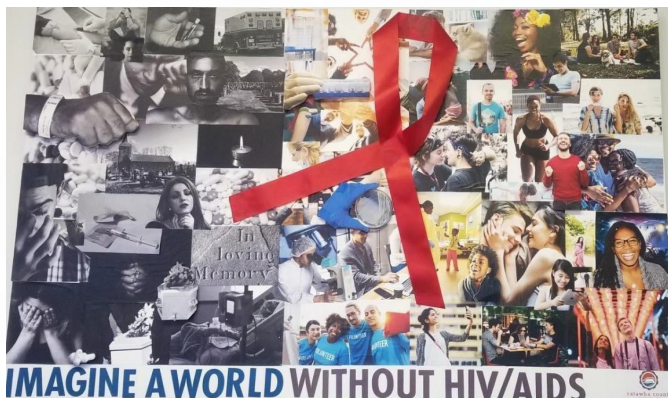




NC ENDING HIV

A Plan to End HIV Together
Community-by-Community
Hand-in-Hand

Dedication From Our Hearts



Catawba County/Region 2

With the release of our Plan to End HIV in North Carolina, we recognize that the impact of HIV/AIDS within all of our communities, while still significant, is less devastating than it once was. Due to improved and effective treatment, viral suppression – which prevents transmission of HIV -- is now possible and can end the HIV epidemic. We celebrate the fierce, relentless dedication and accomplishments of people living with HIV, scientists, clinicians, researchers, public health staff, and industry partners in North Carolina and around the world who have worked so very hard to get us to this moment.

HIV is still a serious and potentially fatal disease, but the signs of hope for people living with HIV are now everywhere. Some communities and individuals are still at higher risk than others, and there are still unacceptable health disparities among people of color, especially in the South, that must be addressed. Our work is not done, but we have come a long way together!

This plan is being released during the 2020-2021 COVID-19 pandemic. The phrase “We will get through this together” resonates yet again with all of us living now through yet another global pandemic.

We want to dedicate North Carolina’s End HIV Plan to the memory of all those we have lost over the many years of the HIV epidemic, and to those who loved them and love them still. Thank you for your courage and for everything you taught us.

All quotes were received during community meetings from participants from the HIV community.

Art panels throughout this document were created by the public, in honor of World AIDS Day and to highlight local thoughts and beliefs about HIV.

NC ETE Vision Statement

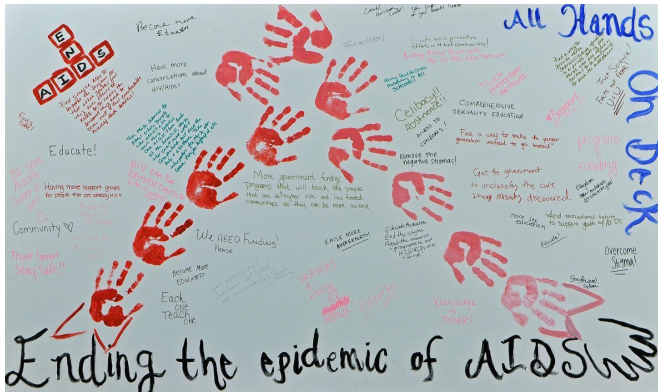
We envision a North Carolina that is committed to preventing HIV and providing comprehensive and compassionate care to those living with HIV. North Carolina's response will be bold in purpose and action. We acknowledge our state and regional context, not to limit what we know to be possible, but to ensure that solutions are innovative and appropriate to the lived experiences of North Carolinians.

We understand that HIV is an issue that affects us all – but not equally; we will not shy away from these inequities or associated stigma, but name them and address them head-on. A strategy that is designed by the collective wisdom of diverse stakeholders across the state, and routinely iterated based on regular feedback from communities, will be how North Carolina operationalizes its vision to end the HIV epidemic.



Steering Committee and DPH Staff/December 2019

An Introduction to Ending HIV in North Carolina



New Hanover County/Region 7

From the beginning of the HIV/AIDS epidemic, it was clear that in North Carolina we needed to touch. At a time of uncertainty and even fear, we made it a point to hug, to touch, to laugh and to cry together, as we struggled to respond to the epidemic and to care for people in need. This was the beginning of reaching people and of working against the stigma of AIDS.

Today, everything has changed. There is no question that we touch, we hug (and will again after the COVID-19 pandemic) and we support our brothers and sisters living with HIV. We don't even talk about AIDS – we talk about HIV, and how to live well with HIV. The mindset and the language of this virus has changed completely. While many of our loved ones and friends did not survive to see this day, many did and became long-term survivors and thrivers.

Now we begin the exciting new chapter of Ending the HIV Epidemic. We have the tools we need, even though there is not yet a cure, to identify those living with HIV and assure they have the care they need, while also assuring that more people do not contract HIV. But there is significant work to be done. We must continue to battle stigma, we must shine a strong light on health inequities and act to reverse them, we must overcome barriers to care that are experienced by historically marginalized populations, and we must have the will and the courage to change some old ways of doing business in order to wisely use our resources to implement the tools we now have.

