

Ending the Epidemic: Education and Advocacy with City Government

Corey O'Connor

Councilman, Pittsburgh City Council, District 5

Linda Rose Frank, PhD, MSN, ACRN, FAAN

Professor of Infectious Diseases, Graduate School of Public Health, University of Pittsburgh

Chair, City of Pittsburgh HIV Commission

Antoine Douaihy, MD

Professor of Psychiatry & Medicine, University of Pittsburgh School of Medicine

Vice-Chair, City of Pittsburgh HIV Commission



SESSION NUMBER: 15766

Corey O'Connor
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Mission

Linda Rose Frank, PhD, MSN, ACRN, FAAN
Professor of Infectious Diseases,
Graduate School of Public Health
University of Pittsburgh
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Context for Work of the Commission

Corey O'Connor Pittsburgh City Council, District 5



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HIV COMMISSION

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HIV Commission

The Pittsburgh HIV/AIDS Commission is hereby established to fulfill the following purposes:

- 1) Increase communication between service providers serving both consumers at high risk for HIV/AIDS and consumers living with HIV/AIDS.
- 2) Establish a collaborative of diverse community, business, academic and governmental agencies to assess needs, goals and objectives for effective HIV and STD prevention, education and treatment programs to better protect and serve the citizens of the Pittsburgh region.
- 3) Provide policy guidance.

[LANGUAGES](#) ▼



HIV COMMISSION

ANNOUNCEMENTS

WELCOME TO THE NEW HIV COMMISSION WEBSITE!

Posted on: 07/17/2018

[>>All Announcements<<](#)

What is the City of Pittsburgh HIV Commission?



Created after a City [ordinance](#) was passed in 2012, the HIV Commission is responsible for serving the HIV/AIDS community in the City of Pittsburgh.

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1. Increase communication between service providers serving both consumers at high risk for HIV/AIDS and consumers living with HIV/AIDS.
2. Establish a collaborative of diverse community, business, academic and governmental agencies to assess needs, goals and objectives for effective HIV and STD prevention, education and treatment programs to better protect and serve the citizens of the Pittsburgh region.
3. Provide policy guidance, recommendations and consultation to the City's leadership and health community to remove barriers and promote achievement of goals and objectives set forth by the Commission.

Ending the HIV Epidemic in America



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February 2019

Ending the HIV Epidemic: A Plan for America

HHS is proposing a once-in-a-generation opportunity to eliminate new HIV infections in our nation. The multi-year program will infuse 48 counties, Washington, D.C., San Juan, Puerto Rico, as well as 7 states that have a substantial rural HIV burden with the additional expertise, technology, and resources needed to end the HIV epidemic in the United States. Our four strategies – diagnose, treat, protect, and respond – will be implemented across the entire U.S. within 10 years.

GOAL:

Our goal is ambitious and the pathway is clear – employ strategic practices in the *places* focused on the *right people* 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 after infection.



Treat the infection rapidly and effectively to achieve sustained viral suppression.



Protect people at risk for HIV using potent and proven prevention interventions, including PrEP, a medication that can prevent HIV infections.



Respond rapidly to detect and respond to growing HIV clusters and prevent new HIV infections.



HIV HealthForce will establish local teams committed to the success of the Initiative in each jurisdiction.

The Initiative will target our resources to the 48 highest burden counties, Washington, D.C., San Juan, Puerto Rico, and 7 states with a substantial rural HIV burden.



Geographical Selection:

Data on burden of HIV in the US shows areas where HIV transmission occurs more frequently. More than 50% of new HIV diagnoses* occurred in only 48 counties, Washington, D.C., and San Juan, Puerto Rico. In addition, 7 states have a substantial rural burden – with over 75 cases and 10% or more of their diagnoses in rural areas.

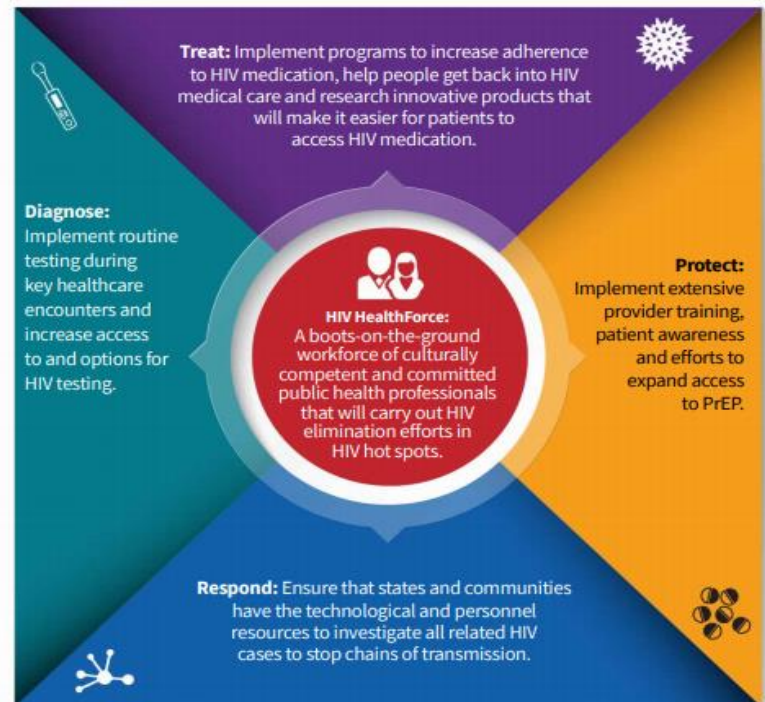
Ending
the
HIV
Epidemic

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*2016-2017 data

Ending the HIV Epidemic – Key Strategies:

