

MEMORANDUM

To: Kelle’ Martin, Chair
HIV Planning Council (Austin Area TGA)

From: Social Determinants of Health & Equity Working Group
Austin Fast Track Cities
Contact: Rick Astray-Caneda III, rickyaciii@gmail.com, 786.325.7425; and Michelle Osorio,
michelle.osorio@austintexas.gov, 941-269-9288

Cc: Rick Astray-Caneda III, Friends of the David Powell Clinic; Flor Hernandez-Ayala, Austin Public Health;
Avery Westendorf, CommUnityCare; Michelle Osorio, Austin Public Health

February 21, 2024

Request for Funds, Partnership, and In-kind Support to Administer the *Persons Living with HIV Stigma Index 2.0* in the Austin Transitional Grant Area

Dear Kelle’:

Subsequent to our presentations related to the administration of the *Persons Living with HIV Stigma Index 2.0* in the Austin Transitional Grant Area on September 25, 2023, and February 14, 2024, the Social Determinants of Health & Equity Working Group of the Austin Fast Track Cities Initiative requests support of the HIV Planning Council for the Austin Area TGA. Thank you for allowing us time to present this to the Planning Council on the prior occasions and thank you for considering this request.

In Appendix A, we provide an overview of the project.

At present we are recruiting approximately 12 people, including at least five living with HIV, to lead this effort. We ask that the Planning Council considers supporting this effort in as many of the ways below as you can. We know that the Planning Council has many priorities, and we appreciate any assistance toward this valuable effort.

#	Request	Monetary Amount
1	Sponsor the administration of the <i>Persons Living with HIV Stigma Index 2.0</i> in the Austin Transitional Grant Area. The sponsorship sends a message of legitimacy and importance to our community.	\$0.00
2	Allow us to table with you at events to recruit Steering Committee members and later to recruit interviewees. This gives the initiative exposure and through presence with the Planning Council adds legitimacy.	\$0.00
3	Sponsor all or part of the first year of stipends for Steering Committee Members. We calculate that at 12 members x three hours per month x \$20 per hour at Austin’s living wage x 12 months.	\$8,640.00
4	Assist us identifying a medical or social service organization that will allow us to use their calendaring system to schedule interviews.	\$0.00
5	Set aside funds to help with logistics and tools for the Steering Committee. We have put a suggested amount of \$2,000. This money would be used for	\$2,000.00

#	Request	Monetary Amount
	items such as a videoconferencing membership, meeting space, or recruiting tools and media.	
6	Provide in-kind assistance to develop and/or execute a marketing campaign for either or both of recruiting Steering Committee members and/or recruiting interviewees.	\$0.00
7	Help us identify a source for free/inexpensive tablet devices for interview delivery.	\$0.00

Thank you for considering this request. Please feel free to reach out to us via Rick Astray-Caneda III, rickyaciii@gmail.com, 786.325.7425, and Michelle Osorio, michelle.osorio@austintexas.gov, 941-269-9288.

APPENDIX A: Project Overview

About the PLHIV Stigma Index 2.0

The PLHIV Stigma Index 2.0 is a globally implemented tool, used in an effort led by the International Community of Women Living with HIV and the Global Network of People Living with HIV/AIDS, and backed by UNAIDS. The index presents a detailed picture of HIV and AIDS stigma experienced by persons in a community. If a statistically valid sample is utilized, data can be broken down by factors including age, race, ethnicity, and geography, among others. An excellent example of the outputs from a PLHIV Stigma Index 2.0 delivery can be seen in [this presentation](#) based on the Baton Rouge and New Orleans Implementation.

The index is created by administering in-person 1-2 hour surveys to a representative sample of PLHIV in a community. Data is analyzed at the community level and also shared with the global leaders of the index project. This research instrument has been validated by the Index research partner, Johns Hopkins University.

Ultimately, a requirement of the project is to produce an advocacy plan utilizing the findings. This is tailored to the needs of the community.

Value of Delivering the PLHIV Stigma Index 2.0 in the Austin TGA

The “2021 Analysis of the Austin Area System of HIV Care” reported the following related to HIV-related stigma in the Austin TGA:

- Transgender PLHIV had challenges in finding a “safe space” and gender-affirming care.
- Lack of staff diversity creates major barrier to service appropriateness and staff retention.
- Providers described services as often designed for “gay White men”.
- Only 1 non-subrecipient provider described as targeting primarily Black and Latinx PLHIV.
- Need for more services designed for Black women.
- Asians “often ignored”.
- The average response for stigma as a barrier to care was 3.11 of 4.0 (4 = serious barrier to care).