There has already been significant progress toward the goal of ending HIV, including:

Nationally:

- In 2012, the HIV Prevention Trials Network study 052 led by Dr. Myron Cohen and based in Chapel Hill, NC, conclusively proved that when a person was virally suppressed they could not transmit HIV to others; this became the foundation of Treatment as Prevention efforts across the country and led to many new models of care and engagement.
- Also in 2012, the FDA approved the medication Truvada as a preventative HIV measure known as PrEP (pre-exposure prophylaxis), finding that this daily pill is extremely effective in preventing HIV; this has become the second critical tool in the toolbox for ending HIV.

In North Carolina:

- In 2010, North Carolina eliminated what had been the longest waiting list in the country for ADAP (AIDS Drug Assistance Program) services by adding significant state appropriations to the ADAP budget. A few years later, we approved the beginning of premium-payment assistance.
- We continue to aggressively eliminate stigmatizing language from the vocabulary of HIV care, prevention and data collection: ADAP is now the HMAP (HIV Medication Assistance Program), words such as infection, vulnerable and AIDS are rightly viewed as stigmatizing and no longer in use in our community.
- In 2016, we built the North Carolina Engagement Care for HIV Outcomes (NCECHO) database, enabling us for the first time to identify who is out of care and focus the efforts of bridge counselors on overcoming barriers and assisting people back into care.
- In 2018, in a powerful partnership with the North Carolina AIDS Action Network (NCAAN), North Carolina became one of the few states in the country to change its HIV Control Measures, updating them to align with modern science and assure that people who are durably virally suppressed for at least six months, who follow their doctor's care regime and stay in care are no longer legally required to reveal their HIV status to others.
- DHHS leadership in 2021 continues to support the proposed plan to expand Medicaid across North Carolina, an effort that would provide full healthcare to people living with HIV, as well as increasing coverage for prevention efforts such as PrEP.

We are ready to move forward with new tools like PrEP, PEP (post-exposure prophylaxis) and viral suppression, to finally bring this epidemic under control and to an end. This Plan is ambitious and far-reaching; it is also thoughtful, clear and dedicated to the idea that all people deserve care, all people should have the tools to prevent HIV, and that all people WILL live long and healthy lives free of stigma and judgment in this new era of HIV.



Executive Summary

“The meeting went really well. It finally feels like we are actually going to put an end to HIV in North Carolina. It’s a good feeling; it’s an overdue feeling!”

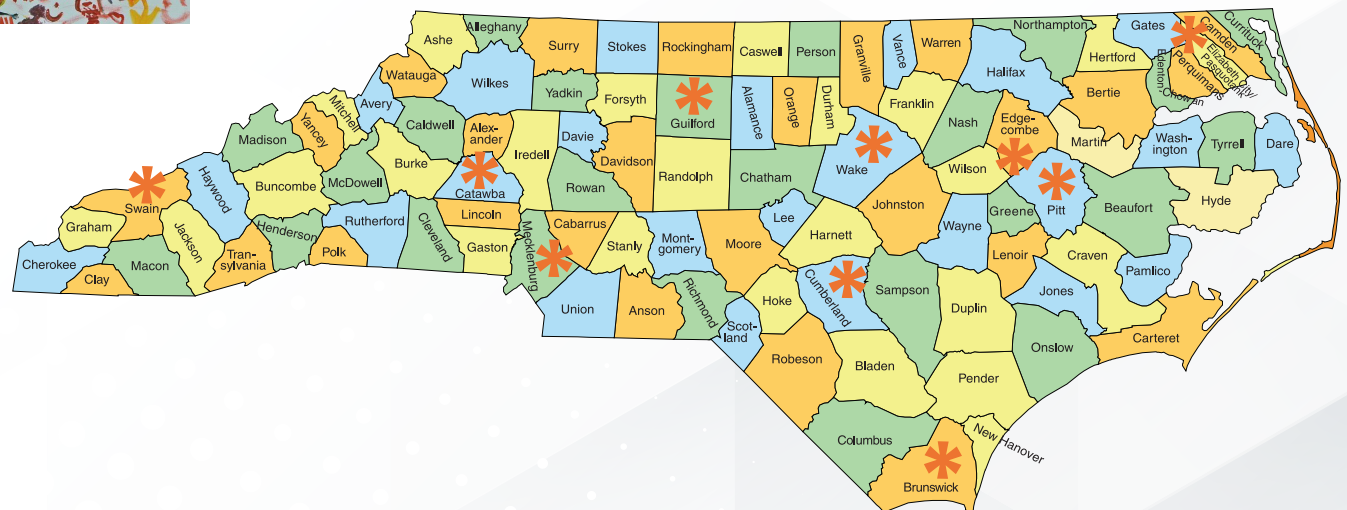


Forsyth County/Region 2

In 2019, the Communicable Disease Branch of the North Carolina Department of Health and Human Services (NCDHHS) and the North Carolina AIDS Action Network (NCAAN) partnered to hold 11 community meetings across the state to gather input from people living with HIV and those who care about them, about their needs and barriers. A diverse Steering Committee was formed to develop our Plan’s Pillars: Engage and Embrace, Test and Treat, and Policy and Promotion. Input from the 29 Committee members and 360 community members has enabled us to frame a strong plan to end the HIV epidemic. Strategies and Action Steps further defined what we plan to accomplish for those who are at risk and/or living with HIV.