Achieving elimination will require an infusion of resources to employ strategic practices in the right places targeted to the right people to maximize impact and end the HIV epidemic in America. Key strategies of the initiative include:



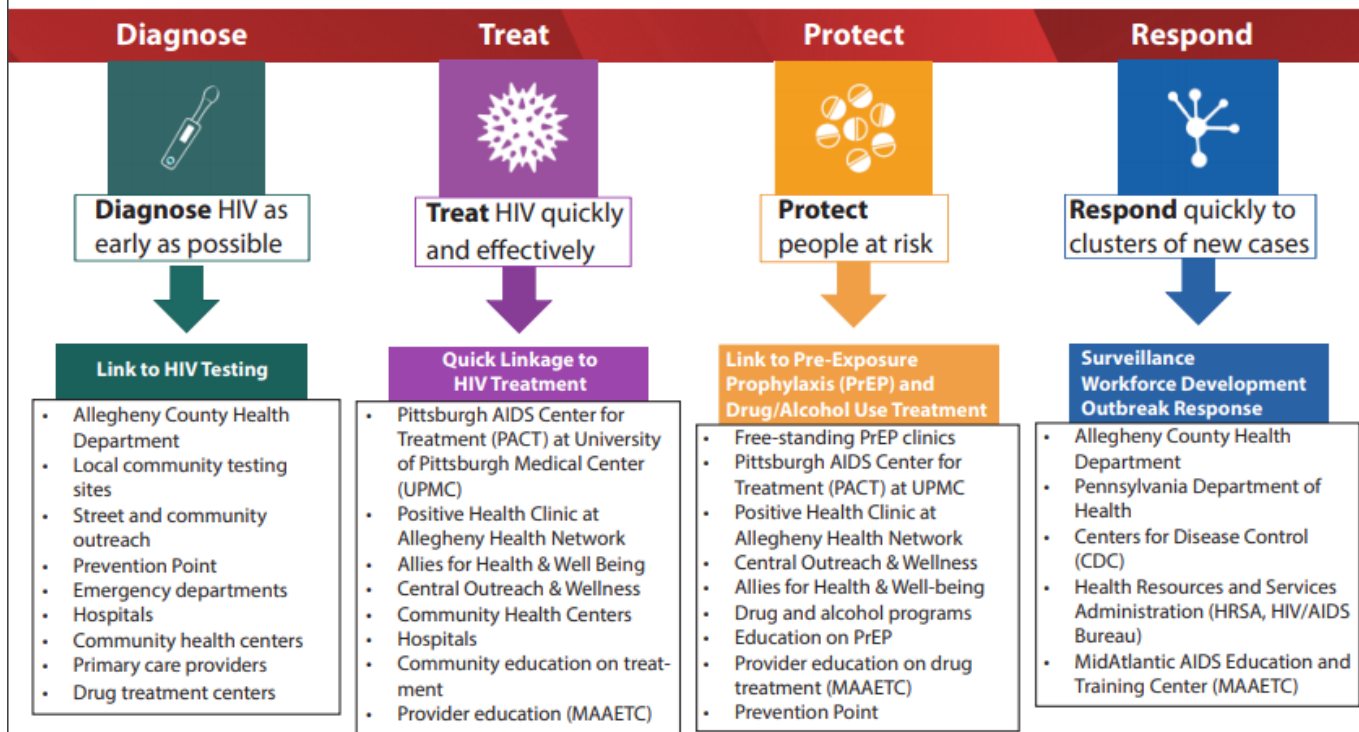
The City of Pittsburgh HIV Commission and Ending the Epidemic



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Ending the HIV Epidemic: A Plan for America

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Graphic adapted from <https://www.hiv.gov/federal-response/ending-the-hiv-epidemic/overview>
¹<http://www.aidsfreepittsburgh.org/index.php>
² <https://www.maaetc.org/>



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 HIV Commission
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February 2019

