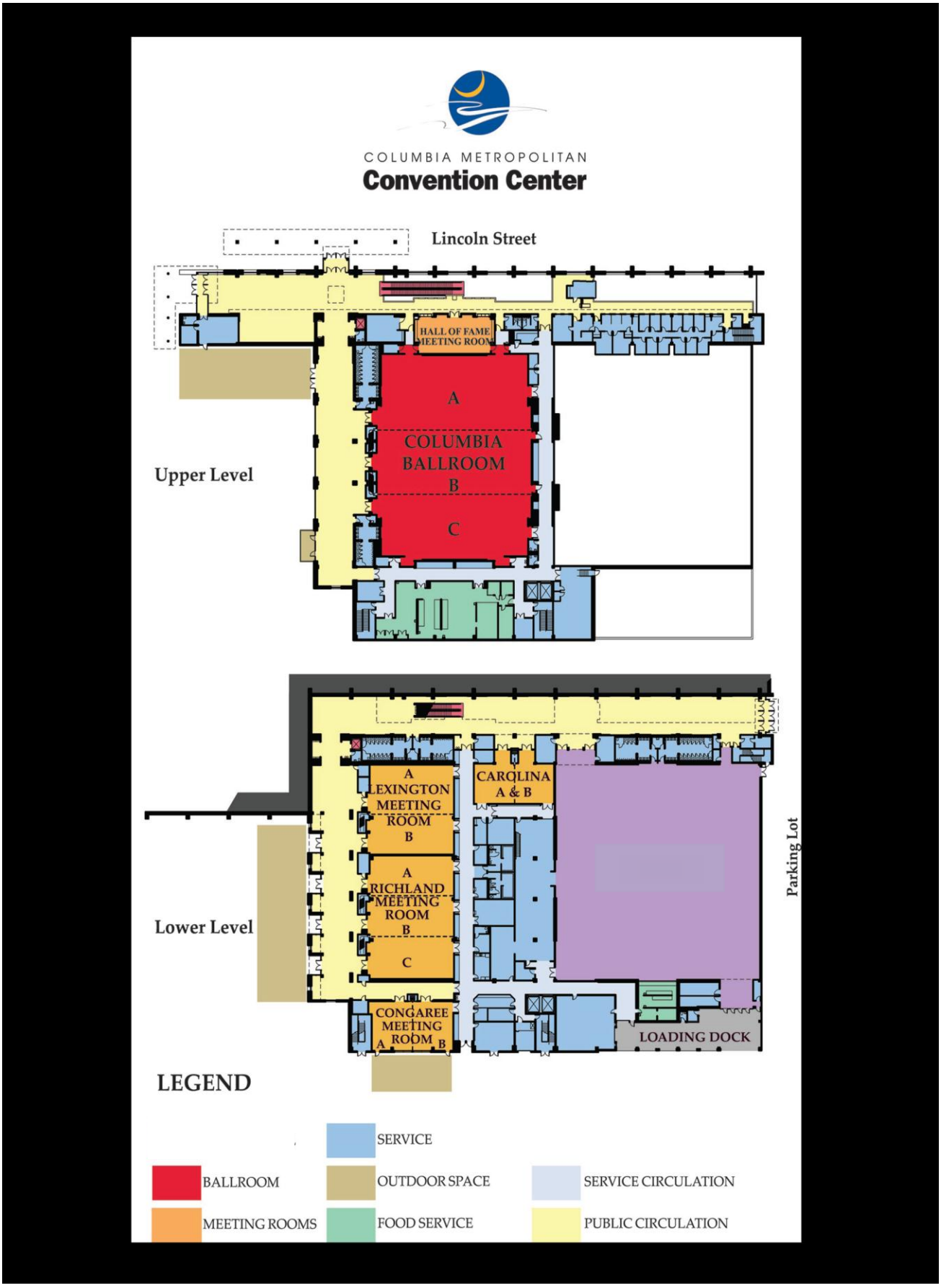
South Carolina HIV, STD and Viral Hepatitis Conference

Bridging the Gaps:
New Opportunities, New Expectations

October 19 & 20, 2016

The Columbia Metropolitan Convention Center
1101 Lincoln Street
Columbia, South Carolina 29201

www.schiv-stdconference.org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Lincoln Street
HALL OF FAME MEETING ROOM
A
COLUMBIA BALLROOM
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Upper Level
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LEXINGTON MEETING ROOM
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RICHLAND MEETING ROOM
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CONGAREE MEETING ROOM
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CAROLINA A & B
LOADING DOCK
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SERVICE CIRCULATION
MEETING ROOMS
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RICHLAND COUNTY COUNCIL
SOUTH CAROLINA

October 19, 2016

Welcome to Richland County!

