

CMEO Podcast Transcript

Elder Will Francis:

So again, hello and welcome to CME Outfitters webisode titled, *The Power of Prevention, Personalizing HIV Prevention Care*. I am Elder Will Francis, Lives and Souls in Atlanta. Very excited to be here with you. And doc, you want to go ahead and introduce yourself?

Christina Madison, PharmD:

Yes. Hello, my name is Dr. Christina Madison. I am a nationally recognized and globally connected residency trained clinical pharmacist with over two decades of experience, and I've been caring for those affected and infected with a positive status for the past 17 years.

Elder Will Francis:

Wow, wow, wow. We thank you for your work. In our previous webisode, we talked about HIV still being very prevalent, especially here in the South, and we've talked about how we can improve discussions about sexual wellness and HIV prevention. And in this episode we're going to talk about what direction we are going to take people in having these conversations about testing and prevention as well as wellness. And we want to make sure that they take the best care of themselves. So, let's go ahead and dive in. Let's dive in.

Christina Madison, PharmD:

Absolutely.

Elder Will Francis:

You ready?

Christina Madison, PharmD:

Yeah, come on. Let me have it.

Elder Will Francis:

All right, so HIV testing is part of HIV prevention, right? I think we can start there.

Christina Madison, PharmD:

Yeah, so there's this new concept. I mean, fairly new. It's maybe about a year and a half, two years old. It was introduced at one of the larger HIV conferences, but this approach is called status neutral. So, the Centers for Disease Control and Prevention (CDC) states that everyone should get tested. So, this approach really helps to reduce stigma and it removes a lot of those barriers to preventative care services. So, the way that status neutral works is that everyone tests and then based on what the outcome of that test is, you are either directed to HIV prevention services and you're linked to care there, or you're linked to HIV treatment resources and

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hopefully are able to get same day medication in both settings. So, the key here is that neutrality where it doesn't matter if you test negative or positive, you're linked to quality healthcare in both settings. And that regardless of whether or not you think you may be at risk, we want folks to know that everyone should test and it should be part of their overall health and wellness strategy.

Elder Will Francis:

Now, what happens if I get a positive test result?

Christina Madison, PharmD:

So, what we typically say at that point is that we call it a preliminary positive. We typically have to do an additional test to confirm, and if that test is also positive, then we would link you to HIV treatment services. So, typically, depending on the jurisdiction that you live in, we have these rapid response teams that can come out and basically get you started on your medication the same day, if not, the next day. Because again, we want you to know that we are treating this as seriously as you should and we want you to be in care and get you to undetectable as quickly as possible.

Elder Will Francis:

Right, right. Now in our context, we've had a lot of folks that literally, every 3 months, every 6 months come to our faith-based organization for an HIV test, right? If they get a negative test result, I don't want to be that leader that just waits until you get a positive test result. What, what should be this direction if you receive a negative test result?

Christina Madison, PharmD:

Yeah, at that point, if the test is negative, we would want to get that person linked to HIV prevention services, whether that is an oral daily pill or whether or not that's a every two month injection. We want to get them access to that prevention medication as well as talking about harm reduction such as, you know, providing them with unused needles as well as condoms. And then talking with them about regular routine testing for sexually transmitted infections (STI) because we know if you have an STI, you're two to five times more likely to get and give an STI. I think I mentioned this in the previous webisode, but I said a sore is a door, right? So, if you already have something going on down there, it gives a lovely little entry point for the HIV virus to infect our immune cells.

Elder Will Francis:

That's good. That's good. Now, I know a lot of my colleagues would be like, "Okay, you're asking me to do condoms, but now you're talking about clean needles." What we have found in our context is by doing what you said, harm reduction, those same individuals come back to our support groups to minister into services that we do or what have you. So, this really is an extension of ministry, right? I mean, if this was a Bible study or what have you, I could support it all day every day, but I know a lot of faith leaders would push back on what you just said. But I want to invite them really to lean in because in order for us to understand just health and wellness, we have to begin to have conversations around sexual wellness and how to discuss it within our communities. And a lot of times we struggle with that.

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So, what are some of the conversation starters, if you would, around sexual wellness, which I think is just ... it can go in so many directions, but let's talk a little bit about that. How do we consider individual needs and the goals when discussing sexual wellness?