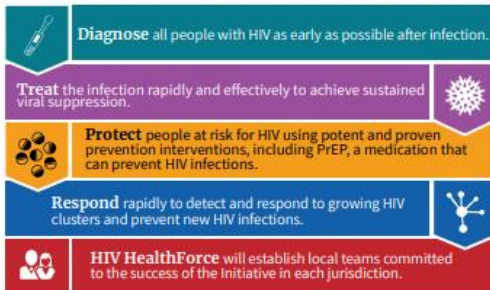
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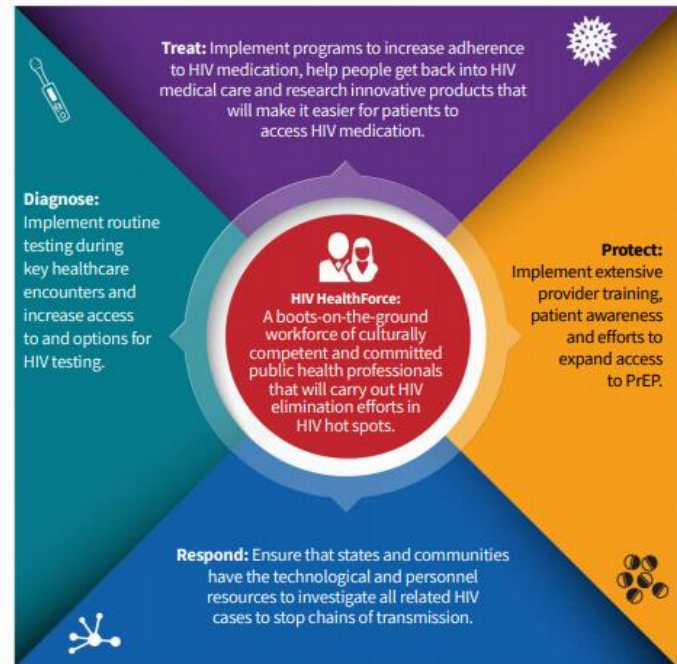
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Ending the HIV Epidemic – Key Strategies:

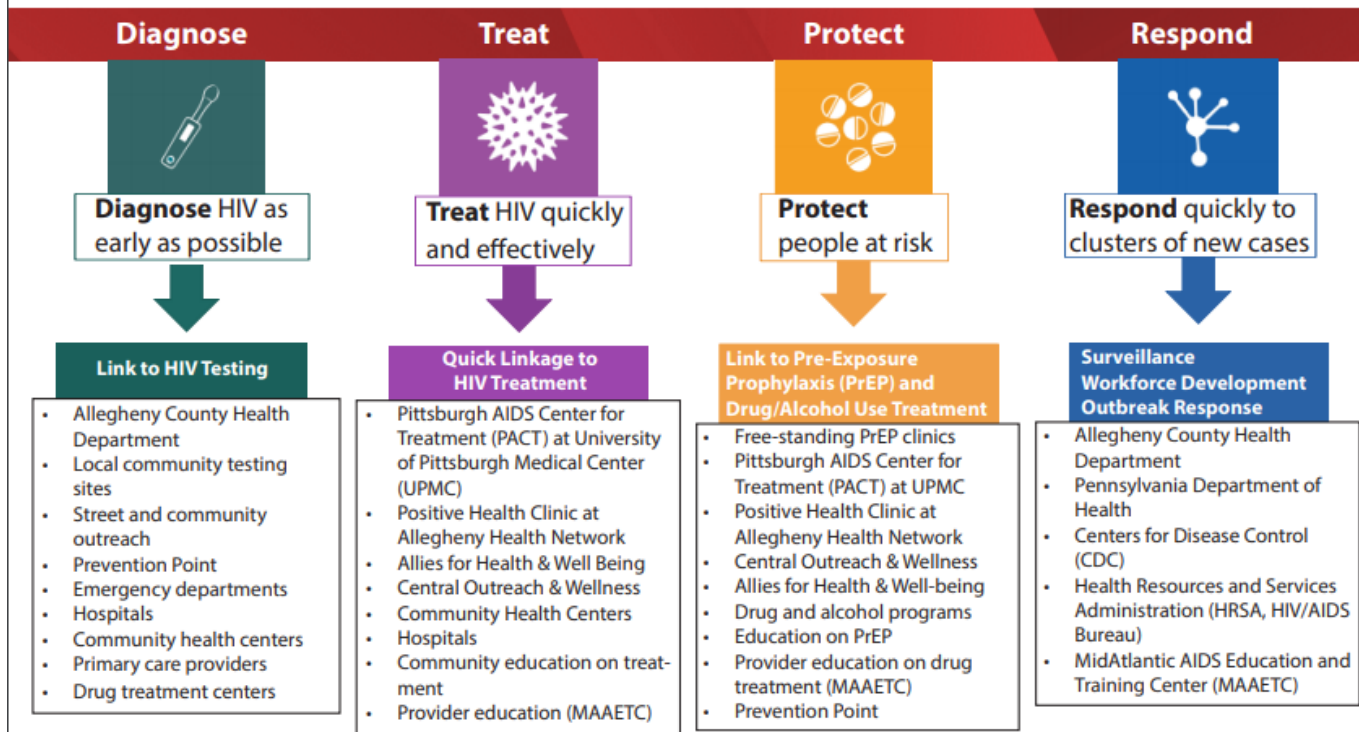
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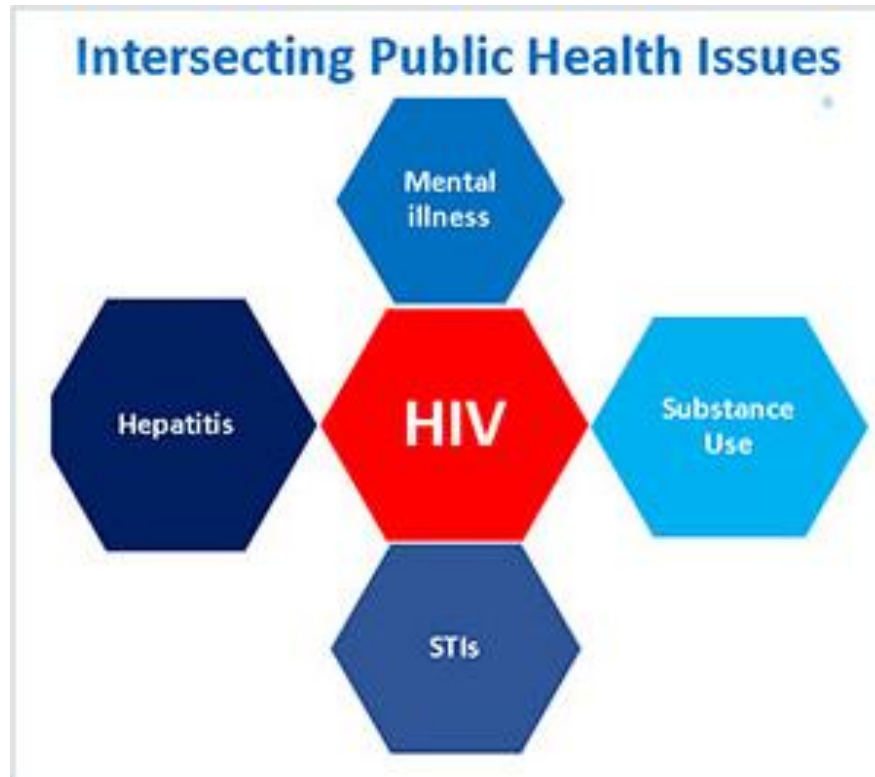
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For more information please contact:
HIV Commission
HIVCommission@pah.gov