We are elated to be your host for the 33rd Anniversary of the Annual South Carolina HIV, STD and Viral Hepatitis Conference – "Bridging the Gaps: New Opportunities, New Expectations." We thank you for being the only comprehensive forum for HIV/AIDS and other STDs.

Richland County, named for the sprawling "rich land" that supported hearty indigo and cotton farms for generations, is home to a diverse population of more than 390,000 residents.

In 1786, our County was established as the state capital and county seat, and became the headquarters of the South Carolina State Legislature.

This County has an array of some of the most beautiful parks, trails and lakes in the nation; and our open, recreational space enhances our uniquely rural and uniquely urban community. The abundance of outdoor adventure that is offered throughout the midlands enhances our region's charm and southern hospitality.

Richland County holds claim to a vibrant military community at Fort Jackson, several high achieving educational institutions, award-winning hospital systems, the South Carolina State Museum, a cutting-edge urban scene in downtown Columbia, originator of the Decker Boulevard's International Corridor and is home to the University of South Carolina fighting Gamecocks! Richland County is more than just a great place to visit – it's a great place to live, work and play.

Please know that you are our honored guest and we hope you enjoy your stay in Richland County!

Progressively yours,

Jim Manning, Councilman
Richland County District Eight

Torrey Rush, Chairman
District 7

L. Greg Pearce,
Vice-Chairman
District 2

Bill Malinowski
District 1

Joyce Dickerson
District 2

Damon Jeter
District 3

Paul Livingston
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District 5

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District 8

Julie-Ann Dixon
District 9

Dahlia Myers
District 10

Norman Jackson
District 11

CITY OF COLUMBIA
OFFICE OF THE MAYOR

October 19, 2016

Greetings,

As Mayor of Columbia, it is my pleasure to welcome you to our fair city as we host the South Carolina HIV, STD and Viral Hepatitis Conference. We congratulate you on reaching your 33rd Anniversary of providing the State's only comprehensive conference on HIV/AIDS and other STDs.

Your steadfast devotion to providing educational opportunities for professionals and community members across South Carolina sets you apart as examples of leadership and community services and we are proud to host you and this wonderful event.

As you discuss best practices and intervention strategies during the conference, I invite each of you to enjoy all the "Famously Hot" Columbia has to offer during your visit and hope you will visit us again soon.

Enjoy the 2016 South Carolina HIV, STD and Viral Hepatitis Conference!

Sincerely,

Stephen K. Benjamin
Mayor

Stephen K. Benjamin
1737 MAIN STREET · P.O. BOX 147 · COLUMBIA, SC 29217 · PHONE: (803) 545-3075

Quick Overview

Please note that detailed information including speaker names and session descriptions appear later in the brochure (p. 16).