North Carolina is a large state with 11 regional networks of HIV care and prevention (RNCsPs).

The needs of one community or region will be different than those of another, as will the needs of one population compared to others. The Plan was created with the expectation that regions will choose which Action Steps are most appropriate for them; they may also choose to create their own steps to address the Strategies and Pillars, but all work done by the state and its funding will be compatible with our new Plan to End the HIV Epidemic.



Pillars and Strategies of North Carolina's Plan to end the HIV Epidemic

Engage and Embrace

- Improve access to antiretrovirals
- Normalize assessment and offer PrEP in all health settings
- Expand cultural humility training for all stakeholders

Test and Treat

- Expand & increase testing for HIV/STD/Viral Hepatitis in traditional and nontraditional settings
- Assure HIV/STI education for providers including anti-stigma education
- Social media campaign to promote HIV testing and prevention and reduce stigma

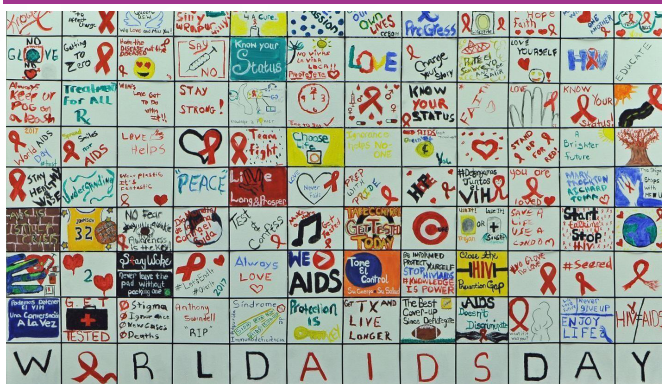
Policy and Promotion

- Statewide promotion of U=U campaign
- Promote youth-serving sexual health programs
- In partnership with NCAAN, raise awareness in the community and with key stakeholders on the benefit of closing the coverage gap

Each Strategy will include Action Steps that can be selected and acted upon, based upon local needs and priorities of the HIV community. Further details are outlined in each Pillar of the Plan, including Measurable Outcomes.

Addressing Stigma in Ending the HIV Epidemic

“Stigma haunts us everywhere we go. I can say I have cancer and people will still look at me like I am human. If I say I am HIV positive, I will lose most of the people in my life. That’s just the beginning of how stigma works with HIV.”

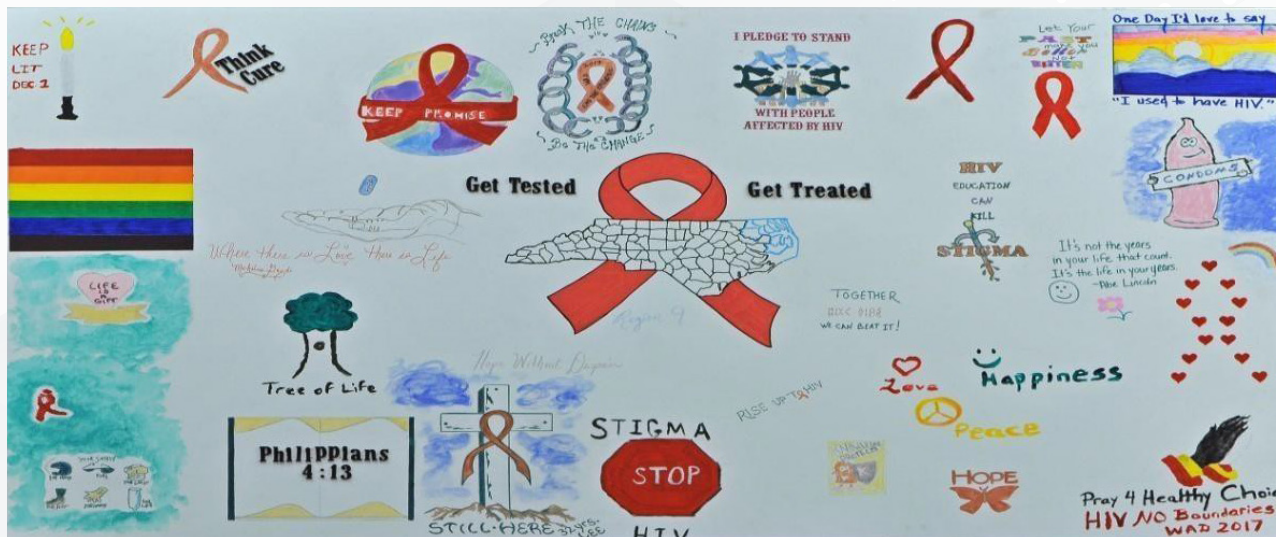


Cumberland County/Region 5

If we could end stigma about HIV today, we could end HIV tomorrow.

