Ending the HIV Epidemic (EHE) Regional Learning Collaborative

Alameda, Los Angeles, Orange, Riverside, Sacramento, San Bernardino, San Diego, and San Francisco Counties







Session 16:
Innovations to Serve Hardly Reached Communities



Tuesday, March 15, 2022 10-11:30 a.m. PST

Session Agenda

1) Presentations

- > UCLA/HPTN 094
 - Dr. David Goodman-Meza, Assistant Professor, Division of Infectious Diseases, David Geffen School of Medicine
- > Invisible Men
 - Luckie Alexander, Founder
- East Los Angeles Women's Center
 - Alejandra Aguilar-Avelino, Program Coordinator

2) Panel Discussion/Q&A

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HPTN 094 INTEGRA STUDY









HPTN 094 Overview



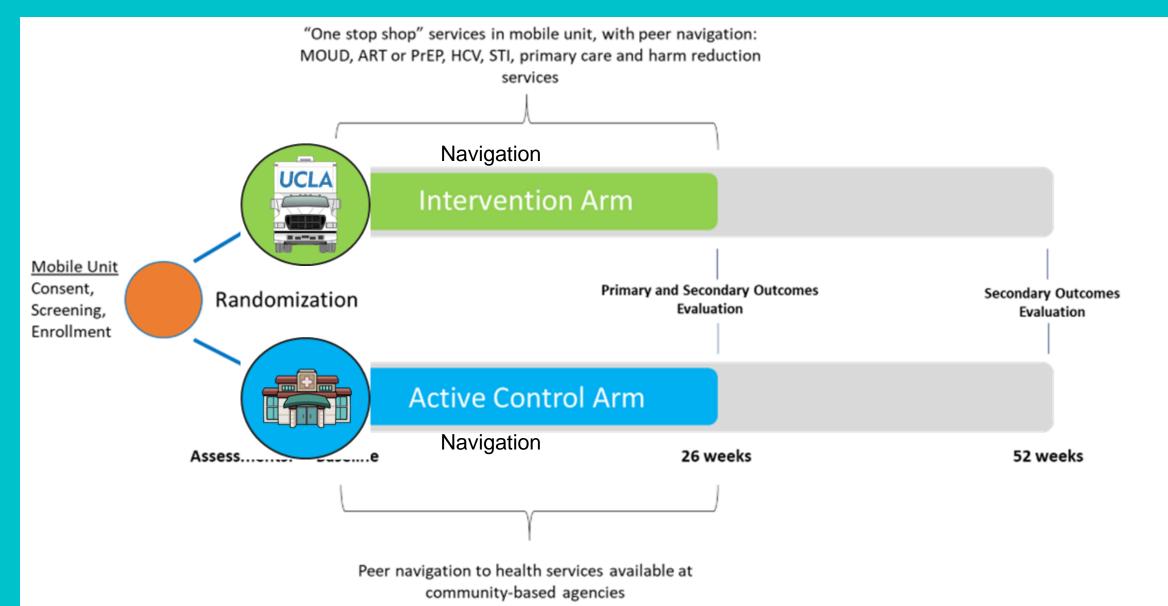
"A Vanguard Study of Health Service Delivery in a Mobile Health Delivery Unit to Link Persons who Inject Drugs to Integrated Care and Prevention for Addiction, HIV, HCV and Primary Care"

Design: two-arm, individually randomized, controlled, open-label study

Duration: Approximately 3 years, individual participants in study for 52 weeks



Study Design Design



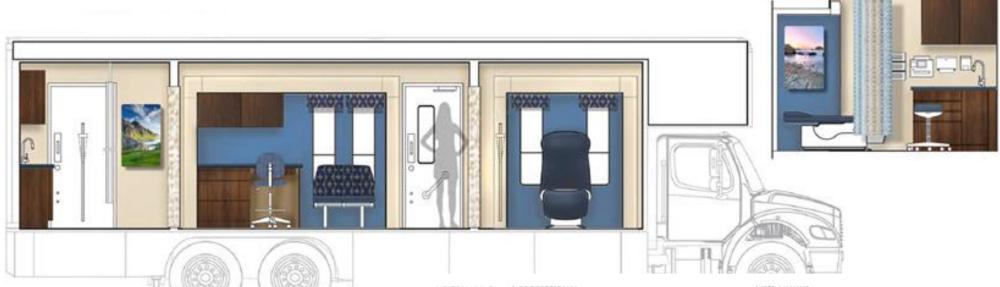
What makes us Unique?

