

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.

TRANSLATING DATA TO PRACTICE: SHINE AND THE PULL UP PROJECT

Background on Network Detection and Response in Michigan

What are Shared HIV Networks (SHiNe)?

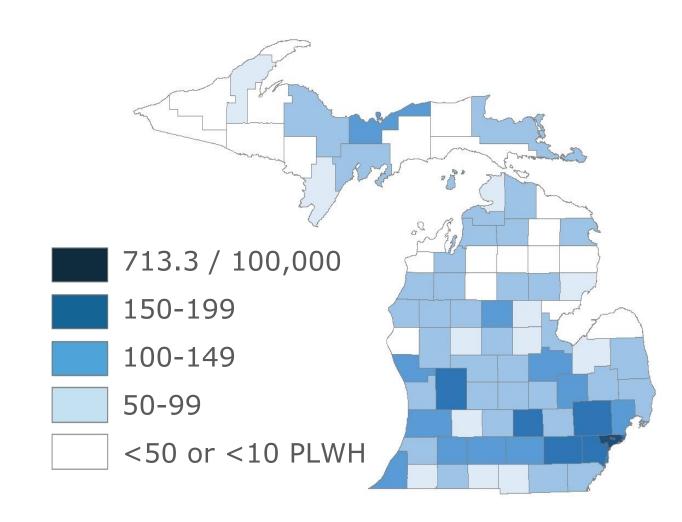
Community Engagement and Collaboration

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



3) Collaborate



2) Contact & Connect



4) Integrate





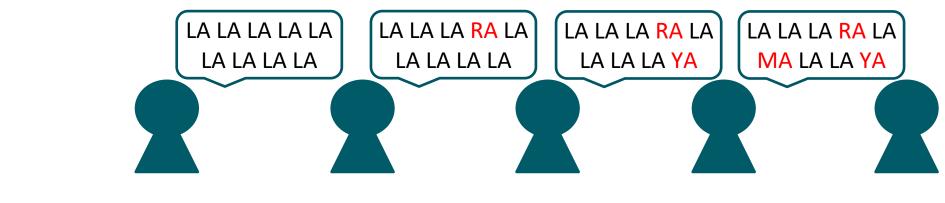
SHINE BACKGROUND AND HOW IT WORKS

- 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





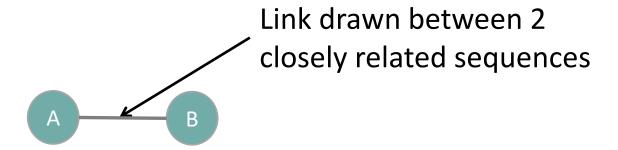
 NOT CLOSELY RELATED

Analysis of nucleotide sequences

ACCGGATAACGGTTATCCG ACTGGATAACGGTTATCCG ACCGATAACGGTTATCCG ACCGAATCACGGAAATCCG

MAKING GROUPS

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



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

WHAT DOES BEING CONNECTED REALLY MEAN?