It is clear from our many community meetings, not to mention reviews of the popular press and everyday conversation that people continue to view HIV through a stigmatized lens, rather than seeing it as a health condition like any other. People living with HIV still feel that they must protect and hide their health status, for fear of judgment by family, friends, and even medical providers. Too often they are still ostracized, discriminated against and even illegally barred from services and systems as a result of their HIV status. HIV stigma even prevents some people from seeking this basic medical test that will protect their health and reduce new cases of HIV because they are afraid that others will learn they were tested. This problem is compounded for transgender people, people who use drugs, underserved populations, and others who have been the victims of the many other types of discrimination and misuse in our nation.

With this Plan, we will weave anti-stigma messages into every effort to end HIV. We will view all of our work through an anti-stigma lens and work to assure that all people have equal and unbiased access to testing, to care and to services. The ETE Steering Committee specifically looked at each Action Step as it was approved, stating explicitly how it addresses stigma. Each Pillar of our Plan has at least one Strategy related to stigma, and we anticipate there will be many ‘micro’ strategies as well.



Hertford County/Region 9

“People need to stop pairing HIV and AIDS together. It is not 1993 anymore. People can live with HIV and not die from AIDS.”

...

“Stop acting like HIV is the end of the world. If it were, no one living with HIV would be alive right now. HIV should never get a bad label because people are too ‘busy’ to listen about what’s out there.”

It is critically important that we address the needs of underserved people, where HIV stigma continues to play a disproportionate role in ensuring healthy lives. The Communicable Disease Branch intends to:

1. Strongly encourage that RNCs assure the availability of Peer Navigators, people with lived experience of HIV, to engage people for testing and for care, to assure that there are positive role models available who are living well with HIV and can guide others to do the same;
2. Create and provide training in Cultural Humility;
3. Create or adopt a statewide anti-stigma campaign as a way to engage, educate and motivate people to realize HIV is not only about some people or a deadly contagion; our goal is for NO ONE to be affected by stigma.

We can work to address and reduce stigma by incorporating education and awareness of HIV into provider trainings, cultural humility trainings, and education to youth throughout North Carolina. Education alone will not be enough: in the 21st century, technology and social media have taken people away from face-to-face conversations. Most people, especially young people, rely on text messaging, Face Timing, Snapchat, and other social media apps as their main platforms of communication. Face-to-face conversations are becoming a thing of the past but open discussions about sex, harm reduction and the many ways of normalizing HIV are still our best ways to eliminate stigma. The Communicable Disease Branch will hire a social media staff member to

1. Assist our funded agencies to create their own social media presence;
2. Increase our own HIV testing and care messages on social media platforms.

What do the Numbers Tell Us?

The number of people being diagnosed with HIV is growing fastest among those who are 20-29 years old. (preliminary data)

As of February 2020, 67% of people living with HIV in North Carolina were virally suppressed. That means that 33% are not suppressed, so we need to find them and get them into care and on medication. (preliminary data)

When we look at viral suppression by race/ethnicity, it breaks down like this:

- White: 73%
- Asian/Pacific Islander: 72%
- Multiple Race: 72%
- American Indian/Alaska Native: 67%
- Black/African American: 66%
- Hispanic/Latino: 57%

Clearly, we must put more effort into assisting historically marginalized populations to achieve viral suppression.

For people who are newly diagnosed with HIV, we see that African Americans have a rate of 44 (per 100,000 people), Hispanic/Latino people have a rate of 22, and White people have a rate of 5; the rate among American American/Alaska Natives has increased from 6 in 2018 to 16 in 2019. There is a very clear and significant disparity in who is contracting and being diagnosed with HIV. (preliminary data)

We know that people of all ages, races, and genders are living with HIV, but in 2018, people who were young and were men having sex with men and were African American had the highest diagnosis rates.

We also know that 40% of NC residents with syphilis also have HIV and that 10% of HIV infections may be due to chlamydia and gonorrhea infections, so testing for STDs is a critical part of reducing HIV.

We believe that about 5,000 people in NC are living with HIV but do not know it, so we need to assure that we are testing the right people, so that they can get into care, stay healthy, and not transmit HIV to others.



ETE Community Meeting



Steering Committee/December 2019

“What happened to getting churches involved? Churches can make people feel safe. Start reaching out to faith-based organizations again. Those are the people in your community that you want on your side.”

What can we do in the First Year?

- Rapid medication (ART) start
- Emphasize oral health/dental care with providers and consumers
- Explore funding for Peer Navigation and Support
- Increase PrEP access
- Cultural humility training
- Stigma Campaign
- Continue to provide and expand health insurance coverage
- Implement electronic enrollment system for Ryan White clients



Pitt County/Region 6

PILLAR: Engage and Embrace

Strategy: Improve access to antiretrovirals

Action steps:

1. *Expand rapid-antiretroviral therapy initiative statewide*
 - Improve linkage from positive test to medical care treatment
 - ▶ Particular focus on incarcerated people
 - Ensure exchange of best practices through utilization of Local Health Departments
 - ▶ Assure education of health benefits of medication before/during prescribing
 - Pilot rapid start of ARTs
2. *Increase access to transportation for care*
 - Budget for more transportation for support services
3. *Leverage regional transportation planning boards*
4. *Take care to the patients*
 - Tele-health • Mobile Clinics • House calls • Jails
 - Hotels or other non-medical settings
5. *Oral health*
 - Create oral health taskforce in order to educate both clients and HIV care providers about the importance of oral health, and to educate oral health providers about the need for improved access to care for PLWH
6. *Increase housing for PLWH*
 - More subsidized housing across North Carolina
 - Create more shelters that are specific to PLWH

How will this help to address stigma?

