TRANSLATING DATA TO PRACTICE: SHARED HIV NETWORKS (SHINE) AND THE PULL UP PROJECT

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DISCLOSURE

Presenters have no financial disclosure or conflicts of interest with the presented material in this presentation.
Background on Network Detection and Response in Michigan

What are Shared HIV Networks (SHiNe)?

Community Engagement and Collaboration

SHiNe Network 9.8 and Response Efforts

The Pull Up Project
HIV AND HIV MONITORING IN MICHIGAN

- Classified as a mid-morbidity state
- Approximately 650 new diagnoses annually
- Epidemic is primarily focused in suburban SE Michigan and urban Detroit
- HIV time-space monitoring programs began in 2015
- Molecular surveillance began in 2016
Ending the HIV Epidemic: Response Guides Other Strategies

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

1) Identify

2) Contact & Connect

3) Collaborate

4) Integrate
SHiNe
SHARED HIV NETWORKS
SHiNe BACKGROUND AND HOW IT WORKS

- SHiNe works by comparing the information gained during resistance testing.
- Molecular analysis has been done for other diseases:
  - Flu, Hepatitis, and TB
- Test generates a HIV nucleotide sequence:
  - All genetic data is from the virus, not the person.
- HIV mutates at a consistent rapid rate:
  - This allows comparisons to be made.
MOLECULAR EPIDEMIOLOGY AND HIV

HIV mutates over time – kind of like a game of telephone

CLOSELY RELATED

LA LA LA LA LA LA LA LA
LA LA LA LA LA LA
LA LA LA LA LA
LA LA LA LA
LA LA LA
LA

NOT CLOSELY RELATED

LA LA LA LA LA LA LA LA
LA LA LA LA LA LA
LA LA LA LA LA
LA LA LA LA
LA LA LA
LA

Analysis of nucleotide sequences

ACC CGATAACGGTTATCCG
ACT GGATAACGGTTATCCG

ACC CGATAACGGTTATCCG
ACC GAATCACGGAAATCCG

Adapted from presentation by J Gardy
MAKING GROUPS

- All sequences are compared to identify sequences that are closely related
- Connections (link) are drawn between them

Link drawn between 2 closely related sequences

- CDC provides two programs to allow these groupings to be made at the local level

Adapted from presentation by A Oster
WHAT DOES BEING CONNECTED REALLY MEAN?

Person A transmitted to person B

Person A transmitted to person C, who transmitted to person B

Person B transmitted person A

Persons D transmitted to persons A and B

Adapted from presentation by A Oster
We can infer that there is either a direct OR indirect epidemiologic link.

We cannot infer directionality.
WHY FOCUS ON SHiNe NETWORKS?

- They represent fast and recent transmission networks
  - Tight genetic distance threshold
- Further limited to priority groups
  - CDC- 5 person diagnosed within 12-month period

But how do we know these networks really represent recent and rapid transmission?
HIV TRANSMISSION RATE IN THE UNITED STATES

4 transmissions per 100 people living with HIV per year

Adapted from presentation by A Oster
RANGE OF HIV TRANSMISSION RATES IN FIRST 60 PRIORITY GROUPS

Between 21-132 transmission per year per 100 persons living with HIV

Adapted from presentation by A Oster
BEYOND DATA: HOW DO WE INTERVENE?

- Effective intervention and response efforts **cannot be based on data alone, or one specific set of data**

- SHiNe **does not replace or negate** other methods of surveillance and/or intervention

- SHiNe is part of a **comprehensive set of tools** utilized to ensure that individuals and opportunities for intervention and assistance **do not fall through the gaps**

- No single approach or intervention will be enough, interventions and outreach must be:
  - **Client-Centered**
  - Account for the needs of the whole person, not just HIV
  - Dynamic and flexible to fit the needs of the client and community
  - **Collaborative**
MEANINGFUL INTERVENTIONS

- **Individual Level**
  - Linkage to care and re-linkage for network members not in care/suppressed
  - Referrals and linkage to services like:
    - Housing, insurance, emergency support, and others

- **Interpersonal Level**
  - Additional partner services with trained SHiNe DIS
  - Elicitation and testing for new partners
  - Give individuals additional context and ability to actively participate in interrupting transmission

- **Community Level**
  - Partnerships with community mobilizers, leaders, and organizations
  - Utilizing information to engage with CBOs and LHDs to address barriers to engagement with Prevention and Care services
  - Build relationships and trust in communities through outreach and engagement
FOUNDERATION FOR ENGAGEMENT