Christina Madison, PharmD:

Yeah, I think the first thing is just understanding healthy relationships because oftentimes, we know that folks may be experiencing intimate partner violence. There may be, you know, issues around whether or not that person may be in a situation where they may be exchanging, you know, sex for getting their basic needs met, right, like housing and food and transportation and those kinds of things. So, I think the first thing is just understanding what is a healthy relationship and having a healthy sexual relationship with your partner and being able to negotiate those, you know ... whether or not you want to engage in sexual practices, right, and what types of sexual practices you're willing to engage in with your partner. And having those open and honest conversations about, you know, what are your barriers? What are your, you know, what are your, what are your non-negotiables, right? What's a hard "no"? What's a "maybe"?

So, I think that's the first thing, is like, understanding, you know, what is a healthy relationship and a healthy relationship starts with mutual respect and mutual love and intimacy as part of that conversation. And if you are someone, I always say, if you're having more sex than you would like, why is that? And then if you're not having enough sex, why is that, right? So, both of those could be a potential challenge because it could be that you may have some sort of, you know, medical issue that is leading you to not have healthy, and, you know, healthy intimacy and, you know, sex that is not painful. So, that needs to be talked about as well. So, I always think about, you know, the sexual history when we take a sexual history, the last ... we call them the six P's, and the last P is plus, and it includes pleasure, pride, and then problems, right? So, it's not just are you enjoying it, but are you having issues? And we really need to discuss that in the context of healthy intimacy and healthy sexual wellness.

Elder Will Francis:

Right, and I love how you used healthy relationships because I think that's something that nobody, if I said, "Hey, we're having a healthy relationship workshop," nobody's going to push back on that, you know. So, I think sometimes we've got to sneak up on folks. With faith-based organizations, like, being in community, and I really stress that in my ministry that we need to be in community, right? We deal with varied populations, right? So, when we look at target populations with HIV risk say, within communities, I mean, I think women at risk, right? Men are at risk. We are very, as you said in the last episode, affirming inclusive in regards of, we service anyone, so anyone needs to come and get an HIV test or what have you. So, can we talk a little bit about target populations and do you think that the conversation needs to be different, right, depending on our target population, or do we just put out one big message and throw out one big net and see what we catch?

Christina Madison, PharmD:

Yeah. I ultimately feel like these conversations should be had with everyone regardless of ethnicity, race, gender, sexual orientation. However, we do know that there are certain populations that are more at risk than others. One of those that I think that a lot of folks probably don't realize is our, our cisgender African American women. So, we are seeing a rise in new infections in that population. So, that is definitely a population that I

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think feels like they have been left behind. Especially when you think about the direct to consumer advertising, it's very much like you see, you know, White gay males. Like, that's a lot of the imagery.

Elder Will Francis:

Right.

Christina Madison, PharmD:

And so, for a lot of the time, people who look like me don't feel like they need to be tested and they don't feel like they need HIV prevention because they're like, "Oh, that's not for me, that's for these people over here," because we haven't targeted them. We haven't, we haven't ministered to them. We haven't tried to give them the information to understand why there would be reasons why they should think about HIV prevention as part of their overall sexual health and wellness plan.

And again, I always say you know where you are 100% of the time, but do you know where your partner is?

Elder Will Francis:

Right, right.

Christina Madison, PharmD:

Or do you know who your partner's been with, right? Because you're sleeping with whoever they've slept with, so you got to protect yourself. So, this is part of you investing in your own health and wellness and it's not necessarily something that you need to do that is, you know, a negative. I think that that was part of the way that this was presented initially was that only folks that had had multiple sexually transmitted infections, only folks who had multiple partners, only folks that engaged in, you know, what they called "risky sexual behavior," which I really dislike that term.

Elder Will Francis:

Yes, yes.

Christina Madison, PharmD:

It's very stigmatizing. I think that that, it was a misdirection on our part, as healthcare professionals. I think we really did ourselves an injustice by not making it just part of overall health and wellness because I always say when you come in, "Your sexual health is related to your overall health and wellness, so you just need to... We test everyone. It's not just a you thing, right? Because a lot of times, I think, when you offer someone an HIV test or a sexually transmitted infection test, that they assume that you're profiling them or you're judging them when really it's not. I offer this to everyone.