Wednesday, October 19							
8:00am - 9:00am	**Registration near the Escalator (Downstairs)** **Continental Breakfast in Richland A/B (Downstairs)**						
9:00am - 10:10am	**Keynote Address: *Strategies to Finance PrEP: Leveraging Healthcare Systems and Addressing Health Disparities*** **Edwin Corbin-Gutiérrez, MA - Manager, NASTAD** **Columbia A/B (Upstairs)**						
10:10am - 10:40am	**Break/Visit Exhibits in Richland A/B (Downstairs)**						
ROOMS	**Carolina A**	**Carolina B**	**Congaree A**	**Congaree B**	**Lexington A**	**Lexington B**	**Richland C**
10:40am - 11:40am	Bridging Gaps Between Reaching Providers and Communities: The Richland County S.H.A.P.E. Initiative	Smoking Cessation: A Focus on Medication Use and Delivery to People Living with HIV/AIDS – Part 1	Part C Team Collaborates to Improve Quality of Care Across the Continuum	The Tale of Two Epidemics: Viral Hepatitis in South Carolina	Sexually Transmitted Infections in Pregnancy	In it together: National health literacy project for MSM	Study to Assess Beliefs and Evaluate Risks (SABER): Survey with Latinos in South Carolina
11:50am - 12:50pm	Clinical and Patient Factors that Affect Retention in Care	Smoking Cessation: A Focus on Medication Use and Delivery to People Living with HIV/AIDS – Part 2	HIV Self-Management and Self-Advocacy: A group intervention	Integration of Opt-Out Testing into Primary Care, HIV/HCV Testing and Linkage to Care	Urethritis, epididymitis, proctitis: Updates on N. gonorrhoeae, M. genitalium, & Lymphogranuloma Venereum Infections	Difficult Topics in Reproductive Health in South Carolina	Feathers and Ice and Everything Nice: Demystifying BDSM
12:50pm – 2:10pm	**Awards Celebration and Networking Lunch** **Film Trailers: *Wilhemina's War* and *You Are Not Alone*** **Columbia A/B (Upstairs)**						

Wednesday, October 19							
ROOMS	**Carolina A**	**Carolina B**	**Congaree A**	**Congaree B**	**Lexington A**	**Lexington B**	**Richland C**
2:20pm – 3:20pm	You don't find your purpose, it finds you	Obesity and HIV: The latest epidemic	A Latino Perspective on Black Lives Matter and the HIV Epidemic	Coordination, Connection & Compassion: Patient Navigation in HIV Care	Hepatitis C Treatment Update	Compassionate Conversation: A Taste of Motivational Interviewing – Part 1	Project Transformation: A Quantitative and Qualitative Assessment to Explore The Realities of Transgender Communities in South Carolina
3:30pm – 4:30pm	HIV and HPV in Relation to Cancer: From Disparities to Community-Based Multilevel Interventions	Southern AIDS Coalition: Breaking Through the "Social Determinants of Health"	Integrating Technology to Improve Daily Operations	HIV and homelessness: A dual dilemma	HIV Update 2016	Compassionate Conversation: A Taste of Motivational Interviewing – Part 2	Opportunities in Lifestyle Medicine: Optimizing Immune Function with Yoga and Ayurveda
5:30pm – 7:30pm	**Special Event: Catered Reception, Screening of *Wilhemina's War* and Discussion Session** **USC Alumni Center (Across the street from the Convention Center)** Please note that this event is open only to those who are pre-registered and have paid in advance.						

Thursday, October 20							
8:00am – 9:00am	**Registration near the Escalator (Downstairs)** **Continental Breakfast in Richland A/B (Downstairs)**						
9:00 am – 10:10am	**Keynote Address: *The Point of Intersection: HIV and Mental Health*** **Antoine Craigwell – President & CEO, Depressed Black Gay Men, Inc.** **Columbia A/B (Upstairs)**						
ROOMS	**Carolina A**	**Carolina B**	**Congaree A**	**Congaree B**	**Lexington A**	**Lexington B**	**Richland C**
10:20am – 11:20am	Taking, Breaking and Making the World Different with Queer Youth in the South: Use of multimedia and other art forms to empower the voices of LGBT Youth	How Can We Re-Imagine Education & Community Outreach to Reach Everyone	Pioneer: Preventing STIs in Women with Intellectual and Developmental Disabilities	While I Breathe I Hope: Preventing Suicide in Youth and Young Adults: Part 1	HIV and Syphilis in the Low Country: Lessons from DHEC Surveillance Data	Ocular Syphilis in South Carolina	Zika Virus: What everyone should know
11:30am – 12:30pm	HIV and Aging - Growing Older with HIV/AIDS	*Wilhemina's War*: A look behind the documentary	Project TEASE: It's all about sex	While I Breathe I Hope: Preventing Suicide in Youth and Young Adults: Part 2	Hepatitis B Virus 101: A Complicated Infection Simplified	A Provider's Introduction to Substance Abuse Treatment for Lesbian, Gay, Bisexual and Transgender Individuals – Part 1	PrEP in The Real World: Practice, Funding, and Lessons Learned
12:30pm – 2:20pm	**Luncheon and Keynote Address: *Keeping the Fire in Our Community and In Ourselves*** **Maria Davis – Advocate and Music Insider, Royal One Entertainment** **Columbia A/B (Upstairs)**						