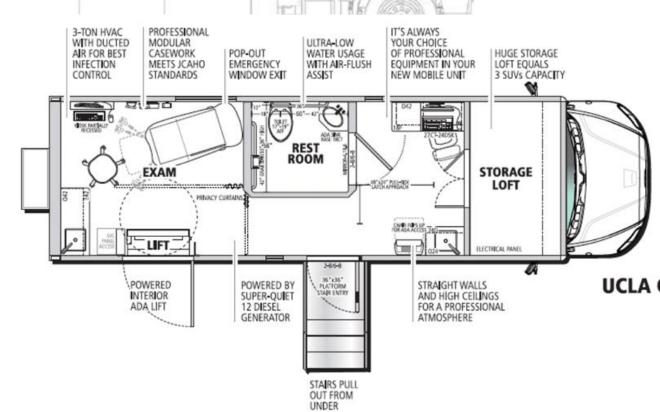




We meet people where they're at.







Study Visits

At screening, enrollment, 26 and 52 week visits:

 All potential study participants will provide biological samples and self-reported data via interview in the mobile unit

Samples will be tested for HIV, HAV, HBV, HCV, and STIs

 All participants (both intervention and active control arms) will have study visits at 26 and 52 weeks for evaluation of study outcomes

Adherence to MOUD, PrEP, ART, and suppressed viral load



What's Peer navigation?

- -Shared lived experiences / demographics
- -Social learning theory- we learn from direct experience and by interacting with people who are similar to us
- -Collaborative, encouraging style
- -Helps the participants create and reach health goals and address nuanced barriers to treatment
- -Make referrals to community services



Primary Outcomes

Primary outcomes are measured at week 26 (6 months)

- Alive
- Documented current use of medication for opioid use disorder

HIV-Related:

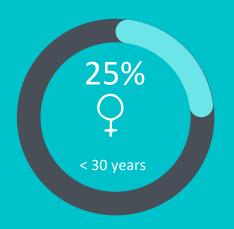
- If HIV (+) at time of enrollment: Alive, retained, and virally suppressed (VL<200/mL) at the week 26 visit
- If HIV (-) at time of enrollment: alive, retained, HIV negative, with detectable PrEP drugs in dried blood spot (DBS) samples at the week 26 visit

Anticipated Sample Size

860 total participants nationwide

170 per site

Allotted 1:1 to intervention and active control arms



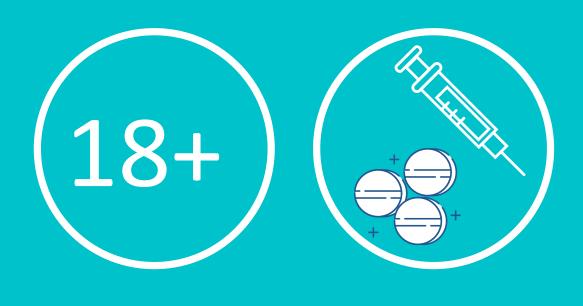




460 HIV-Positive &

400 HIV-Negative

Who is eligible to participate?





