

# OFFICE OF THE ASSISTANT SECRETARY FOR HEALTH



## Prevention Through Active Community Engagement Region 9 Ready Set, PrEP

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Office of the Assistant Secretary for Health  
U.S. Department of Health and Human Services



# Four Pillars to Ending the HIV Epidemic

## GOAL:

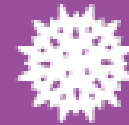
HHS will work with each community to establish local teams on the ground to tailor and implement strategies to:

**75%**  
reduction  
in new HIV  
infections  
in 5 years  
and at least  
**90%**  
reduction  
in 10 years.



**Diagnose** all people with HIV as early as possible.

**Treat** people with HIV rapidly and effectively to reach sustained viral suppression.



**Prevent** new HIV transmissions by using proven interventions, including pre-exposure prophylaxis (PrEP) and syringe services programs (SSPs).

**Respond** quickly to potential HIV outbreaks to get needed prevention and treatment services to people who need them.



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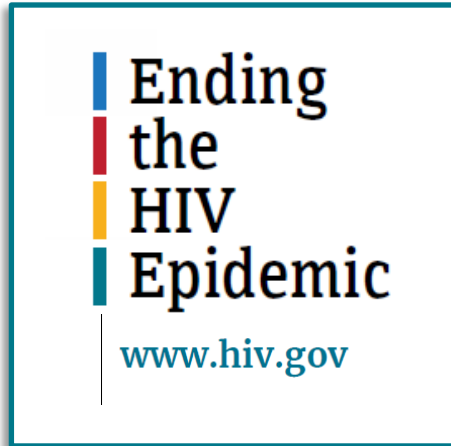
# The time is now.

Ending  
the  
HIV  
Epidemic

**We need to hear from the community:**

- Zero HIV infections
- Zero HIV deaths
- Zero HIV stigma

# Prevention through Active Community Engagement (PACE) Program



## OASH Operation Change the Map

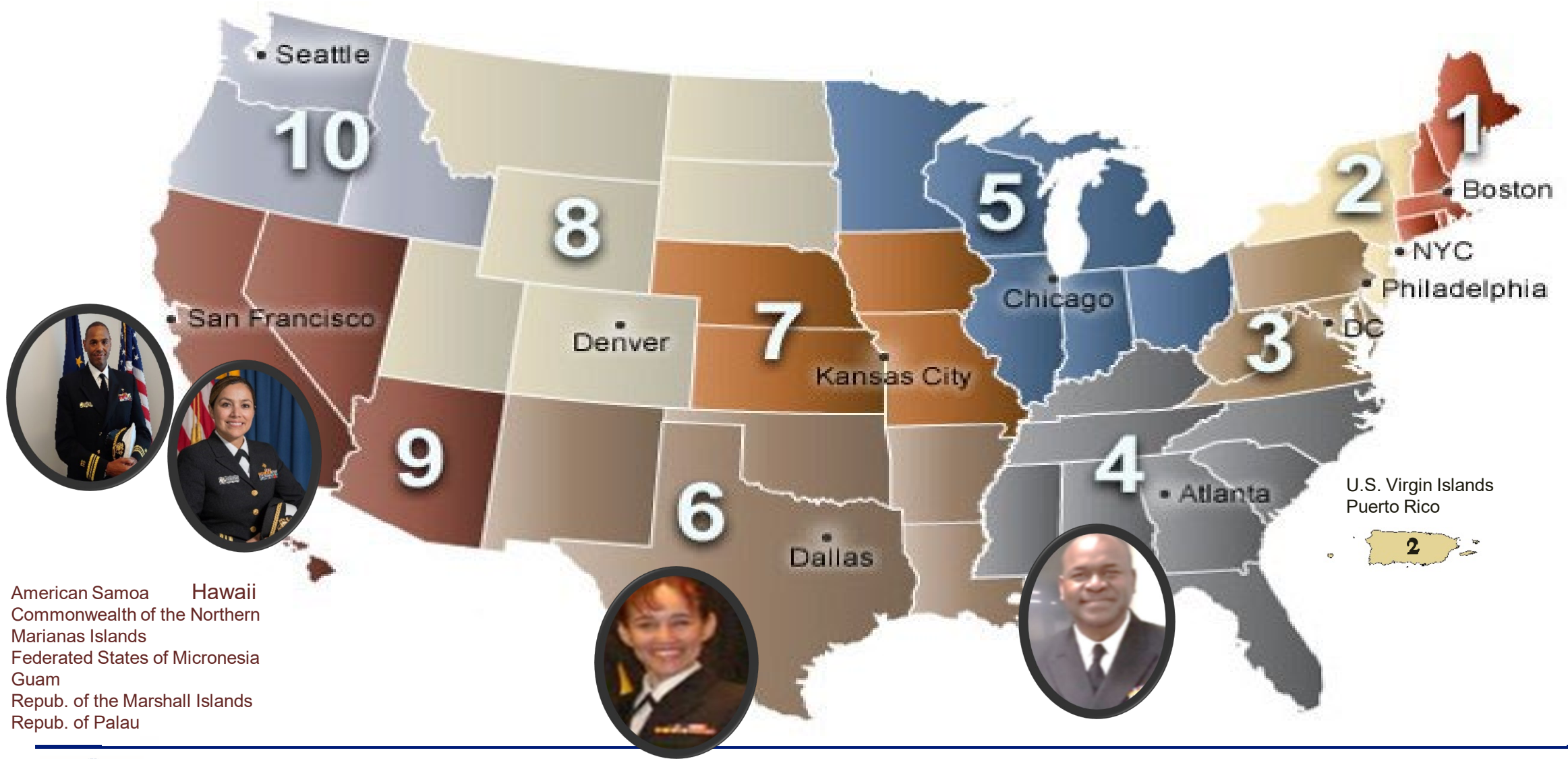
- Prioritize the three HHS regions that have a substantial burden of new HIV diagnoses
- Prepare urban and rural areas to quickly and successfully implement the EHE initiative in FY2020
  - Developing both short and long term action plans to:
    - Assess the communities' needs in the regions
    - Assist HHS Partners in Eliminating HIV

