

***Orleans Parish
Ending the HIV Epidemic Plan***



***Office of Health Policy and AIDS Funding,
A Division of the New Orleans Health Department***

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Section I: Community Engagement

The Ending the HIV Epidemic (EHE) Engagement Process in Orleans Parish involves extensive collaboration between key stakeholders: the Office of Health Policy and AIDS Funding (OHP) as the grant recipient for the Ryan White Part A (RWPA) funds for the New Orleans Eligible Metropolitan Area (NOEMA), the New Orleans Regional AIDS Planning Council (NORAPC), Fast-Track Cities Steering Committee, medical providers, community partners, and the community of people living with HIV (PLWH). As a division of the New Orleans Health Department, OHP is responsible for establishing a system of care for PLWH in the Eligible Metropolitan Area (EMA). As the Ryan White Part A Planning Council for the NOEMA, NORAPC establishes HIV-related service priorities and allocations of Part A funds based on the number, demographics, and needs of PLWH. Community Engagement is enhanced by this partnership which reflects the demographics of the local epidemic and includes members with specific expertise in healthcare planning, housing for the homeless, healthcare for incarcerated populations, substance use treatment, mental health treatment, as well as members who represent other Ryan White HIV/AIDS Program Parts and other federal programs. The goal is to coordinate all Ending the Epidemic Plans to create a cohesive strategy that is inclusive of governmental and community input to effectively make an impact on Ending the HIV/HCV/STD Epidemics.

Capacity of Office of Health Policy and AIDS Funding

As the Administrative Agency, OHP plays the main role in implementing a system of care to ensure that medical and support services are available for PLWH through Ryan White Part A funding. The process involves securing grant funding, procurement of services, contract development, data analysis, implementation of quality improvement activities, performance monitoring and evaluation, and additional administrative tasks to ensure funds are contributing to linkage to care, maintenance in care, and ultimately, positive health outcomes for PLWH. Serving its primary role in addressing and improving the public health of the citizenry, OHP is responsible for the administration of funds awarded to the City of New Orleans to address the health and service needs of PLWH living in eight (8) parishes (counties), including Orleans, Jefferson, St. Tammany, St. John the Baptist, St. James, St. Charles and St. Bernard. OHP employs seven full-time staff members, a Director, Quality Manager, Quality Management Coordinator, Data Manager, Grants Accountant, Office Manager, and a CDC fellow focused on Youth Outreach and Prevention. In addition to managing the Ryan White Part A grant, OHP has the responsibility of managing the following in order of grant name, and funding source:

- Fast Track Cities Initiative, International Association of Physicians in AIDS Care (IAPAC) - unfunded
- CARES Act Funds for COVID 19, Health Resources and Services Administration (HRSA)
- Ending the Epidemic “A Plan for America”, HRSA, HRSA-20-078
- “Building Capacity for HIV Elimination in the New Orleans EMA”, HRSA, HRSA-19-034
- Strategic Partnerships and Planning to Support Ending the HIV Epidemic in the United States, CDC, CDC-RFA-PS20-2010

Fast-Track Cities

Based upon the high burden of HIV, the City of New Orleans was invited by the International Association of Physicians in AIDS Care (IAPAC) to become a Fast-Track City. In 2018, Mayor Latoya Cantrell convened

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the Fast-Track Cities Steering Committee (FTC SC) to develop a strategy to end HIV/AIDS in the region by 2030. Since its inception, FTC has embarked on a path of developing a strategy which focuses on the 90-90-90 targets:

- 90% of all PLWH will know their status
- 90% of all PLWH will receive sustained Anti-Retroviral Therapy (ART)
- 90% of all PLWH on ART will have durable viral suppression

These targets are significant because they focus on improving the HIV care continuum from diagnosis to viral suppression. Currently, the New Orleans dashboard reflects target achievements of having 90% of all PLWH who are in Ryan White care on ART with durable viral suppression.

Composition of Fast-Track Cities Steering Committee

Co-hosted by NORAPC and OHP, FTC SC has been spearheading EHE efforts in NOEMA. Totaling 20 members, FTC SC is comprised of PLWH, representatives from OHP, the New Orleans Health Department, the Louisiana Department of Health STD/HIV/Hepatitis Program (LDH SHHP), Ryan White (RW) service providers, CDC-funded prevention providers, non-RW Federally Qualified Health Centers (FQHCs), the Southeast Louisiana Veterans Health Care System (VA Hospital), and representatives from the City of New Orleans Mayor's Office. Beyond these partners, FTC SC has involved major hospital systems in Orleans Parish, such as Ochsner Health and LCMC Health.

FTC SC oversees four workgroups: Testing, Linkage, Treatment/Viral Suppression, and Stigma Elimination and Education. Since its inception in January 2019, FTC SC has hosted monthly meetings, engaged stakeholders and community partners, and developed work plans for goals and strategies. Although workgroup meetings were impacted by COVID-19 due to competing priorities of FTC SC members and workgroup leaders, there has been consistent participation in full Steering Committee convenings. Attendees of FTC SC meetings have included PLWH, AIDS Education Training Center and pharmaceutical representatives, Syringe Service Program (SSP) professionals, African American (AA) women, a Loyola University law student and media correspondent, community advocates, Priority Health Care, people of transgender experience, and Linkage to Care Coordinator (LtCC). In support of collaborative efforts, NORAPC members, EHE statewide and Baton Rouge groups, and EHE Chief Operating Officer have attended meetings as well. Number of participants range from 15 – 20 attendees per meeting.

FTC SC workgroups have developed work plans which outline the need for building networks with PLWH, providers, clinicians, pharmacists, pharmaceutical representatives, health department staff, representatives from Part B/Louisiana Department of Health STD/HIV/Hepatitis Program (LDH SHHP)/Louisiana Health Access Program (LAHAP), insurance providers, and other interested individuals including both RW and non-RW personnel. Hiring the LtCC has also been a notable accomplishment to achieving goals across workgroups to support equitable outcomes for patients across HIV care and prevention services. Additionally, workgroup leaders have leveraged their relationships to invite and advocate for additional infectious disease specialists from non-RW healthcare systems to support FTC efforts. However, consistent and enhanced participation from these networks is an ongoing challenge.

NORAPC co-facilitates FTC SC meetings and serves as the convener for community engagement by empowering PLWH as active participants and leaders in EHE's planning processes. The representation of

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PLWH serving as Planning Council members and leaders exceeds Health Resources & Services Administration HIV/AIDS Bureau (HRSA HAB) requirements and has played a significant role in ensuring community perspectives in FTC planning activities. For the last year, FTC has worked to gather community input, integrate the viewpoints of new stakeholders, and maintain close partnerships with other HIV planning bodies to encourage ongoing local community participation.

Composition of Planning Council

The New Orleans Regional AIDS Planning Council plans for the distribution of the RWPA funds received by OHP. NORAPC supports the development and maintenance of a comprehensive system of care for PLWH in the New Orleans area that is accessible, responsive, culturally sensitive and of the highest quality to ensure all PLWH live with dignity. The organization's full-time support staff is comprised of 6 full-time staff members, including a Program Director; Health Planner; Council Coordinator; and 3 Planning and Engagement Coordinators. Moving forward, the PC organizational structure will be updated to ensure alignment with the future of the project initiative. Through the Planning and Engagement coordinators, NORAPC staff organizes and hosts focus groups and other community events such as outreach and health education opportunities, focused on spreading awareness and improving the lives of PLWH.

NORAPC members include PLWH as well as representatives from RW Parts B, C, D, F; OHP; Medicaid; and Housing Opportunities for Persons with AIDS (HOPWA). Representing comprehensive aspects of the HIV continuum of care, these stakeholders provide reports at monthly meetings to inform the work of NORAPC. Composing more than half of the PC, PLWH have a significant role in developing a comprehensive system of care through the RW service system. This involvement allows people to become active participants and partners in navigating their healthcare in order to achieve not only their health-focused goals, but also to empower each other as a community to advocate for efficient, effective, compassionate, and patient-focused care. Priority populations – African American men, women and youth, gay and bisexual men (GBM), people of transgender experience, and persons who inject drugs – drive the community dialogue to inform decision-making.

Other Outreach Efforts

Ending the HIV Epidemic focus groups

An ongoing effort to involve community and key stakeholders in the planning processes to achieve comprehensive health and supportive care for PLWH in Orleans Parish emerged, prior to the announcement of the Ending the HIV Epidemic initiative, in New Orleans, with the assistance of OHP, NORAPC, FTC SC and other community partners. However, expanded efforts to engage community has continued specifically around the Orleans Parish EHE plan with the hosting of focus groups in July 2020. Due to the Coronavirus pandemic EHE focus groups were held virtually via Zoom. The virtual format followed Mayor LaToya Cantrell's Phase 2 reopening guidance. Over 40 local participants including representatives from HIV RW planning groups, local community partners, medical and behavioral healthcare providers, service providers, immigrant population advocates, youth, and over 35% of PLWH attended. Representatives from over twelve different organizations participated in the EHE focus groups including key stakeholders from Louisiana Healthcare Connections, SHHP and Louisiana Foundation Against Sexual Assault (LaFASA). Local organizations assisted with marketing of the focus groups via their

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social media accounts, via their e-lists, and via organizational websites. These community organizations engage and service key populations including:

- **PLWH**
- **Youth 13-29**
- **Gay and bisexual men (GBM)**
- **Homeless and unstably housed persons**
- **Black/African American and Latinx/Hispanic communities**
- **People who use drugs, including people who inject drugs (PWUD/PWID)**
- **Transgender and gender non-confirming individuals**
- **Victims and survivors of sexual assault**

Eight focus groups, with two sessions for each of the four pillars in this plan – Diagnose, Treat, Prevent, Respond – were held to gain input on the draft Orleans Parish EHE strategy. There were two 90-minute sessions hosted per pillar over the course of two weeks. One session was held in the afternoon from 12-1:30 PM and the second session in the evening from 5-6:30 PM. The number of attendees ranged from 10-12 people with visual, and dial-in options available. Participants were able to attend multiple sessions.

Supplemental and supportive documents of engagement and outreach included agendas, registration forms, flyers, one-pagers detailing the goals and strategies and strengths, challenges and needs identified were distributed to participants prior to EHE focus group discussions. During the first half of each focus group session, to provide an overview of the EHE plan in New Orleans, PowerPoint slides were presented to participants who were able to join virtually and verbal explanations were provided as well for those who joined via phone. During the second half of sessions, specific questions about items in the plan, areas for improvement or details the community felt would be needed to end the epidemic in Orleans Parish, and questions from the group were addressed. Notes were taken on feedback received to further inform updates to the Orleans Parish EHE plan. Also, the complete draft document was shared with community members upon request so they could provide their individual feedback. Materials are being stored for record keeping.

Additional Outreach efforts

To sustain further community engagement, stakeholders and community members who were unable to attend focus group sessions had the opportunity to provide input verbally, by phone, in writing, or by email. Several key informant interviews were conducted, and feedback was received from the Louisiana Health Access Program (local AIDS Drug Assistance Program (ADAP) program) patient advocacy personnel, Access Health personnel, and patient self-advocates were provided to further inform revision of the Orleans Parish EHE strategy. Overall, the goal of these processes is to reduce the number of new HIV cases in Orleans Parish by 90% by 2030. Forthcoming engagement activities to provide participants and additional community members and leaders with updates of the EHE strategy, how they can be involved, and provide additional input is anticipated.

Innovative approaches for community engagement and outreach aim to empower community members to become active participants in addressing community need and in reducing HIV stigma. A prominent partner, Young Men of Color Community Advisory Board (YMoC CAB) convenes Black male youth to

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spearhead community outreach for HIV prevention, testing, supportive service needs, and stigma reduction. Through organizations like YMoC CAB, the aim is to increase youth involvement through community events. One event, hosted by YMoC CAB in May 2019, is the KNOW 'YA STATS event. This event involved community health screenings, a concert and community table discussions. Also, in December 2019, YMoC hosted "Cut to the Knowledge," a public event that provided free haircuts and styles to anyone who participated in educational games with HIV facts at the main branch of the New Orleans Public Library. Five local stylists participated, 41 individuals received haircuts, and 23 were screened for HIV/Hepatitis C as a component of the event with the goal to deliver insightful knowledge and a self-esteem booster in an innovative and progressive mode. In NORAPC and FTC SC, youth representation is the lowest among all priority populations, a common trend among Planning Councils across the United States. However, the outreach approaches that YMoC CAB has taken in the Orleans Parish community has been very effective in supporting young African American male health screening needs and promoting self-sufficiency in an accessible and uplifting way.

The annual Week of HIV Awareness is another HIV outreach event that fosters community health literacy and HIV education. Scheduled near World AIDS Day, the New Orleans event consists of faith based and educational activities, community gatherings, and HIV screenings. Extensive marketing efforts using multimedia are applied to spread HIV-specific health education messages widespread in the community. As part of its mission, the events have cultivated an increase in HIV testing during the Week. In 2018, during the Week of Awareness (November 29 – December 8), a total of 621 individuals were tested and 2 were newly diagnosed and linked to care. This year's event has been scaled back because of the city's response to the pandemic but will be a joint launch of the Ending the Epidemic plan for the City of New Orleans and the City of Baton Rouge. Both events will be virtual and will be promoted via social marketing.

Social media is also being used as a successful tool for community outreach and to seek input. For example, Facebook and Instagram allow for tracking of likes and shares to build consensus and further education and general awareness as seen with local COVID-19 responses. Beginning April 2020, shortly after the first reported case of COVID in Orleans Parish on March 9, 2020, with the help of LGBTQ Community Center of New Orleans President and sponsorship of NORAPC, OHP, and the YMOC CAB a weekly online conversation titled "Coping with COVID" began. These conversations were held via Zoom and lived streamed on Facebook. These weekly conversations gained an average of over 600 views on Facebook live streams and participants engaged by commenting or sharing sessions. Also, via Zoom diverse participation from HIV service provider partners, patient advocates, hypertension and mental health experts helped to guide Facebook conversations and address and engage community. Systemic and social inequities, best practices, and individual hesitations surrounding the health crisis in the Orleans Parish community were topics discussed. Other innovative approaches suggested by community involve promotion and collaboration with a local community radio station, WHIV 102.3-LP, founded by a local infectious disease doctor to demystify information around HIV treatment, and educate about the novel science of treatment as prevention and U=U messaging. Additionally, creating partnership with the American Medical Association can also help to further disseminate information on multiple platforms.

Local community partners

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Community partners in Orleans Parish include, as mentioned previously, YMoC Community Advisory Board (CAB) as well as the Parish Prison Health Collaborative, Refresh Coalition, NOLA Maternal Health Child Coalition, Rainbow Friends LGBTQ+ Task Force, LGBTQ Community Center of New Orleans, the Ryan White Part A and Part B Community Advisory Board, Hand in Hand Peer Navigators and the New Orleans Council on Aging. These organizations engage key populations and aim to improve health equity for Black, Indigenous, and People of Color (BIPOC) and LGBTQIA+ communities, decrease stigma, and address the social determinants of health such as housing, education, incarceration, food insecurity, and accessible testing opportunities for priority populations.

YMoC CAB engages African American youth and adult males through community-based outreach activities. The mission and vision of YMoC CAB is focused on the health and overall well-being of young men ranging in age from 13 -29. This organization encourages and aids the New Orleans community with gaining knowledge and other sustainable tools to promote a healthy and prosperous life with focus on the following areas: discharge planning for incarcerated individuals, HIV stigma reduction, employment, housing discrimination, and asset building.

The Parish Prison Health Collaborative (PPHC) co-hosted by OHP and NORAPC since 2009, with collaboration of local and state partners, was originally developed to improve the availability of routine HIV screenings in the parish jail system. The group has since grown to discuss the provision of ART during incarceration, linkage to care post-release, provision of supportive services and care coordination for incarcerated PLWH (who are scheduled to be released). As a discussion-based group, PPHC commits to upholding a sustainable, comprehensive system of care for PLWH in Orleans Justice Center (OJC). The collaborative addresses barriers to HIV testing and care and ensures services incorporate updated strategies for routine opt-out testing medication disbursement, discharge planning, test and treat model and linkage to care upon release. The ongoing coordination, collaboration, and dedication of all partners involved has been essential in driving systemic improvements to better meet the needs of the priority population and inform EHE strategy and implementation.