We posit the following benefits to conducting this assessment:

This Assessment will Find...	Which will Help Our Community...
<ul style="list-style-type: none">• Clear picture of stigma and discrimination related to HIV/AIDS and it’s impacts• Detailed information by county*• Detailed information by race, sex, ethnicity, and gender*	<ul style="list-style-type: none">• Address stigma with targeted interventions and programs for geography, race, ethnicity, gender, sex• Provide our community with evidence to build empathy and drive advocacy, policy, programming• Inform development and implementation of FTC advocacy plan• Engage PLHIV in services, network of supports• Advance equity across PLHIV• Enhance health outcomes for PLHIV

*Assuming a statistically valid sample

Further, indirect benefits include empowering people with HIV as the effort must be led by PLHIV. Interviewers, who must be PLHIV, and interviewees, who must be PLHIV, all will be provided stipends as well.

Sampling

All interviewees must be PLHIV age 18 or older who have been aware of their HIV+ status for 12 or more months. To ensure adequate representation of marginalized groups, the sample must include 50 persons from each of the following groups (overlap allowed): men who have sex with men, transgender persons, persons engaged in sex work, people who use illegal drugs. The minimum sample size is 283 persons, we seek to enroll 340.

A stratified sample will be utilized to ensure rural representation is included. Ideally, 75% of the sample will come from venue-based recruiting, and 25% from referrals.

Leadership by People Living with HIV

The effort must be led by persons living with HIV. In “Phase 0” the SDOHE is working to recruit a committee of 12 persons to lead this. Only persons living with HIV will be voting members. The committee will have a minimum of five persons living with HIV, and our goal is seven. All interviewers must be PLHIV, though, if this is a challenge that prevents implementation the team may ask for an exception.

At present three members of the SDOHE Committee of Austin Fast Track Cities, and one staffer, are working on this. One of them is openly HIV positive. A brief bio of each of these leaders is below.

- Rick Astray-Caneda III, PhD, President, Friends of the David Powell Clinic: 15 years of experience leading IT functional design and operating model design with Health and Human Service Agencies and nonprofits. PhD focused on social vulnerability and resilience. Leader of an Austin area HIV and AIDS service organization. Rick is a PLHIV.
- Flor Hernandez-Ayala, MPH, Austin Public Health HIV/STI Epidemiologist, extensive experience working in Latin America and in the United States, largely focused on the prevention of infections of conditions of global concern, using data to identify health disparities in HIV testing, prevention and treatment in order to highlight groups; and evaluating interventions with the potential to improve STI/HIV treatment outcomes.
- Avery Westendorf, MPH, CPH, Sexual Health Program Coordinator, David Powell Health Center-CommUnityCare: 5.5 years of public health education, with training in medical humanities and culture, infectious disease, sexual health, and global health. Experience in HIV/HCV/STI prevention and care and community outreach and education within general and vulnerable/minority populations, as well as research of treatments for neglected tropical diseases in low- and middle-income countries.
- Michelle Osorio, MPH, Austin Public Health Program Coordinator, Fast-Track Cities: 6 years of experience in public health programming specific to sexual health and HIV prevention. Michelle spent two years conducting public health follow-up for HIV & syphilis cases in Austin/Travis County, and served in the U.S. Peace Corps as an HIV Prevention Specialist in Guayaquil, Ecuador. Extensive experience with community outreach, providing sexuality education, and is fluent in Spanish.

Budget

We estimate that the project will cost \$330,000 to implement over three to four years. However, this may change as one objective in Phase 0 is for the PLHIV-led committee to create a detailed budget, with the support of an expert contractor.

Our current estimated budget is shown below.

	Phase 0 (3/24 – 2/25)	Year 1 (3/25 – 2/26)	Year 2 (3/26 – 2/27)	Year 3 (3/27 – 2/28)
Project Coordination (Contractor*)	\$74,000	\$60,000	\$73,014	\$77,892
Interviewer Stipends	\$0	\$0	\$16,000	\$16,000
Interviewee Incentives	\$0	\$0	\$12,000	\$12,000
	\$74,000	\$60,000	\$101,014	\$105,892

*Cardea is currently proposed for Phase 0, though future years could require competitive bidding.