## Objectives

- Serve as the **Lead POC** for “Ending the HIV Epidemic” in the regions
- Bridge the gap between community and federal programs
- Engage public at public forums and community centers, increasing effectiveness and national reach of evidence based prevention strategies



# PACE Directors in Region 4, 6 and 9



American Samoa  
Commonwealth of the Northern  
Marianas Islands  
Federated States of Micronesia  
Guam  
Repub. of the Marshall Islands  
Repub. of Palau



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# PACE Region 9 Focus

## California

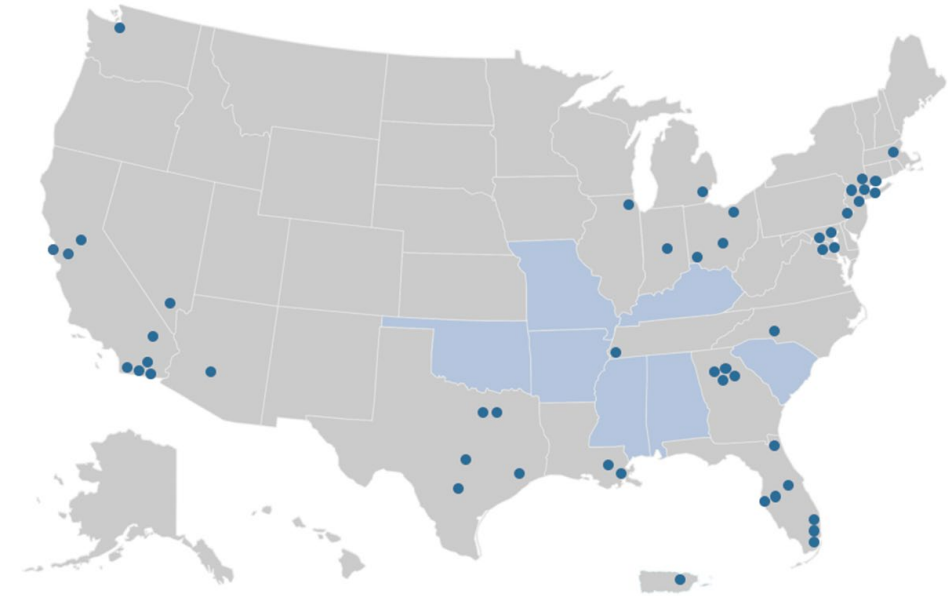
- Alameda County
- Los Angeles County
- Orange County
- Riverside County
- Sacramento County
- San Bernardino County
- San Diego County
- San Francisco County