Inject drugs and

have opioids in urine

Diagnosed with opioid use disorder per DSM-V

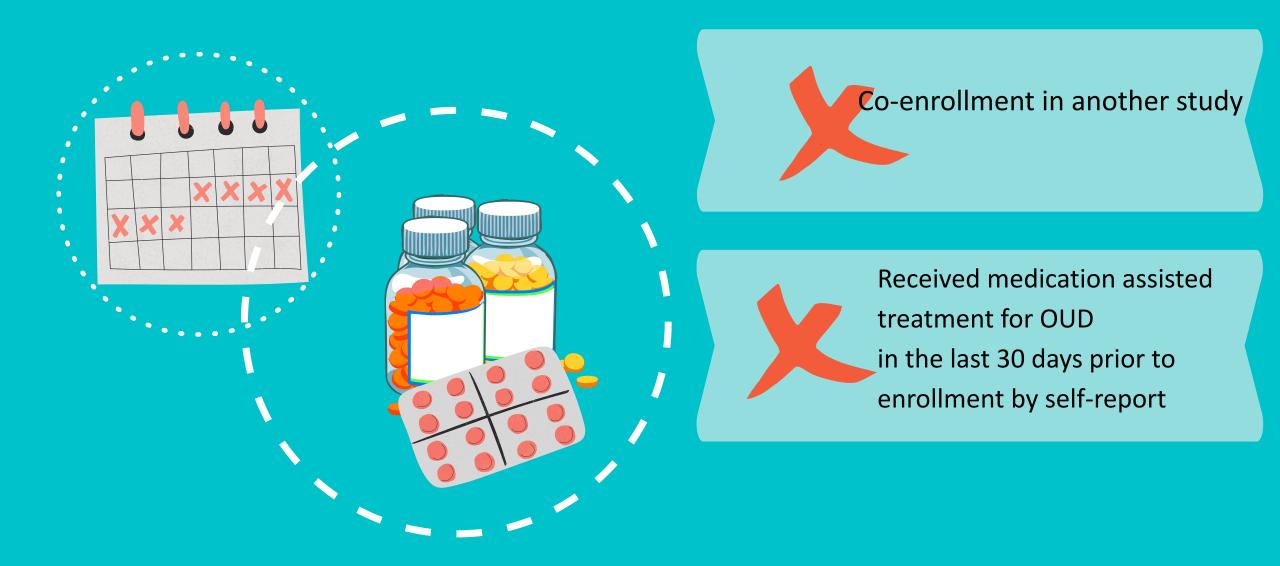




Willing to start MOUD

Self-reported sharing injection equipment
and/or
Condomless sex in the last 3 months with a partner
of unknown HIV status