- Presentations of SHiNe and outreach and engagement with community partners, planning bodies

- Outreach culminated in SHiNe seminar in 2017
  - Invited members of community and full re-imagining of program

- Developed materials with input from community partners
  - One Sheet for Providers, Client Brochures, Outreach Scripts
ADDRESSING BARRIERS & CONTINUOUS ENGAGEMENT

- Updating & Modernizing HIV Criminalization Laws
- Creating foundation for ongoing engagement and collaboration
- Increasing capacity for collaboration
- Direct engagement and communication with CBOs and partners on specific Network Interventions
Wayne Co SHiNe Network 9.8

**Background**
- Identified *mid-May 2021*
- **Recent and Rapid Transmission** per CDC designated guidelines

**Key Themes and Demographics**
- Connections among network members with *sex work* (60%)
- Disproportionate impact on *Black Transgender women* in Detroit
  - 60% of original network
- Majority (69%) of Network members *below 35 years old*
- 100% linkage to care w/in 3 month
- 83% viral suppression

**Network Evolution**
- Network has *continued to grow* since identification
  - Over 10 new diagnoses linked to the network since identification
- New diagnoses include *Trans women of color*
- Additionally, *CIS females* are also being linked to the network via new diagnoses
- Network response activities are ongoing
Timeline of Outreach and Engagement

05/2021: SHiNe Network 9.8 Identified

7/8/21: 1st ISG formed for Response

7/16/21: SHiNe Network 9.8 community-oriented message

7/16 – 8/25/21: Met with key community partners and organizations

10/2021: Began process to create mobile unit initiative

05/2022: Pull-Up Project Planning Summit

04/2022: First large group meeting for “The Pull-Up Project”

06/9/2022: Community Day event to launch “The Pull Up Project”
**THE PULL UP PROJECT**

*A Mobile Health Initiative*

- **What:** A mobile unit initiative
- **Purpose:** To meet people where they are and provide services via mobile unit to people in the Palmer Park and Highland Park neighborhoods. Services include gender affirming care, general health wellness checks, HIV/STI testing, prevention, outreach, harm reduction, syringe services programs (SSP), and referrals
- **Who:** A coalition of various community-based organizations
- **When:** 3 days a week on a rotating schedule
- **Where:** Palmer Park and Highland Park neighborhoods
MEETING PEOPLE WHERE THEY ARE

INCREASING ACCESS TO SERVICES

WORK TOWARDS ADDRESSING SOCIAL DETERMINANTS OF HEALTH

BUILDING A STRONG COALITION OF PARTNERS TO IMPLEMENT
➢ Mission: To provide non-traditional access and increase awareness to HIV/STI services through a status-neutral approach to meet the unique needs of communities

➢ Vision: To modernize the approach to HIV/STI Prevention in ways that will remove barriers that hinder the response to immediate care and expand the health and wellness of the community
PALMER PARK

Symbolic Location

Historic Background

Gathering place for Community
INTEGRATED TESTING AND SCREENING

- Introduction of Mobile Unit Health Initiative
- Curate existing relationships with community partners
- Health & Wellness Services
- Survey
Community Needs Assessment Survey
Pull-up Event at Palmer Park
Number of Participants: 122

Location
87% were from Wayne County

Race
92% BIPOC & 84% of those are Black/African American

Gender
- Female: 49% (9% are Trans Women)
- Male: 46%
- Two-Spirit: 3%
- Non-binary: 2%

Age
66% under 40 years old & 55% of them are Millennials (1981-1996)

89% said Yes
Palmer Park would be an easily accessible place for mobile care

Health Insurance
94% are currently covered

Healthcare Needs
83% said Yes their healthcare needs are being addressed

Healthcare provider seen in last year.
86% said Yes

Where do you go for Sexual Health Services
- PCP/Doctor: 33%
- CBO/Locally Based Agency: 15%
- Medical Facility (Hospital/Urgent Care/VA): 15%
- Clinic: 12%
- HIV Testing, Insurance, & Healthcare

68% get a test 1 or more times a year
13% have never been tested

Easily accessible mobile care
92% said Yes it would be helpful

Transportation to healthcare
- Private/Self: 28%
- Friends/Family: 22%
- Bus: 19%
- Taxi/Ride Share: 18%
- Walking: 11%
- Biking: 2%

Most important health services
- Primary Care: 42%
- Behavioral/Mental Health: 22%
- Specialized Care: 17%
- Child/Dependent Care: 6%
- Gender Affirming Care: 6%
- SUD Treatment: 1%

59% LGBTQ+

Demographics
Pull Up Project Community Fall Harvest Event

Mark your calendar!
SEPTEMBER 29, 2023

The Pull Up Project would like you to join us for food, fun and wellness! This event is to celebrate the work done to provide accessible services to the community.