Antoine Douaihy, MD
Professor of Psychiatry & Medicine,
University of Pittsburgh School of Medicine
Vice-Chair, City of Pittsburgh HIV Commission

Intersecting Issues



Commission Briefs to Council

- Latest scientific information
- Best practices
- Resource considerations
- Policy considerations



Public Health Issue: HIV and Substance Use Disorders

Substance use disorder (SUD) and human immunodeficiency virus (HIV) are pervasive overlapping epidemics with a vast array of social and health consequences at individual and societal levels. Injection drug use with contaminated needles puts the individual at high risk for acquiring and transmitting HIV. Substance use lowers individuals' guard and predisposes to behaviors which put them at risk for HIV. Persons with HIV have high prevalence of alcohol and other drug problems and are at increased risk for accidental overdose, have psychiatric disorders, family and social problems. HIV positive individuals struggle with coping with challenges related to their recovery and treatment of their HIV illness. Substance use often delays HIV treatment, generates serious drug/drug interactions, and contributes to poor adherence to antiretroviral therapy (ART) and HIV treatment. Lack of HIV testing during substance use treatment and inadequate screening and diagnosis of SUDs during HIV treatment could lead to serious medical and psychological problems.

Background

1. The 2010 National Survey on Drug Use and Health (NSDUH) found that people who inject drugs represent 13% of new HIV cases annually, men who have sex with men (MSM) account for 53%, and heterosexual contacts account for 31%. Drugs that are known to increase high-risk sexual behavior, such as methamphetamines, significantly contribute to HIV infection.
2. The 2010 NSDUH found that African Americans make up 44% of all new HIV infections, however they represent only 12% of the population.
3. There is a high prevalence of comorbidity of SUDs, psychiatric disorders, and HIV illness. Women, racial, ethnic minorities and socially and economically marginalized people are disproportionately affected.
4. The opioid use and overdose epidemic in the U.S. is a national health crisis. Allegheny County, which includes the City of Pittsburgh, is among the hardest hit areas with overdose rates, higher than those seen throughout Pennsylvania and many other states in the country. Injection of heroin and fentanyl risen dramatically in the last five years, and puts people at risk of contracting HIV.
5. The impact of SUDs on families and children is devastating, including considerable emotional and financial burden.
6. Syringe exchange programs and involvement in evidence-based treatment for SUDs, particularly methadone and buprenorphine, decrease the risk of getting infected with HIV.

Interventions

1. Education regarding high risk behaviors that contribute to becoming infected with HIV and ways to protect oneself from HIV infection (e.g., use of condoms, syringe exchange programs, pre-exposure prophylaxis) has been shown to reduce new HIV infections.
2. Testing for HIV in drug and alcohol programs and screening for substance use in HIV programs is important for early diagnosis and linkage to treatment. Early diagnosis and treatment prevents further spread of HIV.
3. Integrated approach to treatment of HIV, medical, psychiatric, SUDs, and addressing psychosocial issues, such as homelessness and financial problems, provides the best health outcomes.
4. Integrated treatment is crucial for ensuring access to ART and substance use treatment as well as providing people with SUD access to HIV treatment.
5. Integrated buprenorphine treatment for opioid use disorder (OUD) and HIV care is acceptable to providers and feasible in a variety of practice settings. Methadone and extended-release naltrexone are also acceptable treatments for OUD in people with HIV who are on ART.
6. Overdose education and use of naloxone for treatment of opioid overdoses prevents and reduces deaths from opioid use.