Thursday, October 20							
ROOMS	**Carolina A**	**Carolina B**	**Congaree A**	**Congaree B**	**Lexington A**	**Lexington B**	**Richland C**
2:30pm – 3:30pm	You don't find your purpose, it finds you	-----	Build It & They Will Come: Ryan White Service Remodeling for NHAS Success	Beyond the Pill and Condom: HIV and Me	How Much Does HCV Treatment Really Cost? The Economics of Eradication	A Provider's Introduction to Substance Abuse Treatment for Lesbian, Gay, Bisexual and Transgender Individuals – Part 2	T. R.O. Y. - Transitioning, Retaining, Orienting, Young Adults

NEED HELP?
Can't find a session or restroom? Look for our staff or Planning Committee members wearing a **green** ribbon on their badge and they will gladly assist you.

OUR "NO SMOKING" POLICY
This annual conference is a non-smoking event. Accordingly, no smoking will be allowed in any conference areas, including the registration area, the exhibit hall, the meeting rooms, the restrooms, or in the convention center corridors. Persons who wish to smoke may do so outside the convention center as long as care is taken to dispose of cigarette butts and other trash responsibly. Thank you for being considerate of others.

CELL PHONES
It is both distracting and rude to the presenters and other attendees to use cell phones while attending sessions. Please place all cell phones on vibrate and, if need be, take all calls out of the session rooms.

The views expressed in written conference materials or publications and by speakers and moderators do not necessarily reflect the official policies of the Annual SC HIV, STD and Viral Hepatitis Conference, Inc., its Executive or Planning Committees, or federal or state agencies. Any mention of trade names, commercial practices, or organizations does not imply endorsement by the S.C. or U.S. Government.

CONFERENCE INFORMATION

OUR MISSION

The mission of this interdisciplinary conference is to provide opportunities for professionals and community members to engage in dialogue and share past successes, best practices, common concerns, and hopes for the future. In response to the overlapping epidemics of HIV, STDs and Viral Hepatitis, it is essential to build on successful prevention, treatment and care strategies.

CONFERENCE GOALS

To facilitate an environment in which networking exchange fosters:

- learning about new developments in HIV, STD, and Viral Hepatitis prevention, care and treatment;
- discussing cutting-edge strategies and applications that are responsive to the needs of individuals and communities;
- discovering current and emerging policy issues and trends and their relationship to education, prevention and care;
- developing the skills needed to address the multidimensional factors that influence behavior and risk reduction efforts;
- exchanging personal and community resources for professional and lay caregivers;
- creating opportunities for involvement of communities impacted by HIV, STDs and Viral Hepatitis;
- highlighting strategies for movement along the HIV, STD and viral hepatitis continua of care; and
- engaging in networking exchange with conference attendees and exhibitors.

CONFERENCE OBJECTIVES

In the context of HIV, STD, and Viral Hepatitis, by the end of the conference, participants will be able to:

- describe risk behaviors, target populations and emerging trends in their community;
- identify effective high impact prevention interventions;
- identify and discuss associated co-morbidities;
- identify strategies to enhance comprehensive care including education, counseling, screening, as well as linkages to, retention in, and re-engagement in care and treatment;
- identify challenges to the integration of prevention, intervention, clinical services and resources that support them; and
- discuss effective advocacy and strategies for policy and other structural changes.

COPYRIGHT POLICY

All materials shared during conference sessions are the intellectual property of the presenters. As such, materials should not be copied or distributed without permission from the presenters.

CONFERENCE PLANNING COMMITTEE

David Alexander
SC HIV Planning Council
PALSS
UNITY Empowerment Resource Center

Damond Anderson
New Horizon

Susan Anderson
New Horizon

Frances E. Ashe-Goins
Choose Well/New Morning Foundation

Troy A. Bowers
Care Innovations
Caresouth Carolina

Tonya Bozeman
Sumter Family Health Center

Veronica Brisco
AIDS Healthcare Foundation

Celeste Rudisill Caulder*
SC College of Pharmacy - USC campus
Clinical Pharmacy and Outcomes Sciences

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AID Upstate

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USC School of Medicine

Rebecca Jackson
Mid-Carolina AHEC, Inc.