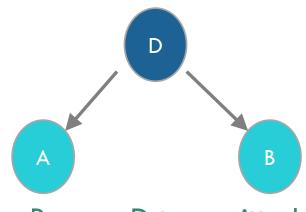
Person A transmitted to person B



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



Person B transmitted person A



Persons D transmitted to persons A and B

KEY TAKEAWAY

We can infer that there is either a direct OR indirect epidemiologic link

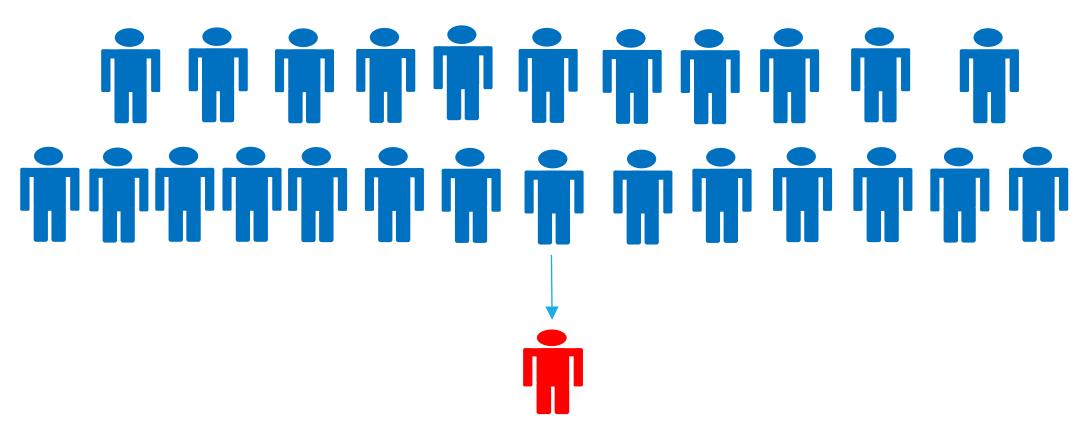
We cannot infer directionality

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

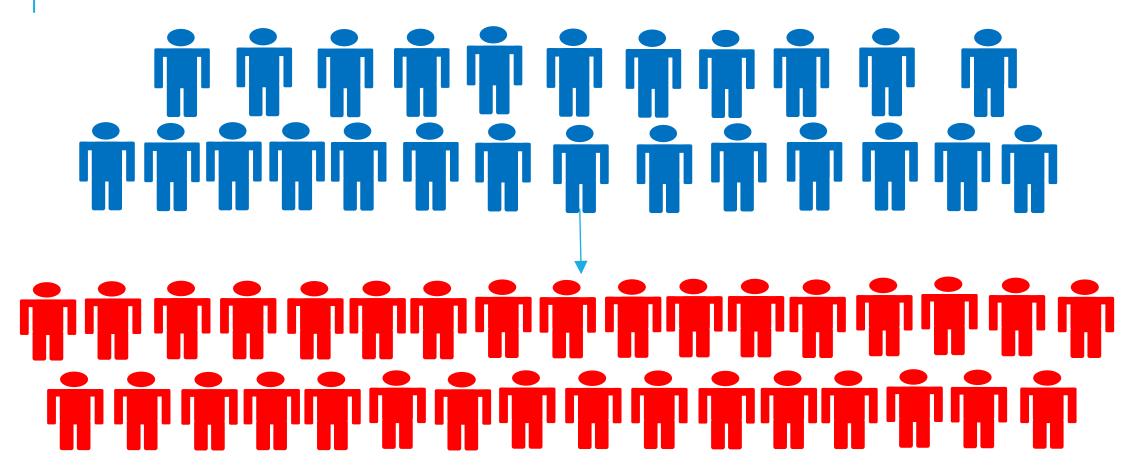
But how do we know these networks really represent recent and rapid transmission?

HIV TRANSMISSION RATE IN THE UNITED STATES



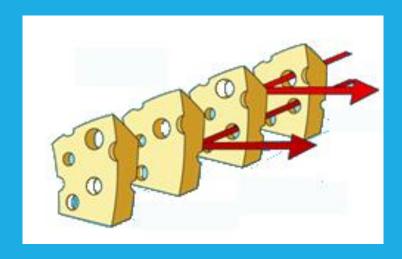
4 transmissions per 100 people living with HIV per year

RANGE OF HIV TRANSMISSION RATES IN FIRST 60 PRIORITY GROUPS



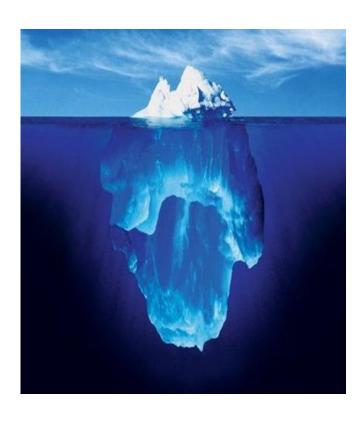
Between 21-132 transmission per year per 100 persons living with HIV