Exclusion Criteria

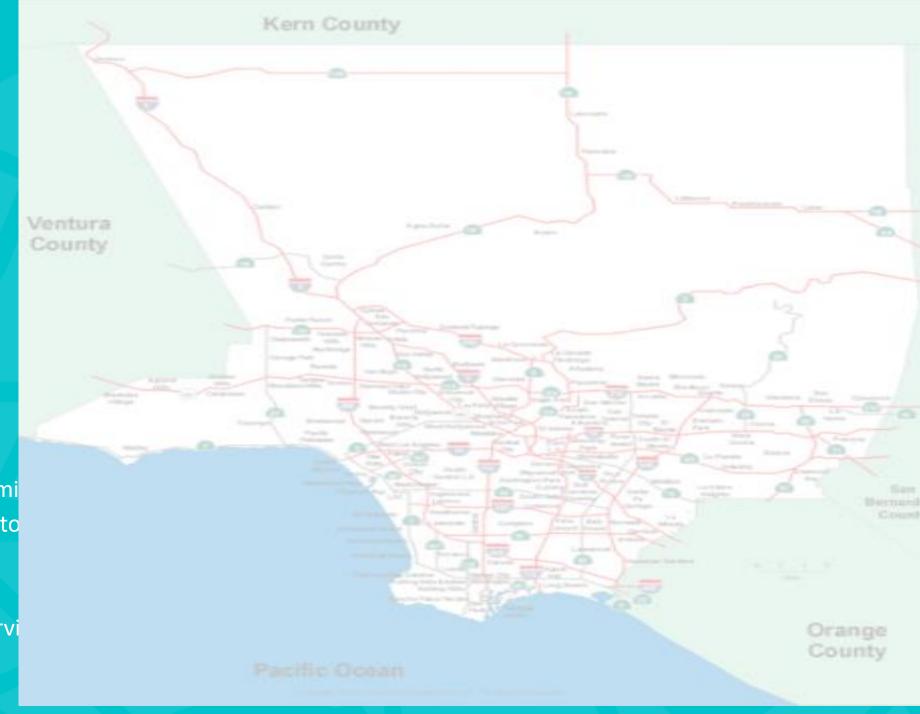


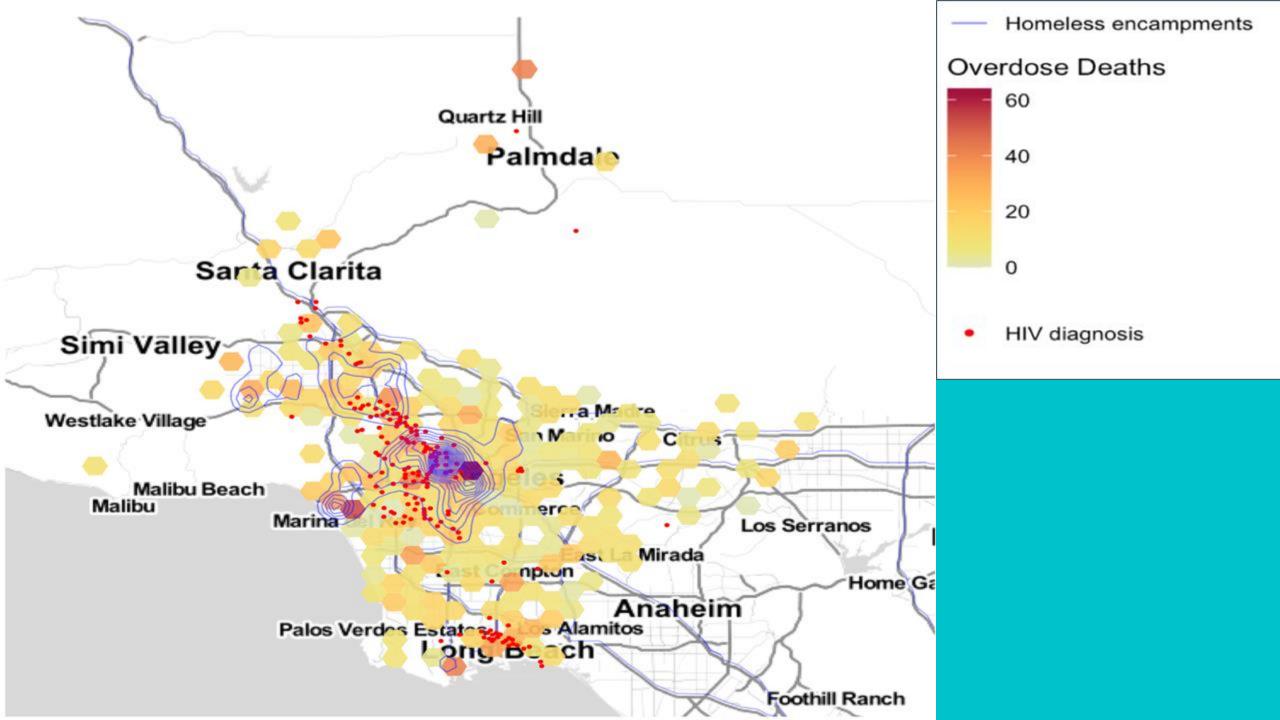
Implementation: LA Site

Determining Locations

Available maps:

- -LAC HIV Surveillance Report
- -California Opioid Dashboard overdose death counts/rates
- -Homeless counts and 311 calls for encampments
- -"Drive by" assessments to determi population and logistical spaces to set up shop
- -Engagement with community servi providers











Stakeholder Engagement

Law enforcement LAC public health agencies

Political leaders

HPTN 094

Community advisory board

providers

Community medical providers

Housing providers







Questions?

