

Q&A Chat Summary: *EHE Regional Learning Collaborative Kick-Off*

	Question	Response
1	In setting PrEP in the EHE Key Strategies it also calls for U=U be named and explained as an important part of the prevention toolbox! U=U is important as part of treatment strategies.	Yes! We need to do a better job educating the community and providers on the importance of U=U.
2	Can folks discuss broadly scaled up testing (considered to be costly and generally low yield) compared to targeted testing? Who will pay for expanded testing?	We need to focus on both, not only enhancing target testing but also expanding, meeting individuals where they are, how can we be innovated to reach individuals who would traditionally not come to us. Many of the jurisdictions on the panel will share some of the innovated work they are doing with scaling up testing. Also, the importance to partner with organizations (churches, jails, hospitals) will be key to leverage resources.
3	1. estimated cost of treating Hep C (including meds)? and 2. estimated cost of treating a new HIV diagnosis (including meds)?	Great questions. I [CDR Sandoval-Rosario] don't have cost information but is important as we engage with non-HIV providers. I will look into this and get back to you.
4	Where can I get the "save the date" info for the Latinx townhall to re-post on social media?	I [CDR Sandoval-Rosario] will send the flyer to Elena so she can distribute to everyone. The townhall is on Tuesday, October 13, 2020 at 11. Yes, would be great if you could share with your network.
5	Who is included in these PrEP numbers? We may be closer to our goals if private insurers are included?	Emory University has a data-sharing agreement that allowed this proprietary data to be shared publicly for the first time. The data were obtained from Symphony Health with the support of Gilead Sciences, Inc., and compiled by researchers at the Rollins School of Public Health at Emory University. You are correct, it is not inclusive of some large healthcare systems such as Kaiser, however it is the largest data base currently available and has information from 54,000 pharmacies, 1,500 hospitals, 800 outpatient facilities, and 80,000 physician practices.
6	Are there efforts in educating doctors in non-profit and profit organizations regarding PREP and PEP? Often times, we have clients who have mentioned that their PCP do not know about PEP.	<ul style="list-style-type: none"> The PACE program in Region 9 is prioritizing these efforts by working with medical associations, students and other private practices. As I [CDR Sandoval-Rosario] mention in my presentation, there are

		<p>missed opportunities in testing, educating and offering PrEP and PEP.</p> <ul style="list-style-type: none"> • Yes, Alameda County contracts with the Bay Area AIDS Education and Training Center (AETC) to do provider education. This is funded under a different funding category, which is why it wasn't included in [Steve Gibson's] overview. • The California Pacific AIDS Education Training Center (PAETC) is also doing "Clinic Detailing" related to PrEP and PEP to medical providers. "Detailing" includes training all staff in the clinic.
7	PrEP can also be used by non-binary people who don't identify as trans masculine or trans feminine! It's important that gender identity or presentation is not a barrier to PrEP. :)	Thank you for that comment! Yes, and a successful study of PrEP in transpeople is underway, including analysis of Truvada on hormone treatment.
8	What is Orange County doing regarding needle exchange programs?	I [Matilde Gonzalez-Flores] believe there is now a community-based program, but I am not exactly sure.
9	For the Counties that are proposing to do home test kit delivery programs, how are you going to get the test results for these individuals to follow-up and ensure rapid linkage to care?	<ul style="list-style-type: none"> • Alameda County is currently using oral fluid HIV test kits (OraQuick) that our CBOs are sending to clients. CBOs are then responsible for follow-up for clients who report their results, either for PrEP if they test negative or confirmatory HIV testing and linkage to care if they test positive. We are pursuing a dried-blood spot (DBS) HIV test option, but have not yet implemented it. ACPHD staff would be responsible for linkage to care for clients who test positive using DBS testing. • Distribution of home-collection kits [in San Francisco] will be done by various methods, including the Take Me Home initiative by Building Healthy Online Communities, and distribution by County and CBOs. When distributed by CBOs and Counties, it is possible to do follow up. For Take Me Home, individuals who get the kit can voluntarily provide information post-results. These data will be compiled and provided to the county and state. Individual information will NOT be included in that data.
10	Matilde, can you talk a little more about the Viral Suppression Patient Incentive Program?	Sure. While the program is still in development the idea is to collaborate with providers outside of the Ryan White system of care with a high volume of patients who are not virally

		suppressed to implement the program. We plan to conduct some focus groups with PLWH who are not VL to inform the program. PLWH who are not VL will receive incentives for going to medical appointments as well as other key program milestones.
11	Will the recording and slide decks from all the presenters be made available after the call?	Yes, the meeting materials will be made available on the CHIPTS website. I [Elena Rosenberg-Carlson] will include the link in my email to all attendees after the session!
12	Does anyone know when the AHEAD dashboard will be launched?	It was launched in Aug. and is currently live. Go to HIV.gov to check out the AHEAD dashboard.
13	All the priority populations are overrepresented in the criminal justice system. From overdose upon release from jail/prison, to the over representation of incarcerated trans-women, to the data that show over 30% of Black MSM have a history of incarceration, including high rates of Latinx MSM. Partnering with your Sheriff's Department is not easy; very different missions. That said, many of your priority populations will not be reached (with all these great efforts!) if counties don't engage with their local jails/prisons with EtE.	<ul style="list-style-type: none"> • Hi Barry. Agreed. We are looking to see how we can work with jails. There are restrictions on who we can fund with these funds. Happy to discuss options within Alameda County with you. • Snarky response, Barry: "Duh!" But with all due respect, we do need to attend to people in all the correction systems in California. It is an active focus at the Office of AIDS currently.
14	@Michelle - you spoke about an Ending The Epidemic Spanish language Townhall in San Diego. Some of my co-workers and Spanish language community members may be interested in attending this townhall. Would this be ok and if so, what is a link to register for the event?	The Spanish townhall is open to everyone. It has been promoted across the region. We are hoping to reach Latinx Spanish speaking communities and partners who serve Latinx communities. Elena will be sending out the flyer to everyone so you can share with your network. No need to register for the event. Event will be on Tuesday, 10/13 at 11:00 AM. Thanks!
15	Stigma contributes majorly to folx's reluctance to get screened for HIV and engage in HIV care; what strategies are being implemented to address HIV stigma?	Alameda County is including this in our RFP asking agencies applying for funds as to how they will address stigma.