Elder Will Francis:

And I think this is so key because in context we're always talking about mind, body, and spirit, right? We always want to just talk to the spirit man or the spirit woman, but if we're going to talk about the body, sexual health is definitely part of that. So, I think it's a holistic conversation. So, understanding that communication is key. I do

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believe that we need to do more HIV/STD screening in our community events, our health fairs. Most faith-based organizations have health professionals like yourself as members of the congregants in reference to resources and referrals. When it comes to awareness days, right, I don't have to necessarily talk about this every single Sunday, right, but just utilizing messaging around awareness days, you know, starting in February with awareness days going all the way through World AIDS Day, you know ...

Christina Madison, PharmD:

Yep, National Black HIV/AIDS Awareness Day is in February. And then there's ...

Elder Will Francis:

There's Women and Girls ...

Christina Madison, PharmD:

... there's National HIV Testing Day, which is in the summer.

Elder Will Francis:

National Week of Prayer is in March, Women and Girls Day, Youth Day, Men's Day, I think there's aging, senior aging, you know, I don't know all of them off the top of my head, but excellent opportunities for us to engage communication and messaging.

What about routine testing? Not just World AIDS Day, right, but what about routine testing on our campuses? We, like I said, we have health professionals there establishing partnerships with local agencies, board of health, department of public health, professionals like yourself to come in, speak to women's group. I think it's a conversation needs to be had with men because heterosexual women are having sex with somebody. I'm just saying, so conversations we'd have.

Christina Madison, PharmD:

No, no, no, I'm not saying that you should only talk to the women by any means.

Elder Will Francis:

Right, but there are some of the leaders that may be listening think this is a conversation only for women.

Christina Madison, PharmD:

No, this is a conversation for everybody.

Elder Will Francis:

Everybody.

Christina Madison, PharmD:

If you're engaging in any kind of sexual activity. We all need to be having this conversation.

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Elder Will Francis:

At least 13 to 64, as you said earlier, at least. And that's a large chunk of our congregants. We talked, our last episode, about in our marriage and single ministries, excellent opportunity to have, like I said, professionals like yourself to come in. And I can understand why it would be uncomfortable for a faith leader to do this on a Sunday morning, but there's so many other opportunities throughout the week that we would be able to have this conversation.

Now, what is this about, I hear it so often that we all need to take an AIDS test. We always hear-

Christina Madison, PharmD:

That's cringe worthy. It's so cringey.

Elder Will Francis:

Right, or we always hear, you know, HIV/AIDS, HIV/AIDS, HIV/AIDS. Can we talk just a little bit why there's this movement to remove AIDS from a lot of the communication and messaging?

Christina Madison, PharmD:

So, part of it is because, so they are two different concepts. So, HIV is the virus, and when that virus is not treated, it can develop into a disease, which is what AIDS is. And so, they are two very different concepts. I always say that you can have a diagnosis of HIV positive without a diagnosis of AIDS because your immune system is still intact, but you can't have a diagnosis of AIDS without having the HIV virus. So, those two together, I think typically, were being used at the same time because most of the folks that we were diagnosing at the beginning of the epidemic back in the 1980s were being diagnosed at very, very low CD4 counts, which is your immune cells, and had a diagnosis of AIDS, which means that your CD4 count is under 200.

And so, a lot of times we don't even talk about CD4 cells anymore because, you know, now it's all about the viral load and trying to get people to undetectable because most folks, because we have routine, regular testing, are being diagnosed prior to them getting to a point where they've have a compromised immune system. And so, there really is a, you know, a push within the community to get away from that terminology because it is so stigmatizing and because once you have a diagnosis of AIDS, that diagnosis never goes away because your immune cells, even though you may be able to develop more immune cells over time, you still have, you know, very immature immune cells because the HIV virus typically will attack and destroy those, you know, mature immune cells that help you fight off infection.

Elder Will Francis:

Yeah, I love this conversation because I'm understanding what you're saying and it's making sense. What I'm hearing is you're talking about a personalized plan if you get tested and you're positive for HIV as well as negative for HIV. So, can we talk a little bit about building personalized plans? We talked a little bit about PrEP, right? So, PrEP options being part of that plan. For those in the back, what is PrEP again?

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Christina Madison, PharmD:

It's pre-exposure prophylaxis. So, taking a daily pill or on-demand medication or a long-acting injectable to prevent you from becoming HIV positive.