Contact the Los Angeles HPTN 094 study team at

Hptn094@mednet.ucla.edu



EHE Regional Learning Collaborative

INVISIBLE MEN
Luckie Alexander - Founder & Executive Director



Luckie Alexander, SME



- _ Advocate 20+ years for LGBTQ Community Contributing Research Author for Rand
 - Corporation & TMHJ:LA
- Los Angeles County Commission on HIV Commissioner
- Founder & Executive Director Invisible Men Diversity, Equity, Empathy & Inclusion Trainer
- ____Artist "ALL BLACK LIVES MATTER" mural Hollywood Blvd., Los Angeles
- West Hollywood Trans Advisory Board Chair Trans Theory Instructor @ Antioch University
- InvisibleTMen.org
 Email: Luckiealexander@Invisibletmen.com

ITM Overview

Invisible Men began as a visiblity platform in 2018 and has grown into so much more.

We identify resources lacking for the transmasculine demographic and locate providers, train them to adequately, respectfully and in an affirming way provide service to our siblings.

Through our programs such as The Exchange™ and our Legacy Leadership Academy, we help to empower our transmasculine community to step into their own leadership. We stand in the gaps where Transmasculine folks should be included such as HIV prevention & treatment, Reproductive Justice, and Survivors of Sexual Violence. We show up in these spaces and reclaim our space and ensure those resources include us too.

Also our Legacy Family consists of those who have visibly stood in their truth by submitting their journey on our platform and we have created dedicated space for them lean into one another to give and receive peer support and skill share. We unapologetically center our siblings of color, however we turn away no one. We currently have chapters throughout the US and we have 60 Legacys globally, including in Uganda and Nigeria.

Why this is important.....

Research related to HIV and Trans people has historically been almost exclusively been focused on transwomen and transfermminine individuals. What has become apparent is the need for allies to understand sexual behaviors, attitudes toward sexual health, accesss to appropriate sexual health education and the ways we protect ourselves. This will help create more effective prevention methods and messaging around those methods.

Rates of HIV and sexual risk behaviors among transmen are also not well understood because transmen are often assumed to be primarily having sex with non-trans women. However, transmen, like other men, can be of any sexual orientation and may have sex with different types of partners, including (but not limited to) non-trans men, transgender women, and transgender men. A substantial proportion transmasculine individuals meet eligibility criteria but few are receiving adequate PrEP services.

Our approach takes all of these things into consideration. Other things we also keep in mind are social economic factors, trust dynamics and community politics within the LGBTQ community as well as the intersections at which our community operates.

Reaching Transmasc Community

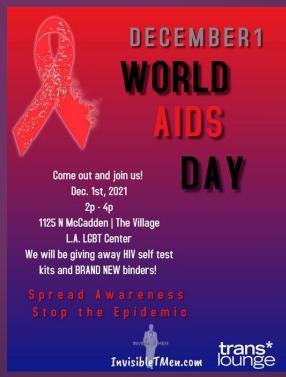
- Trusted Messengers Understanding we need to see ourselves reflected in messaging and the messenger
- Reach them where they are We go to where community congregates, we understand what our communities access to resources looks like and we attempt to accommodate
- Engage and ask questions We do not make assumptions about what our community needs even though we are part of the community we serve. We acknowledge that all journeys are different and we need to ask questions
- Understand the trust dynamic Being part of the community we serve gives us a bit of leverage to understand that due to trauma that has been inflicted on our community has left an emotional scar and trust is not willing given. We are intentional about being transparent and honest
- Partner with Trusted orgs We partner with organizations that are currently doing the work and providing the resources we need and have already gain the trust of our demographic, then we train them to properly and respectfully engage
- Provide space to be heard We have created intentional safe spaces for Transmasculine individuals to dialogue with one another and talk about the things that they need and we LISTEN
- Understand unique challenges Again because we are part of the demographic we serve we are intimately privy to the unique challenges faced by the transmasculine community and why access to resources is difficult



World AIDS Day 2021



We gave out binders, self test kits, snacks, and info on resources.





We distributed over 60 HIV self tests kits in 2 hours, most went to transmasculine individuals!

