



Shared HIV Networks: Leveraging Michigan's Integrated Health Department to Create an Innovative Molecular HIV Surveillance System

Presenters:

Jacob Watson, HIV Epidemiologist, Michigan Department of Health and Human Services

CONFLICT OF INTEREST DISCLOSURE

Jacob Watson, MPH



I have nothing to disclose.

Shared HIV Networks: Development and Goals

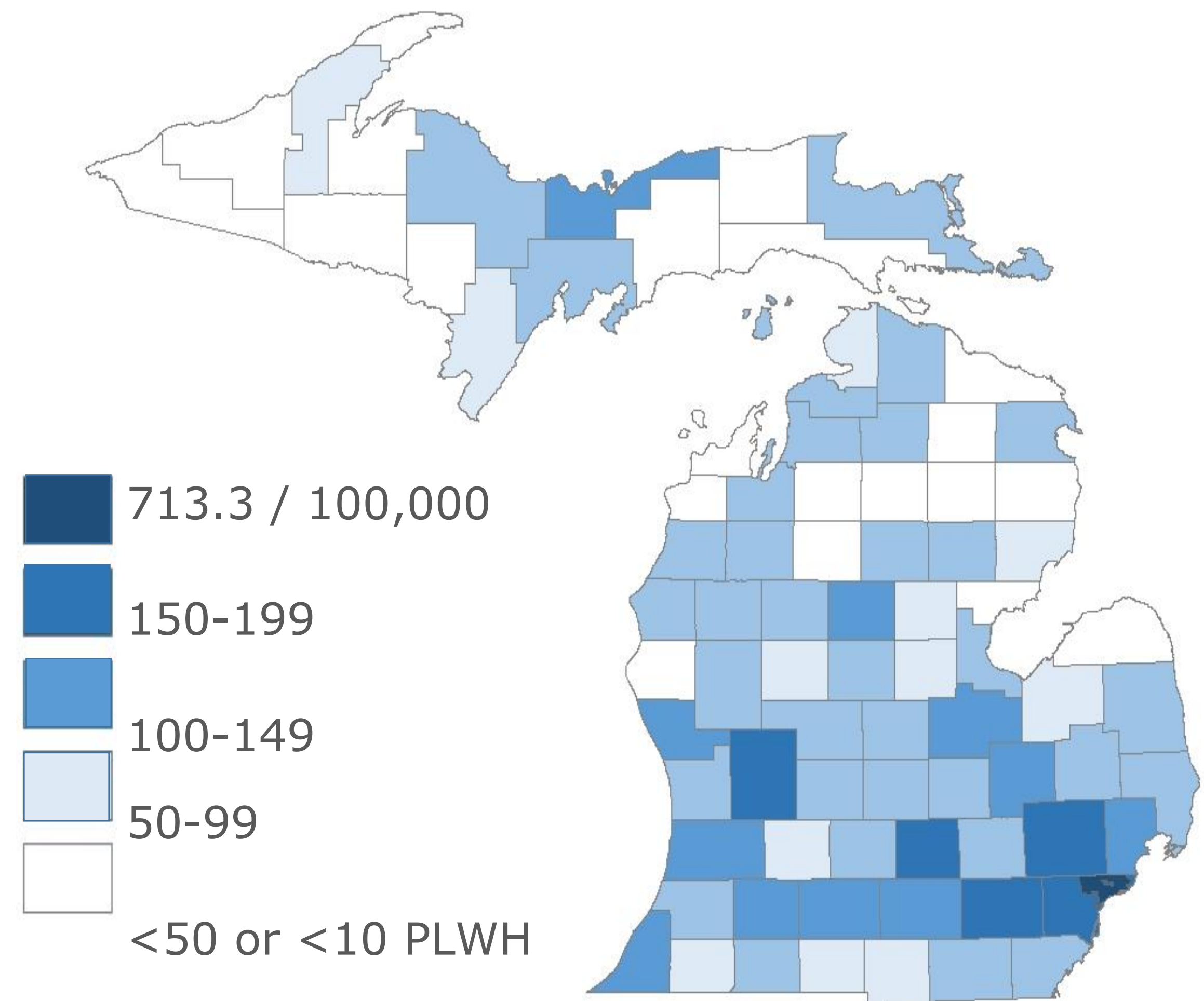


- Overview of HIV in Michigan
- Molecular Surveillance in Michigan
- Advantages of a robust MHS system
- Concerns and issues with MHS
- Steps to creating a community facing MHS system
- Outreach and products
- Summation

Background: An Overview of HIV in Michigan



- Michigan is classified as a Mid-Morbidity state by the CDC
- Our epidemic is focused in Detroit and South East Michigan
- Males in the 20-29 year range carry the heaviest burden of new diagnoses
- Young black males are diagnosed at disproportionately high rates.



Background: Molecular HIV Surveillance in Michigan



- The Michigan Department of Health and Human Services (MDHHS) has a long history of MHS involvement
 - 2004-2010 VARHS surveillance
 - 2006- Mandatory reporting of HIV labs
 - Including genotypes
 - 2010-2012 Partnership with University of Michigan to run genotypes
 - 2012- onward MDHHS collected genotypes directly from private labs
- Over 80% of PLWH in Michigan received a genotype test
- Approximately 70% of new diagnoses receive a genotype test

Why Michigan incorporated MHS



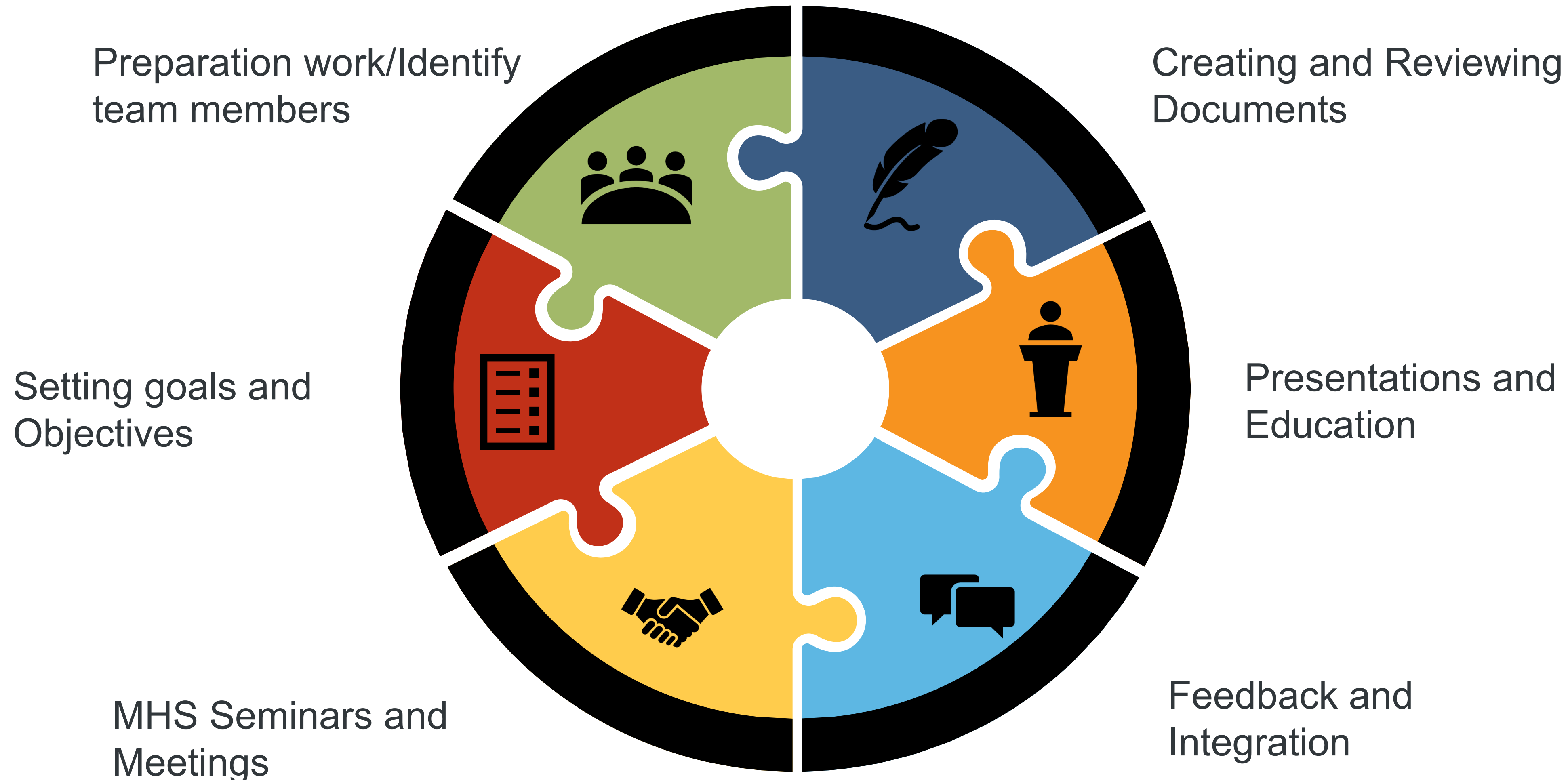
- Cluster identification can aid in directed intervention
 - Recent and Rapid groups are linked to transmission events
 - Groups where transmission is likely to be occurring can be identified
 - Services can be provided to those groups
- Ending the Epidemic Goals
 - MHS is another tool in the toolbox
 - Especially useful in areas of high burden and geographic cross over
- Our responsibility to use all available data
 - MHS has been identified as another tool to help end the epidemic
 - Failure to use this data could lead to missed intervention opportunities

Concerns and Preparation



- Data Security
 - Data security and confidentiality plan
 - Trainings and annual recertification
- Responsible Use
 - Ensure responsible use policies are in-place
 - Data only shared if warranted by investigation
- Legal concerns
 - Michigan passed HIV modernization laws in early 2019
 - Many valid concerns regarding HIV laws and MHS
 - You **MUST** have a well thought out response to these concerns
- Consider hiring/using a project facilitator
 - Key for integrating care/prevention and surveillance departments

Creating an MHS Program



Identifying a team and Preparation



- Identify initial team members
 - Epidemiologist
 - Community planner
 - Any organizational support
 - **PROJECT FACILITATOR**
- Perform background work
 - Create initial documentation
 - Protocols
 - Scripts
 - PowerPoints
 - Survey community resources
 - CBOs
 - Advisory boards
 - Medical professionals
 - Local Health Departments
 - HIV Genotype data
 - # of reporting labs
 - # of genotypes available



Setting goals and objectives



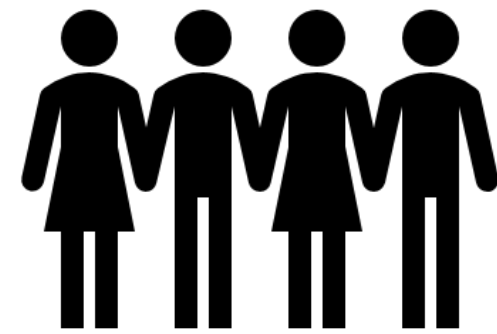
Goals

- Investigative goals
 - How to look at clusters
 - What info do you want to capture
- Material goals
 - Training manuals
 - Outreach documentation
- Long term goals
 - Monitoring
 - Evaluating
- Laboratory goals
 - Increase reporting

Objectives

- Meetings
- Identifying other team members
- Funding
- Dismantle barriers between surveillance, prevention, and care
- Speaking to lab personnel

MHS Seminars and Meetings



WHO?

- Who should be present?
 - CBOs
 - PLWH
 - LHD
 - Planning Councils
 - **CRITICS**



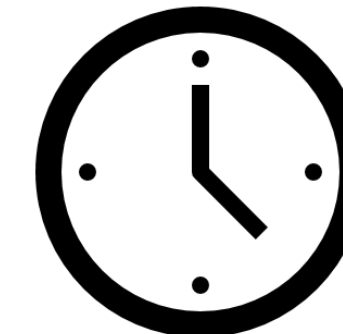
WHAT?

- What should be discussed?
 - Presentations
 - Guided discussion
 - Small groups



WHERE?

- Where should the meeting be?
 - Central
 - Accessible
 - Safe space
 - Remote?



WHEN?

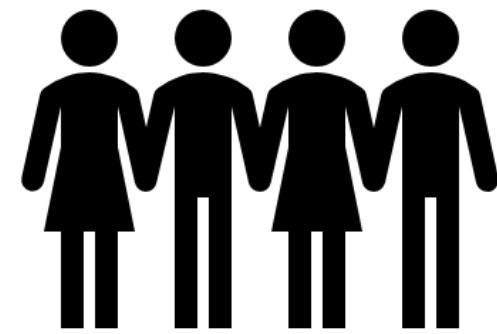
- When/how long should meeting be?
 - Day long seminar
 - Multiple days



WHY?

- Why are we meeting?
 - Refer to goals

Michigan's MHS Seminar



WHO?

- State workers
- PLWH
- CBO employees



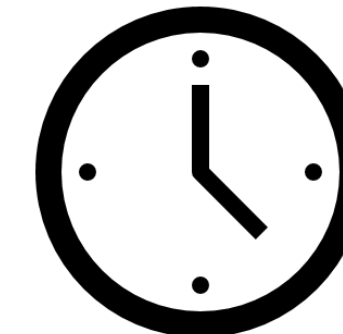
WHAT?

- MHS presentation
- Small group discussions
- Document writing session



WHERE?

- Detroit
- Offered free rides
- Food offered
- Safe space confirmed



WHEN?

- Day long seminar



WHY?

- To discuss MHS and its potential
- To create:
 - Scripts
 - Messaging
 - Intervention goals
 - Rebranding
- To address concerns

Creating and Reviewing Documentation



- Review existing documents
 - Can be done during seminar
 - Vet all documentation through team
 - BUY IN FROM CBOs and PLWH
 - Change documents based on feedback from meetings/seminars
- Creating documents
 - Define purpose of documents
 - Vet all new documents
 - Leverage available creative services



Presentation and Education



Take your show on the road

- Create presentations for multiple audiences
 - Advisory boards
 - DIS / PS
 - Local health departments
 - State agencies
 - Medical Groups

- Complete as many presentations as you can
 - You're never "done" presenting

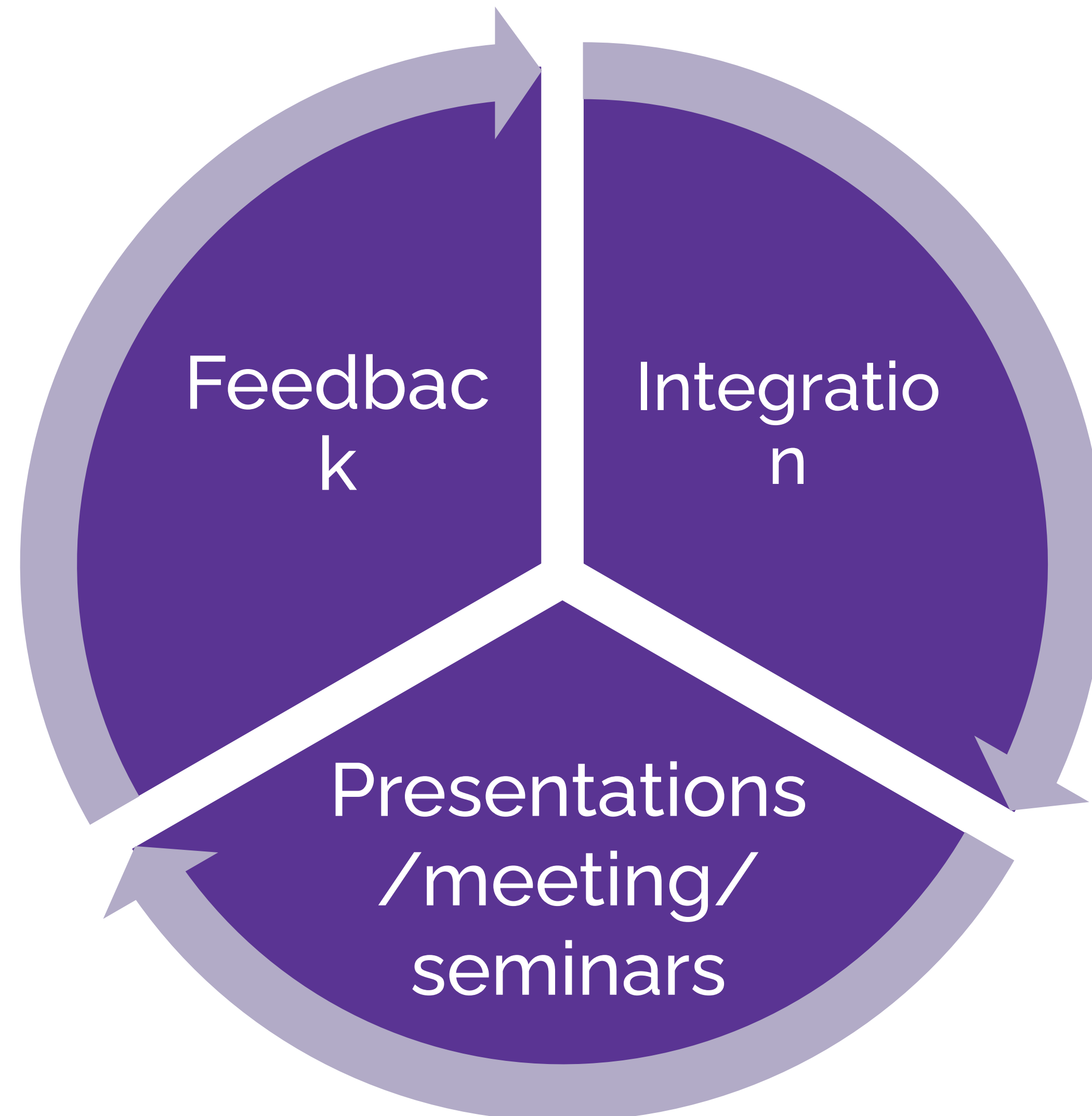
- Be prepared
 - Legal questions
 - Provide supporting evidence for SHiNe
 - Mention transmission among clusters
 - CDC presentations

Shared HIV Networks Community Engagement 2017-2018		
Meeting	Dates	Presenters
Michigan HIV and STD conference	8/9/2017	Jacob, Mary-Grace, and Kris
Presentation to MDHHS STD staff	9/3/2017	Jacob and Mary-Grace
Presentation to MDHHS Prevention staff	12/8/2017	Jacob
SHN cluster w/ Local Health Departments	12/19/2017	MDHHS surveillance and prevention
Conference call with CBO partners	1/13/2018	MDHHS Surveillance
MHAC presentation	1/26/2018	Jacob
Meeting with CBO partners at ACCESS	2/2/2018	MDHHS surveillance and prevention
Meeting with prevention trainers	2/20/2018	Jacob
SHN cluster w/Local Health Departments	2/27/2018	MDHHS surveillance and prevention
SEMHAC SHN presentation	2/28/2018	Jacob
Ryan white funded agencies	4/17/2018	Jacob
Ryan white funded agencies	4/25/2018	Jacob
Prevention Sub-recipient Meeting	7/19/2018	Jacob
SHN presentation for MI HIV/STD conf	9/22/2018	Jacob
SHN Program and Script Review w/ PLWH	10/2/2018	Jacob
SEMHAC Project LEAP Meeting	10/25/2018	Jacob

Feedback and Integration



- Capture Feedback after:
 - Meetings
 - Presentations
 - Any substantive discussion
- Capture feedback via:
 - Q and A session
 - Paper survey
 - Link to surveys
 - Meeting notes
 - App based
 - Have paper available



- Review feedback with community planning team
- Integrate changes into:
 - Documentation
 - Presentations
 - Protocols
- Have workgroup review any changes made to documents

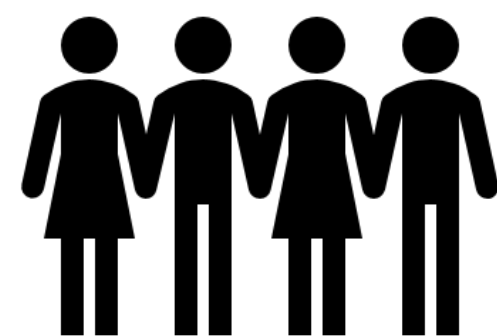
Standing Workgroups



- Standing Members from:
 - CBOs
 - LHD
 - PLWH
- Establish duties/responsibilities
 - Intervention decisions
 - Documentation changes and additions
 - Policy changes from the federal government down
- Decide how often to have meetings
 - As needed? Quarterly? Before investigations?
- Contact lists and minutes
 - Ensure consistent communication



SHiNe Outreach



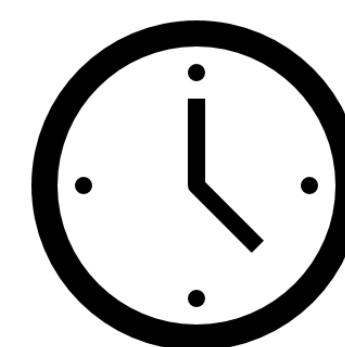
WHO?

- Who will be doing your outreach?
 - LHD
 - CBOs
 - State workers



HOW?

- How will they reach people?
 - PS
 - In person
 - Phone calls



WHEN?

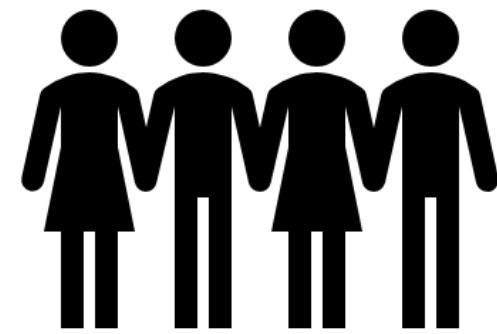
- When will outreach efforts take place?
 - Cluster response
 - SHiNe Workgroup decisions



WHY?

- Why intervene?
 - Rules for intervention
 - Specific goals for intervention

Michigan's SHiNe Outreach



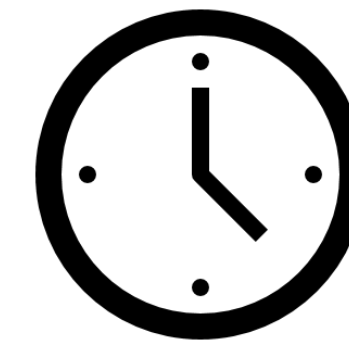
WHO?

- Specially trained State DIS
- Supported by local health workers



HOW?

- In person visits
- Phone calls when required



WHEN?

- Locally designed cluster response program
- After discussion with Care/Prevention and workgroup



WHY?

- New Partners
- PrEP
- Testing
- Linkage to care

SHiNe Outreach documents



Scripts



One Sheet



Brochures

Key points



- Preparation work is crucial
 - What does your jurisdiction have?
 - What does your jurisdiction need?
- The core of an MHS group needs team members from surveillance **and** Care/prevention
 - A project coordinator
 - Epidemiologist
- Partnering with the community is necessary
 - Forums/initial meetings
 - Standing MHS groups
- Always be ready to adapt to changing landscape
- Don't shy away from the hard discussions
 - MHS is new and can be invasive
 - Be ready to provide supportive evidence and ideas
- Allow community to tailor MHS program to your specific area
 - Let the work group take charge of the program



Thank you

Jacob Watson, MPH
Epidemiologist
Watsonj11@Michigan.gov

Kyra Sanders, MSW
Community Planner
SandersK7@michigan.gov