Recommendations

1. Support education and harm reduction interventions to reduce risk of HIV infection and overdose in people with SUDs.
2. Support routine HIV testing and screening, brief intervention, and referral to treatment (SBIRT) for SUDs in all healthcare settings.
3. Support the needs of high risk populations (e.g., MSM and minorities) who are at higher risk of becoming infected with HIV.
4. Support pharmacotherapy for treatment of SUDs in combination with psychosocial services and mutual support groups, such as 12-step fellowships.
5. Support activities to reduce stigma related to HIV, SUDs, and psychiatric disorders through public education initiatives.
6. Support the involvement of concerned significant others and family members in treatment to improve outcomes for SUDs which helps reduce the impact on families and loved ones.
7. Support initiatives to increase access to safe and affordable housing for persons with HIV, SUDs, and psychiatric disorders who have limited resources in the community.

References:

Volkow ND, Montaner J. The urgency of providing comprehensive and integrated treatment for substance abusers with HIV. *Health Aff (Millwood)*. 2011. Aug; 30(8):1411-9.

Amin P, Douaihy A. Substance Use Disorders in People Living with Human Immunodeficiency Virus/AIDS. *Nurs Clin North Am*. 2018 Mar; 53(1):57-65.



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2018 City of Pittsburgh HIV Commission

For more information please contact:
HIV Commission
HIVCommission@pgh.gov



Public Health Issue: Mental Health and HIV

Mental illness in persons living with HIV/AIDS have social and health consequences at individual and societal levels. Mental illness may predispose individuals to behaviors which put them at risk for HIV or may be co-occurring in persons living with HIV/AIDS (PLWHA). People with mental illness and HIV have challenges related to their treatment of both conditions, including stigma. Mental illness may be unrecognized by PLWHA undiagnosed by providers and this may result in missed medical appointments and poor adherence to antiretroviral therapy (ART). Lack of HIV testing in mental health settings and inadequate screening and diagnosis of mental illness during HIV treatment may impact disease progression and worsen clinical outcomes for PLWHA.

Background

- The Centers for Disease Control and Prevention (CDC) reports an estimated 50% of all Americans are diagnosed with a mental illness at some point in their lifetime.
- Adverse childhood experiences including abuse, unstable home environment, and stigma are contributing factors for mental illness and HIV risk behaviors including alcohol and drug use/misuse.
- The 2015 Behavioral Risk Factor Surveillance System found that 18.8% of Pennsylvania adults and 19.2% of Pittsburgh adults surveyed report being told they have depression.
- PLWHA have a higher prevalence of depression, anxiety, post-traumatic stress disorder (PTSD), sleep disorders, and psychosis than in the general population.
- Stigma-related mental health concerns have a negative influence on HIV testing and treatment and there is an intersection between perceived HIV stigma and depression. Symptoms of mental illness also impact quality of life, safer sex practices, and can increase death rates in PLWHA.
- HIV testing is inconsistently reimbursed in mental health and substance use treatment programs and negatively impacts rates of testing contributing to under-diagnosis and spread of HIV.
- PLWHA and mental illness are at an increased risk of death from suicide.
- "Triple diagnosis" (HIV infection, mental illness, and substance use disorder) affects 13 to 38% of PLWHA and is associated with decreased quality of life, acceleration of HIV progression, poorer health outcomes, and more severe mental decline.
- Pennsylvania is 12th nationally in the shortage of mental health professionals per capita, particularly in rural areas and faces challenges of integration of mental health and primary care.

Interventions

- Education regarding high risk behaviors that contribute to becoming infected and ways to protect oneself (e.g., condom use, syringe exchange, pre-exposure prophylaxis) have been shown to reduce new HIV infections.
- Testing for HIV in mental health treatment settings is critical to early diagnosis and engagement in treatment.
- Proper diagnosis and treatment of mental illnesses in HIV settings may improve clinical outcomes and decrease mortality.
- Treatment for mental illness should include access to evidence-based treatment and counseling.
- Case management services and peer support may help retain PLWHA and mental illness in treatment along with housing and other social support.
- Integrated and trauma-informed treatment for PLWHA and mental illness or "triple diagnosis" may improve clinical outcomes.

References:

Nedelcovych MT, Manning AA, Semenova S, Gamaldo C, Haughey NJ, Slusher BS. The Psychiatric Impact of HIV. *ACS Chemical Neuroscience* 2017 8 (7), 1432-1434. DOI: 10.1021/acscchemneuro.7b00169.

McLean CP, Gay NG, Metzger DA, Foa EB; Penn Mental Health AIDS Research Center. Psychiatric Symptoms and Barriers to Care in HIV-Infected Individuals Who Are Lost to Care. *J Int Assoc Provid AIDS Care*. 2017 Sep/Oct;16(5):423-429. doi: 10.1177/2325957417711254. PubMed PMID: 28578611.

Kempainen JK, MacKain S, Reyes D. Anxiety Symptoms in HIV-Infected Individuals. *J Assoc Nurses AIDS Care*. 2013 Supplement; 24(1): S29-S39.

Gallego L, Barreiro P, López-Ibor JJ. Diagnosis and clinical features of major neuropsychiatric disorders in HIV infection. *AIDS Rev*. 2011 Jul-Sep;13(3):171-9. Review. PubMed PMID: 21799535.