Refresh Coalition is an innovative approach to health, wellness, and food access located in the center of Mid-City New Orleans. Prior to the current health crisis community members and partners from local organizations such as Familias Unidas En Accion, Louisiana Fair Housing Action Center, and DePaul Community Health Centers have participated in monthly meetings. Regular topics discussed included small business support, community healthcare assistance and food, community events, and housing disparities caused by short-term rentals. As a substitute for meeting in person, however, monthly updates on COVID-19 housing and food assistance, unemployment insurance, legal and small business assistance and other emergency support was distributed to participants.

Hand in Hand began as a volunteer project linking out-of-care PLWH back into care through peer support from PLWH currently in care. At monthly meetings, peers receive training on basic HIV knowledge, including confidentiality, ethics, and boundaries; system of care navigation; available resources and assistance as well as responsibilities and roles of peers, case managers, and care teams. The program is now on hiatus while plans are underway to assign Community Health Workers (CHW) to work on outreach and linkage.

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The NOLA Maternal Health Child Coalition is an advocacy group dedicated to improving outcomes, experiences, and access to quality care during pregnancy, birth, and postpartum. The group is a collection of diverse stakeholders in maternal and child health including researchers, healthcare providers, doulas, representatives from state and government offices, and community organizations. The coalition focuses on public health solutions and direct care for Black birthing people and their infants in New Orleans.

Rainbow Friends LGBTQ+ Task Force is a collection of various stakeholders dedicated to eliminating homelessness among LGBTQ+ individuals. The task force aims to address systemic barriers and discrimination, build skills and cultural competency among service providers, and improve outreach and engagement.

LGBTQ Community Center of New Orleans mission and vision is centered around demystifying homophobia and transphobia, combating racist and sexist prejudices, and striving to make Greater New Orleans a place where “gender and sexual minorities are equitable and empowered.” An organization that supports community lead organizations and experiences aligned with this mission, the LGBTQ Community Center also urges use of a “nothing about us without us” model for trans experienced individuals to be able to guide all facets of their social and health wellbeing. Collaboration with the president of this organization has played a part in continuing conversations around matters such as those as mentioned previously.

Ryan White Part A and Part B Community Advisory Board (ABC CAB) is a collaboration between the Ryan White Part B program through SHHP’s LAHAP program along with Ryan White Part A program through NORAPC and OHP. It is intended to inform and improve access and respective service delivery across all RW programs for PLWH.

New Orleans Council on Aging (NOCOA) serves individuals 60 years and older living in New Orleans by ensuring their overall health, wellness, and social stability. The group’s regular bi-monthly meetings halted in response to safer-at-home orders, however, the group has continued to engage community by hosting and promoting community activities such as an annual Senior Fest and Health Fair event. Although recent events have not been specifically related to HIV, they have encouraged holistic health for aging populations who continue to be a priority population to engage, as 55% of PLWH in NOEMA are 45 years of age or older as of December 2019.

Local service provider partners

The New Orleans EMA also includes a variety of local service providers including Acadian Care, Brotherhood, St. John Camp Ace, Concerned Citizens for a Better Algiers (CCFBA), Crescent Care, Frontline Legal Services, Greater New Orleans Fair Housing Action Center (FHAC), Institute of Women and Ethnic Studies (IWES), Odyssey House, Priority Health Care (PHC), Project Lazarus, Southeast Louisiana Area Health Education Center, St. Thomas Community Health Center, Tulane Community Health Center, UNITY of Greater New Orleans (GNO), University Medical Center (UMC) HIV Outpatient Program (HOP)/Infectious Disease Center. These HIV treatment service and/or prevention providers bridge the gap between priority populations having the resources needed to gain and support sexual and mental healthcare knowledge and services and overcome financial and social challenges. The EHE

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plan aims to strengthen partnerships by increasing interactions with key stakeholders and priority communities rather than only current administrative training.

Readily accessible and comprehensive sexual, mental, and social healthcare is important to sustaining and improving health of New Orleans residents, especially those living with HIV. Organizations that provide these services in Orleans Parish are Acadian Care, Project Lazarus, CCFBA, CrescentCare, PHC, St. Thomas Health Clinic, Access Health, Tulane T-Cell Clinic, and UMC/HOP Infectious Disease Center. Acadian Care New Orleans provides high quality behavioral health for children and adults. CCFBA and Project Lazarus provide case management services, housing, supportive services, substance use treatment counseling and education and training for low- and middle-income individuals Also, offering gender affirming care, SSPs, and a variety of comprehensive services CrescentCare plays a vital part in providing holistic care for PLWH. PHC addresses early intervention, medical transportation, specialty care, and PrEP programs to complete the array of wraparound services offered in New Orleans. Lastly, CrescentCare, PHC, St. Thomas Health Clinic, Access Health, Tulane T-Cell Clinic, UMC HOP Infectious Disease Center is essential medical service and ambulatory provider for PLWH.

Financial and social challenges related to employment, housing, incarceration and economic stability and wellness are addressed within IWES, Project Lazarus, Frontline Legal Service, St. Thomas Community Health Center, and Brotherhood. Through its testing for HIV and Reducing the number of Infections among most Vulnerable Ethnic groups in New Orleans, LA. (T.H.R.I.V.E), Brotherhood seeks to address socioeconomical and psychological barriers that contribute to health disparities for vulnerable and priority populations. IWES and Project Lazarus together empower youth, women, target populations and PLWH by providing housing, food, and physical, emotional and spiritual wellbeing be encouraging self-advocacy. St. Thomas Community Health Center is a FQHC that serves vulnerable populations and Frontline Legal Service provides legal advice to address issues of incarcerated PLWH in Orleans Parish face.

AETCs at LSU and Access Health serve as support for health care professionals. These facilities have been integral in developing and providing trainings to HIV service and medical professionals to enhance community-based outreach and ensure PLWH are equipped with quality care. Both organizations also conduct community-based research to enhance community-engagement and address health disparities and the factors that contribute to them.

UNITY of GNO seeks to provide housing to end homelessness in Orleans Parish. According to the 2019 PLWH Needs Assessment 4 of the 5 services gaps were related to housing. The partnership with UNITY and other housing organizations in New Orleans like Greater New Orleans FHAC help to prevent and address housing issues priority populations endures. Although there are 1,188 homeless individuals in New Orleans as of 2018 according to the Point in Time (PIT) survey conducted annually by UNITY, the partnership of UNITY and HIV service and medical partners contributes to the organization's mission "to coordinate community partnerships to prevent, reduce and end homelessness" one of factors that place target populations at higher risk for contracting HIV/AIDS.

Lastly, four organizations in New Orleans (New Orleans Health Department, Council on Alcohol and Drug Abuse for Greater New Orleans (CADA), Odyssey House and CrescentCare) are funded by the Substance

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Abuse and Mental Health Services Administration (SAMHSA) grants focusing on HIV and substance use prevention among young minority groups, including young Black GBM and LGBTQIA+ Youth. OHP and NORAPC coordinate closely with these organizations to align education, prevention, testing, and linkage activities as well as to ensure these grant funded projects are operating in alignment with one another.

The engagement of PLWH, HIV advocates, clinicians and public and social health professionals has increased due to NORAPC and FTC planning efforts. Community input encourages public awareness and promotes educational and employment opportunities. The documentation of needs will allow NORAPC and OHP to evaluate progress, the needs of key populations, and reinforce project goals. Enhanced engagement will further build and develop partnerships to strengthen community care and peer services for improved supportive systems and ongoing engagement efforts.

Future Engagement

Improvement of engagement requires strengthening communication with partner organizations, eliminating barriers, and expanding health and wellness service outreach. To further improve engagement, safe spaces for the community to share input must be supported. Emergency departments and outpatient clinics within hospital systems, like Ochsner Medical Center, LCMC, and Tulane Medical Center, as well as urgent care centers and primary care providers will be instrumental new partners in EHE efforts moving forward. Future planning with IWES, an existing partner, will aim to achieve centralized linkage-to-care efforts for navigating newly diagnosed PLWH and treatment-experienced PLWH through clinical networks, supportive services, RW care system, and navigation to health insurance coverage.

As PLWH in New Orleans continue to be impacted by the social determinants of health as a result of incarceration, lack of quality education, substandard behavioral health care access, stigma, and housing instability, future planning efforts will focus on addressing these barriers by strengthening existing partnerships and creating new partnerships with local organizations. New and/or enhanced partnerships with New Orleans East Hospital, De Paul Community Health Center, the Orleans Justice Center, Southeast Louisiana Veterans Health Care Systems, and others will be essential to overcoming these social barriers. Identifying and engaging additional local advisory boards, neighborhood associations, and community-based organizations through MOUs are incorporated into planning and engaging efforts.

OHP will prioritize monitoring and evaluating community engagement in its future efforts. Measuring success and areas for improvement will improve EHE planning and implementation endeavors. Closing gaps in information and tracking progress to identify needs throughout the Parish are essential. For example, new partnerships in linkage-to-care efforts will be monitored by evaluating the number of successful referrals and linkage into care. Aggregated surveillance data will be reviewed biannually for monitoring and evaluation. The development of needs assessments, surveys, and qualitative and quantitative measurements will be prioritized with major input from local community, PLWH, and priority populations, to implement mechanisms to assess community involvement on an ongoing basis.

Additionally, partnership with Baton Rouge and Louisiana EHE groups will help to strengthen community awareness of ending the HIV epidemic efforts locally and statewide. With the support of the community the New Orleans plan will be launched in collaboration with the Baton Rouge and statewide EHE plans.

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Supplemental engagement groups to consider may also include communities in surrounding parishes. Understandably, Orleans Parish is the prioritized and sole jurisdiction of this plan; however, the community has suggested that it is important to note the geographical mapping of Orleans Parish and its extension of care to residents living with HIV outside of the parish. Therefore, building partnerships with communities and organizations in these areas is a critical factor to ending the HIV epidemic. Streamlining access to care across parish lines requires coordination. Neighboring parish residents interact with Orleans Parish for multiple services, particularly when accessing healthcare. Integration of these surrounding parishes will be important to understanding and encompassing the scope of ending the HIV epidemic in Orleans Parish.

A chart of future engagement with new and non-traditional community stakeholders in the EHE planning process is detailed below. Many additional partners were suggestions of EHE focus group participants.

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Future Types of Engagement	Proposed Meeting/Event Information	Represented Groups	Organizations Needed	Participant Profile or Potential Collaborators Needed	Engagement Goals
EHE Focus Groups	Series of virtual meetings hosted to gain feedback on EHE planning and implementation efforts	PLWH, youth, people of transgender experience, people who inject drugs, women living with HIV, LGBTQIA+ communities	SHHP, YMoC, local HIV providers and healthcare organizations	PLWH, Community Based Organizations (CBOs), insurance providers, patient navigators, Center for AIDS Research (CFARs)*	Community input and accountability for EHE planning and implementation Efforts from diverse stakeholders and community members
EHE Joint Launch Event	Regular virtual meetings for preparation; virtual and in-person Joint Launch events to promote all EHE Plans across the state	Baton Rouge, New Orleans, and Statewide EHE Planning teams	Local city and state health departments media and marketing teams	Local TV, radio, and print media stations; local news outlets; marketing firms	Community awareness and support of EHE Orleans Parish Plan and subsequent implementation
FTC SC and Workgroups	Virtual and/or in-person meetings to finalize and adopt workplans and coordinate FTC SC initiative and EHE implementation.	FTC Workgroups, HIV Providers, medical care and social service providers	SSPs, Louisiana Public Health Institute (LPHI), New Orleans East Hospital*, Ochsner,* Medicaid partners, Louisiana Healthcare Connections, LA HAP, Refresh Coalition, PPHC	PLWH, CBOs, insurance providers, case managers, housing service providers, transportation service providers, employment service providers, mental health service providers, childcare organizations, Trauma informed agencies, youth, BIPOC groups, HIV/HCV/STD testing organizations, criminal and racial justice organizations, CHW, pharma, LGBTQIA+ individuals	Enhance the EHE initiative and FTC SC collaborative to create a comprehensive HIV prevention and care process to address what additional partners are needed, social determinants of health, and epidemic responses.
EHE Advisory Group	Quarterly virtual and/or in-person meetings to discuss	City of New Orleans, medical and social service providers	SHHP, OHP, AIDS Education and Training Center	PLWH, faith-based organizations, community liaisons, youth, LGBTQIA+ communities, GBM, HANO, Housing	Enhance community knowledge of HIV prevention and

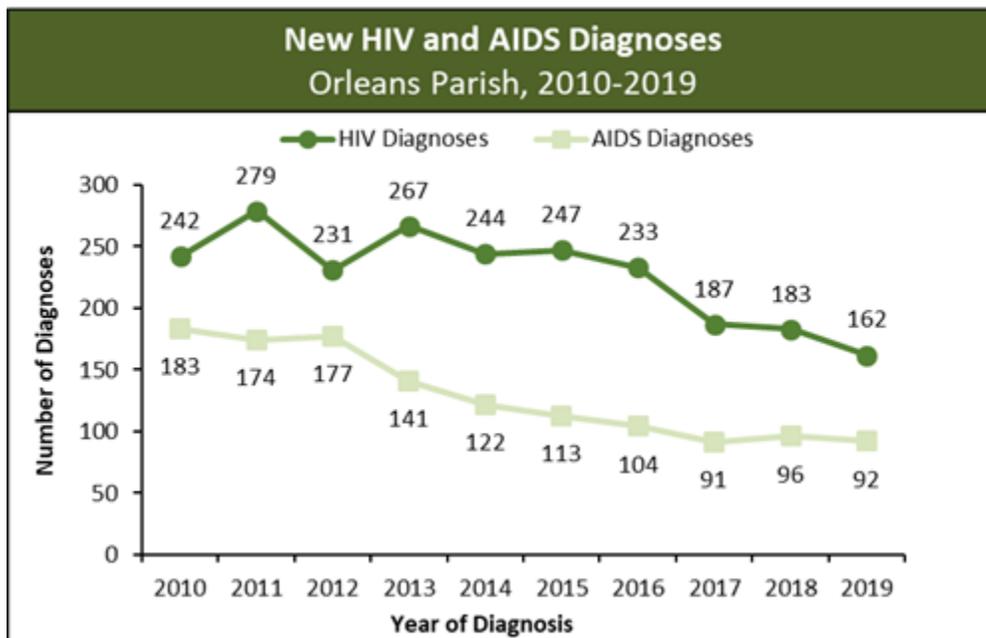
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	best implementation practices for testing, prevention, treatment, and response activities within the Orleans Parish EHE strategy.		(AETC), SSPs, CFARs, OJC, NOCOA*, SAGE, LGBT Community Center of New Orleans, YMoC	NOLA, criminal and racial justice organizations, BIPOC groups, LGBTQIA+ individuals, local businesses, CBOs, aging populations of PLWH	treatment, inform monitoring and evaluation of EHE plan progress, and develop a step-by-step plan using surveillance data for Orleans Parish to respond to potential outbreaks or clusters and reduce new HIV diagnoses in Orleans Parish.
Community Events	Seven to ten events scheduled throughout 2020-2025	PLWH, youth, people of transgender experience, people who inject drugs, women living with HIV, LGBTQIA+ communities	FQHCs, Odyssey House, UNITY of GNO, HANO, LaCC SAGE, Rainbow Friends, Framework for Dialogue, OJC, PHHC, IWES, Planned Parenthood	CBOs (homeless, aging, youth, trauma-informed, criminal justice, schools, universities, LGBTQIA+, BIPOC communities, racial justice faith-based, justice experienced, criminal justice reform, mental health), local businesses	Seven to ten community engagement events in New Orleans will engage priority populations and community organizations in alignment with EHE goals, strategies, and activities.
NORAPC meetings	Virtual and/or in-person meetings regularly scheduled monthly for Planning Council and its committees.	PLWH, youth, people of transgender experience, people who inject drugs, women living with HIV, LGBTQIA+ communities	SHHP, local HIV providers and healthcare organizations, YMoC	PLWH, CBOs, case managers, housing service providers*, employment service providers*, mental health service providers*, childcare organizations* HIV/HCV/STD testing organizations, c CHW, pharma, LGBTQIA+ individuals, OB/GYN*, primary care, patient navigators, Center for AIDS Research (CFARs)* (open to the public)	Community awareness and support of EHE Orleans Parish Plan and subsequent implementation, with engagement with new stakeholders.
*denotes a new approach or strategy used to engage a group in community engagement efforts OR new organizations and individuals engaged through the community engagement process					

Section 2: Summary Epidemiologic Profile for Orleans Parish

In 2018, Louisiana ranked 4th in the U.S. for HIV case rates and 4th for AIDS case rates. Orleans Parish is the third most populous parish in the state of Louisiana with 390,144 residents (Census). Orleans Parish is part of the New Orleans Metropolitan Statistical Area (MSA), Louisiana’s largest metropolitan area, with the Parish comprising 31% of the MSA’s total population. In 2018, the New Orleans MSA ranked 7th for HIV case rates and 5th for AIDS case rates.