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CareSouth Carolina

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SC HIV/AIDS Council
UNITY Empowerment Resource Center

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AID Upstate

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SC HIV Planning Council

Tony Price*
SC DHEC – STD/HIV Division

Harry Prim*
SC DAODAS

Alyssa Robillard
USC-Arnold School of Public Health

Chris M. Skope*
Medical University of South Carolina

Andrea W. Williams*
Community Representative

Additional Support

Monetha Gaskin
SC DHEC - STD/HIV Division

Support Staff

Pam Harper
Conference Registrar
Mid-Carolina AHEC, Inc.

April Winningham
Conference Coordinator

***Executive Committee**

CONTINUING EDUCATION

NEW FOR 2016:

Attendance participation will be tracked at each session. Contact hours (CEU hours) will only be awarded based on documented attendance via badge scanning prior to each session.

Please have your name badge scanned before each session you are attending.

Mid-Carolina Area Health Education Consortium (AHEC) provides a variety of continuing education credits for up to a total of 10 hours across the two-day conference.

Daily Totals: **10/19** (Wednesday)…..5 hours
10/20 (Thursday)…..5 hours

Mid-Carolina AHEC, Inc.
Member of South Carolina *AHEC*
"Excellence in Health Care Through Education"

Counselors & Therapists: This program has been approved for up to 10 hours of continuing education by SC AHEC under its accreditation by the SC Board of Examiners for Licensed Professional Counselors, Marital and Family Therapists and Psycho-Educational Specialists.

Nursing with Pharmacology Content: Mid-Carolina AHEC, Inc. is an approved provider of continuing nursing education by The South Carolina Nurses Association, an accredited approver by the American Nurses Credentialing Center's Commission of Accreditation. This nursing continuing education activity is approved for up to 10 hours of which 3.75 are pharmacology hours.

Social Workers: This program has been approved by SC AHEC under its accreditation by the SC Board of Social Work Examiners for up to 7 hours social work and 3 hours non-social work hours, for a total of 10 clock hours.

Mid-Carolina AHEC, Inc.: This program is approved for up to 1.0 CEUs (10 clock hours) of continuing education by Mid-Carolina AHEC, Inc. and meets the SC AHEC Best Practices Standards.

Alcohol, Tobacco and Other Drug (ATOD) Treatment and Prevention Professionals: This program is approved for up to 10 hours of continuing education credit for professionals holding certification by the SC Association of Alcohol and Drug Abuse Counselors (SCAADAC) and the SC Association of Prevention Professionals and Advocates (SCAPPA).

Certified Health Education Specialists (CHES)/Master Certified Health Education Specialists (MCHES): Application is being made to the SC Department of Health and Environmental Control for up to 10 hours of continuing education credit for Certified Health Education Specialists and Master Certified Health Education Specialists.

Pharmacists: The South Carolina College of Pharmacy is accredited by the Accreditation Council for Pharmacy Education as a provider of continuing pharmacy education. This program is eligible for up to 10 hours of ACPE credit for pharmacists; see final CPE activity announcement for specific details. **Those sessions that are available for this credit are marked with (P).**

Wednesday - Opening Keynote Speaker

Edwin Corbin-Gutiérrez

Edwin Corbin-Gutiérrez currently co-chairs the National Latino AIDS Action Network and serves as a manager on the Health Systems Integration Team with the National Alliance of State and Territorial AIDS Directors (NASTAD). Edwin works across teams to expand and coordinate NASTAD's technical assistance efforts to bridge public health and health care payment and delivery systems, with a focus on PrEP financing and program sustainability.

Before joining NASTAD, he co-chaired the Illinois HIV Planning Group and focused on HIV prevention efforts for young Black and Latino men who have sex with men (MSM) as the Youth Empowerment Director at the Center on Halsted in Chicago, Illinois. Edwin was a 2005 Fulbright Fellow to Venezuela. He holds a B.A. from Emerson College in Boston and a M.A. from Northwestern University.