The Kaiser Family Foundation State Health Facts (2019). Mental Health Professional Shortage Areas. Data Source: Bureau of Health Workforce, Health Resources and Services Administration (HRSA), U.S. Department of Health & Human Services.

Recommendations

Considerations for Pittsburgh City Council:

- Develop and implement education and harm reduction interventions to reduce risk of HIV infection in persons with mental illness.
- Facilitate and enable payment of routine HIV testing and screening for mental illness and substance use disorders in all healthcare and treatment settings.
- Increase comprehensive treatment of mental illness including medication in combination with counseling, stress management programs, and peer support.
- Develop activities and approaches to reduce stigma related to HIV, mental illness, and substance use through public education initiatives.
- Enhance the engagement and involvement of concerned significant others and family members in treatment to improve outcomes, which will help reduce the impact on families and loved ones.
- Support trauma-informed initiatives to increase access to integrated HIV and mental health care, including the integration of behavioral health into primary care.
- Develop and expand programs that increase the mental health workforce.

For more information please contact:
HIV Commission
HIVCommission@pgh.gov



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Public Health Issue: HIV, STDs/STIs (Sexually Transmitted Diseases/Infections) and Hepatitis C

The relationship between HIV and other STDs/STIs (sexually transmitted diseases/sexually transmitted infections) is well documented. There are three well-known bi-directional associations between HIV and STDs including: 1) being infected with an STD greatly increases the risk of acquiring HIV, 2) being infected with an STD accelerates the progression of HIV disease, and 3) being infected with HIV can alter the natural progression of other STDs including response to treatment. Among people living with HIV in the United States, men who have sex with other men (MSM) are disproportionately impacted by co-infections of HIV and other STDs. While rates of STDs among persons living with HIV are disproportionately high, the greatest co-infection among persons living with HIV is Hepatitis C. Persons with Hepatitis C are at greater risk for HIV infection due to compromised immune systems. Persons who inject drugs have the greatest risk for acquiring Hepatitis C and are at high risk for HIV infection due to reused injection equipment. In order to reduce HIV transmission and mortality from HIV, public health policy must focus on HIV prevention inclusive of STDs and Hepatitis C prevention.

Background

Scope, contributing factors, successes, and challenges:

According to the PA Department of Health (2017), in Allegheny County:

- 28 reported new cases of chlamydia, gonorrhea, and syphilis among newly HIV positive persons
- 152 reported cases of chlamydia, gonorrhea, and syphilis among individuals previously diagnosed with HIV
 - Males make up more than 94% of these new cases of STDs in 2017.
- Year-to-date in 2018 there are 25 reported STD cases among newly diagnosed HIV positive persons and 143 STD cases among previously diagnosed HIV positive persons of which 96% were among MSM.
- Between 2011-2015 there were 293 persons co-infected with HIV and Hepatitis C.
- Positivity rate for HIV-positive MSM visiting an STD clinic (STD Surveillance Network) was 86% for urogenital chlamydia and 14% for urogenital gonorrhea compared to 6.7% and 9.0%, respectively, among HIV-negative MSM in 2016.
- For every HIV infection that is prevented, an estimated \$360,000 is saved in a cost of providing lifetime HIV treatment, significant cost-savings for the health care system.

Interventions

Evidence-based research, best practices, existing resources, and opportunities for collaboration:

- CDC [STD Treatment Guidelines for Prevention](#) include:
 - Accurate risk assessment, education and counseling of persons at risk on ways to avoid STDs through changes in sexual behaviors and use of recommended prevention services
 - Pre-exposure vaccination of persons at risk for vaccine-preventable STDs
 - Identification of asymptotically infected persons and persons with symptoms associated with STDs; effective diagnosis, treatment, counseling, and follow up of infected persons
 - Evaluation, treatment, and counseling of sex partners of persons who are infected with an STD.
 - At least annual STD testing for high-risk groups including HIV positive persons or persons at higher risk for HIV infection (e.g., MSM, persons who inject drugs, or persons who engage in transactional sex).
- The best practice for healthcare providers in the detection of STDs is three-site pharyngeal, urethral, and rectal testing, especially in high-risk populations.
- For persons who inject drugs, an evidence-based intervention is proven to reduce Hepatitis C transmission with access to clean injection equipment and anonymous drop off places for used injection equipment.
- An evidence-based intervention being implemented in several jurisdictions uses enhanced Hepatitis C screening, linkage to care, treatment, and cure leading to the elimination of Hepatitis C.

Recommendations

Considerations for Pittsburgh City Council:

- Support comprehensive sexuality education which include in-depth discussions about sexual health, STD transmission and prevention, and both abstinence and safer sex practices.
- Support HIV prevention and care programs to reduce the risk of acquiring HIV in person at high risk of infection through adequate resource allocation.
- Allocate resources to STD prevention programs in both community and educational settings for all persons.
- Support evidence-based harm reduction programming for persons who inject drugs to decrease the spread of STDs.
- Support cross county collaborations with other jurisdictions to eliminate Hepatitis C.
- Allocate resources to the Allegheny County Health Department to address the rise in Hepatitis C infections.

