

East Baton Rouge Parish Ending the HIV Epidemic Plan 2020-2025

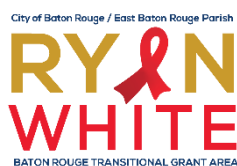


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Section I: Community Engagement

The Baton Rouge community is fortunate to have community based organizations who have been engaged in community work to address HIV in the Baton Rouge community since the beginning of the HIV epidemic in Louisiana in the 1980s.

As decades have passed, more community based organizations as well as non-profits, advocacy groups, federally qualified health centers, local clinics, regional hospitals and local city government have joined the team. In 2018, Mayor-President of East Baton Rouge Parish, Sharon Weston Broome joined the International Association of Providers of AIDS Care by signing the Paris Declaration on Fast Track Cities. Joining fast track cities solidified the local government's commitment to address the HIV epidemic in Baton Rouge.

The support of Mayor Broome and her administration in partnership with local area hospitals, clinics and community organizations has created the perfect environment to form the Baton Rouge Ending the HIV Epidemic (EHE) Commission. The Baton Rouge EHE Commission is grounded in the following value statement:

“The Baton Rouge Ending the HIV Epidemic Commission is a **community driven** group of people who have come together to end the HIV epidemic in Baton Rouge. Through **accountability, transparency**, and a focus on **social justice**, they commit to addressing **stigma** by embracing **diversity, equity**, and **compassion** through **empowerment, trust** and **love**.”

East Baton Rouge Parish was identified as a jumpstart EHE site in the summer of 2019 which allowed the Baton Rouge EHE Commission to begin taking shape instantly. Thankfully, a true local collaborative of community-based organizations, Fast Track Cities Initiative and the Regional STD/HIV Task Force existed as a foundation of efforts and prompted the success of the jumpstart EHE programs. These groups came together with new community stakeholders to form the Baton Rouge EHE Commission.

The BR EHE Commission is coordinated by the Baton Rouge EHE Coordinator, the Baton Rouge Ryan White Program Administrator, the Community Mobilization Supervisor at SHHP and the Director of HealthyBR. There are four workgroups in addition to the overall commission: Diagnose, Access to Care, Education and Prevention and Respond. Each workgroup focuses on one of the four EHE pillars identified by the CDC.

To write the Baton Rouge EHE Plan, numerous community engagement activities were conducted such as focus groups with priority populations, in-depth interviews with key community gate keepers, and healthcare provider surveys. In order to engage community members and people living with HIV around implementing the core activities of the plan, an HIV Summit will be held in December 2020.

Documentation of Engagement since December 2019

It is important to note that since March 2020, community engagement for Baton Rouge EHE efforts has looked very different. COVID-19 has impacted the traditional way to do focus groups, host meetings, build new relationships and strengthen existing partnerships. Additionally, COVID-19 has impacted community partner's ability to volunteer extra time to Baton Rouge EHE efforts as their clients' needs are first priority. Since March, all meetings and engagement for Baton Rouge EHE activities have been virtual. Virtual meetings have created challenges of their own from having access to technology and learning how to connect through a screen. Despite the impacts of COVID-19, we have learned how to continue meeting and finalizing the Baton Rouge Ending the HIV Epidemic plan.

Community Engagement Meetings

Type of Engagement	Meeting Information	Organizations Represented	Participant Profile	Summary of Engagement
Ryan White Advisory Council meetings (planning body)	February 13 th , March 12 th , May 14 th , June 11 th , July 7 th , October 8 th , November 12 th 2020 3:00pm-4:00pm Location: DHDS (4523 Plank Road) and WebEx	FQHCs, nonprofits, health departments, CBOs, Ryan White Part A	# of Advisory council members: 9 Average # of outside attendees: 10 -Ryan White Part A Staff -service providers, medical providers, non-profit workers, consumers, health department workers, community members, and people living with HIV	The EHE Coordinator attends Ryan White Advisory Council Meetings to ensure Ryan White advisory council members are updated on EHE related activities and included in the planning process. Advisory Council members were also invited to participate in the planning group for the HIV Summit. At the November meeting, the Ryan White Part A Program Administrator presented the BR EHE plan to the advisory council to achieve concurrence on the document. Advisory Council members received a copy of the draft plan for feedback in October 2020. At the November 12 th meeting, the advisory council concurred on the Baton Rouge EHE Plan
EHE Monthly Community Partner Meeting (local community partners and local service provider partners)	Thursday, February 27 th , 2020 9:00AM-11:30AM Location: Goodwood Library Outreach: Community Partners were invited to this meeting via email as well as reminded during CDC phone calls upcoming meeting dates	Health departments, FQHCs, non-profit organizations, Ryan White Services, CBOs, Pharmacy	20 attendees; health department workers, CBO workers, service providers, medical providers, non-profit workers, pharmaceutical liaisons	-This meeting was the last meeting for the monthly 1802 supplemental partner meeting. Community partners learned more details about the NOFO for PS20-2010 -Pilot Project Partners gave updates on their respective initiatives and programs such as testing, SSP, Rapid Start, Health Models, TelePrEP, CHWs, city wide EHE efforts, and social marketing -The EHE Coordinator attended the meeting and had the opportunity to give the group updates on the Baton Rouge EHE Commission meeting that took place in early February. Many at this meeting had attended

				the commission meeting and were able to offer more insight on the activities that occurred at the meeting
Community based organizations, community health workers, and partners discussion (local community partners and local service provider partners)	<p>Thursday, February 27th, 2020 11:30AM-1:00PM Location: Goodwood Library Outreach: The idea for this meeting came from a meeting the Baton Rouge EHE Coordinator had with the Community health Workers. Community Partners were invited to this meeting via email as well as phone calls by the EHE Coordinator</p>	CBOs, CHWs, Health Departments	14 attendees: Rapid start navigator, community health workers, community based organization employees and leadership	<p>The EHE Coordinator helped to organize a meeting between the CBOs and Community Health Workers. The purpose of this meeting was to give them the opportunity to discuss the relationship between the CBOs and CHWs and learn more about what a partnership between these two groups could look like. Previously, there has been interest expressed by both groups to learn more about one another and see how they can collaborate on different initiatives. Next steps outlined at the meeting included creating a list of all services and resources offered by each group and distribute this to all partners as well as continue meeting quarterly. The organization profile was created and shared with the group. Unfortunately, due to COVID-19, the CBOs and CHWs needed to focus on clients and immediate needs following this original meeting.</p> <p>The Plan: Creating this collaborative between CBOs and Community Health Workers is included in the EHE plan as an activity under the Diagnose Pillar as it is important to the group for these partnerships to continue.</p>
*MedBR (local community partners and local service provider partners)	<p>February 20th, August 20th 2020 2:00PM-4:00PM Location: Pennington Biomedical Research Center and Webex Outreach: The Director of HealthyBR invites coalition members to these regular meetings. The group was created as the internal medical branch for HealthyBR</p>	Hospitals, Insurance companies, FQHCs, local, Mayor's office	Roughly between 15-20 attendees; medical providers, service providers, insurance providers	<p>-The EHE Coordinator presented updates to MedBR about the Baton Rouge EHE Commission and highlighted the efforts related to medical and service providers such as the updated HIV care continuum data for EBRP for 2019</p> <p>-During the February meeting the EHE coordinator learned more from the group on the best way to disseminate the provider the survey. The group recommended administering the provider survey online and partnering with local clinics and hospitals to distribute to providers.</p>

Baton Rouge Ending the HIV Epidemic Commission Meeting (planning body)	<p>Tuesday, February 11th, 2020 10:00AM-12:00PM Location: Bluebonnet Library Outreach: the Baton Rouge EHE Coordinator via email as well as word of mouth invited a vast network of people to this meeting. The EHE Coordinator encouraged those invited to share with their own respective networks to have a diverse group of people present.</p>	<p>Hospitals, Health Department, CBOs, Advocacy organizations, FQHCs, Non-profits*, health clinics, pharmaceutical companies*, universities*, Ryan White Services, Mayor's Office</p>	<p>37 attendees; health department workers, CBO workers (testing, SSP, counseling), advocates, consumers, service providers, pharmaceutical liaisons, non-profit workers, medical providers (women's health, primary care, hospital/ED), social workers, case managers</p>	<p>-A recap of Baton Rouge EHE work between the last Commission meeting (November) until now was given including submitting the draft plan to the CDC and an update from each of the committees -Committee breakouts occurred where committees began prioritizing activities they want to prioritize in the plan and implementing first -One of our committee leads did a presentation around HIV stigma called "what you say". She engaged the group in a conversation around people first language - the information shared out during the committee breakout sessions helped inform first committee work which influences conversations around the plan</p>
Baton Rouge Ending the HIV Epidemic Commission Meeting (planning body)	<p>Monday, August 31st, 2020 9:00AM-11:00AM Location: ZOOM Outreach: This was the first Commission meeting since COVID-19 and we had to reschedule it due to a hurricane so the EHE Coordinator reached out numerous times via email to ensure people were notified. The EHE Coordinator encouraged those invited to share with their own respective networks to have a diverse group of people present.</p>	<p>Hospitals, Health Department, CBOs, Advocacy organizations, FQHCs, Non-profits*, health clinics, pharmaceutical companies*, universities*, Ryan White Services, Mayor's Office</p>	<p>45 attendees; health department workers, CBO workers (testing, SSP, counseling), advocates, consumers, service providers, pharmaceutical liaisons, non-profit workers, medical providers (women's health, primary care, hospital/ED), social workers, case managers</p>	<p>-Since the Commission had not been together since February 2020, the meeting was very interactive despite being a virtual meeting. - Before this Commission meeting, the core team decided that the organizational structure for BR EHE should change and the Ryan White Program Administrator should oversee the Access to Care committee with the committee chairs. This shift was vetted by the committee leads. This announcement of an organizational structure change was given at the Commission meeting and the committee chairs were formally announced to the entire commission. - Data updates were given to the Commission around HIV testing (community testing and opt-out), the HIV Care continuum, retention in care, and PrEP usage. In previous meetings, participants have expressed the need for more data presented to local groups - More information about the CDC feedback was shared -The first workgroup meeting around Pillar 4 was announced. This was an important take away from the</p>

				<p>commission meeting because it was the first time this was discussed on a community level</p> <p>-The consultants joined the meeting and made an ask to the commission members to assist in recruiting of focus group participants to ensure boarder community input into the focus group activity.</p>
<p>Baton Rouge EHE Committee Meetings: January 2020-October 2020</p> <p>Based on recommendations from the CDC given in April, we decided to increase committee meetings from once every 2 months to every month when possible. Due to COVID-19, Committee meetings originally scheduled for March were postponed to April. COVID-19 also presented challenges around frequency of committee meetings due to committee chairs and committee members having pressing priorities for clients.</p>				
Diagnose Committee Meetings (planning body)	<p>Thursday, January 9th, 2020 10:00am-12:00pm Location: conference call</p>	<p>Hospitals, Health Department, CBOs, Advocacy organizations*, FQHCs, Non-profits*, health clinics, pharmaceutical companies, Ryan White Services, Mayor's Office, people living with HIV</p>	<p>12 attendees; health department workers (community engagement, marketing) pharmaceutical liaisons, ED staff, state government staff, community health workers, community based organizations staff</p>	<p>January Committee Meetings: focused on identifying priorities for each committee since it was the first formal time they met. Each committee worked on prioritizing activities falling under pillars different than the main focus of the committee (example access to care discussed working on testing). We created a "work plan" document which was a form that broke up the plan into columns so that it was easier to process. All committees were receptive to the format of the work plan. Incorporated into plan: the education and prevention committee showed the importance of expanding on sexual health education in the plan. The Access to Care committee discussed heavily the need for collaboration between medical and service providers.</p> <p>April Committee Meetings: Because of COVID-19 all April committee meetings focused on checking on committee members and their clients. Through the committee meetings came the idea to create a resource guide for both organizations and community members around HIV services being offered during COVID-19. CBOs, non-profits, and FQHCs shared out details of the services available and the EHE Coordinator and Community Mobilization Supervisor created the document and shared it out to the EHE Commission and encouraged the commission to share it with clients.</p>
	<p>Monday, April 20th, 2020 10:00am-11:00am Location: ZOOM</p>		<p>16 attendees; health department workers (teleprep, health models) pharmaceutical liaisons, ED staff, state government staff, community health workers, community based organizations staff, FQHC employees, Ryan white administrators, employees of SSP organization</p>	
	<p>Tuesday, May 26th, 2020 9:00am-10:30am Location: ZOOM</p>		<p>12 attendees; health department workers (community engagement, testing), ED staff, pharmaceutical liaisons, people living with HIV, community based organizations staff</p>	