Long Beach Pride 2021



We distributed information on PrEP, PEP, and substance abuse. Referred 15 individuals to a few diffrent sexual health clinics we work with for testing such as APLA, Men's Health Clinic, and LA LGBT Center.

We Vaxxed over 200 community members, Covid Tested over 30, and distributed 32 HIV self test kits over six 2 hour events!



VAX to the MAX!













Transmasculine Care Trainings



We have trained several agencies and entities to include Starview Family Services, APLA, BHS and gearing up to train a lot more this year.



E.A.T. - Everything All Trans



We forged a
partnership with
Behavioral Health
Services' program
ADAM Project in Long
Beach to provide
mental health and
substance misuse
services. At our open
house event we also
distributed 11 HIV self
test kits.





Recommendations:

- Don't Assume Do your research
- Understand Challenges Create space for people to be heard
- Create Safe spaces Preferable to be lead by TGI folks
- Data Vs. Lived Experience There isn't always data to support the need but that doesn't mean it's not there
- Account for populations properly to capture appropriate data
- Partnership partner with organizations, agencies, and company that are working with populations you are looking to serve (partnership is also a trusted messenger)
- Social Media and ad campaigns Trusted messengers and optics, we need to see us reflected to know it's for us, work with influencers that are part of the target demographic
- Incentivise programs it may not always be monetary, sometimes a meal, or a life item such as binders, packers, and clothing

Thank You!

For more information:

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LuckieAlexander@InvisibleTMen.com

Web: InvisibleTMen.org





The East Los Angeles Women's Center was founded in 1976 by community volunteers who established the first bilingual sexual assault hotline in the nation.

Today we are recognized as a leading voice for 1000's of survivors.

We provide culturally responsive services specifically for Latinx Communities in the areas of sexual assault, domestic violence, HIV&AIDS and an array of services that inter-connect.

Violence Against Women and Girls: A Human Rights Issue

Violence against women and girls transgresses the basic human rights of all people. It violates a whole range of fundamental rights — human, civil, economic, social, and cultural. Not only does it violate the rights of individuals subjected to violence, but its repercussions impact children, families, entire communities — even nations. Violence against women takes many forms: sexual abuse, human trafficking, stalking and intimidation, physical violence and emotional abuse.

The intersection of women living with HIV/AIDS experiencing violence and living with the aftermath of violence in their lives remains one of the most under resourced in our communities



Our purpose is to ignite

Esperanza – Hope in the lives of women and

their families impacted by domestic violence.

Using a holistic and family-centered approach,

ELAWC provides a broad range of personalized

services built on a foundation of bestpractices, trauma informed evidence-based services, grounded in an empowerment model.

We recognize and honor the cultural strengths of the communities we serve.

We provide services rooted in positive cultural influences that help families become grounded, centered, and interconnected. We are committed to creating culturally responsive programs that create violence free lives.



Creating an environment that supports trauma informed services helps survivors use skills they already possess, as well as to build new skills.

Direct Services

Individual Therapy

Case Management Services

Crisis Intervention

Safety Planning

Advocacy

Accompaniment

Healing Groups

HIV Prevention & Navigation

Linkages and Resources to Safety

Community Outreach and Education

HOPE and **HEART** Housing Services







accompaniments supporting survivors of sexual and domestic violence.



AT LAC+USC MEDICAL CENTER







350

UNSHELTERED WOMEN

received outreach and distribution of backpacks with essential goods.



4,000

COMMUNITY
MEMBERS REACHED
IN SIX PROMOTORA
COLLECTIVES



28

PROMOTORA WORKSHOPS

2,264

COMMUNITY WOMEN & INDUSTRIAL WORKERS TRAINED STATEWIDE



8,640

BED NIGHTS

58
INDIVIDUALS
SHELTERED AT
HOPE & HEART



1,700

Survivors of domestic and sexual violence received bilingual counseling, advocacy and safety planning.