In 2019, nearly 1 in 5 new HIV diagnoses in Louisiana were from Orleans Parish. Persons of color are disproportionately impacted by the HIV epidemic in Orleans Parish, particularly Black men. In 2019, Black men only comprised 27% of the Orleans Parish population but accounted for 50% of new HIV diagnoses. These health disparities exist due to long-standing social, educational, and economic inequities adversely impacting people of color in Orleans Parish. In 2019, an estimated 83% of Black people in Orleans Parish had attained a high school diploma or higher as compared to 96% of White people. An estimated 31% of Black people in Orleans Parish were living below the poverty level in 2019 as compared to 11% of White people. The estimated median household income in 2019 for Black residents in Orleans Parish was \$29,522 as compared to \$81,668 for White residents.



From 2010-2019, new HIV diagnoses in Orleans Parish decreased 33% from 242 diagnoses in 2010 to a 10-year low of 162 diagnoses in 2019. Over the past 10 years, HIV diagnoses peaked in 2011 with 279 new diagnoses. Almost half of the new HIV diagnoses in Orleans Parish in 2019 were from the following four zip codes: 70119 (17%), 70117 (12%), 70126 (10%), and 70125 (10%).

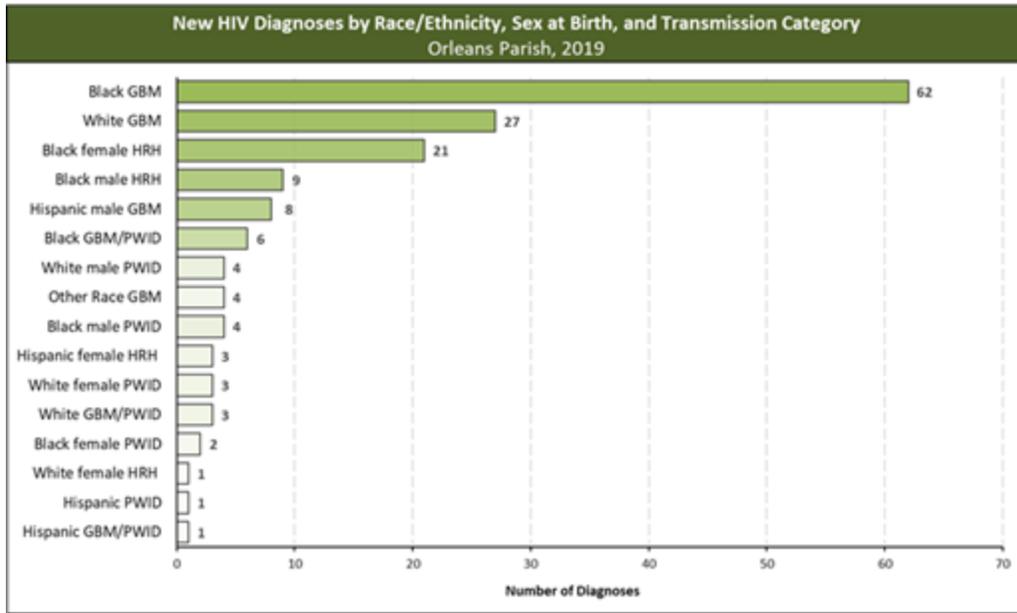
New AIDS diagnoses decreased 50% in Orleans Parish from 183 new AIDS diagnoses in 2010 to 92 new AIDS diagnoses in 2019. Over the past 10 years, AIDS diagnoses peaked in 2010 with 183 new diagnoses and reached a low of 91 diagnoses in 2017. Of the 162 new HIV diagnoses in 2019, 28 (17%) had an AIDS diagnosis within 30 days of their HIV diagnosis, and 34 (21%) of all new HIV diagnoses had an AIDS diagnosis within six months of their HIV diagnosis. These persons are late testers.

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Demographics of New HIV & AIDS Diagnoses and Persons Living with HIV Orleans Parish, 2019						
	New HIV Diagnoses		New AIDS Diagnoses		Persons Living with HIV	
	2019		2019		As of December 31, 2019	
	Cases	Percent	Cases	Percent	Cases	Percent
TOTAL	162	100%	92	100%	5,264	100%
Gender						
Female	30	19%	27	29%	1,252	24%
Male	128	79%	65	71%	3,884	74%
Transgender Women	4	2%	0	0%	128	2%
Race/Ethnicity						
Black/African American	106	65%	73	79%	3,596	68%
Hispanic/Latinx	13	8%	6	7%	280	5%
White	39	24%	11	12%	1,307	25%
Other/Unknown/Multi-race	4	2%	2	2%	81	2%
Age at HIV Diagnosis						
0-12	0	0%	0	0%	5	< 1%
13-19	6	4%	1	1%	23	< 1%
20-24	23	14%	1	1%	143	3%
25-29	33	20%	15	16%	435	8%
30-34	38	23%	18	20%	568	11%
35-39	22	14%	14	15%	602	11%
40-44	17	10%	13	14%	594	11%
45+	23	14%	30	33%	2,894	55%
Transmission Category						
Gay, Bisexual, & Other Men who have Sex with Men (GBM)	101	62%	40	43%	2,845	54%
Persons Who Inject Drugs (PWID)	14	9%	8	9%	398	8%
GBM/PWID	10	6%	7	8%	284	5%
High Risk Heterosexual (HRH)	34	21%	36	39%	1,675	32%
Perinatal/Pediatric	0	0%	0	0%	40	1%
Transfusion/Hemophilia	0	0%	0	0%	15	< 1%
No Identified Risk	3	2%	1	1%	7	< 1%

- In 2019, 79% of new HIV diagnoses and 71% of AIDS diagnoses were among men in Orleans Parish. Transgender women comprised 2% of the new HIV diagnoses.
- Orleans Parish has the second highest number of new HIV diagnoses among Hispanic/Latinx persons in Louisiana. In 2019, 13 (8%) of new HIV diagnoses, 6 (7%) of new AIDS diagnoses, and 280 (5%) of persons living with HIV (PLWH) in Orleans Parish were Hispanic/Latinx.
- In 2019, 65% of HIV diagnoses, 79% of AIDS diagnoses, and 68% of PLWH were Black.
- One in five new HIV diagnoses in Orleans Parish was 25 to 29 years old at diagnosis. Persons 30 to 39 years old accounted for 37% of new diagnoses.
- Most new HIV diagnoses in Orleans Parish are among gay and bisexual men (62%). In 2019, 21% of new diagnoses were among high-risk heterosexuals and 9% among persons who inject drugs.
- At the end of 2019, there were 5,264 PLWH in Orleans Parish. In 2019, half of PLWH in Orleans Parish resided among five zip codes: 70119 (14%), 70117 (14%), 70116 (8%), 70126 (8%), and 70114 (7%).

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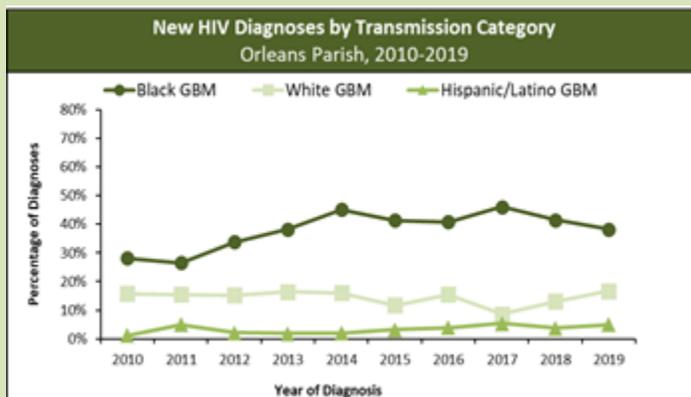


Three cases with no identified risk excluded from graph.

GBM = Gay, bisexual, and other men who have sex with men; HRH = High risk heterosexual; PWID = Person who injects drugs

The horizontal bar chart above highlights the marked disparities in new HIV diagnoses when persons are grouped by their race/ethnicity, sex at birth, and HIV transmission category. Among 2019 HIV diagnoses in Orleans Parish, 68% occurred among three groups: Black gay, bisexual, and other men who have sex with men (GBM), White GBM, and Black female high-risk heterosexuals (HRH). Stigma associated with racism, homophobia, and HIV increases the likelihood young Black GBM avoid disclosing their sexuality and/or HIV status, live in poverty, and decreases the likelihood they will engage with the healthcare system.

HIV Among Gay, Bisexual, and Other Men who have Sex with Men (GBM) in Orleans Parish

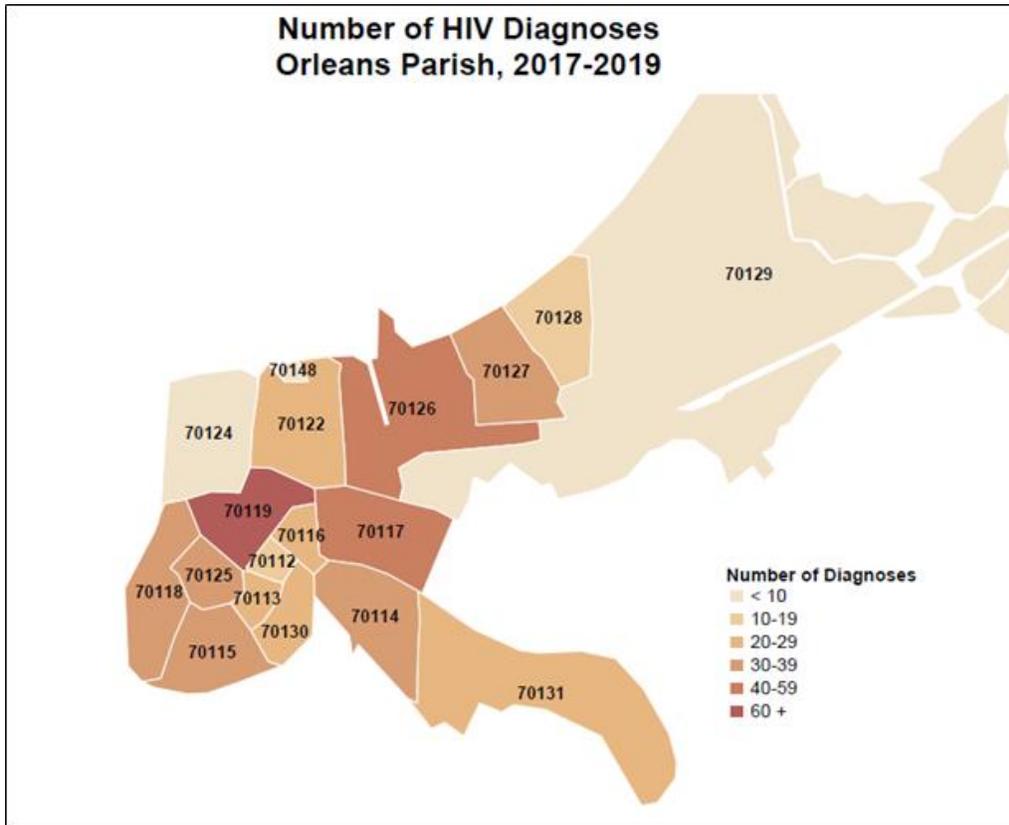


Gay, bisexual, and other men who have sex with men (GBM) comprise the majority (62%) of new diagnoses in Orleans Parish in 2019. Black GBM make up an increasing proportion of new diagnoses in Orleans Parish over the past 10 years. From 2010-2019, the percentage of Black GBM diagnoses in Orleans increased from 28% in 2010 to 38% in 2019. During this same time period, the percentage of White and Hispanic/Latino GBM diagnoses remained

relatively stable. Among Black GBM diagnosed with HIV in 2019 in Orleans Parish, 77% were under 35 years-old, 16% were diagnosed with AIDS within 30 days of their HIV diagnosis, and 19% were from the 70119-zip code.

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While HIV affects all parts of Orleans Parish, some areas of the parish experience significantly higher morbidity than others. From 2017-2019, over a third (36%) of new HIV diagnoses in Orleans Parish were from one of three zip codes: 70119 (17%), 70117 (10%), and 70126 (8%).

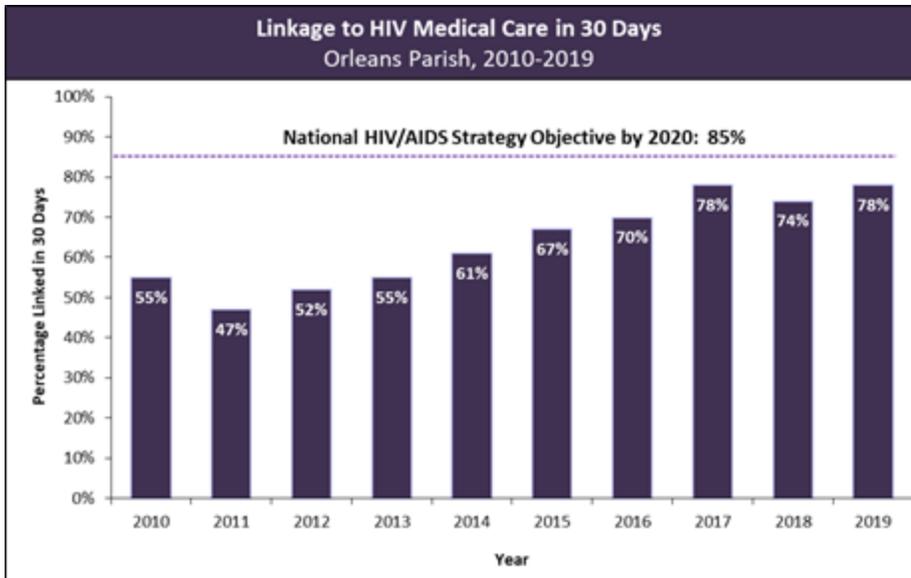


Map made in Tableau version 2020.3

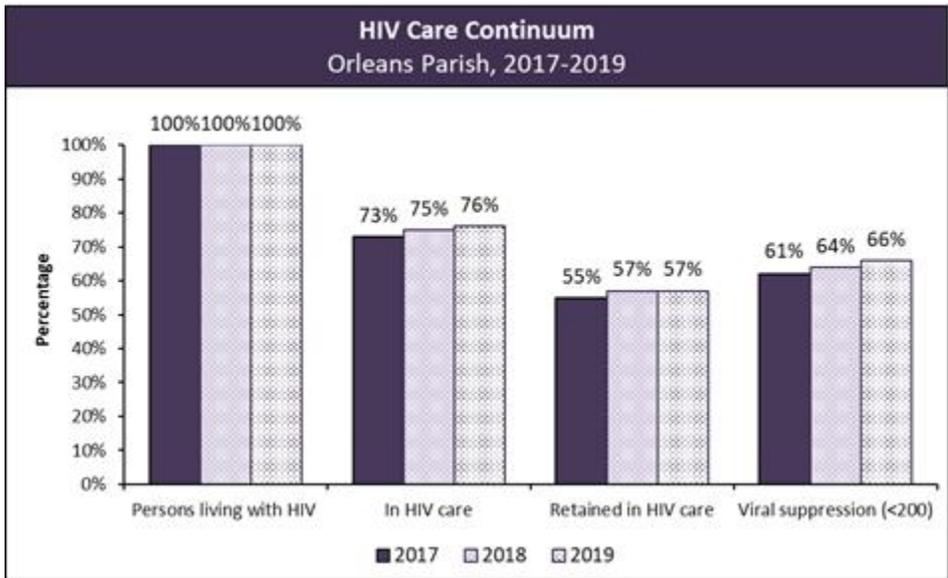
HIV Among Trans Women in Orleans Parish

From 2015-2019 there were 34 trans women diagnosed with HIV in Orleans Parish. Twenty-nine (85%) of the 34 diagnoses were Black trans women and most new diagnoses (74%) were under 30 years old. In 2019, 128 (37%) of the 346 trans women living with HIV in Louisiana lived in Orleans Parish. The majority of trans women living with HIV in Orleans Parish are Black (84%), under 35 years-old (50%), report engaging in sex with men (89%), and live in the 70119 (23%) or 70117 (13%) zip codes. Relative to their population size, trans women experience one of the highest burdens of HIV. Widespread stigma and discrimination negatively impact health outcomes for trans women as well as create significant barriers and inequities in accessing social, educational, and economic opportunities.