Wednesday – Documentary Trailers shown at Lunch

Wilhemina's War

Wilhemina's War is the story of Wilhemina Dixon, an uneducated daughter of sharecroppers who becomes a force in her family's fight for survival from HIV and AIDS. Shot over the course of five years, the film bears witness to the resilience and determination of the human spirit in the face of tremendous adversity. Wilhemina, or "Mina," as everyone calls her, knows little about public policy, but a great deal about caring for the sick. Five of her family members are living with HIV, and she is the caregiver for her daughter, Toni, a drug addict, and her teenage granddaughter, Dayshal, born with HIV and now the victim of online bullying. Undaunted, Wilhemina soldiers on, taking a cue from her state's motto: While I Breathe, I Hope.

You Are Not Alone

This documentary focuses on Black gay men and delves into issues of denial of sexual identity and sexual orientation, racism, discrimination and stigma; sexual abuse and trauma; an HIV positive diagnosis; the propagation and promotion of homophobia from religious leaders and their congregants; and the perils of loneliness, a sense of isolation, abandonment and depression. The resounding message in the documentary is that a Black gay man who feels as though he has no place in the world, that he has value and purpose, that all he needs to do is reject the denials of who he is, accept himself and he could realize and achieve his potential in life. It celebrates the lives of Black gay men and shows that there is life after depression; that, as the late Taylor Siluwe said, "It doesn't have to rob you of your joy."

Thursday – Morning Keynote

Antoine B. Craigwell

As a journalist, Antoine wrote for *Out In Jersey* magazine, *The Bilerico Project*, *FORTUNE Small Business* magazine, *The Bronx Times Reporter, The New York Amsterdam News,* was the assistant editor with *The Network Journal*, and a contributor to *mainstreet.com*. He graduated from Bernard Baruch College of the City University of New York, and in 2008 he earned awards from the New York Association of Black Journalists for a public policy series about NYC's Riker's Island, and on healthcare in NYC.

He produced the documentary "**You Are Not Alone**" (www.yana-thefilm.com), in which Black gay men speak about their struggles with depression and facilitates discussion forums on depression and HIV in Black gay men. The documentary has been screened across the country and internationally, including Kenya, Guyana, Suriname and Canada. In July 2012, he presented a poster exhibition "Examining Depression and HIV in Black Gay Men" at the 2012 International AIDS Conference in Washington, DC.

Antoine founded and is president and CEO of DBGM, Inc. a non-profit organization committed to raising awareness of the underlying factors contributing to depression in Black gay men, to prevent their suicides. The organization has hosted several community discussion forums on depression affecting Black gay men nationwide, and has led a mental health summit and a conference: "In My Mind: A LGBT Peoples of Color Mental Health Conference."

Thursday – Luncheon Keynote

Maria Davis

In 1995, the life of Maria Davis, a former hip-hop promoter and creator of New York's popular music showcase *Mad Wednesdays* took a turn when she contracted HIV unknowingly from her fiancé. While in the hospital, near death, her spiritual calling was revealed to her. She knew that she had to devote her life to educating women, men and children about AIDS.

Ms. Davis does not consider herself a victim, but an activist who speaks to thousands of people every year about HIV/AIDS awareness. She was recently appointed by Mayor Bill de Blasio to serve on the HIV/AIDS Services Administration Advisory Board. For the last few years, she has been honored to serve as Spokesperson on the IDesign Project. She enjoys participating in marathons, and raising money for HIV/AIDS for various organizations including an almost two-decades-long collaboration with amfAR, The Foundation for AIDS Research. Ms. Davis donates her time at organizations and regularly speaks to educators, health care providers, ministers and social workers regarding HIV/AIDS awareness. She has received many accolades and awards for her services, including the *Harlem Women of Excellence Award* and the *CBS Channel 2: Fulfilling the Dream Award.*

On her show *Mad Wednesdays*, Ms. Davis hosted some of music industry's top performers including Jay Z, Puffy Combs and 50 Cent. She continues to use her music industry connections and popularity to give up and coming music talent a platform as well as spread the word about HIV/AIDS, prevention and the importance of getting tested.