References:

Centers for Disease Control and Prevention. (2017). Sexually Transmitted Disease Surveillance 2016. Atlanta, GA: U.S. Department of Health and Human Services

Pennsylvania Department of Health, personal communication, 2018

Centers for Disease Control and Prevention. (2008). Recommendations for Partner Services Programs for HIV Infection, Syphilis, Gonorrhea, and Chlamydial Infection. MMWR, 57



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Public Health Issue: HIV and Women*

Women have been affected by the public health issue of human immunodeficiency virus (HIV) since the early days of the epidemic. Women are more likely to contract HIV through unprotected intercourse than their male partners. The clinical care needs of women living with HIV differ from those of men. Societal inequities, access to and cost of healthcare, relationship status, sex-work, as well as traditional caregiving roles make women living with HIV or caring for loved ones with HIV particularly vulnerable. Even when they know their status, approximately 1 in 4 women postpone medical care as a result of barriers ranging from unstable home life, intimate partner violence, caregiving responsibilities, and depression, among others. Women of child bearing age who are HIV positive also deal with the complex issues related to pregnancy, child birth, and the post-partum period. As concern for pregnancy decreases, women over 50 remain at risk for HIV infection given a corresponding decrease of safer-sex practices.

*In this brief, women are defined as individuals who were assigned female at birth. Issues related to gender identity will be addressed in a subsequent brief.

Background

1. Women accounted for 19% of new HIV diagnoses in 2017. Of these, 86% were attributed to heterosexual sex and 14% to injection drug use.
2. In a study of U.S. cities with high levels of HIV, 72% of women who injected drugs reported having sex without a condom in the past year.
3. The proportion of AIDS diagnoses reported among women has more than tripled since the early days of the epidemic, from 7% in 1985 to 24% in 2016.
4. Of the women newly diagnosed with HIV in 2017, 59% were African American, 16% were Hispanic/Latina, and 20% were white. African Americans and Latinas represent 30% of people in the U.S. but they account for approximately 78% of women living with HIV.
5. In Allegheny County, women 40-49 made up the largest number of new HIV infections among women in 2017.
6. Many women over 50 are being diagnosed later and are often coming into medical care with AIDS.
7. Violence against women can play both a direct and indirect role in HIV transmission through forced sex, human trafficking, as well as childhood sexual abuse.

References:

- Allegheny County Health Department, STD Program (2019). 2017 Annual STD report.
- Centers for Disease Control and Prevention. (2017-2018). HIV Surveillance Reports, Vol. 28-29.
- Centers for Disease Control and Prevention. (2018). HIV Among women.
- Centers for Disease Control and Prevention. (2018). HIV Among People Aged 50 and Older.
- Clark, C. C., & Paraska, K. K. (2014). Health promotion for nurses (1st ed.). Burlington, MA: Jones and Bartlett Learning.

Interventions

1. Routine HIV testing for women and their partners.
2. Routine HIV testing for pregnant women
3. Partner counseling as well as linkage to care and support for partner notification.
4. Availability of effective prevention interventions including access to female and male condoms and other methods of birth control (i.e. birth control pills, implants).
5. Reduction of viral load to undetectable to prevent disease progression and HIV transmission.
6. Comprehensive services that include trauma-informed approaches and assessments of women's care, for women of all ages that address the socio-economic issues related to HIV including housing, job training/employment, and intimate partner violence. These programs should also include stigma reduction strategies.
7. Comprehensive services that include child and elder care and use integrated service models to increase access to care and help women stay in care.
8. Effective drug/alcohol treatment programs that are based in harm reduction strategies and help substance users reduce drug use as well as needle/equipment sharing.

Recommendations

1. Support efforts that improve the socio-economic conditions and safety of women including affordable housing, job-training and employment opportunities, and protection from violent intimate partners.
2. One-time HIV screening for women of all ages, and yearly screening for women and girls at increased HIV risk.
3. Support initiatives to encourage the health care team and obstetrician-gynecologists to discuss HIV risk and recommend HIV testing for women, particularly Black women and women over 50.
4. Support access to Pre-exposure prophylaxis (PrEP) for women engaging in high-risk behaviors.
5. Support use of Post-exposure prophylaxis (PEP) treatment within 72 hours of HIV exposure.
6. Support earlier entry into the clinical system to provide for effective treatment and other forms of care for women living with HIV, resulting in improved health outcomes.
7. Support community health workers and navigators in their instrumental role of promoting healthy choices and healthier communities through aiding in appropriate health care to reducing the spread of HIV.
8. Support harm reduction efforts for women who use drugs (including, needle and syringe exchange programs, risk reduction information and education/provision of naloxone).

For more information please contact:

HIV Commission
HIVCommission@pgh.gov



Under development

- PreP
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Linda Rose Frank, PhD, MSN, ACRN, FAAN
Professor of Infectious Diseases,
Graduate School of Public Health, University of
Pittsburgh
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Current and Future Work

Community outreach



“When I found out I was HIV positive
I got medical care immediately.
I did it because being HIV positive
is only part of who I am.”