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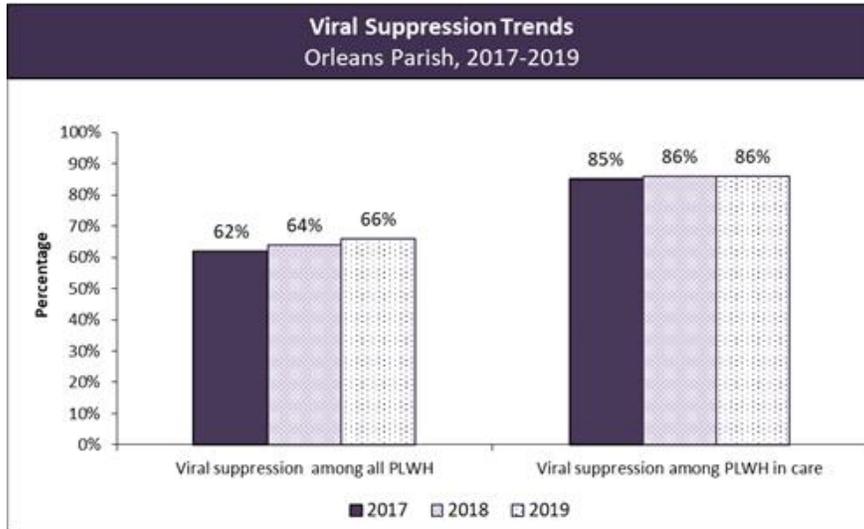


Following a person’s HIV diagnosis, timely linkage to HIV medical care is essential to maintaining a person’s health and well-being as well as provide opportunities for intervention to prevent HIV transmission. From 2010-2019, substantial improvements were made in linking individuals to HIV medical care within 30 days of diagnosis. In 2019, 78% of new HIV diagnoses in Orleans Parish were linked within 30 days as compared to only 55% in 2010.



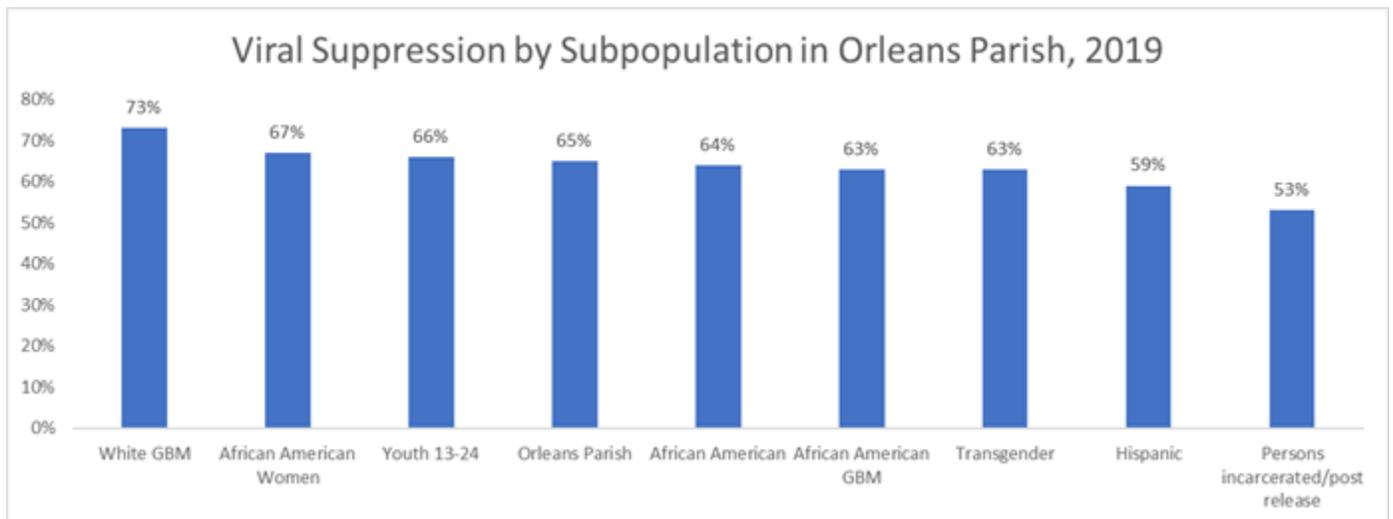
From 2017-2019, steady improvements have been made in engagement in HIV care (person has at least one CD4 count or viral load in the year of analysis), retention in HIV care (person has two or more CD4 counts or viral loads at least 90 days apart), and viral suppression among PLWH in Orleans Parish. In 2019, 76% of PLWH were in HIV medical care, 57% were considered retained in care, and 66% of all PLWH were virally suppressed at their most recent viral load laboratory test.

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From 2017 to 2019, viral suppression among persons living with HIV in Orleans Parish increased from 62% in 2017 to 66% in 2019. Persons with at least one CD4 count or viral load lab conducted in the analysis year are in HIV medical care. Among PLWH in care, the percentage of individuals virally suppressed increased from 85% to 86% between 2017-2019.

While viral suppression improvements were noted for Orleans parish, minorities and disenfranchised populations continue to experience disproportionate impact from HIV. African American GBM have significantly lower viral suppression at 63% compared to White GBM (73%). Other disparities noted are in African American (64%), Transgender (63%), Hispanic (59%), and persons incarcerated/post release (53%).



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Data show that viral suppression gaps decrease in some subpopulations once linked to care, therefore HIV screening, timely linkage to care and maintenance in care efforts are essential to ending the HIV epidemic.

Testing in Orleans Parish from 2017 to 2019.

From 2017-2019, 139,604 HIV screening tests were conducted at funded testing agencies in Orleans Parish. Most tests were conducted in emergency departments (31%), clinical correctional facilities (30%), and community-based organizations (17%). Among those newly diagnosed by testing conducted in Orleans Parish, 300 (61%) were Black and 111 (23%) were White.

Total number of tests	Number of positive tests	Overall Percent Positivity	Number of New Positives	Newly Diagnosed Positivity
139,604	2,414	1.73%	492	0.35%

Of those newly diagnosed by testing conducted in Orleans Parish, 361 (63%) were Black, 108 (19%) were White, 46 (8%) were Hispanic/Latinx and 60 (10%) were persons of other or unknown race/ethnicities.

HIV and STD Co-Infection

HIV shares several risk factors with other sexually transmitted diseases (STIs) and the hepatitis C virus (HCV). As a result, persons diagnosed with an STD or HCV are more likely than others to be co-infected with HIV. In 2018, 6% of chlamydia diagnoses were co-infected with HIV, 16% of gonorrhea diagnoses were co-infected with HIV, and 38% of primary and secondary syphilis diagnoses were co-infected with HIV in Orleans Parish. Among PLWH in Orleans Parish, 52 (1%) were diagnosed with HCV in 2019.

HIV Cluster Detection and Response

Currently there are no time-space or molecular clusters meeting national priority that has been provided to Orleans Parish. When time-space and molecular cluster analyses are available, it will be presented to the advisory groups for review and comment on a course of action.

Section 3: Situational Analysis

This Situational Analysis will provide a snapshot summary of Orleans Parish’s strengths, challenges, and identified needs, as it relates to the four pillars laid out in “Ending the HIV Epidemic: A Plan for America.” The Situational Analysis will build on local epidemiologic data, input from local HIV prevention and treatment planning bodies, other local community engagement efforts, and the work of the Fast-Track Cities Steering Committee (FTC SC). The Situational Analysis will incorporate local Needs Assessments and information gathered through community engagement sessions. Additionally, the Situational Analysis will be framed in the context of the social determinants of health, including environmental, social, and structural issues, which play a critical role in Orleans Parish’s ability to adequately address the four pillars.

Please note Orleans Parish comprises 61% of PLWH in the New Orleans Eligible Metropolitan Area (NOEMA), and 73% of the respondents in the Needs Assessment survey, therefore NOEMA data may be referenced as a proxy for Orleans Parish when Orleans specific data are not available.

Pillar I – Diagnose

As of December 2019, in Orleans Parish, there are 5,274 PLWH who are aware of their HIV status. However, locally, the CDC estimates 18%, or 949 PLWH, are unaware of their status. Diagnosing unaware PLWH and linking them to care is central to EHE efforts in Orleans Parish. Community members, providers and community-based organizations, city and state health departments, and other local partners and stakeholders have continuously collaborated to develop strategies for identifying and addressing current strengths, challenges, and needs related to diagnosing all PLWH who remain unaware of their status.

Strengths Currently in Orleans Parish, a robust community-based testing infrastructure offers screenings to meet community needs. The most effective approach to increasing testing rates is providing quick and convenient screenings in a variety of locations and at a variety of times. As a result of Medicaid expansion, Orleans Parish has achieved a very low uninsured rate, which was reduced from about 20% in 2014 to 8.9% in 2019 and continues to decrease. With very low uninsured rates, most of the community can access testing in preventative care settings. For those without insurance coverage, many local health care organizations in Orleans Parish work with the state to offer free CDC-funded HIV testing. To foster innovative approaches, trained volunteer HIV testers also partner with local community-based organizations to create venue-based screening opportunities in community spaces, such as bars, public libraries, and pharmacies. A mobile care unit, purchased and operated by OHP, will offer HIV, and Hepatitis C testing, in addition to other preventative care and treatment services. The unit will increase access to priority populations, including the homeless, who face barriers in accessing testing, treatment, and preventative care. The planned mobile unit is a strength for the parish and will assist with the referral and provision of testing opportunities and other services to those with transportation issues. A team of community health workers (CHWs) will also be introduced in the parish by OHP, working with RWPA agencies to assist those who have fallen out of care or are at risk of falling out of care, and linking new or unaware clients into care via HIV home test kits and providing testing in the community.

To increase accessibility during COVID-19, home-based testing (HBT) became available in Orleans Parish in September 2020 through two local agencies, with plans for OHP to expand that effort with additional HBT kits to be administered and distributed through CHWs. The New Orleans Health Department also plans to implement the use of HBT in the “OUT Loud” program, which targets outreach efforts to LGBTQ youth. Introduction of HBT kits and scaling up of these efforts to other organizations is a strength for the parish, as this opportunity will allow for more widespread testing to reach those unaware of their status, reduce stigma surrounding getting tested, and address barriers to testing, including COVID-19. Though taking root during COVID-19, the HBT, CHW, mobile unit initiatives will all be permanent steps to cultivate accessible testing by eliminating barriers such as testing location distance and hours, transportation, and childcare.

Challenges

Despite these efforts, many challenges exist that may prevent the testing infrastructure from reaching everyone in the community. Generalized stigma associated with accessing screenings, as well as a fear of testing positive, frequently create barriers to testing. Many facilities only offer free testing services during normal business hours. This lack of non-traditional hours and locations hinders individuals who need testing services but cannot access them during these specific times, do not have transportation to these locations, or do not feel comfortable accessing testing in these facilities. Recognizing the validity

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of an individual's hesitation to seek care in a traditional medical setting, and working to address these barriers will be important to increasing testing rates. In addition to these barriers, lack of education about the importance of testing and lack of information about testing locations also deters screening in the community.

Despite federal and local recommendations, opt-out testing is not fully implemented in all healthcare settings, emergency rooms, out-patient clinics, and urgent care centers in the parish. Orleans Parish testing data from 2015-2019 indicates testing rates have remained steady or decreased throughout this period, with no major increases in the number of tests conducted in these potential opt-out testing settings. However, routine opt-out screening would aim to greatly increase the number of tests administered, as routine testing in these environments could decrease late diagnosis rates, thereby establishing timely initiation of HIV treatment, counseling, and other supportive services. Provider confusion surrounding opt-out testing, HIV-related biases of clinical personnel, concerns about the next steps following a positive diagnosis, and concerns about workflow interruption all pose as barriers to implementing widespread opt-out testing. Some providers have reported difficulty in providing positive test results to clients due to lack of knowledge of where to refer for support and resources. This poses a challenge to implementing widespread opt-out testing. While the availability of HBT in Orleans Parish is a strength in local testing efforts, further HBT opportunities are necessary to fully address accessibility, privacy, and stigma surrounding testing.

The COVID-19 pandemic also presents a major challenge to testing efforts in Orleans Parish. Many community-based and venue-based testing opportunities have been suspended or significantly changed as a result of COVID-19, with few alternate opportunities created to supplement these changes. Current efforts to provide HBT during COVID-19 are insufficient, and the introduction of CHW will hopefully supplement testing opportunities. Additionally, many organizations which offered consistent HIV testing opportunities at their clinics before COVID-19 no longer have capacity to offer these screenings as resources and staff are needed to support COVID-19 testing efforts instead. Testing efforts at non-traditional sites such as bars and universities will be impacted due to social distancing measures that hinder public gatherings. Overall, the lack of face-to-face appointments—as well as disparities in supportive services such as transportation and childcare—could impede patients' ability to fully interact with the healthcare system and lag in receiving services.

Needs

Opt-out testing in all primary healthcare settings, emergency rooms, out-patient clinics, urgent care centers, family planning and women's care clinics, prisons and jails has been identified for Orleans Parish, including updating policies to include routine HIV testing as a part of everyone's healthcare. Workforce training is necessary to inform health care providers to use language that refers to true opt-out testing instead of opt-in testing. Accompanying this training, a toolkit for providers will offer information about Undetectable Equals Untransmittable (U=U), Post-Exposure Prophylaxis (PEP) and Pre-Exposure Prophylaxis (PrEP), contact information for the local LtCC hotline, resources to connect with infectious disease doctors for HIV care management, access to up-to-date HIV information in Orleans Parish, and guided scripts for opt-out testing and for talking with newly diagnosed PLWH. Quality assessment measures to track testing rates in emergency rooms and health care facilities need to be incorporated to pinpoint successes, address under tested demographics, and identify areas for improvement in provider testing rates. Facilities should display signage to remind both patients and providers that HIV screening is a routine part of each visit.

The need for outreach and marketing strategies to increase understanding about the importance of routine testing also exists for both providers and patients, including innovative strategies designed to

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reach specific populations. Resources should be dedicated to educating priority populations, reducing stigma surrounding knowing your HIV status, and promoting campaigns like U=U. Increased venue-based testing in convenient locations and at a variety of times is also needed, to reach a multitude of populations who may not access testing in medical settings or during traditional business hours, or may be in a location offering opt-out testing. All programs performing testing should have direct access to a LtCC, to increase ease of testing and next steps. Contact information for the LtCC should be displayed in all settings where testing is offered.

While home-based testing (HBT) has recently been made available in Orleans Parish during the COVID pandemic, the need for more widely available HBT opportunities still exists. The number of organizations offering these services is limited, and access is not yet universal. Additionally, data is not yet widely available, as these programs were first implemented in October 2020. Access to HBT on all health insurance plans is needed, as well as better advertisement about HBT services and how individuals can access them in Orleans Parish. HBT programs specifically should be accompanied by a linkage to care system and contact information for a LtCC to ensure all positive diagnoses resulting from HBT kits receive the same linkage to care as in-person testing results.