## Arizona

- Maricopa County

## Nevada

- Clark County

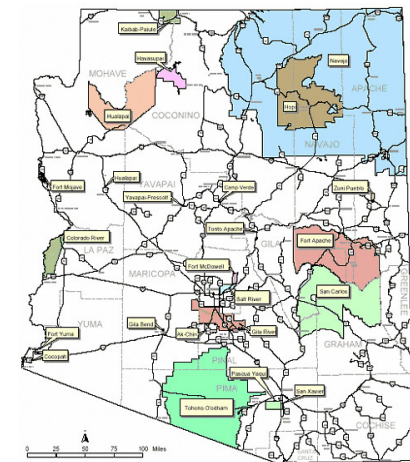
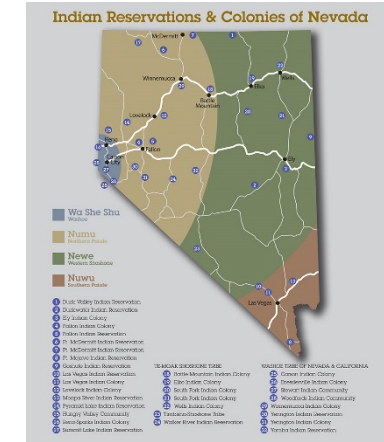
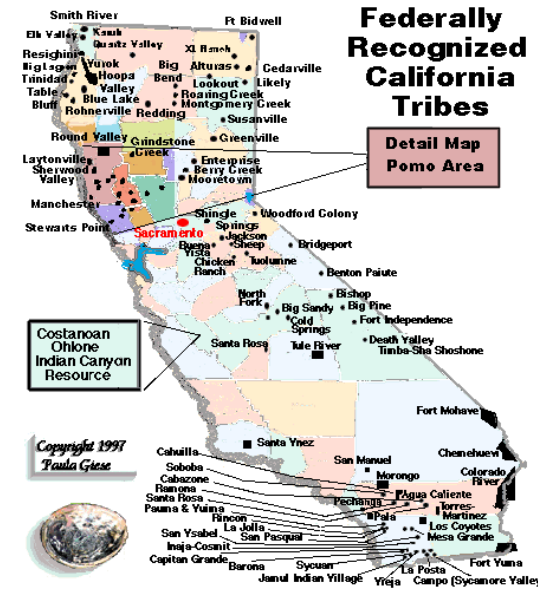


- County contributing to 50% new HIV diagnoses in 2016 / 2017
- State with disproportionate rural burden in 2016 / 2017



# Tribes in Region 9

- 150 Federally recognized tribes (this does not include tribes recognize by states)
- Tribes across multiple states, multiple counties
- California
  - 111 federally recognized tribes
  - Over 40 health consortiums
  - CA largest population of AI/AN
- Nevada
  - 32 Indian Reservations and Colonies
- Arizona
  - 22 federally Recognized tribes





# PACE Program Activities in the Regions

- **Active community engagement** to identify **unique attributes of communities** to ensure programs are relevant for the communities impacted.
- **Build trust in the communities** and serve as trusted collaborators to communicate information and observations at the community level to funding agencies for effective program implementation.
- Fostering collaboration across all stakeholders in the EHE response (**breaking down silos**).
- Dissemination of **best practices across jurisdictions** and connecting communities to resources to enhance program outcomes.
- Effective EHE advocates to increase **community awareness, participation and partnership of marginalized communities** ( e.g. Transgender) to bring their issues to the table for effective program implementation