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

FOUNDATION 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 COUNTY SHINE NETWORK 9.8 RESPONSE

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

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

10/2021: Began process to create mobile unit initiative

05/2022: Pull-Up Project Planning Summit

















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

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





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

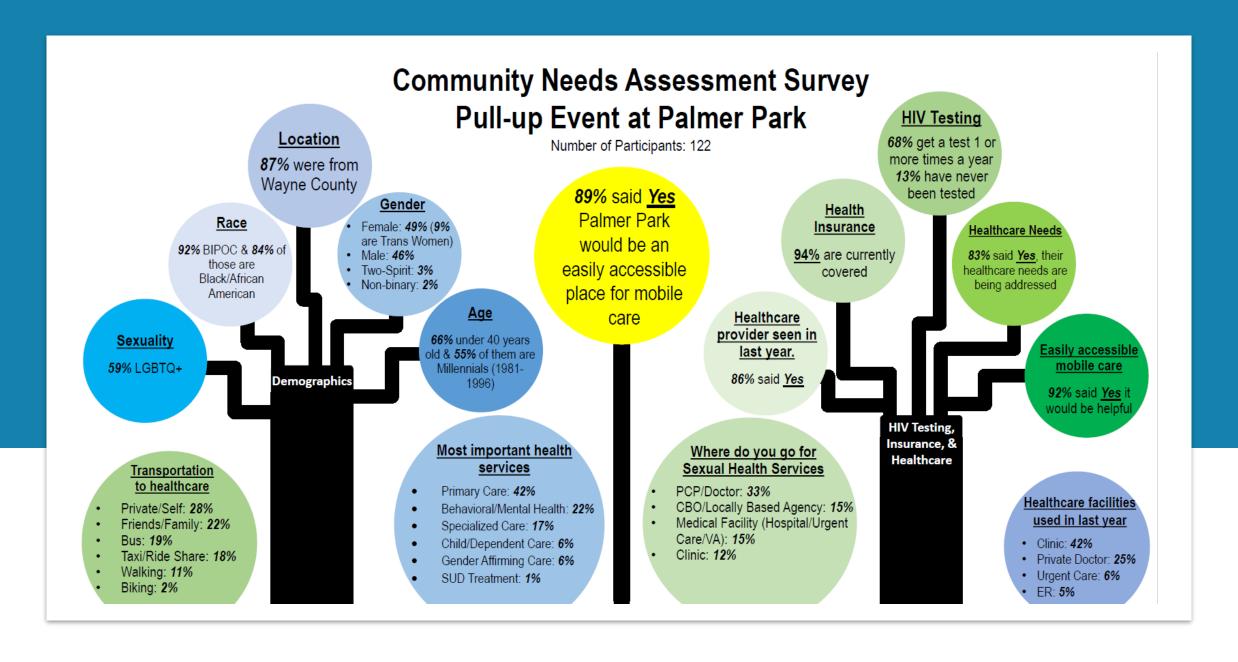
- ► Introduction of Mobile Unit Health Initiative
- Curate existing relationships with community partners
- ► Health & Wellness Services
- Survey











PULL UP PROJECT COMMUNITY MATERIALS





THE PULL UP PROJECT A Mobile Health Initiative			SEPTEMBER 202		
MON	TUE	WED	THU	FRI	SAT
	29	30	31 DCHC 1-5p HFH 2-6p Central City Health 4-5p	1 DCHC 1-5р	2 ANSWER 4-8p
4 Happy Labor Day!	5	6 ANSWER 4-8p	7 HFH 2-6p	8 UNIFIED 4-8P	9 ANSWER 4-8p
11 DCHC 1-5p	12	DCHC 1p-5p ANSWER 4-8p	14 HFH 2-6p	DCHC 1-5p UNIFIED 4-8p	16 ANSWER 4-8p
18	19 DCHC 1-5p W'Sup 1-5p	20 ANSWER 4-8p	21 DCHC 1-5p HFH 2-6p	22 WSup 1-5p DCHC 1-5p Corktown 3-7p UNIFIED 4-8p	23 ANSWER 4-8p
25 DCHC 1-5p W'Sup 1-5p	26	27 DCHC 1p-5p ANSWER 4-8p WSup 1-5p	28 HFH 2-6p	PUP Fall Harvest Event	30 ANSWER 4-8p

SUCCESSES AND CHALLENGES

<u>Challenges</u>

- 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,
- 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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