As COVID-19 continues, creative approaches to offering HIV testing in a COVID-safe environment are greatly needed. Many organizations offering HIV testing before the pandemic needed to shift efforts and resources to include COVID-19 testing. Increased capacity to resume HIV testing in addition to COVID testing, or to offer an HIV and other STI test at the same time as a COVID-19 test, is needed. Additionally, resources to increase community-based testing opportunities in COVID-safe locations and environments, such as outdoors or in larger spaces to allow for social distancing, are needed to End the HIV Epidemic, despite the impacts of COVID-19.

Pillar II – Treat

As of December 2019, in Orleans Parish, 24% of PLWH are out of care. Ensuring out-of-care and newly diagnosed PLWH are linked to continuous and quality care is a key component to ending the epidemic and championing comprehensive health among PLWH in the parish. The following strengths, challenges and needs in Orleans Parish have been identified and must be addressed to ensure all PLWH are provided quality treatment and continuous HIV care. Ultimately, generalizing HIV treatment is a part of overall health and wellness for the whole community and recognizing treatment and PLWH are a part of ending the HIV epidemic is the focus.

Strengths

Medicaid expansion has enabled Orleans Parish to establish a strong HIV care continuum which is reflected in its viral suppression rate of 86% for PLWH in care. Once engaged in care, clients have access to medication and receive monthly calls from case managers. In March of 2020 Louisiana Health Access Program (LA HAP) introduced 90-day refills to create more parity with insured clients. Therefore, all uninsured clients are now able to receive 90-day fills of medication (the previous limit was 30 days). This policy change was being developed prior to the COVID health emergency and may become a permanent change.

Complementing enhanced medication access for PLWH in Orleans Parish are Test and Treat programs, which prioritize newly diagnosed PLWH to quickly link them into care. Orleans Parish has seen high linkage to care rates for several key populations of newly diagnosed PLWH. While the standard for the state is linkage within seven (7) days, 49% of new HIV diagnoses were linked to care within 72 hours (an increase from 41.3% in 2018), 60% within 7 days (new 2019 measure), and 89% were linked to care

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within 1 month (an increase from 81% in 2018) in 2019 in Orleans Parish. Also, in 2019 NOEMA epidemiological data shows 53% of males have been linked into care within 3 days, second to transgender men with 100% linkage to care rates and accounting for 0.03 of new diagnosis. However, the highest linkage to care rates within 7 days is among transgender women. Sixty-seven percent have accessed care within 7 days of diagnosis. According to the 2020 Uniform Data System (UDS) for Federally Qualified Health Center (FQHC) reporting approximately 85% of all diagnosed trans experience PLWH seek care at one Orleans Parish facility which gives individuals the opportunity to receive HIV care and hormone therapy in the same clinic. Directed by a community member of transgender experience, the program has seen great success with community and word-of-mouth referrals, however staff capacity is limited. During COVID the number of patients who have sought gender-affirming care has nearly doubled causing the care facility to establish a waiting list for patients further showcasing the strength in providing gender-affirming care with the need for expansion.

Two prioritized populations Black women and Black GBM have also experienced high linkage to care rates in long-term aspects. In 2019, there were 60 new diagnoses among females, over 68% was among Black women and there were 172 new diagnoses among GBM, nearly 67% were Black men. Newly diagnosed Black women living with HIV have the lowest rates of linkage to care in 72 hours of all demographics (29%). However, these linkage rates increase greatly by 30 days (82%) and even further by 90 days (92%), which represent the second-highest linkage to care rates of any demographic in NOEMA. Again, Black GBM represent approximately 67% of new diagnoses among all GBM in 2019. Within 72 hours 54% of Black GBM entered care, 82% of Black GBM entered care within 30 days and approximately 93% within 90 days. This shows a strength in long term linkage to care among these priority populations, which can be attributed to several factors, but also points that much work is needed to identify and address factors that prevent both priority populations from entering into care sooner in Orleans Parish. While more clinics are needed, access to gender affirming health clinics and providers are available at two locations, CrescentCare and Plan Parenthood.

To improve linkage to care for all PLWH a Centralized linkage to care position was created to serve Orleans Parish. The linkage to care coordinator (LtCC) was hired by the Institute of Women and Ethnic Studies (IWES) through a HRSA capacity building grant with OHP. The initiative provides a patient-centered approach to linkage to care and will provide additional linkage to medical, and social service support for all HIV care providers and sites in collaboration with any of their internal linkage to care (LtC) efforts. In coordination with statewide LtC efforts and duties, centralized linkage will also address community concerns expressed within the EHE focus groups on patient autonomy, readiness, barriers, and empowerment to enter and be retained in care. One strength of this position is the buy-in among representatives on the FTC SC, which has representation from both Ryan White and non-Ryan White funded clinics. Shift in provider routines, patient behavioral changes, self-determination, substance use, and mental health concerns are factors being considered to enhance the role of this position as the local Centralized LtCC will be first point of contact for newly diagnosed PLWH in Orleans Parish. Also, patients will have an option to use the coordinator for help with visits, follow-ups and referrals for up to three months with a warm hand-off to case managers. Phone and text options for contact will also be available for all HIV providers and current and future STI and HIV testing facilities across the parish. Hours of access to the coordinator will mirror those of the largest Ryan White HIV clinic in the city with after 5 PM options available. The coordinator will help newly diagnosed individuals enroll in RWPA as part of the linkage process, provide access to transportation and other urgent services provided through the program. This position will help fulfill the need for a more coordinated approach, ensuring that newly diagnosed PLWH are able to access care within the same-day, 72 hours, or as the patient

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requests. In addition to the LtCC, guidance of the CDC Antiretroviral Treatment and Access to Services (ARTAS) strategy will aid PLWH as they maintain treatment beyond initial linkage to care. This supportive strategy will help to guide newly diagnosed patients through treatments, insurance plans, and social services to promote equity of care within 60-90 days. Lastly, partnerships with community advisors will support connections between social services within the community. The LtCC will coordinate with case managers to strengthen the continuum of care and expand the commitment to the goal of reducing the number of new HIV cases in Orleans Parish.

The New Orleans Health Department, UNITY of GNO, IWES, CrescentCare, and New Orleans Family Justice Center (FJC) work to address intimate partner violence (IPV) which is also a strength of treatment in New Orleans. The interconnection among these entities helps to inform those who have been impacted by domestic violence, sexual assault, stalking, child abuse and human trafficking and may be at a higher risk for HIV. This group is often underrepresented in RW services and housing supports but recognition of this group is important to educate RW providers and others on how to provide optimal trauma-informed care for survivors of IPV.

More concentration on reaching underrepresented populations and individuals who have been poorly engaged is also a priority of the Orleans Parish EHE plan. The collaboration between OHP and SHHP aim to accomplish this by establishing a network of Community Health Workers (CHW) in the parish early next year. This team will work with each agency to assist clients who have fallen out of care or at risk of falling out of care and identify new and unaware clients through the social networks of those with whom they interact and at outreach events. CHWs will also assist with distribution of HBT and provide referrals to other prevention programs such as PrEP (Pre exposure Prophylaxis) or PEP (Post Exposure Prophylaxis), syringe access, and housing assistance.

Achieving the EHE goals also requires removing barriers to care so PLWH can continue care and reach viral suppression. The Health Models program in Orleans Parish has been a benefit to this process. In 2013, two clinics in New Orleans and one in Baton Rouge piloted health models with DHHS funding and the CAPUS (Care and Prevention in the US) grant. In subsequent years, an additional clinic was established in New Orleans to expand health models. Described as a behavior intervention, it aims to improve health outcomes for PLWH through incentives. Patients can receive incentives for qualifying events within New Orleans Health Models clinics include attending linkage, re-entry lab and subsequent care appointments with the overall goal of achieving and maintaining viral suppression, which is also incentivized. SHHP reported the viral suppression rate for those enrolled in Health Models in NOEMA increased from 72% in 2013 to 93% in 2019.

Nearly one-third of HIV tests in Orleans Parish were completed in clinical correctional facility clinics and over 300 individuals were diagnosed with HIV in 2019. The partnership with the Office of Public Health and Orleans Parish Sheriff's office to implement a HIV counseling and testing program within Orleans Justice Center (OJC) has been essential to providing routine opt-out screenings and treating incarcerated PLWH. However, recognizing that racism and discrimination, poverty and economic inequality and substance use lead to higher rates of incarceration, recidivism and poor health practices and outcomes must be addressed.

As a result of the response to COVID, telehealth services greatly increased, reducing the reliance on medical transportation services. Clients were initially reluctant to engage in telehealth services, but the use peaked in June and July and is now declining once again, however, it was shown to be a strength in HIV treatment and care in Orleans Parish. Another strength has been the increased number of individuals who have confidence in comprehensible gender affirming care that is offered at several HIV

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providers. Program updates to the Preventing HIV Infection in Women through Expanded IPV Prevention, Screening, and Response Services program, a partnership between IWES and FJC, as a response to COVID and IPV also has been a proactive way to expand and deliver services to support and protect individuals who experience IPV which can lead to higher risk of HIV transmission. This permanent adoption of 90-day prescription refills and expanded provider and case management telehealth opportunities in the moments of COVID seeks to improve the HIV care system to recraft services based on a different approach to continuing to engage and better accommodate the care of PLWH.

Challenges

With 24% of PLWH in Orleans Parish out of care in 2019, bringing these individuals back into care and maintaining a strong care continuum remains a challenge. Of these out-of-care individuals, the greatest percentage falls under the “no reported risk” transmission category, meaning these PLWH do not have an exposure category that would place them in an at-risk population. With these rates being the highest of any exposure category, identifying the populations represented in this category and developing strategies to link them to care remains a major challenge in Orleans Parish. For example, though they maintain high rates of eventual linkage to care within 30 days and 90 days of diagnosis, women continue to experience barriers to linkage to care within 72 hours. Also, Hispanic and Latinx individuals account the 3rd largest population of total cases in NOEMA. Expanding cultural competency within treatment and prevention facilities for Hispanic/Latinx individuals whether by reducing language barriers or eliminating stigma or additional barriers is a need in HIV care in Orleans Parish. Patient knowledge of U=U and viral suppression is limited. According to the 2019 Needs Assessment of the 573 clients who responded, 36% answered false to the statement, “If a person is virally suppressed (VL<200), they cannot transmit HIV sexually.” Apparently more education is needed.

Disproportionately affected by HIV in Orleans Parish, Black GBM have limited specialized programming. Blacks have the lowest rates of viral suppression of any racial group in NOEMA, and Black GBM have lower rates of viral suppression than their White counterparts. Challenges continue to emerge to reflect this population’s needs based upon the social determinants of health and other barriers to care that continue to disproportionately impact this population in Orleans Parish.

Despite high rates of linkage to care within 7 days of diagnosis, transgender populations in Orleans Parish have lower viral suppression rates than those of men and women. As of 2019, 74% of transgender PLWH in care are virally suppressed, while 89% of male PLWH in care and 85% of female PLWH in care are virally suppressed. All transgender PLWH seek gender-affirming care and gender services care at the same previously mentioned clinic; therefore, transgender PLWH need increased access in terms of locations. Providing continuous comprehensive care in multiple inclusive clinics to suit the transgender community’s needs and improve viral suppression rates remains a challenge in Orleans Parish.

The disparities in supportive services, pervasive institutional racism, and LGBTQ+ discrimination pose challenges to HIV treatment. With unmet essential needs—housing, transportation, mental health care, employment, childcare and emergency financial assistance—PLWH, especially in BIPOC communities, cannot prioritize their comprehensive health and HIV treatment plan. Lack of resources to meet these needs contribute to difficulties in engagement in care and viral load suppression. Certain groups, such as young gay, bisexual and other MSM or the homeless and unstably housed, may underuse available services due to challenges including accessibility and availability of services, competing priorities, housing shortage, and/or the perceived value or stigma associated with such services.

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In the 2019 PLWH Needs Assessment, 26% reported needing permanent, independent housing; 26% reported needing help finding safe and affordable housing; and 28% reported needing emergency financial assistance but not receiving it. Of these necessary services reported as not received by PLWH in NOEMA, 6 of the 25 services with the highest gaps were related to housing. When asked about obtaining housing, 33% of PLWH reported they could not find affordable housing and 48% had difficulty paying rent, mortgage, and utility bills in the previous year. The U.S. Department of Housing and Urban Development (HUD) places the fair market rent price in Orleans Parish at \$844 per month for a one-bedroom apartment; however, the average annual income of RWPA clients in Orleans Parish is \$13,173. After paying rent, PLWH would have approximately \$253 per month to cover all remaining expenses. Undoubtedly, lack of access to affordable housing impairs the overall wellbeing of PLWH in Orleans Parish.

LGBTQIA+ residents have blatant disparities in social needs, particularly housing and employment opportunities, food security, and public safety concerns due to their sexual orientation or gender identity and expression, according to a 2017 survey. Those who were trans, lesbian, gay, or gender nonconforming reported greater discrimination in employment, with 42% reporting adverse impacts. Among survey respondents, over 20% said they had faced employment discrimination in the form of not being hired, not being promoted, or being fired or forced to resign because of their LGBTQIA+ status. Among the survey respondents, public transportation was listed as the service where they most likely encountered unequal treatment or threats of harassment.

Other services ranked in the top 25 necessary but unmet services include access to emergency financial assistance, food banks, transportation services, mental health counseling or therapy, and psychosocial support. PLWH in Orleans Parish also encountered challenges with health insurance or accessing healthcare— according to the 2019 Needs Assessment 7% had problems paying for HIV-related medications and 13% struggled to pay copays and 7% for premiums for HIV-related care. Despite low uninsured rates in the Parish, health care costs continue to be a financial stressor. Lack of transportation was the most common reason (16%) a PLWH did not access medical care in 2019. PLWH also reported couldn't get appointment quick enough (10%) and they were worried what other people would think (9%). Additionally, 37% of PLWH in NOEMA received disability services and 27% were unemployed, indicating lack of employment opportunities as another challenge. These limitations, many of which may impact PLWH simultaneously, prevent PLWH in the community from fully accessing health care and prioritizing their health.

Needs

As a priority population, transgender individuals need a strengthened and tailored care continuum. Nearly all transgender PLWH in Orleans Parish access care from a limited number of facilities. While the clinics are highly successful, additional sites are necessary to adequately provide services for the number of transgender PLWH in the parish. Resources allocated to expanding clinics modeled similarly should be developed to offer gender-affirming care to all transgender individuals in the community. Although Black GBM in NOEMA experience the highest burden of HIV, very few community-based resources are devoted to this population. The need for resources related to legal aid, networking and asset building, housing, accessible transportation, post-release support, HIV and racial stigma reduction, employment, and other services will support and improve the wellbeing of Black GBM. To improve health outcomes, comprehensive services in mental health, education and disease prevention, and opt-out testing are needed.

With 6 of the top 10 services ranked by gaps in the 2019 PLWH Needs Assessment related to housing, transportation, and food bank services, compared to other treatment components, the social

determinants of health for PLWH require increased attention. Comprehensive care should also include improved resources for mental health and behavioral health to address the trauma PLWH may experience. As lack of access to affordable housing continues to impact PLWH in Orleans Parish, the need for expanded coordination with other HUD-funded programs and increased resources to provide sustainable housing and housing assistance cannot be overstated. Housing services should also be expanded to include housing case management and peer-based housing services. As PLWH continue to report transportation as a major barrier to accessing care, the population also needs universal access to the Orleans-wide transportation system, with a long-term goal of an improved and accessible regional transit system and expanded ride-sharing transportation options. As an alternative to increased transportation access, access to care within the community can be made available to allow PLWH to access services within their own communities at hours that are convenient to working individuals, seniors, and parents with children. Healthcare cannot realistically be a priority for PLWH in communities who struggle with homelessness and unstable housing, lack of transportation, and other barriers.

Pillar III – Prevent

Prevention of HIV transmission is an essential step to ending the epidemic and championing comprehensive public health within the parish. Community members, providers, community-based organizations, city and state health departments, and other local partners and stakeholders have worked together to develop strategies for identifying and addressing current strengths, challenges, and needs. These stakeholders determined PrEP access, U=U education, harm reduction strategies, comprehensive sex education, and priority population engagement to be central efforts for prevention. Addressing the social determinants of health through supportive services is essential to the prevention effort.