# Prevention through Active Community Engagement (PACE) Program Region 9



Convener



Collaborator



Connector

Ending the HIV Epidemic in the US



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# Community Engagement



1. Raise awareness of EHE opportunities
2. Build **trust and support** within local communities for the initiative
3. Ensure partners within each jurisdiction are **meaningfully engaged** with the initiative
4. Create a group of stakeholders and **champions who stand ready to mobilize** their communities when resources become available



# R 9: EHE Listening Sessions – Key Themes

- Lack of HIV/STDs education
  - Need for HIV/AIDs education, better targeted and culturally appropriate media.
  - HIV 101 education
  - HIV Prevention: U=U, PrEP, PEP
- Need for focus campaigns targeting specific communities
  - Dating apps
  - Social Media
  - Radio/networks
- Hardly served/hardly reached
  - People of color, especially Black/African Americans, Latino/Hispanics, monolingual Spanish speaking, homeless and youth
- Medical mistrust and lack of culturally competent providers
- Provider education and workforce training
  - EHE and PrEP
- Substance abuse and mental health
- Inter-county and inter-jurisdiction information sharing
- Stigma – “stigma is like cold air, you don’t see it, but you feel it” – Remaking A life
  - Attitudes and stigma that prevent HIV testing and initiation of PrEP
  - Barriers to testing and other health behaviors, underlying discrimination and fear



# Continue to Engage with Priority Communities

- Women/cisgender of color
- Trans/two-spirit
- Youth
- Specific racial/ethnic groups
  - Black/African Americans, Hispanic/Latinos, American Indians/Alaska Natives, Asian/Pacific Islander
- Incarcerated/recently released from prison
- Undocumented communities
- Veterans
- Mental health/Substance abuse
- Communities on the Southern border
- Communities with housing instability





## Pillar 3: Prevent

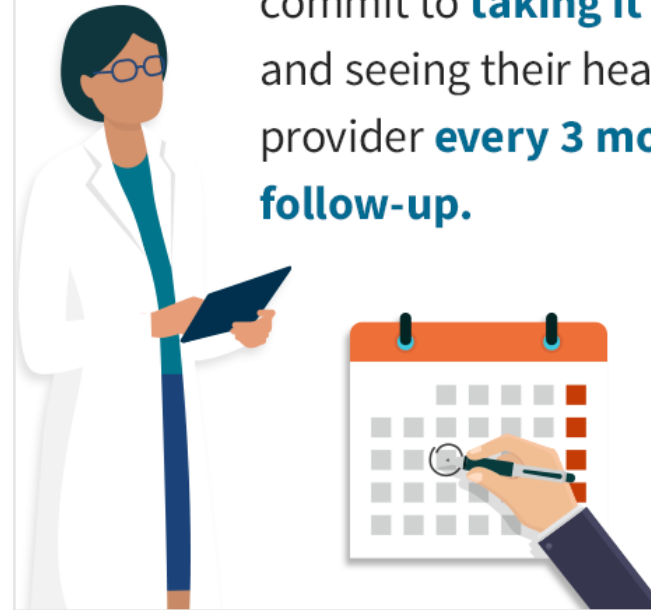
### What is HIV PrEP?

- PrEP is when people without HIV take HIV prevention medications
- If taken as prescribed, PrEP medications block getting HIV during sex by up to 99%
- HIV PrEP for people without HIV and treatment as prevention (U=U\*) for people with HIV work together to reduce new HIV infections in the US

\*Undetectable=Untransmittable: <https://www.preventionaccess.org/>

### TAKING PrEP TO PREVENT HIV

People who use PrEP must commit to **taking it every day** and seeing their health care provider **every 3 months for follow-up.**