	Monday, September 21 st , 2020 9:00am-10:30am Location: ZOOM		8 attendees; health department workers (community engagement, testing), ED staff, community health workers, pharmaceutical liaisons	May Committee Meetings: Each committee started to review and discuss the feedback given by the CDC that was received in April 2020. The Plan: The Diagnose committee discussed at home testing and the concept that this is a topic we want to explore but need more information. The Education and Prevention committee discussed that getting PrEP in the EDs could be challenge so this is something to be mindful of it we put it in the plan. Access to care discussed that we need to expand on telehealth in the plan and make more strategies around it. September Committee Meetings: Each committee meeting focused specifically on discussing the CDC feedback in greater detail. Before the meeting, committee members received a work plan for their committee with the CDC feedback included as discussion questions. Framing the CDC feedback as discussion questions allowed for deeper conversation around topics. The Plan: these meetings were formative in fleshing out activities and strategies around the following areas-time period for accessing care, telehealth, data to care for re-engagement, peer support navigator career advancement, including mental health as a key partner, defining non-traditional testing activities and partners, addressing cost and coverage barriers to HIV testing, home-testing pilot program in EBRP and the importance of messaging home-testing, new partners to engage around PrEP, how to engage faith based organizations, services for women of trans experience,
Education and Prevention Committee Meetings (planning body)	Wednesday, January 15 th , 2020 10:00am-12:00pm Location: DHDS	Hospitals, Health Department, CBOs, Advocacy organizations*, FQHCs, Non-profits*, health clinics, pharmaceutical companies*, Ryan White Services, Mayor's Office, people living with HIV	10 attendees; people living with HIV, Ryan White, SSP staff, community members, community based organizations employees, FQHC employees	
	Thursday, April 30 th , 2020 10:00am-11:00am Location: ZOOM		14 attendees; people living with HIV, Ryan White Staff, FQHC employees, CBO staff, health department staff, pharmaceutical liaisons, ED staff	
	Thursday, May 28 th , 2020 9:00am-10:30am Location: ZOOM		9 attendees; people living with HIV, SSP staff, hospital staff, ED staff, pharmaceutical liaisons, CBO staff, Health department staff (community engagement), Ryan White staff	
	Tuesday, September 22 nd , 2020 9:00am-10:30am Location: ZOOM		11 attendees; mayor's office staff, community health workers, health department staff (health models, marketing), CBO staff, SSP staff	

Access to Care Committee Meeting (planning body)	Monday, January 6 th , 2020 1:00pm-2:30pm Location: Eden Park Library	Hospitals, Health Department, CBOs, Advocacy organizations*, FQHCs, Non-profits*, health clinics, pharmaceutical companies*, universities*, Ryan White Services, Mayor's Office, people living with HIV, mental health providers*	10 attendees; FQHC staff, hospital staff, health department staff (health models, linkage to care), mental health provider, CBO staff, people living with HIV, mayor's office	and the process to address sexual health education locally. October Committee Meetings: The October committee meetings were canceled in order to give time to committee members to review and give feedback on the EHE plan.
	Tuesday, April 21 st , 2020 10:00am-11:00am Location: ZOOM		12 attendees; non-profit staff, people living with HIV, health department staff (community engagement, linkage to care, TelePrEP), FQHC staff, pharmaceutical liaisons, Hospital staff (women's health), CBO staff	
	Monday, June 1 st , 2020 1:00pm-2:30pm Location: Webex		11 attendees; FQHC staff, health department staff (community engagement, linkage to care), CBO staff, pharmaceutical liaisons, hospital staff, SSP staff	
	Thursday, September 24 th , 2020 1:00pm-2:30pm Location: ZOOM		11 attendees; community health workers, ED staff, Ryan white staff, health department staff (health models, linkage to care), people living with HIV, FQHC staff, researcher from LSU	

HIV Summit	Friday, December 4 th , 2020 Location: online 2:00pm-7:00pm	FQHCs, health departments, hospitals, health clinics, community based organizations, advocacy groups, faith groups, non-profits, advocacy groups	medical providers, non-profit workers, service providers, hospital workers, health department workers, CBO workers, business leaders, local politicians, FQHC workers, community member	We will host an HIV Summit to unveil the final BR EHE plan and provide time for discussion and planning of implementation activities as described in the plan.
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***means a new approach or strategy used to engage a group in community engagement efforts OR new organizations and individuals engaged through the community engagement process**

Appendix A (Meeting Agendas from Community Engagement Activities)

Community Engagement Activities

Focus Groups:*

Originally, focus groups were scheduled to be in person in January. We had delays in hiring the consultants due to finding a consultant group that could meet all our needs in the time that we had to do the project within the budget allocated for consultants. Due to COVID-19, they were conducted via Zoom. This did create some barriers for participants accessing the focus group as well as ability for the consultants who conducted the focus group to fully read the room of participants as one would do when conducting focus groups in person.

Recruitment for Focus Groups: recruitment for focus groups was done in partnership with focus group champions. The consultants identified key community stakeholders with relationships to the outlined priority populations to assist in recruitment. Baton Rouge EHE Commission members and Ryan White Advisory Council Members participated in the recruitment of focus group participants. Additionally, we utilized existing relationships with a substance use treatment facility to recruit for one of the focus groups. Focus group participants used snowball sampling to recruit a friend to join current and remaining focus groups. A detailed description of outreach and recruitment is provided in the consultant report attached as well as the focus group guide (Appendix B and Appendix D)

Type of Engagement	Meeting Information	Organizations Represented	Participant Profile	Summary of Engagement
Focus Group with Women of Trans Experience	Tuesday, September 8 th , 2020 5:00pm-7:00pm Location: ZOOM	n/a	1 participant: Women of Trans Experience	Input from Focus Groups to go into Plan: Diagnose: <ul style="list-style-type: none"> - Opportunities for HIV testing in less utilized spaces to normalize HIV testing (straight clubs) - Utilizing social media to spread messaging about testing Treat: <ul style="list-style-type: none"> - Supporting safe spaces for community members - Hiring more staff at clinics and CBOs that represented the community they serve - Provide HIV services after traditional work hours
	Friday, September 18 th , 2020 7:00pm-9:00pm Location: ZOOM	n/a	3 participants: Women of Trans Experience	
Focus Group with People living with HIV	Thursday, September 10 th , 2020 5:00pm-7:00pm Location: ZOOM	n/a	6 participants: People living with HIV	
Focus Group with People Who Use Drugs	Friday, September 11 th , 2020 6:00pm-8:00pm Location: ZOOM	n/a	2 participants: people who use drugs	
	Thursday, September 17 th , 2020 4:00pm-6:00pm Location: ZOOM	n/a	16 participants: people who use drugs	

Focus Group with Black GBM	Wednesday, September 9 th , 2020 6:00pm-8:00pm Location: ZOOM	n/a	7 participants: Black GBM	Prevent: <ul style="list-style-type: none"> - Greater diversity of people in HIV messaging, especially PrEP - Create messaging specifically for African American faith-based communities in partnership with faith-based communities Respond <ul style="list-style-type: none"> - utilize social media for targeted education to respond to an outbreak in real-time
Provider Survey: Due to COVID-19, promoting for the provider survey was challenging as our local health systems have a priority of responding to COVID-19. We disseminated the provider survey electronically by a champion at each hospital and clinic. The survey was distributed via email. The results from the provider survey are attached in the consultant report.				
Provider Survey*	Provider Survey was open was from August 11 th , 2020 to September 1 st , 2020 Location: Survey taken via redcap	Hospitals, FQHCs, dental clinics, local health clinics	124 surveys completed: Physician Assistants, physicians Nurse practitioner, nurse (specializing in OBGYN, cancer, pediatrics, internal medicine, ENT, ED, family medicine, ID, urology), dentist	Input from Provider Survey to go into Plan: <ul style="list-style-type: none"> - Create a process for data sharing between stakeholders, especially around client needs assessments - Work with Louisiana AETC satellites and other capacity building organizations to execute professional development opportunities for providers (around PrEP, HIV stigma, mental health services, opt-out testing).
In Depth Interviews: Due to COVID-19, these interviews were mostly done virtually. Participants were recruited for the interviews through word of mouth with local community based organizations or reached out to based on their involvement in the HIV field in Baton Rouge. Three interviews were conducted in person. The interviewer and participants all wore masks. Hand Sanitizer, disinfectant spray, and gloves were available. The interviews took place in a classroom that allowed for adequate social distancing.				
In Depth Interviews* Appendix C: IDI Guide	The EHE Coordinator, Ryan White Part A Program Administrator and the Community Mobilization Supervisor conducted 10 in depth interviews between October 19 th and October 30 th .	Local non-profits, local CBOs, local universities, community members	Community members, social workers, advocates, people living with HIV, local government officials. People of trans experience and high risk heterosexuals participated (10 interviews total)	Participants of the interviews received \$50 stipends for their time. The interview included questions around the 4 pillars of EHE as well as questions to inform how to spread the word about Baton Rouge EHE efforts. Key takeaways from the interviews informed the plan or validated existing activities and strategies.
Community Events: The original work plan for EBRP included 5 community engagement events in Baton Rouge that coincide with various awareness days to present proposed BR EHE goals, objectives and activities and receive input from community members and local organizations. The plan was to have most of these community events in 2020, which meant that COVID-19 greatly impacted our ability to execute these events. We participated in two community events shown below and are being very intentional with the HIV Summit by having community engagement be a core component of the event. Community members are involved in the planning and execution of the event as well as having sessions to engage the community around HIV work in Baton Rouge.				

Community Wellness Conference 2020 in recognition of National Women and Girls HIV/AIDS Awareness Day	Saturday, March 7 th , 2020 9:00am-5:00pm Location: Baton Rouge AIDS Society	Community Members	Women of all ages, women living with HIV	The EHE Coordinator helped support BRASS (a local CBO) in advertising the event and setting up the event. The EHE Coordinator administered a survey to participants around EHE work in Baton Rouge.
Community Conversations: A Panel Discussion on LGBTQ Issues*	Tuesday, September 29 th , 2020 6:00pm-7:00pm Location: WebEx	Local businesses, Mayor's office, local universities, FQHCs, health department	Panelist: Community members, business owners, advocates, social workers, community based organizations, community health workers, local government officials Attendees: community members. Roughly 40 people watched the event live and over 700 people have viewed it online	The purpose of this community conversation was to have a panel conversation between the Mayor of Baton Rouge and various stakeholders around LGBTQ topics in Baton Rouge. The panel include conversations around HIV and addressing HIV-related stigma in the Baton Rouge Community. Community members were able to send in questions for the panel ahead of time.
*means a new approach or strategy used to engage a group in community engagement efforts OR new organizations and individuals engaged through the community engagement process				

Process for Recruitment and Retention of New Stakeholders into EHE Planning and Implementation

Type of Engagement	Details on Engagement	Type of new stakeholder	How will they be engaged?	How will relationships be retained?
Baton Rouge HIV Summit (community partners)	Originally scheduled for May 2020, the Baton Rouge HIV Summit will now take place on December 4, 2020. There are 3 planning work groups that are planning the Baton Rouge HIV. The Baton Rouge HIV Summit planning group met for the first time on September 9, 2020 to begin planning the HIV Summit. The group decided to split up into 3 work groups to plan and execute the Summit. The Baton Rouge HIV Summit aims to engage people living with HIV around the implementation of EHE Plan activities as well as empowering people living with HIV around storytelling and self-advocacy.	People living with HIV	<p>Outreach workgroup: This workgroup is responsible for doing outreach to people living with HIV in the Baton Rouge community. This work group recognizes the diversity of people living with HIV and will implement different tactics to engage different populations. Additionally, this group wants to partner with graphic designers living with HIV to create the marketing materials for the summit.</p> <p>Content Work Group: This workgroup is responsible for creating the content for the HIV Summit. The core value of this group is to create content that is for people living with HIV. They are doing this by having the Summit hours be in the afternoon and evening to allow for more community attendance. They are creating sessions during the summit around storytelling and empowering people living with HIV with tools to share their story.</p>	The HIV Summit will be utilized as a kick off point to engage more people living with HIV in the EHE process. After the HIV Summit, we plan to determine key next steps for continual engagement for people living with HIV such as creating a community advisory board or a community outreach committee for Baton Rouge EHE Commission to focus solely on improving partnerships with people living with HIV.

.Asset Mapping*	To understand the existing relationships with have with nontraditional partners such as mental health, substance use treatment providers, and faith-based communities, we will asset map who in the Commission has existing partnerships with them	Mental health providers, substance use treatment providers, faith-based communities	Once the asset map is complete,-a plan of who will engage these stakeholders will be created	Engagement will be documented to ensure forming these new relationships will not be forgotten. In the first year of implementation, we will determine how to continue these partnerships such as inviting and encouraging partners to join committees or create an advisory group to manage new partnerships
Individual stakeholder meetings	In order to recruit new stakeholders in EHE planning and implementation, we will schedule meetings with individual partners to begin forming relationships or build upon existing ones.	Mental health, substance use treatment providers, faith-based communities, community advocates	Having one-on-one meetings with new stakeholders is the beginnings of forming relationships through trust	We will ensure that these partnerships are not only beneficial for EHE work but also for the new stakeholders we wish to engage
*means a new approach or strategy used to engage a group in community engagement efforts OR new organizations and individuals engaged through the community engagement process				

Future Community Engagement through Local Awareness Campaigns		
Topics of Awareness Campaign	Focus of Awareness Campaign	Core Values of Awareness Campaigns
Know Your Status	Promoting HIV testing and the importance of knowing your HIV and STI status	<ul style="list-style-type: none"> - Ensure that messaging in social media and marketing campaigns are in plain language, reflect local literacy levels and are culturally relevant - Ensure marketing campaigns are vetted by priority populations in East Baton Rouge Parish by hosting town halls - Ensure awareness campaigns are representative and inclusive of the entire Baton Rouge community - Ensure diversity of people within PrEP messaging (ex. Show individuals in messaging with varying ages, sexual identity, gender identity and racial identity) - Promote the community awareness campaign through social media (ex. Online advertisements on social media)
PrEP	Increase community awareness around PrEP. Create strategies tailored to increase PrEP awareness and adherence among priority populations	
U=U	Increase community awareness around U=U, specifically reaching people living with HIV and healthcare providers	

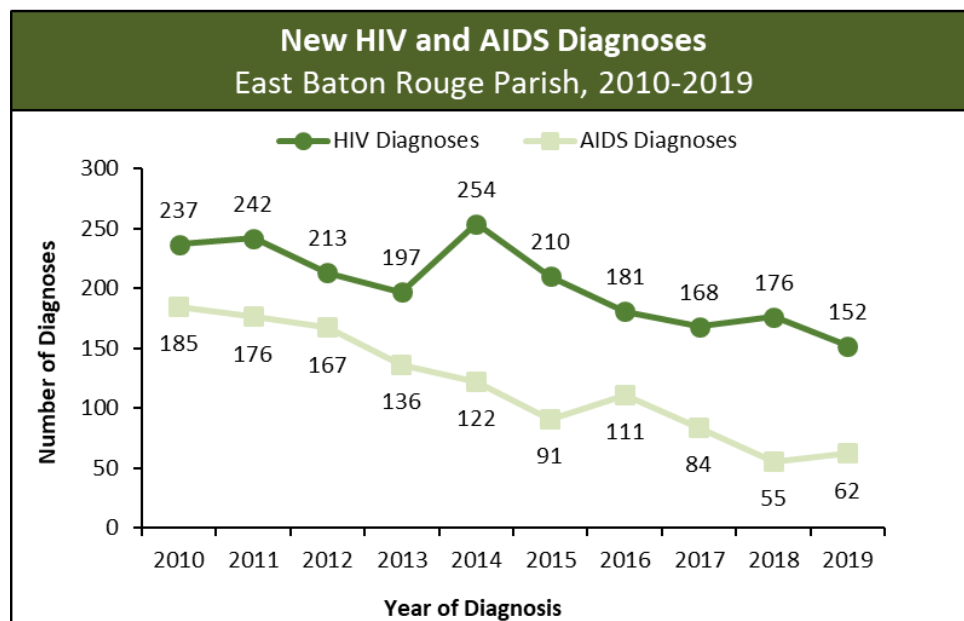
Epi Profile: East Baton Rouge Parish

PS19-1906 Final Draft

Section 2: Summary Epidemiological Profile for East Baton Rouge Parish

In 2018, Louisiana ranked 4th in the U.S. for HIV case rates and 4th for AIDS case rates. East Baton Rouge Parish is the most populous parish in the state of Louisiana with 440,956 residents (Census). East Baton Rouge Parish is part of the Baton Rouge Metropolitan Statistical Area (MSA) and comprises 53% of the MSA's total population. In 2018, the Baton Rouge MSA ranked 3rd in the U.S. for HIV case rates and 10th for AIDS case rates.

In 2019, nearly one in five new HIV diagnoses in Louisiana were from East Baton Rouge Parish. Black people are disproportionately impacted by the HIV epidemic in East Baton Rouge Parish. Comprising only 47% of the parish population, Black people accounted for 84% of all new HIV diagnoses in East Baton Rouge Parish in 2019. These stark health disparities exist due to long-standing social, educational, and economic inequities adversely impacting the Black community in East Baton Rouge Parish. In 2019, an estimated 87% of Black people in East Baton Rouge Parish had attained a high school diploma or higher as compared to 96% of White people. An estimated 24% of Black people in East Baton Rouge Parish were living below the poverty level in 2019 as compared to 10% of White people. The estimated median household income in 2019 for Black people in East Baton Rouge Parish was \$39,502 as compared to \$77,414 for White people.



From 2010-2019, new HIV diagnoses in East Baton Rouge Parish decreased 36% from 237 diagnoses in 2010 to 152 diagnoses in 2019. Over the past 10 years, HIV diagnoses peaked at 254 diagnoses in 2014. New diagnoses in East Baton Rouge Parish reached a 10-year low in 2019 with only 152 diagnoses. Over a quarter of new HIV diagnoses in East Baton Rouge Parish in 2019 were from the following two zip codes: 70805 (14%) and 70802 (13%).

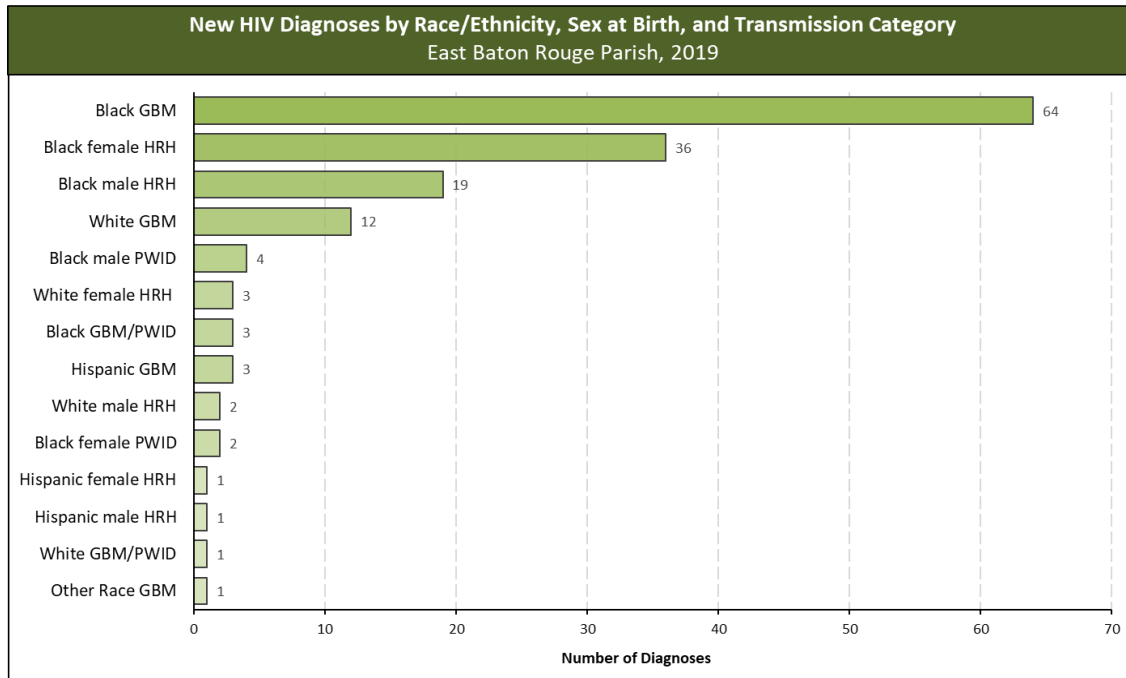
From 2010-2019, new AIDS diagnoses decreased 66% from 185 AIDS diagnoses in 2010 to 62 diagnoses in 2019. AIDS diagnoses in East Baton Rouge Parish reached a 10-year low in 2018 with 55 diagnoses. Of the 152 new HIV diagnoses in 2019, 20 (13%) had an AIDS diagnosis within 30 days of their HIV diagnosis, and 24 (16%) new HIV diagnoses had an AIDS diagnosis within six months of their HIV diagnosis. These persons are considered to be late testers.

**Epi Profile: East Baton Rouge Parish
PS19-1906 Final Draft**

Demographics of New HIV & AIDS Diagnoses and Persons Living with HIV East Baton Rouge Parish, 2019						
	New HIV Diagnoses		New AIDS Diagnoses		Persons Living with HIV	
	2019		2019		As of December 31, 2019	
	Cases	Percent	Cases	Percent	Cases	Percent
TOTAL	152	100%	62	100%	4,205	100%
Gender						
Female	42	28%	22	35%	1,563	37%
Male	110	72%	40	65%	2,574	61%
Transgender Women	0	0%	0	0%	68	2%
Race/Ethnicity						
Black/African American	128	84%	55	89%	3,619	86%
Hispanic/Latinx	5	3%	2	3%	76	2%
White	18	12%	5	8%	471	11%
Other/Multi-race	1	1%	0	0%	39	1%
Age at HIV Diagnosis						
					Current Age	
0-12	0	0%	0	0%	10	< 1%
13-19	14	9%	2	3%	33	1%
20-24	25	16%	5	8%	141	3%
25-29	26	17%	8	13%	376	9%
30-34	24	16%	12	19%	461	11%
35-39	19	13%	6	10%	542	13%
40-44	8	5%	2	3%	528	13%
45+	36	24%	27	44%	2114	50%
Transmission Category						
Gay, Bisexual, & Other Men who have Sex with Men (GBM)	80	53%	25	40%	1,479	35%
Persons Who Inject Drugs (PWID)	6	4%	9	15%	437	10%
GBM/PWID	4	3%	2	3%	154	4%
High Risk Heterosexual (HRH)	62	41%	26	42%	2,070	49%
Perinatal/Pediatric	0	0%	0	0%	52	1%
Transfusion/Hemophilia	0	0%	0	0%	10	< 1%
No Reported Risk	0	0%	0	0%	3	< 1%

- East Baton Rouge Parish has a large proportion of women living with HIV (37%). In 2019, 28% of new HIV diagnoses were female. More women were diagnosed with HIV in East Baton Rouge Parish in 2019 than any other parish in Louisiana.
- The majority of all new HIV diagnoses (84%), AIDS diagnoses (89%), and persons living with HIV (86%) are Black people in East Baton Rouge Parish. Only 47% of the parish population is Black.
- Persons under 25 years-old made up 25% of new diagnoses in 2019. Also, nearly a quarter of the new diagnoses were among persons aged 45 and older (24%).
- High risk heterosexuals (HRH) comprise a significantly larger proportion of East Baton Rouge Parish's new HIV diagnoses and PLWH as compared to most other parts of Louisiana. In 2019, 41% of new HIV diagnoses in East Baton Rouge Parish were among HRH as compared to 27% of new diagnoses in Louisiana.
- At the end of 2019, there were 4,205 people known to be living with HIV (PLWH) in East Baton Rouge Parish. In 2019, nearly half of PLWH in East Baton Rouge Parish resided among four zip codes: 70805 (16%), 70802 (14%), 70806 (9%), and 70807 (9%).

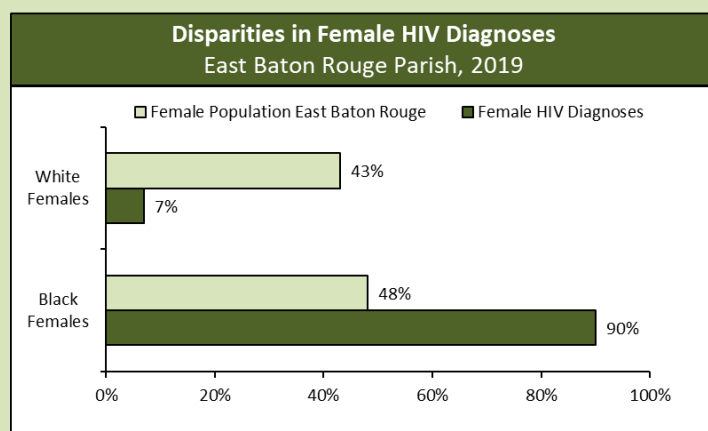
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GBM = Gay, bisexual, and other men who have sex with men; HRH = High risk heterosexual; PWID = Person who injects drugs

The horizontal bar chart above highlights the marked disparities in new HIV diagnoses when persons are grouped by their race/ethnicity, sex at birth, and HIV transmission category. Among HIV diagnoses in 2019 in East Baton Rouge Parish, 78% of new diagnoses occurred among three groups: Black gay, bisexual, and other men who have sex with men (GBM), Black female high risk heterosexuals (HRH), and Black male HRH. The rate of Black HIV diagnoses in East Baton Rouge Parish is nearly seven times greater than the diagnosis rate among White people, 62.3 per 100,000 and 9.3 per 100,000, respectively. Longstanding institutional racism and discrimination negatively impact health outcomes for Black people and GBM as well as create significant barriers and inequities in accessing social, educational, and economic opportunities.

HIV Among Black Women in East Baton Rouge Parish



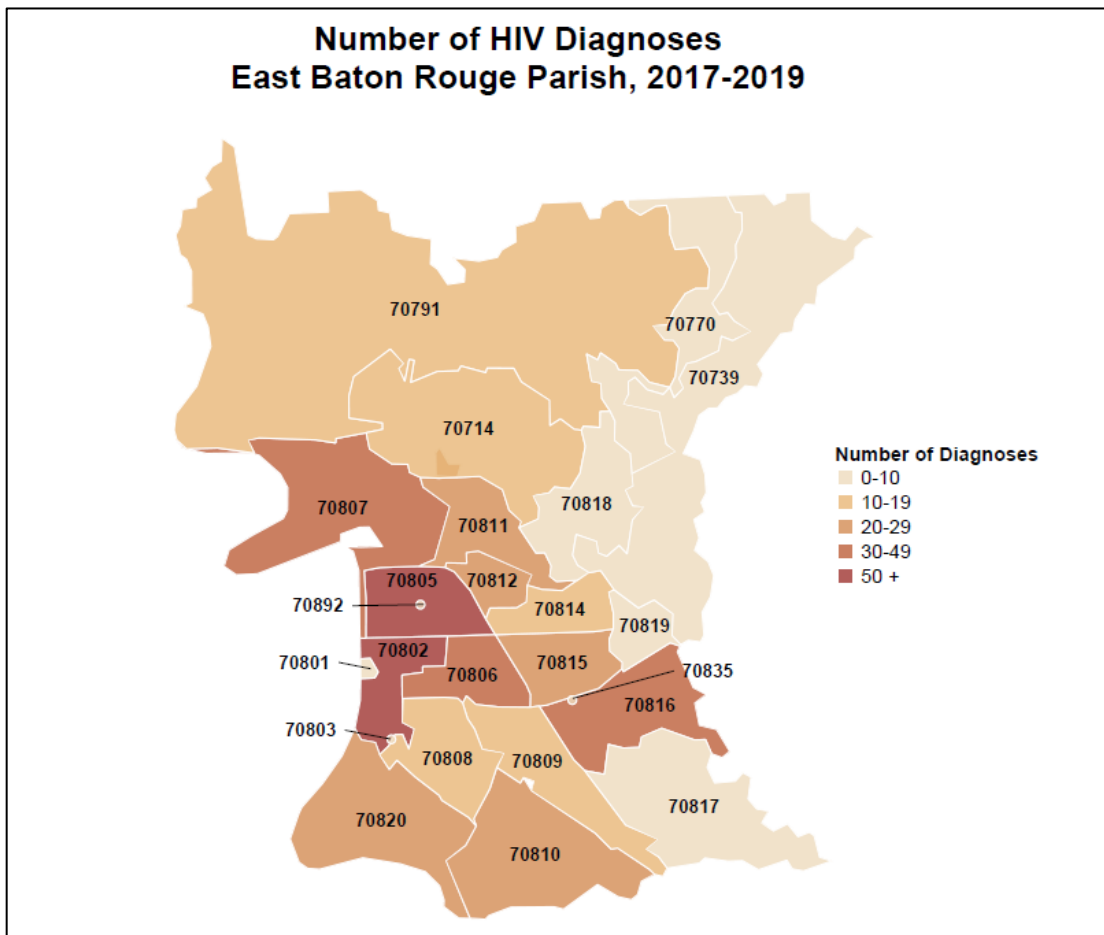
Black women are disproportionately impacted by the HIV epidemic in East Baton Rouge Parish. In 2019, Black women comprised 48% of East Baton Rouge Parish's female population but accounted for 90% of HIV diagnoses among females. In contrast, White women comprised 43% of East Baton Rouge Parish's female population and only accounted for 7% of female HIV diagnoses in 2019. From 2010-2019, Black women constituted 90% or more of female HIV diagnoses each year in East Baton Rouge

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Parish. Among Black female HIV diagnoses in 2019, 95% were high risk heterosexuals and 76% were age 30 years and older.

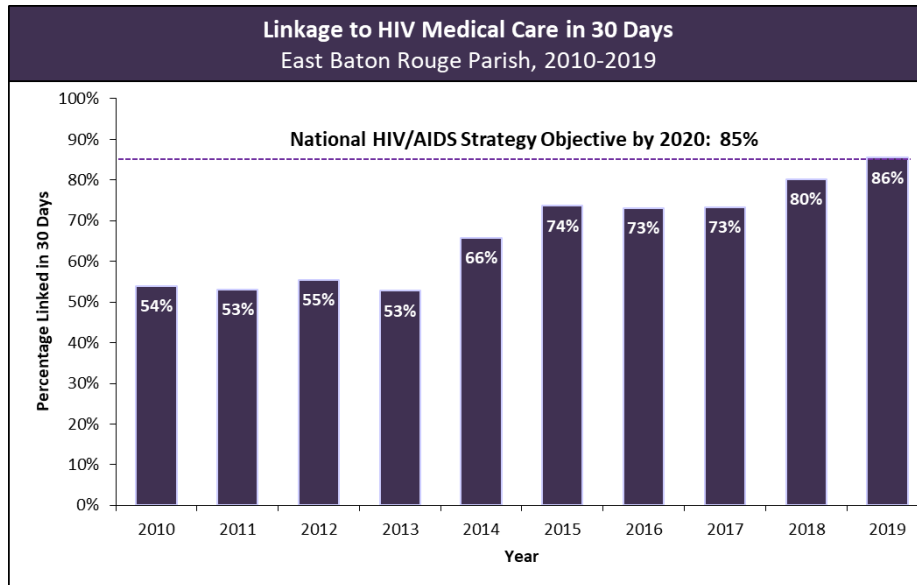
While HIV affects all parts of East Baton Rouge Parish, some areas of the parish experience significantly higher morbidity than others. From 2017-2019, over half of new HIV diagnoses were from the following five zip codes: 70802 (16%), 70805 (14%), 70806 (10%), 70807 (9%), and 70816 (8%).



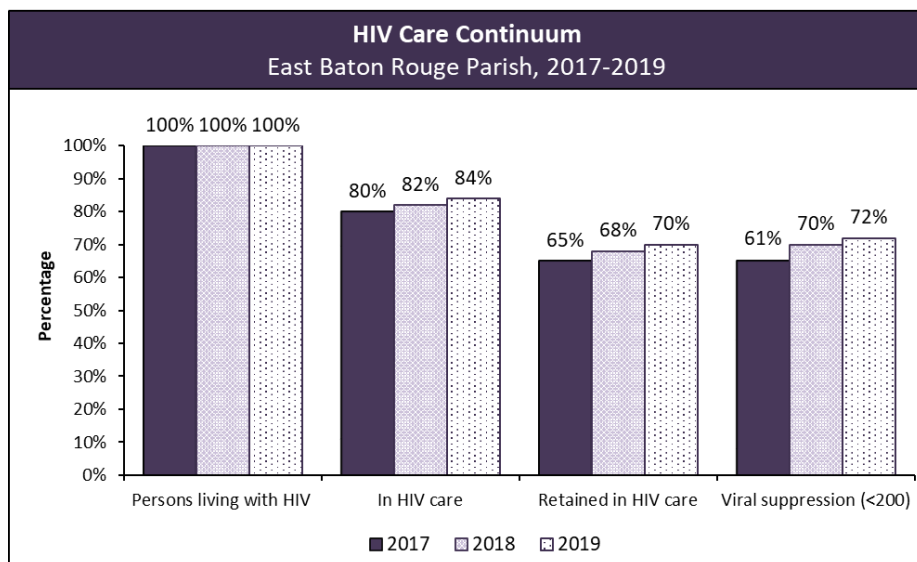
HIV Among Trans Women in East Baton Rouge Parish

From 2015-2019 there were 14 trans women diagnosed with HIV in East Baton Rouge Parish. Twelve (86%) of the 14 diagnoses were Black trans women. In 2019, 68 (20%) of the 346 trans women living with HIV in Louisiana lived in East Baton Rouge Parish. The majority of trans women living with HIV in East Baton Rouge Parish are Black (93%), 30-39 years-old (65%), and report engaging in sex with men (85%). Relative to their population size, trans women experience one of the highest burdens of HIV. Stigma associated with racism, transphobia, and HIV decrease the likelihood trans women of color will disclose their gender identity and/or HIV status and creates barriers to routine engagement with the healthcare system.

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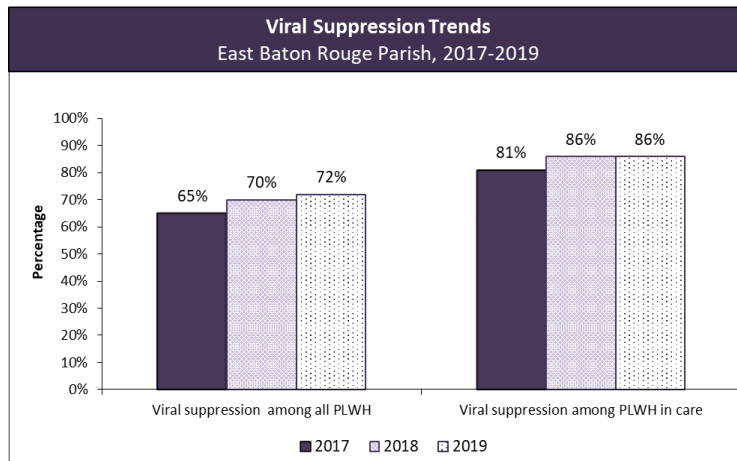


Following a person's HIV diagnosis, timely linkage to HIV medical care is essential to maintaining a person's health and well-being as well as provide opportunities for intervention to prevent HIV transmission. From 2010-2019, substantial improvements were made in linking individuals to HIV medical care within 30 days of diagnosis. In 2019, 86% of new HIV diagnoses in East Baton Rouge Parish were linked within 30 days as compared to only 54% in 2010.



From 2017-2019, steady improvements have been made in engagement in HIV care (person has at least one CD4 count or viral load in analysis year), retention in HIV care (person has two or more CD4 counts or viral loads at least 90 days apart), and viral suppression among PLWH in East Baton Rouge Parish. In 2019, 84% of PLWH were considered to be in HIV medical care, 70% were considered retained in care, and 72% of all PLWH were virally suppressed at their most recent viral load laboratory test.

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From 2017 to 2019, viral suppression among persons living with HIV in East Baton Rouge Parish increased from 65% in 2017 to 72% in 2019. Persons with at least one CD4 count or viral load lab conducted in the analysis year are considered to be in care. Among PLWH in care, the percentage of individuals virally suppressed increased from 81% to 86% between 2017 and 2019.

Testing in East Baton Rouge Parish from 2017 to 2019

From 2017-2019, 93,467 HIV screening tests were conducted at funded agencies located in East Baton Rouge Parish. The majority of the tests (66%) were conducted during routine screening in an emergency department and 18% were conducted by community-based organizations. The number of tests increased from 23,247 in 2017 to 36,908 in 2019, a 59% increase. Of those newly diagnosed by testing conducted in East Baton Rouge Parish, 250 (87%) were Black, 25 (9%) were White, and four (1%) were Hispanic/Latinx.

Total number of tests	Number of positive tests	Overall Percent Positivity	Number of New Positives	Newly Diagnosed Positivity
93,467	622	0.67%	289	0.31%

HIV and STD Co-Infection

HIV shares a number of risk factors with other sexually transmitted diseases (STIs) and the hepatitis C virus (HCV). As a result, persons diagnosed with an STD or HCV are more likely than others to be co-infected with HIV. In 2018 in East Baton Rouge Parish, 3% of chlamydia diagnoses were co-infected with HIV, 8% of gonorrhea diagnoses were co-infected with HIV, and 28% of primary and secondary syphilis diagnoses were co-infected with HIV. Among PLWH in East Baton Rouge Parish, 75 (2%) were diagnosed with HCV in 2019.

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HIV Cluster Detection and Response

In July 2020, the Louisiana health department identified a molecular cluster in East Baton Rouge Parish that met national priority criteria. Of the six cases in the molecular cluster, four males were from East Baton Rouge Parish. The cases from East Baton Rouge were predominately young, Black GBM. All cases were linked to HIV care within 30 days of diagnosis and all have achieved viral suppression. Disease Intervention Specialists (DIS) were able to locate and interview all cases in the cluster. Limited information on partners was gathered and no common venue or social setting was identified among the cluster cases. Findings were shared internally with a cluster detection and response workgroup. Cluster continues to be monitored for growth with no new cases added since the cluster was identified in July.

Section 3: Situational Analysis

The Situational Analysis was informed by several reports including the 2019 People Living with HIV Needs Assessment, the Louisiana HIV/AIDS Strategy for Prevention, Treatment and Care Services 2017-2021, Second Quarter Surveillance Report from June 30, 2020, the East Baton Rouge Epidemiologic Profile and other local resources. The 2019 People Living with HIV Needs Assessment yielded 393 respondents throughout the Baton Rouge Transitional Grant Area (BR TGA). The Baton Rouge TGA includes nine civil parishes: Ascension, East Baton Rouge, East Feliciana, Iberville, Livingston, Pointe Coupee, Saint Helena, West Baton Rouge, and West Feliciana. The BR TGA is split between two public health regions, Regions II and IX with an estimated population of 848,199 as of June 1, 2019. African-Americans comprise 36% of the TGA general population, but account for 82% of Persons Living with HIV and/or AIDS (PLWH).

General Overview

According to the 2020 Second Quarter Louisiana HIV, AIDS and Early Syphilis Surveillance Report, there were 891 newly diagnosed cases of HIV in Louisiana in 2018 and of those 891 people, 184 cases were in Baton Rouge. The greatest burden of HIV is impacting the African-American community in Louisiana, particularly in Baton Rouge where 84% of all new HIV diagnoses are amongst African-Americans. The Louisiana HIV/AIDS Strategy for 2017-2021 acknowledged several priority populations that could benefit from services: PLWH people living with HIV, Gay, Bisexual, and other men who have sex with men of all races/ethnicities, PWID (people who inject drugs), African-American men, African-American women, Latino/Hispanic men, youth (15-24), young adults (25-34), older adults 35-54) and residents of East Baton Rouge Parish and Orleans Parish. There are key social determinants of health and related gaps in Ryan White services that inform all four Pillars of Baton Rouge's EHE Plan. They are described below and followed by specific context under each Pillar.

Hospital Services

It is apparent that residents are highly dependent on emergency department care and tend to excessively use those facilities instead of primary care physicians. After the closure of Earl K. Long Medical Center in North Baton Rouge, there was a spike in the use of emergency departments for non-emergent visits (2018 Community Health Needs Assessment –East Baton Rouge Parish). Amongst PLWH in 2017, 43% learned of their HIV status at a hospital or emergency department and 19% at a health center or STD clinic. Until 2019, only two major area hospitals were performing routine HIV testing. The 2019 PLWH Assessment also indicated that 85% of individuals get their HIV-related information from a

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doctor or nurse. That statement highlights the importance of consistent provider education around topics such as HIV, people-first language, and stigma.

Education

As of May 2018, the graduation rate for the state of Louisiana was 78% while EBRP stood at 67%. The United States average high school graduation rate is about 85% (U.S. News & World Report, May 2019). It is estimated that 84% of African-American youth in EBRP received a high school diploma in 2018 compared to 95% of White youth. The Louisiana Department of Education has set a goal 90% graduation by 2025. Education level can predict the quality of the local workforce, income levels and overall health outcomes.

Poverty

The poverty rate in Baton Rouge is 26.0%. One out of every five residents of Baton Rouge lives in poverty. 57,143 of 219,643 Baton Rouge residents reported income levels below the poverty line between January 1 through December 31 2019. Nearly half of East Baton Rouge Parish households—and more than half inside the city limits—could not afford basic costs of living in 2018, such as housing, transportation, health care and food, according to United Way's ALICE (Asset Limited, Income Constrained, Employed) Report.

Housing

According to the Louisiana Housing Corporations 2019 Housing Needs Assessment, lack of safe, adequate, accessible, and affordable housing continues to be the biggest issue facing the Baton Rouge area. The aging housing stock continues to deteriorate, even more so after the 2016 floods. In August 2016, historic floods devastated parts of south Louisiana after a slow-moving system dumped more than 20 inches of rain in parts of East Baton Rouge and nearby parishes in three days. There were thousands of houses and businesses submerged. According to the National Weather Service's, there were an estimated 146,000 homes and 75,000 structures flooded. This has led to substandard housing conditions for many low-income families. According to the maps in the Louisiana Housing Corporation's 2019 Housing Needs Assessment, notable housing problems in Baton Rouge are: 1) aging housing stock, 2) overcrowding, 3) inadequate rental facilities, and 4) rent stress.

Transportation

Fixed route transit service in the Capital Region is provided by two agencies, Capital Area Transit System (CATS), and LSU Tiger Trails. At present, service is available only in East Baton Rouge Parish. CATS provides limited services within the City of Baton Rouge. Tiger Trails, operated by Ohio-based private company First Transit, is the campus transit service for Louisiana State University (LSU) to students. It offers limited services to surrounding Baton Rouge neighborhoods near LSU. Much of Louisiana's Capital Region is sparsely populated and rural. Although traditional fixed route transit is effective along densely populated urban corridors, such service lacks the flexibility to efficiently serve carless individuals living far from a city center. The retirement of America's "Baby Boom" generation has created growing demand for services tailored to the needs of senior citizens at the national, state, and local level and this trend is expected to continue. For public transit to be viable in Baton Rouge it must provide service between locations with significant population density and the kinds of places/destination people want to go. In 2018, Mayor-President of East Baton Rouge Parish Sharon Weston Broome, Build Baton Rouge and CATS worked together to create the Plank Road Master Plan. The Plank Road Master Plan qualified Baton Rouge to receive \$15 million in federal grants to implement a bus rapid transit line, centralized in

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the corridor. The bus rapid transit line will effectively connect the Northern and Southern regions of the parish.

Incarceration

According to HRSA's 2019 Maintenance of Effort Report (MOE), East Baton Rouge Parish jails people at rates higher than any other parish in Louisiana. Factoring in population, the parish jails people at a rate of 381 for every 100,000 residents. Of the states' six most populous parishes, East Baton Rouge detains the most people in its local jail, the vast majority of whom are pretrial defendants, not yet convicted of any crime. Poverty plays an important factor in why people spend more time in jail here. Most of the inmates in East Baton Rouge Parish Prison are poor and black. On average, inmates at Parish Prison who have yet to be convicted of a crime are held for about two months; approximately 55 days. The arraignment typically occurs five to 12 weeks after an arrest, the period in which prosecutors can also decide to drop charges, releasing defendants after they have already spent weeks in jail. 47% of persons incarcerated in East Baton Rouge parish are arrested for nonviolent or misdemeanor offenses. People who are arrested in East Baton Rouge Parish, but cannot afford their bail, typically spend more than a month sitting behind bars before they are even charged with a crime.

Syringe Service Program

Capitol Area Re-Entry Program (CARP) is the only SSP provider in East Baton Rouge parish. The SSP strategy falls under CARP's Harm Reduction initiative called "Be Safe" which offers 1:1 access to clean syringes, clean injection equipment and sharps disposal. SSP service office hours are Monday-Thursday 10:00am – 3:00pm. Be Safe also expanded to include a mobile unit that travels into underserved communities 16 hours per week. The comprehensive services are inclusive of harm reduction education related to HIV and Hepatitis C transmission, HIV/HCV testing, and linkage to treatment, rehabilitative and supportive services. The mobile unit provides a schedule with locations every other month or so as locations may change depending on the demand. Another major focus of this organization is the partnership with the East Baton Rouge Parish Probation and Parole office where staff conduct rapid STI testing to formerly incarcerated individuals (FIPs) at the Probation and Parole site twice a week at minimum. As an extension of the partnership, FIPs also use re-entry services such as employment and housing referrals. Clients interested in PrEP are encouraged to utilize TelePrEP or be referred to local FQHCs including Care South Community Health Center and Open Health Community Center. Metro Health Education also provides PrEP services.

Workforce skills

- **Employ BR-** Employ BR is an integral part of the Workforce Development System designed to provide an integrated workforce delivery environment for both employers and job seekers. Employ BR collaborates with federal, state, local governments, colleges, schools, and community and faith based organizations in the delivery of comprehensive workforce development services.
- **HOPWA- Getting to Work-** Locally funded program through HOPWA to build the capacity of HOPWA funded project sponsors and grantees to increase access to vocational services and employment opportunities for HOPWA program participants. Employment navigation is used as a key strategy to access and coordinate workforce services.
- **National Working Positive Coalition-** A coalition of PLWH, researchers, and advocates who are committed to strengthening responses to employment needs through the use of workforce training and education in East Baton Rouge Parish.

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- **Southern University's Educate, Empower and Employ Project (E3)** - Project E3 is the Vocational Rehabilitation Technical Assistance Center for Targeted Communities. E3 Works with state vocational rehabilitation agencies and their partners across EBR Parish to help people from underserved communities achieve their employment goals.
- **Capital Area Reentry Alliance-** Provides job readiness training in Baton Rouge to returning citizens transitioning from incarceration.

Cultural competency

- **South Central AIDS Education and Training Center-** *The AIDS Education and Training Center (AETC) is a national network of 8 regional AETCs. Together we work with individual health care providers, teams and clinical sites to provide cost-free targeted education and training programs, as well as capacity building assistance to improve care along the HIV Care Continuum.*
- **Office of Community Partnership & Health Equity-** *The Office of Community Partnerships & Health Equity (OCPHE) works to support Louisiana Department of Health's (LDH) public health professionalism by supporting the operationalizing and monitoring of community engagement and health equity best practices and protocols.*
- **SHHP (LDH)** - *SHHP provides free trainings to community members and health professionals, which include Deconstructing Homophobia Transphobia and Heterosexism, and Undoing Racism (LDH).*
- **Stigmocracy-** *Stigmocracy is a local services and training organization. The mission of Stigmocracy is to educate, empower, and advocate to end HIV stigma universally.*

Workflows

Workflow barriers around Rapid Start implementation include same day provider appointment, rural areas with limited providers, availability of ART starter packs, and rapid health insurance initiation.

Use of data- (How data is used)

Data is used to analyze and interpret jurisdictional level data in the areas of HIV prevention, linkage, testing, and policy creations. As EBR scales up comprehensive HIV prevention, treatment, and care interventions data is used in an integrated approach to assist communities in capacity building and to direct targeted funding initiatives. Surveillance Data from health department is used to quickly identify and respond to transmission clusters.

Family planning/women's health

According to Louisiana' 2017 Reproductive Health Needs Assessment Sexual and reproductive health concerns also feature prominently in discussions of health needs. Louisiana faces many challenges in the way health care is accessed and delivered. The impact of STIs and HIV on communities of color within the state is strikingly disproportionate. Data from the Behavioral Risk Factor Surveillance System (BRFSS) reveals concerning trends in women's preventive health. 84.9% of women aged 21-65 (with no hysterectomy) in the state have had a pap smear within the last 2 years, which is about average nationally, but this drops to 71.1% for Hispanic women in Louisiana, the worst in the United States. Women in Louisiana face one of the highest incidences of cervical cancer diagnoses in the United States: 8.2 per 100,000 women. When women finally access care and treatment, it is often too late the mortality rates from both cervical and breast cancer are one of the highest in the nation.

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Effective June 4, 2014 Louisiana enacted legislation requiring physicians to offer “opt-out” syphilis and HIV testing to women during the third trimester of pregnancy, in addition to tests at the first prenatal care visit

Since 2007, Louisiana State Law (Act 459) has required that every physician attending any pregnant woman offer a syphilis and HIV test to the woman at the first examination during pregnancy.

FQHC Opt Out Testing

Opt Out testing is not performed at FQHCs. HIV diagnostic testing is offered to a person as part of a routine medical screening in health care settings for all persons aged 13-64. Community based organizations that are funded by the office of public health to conduct HIV testing services are required to follow all HIV testing protocols established by the STD/HIV/Hepatitis Program of the Office of Public Health.

Cluster Response

EBR intends to create additional capacity to respond to an HIV Cluster Outbreak. The Ending the Epidemic Response Committee is creating a set of procedures and policies for the coordinated detection and response, to an HIV outbreak. The Baton Rouge EHE Commission is planning a Mock response activity that will take place in the first quarter of 2021. The Mock response will include barriers that may appear when trying to respond to a cluster outbreak. This exercise will assist public health and other essential partners in preparing for and responding rapidly and decisively to HIV Cluster outbreaks and will provide guidance on the outbreak recovery process.

GBM (gay, bisexual and other men who have sex with men)/HRH (high risk heterosexual)

The Epi profile above highlights that 78% of new diagnoses occurred amongst Black Same-Gender Loving males, Black female high risk heterosexuals and Black male high risk heterosexuals. The disproportionate rates are alarming that within East Baton Rouge Parish, Black people are seven times more likely than their white counterparts to be diagnosed with HIV. This speaks to the social determinants of health that have a negative impact on the health of Black people in this community. The EHE plan provides strategies and activities to innovatively and positively impact these statistics. Direct collaboration with local organizations such as Out of the Box and the Wellness Center Advisory Board, will lend to an expanded partnership to reach these priority populations.

Gaps in Ryan White Services

- 1. Mental Health:** For PLWH, mental illness is a leading cause for lapses in treatment adherence. In FY 2019, the BRTGA RWHAP Part A program provided mental health services to 295 PLWH, or 9% of the total PLWH accessing services through Part A funding. PLWH who received mental health services in the RWHAP Part A program were 91% (N=268) African American. (Source: CAREWare Custom Report, 2019)
- 2. Substance Use Disorder:** People Who Inject Drugs/Substance Abuse Disorders account for 15% of the total PLWH population within the Baton Rouge TGA in 2019. Increased Opioid use within the TGA will require increased need in substance use services which include residential treatment, detox, and dual diagnosis mental health disorders.

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3. **Incarcerated/Recently Released:** The Incarcerated/ Recently Released (I/RR) population presents with a multitude of needs and barriers when entering into the continuum of care in the Baton Rouge TGA. Coupled with a diagnosis of HIV and/or AIDS, the immediate needs in services and basic life sustainability are necessary for these individuals to access care and remain in treatment. Housing and food are the primary priorities and as such, medical care can lay waste until these services are available. The Office of Public Health, since 2009, has a Corrections Specialist that works with the BRTGA continuum of care to ensure these clients are not lost to care. The Baton Rouge TGA works collaboratively with Capital Area Re-Entry Coalition (CAPARC) to ensure that individuals released from incarceration are not homeless upon release. CAPARC is a coalition of service providers who work with and mentor those exiting Corrections. Their efforts begin prior to release and continue with support after release.
4. **Homeless/Unstably Housed:** Almost 30,000 households, or 32% of all households in Baton Rouge, are single-person households. Data from the 2019 point in time survey completed by Capital Area Alliance for the Homeless (CAAH) identified 185 single person households living in emergency shelters and 117 single person households that were unsheltered. Of the population residing in shelters, 43 were veterans, 13 were victims of domestic violence and 11 were youths (City of Baton Rouge and Parish of East Baton Rouge 2019 - 2023 Consolidated Plan & 2019 Annual Action Plan). Homelessness presents many barriers to healthcare: people are exposed to unsanitary conditions, the elements, disease, violence, malnutrition, stress and addictive substances. PLWH are at a greater disadvantage as their immune systems are weak with little capacity to fight off communicable diseases such as TB or pneumonia. In addition to costs associated with meeting the housing needs of PLWH, housing instability gravely compromises their medical care. In the Baton Rouge TGA Ryan White Part A system of care, 122 PLWH reported either being unstably housed or temporary housed in calendar year 2018 (CAREWare 2019 Custom Report).

Transportation: Poor Public Transportation System in the City of Baton Rouge. Lack of transportation to access medical care for evening, weekend, or appointments during non-traditional business hours are difficult to access. Also, limited transportation to supportive services such as housing appointments, legal assistance, and support groups for PLWH. Because CATS and LSU operate transit service at various levels throughout the week, different parts of the region have access to different levels and quality of service. Some areas have access seven days a week, including night service, while others only have access to transit during one or two service periods. Ride sharing services, like Uber and Lyft, are relatively new transportation options, which allow users to request rides through a smart phone app. This leaves out the majority of low income riders who are not able to afford smart phones and who primarily make cash transactions. (Baton Rouge Metropolitan Transportation Plan, January 2018)

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Stakeholders Needs/Barriers

On July 1, 2019, the U.S. Department of Health and Human Services (HHS) kicked off the implementation phase of its Ending the HIV Epidemic, A Plan for America initiative by announcing the award of \$1.5 million each to three jurisdictions to jumpstart activities to further reduce the number of new HIV transmissions. East Baton Rouge Parish was one of the three jurisdictions awarded funding through the PS 18-1802 Supplemental Grant. The funds allowed the Louisiana Department of Health, Office of Public Health, STD/HIV/Hepatitis Program in collaboration with Community Based Organizations and other community groups in Baton Rouge to quickly implement key activities such as increasing rapid testing, expanding the HIV workforce (CHWs, Rapid Start Coordinator, and mobile Phlebotomists), and expanding preventative services including PrEP, SSPs and increased marketing strategies. Below are some initial challenges during implementation for community-based organizations and FQHC's.

I. Ending the HIV Epidemic Partnerships

- a. Partnering Community-Based Organizations in EBR Parish
 - Healthy BR, Baton Rouge AIDS Society, Capitol Area Re-Entry Program, Family Service of Greater Baton Rouge, HIV/AIDS Alliance for Region Two, Metro Health
- b. Partnering FQHCs
 - Baton Rouge Primary Care Collaborative, Care South Community Family Health Center, St. Gabriel Health Clinic, and Open Health Care Center
- c. Hospital Partnerships
 - Our Lady of the Lake Regional Medical Center (OLOL)
 - Baton Rouge General, Lane Regional Medical Center, Ochsner Medical Center Baton Rouge, and Woman's Hospital
- d. Ryan White
- e. Minority AIDS Initiative (MAI)
- f. Mental Health/Substance Use Disorder Providers (residential and outpatient). Listed below are new partnerships:
 - **Louisiana Health and Rehab Center (LHRC)** - is a residential treatment facility accredited for substance use disorder, mental health, homelessness, and HIV provider.
 - **Pocahontas House**- located in EBR Parish is a residential treatment program is a residential treatment and halfway hours for men and women who are homes or functionally homeless wand have also been diagnosed with HIV and have a substance use disorder.
 - **Office of Behavioral Health**- The Office of Behavioral Health (OBH) manages and delivers the services and supports necessary to improve the quality of life for citizens with mental illness and addictive disorders
- g. Substance Use Disorder facilities (new partnerships)
 - **Baton Rouge Area Alcohol** is a 48-bed facility that offers medical detox and residential treatment. We offer individual, group and family counseling, education on addiction, intensive outpatient, outpatient, and discharge planning for clients' needs upon completion. Baton Rouge Area Alcohol receives HOPWA funds for individuals diagnosed with HIV.
 - **Capital Area Addiction Recovery Program** is a social detoxification services and comprehensive clinical treatment for substance use disorder and addiction recovery. The facility providers care for people with co-occurring mental health problems. The 40-bed residential addiction recovery program is open to adult makes, 18 and older.

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Capital Area Addiction Recovery program also collaborates with Open Health Care Clinic to offer HIV and HCV Testing and Treatment.

- **The Grover Recovery Center** is an Intensive Outpatient Program along with structured sober living helps those struggling with drug and alcohol misuse achieve long-term recovery through individualized treatment plans that are based in clinical evidence. The Grove is a partner in Baton Rouge's Ending the Epidemic Commission
- h. **Pharmacies/Pharmacists** -Baton Rouge does not have a Community Pharmacy network and are seen as a significant health provider, with important implications for provision of healthcare in deprived areas because of its accessibility. Historically, however, community pharmacies have operated on a silo basis, and have not shared information on their activities with, or been able to access information from providers.
 - Pharmacies can increase value-based care improving the health of populations while reducing costs. The following pharmacies provide data and services to community-based organizations through the use of a MOU that can increase care coordination and prevent disease:
 - **Avita Specialty Pharmacy**
 - **Reliant Healthcare**
 - **Mid-City Pharmacy**
 - **Additional local pharmacies to continue collaboration**
 - Avita Specialty Pharmacy
 - Reliant Healthcare Pharmacy
 - Parker's Pharmacy
 - Bordelons Pharmacy
 - Walgreens Pharmacy

II. New Partnerships with Local Community Stakeholders:

- a. Local Community Based Organizations
 - i. YWCA, Family Roads, St. Vincent de Paul, Salvation Army, Volunteers of America Greater Baton Rouge, START Corporation, United Way

III. CBO Need as identified by the Ryan White Advisory Council Priority Settings and Resource Allocations 2019 Executive Report. Additionally, PS18-1802 funded the opportunity to expand EHE efforts in East Baton Rouge Parish for a pilot project. Community partners participated in those efforts and shared the success and challenges in the monthly project meeting.

- a. Funding for outreach – Partners stated how beneficial it would be to have funds to conduct outreach in high risk communities.
- b. Funding for capacity building –CBOs expressed their concern for needing more staff to reach priority populations.
- c. Transportation to Lab Corp for PrEP labs – CBOs explained that a barrier to PrEP access and utilization was the lack of transportation for clients to laboratory facilities such Lab Corp.

IV. FQHC Needs (as per the above mentioned pilot project progress report)

- a. Technical assistance for how to establish an effective Community Advisory Board – in an effort to increase community engagement, FQHC partners expressed interest in technical assistance towards expanding community advisory boards.
- b. Technical assistance for motivational interviewing – Community partners identified motivational interviewing as a method to engage high risk populations.
- c. Technical assistance for creating an adolescent peer support for PrEP - Partners acknowledge that adolescent engagement as well as peer support is necessary for these efforts.

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Pillar One: Diagnose

The Office of Public Health, STD/HIV/Hepatitis Program has contracted with five Community-Based Organizations (CBOs) to implement Ending the HIV Epidemic programming, including screening for HIV, syphilis, and HCV. The five organizations are Baton Rouge AIDS Society (BRASS), Capitol Area Re-Entry Program (CARP), Family Service of Greater Baton Rouge, HIV/AIDS Alliance for Region Two (HAART), and Metro Health Education. Collectively, these agencies have strengths and community resources that reach far and wide. BRASS owns a mobile unit and conducts community outreach, engagement, and testing 5-6 days of the week. Some of their consistent sites are the Baton Rouge Transit station, the homeless shelter, and Baton Rouge Detox Center. CARP is agency that reaches unique populations. CARP offers free STD testing, condom distribution and a Syringe Service Program. CARP also conducts rapid testing at the Probation and Parole office testing formerly incarcerated individuals when they come to the site for services. Currently, no Ryan White funded providers in Baton Rouge are conducting at home HIV testing. Starting in 2020, the Community Health Workers in partnership with the STD/HIV/Hepatitis program will be implementing a pilot home-testing initiative.

New initiatives with current Community-Based Organizations provide expanded services. Family Services of Greater Baton Rouge is implementing a new strategy of testing in communities with heavily populated with Latinx community members. Metro Health has expanded rapid testing at the East Baton Rouge Prison and continues to use a mobile unit to test in priority communities. Open Health Care Clinic has recently opened an STD clinic and is anticipating a high volume of clients.

In addition to community-based partnerships, hospital and clinic collaboration is vital to ending the Epidemic. With these efforts, the STD/HIV/Hepatitis Program, Office of Public Health has entered into a partnership with Ochsner Baton Rouge Medical Center to conduct routine, opt-out HIV testing within the Emergency Department. In a similar capacity, other partnerships include rapid testing through Our Lady of the Lake Medical Center (LOL) at specialty clinics such as a Surgical Clinic, LSU Health North, and LSU Health Mid-City. Another very important new partnership is happening with the expansion of rapid testing in correctional facilities. An expanded partnership with the Louisiana Department of Corrections allows Mobile Phlebotomists to visit every facility and conduct testing with the inmates. Inmates are screened for HIV, syphilis, and Hepatitis B and C.

Opt-Out Testing: barriers/challenges that were identified during Baton Rouge HIV Commission meetings that took place in the fall of 2019.

- a. Patients discharged prior to receiving HIV test results
- b. Insufficient blood drawn for lab-based testing
- c. High nurse turnover
- d. Stigma associated with HIV testing

Associated Policies:

1. LA RS 14.43.5 (Intentional Exposure to HIV): Prior to 2018, this statute was titled Intentional Exposure to AIDS virus. This policy is a source of concern as local residents fear incarceration due to an HIV positive status. It also perpetuates HIV-related stigma throughout the entire state of Louisiana and may prohibit people from accessing HIV testing.

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Pillar 1: Diagnose	
Strengths	<ul style="list-style-type: none"> Stakeholders with great institutional knowledge and experience Willingness between stakeholders to collaborate and coordinate testing efforts Increase in funding Local hospitals are onboard for opt-out testing Community Health Workers
Challenges	<ul style="list-style-type: none"> Numerous stakeholders conducting HIV testing in the community Stigma (specifically around HIV testing or seeking out HIV testing) Restrictions in funding Inconsistency with opt-out testing in primary care, FQHCs and urgent cares COVID-19
Needs	<ul style="list-style-type: none"> Additional funding for local unified HIV testing campaign HIV testing resources Personal Protective Equipment At-home HIV testing kits

Pillar Two: Treat

With a focus on U=U, SHHP has implemented the Health Models program at CareSouth Community Health Center. This builds on the Health Models program already in place at Open Health Care Clinic. Health Models is a program that incentivizes people living with HIV to remain in care and to achieve and maintain viral suppression. The clients receive monetary benefits by adhering to medical and lab appointments, and for achieving and maintaining viral suppression.

As an early intervention strategy, Rapid Start Navigation has begun implementation in East Baton Rouge. The Rapid Start Navigator assists clients newly diagnosed with HIV and help them navigate through care systems and begin HIV treatment within seven days of diagnosis. CBO, FQHC and hospital partners all have access to the Rapid Start Navigator.

Rapid Start Initiation Barriers Reported by patients to Rapid Start Specialist

- Insufficient time to process diagnosis
- Seeking partner approval before starting medication
- Uncertainty about HIV testing results, and the need for additional confirmatory testing

Provide/Clinic Barriers to Rapid Start

- Same day provider appointments
- Flexible provider scheduling (having a provider on call)
- Rural clinics have a limited number of providers

HIV Care and Treatment is available in East Baton Rouge Parish for PLWH and who meet Ryan White eligibility requirements. Ryan White funds three clinics in East Baton Rouge Parish, which include, Open Health Care Clinic, CareSouth, and Our Lady of the Lake Early Intervention Clinic. All Ryan White Clinics are accessible by public transportation.

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Persons newly diagnosed with HIV can be seen at any Ryan White funded clinic the same day or within 48 hours from diagnosis. CareSouth and Open Health Care clinic have walk in clinic hours daily, and are open on weekends (Saturdays).

According to the 2018 Ryan White Client Satisfaction Survey, patients who are out of care experience the most significant amount of barriers when accessing treatment. The average wait time for a person, who is out of care needing to receive treatment at a Ryan White, funded clinic is about 8 business days due to attempting to establish eligibility for services. To alleviate this burden, the Ryan White Program intends to establish a centralized linkage process and data sharing capabilities to streamline the eligibility process. Additional barriers clients reported from the survey were clinics staying open 24 hours or past 5:00 PM during the week and offering full day services on Saturday's and Sunday's. There are two clinics open on weekends in the Baton Rouge TGA, but both clinics have limited services available on Saturdays and no available hours on Sundays. The Baton Rouge TGA did experienced a \$30,086 reduction in its Part A Formula Funding for FY2018 which reduced the amount of funding available to allocate to clinics to provide additional clinic hours.

Associated Policies

1. CDC Treatment Guidelines: In March 2012, US HIV treatment guidelines were updated and now recommend initiating antiretroviral therapy, or ART, for all HIV-infected individuals, regardless of their CD4 cell count. This federal recommendation provides support for our local HIV efforts, especially towards hospital and community buy-in.
2. The LA RS 14.43.5 (Intentional Exposure to HIV) is also essential to pillar two as that particular statute causes fear and distrust and inhibits People Living with HIV from seeking care and treatment.

Pillar 2: Treat	
Strengths	<ul style="list-style-type: none"> • Funding (multiple funding streams) • Partners invested in the treatment of people living with HIV • Telehealth • Coordinated system of care
Challenges	<ul style="list-style-type: none"> • Stigma (specifically around treatment locations, transportation to clinics) • Availability of appointment times during early morning hours, late evening and on weekends • Lack of awareness of U=U • Lack of awareness around services provided from the Ryan White Program • Lack of buy in from providers around U=U • Leadership and staffing turn over in clinics • Underutilization of social services such as mental health and legal services • Retention in care
Needs	<ul style="list-style-type: none"> • Collaboration between service providers • Increase hours of non-traditional appointment times • More Ryan White service providers (engage more organizations around Ryan White funding)

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Pillar Three: Prevent

The STD/HIV/Hepatitis Program offers TelePrEP services across the state of Louisiana. TelePrEP is a telemedicine program that provides PrEP navigation to clients via telephone, smart phone, or tablet from a private location identified by the client. Clients are connected to a doctor, provided with lab orders and medications are mailed to the client if they are eligible.

Amongst community-based organizations and FQHCs in EBR, PrEP is available at CareSouth Community Health Center, Open Health Care Clinic, and Metro Health Education. PEP can be accessed at the above mentioned FQHCs and local Emergency Departments. Barriers to PrEP include: 1) lack of education around PrEP 101/basic PrEP knowledge for community members and providers; 2) lack of PrEP providers; 3) there is a need for transportation to lab facilities to perform the necessary lab work prior to a PrEP prescription; and 4) more community support and buy-in is needed.

The Prevention Materials program is monitored by SHHP and funded by federal grants to three CBOs in EBR: Baton Rouge AIDS Society, Capitol Area Re-Entry Program and Metro Health Education. Prevention materials mainly include condoms and educational materials. These agencies build relationships with local businesses such as Barber/Beauty shops, pharmacies, convenience stores, and even food establishments and in return, the business allows for condoms to be displayed and distributed within the establishment. From January 2019 to June 2019, approximately 407,000 condoms were distributed in EBR to about 265 sites per month. Barriers to condoms include: 1) many communities are condom fatigued; 2) businesses often close and re-open according to supply and demand. This business closure phenomenon disrupts the flow of consistent access to free condoms by community members 3) some facilities have a large clientele and request more than the allotted number of condoms which the maximum delivery is 1,000 condoms (2,000 for high volume sites) per visit.

Syringe Service Programs consist of free injection equipment accompanied by HIV, Syphilis and Hepatitis testing. Capitol Area Re-Entry Program provides this service in East Baton Rouge Parish. Services are provided at the office which is located in a priority neighborhood.

Associated Policies:

1. In 2012, the FDA approved the use of Truvada for human immunodeficiency virus (HIV) pre-exposure prophylaxis (PrEP), in combination with safe sex practices, to reduce the risk of sexually-acquired HIV-1 infection in at-risk adults, and later in 2018 for adolescents weighing at least 35 kilograms (77 pounds).

2. LA RS 40:1021 under Title 40 – Public Health and Safety

a. In 2017, Act 40 of the Louisiana State Law was passed allowing Needle Exchange Programs to exist statewide after local government approval is granted.

b. EBR City-Parish ordinance updated to prevent a citizen from being arrested or charged with a crime due to carrying syringes or other materials associated with needle exchange. This ordinance update also allowed Syringe Service Programs to be domiciled in Baton Rouge. This update occurred in the summer of 2018.

3. Adolescent Health Education - Abstinence Only/Abstinence Plus

a. LA RS 17:281 – Instruction in Sex Education

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- This statute explains that “sex education” can be offered but is not required and that any instruction must be integrated into existing course of study such as biology or science.
- This statute prohibits the distribution of contraceptives and prohibits students from being quizzed or surveyed to request personal information regarding sexual practices or beliefs.
- It also prohibits the inclusion of “sexually explicit materials depicting male or female homosexual activity”
- Sex education instruction must encourage abstinence from sexual activity.
- Parents or guardians may excuse any child from sex education instruction.

Pillar 3: Prevent	
Strengths	<ul style="list-style-type: none"> • Access to interventions such as PrEP • Stakeholders with great institutional knowledge and experience • Strong Syringe Services Program • Prevention Materials Program
Challenges	<ul style="list-style-type: none"> • Stigma (specifically around taking PrEP) • Sexual health education • Outreach to the trans community • Messaging around prevention methods
Needs	<ul style="list-style-type: none"> • Wide spread messaging on prevention methods such as PrEP • Engage people who use drugs • Increased workforce to do prevention • Comprehensive sexual health screenings at agencies • Expand SSP services (more workforce, awareness, organizations) • Staff member focused on engaging the trans community

Pillar Four: Respond

Quick definition: An HIV Cluster is three or more people diagnosed within 12 months with similar HIV genetic make-up.

The Commission will continue community engagement throughout the process of creating a local cluster response plan in coordination with OPH-SHHP. There will be several education sessions to discuss language, roles, partnership, etc. SHHP and the EHE BR Commission will be intentional about having cluster and outbreak response planning meeting in early 2021. The planning meeting will feature a mock outbreak activity to begin crafting the process Baton Rouge stakeholders will take if an outbreak occurred. In preparation of a response plan, the following will be addressed:

- Identify partners to include in cluster response efforts: Emergency Preparedness, DIS, Linkage to Care Coordinators (LCCs), Emergency Dept., and Urgent Care Clinics.
- Develop and maintain mapping of HIV clusters detected in the Baton Rouge Area
- Additional clinic sites in highest HIV burden areas

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- Geo-mapping of high HIV burden zip codes
- Match clinical data with Linkage to Care Coordinators to prioritize faster linkage
- Track data sets to include patient contacts, success rate for linkage, engagement, viral suppression. Determine process of requesting data from the STD/HIV/Hepatitis Program.
- Conduct outreach and educate HIV providers in sequencing testing available

Associated Policies:

1. CDC supports Data Sharing agreements as they foster an atmosphere of transparency and standardization throughout state agencies and across a variety of platforms. Specifically, linkage to care and treatment data sharing promotes efficiency in patient care and health informatics in general. In 2014, the Louisiana Department of Health created the Office of Technology Services to improve health infrastructure.

Pillar 4: Respond	
Strengths	<ul style="list-style-type: none"> • Local organization with structure and experience to respond to health crisis • Relationship to the STD/HIV/Hepatitis Program for data requests • Relationship with other agencies (Office of Emergency Preparedness) that have experience with emergency response
Challenges	<ul style="list-style-type: none"> • Perception of responding to a cluster and utilizing HIV molecular surveillance • Local coordination in the response effort
Needs	<ul style="list-style-type: none"> • More education and messaging surrounding cluster response • Training for community members • Clarity of funding for response activities • Clarity of leadership for local response efforts

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Ending the HIV Epidemic Plan for East Baton Rouge Parish

*Indicates new approach, Goal, Strategy or Activity for East Baton Rouge Parish

Pillar One: Diagnose

Goal 1: Ensure that 90% of people living with HIV in East Baton Rouge Parish know their status by 2025.

Key Activities and Strategies:

- 1. Community Testing Initiatives:** Identify number of people and the locations where people can receive HIV and STI testing in East Baton Rouge Parish in 2021, as a baseline measure to identify gaps and opportunities in testing.*
 - a. Increase availability of HIV and STI testing in traditional and nontraditional settings.
 - i. Identify where HIV and STI testing is currently being performed.
 - ii. Identify nontraditional testing partners such as:
 - a. When performing outreach (mobile units, home testing parties, faith-based communities)
 - b. Mental health and substance misuse treatment facilities
 - c. Homelessness Services
 - d. Nontraditional social settings such as churches, straight bars, and clubs, and at public events
 1. In 2021, create an engagement plan focused on developing and maintaining new partnerships with nontraditional testing partners.
 - b. Increase the # of HIV testing sites and the number of people being tested in East Baton Rouge Parish in 2021.
 - c. Implement an at home HIV testing program.
 - i. Implement a pilot home-testing initiative in partnership with the STD/HIV/Hepatitis program and Baton Rouge Community Health Outreach Workers in 2021
 - ii. Create a local awareness campaign to promote the at home HIV testing pilot program in 2021.
 - d. Educate medical providers on current guidelines for HIV testing
 - i. Engage with Louisiana Primary Care Association to educate FQHC providers on HIV and HCV testing costs.
 - a. In partnership with Gilead FOCUS, determine if current funded agencies have capacity to do additional screenings with new partners.
- 2. Opt-Out Testing:** Survey physicians and medical staff to understand who is currently performing opt-out HIV and STI testing and what barriers exist to performing testing in traditional and nontraditional healthcare settings. *
 - a. Increase the # of healthcare settings (primary care, urgent care, ED) who perform opt-out HIV testing by 2025.
 - i. Partner with training organizations such as AETC to provide educational opportunities for providers and administrators around the benefits of opt-out HIV testing.
 - b. *Partner with Gilead FOCUS for assistance with enhanced Electronic Health Records (EHR)*
 - i. Determine if local clinics and hospitals without enhanced EHRs are interested in learning from partners about the benefits of enhanced EHRs.

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- ii. Offer educational opportunities around how to enhance EHRs and the benefits of this program.
- c. Identify barriers to opt out testing in correctional settings.

3. Community Engagement

- a. Create a workgroup between community health workers and local community based organizations to expand community outreach efforts around HIV testing. *
- b. Create a social media toolkit for CBOs and grassroots organizations to utilize to create their own social media messaging. *
- c. Create local awareness campaigns focused on HIV testing informed by the community by 2022.*
 - i. Create a public awareness campaign focused on knowing your HIV and STI status in 2022.*
 - ii. Create a local U=U campaign in 2021.*

Key Partners	Local Health Department, Hospitals, non-profits, FQHCs, Community Based organizations, correctional facilities, pharmaceutical companies, sexual health clinics, faith-based organizations, mental health and substance use disorder providers, women's health providers (family planning, OBGYN), capacity building organizations, Gilead FOCUS, community health workers, LPCA, homelessness services
Potential Funding Resources	CDC HIV Prevention and Surveillance Program (PS18-1802), Medicaid, private insurance
Outcomes	# newly identified persons living with HIV, # of people tested for HIV in EBRP Jail, # of newly identified persons living with HIV in EBRP Jail, # of healthcare settings performing opt-out testing, survey results, # of testing sites per month in East Baton Rouge Parish in the community, # of people who visited the landing page for the social media campaign and resources page, # of people who viewed the post on social media, # of events and locations listed on community calendar where free HIV/STI testing is available, community engagement plan to engage new partners, # of clients participating in at home testing pilot program, # of non-traditional testing partners, # of people testing in EBRP
Monitoring Data Source	Testing and surveillance databases, local planning body committees

Goal 2: Reduce the rate of new diagnoses of HIV by at least 15% among priority populations in East Baton Rouge Parish by 2025.

Key Activities and Strategies:

1. Community Engagement

- a. Increase representation of people living with HIV in the HIV workforce, on executive boards and within organizations.
 - i. Change the standard requirements for peer navigator positions in partnership with Baton Rouge Ryan White TGA to enable peer navigators to move up to case manager without a degree.

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- b. Partner with OBGYN offices, family planning, and WIC offices to decrease health disparities among cisgender and transgender women of color around HIV testing and education.
 - i. In 2021, reach out to organizations in New Orleans such as gender affirming care clinics and CBOs supporting transgender individuals to learn of resources or educational opportunities for providers on bettering services for women of trans experience.
 - ii. Partner with Woman's Hospital to offer provider education around risk for maternal to child transmission and the importance of testing pregnant clients.
 - iii. Explore partnership with substance use providers and local prisons to ensure pregnant clients are receiving access to HIV testing and HIV care.
- c. Partner with organizations focusing on women's health to identify barriers to testing and treatment for heterosexual women.
 - i. Partner with organizations such as: YWCA, faith-based organizations, Family Services of Greater Baton Rouge, Family Roads and other Ryan White Part D recipients.
- d. Partner with organizations focused on providing initiatives and peer-led support groups for black men who have sex with men around identifying barriers to testing and treatment.

2. Increase Supportive Services for Priority Populations

- a. Increase presence of employment services for people living with HIV.
- b. Increase access to affordable housing for people living with HIV.
- c. Increase access to transportation services for appointments such as promote the use of services available to clients through existing contracts with Uber/Lyft and local FQHCs, CBOs and Ryan White Service providers.
- d. Increase the presence of psychosocial services by creating more peer programs, peer led support groups and risk assessment and reduction counseling services.
- e. Support and promote a local community safe space for LGBTQ community members.

Key Partners	People living with HIV; priority populations; FQHCs; non-profits; Ryan White Program; service providers; community based organizations; OBGYN; family planning; WIC; organizations in New Orleans; local community safe space (Out of the Box Center); local support groups
Potential Funding Resources	Ryan White Part A, CDC Prevention and Surveillance Program (PS18-1802); HUD programming; HOPWA
Outcomes	Increased numbers of people living with HIV in the HIV workforce; # of psychosocial services offered; decreased number of HIV diagnosis in priority populations; # of provider trainings focused on testing and treatment for pregnant women and heterosexual women; # of provider trainings focused on provider services for transwomen of color
Monitoring Data Source	Local planning body committees
HIV Workforce Needs	Faith-based organizations partnerships; capacity building development for healthcare and service providers; individuals with marketing and social media expertise; peer navigators

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Pillar Two: Treat

Goal 1: Ensure 90% of people living with HIV are linked to care within 72 hours of diagnosis by 2025.

Key Activities and Strategies:

1. Linkage to Care

- a. Decrease the wait time between a patient's diagnosis and their first appointment and treatment to under 72 hours.
- b. Identify barriers to care for healthcare clinics to provide testing, treatment and care services.

2. Telehealth

- a. In 2021, determine the number of clinics who provide HIV care in the Baton Rouge area, who also offer telehealth services.
 - i. Survey PLWH on their knowledge of telehealth, if they have been offered telehealth as an alternative to an in person appointment and if they have used telehealth services before.
- b. Partner with organizations offering technical assistance and quality improvement around telemedicine.

3. Rapid Start

- a. Increase the percentage of clients linked to care through a rapid start program.
- b. Partner with training organizations such as AETC and the Provider Network through STD/HIV/Hepatitis program to provide education on the benefits of rapid start programs.
- c. Bring together social service providers that link PLWH to care, to strengthen communication and coordination of services.
 - i. Example of people who would attend this collaborative: Rapid Start Navigator, Community Health Outreach Workers, Case Managers, Social Workers, Linkage to Care Navigators and Peer Support professionals.

3. Provider Collaborative

- a. By 2023, create a medical and service provider collaborative, for providers who treat PLWH in East Baton Rouge Parish *

Key Partners	FQHCs; Hospitals; Health Departments; Community-based organizations; Medicaid, other payers; training or capacity building organizations; community health workers; social services providers
Potential Funding Resources	Ryan White Part A; CDC Prevention and Surveillance Program (PS18-1802)
Outcomes	# of newly identified persons with HIV linked to care; # of people living with HIV linked to care through rapid start program; creation of medical and service provider collaborative*; creation of social service providers collaborative*; # of clinics providing telehealth services; % of people living with HIV offered telemedicine services
Monitoring Data Source	eHARS and the Louisiana HIV Surveillance Case Investigation (LAHSCI) laboratory database

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Goal 2: Increase the percentage of people living with HIV who are retained in care to 90% by 2025

Key Activities and Strategies:

1. Retention in Care

- a. In 2021, increase the number of local clinics and hospitals participating in patient matching with LDH.
- b. Partner with Baton Rouge Ryan White TGA to ensure all key partners attend case conferences to increase collaboration between local linkage to care coordinators and other service providers such as case managers and social workers.
- c. Increase the use of evidence-based interventions proven to be effective when retaining and/or re-engaging clients in care, such as incentives programs.
- d. Increase the cultural competency of clinical and community-based organizations by:
 - i. Recruiting workers from priority populations to work in the HIV field.
 - ii. Offer cultural competency trainings to people who work in the HIV field or with PLWH

2. Mental Health Services

- a. Connect community-based organizations to mental health providers and resources.
- b. Encourage the use of MOUs for direct accountability between mental health providers and community-based organizations.

3. Barriers to Care

- a. Partner with CHWs to survey PLWH on barriers to retention in care*
- b. Develop a system for the Ryan White Advisory Board, HIV medical providers and HIV CBO's to share patient experience data to better address barriers to care for PLWH.

4. Stigma

- a. Survey medical providers in East Baton Rouge Parish about their perceptions on HIV Stigma in 2020.*
- b. Hold focus groups to identify systems that perpetuate stigma at medical clinics and community based organizations.*
- c. Increase the number of medical and dental professionals who attend HIV anti-stigma trainings.

Key Partners	FQHCs; Hospitals; Community-based organizations; non-profits; social workers; case managers; community health workers; patient navigators; medical providers; service providers; capacity building organizations; mental health service providers
Potential Funding Resources	Ryan White Part A; CDC Prevention and Surveillance Program (PS 18-1801); Private Insurance; Medicaid
Outcomes	# of people living with HIV retained in care; # of people living with HIV re-engaged in care; # of home visit surveys conducted; # of provider surveys; # of focus groups; # providers trained; # of organizations participating in list matching; # of case conferences; # of PLWH employed by local clinics and CBOs
Monitoring Data Source	Surveillance data; training data; home visit survey data; focus group data; survey data

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Goal 3: Ensure 90% of people living with HIV who are in care achieve viral suppression by 2025.

Key Activities and Strategies:

1. Retention in Care

- a. Increase the use of evidence based interventions proven to be effective when retaining and/or re-engaging clients in care; Such as incentives programs.
- b. Partner with CHWs to survey PLWH on barriers to retention in care*

2. U=U

- a. Create a community wide U=U campaign that focuses on providers and PLWH in 2021.
 - i. Identify local U=U provider champions to promote the U=U message to other local medical providers.

Key Partners	FQHCs; Hospitals; Community-based organizations; non-profits; Health departments; rapid start navigator; media; social workers; case managers; community health workers; patient navigators; medical providers; service providers
Potential Funding Resources	Ryan White Part A; CDC Prevention and Surveillance Program (PS 18-1801); Private Insurance; Medicaid
Outcomes	# of clients participating in healthcare incentive programs; # of home visit surveys; # of people reached through marketing and training; # of U=U provider champions
Monitoring Data Source	Health Models data; Home visit survey data; marketing data
HIV Workforce Needs	Rapid Start Navigators; Linkage to Care coordinators; peer navigators; creation of a coalition of medical and service providers; consultant to assist in creation of survey and distribution of survey; capacity building for community health workers; capacity building for people living with HIV entering workforce

Pillar Three: Prevent

Goal 1: Increase the number of people who have access to PrEP in East Baton Rouge Parish by 30% by 2025.

Key Activities and Strategies:

1. Community Engagement

- a. Create a local campaign around knowing your HIV and STI status in 2022. *
- b. Create a local campaign to increase community awareness around PrEP in 2022.*
 - i. Promote other prevention methods in PrEP campaign such as condoms.
 - ii. Create strategies tailored to increase PrEP awareness and adherence among priority populations (people who inject drugs, people who are justice involved, sex workers, people of transgender experience, women of color, gay, bisexual, and same gender loving men).

2. PrEP access

- a. Identify and increase the number of people on PrEP.
 - i. Increase number of clients using TelePrEP services.

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- ii. Increase the number of providers that prescribe PrEP.
 - i. Survey providers and clinics to understand who prescribes PrEP or barriers to prescribes PrEP.*
 - ii. Partner with capacity building organizations or STD/HIV/Hepatitis program to offer educational opportunities to providers in EBRP about PrEP.
- b. Determine the community's definition and how we will measure access to PrEP by 2022.
- c. Explore the legality of cooperative practice agreements (A formal agreement in which a licensed provider makes a diagnosis, supervises patient care, and refers patients to a pharmacist under a protocol that allows the pharmacist to perform specific patient care functions) in Louisiana to expand access to PrEP.

Key Partners	FQHCs; Hospitals; Community-based organizations; non-profits; Health departments; media; community health workers; medical providers; service providers; pharmaceuticals; corrections; emergency departments; mental health providers; family planning providers; capacity building organizations; local pharmacies
Potential Funding Resources	CDC Prevention and Surveillance Programs (PS18-1802)
Outcomes	# of people who engage in social media campaigns; # of providers that prescribe PrEP; number of events that educate the community about PrEP; # of PrEP sites; # of people taking PrEP; # of PrEP prescriptions written; # of surveys conducted; # of clients using TelePrEP
Monitoring Data Source	PrEP directory data; Marketing data; TelePrEP data

Goal 2: Increase the number of people who have access to PEP in East Baton Rouge Parish by 20% by 2025.

Key Activities and Strategies:

1. Community Engagement

- a. Create a local campaign to increase community awareness around PEP in 2022.*

2. PEP Access

- a. Determine the community's definition and how we will measure access to PEP by 2022.
- b. Increase the number of providers that prescribe PEP.
 - a. Survey providers and clinics to understand the barriers to prescribing PEP.*

Key Partners	FQHCs; Hospitals; Community-based organizations; non-profits; Health departments; media; community health workers; medical providers; service providers; pharmaceuticals; local pharmacies
Potential Funding Resources	CDC Prevention and Surveillance Programs (PS18-1802)
Outcomes	# of people who engage in social media campaigns; # of providers that prescribe PEP; number of events that educate the community about PEP; # of PEP sites; # of surveys conducted
Monitoring Data Source	Marketing data; survey data; PEP directory data

Goal 3: Increase access of syringe service programs by 30% in East Baton Rouge Parish by 2025.

Key Activities and Strategies:

- 1. Increase awareness of Capital Area Reentry Programs syringe service and mobile opioid outreach programs.
- 2. Increase overall capacity of clients served by SSPs in East Baton Rouge Parish by 2025.

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Key Partners	CBOs; FQHCs; non-profits; health departments; service providers; medical providers; syringe service program
Potential Funding Resources	CDC Prevention and Surveillance Programs (PS18-1802)
Outcomes	# of syringe service programs in East Baton Rouge Parish; # of people served by syringe service program; # of people reached by the opioid mobile outreach team; # of organizations providing harm reduction services
Monitoring Data Source	SSP reporting data

Goal 4: Reduce stigma against HIV in East Baton Rouge Parish by 2025.

Key Activities and Strategies:

1. Stigma Reduction

- a. Establish a coordinated effort to create policies and systems that measure stigma.
- b. Increase the number of medical, dental and healthcare providers who attend anti-stigma and cultural humility trainings.
- c. Increase leadership opportunities for community members impacted by HIV in Healthcare and CBO settings.
- d. Strengthen connections with Louisiana Coalition on Criminalization and Health as well as state legislators to address criminalization and harm reduction policies.
 - i. Create a collaborative training around HIV and the intersection around criminalization linked to HIV molecular surveillance.

2. Education

- a. Hold community engagement events that coincide with various awareness days to present the Baton Rouge EHE plan to receive input from community members and local organizations.
- b. Create partnerships with East Baton Rouge Parish School Board members to address sexual health education in schools.
- c. By 2022, identify stakeholders to co-create a community engagement plan around engaging faith-based communities in EBRP.
 - i. Host community events in partnership with faith-based organizations.
 - ii. To develop compassionate faith-based HIV prevention/treatment messaging.

Key Partners	FQHCs; Hospitals; Community-based organizations; non-profits; health departments; medical providers; service providers; community members; faith-based communities; capacity building organizations; local school board
Potential Funding Resources	CDC Prevention and Surveillance Programs (PS18-1802); Ryan White Part A
Outcomes	# of providers who attend trainings; increased number of people living with HIV involved in leadership roles; # of providers surveyed; # of community events; # of education opportunities for providers; community engagement plan
Monitoring Data Source	Provider survey data; training and community events data/sign-in sheets

Goal 5: Increase the number of programming opportunities for youth around sexual health and HIV.

Key Activities and Strategies:

1. Education

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- a. In 2021, create a community engagement plan to engage local school boards in providing sexual health programming in schools.
 - i. Partner with local organizations who provide sexual health education to youth in identifying the barriers to providing sexual health education in schools.
- b. Promote existing teen workshops and education classes surrounding prevention and sex education.

Key Partners	Community based organizations; non-profits; FQHCs; health departments; people living with HIV; service providers; community health workers; local school board; local schools; youth
Potential Funding Resources	CDC Prevention and Surveillance Programs (PS18-1802); Ryan White Part A
Outcomes	# of teen workshops; community engagement plan; identified barriers to providing sexual health education in schools; # of youth engaged around sexual health education
Monitoring Data Source	community events data/sign-in sheets; program data from existing sexual health education programs
HIV Workforce Needs	consultant to assist in creation and distribution of provider survey; community-based organizations; faith based organizations; school board members; peer educators; increased capacity of community health workers; organizations providing youth sexual health education

Pillar Four: Respond

Goal 1: Achieve a more coordinated response to the HIV Epidemic in Baton Rouge by 2025.

Key Activities and Strategies:

1. Structure

- a. Hold Commission meetings focused on collecting and reporting out data, collaborating on EHE initiatives, prioritizing and implementing EHE activities, planning and executing awareness campaigns and community events:
 - a. Hold four Baton Rouge Ending the HIV Epidemic Commission meetings a year.*
 - b. Hold six Baton Rouge Ending the HIV Epidemic Commission committee meetings a year.*
- b. Host an annual Baton Rouge HIV Summit.
- c. Increase community collaboration with Community-based organizations, FQHCs, faith-based institutions, and universities.
- d. Determine coordination between all EHE funding mechanisms in EBRP including the Baton Rouge EHE Commission and the Baton Rouge TGA Ryan White Program EHE funding through HRSA.

2. Messaging

- a. Create a messaging plan to promote the Baton Rouge EHE plan by end of 2021.
- b. Host community events such as lunch and learns with diverse stakeholder groups such as faith-based organizations to promote the EHE plan and engage the community around EHE activities.

3. Education

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- a. Partner with national and local capacity building organizations to offer technical assistance for Baton Rouge EHE Commission members to strengthen HIV workforce knowledge around various topics such as how to engage new partners in EHE process, client relationships, U=U, PrEP etc.

4. Community Engagement

- a. Strengthen community outreach efforts.
- b. Create a community engagement plan around engaging youth in the ending the HIV epidemic initiative.
- c. Create a community engagement plan engaging more ambassadors and allies around ending the HIV epidemic initiatives to promote various messages into the community.

Key Partners	FQHCs; Hospitals; health department; community-based organizations; people living with HIV; community members; business leaders; local politicians; medical providers; service providers; non-profit workers; faith-based organizations; advocacy groups; researchers; public health professionals; youth; universities; capacity building organizations
Potential Funding Resources	Strategic Partnerships and Planning to Support Ending the HIV Epidemic PS19-1906; CDC Prevention and Surveillance Program (PS18-1802)
Outcomes	# of commission meetings; # of committee meetings; # of new partners engaged; # of capacity building trainings; # of people engaged through messaging; # of meeting attendees
Monitoring Data Source	Community events and meeting data/sign-in sheets; community engagement plans

Goal 2: Collaborate with local community members and the state health department for a coordinated response to a potential outbreak and/or cluster response.*

Key Activities and Strategies:

1. Enhance data to care by working with the state health department to prioritize linkage to care for people involved in a HIV cluster.
2. **Education**
 - a. From 2021-2025, partner with STD/HIV/Hepatitis Program community mobilization and capacity building unit and Surveillance Units to present to local stakeholders (inclusive of local community members) on HIV molecular surveillance and cluster detection.
 - b. In 2021, create a formal structure for disseminating training information to partners including ensuring that HIV molecular surveillance and cluster detection training is part of onboard process for employees at Community Based Organizations, FQHCs, Community Health Workers, and local health department workers.
 - c. Increase workforce development with DIS, linkage to care coordinators, identified staff within CBOs, and community health outreach workers providing linkage to care and supportive services to clients.
3. **Technical Assistance**
 - a. In 2021, participate in peer to peer exchanges with other EHE jurisdictions around local response plans.
 - b. Participate in CDC or other capacity building organizations educational opportunities around local response plans.
4. **Creating a local response plan**
 - a. Increase community engagement activities to receive input on a cluster response plan.*

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- b. Conduct a mock response activity within the first year of implementation to determine the process for the local response to an HIV cluster or outbreak.
 - i. The mock response activity will help determine items such as key partners to include in local response as well as streamlining the communication process between a local response team and the surveillance team at SHHP.
- c. In 2021, create a local communication plan between providers and the community to enact if a local response to an HIV cluster or outbreak occurs. Take into account barriers to communication when creating plan.
- d. In 2021, determine a system for data sharing between local response group and SHHP.
 - i. Surveillance is conducted by the STD/HIV/Hepatitis Program.
 - ii. Determine the group responsible for data review.

Key Partners	People living with HIV; community-based organizations; hospitals; FQHCs; state health department; local politicians; medical providers; service providers; non-profit workers; faith-based organizations; advocacy groups; researchers; mental health providers; local universities; other EHE jurisdictions; social services providers
Potential Funding Resources	CDC Prevention and Surveillance Program (PS18-1802)
Outcomes	# of community engagement activities to inform the cluster response plan; local cluster response plan; # of partners involved in creating local response plan; # of people engaged through training; communication plan
Monitoring Data Source	Surveillance data in eHARS and the Louisiana HIV Surveillance and Case Investigation (LAHSCI) lab management system
HIV Workforce Needs	Workforce development with DIS and linkage to care coordinators; capacity building for social service providers around HIV molecular surveillance and response

*Indicates new approach, Goal, Strategy or Activity for East Baton Rouge Parish