We will be providing:
- HIV/STI Screening
- SSP and Harm Reduction Services
- Health & Wellness Checks
- Condom Distribution
- and more...

- Food
- Music
- Raffles
- Games
- Free health screening

If you need more information about being a vendor, scan the QR code.

For more information, contact:
Typhaine Wadler, Walworth@waukegan.gov or Keith Hughes Keith Hughes@chicagocde.gov

THE PULL UP PROJECT
A Mobile Health Initiative

PULL UP PROJECT COMMUNITY MATERIALS
SUCCESSES AND CHALLENGES

Challenges

- Internal Barriers
- Funding
- Quantitative Data Collection
- Non-traditional Hours
- Workforce Capacity issues
- Onsite STI treatment
- Incentivized HIV/STI testing and outreach via trusted partners

Successes

- Meeting community where they are
- Pride in the Park
- Clairmount Center Clinic Referrals
- Providers working together
- Community buy in
- Agencies outreach acting outside of silo
COMMUNITY OUTREACH AND IMPACT

Since implementation of The Pull Up Project:

- **947** Community Members have been engaged by PUP Providers
- **310** Harm Reduction kits have been distributed
- **2,205** Safer Sex kits have been distributed
- **60** Nutritional Supplements have been distributed
PULL UP PROJECT AND COMMUNITY PROVIDERS
“Wayne State University, in partnership with the Wayne Health, has participated in Pull Up Project Events since 2022. As a partner of the Pull Up Project, the Wayne Health Mobile Unit has been able to compliment other partners by providing a variety of preventative health care services, including performing A1c and lipid panel lab work, blood pressure screenings, HIV/HCV testing, COVID-19 testing and vaccinations. Additionally, we provide health care navigation services through our Community Health Worker Program to help individuals get linked to medical providers and community resources.

One story from The Pull Up Project: At the first event of the 2023 season, an individual came to the Wayne Health Mobile Unit requesting help getting a primary care provider (PCP) and community resources. The individual stated they were HIV positive and had been experiencing health needs that required a follow up with a PCP. They also mentioned that their HIV provider will be retiring soon as is looking for a new one. Our team was able to link the individual to a Community Health Worker who helped set up an appointment with a new PCP. With them going to a Wayne Health PCP, we mentioned that they could receive their HIV care at the Tolan Park Adult HIV Clinic so that all their care is under one system. The Pull Up Project provides an opportunity for health care providers to have discussions with individuals about their health and care which often does not happen in the Palmer Park community.”

-Bethany Foster, Wayne State University
The project is one of the first we have participated in that intentionally seeks to bring services to communities most in need. To provide services to the community on their terms, in space they feel comfortable on. We hope this is the beginning of a regular practice that can happen in many neighborhoods across Detroit.

- Amanda Scott, Detroit Recovery Project

Henry Ford Health is honored to be a part of the MDHHS and Detroit Health Departments initiative at the Pull Up Project in Palmer Park. [...] We enjoy meeting the community where they live and can assist them with on-the-spot medical care and follow up. [...] It is a passion of our healthcare workers to engage the LGBTQ+ community in taking control of their own health and in turn contributing to ending the HIV epidemic.

- Erika Pastor, Ruth Ellis Clairmount Center/Henry Ford Health

Working with the Pull Up Project last year and again this summer has been reinvigorating! As a Social Worker for thirty years this Initiative has reminded me of why I entered Social Work. We are literally meeting people where they are, providing direct services and linkages to others. I'm truly grateful for the opportunity to serve.

- Alecia D. Hardaway, Henry Ford Health
PRIDE IN THE PARK

• Community Conversation

• POL’s in Community

• Social Media influencer
Next steps for the Pull Up Project:

- Off-Peak Season
- New Collaborative Partnerships
- Continuation of fostering relationships with the community
FINAL THOUGHTS

Community Partnerships are...

- Not Performative
- Data = Real People, Real Lives, Real Challenges
- Relationship, relationship, relationship
- EHE should not have been the starting point
If you want to go fast, go alone; if you want to go far go together”, African Proverb.
THANK YOU AND PLEASE REACH OUT WITH ANY QUESTIONS!

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