1. Provides care on the client's terms, without always coming into a specialty clinic, and provides opportunity to address general health needs
2. Provides a needed link between client and care that may not otherwise be provided, whole health focus and positive modeling
3. Clients receive immediate treatment, as they would for any other medical condition
4. Providing treatment in the jails removes barrier of having to transfer detainee to specialist

Strategy: Normalize assessment and offer PrEP in all health settings

Action steps:

1. *PrEP education for health providers*
2. *Identify populations eligible for PrEP where they already seek care (Syringe Service Providers, Historically Minority Colleges and Universities, etc.)*
3. *Develop strategies to reach under-served populations (rural, racial and sexual minorities)*

How will this help to address stigma?

1. Make PrEP discussions part of routine exam and normalize the assessment of need for PrEP
2. Make PrEP part of standard care



Jermaine Waddler, Evelyn Foust, Terl Gleason

Strategy: Expand cultural humility training for all stakeholders

Action steps:

1. *Provide training and education in cultural humility at all levels of service providers*
 - Make it part of new employee orientation process for Ryan White providers
 - Ensure training is ongoing
 - Ensure inclusion of Peers and PLWHs
2. *Require funded agencies to evaluate the intersectionality of their work and ensure a welcoming environment*
3. *Explore partnership with medical and nursing associations to continue to address and reduce stigma/increase cultural humility.*

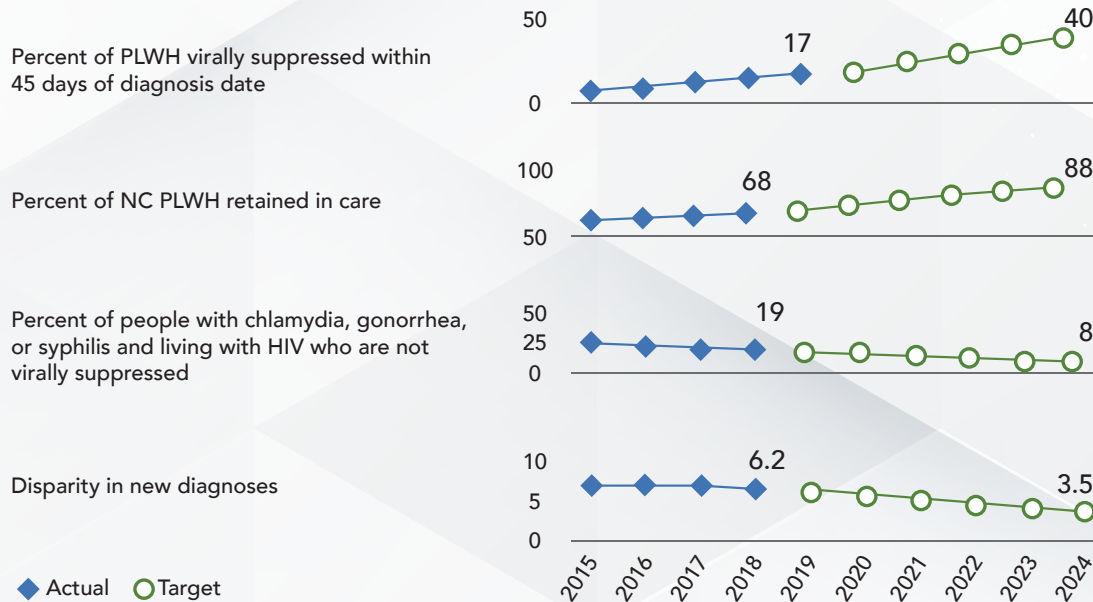
How will this help to address stigma?

1. Routinely acknowledging the need for cultural humility and addressing it honestly helps to normalize the topic and discussion
2. Regular updates and required training for staff creates conversation and change of attitudes over time



Elizabeth City Community Meeting

Measures



“How does the state expect us to be able to afford PrEP and PEP if we cannot afford basic health insurance?”



“If providers take the time to learn about HIV and re-educate themselves on current HIV issues, people living with HIV would not be so scared to go to a doctor and talk to them about their HIV status.”

To assess outcomes of our Engage and Embrace strategies, we will assess care outcomes:

- rapid viral suppression following diagnosis, retention in care (measured as the proportion of people who either have two care visits within the previous year at least 3 months apart or who are virally suppressed within the previous year);
- viral suppression measured at the time of diagnosis of a sexually transmitted infection (STIs); and,
- the race/ethnicity disparity in new diagnoses (measured as the rate of new diagnoses among people of color [African-American, American Indian/Alaska Native, Asian/Pacific Islander, Hispanic, and people reporting multiple race identities] divided by the rate among white).

These measures assess the key outcomes that lead to rapid and durable HIV viral suppression, assess the level at which STIs are contributing to HIV transmission and the opportunity of STIs as a setting for HIV care linkage, and track the excess burden of HIV on people of color.

Blue diamonds show the current status of these measures; green circles show NC goals.

Technical Notes will be posted.

PILLAR: Test and Treat

Strategy: Expand & increase testing for HIV/STD/Viral Hepatitis in traditional and nontraditional settings

Action steps:

1. *Promote testing in non-traditional and non-clinical places and in non-traditional ways (including non-HIV health checks/testing)*
 - Club testing, mail-in testing options, telehealth/ mailing test option
 - Barber shops, beauty salons
 - Syringe service programs (SSP)
 - Soup Kitchens & Shelters
 - Churches and Workplace Events (Wellness Events)
 - Colleges
 - Dental Offices
 - Mobile Testing in non-traditional places (such as ABC stores for example)
2. *In jails, Emergency Departments and substance abuse centers, increase HIV/STI/VH testing*
3. *At Emergency Department triage, promote opt-out testing for anyone with no record of testing in the past year*

How will this help to address stigma?

1. Normalize HIV/STI/VH testing
2. More opportunities to educate and encourage PrEP

Strategy: Assure HIV/STI education for providers including anti-stigma education

Action steps:

1. *Train providers with cultural humility on:*
 - Best practices when patients test HIV+ (talking to client)
 - Knowledge of HIV science, treatment and PrEP
2. *Assure that cultural humility training includes:*
 - Sexual orientation and gender identity
 - Racial and sexual minorities
 - People who use drugs
 - People who engage in sex work
 - People living with disabilities
 - Trauma-informed care framework
3. *Provide education about best practices for HIV/STI testing (who should be tested and how frequently)*

How will this help to address stigma?

1. Ensures that those seeking prevention or care do not encounter stigma or unintended bias from the providers they see
2. Reduces stigma-related barriers to accessing care



Charlotte Community Meeting

Strategy: Social media campaign to promote HIV testing and prevention and reduce stigma

Action steps:

What needs to be done?

1. *Create and disseminate state-wide social and broadcast media campaign to educate and promote HIV testing and prevention*
 - Advertise on billboards, streaming apps, dating apps, Spotify, podcasts and Pandora
 - Include a well-developed language access plan
 - ▶ Tailor to each region and the languages within the region
 - ▶ Address language comfortability
2. *Messages should be relatable/normalized*
 - Include individuals from focused communities
 - Frank, relaxed, even use jargon/colloquialisms to help destigmatizing the messages
 - Campaigns should seek to confirm there is support for PLWH (inclusive of transgender and gender non-conforming people)
 - Uplift and empower, avoid- demeaning any behaviors or priorities

How will this help to address stigma?

1. Normalizes HIV
2. Highlights that anyone can acquire HIV
3. Provides education

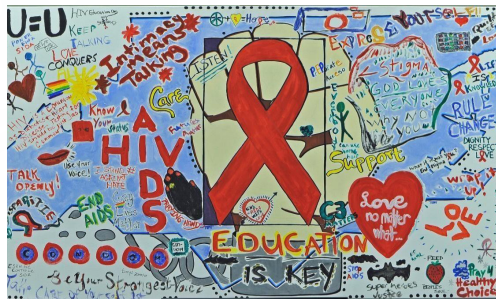
Strategy: Statewide promotion of U=U campaign

Action steps:

1. *Create and disseminate statewide media campaign to educate on U=U and make HIV visible again*
 - All regions – create a well-developed language access plan
 - NC general public
 - People living with HIV
 - Providers
2. *Educate everyone in multiple languages*
3. *Teach all providers on U=U*

How will this help to address stigma?

1. Educates people on the science of HIV
2. Normalizes HIV, reduces fear
3. Dispels myths
4. Increase self-esteem of people living with HIV
5. Decrease internalized stigma for people living with HIV
6. Normalizes sex as part of human experience



Communicable Disease Staff

Strategy: Promote youth-serving sexual health programs

Action steps:

1. *Foster collaborations with youth-serving organizations, school health educators, faith-based institutions, and academic institutions to better address sexual health education for young people; and utilize data to provide education, knowledge, and skills to better inform those making decisions about their lives*
2. *Encourage creation of local task forces to inform parents, guardians, and community organizations of the 2009 Healthy Youth Act (House Bill 88) for health education instruction in grades 7, 8, and high school*
3. *Engage local school boards and PTAs to address school site decisions about health education – specifically reproductive health and safety – curriculum, instruction, and policies*

How will this help to address stigma?

1. Focuses on population at high risk for acquiring HIV
2. Creates conversation early in formative years before stigma can form



Bryson City Community Meeting

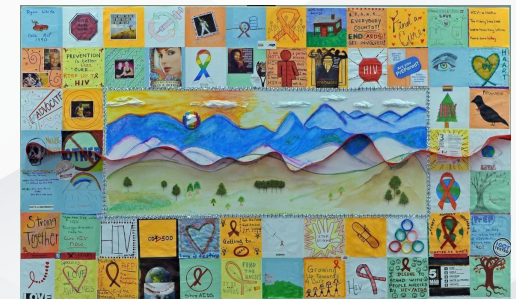
Strategy: In partnership with NCAAN, raise awareness in the community and with key stakeholders on the benefit of closing the coverage gap

Action steps:

1. *Advocate to expand Care funding which include Ryan White funds at the federal level and state and local funding*
 - Utilize current funding in new ways
2. *Educate about the benefits of expanding Medicaid/closing the coverage gap*
 - Encourage local and regional activism led by NC AIDS Action Network, including HIV Speaks on Jones Street
 - Work with Health Action NC (Closing the Coverage Gap Coalition) and Moral Monday movement to educate on the benefits of closing the coverage gap

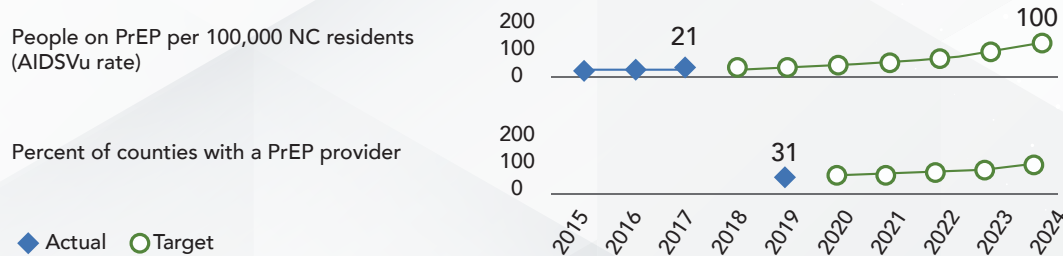
How will this help to address stigma?

1. Conversation starter
2. Support diverse candidates for office, including people living with HIV (puts a face on HIV)

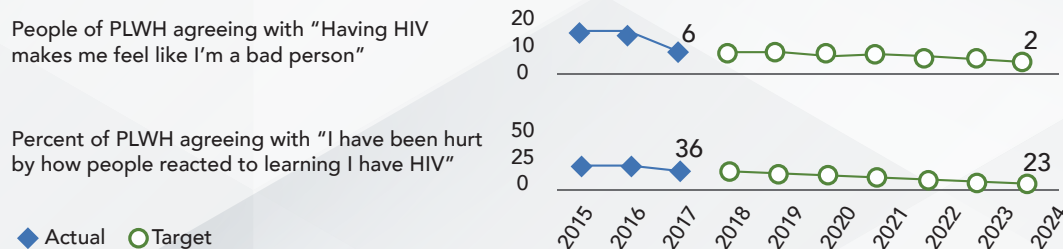


Buncombe County/Region 1

Measures



To assess prevention outcomes, we will assess the number of people on PrEP as shown by AIDSVu (AIDSVu.org). This measure undercounts the number of people on PrEP since it does not include people receiving the medication who are not captured in the pharmacy database used for this calculation. However, it is the most complete count we have access to at this time. We will also assess the percent of counties where a safety net provider is offering PrEP. Currently this measure shows the percent of counties where any provider is offering PrEP, but we will transition this to the percent of counties where the LHD is offering PrEP. We anticipate that PrEP will be offered by LHDs in every county in the future.



To assess stigma outcomes, we will use information from our Medical Monitoring Project surveillance activity. This project performs an interview with a random sample of people living with HIV each year and assesses internal and external stigma with these interviewees. These stigma measures are affected by all efforts in this plan.

Blue diamond's show the current status of these measures; green circles show NC goals.

Technical Notes will be posted.

"We need to stop acting like we are scared to talk to our kids about sex. Do you really want to be a parent with a 17-year-old child who becomes HIV positive and blame yourself because you didn't talk to them about practicing safe sex?! NO!"



"Now teachers are using language that is as rude as 'if you have sex, you'll get HIV and you could die.' When did it become this way?"

Who should do this work and how do we reach them?

For every Strategy's Action Step, the EtE Steering Committee examined who should take on the work and how we could best reach those people.

This Plan was created through the input of over 360 people who attended community engagement sessions; they have reviewed the plan and provided critiques and edits.

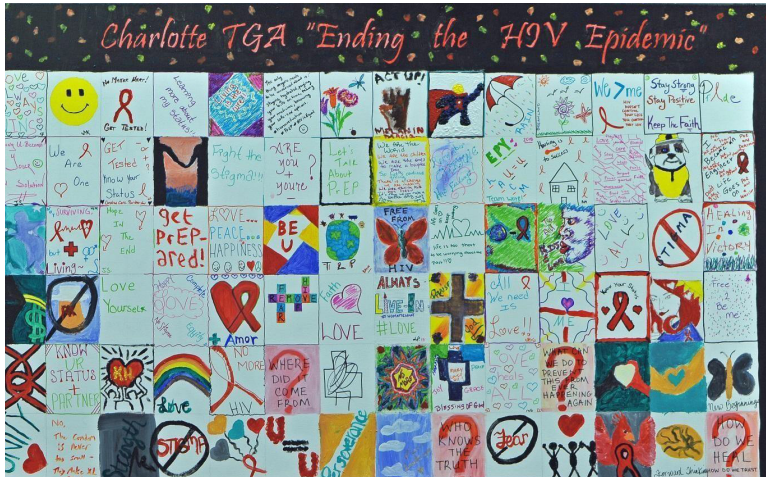
We may seek to draw in historically minority colleges and universities or the NAACP to create a new generation of champions for HIV awareness, who can best address the needs of those disproportionately affected by HIV.



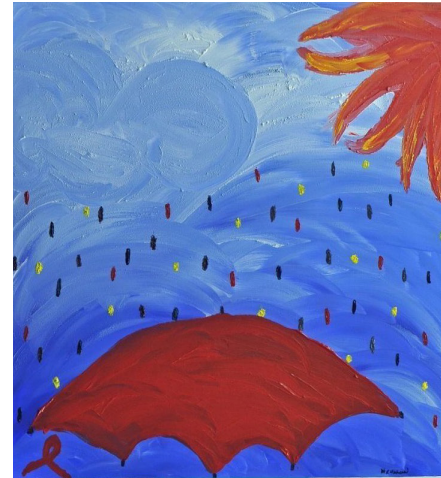
Wilmington Community Meeting Appendix I

- **The Communicable Disease Branch** will play a key role in creating the change we want to see.
- **Peer navigators** should become a new service since we heard repeatedly that PLWH would respond to linkage efforts made by 'people who are like us;' this may also increase adherence to medication and thus increase rates of community viral suppression.
- **Key players:** The Department of Public Instruction and SHIFTNC to improve youth education; the Department of Public Safety to increase linkage to care for releases of correctional facilities and improve care for those living with both HIV and hepatitis; Department of Information Technology to modernize HMAP.
- **Advocacy:** The North Carolina AIDS Action Network (NCAAN), which has partnered in the creation of this Plan, will lead the efforts that assure that policy and legislative changes are identified and pursued. This is an area where NCAAN's knowledge and expertise will be critical.
- **Champions** – are needed to help advance the work of ending HIV. These may include hospital administrators, medical and nursing associations and even partner agencies such as the Departments of Transportation, Public Instruction, Insurance or Correction.

- **Federally Qualified Health Centers (FQHCs)** should be seen as medical homes for those who are uninsured until Medicaid is expanded and can both treat those living with HIV as well as prescribe PrEP for those at risk for acquisition.
- **Regional Networks of HIV Care and Prevention (RNCP)** receive the funds for care (through Ryan White), prevention and housing (through HOPWA). We can work across designated counties to create and support a safety net system for people at risk of acquiring or living with HIV.
- **It is envisioned that the RNCP** will engage local housing authorities, school boards or PTA task forces, faith communities and transportation entities to look for new solutions to known problems. The RNCPS are ideally placed to work locally within the communities where they live and serve PLWH to develop local and regional solutions to these issues.
- **Engage people with lived experience** on a regular basis, through Community Advisory Boards (CABs), client interaction, and service provision, enabling them to gain regular input about the needs of the people they serve.
- **Create and encourage grass roots advocacy** and activity that will provide the greatest benefit at the local community level.
- **Providers:** Medical and case management providers, mental health and substance abuse professionals, academic centers and training entities (especially the NC HIV Technical Education Center, HTEC) will likewise play a key role in assuring that the proposals in this Plan can be actionable and successful.
- **Provider-to-provider:** influence should not be overlooked in increasing cultural humility and awareness, including in medical schools, nursing schools and in grand round environments. Primary care physicians will play a key role in increasing access to PrEP, since PrEP is easy to manage and prescribe, requiring no special training or even knowledge of HIV.
- **We will need advertising and awareness** campaigns to address stigma and continue to reach people about the latest tools to combat HIV.
- **The Centers for Disease Control (CDC)** has created materials to increase awareness of testing and linkage to care; we will determine if we should use these or create our own North Carolina materials to address stigma and raise awareness of the new tools for ending HIV.
- **Undetectable = Untransmittable (U=U)** is the national movement that summarizes the fact that viral suppression means inability to transmit HIV, but we must bear in mind that not all people have equitable access to viral suppression, and we must work to overcome the barriers that cause this.
- **Social media:** We expect to enhance our ability to utilize social media and dating apps to reach younger populations of all races/ethnicities with relevant messages, not to mention bus ads, college radio, Spanish-speaking media, park benches, public libraries, etc. To address stigma we must ultimately re-brand HIV, as a medical condition like any other, and not one that should cause alarm.



Mecklenburg County/TGA



Communicable Disease Branch Staff



(unknown)



Fayetteville Community Meeting



Steering Committee/May 2019



Charlotte Community Meeting #2



Charlotte Community Meeting



Charlotte Community Meeting #1



NC ENDING HIV

A Plan to End HIV Together
Community-by-Community
Hand-in-Hand



NC DEPARTMENT OF
HEALTH AND
HUMAN SERVICES



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