Strengths

PrEP access and usage represent key factors in prevention. Nationally, Louisiana ranks 8th for PrEP uptake according to the CDC December 3rd edition of the Morbidity and Mortality Weekly Report. In 2018, AIDSvu calculated the PrEP-to-Need ratio in Orleans Parish to be 2.76. The ratio has steadily increased since 2012, indicating lesser unmet need. In terms of access, all but one RW-funded federally qualified health center (FQHC) in Orleans Parish offer access to PrEP. As a comprehensive approach to prevention, PrEP fosters shared responsibility among the entire community for preventing HIV acquisition, not exclusively PLWH. This shift reduces stigma, as individuals who are unaware of their status or do not have HIV can be active participants in the prevention effort. Several organizations in the community are devoted to supporting robust PrEP navigation, providing testing and routine labs, and ensuring universal access to PrEP. Working in tandem with RWPA services, through Early Intervention Services, individuals who test negative for HIV receive risk reduction counseling, which includes a discussion on PrEP and safe sex practices, as well as condoms. In a systematic review of whether PrEP for HIV prevention in GBM change risk behaviors results yielded there is no correlation of PrEP usage increasing sexual risk behaviors, a common misconception regarding PrEP usage. This review offered promising results that PrEP usage could help GBM to access health care, testing treatment and counselling services.

Widespread throughout the parish, U=U messaging promotes the scientific fact that HIV cannot be transmitted sexually when PLWH become virally suppressed. The message is transformative for PLWH. The Orleans Parish community embraces U=U as an effective and integral part of the prevention solution. In a 2017 survey, 77% of RW providers and 65% of RW clients reported knowing about U=U. This awareness has only increased since the survey, with the potential to innovatively incorporate U=U into all aspects of HIV care and prevention.

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Harm reduction strategies such as Syringe Service Programs (SSP) and needle exchange sites act as integral components of prevention. In Orleans Parish, one SSP and three integrated needle exchange sites operate to serve the needs of people who inject drugs (PWID) and provide them with access to safe and sterile injection supplies. In 2018, nearly 633,000 used needles were brought into one city site alone. The same no-cost program operates every Friday from noon – 5 pm and serves over 200 people a week. In addition to syringe access, addiction treatment and connection to STD/STI treatment can also be obtained within the same facility. Accessible sharps containers are also distributed in prioritized neighborhoods within 70119, 70113 and 70112 zip codes, for the safe disposal of used syringes. Though expansion will be provided through the EHE Initiative, SSPs in New Orleans are just one example of how resources to inform communities most affected can be an effective tool in proactively addressing and maintaining health outcomes for individuals and communities at high-risk of transmitting or becoming diagnosed HIV.

Moreover, engagement of priority populations is a major success for prevention efforts. As discussed in the community engagement section, multiple local organizations and boards such as Odyssey House, Young Men of Color (YMoC), the Parish Prison Health Collaborative, Maternal Child Health Coalition, and Rainbow Friends LGBTQ+ Task Force collaborate with other stakeholders to provide resources, information, and supportive services for HIV prevention among priority populations. Additionally, other initiatives such as Framework for Dialogue, which focuses on faith communities, aim to decrease stigma as a means of promoting HIV prevention. Though expansion of future engagement is planned, these current efforts bolster HIV prevention through innovative, community-led approaches.

Challenges

Though PrEP uptake is considered a success, gaps in this area still disproportionately impact priority populations. Among PrEP users, the majority are White gay men, though they do not represent the majority of PLWH. Currently, there is no data on local PrEP uptake according to race or gender, only age and sex. Of the available data, from AIDSvu, women accounted for only 17% of PrEP users and youth aged 13-24 represented only 13.5% of PrEP users in 2018. Even with the limited data, women and youth face significant disparities in uptake. The lack of data poses a challenge in fully capturing the disparities that exist, especially for BIPOC and people of trans experience. More efforts must be made to effectively track PrEP uptake by these important demographic markers. Reaching the community as a whole and ensuring PrEP awareness, outreach, education and access to all priority populations and at-risk individuals poses an evident challenge.

While providers and patients report knowledge of U=U, the reality that all RW providers and clients in Orleans Parish are not aware of or not yet in support of U=U presents a challenge to prevention efforts. According to a recent survey, 65% of clinicians agreed with U=U messaging, yet 33% never educated clients on U=U. Clinician resistance to the message prevents clients from having a comprehensive understanding of this important information. A survey of clients indicated that 65% had heard about U=U and only 23% heard it from their primary care provider/doctor or nurse, compared to 45% who heard it from case managers, social workers and counselors.

Though the number of youth living with HIV is small, youth are considered an emerging population. In 2018, increases in HIV cases among youth were 79% for all youth ages 13-19, 83% for African American youth ages 13-19, and 11% for youth ages 13-24. In reaching this population, lack of universal comprehensive sex education in Orleans Parish poses as a challenge for prevention. While the state of Louisiana permits sex education in grades 7-12, it is not a requirement at any grade level. Of additional concern, most curricula focus on abstinence as a means of prevention unless schools choose to

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implement comprehensive sex education, but it remains a controversial issue in Louisiana. Education on other risk reduction methods—such as contraception and condoms—is allowable, however, schools may not distribute contraception devices.

While New Orleans is one of the few southern cities in the United States with needle exchange programs, community needs far outweigh the existing resources available. The current programs operate only a few hours each week in very limited locations. Moreover, PWID lack agency to provide input to these programs due to the criminalization of drug use, thereby limiting the programs' comprehensiveness and inclusivity. The saturation level necessary for these harm reduction programs to act as effective preventative methods would require far more resources than are currently available. Additionally, stigma continues to surround harm reduction strategies, despite widespread evidence and successes around the United States, creating further challenges in Orleans Parish.

Additionally, the complex relationship between the healthcare system and priority populations, especially the Black and LGBTQIA+ communities, poses a challenge. The pervasive history of unethical and problematic medical practices has caused many in these communities to mistrust the system and avoid preventive health care. Coupled with the prevalence of trauma and substance abuse, these populations face disparities overall in public health and especially in HIV prevention.

Needs

Prevention services for diverse priority populations require improved coordination for effective efforts. Involving both traditional and non-traditional stakeholders through awareness campaigns, marketing, peer support, informational materials, trainings, and capacity building is necessary for effective prevention. These methods aim to improve PrEP uptake, promote U=U messaging and stigma reduction, expand accessibility to SSPs and needle exchange programs, and enhance supportive services for all residents of Orleans Parish.

As first steps to prevention, an increase in HIV awareness is needed in both medical and non-medical settings. Community liaisons provide a mechanism to develop inclusive, and culturally sensitive parish-wide campaigns to communicate accurate information regarding HIV transmission and prevention through risk reduction. Through incentivized partnerships, broadcast outlets, health centers, and social centers can promote these campaigns, reaching a widespread scope of Orleans Parish residents, especially priority populations.

As a critical prevention strategy, an increase in PrEP uptake is needed. Disparities among priority populations in awareness, outreach, access, and service must be addressed. Utilizing multimedia and informational materials that dispel misinformation, reduces stigma, and provides guidance to PrEP is needed to improve education and outreach among the Orleans Parish community. This communication must be inclusive and culturally sensitive to effectively engage priority populations. Additionally, improving access to PrEP is necessary to increase uptake and reduce disparities. While some centers implement robust PrEP navigation and services, more support is necessary to educate providers on offering this same navigation in their facilities. Expanding PrEP prescribers by involving primary care providers, OB/GYNs, family planning centers, urgent care centers, university health centers, jails, and community health clinics will increase access and reduce stigma by normalizing uptake. Annual trainings, toolkits and support will assist in equipping CHWs and providers with the resources necessary to undertake this expansion. Additionally, better services to help patients navigate PrEP access and insurance coverage are also necessary. CHWs may assist in this effort to link those who test negative for HIV and guide them to utilize this prevention strategy.

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Additionally, improved visibility of U=U as a scientifically proven method for prevention and as a tool for stigma reduction is needed. The development and dissemination of U=U multimedia, informational materials, and marketing items both in and out of healthcare settings can communicate important information and act as physical reminders for providers to discuss U=U with patients. While resistance is diminishing, some providers still question the validity of U=U. The need for increased U=U provider training exists to educate the medical community on the importance of U=U and address misconceptions about this messaging. Resources should educate providers on the science of U=U and the most effective ways to share this information with their patients and support them, with the goal of supporting patients to become virally suppressed. Additionally, providers who emphatically support U=U should be trained as ambassadors, so they can dispel information among colleagues and ensure U=U messaging with patients.

SSPs and needle exchange programs must expand to increase efficacy and accessibility in Orleans Parish. This should include significantly expanding hours and offering a variety of locations across Orleans Parish. Increasing widespread support and education, multimedia campaigns within the community and annual trainings among providers will serve to address this need.

Public awareness and education will should also include youth, with emphasis on comprehensive sex education as a prevention tool. While some organizations have developed projects devoted to sex education, like IWES's Creating a Future Together (CrAFT), widespread public awareness and education can address policy changes to address prevention in middle and high schools. As part of the comprehensive approach, the curriculum must include information on LGBTQIA+ sexual health, HIV/HCV/STI prevention and stigma reduction as well as access to contraceptives. Involving and supporting local leaders, school officials, educators, and parents in necessary for an effective curriculum development and implementation process.

As part of addressing comprehensive health, prevention methods must address the need for enhanced supportive services in Orleans Parish. Access to mental health services and substance abuse counseling that are sustainable, inclusive, and culturally sensitive are needed. Trainings for mental health providers on racism and homophobia as well as for CHWs and healthcare providers on destigmatizing drug use are needed to service priority populations. Additionally, improving accessibility to housing, employment, skill development, and financial security is needed. As major components of labor in Orleans Parish, workers in the service, hospitality, informal economy, and gig economy industries were significantly impacted by the COVID-19. Both the current and long-term ramifications threaten the livelihoods and stability of these workers. Therefore, prevention measures must account for future economic and housing needs due to COVID-19.

Pillar IV – Respond

Collaboration between OHP and SHHP is fundamental to creating a response to a potential HIV outbreak or cluster detection in Orleans Parish. However, education and community discussion are needed to implement effective molecular surveillance and cluster detection in Orleans Parish. While this community conversation was initiated during the construction of this plan, it appears that increased dialogue with the community is necessary. The challenges and needs below are to be addressed within Orleans Parish's implementation plan to respond to an HIV outbreak.

Strengths

Orleans Parish is responding to the epidemic and any potential outbreaks by placing community members and key organizations at the forefront of all efforts, and the parish is not experiencing any

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current outbreaks. SHHP's state-wide surveillance efforts are a major strength in Orleans Parish's planned response to an HIV outbreak, and this effort encourages data-informed decision-making to best serve community members. Instead of molecular cluster surveillance, this method identifies outbreaks by zip codes and by demographics, thus allowing resources and response efforts to be focused on these locations and populations. This method of using de-identified data for outbreak response is more aligned with the community's will rather than molecular surveillance, as captured during focus groups. Close collaboration between SHHP's surveillance team, NORAPC's Health Planner, and OHP's Quality Manager also allow for a strong and coordinated response to any sudden or major increases in HIV cases that may indicate an outbreak. The introduction of CHWs is another tool in responding to outbreaks, as these CHW can offer outreach and link individuals to services within communities when needed. The Linkage to Care team is also a great strength in responding to potential outbreaks, and this team can ensure that newly diagnosed PLWH can be quickly linked into HIV care and to any other supportive services needed.

Challenges

Increased coordination across parish-wide systems for planning and implementation of potential outbreak response is needed. Expansion of Opt-out testing in all Health care settings to ensure that PLWH and the Orleans Parish community receive accessible testing, comprehensive treatment and supportive services during an outbreak is essential to the community's public health. To address this challenge, facilities across all sectors must be linked and have access to centralized communication. Responding to HIV outbreaks and the health needs of PLWH, social determinants, racial and social inequities that contribute to negative health outcomes and limit high-risk populations from equitable healthcare access require improvement.

Institutional racism and the long-standing history of distrust between the medical community and the general public, especially Black and Brown communities, cannot be overlooked. Systemic racism has continuously disregarded communities of color in the decision-making process for their own medical care. This history of injustice creates a major challenge to gaining community support for molecular surveillance. For a fully informed community-centered decision-making process, these critical concerns must be addressed when creating molecular surveillance educational materials and hosting community discussions.

Needs

Community discussion strongly urged a response effort that prioritizes the decriminalization of HIV in Louisiana, the modernization of Louisiana HIV laws, and racial and social justice issues. Participants also advocated for patient consent and improved education and communication about monitoring active HIV transmission clusters as a means of surveillance and response to potential HIV outbreaks. Community-focused educational materials, in-person and virtual seminars, and an open-forum town hall for community members are all needed to increase awareness and knowledge about molecular surveillance and discuss community concerns. Additionally, a holistic and multifaceted response that emphasizes the need to collaborate across systems and organizations is needed to meet the needs of priority populations and, ultimately, end the epidemic in NOEMA.

A structured system for monitoring up-to-date HIV data and communicating potential outbreaks is needed. FTC Testing sub-committee will review quarterly testing data from SHHP and participating clinic

members to identify potential outbreaks. If a significant outbreak is detected, the EHE Advisory Group and the FTC SC will assist in determining what action should be taken and strategize any collaboration. This would involve a coordinated effort between all partners including the city and state health departments, dedicating resources to areas or populations experiencing the outbreak, including utilizing CHWs, the mobile unit, the Linkage to Care team, SHHP's Disease Intervention Specialists (DIS) and other local resources. When newly diagnosed PLWH are identified, these resource teams will be dedicated to linking these individuals to care as quickly as possible and ensuring everyone's supportive services needs are met, with the goal of linking and retaining these individuals in HIV care. Additionally, a system of communication and collaboration between HIV providers, supportive services providers, and all local HIV organizations is needed to ensure timely and effective communication in the event of an outbreak, and efficient linkage into care and supportive services for any newly diagnosed PLWH. In preparation for any future outbreaks, a mock exercise will be developed and implemented to simulate an outbreak and prepare community and healthcare response to potential impacts, activation, and needs.

Addressing institutional racism, social determinants of health, and health inequity cannot be overlooked as it is essential to ending the epidemic in Orleans Parish. To respond to a potential outbreak, and successfully link newly diagnosed PLWH into care and maintain them in care, resources must be devoted to ensuring that PLWH and all priority populations have access to quality and equitable supportive and medical services, with the goal of addressing all factors contributing to poor health outcomes and barriers to remaining in care. Additionally, widespread advocacy efforts, supported by diverse stakeholders and organizations and devoted to ending HIV criminalization laws in Louisiana and across the country, are essential to ensuring protections for all PLWH and to ending HIV stigma and criminalization.

Section 4: EHE Planning

Pillar 1: Diagnose

Goal 1: Ensure 90% of people living in Orleans Parish know their status by 2025.

Strategy 1: Patient Knowledge

Increase patient knowledge about the value of HIV/HCV/STD screening and knowing your status by increasing acceptance of screenings and increasing number of screenings completed.

Activity 1: Create and expand multimedia materials for the Orleans Parish community to achieve *Strategy 1* by 2021.

Activity 2: Create a social media campaign for youth to achieve *Strategy 1* by 2022.

Strategy 2: Opt-Out Testing

Implement routine opt-out testing in all healthcare settings, including emergency rooms, in-patient clinics, out-patient clinics (including mental health), urgent care centers, SUD, and correctional facilities.

Activity 1: Develop and create a toolkit to inform the above settings about opt-out testing and guide opt-out screening in each setting by 2021.

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Activity 2: Distribute opt-out testing toolkit by 2022.

Strategy 3: Clinician Knowledge

Increase clinician knowledge about the CDC guidelines for HIV testing and the need for opt-out testing to improve testing rates.

Activity 1: Create and market a survey to providers to better understand their concerns about opt-out testing by 2021.

Activity 2: Share opt-out testing script with non-Ryan White providers by 2021.

Activity 3: Partner with local AETCs to implement opt-out testing trainings for providers by 2022.

Activity 4: Partner with local universities' health sciences programs to implement opt-out testing trainings for medical and health sciences students by 2023.

Strategy 4: Access to Screening

Reduce barriers to testing for priority populations by increasing testing opportunities in nontraditional settings and expanding after-hours and weekend testing in traditional settings.

Activity 1: Create and implement a network of home-based testing opportunities to increase testing access by 2021.

Activity 2: Create partnerships with local universities, student centers, and local businesses to offer testing geared towards college students and youth by 2022.

- **Key Partners:** Louisiana Department of Health, New Orleans Health Department, health care facilities and clinics, emergency rooms, in-patient clinics, urgent care centers, correctional facilities, community-based organizations, pharmacies, faith-based organizations, student health centers, schools, local businesses, salons and barber shops, Community Health Workers, substance use treatment agencies and mental health providers
- **Potential Funding Sources:** CDC HIV Prevention and Surveillance Programs, Ryan White HIV/AIDS Programs (Early Intervention Services), Medicaid, health insurance, Gilead FOCUS Grant, HRSA, SAMHSA, EHE: CDC, and EHE: HRSA
- **Outcomes:** Number of newly identified people living with HIV and informed of their status, number of tests conducted
- **Monitoring Data Source:** Testing data, number of trainings to clinicians about testing, number of trainings to medical students about testing
- **Workforce and Partnership Needs:** Community health workers, trained volunteer testers, trained medical personnel in all testing locations, faith-based organizations and churches, transportation services, Low-English Proficiency (LEP) services, mobile testing unit, Centralized Linkage to Care Coordinator

Pillar 2: Treat

Goal 1: Ensure initial care appointments are routinely scheduled within 7 days or less for at least 90% of newly diagnosed persons by 2025.

Strategy 1: Provider Coordination

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Improve the capacity for providers to adapt to a new centralized linkage model and enhance existing coordinated care efforts.

Activity 1: Implement linkage-to-care trainings for providers in health care settings in Orleans Parish by 2021.

Activity 2: Implement annual linkage-to-care refresher trainings for counseling, testing, and referral (CTR) volunteers by 2021.

Activity 3: Increase the number newly diagnosed patient referrals to primary care by Centralized Linkage Coordination by 2022.

Activity 4: Partner with AETC to develop and implement HIV continuum of care trainings for HIV care and primary care providers by 2022.

Strategy 2: Centralized Linkage to Care Coordination

Implement a Centralized Linkage to Care Coordination (LtCC) to provide newly diagnosed PLWH with patient-centered assistance and follow-ups with no longer than a 72-hour response.

Activity 1: Outreach to non-Ryan White providers and clinics to inform about resources to PLWH and linkage

Activity 2: Partner with major lab companies in Orleans Parish to provide a list of resources, including the linkage-to-care coordinator hotline number, with all HIV screening lab results by 2022.

Goal 2: Enhance access to all supportive services (mental health services, psychosocial support services, housing services, food bank services, legal services, emergency financial assistance, transportation services, workforce development services, employment services, life skills trainings, linguistic services, childcare services, substance use treatment services, intimate partner violence services, post-release services, and other supportive services) to promote improved health outcomes, ensure comprehensive care, and implement protocol to treat and support optimal adherence.

Strategy 1: Aging Population

Improve accessibility to supportive services for aging PLWH.

Activity 1: Create a virtual and in-person readily available city-wide peer support network specifically for aging PLWH to aid in the on-going active participation and meet the unique psychosocial and mental health needs of aging PLWH by 2021.

Activity 2: Create and implement trainings at long-term care facilities for providers and staff to ensure inclusive, high quality care for aging PLWH by 2023.

Activity 3: Ensure access to high quality mental health services to provide support against disproportionate social isolation, stigma, and isolation by 2025.

Strategy 2: Mental Health

Ensure PLWH have access to sustainable, affordable, and high-quality mental health resources.

Activity 1: Collaborate with at least one new trauma-informed supportive service organization by 2021.

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Activity 2: Provide trainings to equip healthcare personnel with tools to support PLWH during a mental health crisis by 2021.

Activity 3: Create a virtual and in-person readily available city-wide peer support network to aid in the on-going active participation and meet the psychosocial and mental health needs of PLWH by 2021.

Activity 4: Increase the number of mental health providers and mental health referrals and create a quality improvement system for mental health services by 2022.

Activity 5: Partner with existing collaborators to develop and implement trainings for mental health personnel to provide HIV-specific mental health care by 2022.

Strategy 3: Housing

Improve accessibility to and opportunities for safe, stable, and long-term housing in Orleans Parish for PLWH.

Activity 1: Increase the number of available housing units allotted to PLWH by 2023.

Activity 2: Increase access to safe, sustainable, long-term housing for PLWH by coordinating with HOPWA Core Committee by 2023.

Activity 3: Increase opportunities for emergency financial assistance to fund housing utilities and other support for PLWH by 2023

Activity 4: Create a community document to outline renters' rights for a safe living environment for PLWH by 2022.

Activity 5: Create and market resources for domestic violence situations by 2022.

Activity 6: Ensure a safe, private environment for storing and taking medications for PLWH experiencing homelessness by 2023.

Activity 7: Increase funding for housing case management to build capacity, increase access, and decrease wait times by 2024.

Strategy 4: Employment and Life Skills

Increase employment opportunities and health equity for PLWH.

Activity 1: Create a workforce development program specifically designed for PLWH by 2021.

Activity 2: Create a PLWH Peer Empowerment Program by 2021.

Activity 3: Provide transportation to PLWH participating in the Workforce Development Program by 2022.

Strategy 5: Priority Populations

Improve accessibility to, availability to, and quality of supportive services for priority populations and all PLWH.

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Activity 1: Collaborate with at least one new youth organization to meet the supportive service needs of youth living with HIV by 2021.

Activity 2: Hold trainings on racism and homophobia for all social service providers to ensure services are culturally sensitive and inclusive by 2022.

Activity 3: Collaborate with the Orleans Parish Justice Center to improve supportive services for newly released and formerly incarcerated populations 2022.

Activity 6: Pilot a Geographic Information System (GIS) map of support services for Region 1 online 2023.

- **Key Partners:** medical/HIV clinical care providers, case managers, health care facilities and clinics, emergency rooms, in-patient clinics, urgent care centers, correctional facilities, peer navigators, LinkNOLA project partners, supportive service organizations, Housing NOLA, Southeast Louisiana Legal Services (SLLS), Louisiana Fair Housing Action Center (LaFHAC)
- **Potential Funding Sources:** Medicaid, Ryan White HIV/AIDS Programs, health insurance, private donors, EHE: HRSA, EHE: CDC
- **Outcomes:** Number of PLWH maintained in care or virally suppressed
- **Monitoring Data Source:** Surveillance data, CAREWare
- **Workforce and Partnership Needs:** Trained and supported housing case managers, emergency shelter and housing organizations, public transportation services, Medicaid transportation services, Low-English Proficiency (LEP) services, mental health and substance use services, dental providers, employment services, Linkage to Care coordinator position, training development and coordination

Goal 3: Develop a patient-centered re-entry process so at least 90% of out-of-care by 2025.

Strategy 1: Barriers to Care

Identify and remove barriers that resulted in PLWH falling out of care.

Activity 1: Assess reason(s) why PLWH fall out of care through interviews or focus groups by 2021.

Activity 2: Develop a standard data-to-care system model to enhance re-engagement in care by 2021.

Activity 3: Expand telehealth models and opportunities in all healthcare settings to address accessibility and stigma as barriers to care by 2022.

Activity 4: Expand clinic hours to include evening, weekends, and low barrier walk-in services to address accessibility as a barrier to care by 2023.

Activity 5: Provide medical ethics trainings in healthcare settings and health sciences programs to address the history of mistrust within the Black community as a barrier to care by 2024.

Activity 6: Expand childcare services as needed for medical appointments for PLWH to address accessibility as a barrier to care by 2024.

Activity 7: Expand safe and reliable transportation services for PLWH to address accessibility as a barrier to care by 2025.

Strategy 2: Provider Coordination

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Implement a user-friendly and action-oriented provider training to facilitate conversation, reduce stigma, build the capacity for providers to engage in a new centralized linkage model and enhance existing coordinated care efforts to effectively guide patients to additional resources and support.

Activity 1: Develop and implement cultural humility and anti-stigma trainings for providers by 2021.

Activity 2: Train at least 5 HIV provider organizations on how to rapidly and efficiently navigate patients through systems of care by 2022.

Strategy 3: Centralized Linkage to Care System

Implement a Centralized Linkage to Care (CLtC) system to link out of care PLWH to medical and social services.

Activity 1: Develop partnerships with local healthcare organizations to raise awareness about CLtC system by 2021.

Activity 2: Develop and implement two marketing strategies to inform providers both within existing systems of HIV care and outside of existing HIV care system regarding Centralized Linkage availabilities by 2021.

Strategy 4: Peer Navigators

Expand on existing peer navigation programs to facilitate PLWH in care to assist PLWH out of care in navigating treatment and maintaining care through routine check-ins.

Activity 1: Equip peer navigators with supportive services resources as part of comprehensive health treatment by 2021.

Activity 2: Create support groups, both in person and virtual, between peers and PLWH to bolster psychosocial support by 2022.

Activity 3: Compensate trained peers to provide psychosocial support to PLWH through both in-person and virtual support groups by 2022.

Strategy 5: Telehealth

Implement standard telehealth opportunities for PLWH to engage with providers via phone or video call.

Activity 1: Provide technology access options and technology support trainings to all treatment-experienced patients accessing telehealth by 2021.

Activity 2: Ensure adequate provider compensation for all telehealth appointment by 2022.

Activity 3: Design and implement quality improvement measures to assess telehealth progress and areas for improvement by 2022.

- **Key Partners:** Louisiana Department of Health, New Orleans Health Department, medical care providers, substance use providers, AETC, intervention specialists, behavioral and social scientists, medical/HIV clinical care providers, case managers, healthcare facilities and clinics, navigators and Hand in Hand peers
- **Potential Funding Sources:** CDC HIV Prevention and Surveillance Programs, Ryan White HIV/AIDS Programs, Medicaid, health insurance, SAMHSA, OMH

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- **Outcomes:** Retention in care and improved vial suppression.
- **Monitoring Data Source:** Surveillance data, CAREWare
- **Workforce and Partnership Needs:** Linkage to Care coordinator position, emergency shelter and housing organizations, public transportation services, Medicaid transportation services, Low-English Proficiency (LEP) services, trained and supported housing case managers, emergency shelter and housing organizations, mental health and substance use services, community health workers

Goal 4: Ensure all PLWH have access to antiretroviral treatment (ART) medication by 2025.

Strategy 1: ART Accessibility for Newly Diagnosed PLWH within seven (7) days

Ensure all newly diagnosed PLWH have access to a constant, sustained supply of antiretroviral treatment (ART) medication by 2025.

Activity 1: Develop and implement trainings for rapid start navigators (RSN) to enhance referrals and to guide newly diagnosed PLWH through treatment and medication options, supportive supports, insurance systems, Ryan White and other coverage options, required forms, and case management options by 2021.

Activity 2: Create a network among RSNs and clinic intake personnel to share experiences and develop a list of best practices for navigation by 2022.

Activity 3: Partner with LAHAP to provide RSNs and clinic intake personnel with resources to enroll eligible individuals in Medicaid as part of supporting comprehensive and preventative health by 2023.

Activity 4: Develop and distribute culturally sensitive and multi-lingual materials for newly diagnosed PLWH about insurance systems, supportive services, Ryan White and other coverage options, required forms, and case management options by 2024.

Strategy 2: ART Accessibility for Treatment-Experienced PLWH

Ensure all treatment experienced PLWH have access to a constant, sustained supply of antiretroviral treatment (ART) medication by 2025.

Activity 1: Develop and implement trainings for rapid start navigators (RSN) to enhance referrals and to guide treatment-experienced PLWH through the re-entry process, including treatment and medication options, supportive services, insurance systems, Ryan White and other coverage options, required forms, and case management options by 2021.

Activity 2: Create a network among RSNs, clinic intake personnel, and case managers to share experiences and develop a list of best practices for re-entry navigation by 2021.

Activity 3: Partner with LAHAP to provide RSNs, clinic intake personnel, and case managers with resources to enroll eligible individuals in Medicaid as part of supporting comprehensive and preventative health by 2022.

Activity 4: Create a guide to ensure treatment experienced PLWH can identify ways to avoid barriers and to promptly fill medications, even in emergency situations by 2023.

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Activity 5: Develop and distribute culturally sensitive and multi-lingual materials for treatment experienced PLWH about insurance systems, supportive services, Ryan White, and other coverage options, required forms, and case management options by 2024.

Activity 6: Develop and provide annual trainings for pharmacy staff and boards to improve and ensure coordination of ART access as part of the comprehensive HIV continuum of care by 2025.

- **Key Partners:** Louisiana Department of Health, New Orleans Health Department, medical/HIV clinical care providers, case managers, healthcare facilities and clinics, pharmacies, pharmaceutical companies, Ryan White and non-Ryan White clinicians, AETC, specialty pharmacies, pharmacy representatives from all major pharmacies (CVS, Walgreens, Avita, Walmart, etc.), local schools and universities
- **Potential Funding Sources:** CDC HIV Prevention and Surveillance Programs, Ryan White HIV/AIDS Programs Parts A and B (Early Intervention Services and EFA, LDAP), Medicaid, health insurance, Gilead FOCUS Grant
- **Outcomes:** Number of newly identified PLWH who have same-day/next-day access to ART
- **Monitoring Data Source:** Surveillance data, pharmacy data, insurance claims
- **Workforce and Partnership Needs:** Public transportation services, Medicaid transportation services, Low-English Proficiency (LEP) services, trained and supported housing case managers, emergency shelter and housing organizations, mental health and substance use services, non-Ryan White clinics

Goal 5: Achieve viral suppression for 90% of PLWH (including newly diagnosed PLWH within 3 months of diagnosis) through continuity of care by 2030.

Strategy 1: Peer-to-Peer Systems Model

Develop or enhance a peer-to-peer systems model for local HIV clinicians to address and implement best practices for initial labs, follow-up visits, and routine lab work within their clinics.

Activity 1: Invite primary care providers from all major care clinics in Orleans Parish to become involved in the peer-to-peer systems model to educate and support them in managing the HIV treatment plans of their patients living with HIV by 2021.

Activity 2: Provide incentives to compensate clinics for implementing rapid start and rapid restart programs by 2023.

Strategy 2: Viral Suppression Education

Promote education and awareness of achieving viral suppression and the importance of U=U in all testing and medical settings.

Activity 1: Develop and provide annual trainings for community health workers (CHW), RSNs, and providers in primary care, OB/GYN, family planning centers, urgent care centers, university health centers, pharmacies, jails, and community health clinics to dispel misinformation, provide scientific evidence, and confront stigma around U=U messaging by 2021.

Activity 2: Provide U=U marketing items (pens notepads, t-shirts, buttons, tote bags, stress balls, etc.) to community members at community-based organizations, local events, universities and social services to promote U=U messaging in non-medical settings by 2024.

Activity 3: Disseminate U=U fact sheets in plain language for PLWH in offices for primary care, OB/GYN, family planning, urgent care, university health centers, pharmacies, clinical

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laboratories, and community health clinics to dispel misinformation, provide scientific evidence, and confront internal stigma by 2022.

- **Key Partners:** Medical care providers, medical/HIV clinical care providers, case managers, healthcare facilities and clinics, pharmaceutical companies, pharmacies, clinical laboratories, local schools and universities
- **Potential Funding Sources:** CDC HIV Prevention and Surveillance Programs, Ryan White HIV/AIDS Programs (Early Intervention Services), Medicaid, health insurance, Gilead FOCUS Grant
- **Outcomes:** Number of PLWH who are virally suppressed
- **Monitoring Data Source:** Surveillance data
- **Workforce Needs:** Low-English Proficiency (LEP) services, patient navigation support

Pillar 3: Prevent

Goal 1: Increase HIV awareness and reduce stigma within and outside of healthcare settings by 2025.

Strategy 1: Awareness campaigns

Develop a comprehensive, inclusive, and culturally sensitive parish-wide campaign that increases awareness of HIV prevention tools including risk reduction and U=U messaging.

Activity 1: Create partnerships with diverse broadcast outlets (television, radio, newspaper) to spread information on HIV prevention to the general public by 2021.

Activity 2: Create partnerships with all medical facilities in Orleans Parish to spread information on HIV prevention to all healthcare consumers by 2022.

Activity 3: Provide incentives to local schools, universities, restaurants, bars, barber shops, salons, clubs, and other venues to share information on HIV prevention with the youth population by 2023.

Activity 4: Create partnerships with local religious organizations to share information on HIV prevention with faith communities by 2024.

Strategy 2: Comprehensive Sex Education

Implement universal comprehensive sex education curriculum that includes information on LGBTQIA+ sexual health, HIV/HCV/STI prevention, healthy relationships, gender and sexuality, intimate partner violence, and HIV stigma reduction in all Orleans Parish middle and high schools.

Activity 1: Connect with local leaders, teachers, and school officials to gain support for the curriculum within the classroom by 2021.

Activity 2: Involve parents and guardians by holding information sessions and focus groups for the curriculum implementation by 2021.

Activity 3: Develop and implement a 2-day training for educators to better understand the curriculum and tenets of gender inclusivity by 2022.

Activity 4: Provide a toolkit for educators to have resources and connect with public health experts when encountering challenges in curriculum implementation by 2023.

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Activity 5: Provide contraceptives at all involved schools as part of comprehensive health by 2024.

Strategy 3: U=U Messaging

Promote the visibility of U=U as a scientifically proven method for prevention and as a tool for stigma reduction.

Activity 1: Create an inclusive and culturally sensitive multimedia campaign in both medical and non-medical settings to increase awareness and reduce stigma for U=U messaging by 2021.

Activity 2: Disseminate U=U fact sheets for CHWs, RSNs, and providers in primary care, OB/GYN, family planning centers, urgent care centers, university health centers, pharmacies, jails, and community health clinics to dispel misinformation, provide scientific evidence, confront stigma, and connect viral suppression to prevention by 2022.

Activity 3: Provide U=U marketing items (pens notepads, t-shirts, buttons, tote bags, stress balls, etc.) to CHWs, RSNs, and providers in primary care, OB/GYN, family planning centers, urgent care centers, university health centers, jails, pharmacies, clinical laboratories, and community health clinics to promote U=U messaging in medical settings by 2024.

Activity 4: Elect and train individuals in medical settings, community-based organizations, social services, and the community at-large who understand and champion U=U messaging to become U=U ambassadors, who dispel misinformation, provide scientific and anecdotal evidence, and confront stigma in their respective organizations, by 2025.

- **Key Partners:** Louisiana Department of Health, New Orleans Health Department, broadcast partners, schools and educational organizations, community-based organizations, youth organizations, media, marketing firm(s), IWES, LPHI, Framework for Dialogue, PLWH, community liaisons, Maternal and Child Health Coalition, medical health professionals and staff, community health workers, and rapid start navigators
- **Potential Funding Sources:** CDC HIV Prevention and Surveillance Programs, Ryan White HIV/AIDS Programs (outreach), Medicaid, health insurance, and Gilead FOCUS Grant, EHE resources, HRSA, SAMHSA
- **Outcomes:** Number of collaborations developed through city-wide campaign, number of media articles, number of paid ads
- **Monitoring Data Source:** Surveillance data, Stigma Index Project
- **Workforce and Partnership Needs:** Social media professionals, public relations professionals, local public figures and officials, PLWH, community liaisons, community health workers (CHW)

Goal 2: Increase usage of preventative and harm reduction tools by 2025.

Strategy 1: PrEP Uptake

Increase PrEP uptake in Orleans Parish by addressing stigma and disparities in awareness, access, service and outreach by 2025.

Activity 1: Create an inclusive and culturally sensitive multimedia campaign in both medical and non-medical settings to increase awareness and reduce stigma for PrEP uptake among targeted populations with the greatest disparities in uptake, Black MSM and women (especially Black women) by 2021.

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Activity 2: Increase the number of PrEP prescribers by involving primary care providers, OB/GYNs, family planning centers, urgent care centers, university health centers, jails, and community health clinics to increase access and reduce stigma by 2022.

Activity 3: Ensure all CTRs and CHWs are trained to link people testing negative for HIV and frequent PEP users to PrEP providers and to guide them through insurance coverage navigation by 2023.

Activity 4: Develop and provide annual trainings for CHWs and providers in primary care, OB/GYN, family planning centers, urgent care centers, university health centers, jails, pharmacies, and community health clinics to increase education on PrEP and reduce stigma as part of the comprehensive HIV continuum of care by 2024.

Activity 5: Address barriers in supportive services that prevent individuals from taking PrEP by 2025.

Activity 6: Develop and distribute culturally sensitive and multi-lingual materials that dispel misinformation, reduce stigma, and provide guidance on PrEP uptake for the general public as well as versions tailored to priority populations by 2025.

Activity 7: Develop and disperse toolkits that equip community health workers (CHW) and providers in primary care, OB/GYN, family planning centers, urgent care centers, university health centers, jails, and community health clinics with culturally sensitive and inclusive resources and scripts to discuss PrEP uptake with patients by 2025.

Activity 8: Collaborate with pharmacy boards to develop a surveillance system for better understanding of PrEP uptake according to race, gender, and age by 2025.

Strategy 2: Syringe Service Programs and Needle Exchange Sites

Provide SSPs and needle exchange programs with resources for expansion in order to increase efficacy and accessibility in Orleans Parish.

Activity 1: Expand hours and days at existing sites for increased accessibility by 2021.

Activity 2: Provide incentives to compensate programs for building capacity by 2022.

Activity 3: Increase the number of locations of sites for increased accessibility by 2022.

Activity 4: Address barriers in supportive services that prevent individuals from using SSPs and needle exchange sites by 2023.

Activity 5: Create an inclusive and culturally sensitive multimedia campaign in both medical and non-medical settings to increase awareness and reduce stigma for SSPs and needle exchange sites as part of the comprehensive HIV continuum of care by 2024.

Activity 6: Develop and provide annual trainings for CHWs, RSNs, and providers in primary care, family planning centers, urgent care centers, university health centers, jails, and community health clinics to increase education on SSPs and needle exchange sites and reduce stigma as part of the comprehensive HIV continuum of care by 2025.

- **Key Partners:** Louisiana Department of Health, New Orleans Department of Health, all organizations offering testing, substance use treatment and counseling providers, harm reduction organizations, Crescent Care, all organizations offering PrEP, Council on Alcohol and

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Drug Abuse for Greater New Orleans (CADA), pharmacies, community health workers, rapid start navigators, pharmaceutical companies, medical health professionals and staff

- **Potential Funding Sources:** CDC HIV Prevention and Surveillance Programs, Medicaid, health insurance, Gilead FOCUS Grant, private donors
- **Outcomes:** Number of new harm reduction resources, preventative methods, syringe service programs, and needle exchange sites, number of new PrEP patients, number of providers offering PrEP
- **Monitoring Data Source:** Surveillance data, AIDSvu PrEP data
- **Workforce and Partnership Needs:** Peer services specialists and navigators, community health workers, mobile community health services, trained syringe service program staff, trained needle exchange site staff, public transportation services, Medicaid transportation services, Low-English Proficiency (LEP) services, trained and supported housing case managers, emergency shelter and housing organizations, mental health and substance use services, PrEP providers, medical case managers, PrEP navigators, Medicaid transportation services

Pillar 4: Respond

Goal 1: Enhance Orleans Parish's partnerships and surveillance to improve response to potential HIV outbreaks.

Strategy 1: Surveillance

Continue collaboration with SHHP, NORAPC, OHP, and other stakeholders to enhance surveillance and monitor potential outbreaks.

Activity 1: Create a coordinated system to request and review data quarterly for potential outbreaks by 2021.

Activity 2: Utilize mobile medical team to respond to identified outbreaks

Activity 3: Host the EHE Advisory Group quarterly to discuss surveillance data and develop a response plan involving local stakeholders by 2022.

Activity 4: Develop and implement a mock exercise to simulate an outbreak and prepare community and healthcare response to potential impacts, activation, and needs by 2023.

Activity 5: Develop a system for patient education regarding HIV transmission/cluster detection as a means of surveillance.

Strategy 2: Engagement

Increase outreach and education efforts to ensure awareness and usage of programs during outbreaks.

Activity 1: Engage healthcare and supportive services providers to prepare coordinated efforts for linking newly diagnosed PLWH and maintaining treatment experienced PLWH in comprehensive care during outbreaks by 2021.

Activity 2: Create a communications system among SHHP, NORAPC, OHP and the EHE Advisory Group to provide updates regarding recent outbreaks to community-based organizations by 2021.

Activity 3: Form a collaborative to meet regularly and connect providers to share information about best practices and next steps in the event of an outbreak by 2022.

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Activity 4: Create alert letters for healthcare providers that will detail potential outbreaks and best practices by 2023.

- **Key Partners:** Louisiana Health Department, New Orleans Health Department, OHP, SHHP, NORAPC, CBOs, healthcare providers, advocacy organizations, EHE Advisory Group
- **Potential Funding Sources:** CDC HIV Prevention and Surveillance Programs, Ryan White HIV/AIDS Programs (Early Intervention Services), health insurance, Gilead FOCUS Grant
- **Outcomes:** Change in Orleans Parish's ability to respond to HIV outbreaks
- **Monitoring Data Source:** Surveillance data
- **Workforce and Partnership Needs:** Community health workers, trained Syringe Service Program staff, trained needle exchange site staff, outreach coordinators, peer service specialists

Goal 2: Enhance community and provider awareness of molecular HIV surveillance in Orleans Parish.

Strategy 1: Community Education

Increase educational and outreach opportunities about molecular surveillance for community involvement and understanding of surveillance efforts.

Activity 1: Collaborate with diverse stakeholders to create educational materials about molecular surveillance to increase community understanding of and start dialogue about this topic by 2021.

Activity 2: Develop and host virtual and in-person informational seminars that feature a panel of diverse experts in molecular surveillance, medical ethics professionals, HIV care providers, PLWH, and HIV advocates by 2022.

Activity 3: Host townhalls among community members for an open discussion forum regarding community thoughts and concerns by 2023.

Strategy 2: Provider Involvement

Increase educational and training opportunities about molecular surveillance for provider involvement and understanding of surveillance efforts.

Activity 1: Develop and disseminate a survey to HIV care and service providers to evaluate their understanding of and experiences with molecular surveillance by 2021.

Activity 2: Develop and provide an annual training for HIV care providers to learn about the purpose of molecular surveillance, their roles in data collection, and discussion with patients by 2022.

Activity 3: Create a network among providers, data managers, and epidemiologists to share experiences and develop a list of best practices for data collection by 2023.

- **Key Partners:** Louisiana Department of Health, New Orleans Health Department, SHHP, OHP, NORAPC, medical care providers, advocacy organizations, AIDS Education and Training Center
- **Potential Funding Sources:** CDC HIV Prevention and Surveillance Programs, Medicaid, health insurance, Gilead FOCUS Grant, EHE resources
- **Outcomes:** Improved standard of care for PLWH in healthcare and social services settings.
- **Monitoring Data Source:** Client feedback surveys
- **Workforce and Partnership Needs:** Training providers and development personnel, social sciences consultants, training development and coordination

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Goal 3: Support efforts to end HIV criminalization law.

Strategy 1: Create Awareness

Create awareness about current HIV criminalization laws and their impact on PLWH.

Activity 1: Organize a parish-wide awareness campaign to educate the community about and draw attention to HIV criminalization laws and their impact on PLWH by 2022.

Activity 2: Create and distribute informational guides and one-pagers about HIV criminalization laws to ensure community understanding of this legislation and its impact on PLWH by 2024.

Strategy 2: Buy-in

Organize efforts to advocate for the eradication HIV criminalization laws in Louisiana and across the United States.

Activity 1: Organize a parish-wide advocacy campaign involving diverse stakeholders (law offices, local leaders, political officials, public health experts, and HIV experts and advocates) to encourage buy-in and an organized front against HIV criminalization laws by 2022.

Activity 2: Design and distribute marketing materials to initiate a campaign to end the criminalization of HIV by educating on the intersection of public health and judicial practices by 2023.

Activity 3: Organize and host an annual Legislative Awareness Day in Orleans Parish, and coordinate this parish-wide effort with other HIV decriminalization efforts across Louisiana by 2024.

- **Key Partners:** Louisiana Health Department, New Orleans Health Department, political officials, local and statewide advocacy organizations, criminal justice organizations, Louisiana Coalition on Criminalization and Health (LCCH), Orleans Justice Center, The Center for HIV Law and Policy
- **Potential Funding Resources:** CDC, HIV Prevention and Surveillance Program, Medicaid, Health Insurance, Ryan White HIV (Early Intervention Services), Gilead FOCUS, Testing Facilities, criminal justice organizations
- **Outcomes:** number of advocacy events organized, decriminalization of HIV
- **Monitoring Data Sources:** Policy outcomes
- **Workforce and Partnership Needs:** Public relations specialists, outreach coordinators

Acronyms

- AA – African American
- ABC CAB – Ryan White Part A and Part B Community Advisory Board
- ADAP – AIDs Drug Assistance Program
- AETC – AIDS Education Training Center
- ART – Antiretroviral treatment
- ARTAS – Antiretroviral Treatment and Access to Services
- BIPOC (Black, Indigenous, and People of Color)
- CAB – Community Advisory Board
- CADA – Council on Alcohol & Drug Abuse for Greater New Orleans

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- CBO – Community Based Organization
- CCFBA – Concerned Citizens for a Better Algiers
- CARES – Coronavirus Aid, Relief, and Economic Security Act
- CHW – Community Health Workers
- CLtC – Centralized Linkage to Care
- CrAFT – Creating a Future Together
- EHE – Ending the HIV Epidemic
- EMA – Eligible Metropolitan Area
- FHAC – Fair Housing Action Center
- FJC – New Orleans Family Justice Center
- FQHC – Federally Qualified Health Centers
- FTC SC – Fast-Track Cities Steering Committee
- GBM – gay and bisexual men
- GIS – Geographic Information System
- HANO – Housing Authority New Orleans
- HRSA HAB – Health Resources & Services Administration HIV/AIDS Bureau
- HOP – HIV Outpatient Program
- HOPWA – Housing Opportunities for Persons with AIDS
- IAPAC – International Association of Physicians in AIDS Care
- IPV – Intimate Partner Violence
- LaFASA – Louisiana Foundation Against Sexual Assault
- LaFHAC – Louisiana Fair Housing Action Center
- LAHAP – Louisiana Health Access Program
- LDH SHHP or SHHP – Louisiana Department of Health STD/HIV/Hepatitis Program
- LGBTQIA+ – Lesbian, Gay, Bisexual, Queer, Intersex, Asexual, and other identifiers on the gender and sexuality spectrum not yet described
- LPHI – Louisiana Public Health Institute
- LSU HSC – Louisiana State University Health Sciences Center
- LtCC – Linkage to Care Coordinator
- NIH – National Institute of Health
- NOCOA – New Orleans Council on Aging
- NOEMA – New Orleans Eligible Metropolitan Area
- NORAPC – New Orleans Regional AIDS Planning Council
- OHP – the Office of Health Policy and AIDS Funding
- OJC – Orleans Justice Center
- PIT – Point in Time
- PEP – Post exposure prophylaxis
- PHC – Priority Health Care
- PLWH – People Living with HIV
- PPHC – The Parish Prison Health Collaborative
- PrEP – Pre-exposure prophylaxis
- RW – Ryan White
- RWPA – Ryan White Part A

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- SAMHSA – Substance Abuse and Mental Health Services Administration
- SSP – Syringe Service Program
- SLLS – Southeast Louisiana Legal Services
- U=U – Undetectable equals Untransmittable
- UDS – Uniform Data System (UDS)
- UMC – University Medical Center
- VA Hospital – the Southeast Louisiana Veterans Health Care System
- YMoC – Young Men of Color