Social Media at the 2016 Conference!
http://www.schiv-stdconference.org

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Twitter & Instagram: @SCHIVSTD2016 #SCHIVSTDHEP2016

The SC HIV, STD and Viral Hepatitis Conference and its committees are not responsible for photographs, especially of conference participants, posted to any social media sites. We do ask that conference participants be mindful in recognizing that not all conference participants wish to have their photographs posted to the Internet. As always, we ask that you act with respect toward all of our conference participants. Thank you!

CONFERENCE SESSIONS

On the following pages, you'll find the conference schedule which includes a session description, time and location for each session.

Not sure which concurrent sessions to attend?

Let us help you!

To assist our conference goers (especially our first-time attendees), we've labeled our sessions based on what each presenter reported as the minimum level of HIV/STD/VH knowledge they expected from their audience. Please see our labeling system below:

Session titles followed by the letter:	Level of knowledge of audience:	For health professionals:	For community members:
(B)	Beginning	Minimal experience working in this field	A basic knowledge of HIV/STD/VH
(I)	Intermediate	Experience working with the same population or field for 2-3 years	A moderate knowledge of HIV/STD/VH
(A)	Advanced	Experience working comprehensively across populations and fields	An extensive knowledge of HIV/STD/VH
(AN)	Advanced Nursing	Requires nursing and/or clinical medical care training and/or experience in HIV/STD/VH	Requires nursing and/or clinical medical care training and/or experience in HIV/STD/VH

Additionally, we've labeled those items that provide CEU credit for pharmacists:

(P)	Pharmacists	For pharmacists seeking CEU credits

CONFERENCE SCHEDULE

WEDNESDAY, OCTOBER 19 MORNING

8:00 a.m. – 9:00 a.m.	**Registration** **Continental Breakfast/Exhibit Hall**	**Near Escalator (Downstairs)** **Richland A/B (Downstairs)**
9:00 a.m. – 10:10 a.m.	**Welcome and Keynote Address (B) (P)** **S***trategies to Finance PrEP: Leveraging Healthcare Systems and Addressing Health Disparities* Edwin Corbin-Gutiérrez, MA Manager, NASTAD & Co-Chair, National Latino AIDS Action Network	**Columbia A/B (Upstairs)**
10:10 a.m. – 10:40 a.m.	**Break/Visit Exhibits/Network**	**Richland A/B (Downstairs)**

10:40 a.m. – 11:40 a.m. Concurrent Sessions I-A. (Downstairs)

1. Sexually Transmitted Infections in Pregnancy (I) (P) Lexington A

Candice McNeil MD, MPH

The 2015 Sexually Transmitted Diseases Treatment Guidelines provide the framework for the prevention of sexually transmitted infections in at-risk populations. Intrauterine or perinatally transmitted sexually transmitted infections (STIs) can be devastating. Counseling about perinatal infection, providing screening, treatment, and linkage to care are key components to prevention. This lecture provides an overview of common STIs and STI syndromes in pregnant women with a review of the recommended treatments.

2. Part C Team Collaborates to Improve Quality of Care Across the Continuum (A) Congaree A

Mulamba Lunda, MPH, MSW, LMSW and Pamela Shepard-McKnight, BS, MEd

The South Carolina Regional HIV Quality Improvement Team began in 2006 as a team to provide peer support, sharing and borrowing opportunities concerning continuous quality improvement in HIV care for patients in South Carolina served by the Ryan White CARE Act Early Intervention Services Grant. The Team consists of all Part C programs located in South Carolina. Using a formal structure, this group has collectively developed a Quality Management Plan (QMP) and completed an organizational assessment. The group has direct consumer participation. Stepladders to ongoing progress and/or success include: Solid updated Quality Management Plan, Collected VL suppression disparity data from six agencies, Created workgroup to assist with submission of Ryan White abstract, Three consumers attending the meeting and included on agenda, Sharing Quality Project Follow Up, Set targets for quality initiatives, Patient survey tool completed and results shared among the group, and Educational updates conducted by pharmaceutical representatives.

3. The Tale of Two Epidemics: Viral Hepatitis in South Carolina (I) (P) Congaree B

Linda Brown, MPH

In the United States and in South Carolina, there are two viral hepatitis epidemics that are occurring simultaneously: The first is that of baby boomers born between 1945 and 1965. These individuals were infected many years ago and are experiencing advancing morbidity and increasing mortality. