

# NEW JERSEY ENDS THE HIV EPIDEMIC

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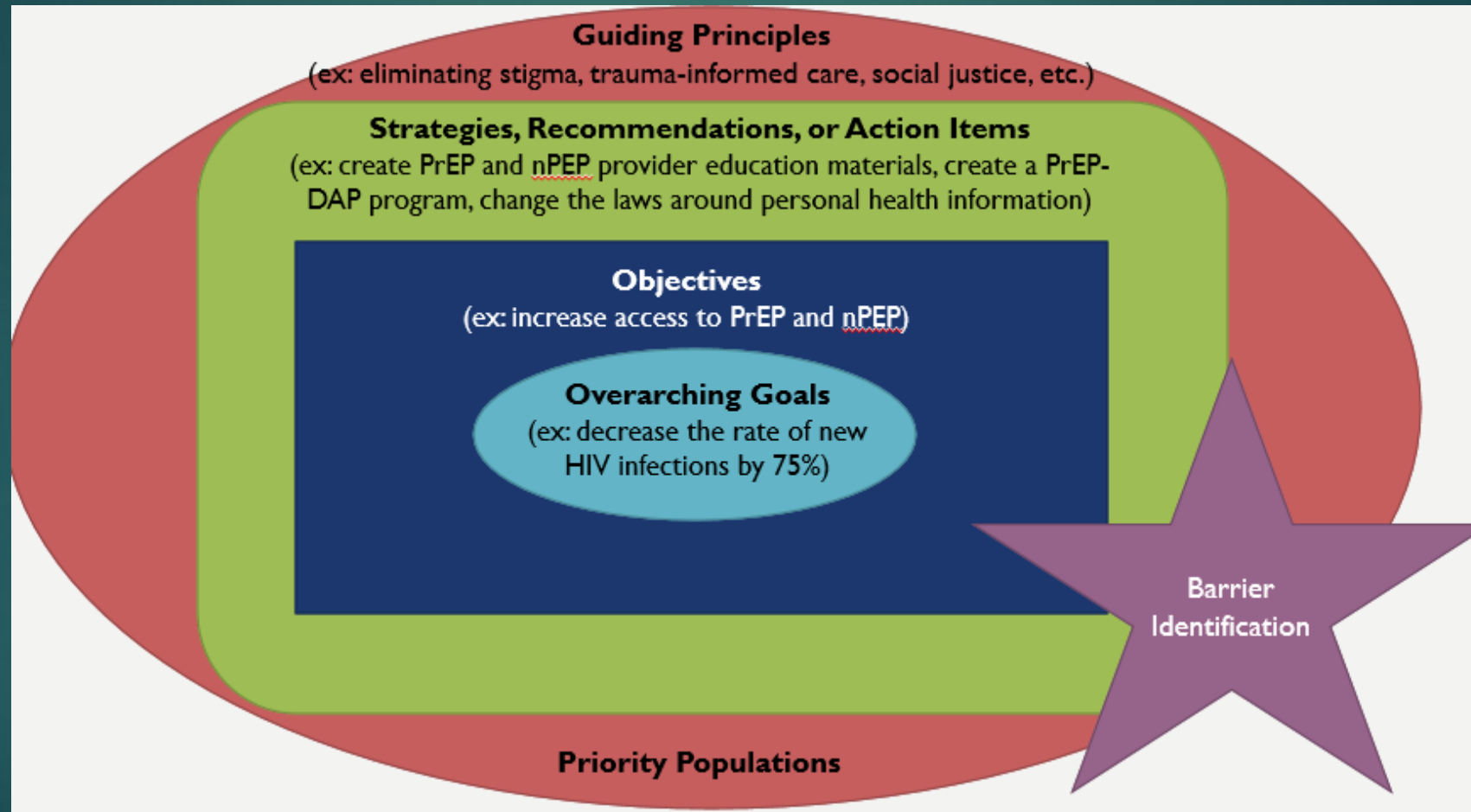
# Why Now?

- ▶ Over the last three decades, there has been rapid development of effective antiretroviral treatment.
- ▶ Pre-exposure prophylaxis (PrEP) and treatment as prevention (TasP) have created an opportunity for substantial progress towards ending the epidemic.
- ▶ NJ has adopted an integrated approach to HIV Care and Treatment and HIV Prevention.

# Plan Development: Ending the Epidemic - Process

- ▶ World AIDS Day 2018: Governor Murphy called on stakeholders to join the Department of Health to work strategically to end the HIV/AIDS epidemic.
  - ▶ Declared support for U=U.
- ▶ Formation of the NJ Taskforce to End the HIV Epidemic.
  - ▶ Community members, NJDOH, community-based organizations, healthcare providers, academics/researchers, and advocates.
    - Representation from the NJ HIV Planning Group, the Governor's Advisory Council on HIV/AIDS and other Blood-Borne Pathogens, RW Parts A/B/D/F, and the state's many cross-part collaboratives.
  - ▶ Creating the plan that will guide the beginning of the state's ETE efforts.

# Plan Structure



# Overarching Goals

By 2025, New Jersey will...

1. Reduce the rate of new HIV infections by 75% (2016 baseline: 1200).
  2. Ensure that 100% of persons living with HIV/AIDS know their status (2016 baseline: 91%).
  3. Ensure that 90% of persons diagnosed with HIV/AIDS are virally suppressed (2016 baseline: 51%).
- ▶ Subcommittees created for each goal, to determine objectives and strategies.

# Innovative Initiatives

- ▶ Launched to fill gaps identified by consumers and providers in NJ's HIV/AIDS prevention and care networks.

## Care Initiatives:

- Trauma-Informed Care
- Community Health Worker Program
- Behavioral Health and HIV Integration Project (B-HIP)
- DAYAM Screening, Treatment and Risk Reduction for Teens (START)
- Project Nest
- The Salon
- NJ HIV Housing Collaborative (NJHHC)

## Prevention Initiatives:

- NJ Linkage to Care Program
- NJ PrEP Counselor Program
- Harm Reduction Expansion
- Access to Reproduction Care and HIV (ARCH) Nurse

# Guiding Principles

- ▶ Indicate the plan's values and guide implementation.
- ▶ They remind us that injustice and inequality must be at the forefront of our minds if we are to truly end the HIV epidemic in this state.
  - ▶ Extreme Collaboration
  - ▶ Community Building
  - ▶ Sex Positivity
  - ▶ Eliminating Stigma
  - ▶ Addressing Systems of Oppression
  - ▶ Cultural Humility
  - ▶ Radical Engagement
  - ▶ Trauma-Informed Care

# Priority Populations

- ▶ There are certain populations that are disproportionately affected by HIV/AIDS that the Taskforce wanted to bring attention to.
  - ▶ LGBTQ Individuals (gay and bisexual men, transwomen)
  - ▶ Women (minority women and pregnant women)
  - ▶ Persons Who Inject Drugs



# Priority Communities

- ▶ Cities in NJ with the highest prevalence and/or incidence of HIV/AIDS that may be subject to specific or additional strategies during implementation.

- Paterson
- Jersey City
- Easy Orange
- Elizabeth
- Irvington
- Plainfield
- North Bergen
- Trenton
- Union City
- Camden
- Newark
- Atlantic City

# Feedback

- ▶ Taskforce gathered feedback on these goals, barriers to these goals, and what New Jerseyans think is important to include in the plan, and what's necessary to bring about the end of NJ's HIV epidemic.
  - ▶ Online and paper surveys.
  - ▶ In-person and Facebook townhalls.
  - ▶ Dedicated email inbox for feedback.
  - ▶ Social media campaign.

#NJEndsHIV2025

# Survey Results

- ▶ Surveyed 382 individuals, the majority of which reported to be black/African American, heterosexual NJ residents between the ages of 25-34.
- ▶ Fifty-six percent of survey responses came from individual who work for a community-based HIV service provider or a healthcare-based HIV service provider.
- ▶ Of those surveyed:
  - ▶ Twenty percent claimed stigma is the greatest factor that prevents their clients from getting tested for HIV, while another 20% claimed fear was the greatest factor.

# Listening Sessions

- 4 Listening Sessions: Trenton, Newark, Camden and Atlantic City
- Attended by 120+ people (not everyone signed in)
- Largest meeting attended: Newark

## Feedback

- ▶ MORE FUNDING EVERYWHERE
- ▶ Harm Reduction
  - Elimination of the 1-for-1 syringe standard
  - Safe injection sites
  - Expanded/non-traditional hours
  - More staff (including ARCH Nurses)
- ▶ Transportation
  - Expanded access

# Listening Sessions (Cont.)

## ▶ Housing

- More affordable, accessible housing (esp. for recovering IDUs)
- HOPWA issues statewide
- Leveraging other housing resources (Section 8)

## ▶ Miscellaneous

- Bring back the Speaker's Bureau
- Re-engage the faith-based community
- Support services geared toward the aging population
- More relatable, sex-positive education/educational materials
- More job opportunities for HIV positive peers within the HIV community
- Update the statewide resource guide
- Engagement of the greater community – not just the HIV community
- Evaluation of stigma within the HIV community

# Social Media Reach

- ▶ Twitter:
  - ▶ Posts: 87
  - ▶ Retweets: 174
  - ▶ Likes: 321
  - ▶ Impressions (NJDOH posts): 92,780
- ▶ Facebook:
  - ▶ Posts: 26
  - ▶ Likes/reactions: 234
  - ▶ Shares: 155
  - ▶ Total people reached (NJDOH posts): 8,163
- ▶ Facebook Live Session 4/29:
  - ▶ Total likes/reactions: 44
  - ▶ Total comments: 44
  - ▶ Total shares: 25
  - ▶ Total views: 2,000
- ▶ Instagram:
  - ▶ Posts: 46
  - ▶ Likes: 719



# Thank you!

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