Pittsburghers Doing It

Engaged
in **HIV** treatment

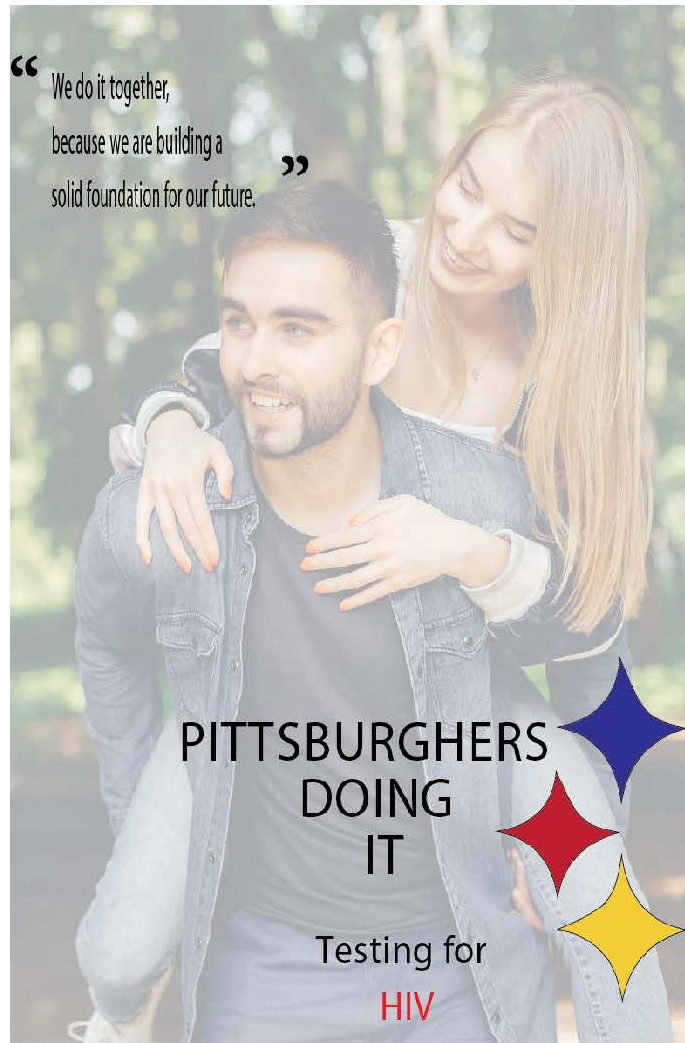


It's possible to live with HIV! Seeking medical care can help you have a long healthy life. For more information about treatment options for HIV, please visit www.hiv.org.



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“ We do it together,
because we are building a
solid foundation for our future. ”



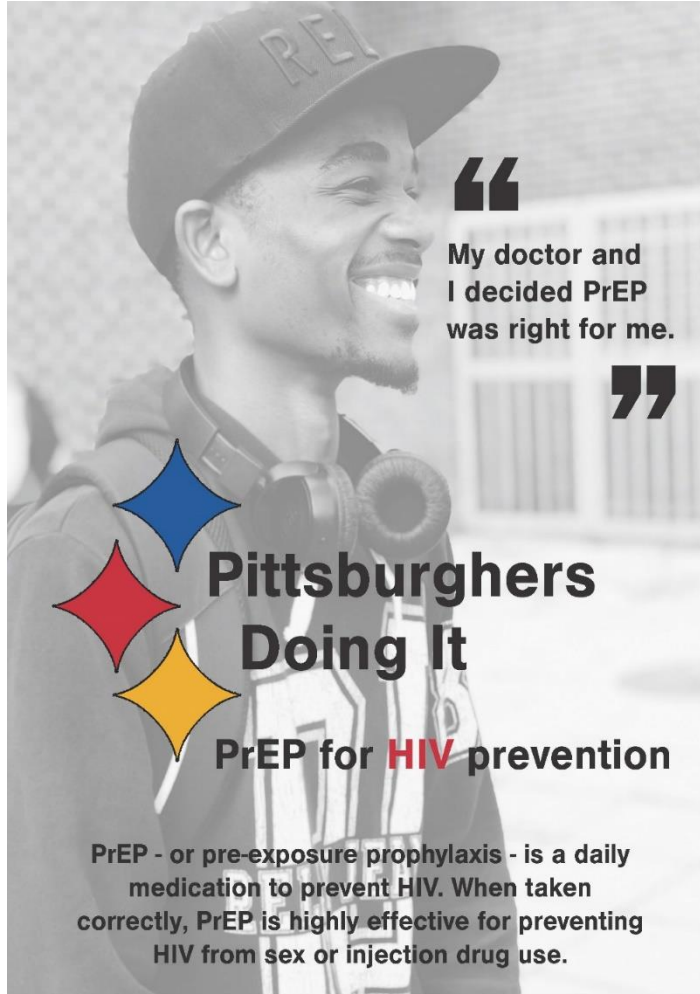
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Testing for
HIV



Testing is fast, free, and confidential.
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“

My doctor and I decided PrEP was right for me.

”



Pittsburghers Doing It

PrEP for HIV prevention

PrEP - or pre-exposure prophylaxis - is a daily medication to prevent HIV. When taken correctly, PrEP is highly effective for preventing HIV from sex or injection drug use.

Talk to your health care provider for more information about PrEP.



<https://pittsburghpa.gov/hiv>