby Co. Health Dept. / Ryan White Program	United Way Mid-South	Choice Health Network / Spirit Health
Robinson, Cedric	Russum, McCaa	Saulsberry, Elise	Scott, Cherisse
Shelby Co. Health Dept. / Office of Epidemiology & Infectious Diseases	Christ Community Health Services	SisterReach	SisterReach
Sorrell, Vic	Steppe, Susan	Stewart, Gina	Stubbs, Andrea
Gilead Sciences, Inc.	Methodist LeBonheur Community HIV Network	Christ Missionary Baptist Church	St. Jude Children's Research Hospital
Tasaki, Jasmine	Taylor, Renae	Thompson, Daniel	Townsend, Jennifer
Family Safety Center	Transend and H-CAP, Ryan White	Headliners Community Advisory Board	Christ Community Health Services
Truss, Kimberly	Turner, Marshe	Turner, Joy	Wade, Mardrey
TN Dept of Health / HIV Prevention Dept.	Spirit Health Medical	St. Jude Children's Research Hospital	Alliance Healthcare Services
White, Juanita	Wienke, Heather	Wilhelm, Allison	Williams, Brandon
Momentum Nonprofit Partners	Johnson & Johnson/ Janssen Pharmaceuticals	TN Dept of Health / HIV Prevention Dept.	Shelby Co. Health Dept. / Ryan White Program
Williams, Erica	Willis, Sharese	Winford, Eboni	Wren, Tomekicia
Shelby Co. Health Dept. / Ryan White Program	Univ. of Memphis – Dept of English	Cherokee Health Systems, Inc.	Hope House
Wyatt, Jack			
Memphis Area Prevention Coalition			

Comprehensive List of Coalition Partners

The EHE Initiative bridges community and clinic relationships in a collaborative effort to leverage resources in the fight against HIV.



In late 2017, **St. Jude Children's Research Hospital's Connect to Protect (C2P) Community Coalition** mobilized community members to begin Ending the HIV Epidemic planning for Memphis, Shelby County. C2P has a long-standing history of solidifying community outreach and awareness around HIV prevention and treatment. Led by staff members of and support from St. Jude, it is made up of partner agencies representing a diverse mix of stakeholders from various sectors in Memphis. This includes AIDS services organizations, community-and faith-based organizations, local and state government, schools, federally qualified health centers, and members of priority populations.











































































Appendix C

Lists of New End HIV 901 Participants since 2019

New End HIV 901 Participants in 2019		
Name	Organization	
Marye Bernard	Spirit Health Clinic	
Jamie Russell-Bell	AIDS Education and Training Center	
Clare Bolds	AIDS Education and Training Center	
Lauren Buford	Tennessee Department of Health	
Robin Lennon-Dearing	University of Memphis- School of Social Work	
Julie Dombrowski	Tennessee Department of Health	
Diane Duke	Friends for Life	
Melissa Farrar	Hope House	
Denford Galloway	Ryan White Program	
Francis Garcia	Tennessee Department of Health	
Jasper Hendricks	Tennessee Department of Health	
Eric Leue	Friends for Life	
Bryce Page	Gilead Sciences	
Shanndolyn Richardson	Spirit Health Clinic	
Vic Sorrel	Gilead Sciences	
Heather Wienke	Janssen Infectious Diseases	

New End HIV 901 Participants in 2020		
Name	Organization	
Davin Clemons	The Unleashed Voice Magazine	
Gwen Clemons	The Unleashed Voice Magazine	
Pastor Darnell Gooch	Cathedral of Praise Church of Memphis	
Nikia Grayson	CHOICES Memphis	
Ariel Long	Cherokee Health Systems, Inc.	
Shanndolyn Richardson	Choice Health Network / Spirit Health	
McCaa Russum	Christ Community Health Services	
Elise Saulsberry	SisterReach	
Cherisse Scott	SisterReach	
Gina Stewart	Christ Missionary Baptist Church	
Daniel Thompson	Headliners Community Advisory Board	
Mardrey Wade	Alliance Healthcare Services	
Eboni Winford	Cherokee Health Systems, Inc.	



It's Time to End HIV 901

Our vision is to reduce the number of HIV transmissions, increase accessibility to care, and help prevent future spread of HIV in Memphis by providing the community resources like HIV testing, care, HIV treatment centers, supportive programming, and listings for related services for anyone in Shelby County.

Visit our website today to use the area's most comprehensive HIV resource directory for Memphis and Shelby County.



Ending the HIV Epidemic Shelby County

endHIV901.org









#endHIV901