Elder Will Francis:

Okay, new term for me that we've discussed, dynamic choice.

Christina Madison, PharmD:

Yeah, so this is actually something that was really got a lot of press after Conference on Retroviruses and Opportunistic Infections (CROI), which is a major HIV conference that's held in March. So, there was a poster that was presented basically showing that when we give people a choice when they want to do their HIV prevention, that they are more likely to stay adherent and then they are less likely to become HIV positive. So, what does that mean? It means that you can switch. So, say you're somebody who's like, "Okay, I want to come in and I think I want to take a daily pill." And then you start the daily pill, but then you realize maybe the daily pill isn't really working for me, and maybe I don't need to take something every day, maybe because I just have casual encounters, maybe I just need to do something on demand.

So, that is something that is, you can use the medication, it's called Truvada. You can do on demand, which is 2-1-1. So, you take two pills immediately after your sexual encounter, one pill 24 hours after that, and another pill 24 hours after that. So, a total of four pills, but it's per encounter, not necessarily that you have to take it all the time, and you can use that for same gender loving males. And then there's a long acting injectable that you can use that is appropriate and that can be used every two months, which again, is very convenient for somebody who maybe has a mixed schedule. Maybe they have shift work, maybe there's somebody who just doesn't really want to take a daily pill. So, those folks, they can take that as well.

So, the cool thing about this dynamic choice, which is that when you started it, if you chose to do the daily pill and you didn't like it, you could switch to something else. I think that's the key is that you could either do daily oral, on demand or injectable based on your life and how you feel like is best for you.

Elder Will Francis:

So, it sounds like that's not the only option, but a option with other strategies that you may use to prevent HIV.

Christina Madison, PharmD:

Yeah, and this also, again, going back to harm reduction should be combined with condoms, dental dams, lubricants, you know, unused needles. If that's something that someone has been having a challenge with as well,

Elder Will Francis:

That's good.

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Christina Madison, PharmD:

We definitely want to make sure that those who may be suffering from substance use disorder, that those folks are also potentially being provided with harm reduction as well.

Elder Will Francis:

That's good. That's good. That's good. One of my ushers just handed me a note. You mentioned status neutral earlier, can you just reiterate what status neutral means?

Christina Madison, PharmD:

So, the key here is that everybody gets equitable care, right? So, for those who, you know, think about things being equal, that means that everybody's given the same amount of support regardless of whether or not they need an accommodation. But equity is where we give everybody support, but then we also account for the fact that not everybody is starting from the same playing field. So, it's really adding this component of justice and things being just, and things being right.

So, not everybody may have access to these resources. So, we want to come to it from this health equity lens where not only are we providing testing, but we're providing access to whichever pathway folks may need. So, even if you test negative, we're not going to just send you on your way. We're going to provide you with HIV prevention strategies. And you can choose based on dynamic choice, right, ha, ha, ha, whether or not you want the oral daily pill, the on-demand or the injectable. And if you test positive, we link you directly to care and we get you on medication hopefully same day, if not, next day, to get your viral load to undetectable so that you can get to U=U.

Elder Will Francis:

Yeah, this is good. This is so good. I know people are going to have concerns, you know, in reference to cost and insurance coverage, existing health conditions, etc., long-term use of these medications. I mean, I know we don't have hours and hours to go into detail, but can you sort of summarize just how we should address concerns as we look to wrap this episode up?

Christina Madison, PharmD:

Yeah, I think the more we can help folks to overcome cost barriers and financial constraints, the better. So, making sure that you have someone on your team that can help them navigate the insurance process ...

Elder Will Francis:

Yes.

Christina Madison, PharmD:

... especially if it's an adolescent or a young adult that may still be on their parents' health insurance, and understanding that there is a provision that you can ask the insurance plan to not have that be listed under your ... the covering of benefits. So, when you get that report at the end of the month, like, you can actually ask them

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to omit that information if you were on your parents' insurance. So, disclosure obviously is definitely something that may be of a concern.