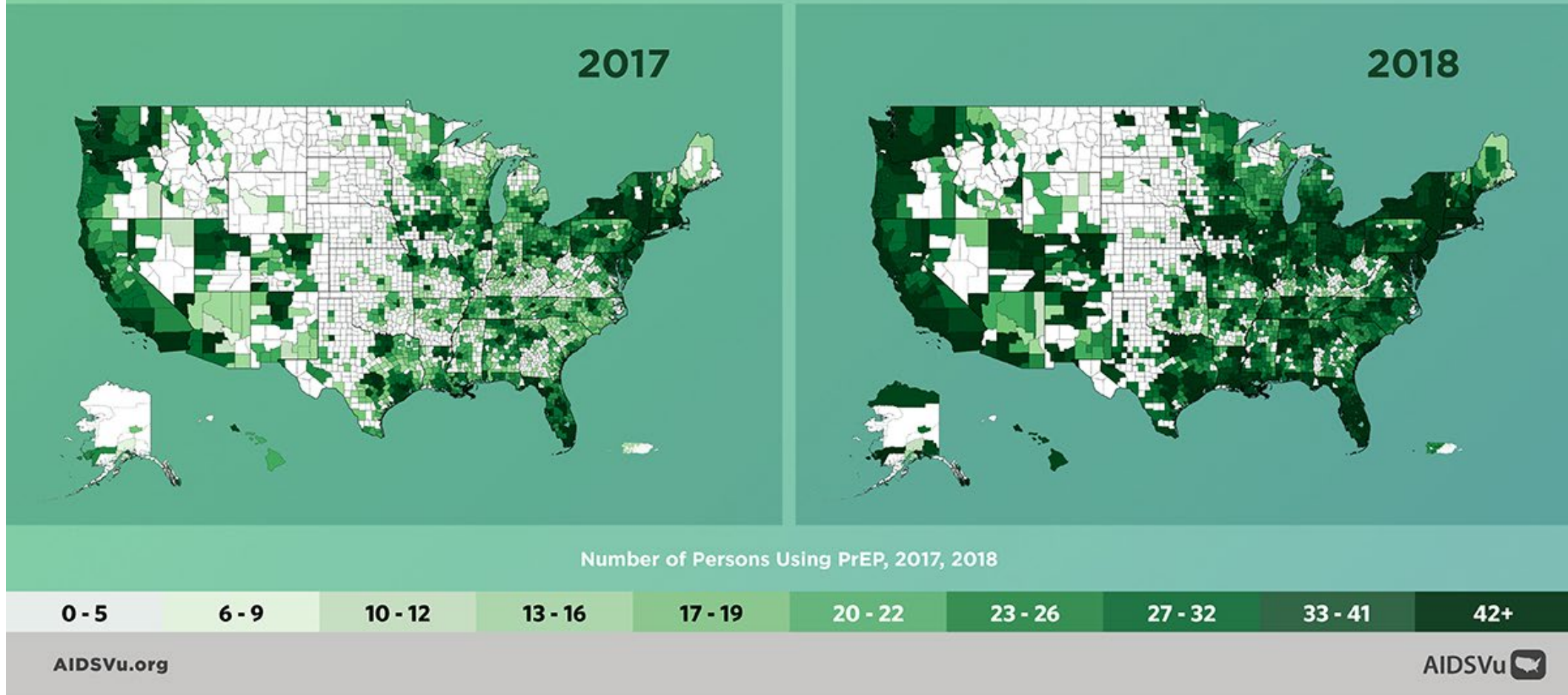


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Ending  
the  
HIV  
Epidemic

A PLAN FOR AMERICA

**PrEP use** has been **increasing** every year.  
The number of PrEP users grew by **39%** between **2017** and **2018**.



## Pillar 3: Prevent

### PrEP: Underutilized & Effective Prevention Tool

More than  
**1 Million**  
Persons who might  
benefit from PrEP

Only about  
**10%**  
Who could benefit  
from PrEP are using it







## May 2019

Agreement between the HHS and Gilead Sciences, Inc., for the company to donate PrEP medications for up to 200,000 uninsured individuals each year for up to 11 years.

## December 2019

The READY, SET, PrEP program officially launched and opened for enrollment.



# Ready, Set, PrEP – Launch December 3<sup>rd</sup>, 2019

- “Go Live” of HHS PrEP Program:  
Ready, Set, PrEP!
- Call-In Center:  
(855) 447-8410
- Online Portal:  
[GetYourPrEP.com](https://www.getyourprep.com)



# WHO'S ELIGIBLE FOR READY, SET, PrEP?

To receive PrEP through the Ready, Set, PrEP program, an individual must:

- ▶ Test negative for HIV
- ▶ Have a valid prescription for PrEP
- ▶ Not have prescription drug coverage

For individuals enrolled in the program, there is **no cost** for medications.

The costs of clinic visits and lab tests may depend on a person's income and where they receive the services.



**ACME**

**Randalls**

**Amigos**

**RITE  
AID**  
PHARMACY

**SAFEWAY**

**Albertsons**

**sam's club**

**Avita**  
PHARMACY

**shaws**

**CARRS**

**CVS Health**

**star**  
market

**Tom Thumb**

*Haggen*  
FOOD & PHARMACY SINCE 1933

**Market  
STREET**

**Health Mart**  
PHARMACY

**Walmart**

**Jewel-Osco  
Pharmacy**

**VONS**

**United  
supermarkets**

**PAVILIONS**

**Walgreens**

- These retail pharmacies distribute PrEP medications at no cost to Ready Set PrEP program qualified patients. They are the only pharmacies distributing PrEP medications on behalf of the Ready Set PrEP Program.
- Patients can also get PrEP medications through mail order at no cost.
- These pharmacies also provide patient counseling and take steps to promote patient adherence to the regimen.

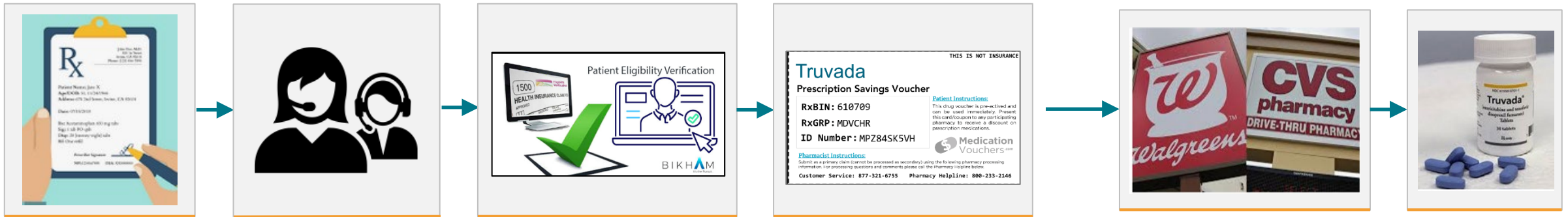


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# PrEP Distribution

## Initial Rollout (Nationwide):

4,250 patients in the first six months, and up to 10,000 patients in the first year  
- Announced September 27, 2019



## To qualify for the program, a patient must:

- Lack health insurance coverage for outpatient prescription drugs;
- Have a valid “on-label” prescription; and
- Have appropriate testing showing that the patient is HIV-negative.

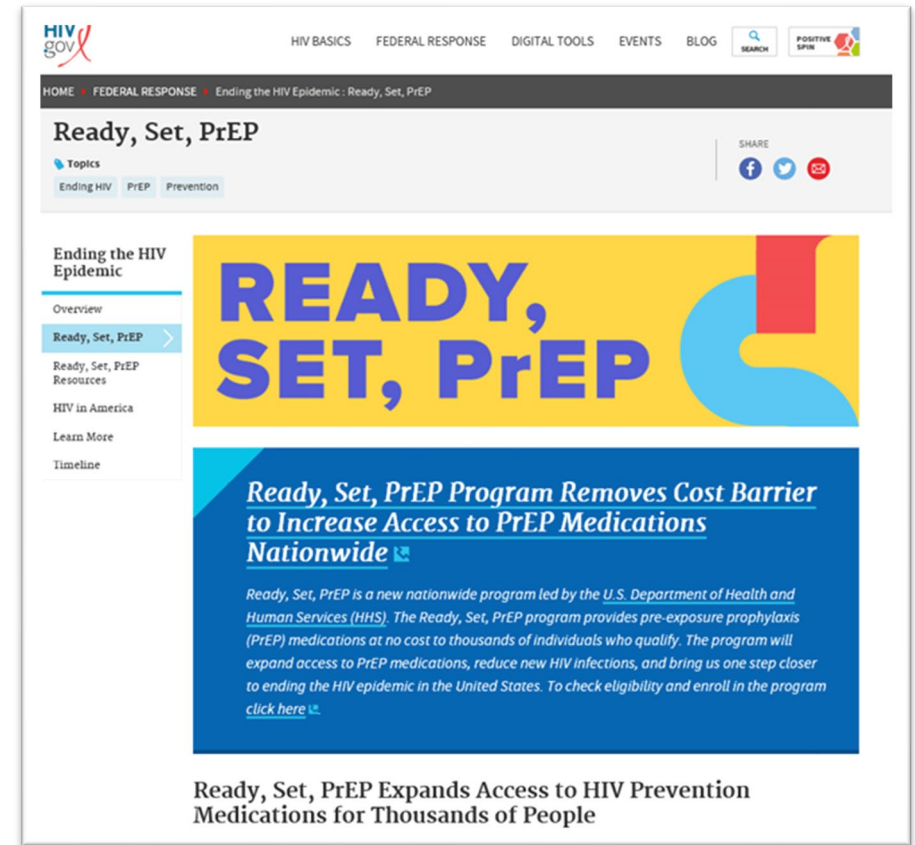
**Any provider with a qualified patient can access the program.**