90%

TRANSITIONED FROM A SHELTER TO A **SAFE** ENVIRONMENT



80%

of clients improved their quality of life with resources and economic autonomy



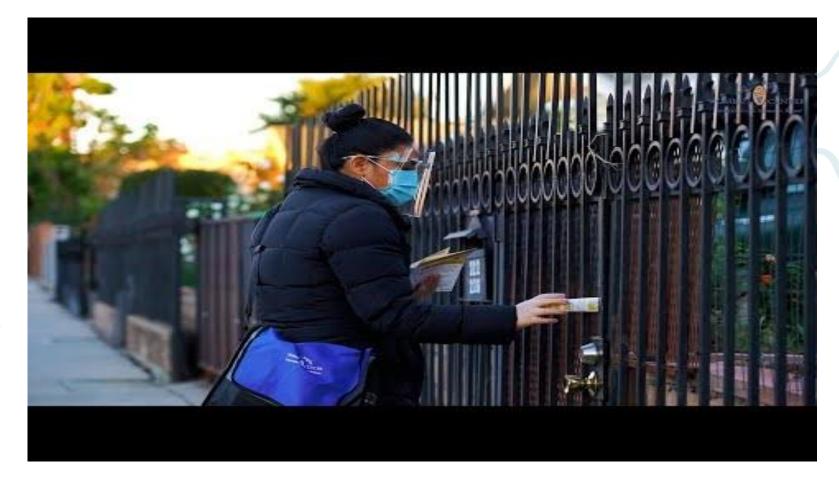
30%

TREATED FOR TRAUMA AND SUBSTANCE ABUSE.

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Promotoras Comunitarias ELAWC



- ELAWC Promotoras Contra la Violencia
- HIV Promotoras





777 Services for Women

Outreach

Safer Sex Kits & HIV

Testing Kits

Condom Demos & Sexual Healing Workshops

HIV Information Line

HIV Navigation

One on One Sessions

Linkage to PrEP, PEP Testing or Care

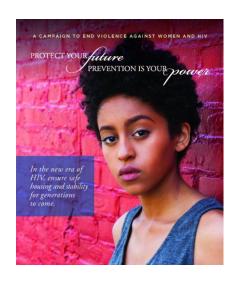
Customized prevention plan

Community

Provider & Promotora Workshops

Health & Resource Fairs Tabling

EHE Community Events



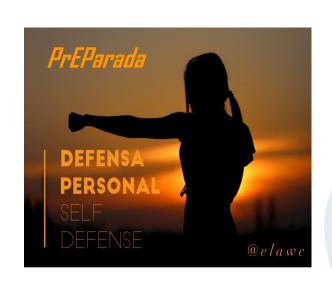


Helping women navigate HIV Services

-Women in Domestic Violence are 2x more likely to be infected with HIV.

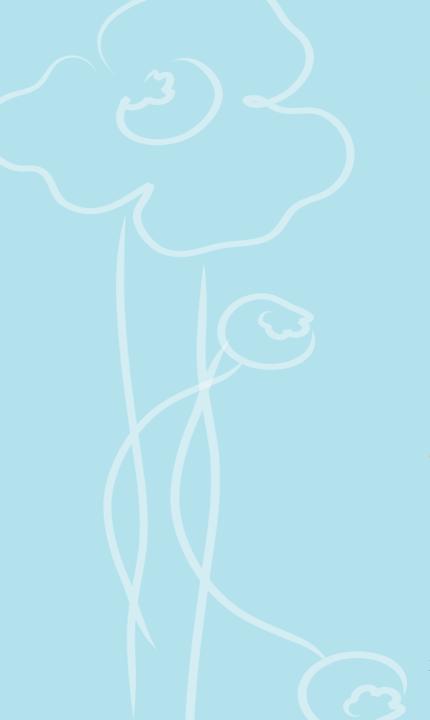
-Forced sex in childhood or adolescence increases the likelihood of engaging in unprotected sex, having multiple partners, participating in sex work, and substance abuse.

-Sexual coercion among adolescents and adults is associated with low self-esteem and depression ---factors that are associated with many of the risk behaviors for HIV infection.





EAST LOS A



THANK YOU!

Alejandra Aguilar-Avelino

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Our Voices Will Not Be Silenced