I would also say that patient assistance programs, using things like the Gilead Patient Access program, utilizing a PrEP provider by going to those websites like prep.org or Please PrEP Me and finding someone who's already offering PrEP services because they're most likely going to have something called a PrEP navigator and those PrEP navigators are going to help you to find coverage and make sure that you don't have an exorbitant cost associated with you being on HIV prevention. And so that's number one. And then, you know, making sure that folks know that, you know, if they're already taking other medications, making sure that we're checking to see that there's no drug-drug interactions. And then addressing, you know, if folks feel like they may have long-term issues associated with taking PrEP. You know, when we first looked at studying PrEP, it went out to two years, but ultimately, as long as you are needing PrEP, you should take PrEP.

So, I always tell people, there's no expiration date on you being able to take PrEP. You take PrEP as long as you need PrEP. And that, you know, as far as long-term concerns, really, the only challenge that I would say is that, you know, of the three different types of medication that we have, the first medication that was approved in 2012, which is Truvada, that medication had been associated with some challenges with kidney and bone health. So, if you are somebody who already has those challenges, you may want to take the other oral pill, which is called Descovy or the injectable. So, again, that's just a conversation you'd want to have with your healthcare professional. And then again, just really, a personalized plan, and going back to that dynamic choice, it's going to be what's best for your lifestyle, what's best for you, and then obviously, you know, making sure that we can get it covered by using those PrEP navigators.

Elder Will Francis:

This is so rich, so rich. Well, you have definitely provided all of the information that one could ask, but I always say information without application will never lead to transformation. And within the faith-based community, we are always looking to transform communities. So, we have the information when it comes to the application, right, we have to develop a plan, as you talked about, providing that framework, I think, is key. Finding the support, you talked about. Sharing resources, locating the PrEP providers and sexual health clinics or board of health, even support groups, so important. If there's no support group in your community, open up your faith-based organization and host a support group, right? And then start talking about PrEP, some other recommendations that we've made here today as part of the overall plans. And I absolutely loved, we're not only just talking about those diagnosed with HIV, but even those that have a negative diagnosis.

There's the Health Resources and Services Administration (HRSA), H-R-S-A website, there's a PrEP navigator website, the CDC website. We didn't talk about take home test, right, which is available through our board of health, etc., there's information about that. Home screenings for STIs, there's so much more that we could unpack, but I think it's just important to know about your local ASOs and your CBOs, their AIDS service organizations (ASO), community-based organizations (CBO). So, you can go to healthhiv.org, look under resources, put in the zip code, find out all the great stuff that we've talked about today.

Dr. Madison, this I know just for me, has been truly a rich conversation. And I hope those that have tuned in today have definitely walked away with something. But more importantly, do something with all the information that you've shared. So, I thank you and this has been great.

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Christina Madison, PharmD:

Thank you so much. And again, I just think, you know, we can all take action. We can all leave here with a call to action to make sure that everybody is knowledgeable about the fact that there are so many different HIV prevention tools that are out there. Understanding that when you test that it's not, you know, a negative thing. It's part of your overall health and wellness, and that, you know, if you are being offered an HIV screening, that that is a good thing, that you should not take that as a negative ...

Elder Will Francis:

Right.

Christina Madison, PharmD:

... and that you can really do what's best for you and best for your lifestyle. So, that could be the oral pill, that could be on demand, that could be the long acting injectable. And then really utilizing those resources like the CDC.

And if you are apprehensive about going to a testing site that you can get an at-home test sent to you for free.

Elder Will Francis:

Yes.

Christina Madison, PharmD:

You can get testing that you can do self-collected sampling and send it back to, you know, your local health department. And you can go to Federally Qualified Health Centers (FQHCs) and they cannot turn you away regardless of your ability to pay. Oftentimes they're done at a sliding scale. And, you know, there is, where there's a will, there's a way, right?

Elder Will Francis:

Yes. Absolutely.

Christina Madison, PharmD:

And you could have somebody in your congregation right now that could have, you know, these resources and could be providing these services, and you just don't know because you haven't asked.

Elder Will Francis:

Yes, yes.

Christina Madison, PharmD:

So, I just think we're all in this together, and it's going to take all of us working, educating, and providing access and resources through a health equity lens in order to end this epidemic.

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Elder Will Francis:

That's good. That's good. Well, thank you again, and just a wealth of knowledge. And again, we just thank you for all you do.

Christina Madison, PharmD:

Thank you.

Elder Will Francis:

Well, we just want to thank the other viewers for watching and remember that you can find more information and resources at the CME Outfitters HIV Education Hub, and you can find that online at cmeoutfitters.com. Take care.