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# Ready, Set, PrEP Online

- **HIV.gov:** Basic information about the program, eligibility and enrollment instructions
- **Enrollment Page:** Portal for patients and providers for eligibility determination and enrollment
  - Call center also available at 855.447.8410



# READY, SET, PrEP MATERIALS

- ▶ **Fact Sheets**
  - Consumer (English/Spanish)
  - Healthcare Provider (English/Spanish)
  - Indian Health Service
- ▶ **Posters (English/Spanish)**
- ▶ **Information Card (English/Spanish)**
- ▶ **Social Media Toolkit**
- ▶ **Sharable Graphics (English/Spanish)**





# Ongoing Barriers to Pre-Exposure Prophylaxis (PrEP)

- Attitudes and stigma that prevent testing and initiation of PrEP.
- Individual's lack of knowledge about PrEP, HIV-related health literacy, and HIV risk perception.
  - Women, Trans, African American/Black, Hispanic/Latinx, MSM
- Challenges identifying individuals who might benefit from HIV prevention with PrEP and assessing risk of acquiring HIV.
- Healthcare provider bias based on gender, social class, or sexual behavior that might hinder effective communication about HIV risk and PrEP.
  - Linkage to PrEP care and prescribing PrEP



# PrEP Assistant Program Comparison - California

Program Requirements	Ready, Set, PrEP	Gilead Assistant Program	PrEP Assistant Program
<b>Coverage</b>	100%	Out-of-pocket cost up to \$7,200 per year	Co-enrolled into Gilead Assistant Program or Ready, Set, PrEP
<b>Enrollment</b>	Online/Any Provider	Online, fax or PrEP-AP Enrollment Site	PrEP- AP Enrollment Site, or if insurance dictates their healthcare provider, use of that provider (e.g. Kaiser)
<b>Cover for Clinical Visits and Labs</b>	None	None	Yes, as specified by USPSTF guidelines. Also covers hepatitis and HPV vaccines and treatment for STDs
<b>Health Insurance Type</b>	Uninsured	Private Health Plans	Uninsured and Private Health Plans
<b>Patient Availability to Pay</b>	None	None	500% FPL



## Discussion Points

- What is the role of the planning councils and EHE?
- Are there opportunities to support best practices across region 9 planning councils?
- How can the planning council enhance community engagement efforts to engage with the hardly reach and increase linkage to care and viral suppression?
- What challenges has the COVID pandemic created for engaging with priority communities?

## San Diego County



	2017 (Baseline)	2018	2019 (Preliminary)
Knowledge of Status	85.0%	84.4%	
Diagnoses	414	378	169
Linkage to HIV Medical Care	75.8%	83.9%	86.4%
Viral Suppression	62.1%	63.3%	
PrEP Coverage	15.4%	29.4%	



# Region 9 Contact Information

**For More Information on HIV and COVID-19: [HIV.gov](https://www.hiv.gov)**

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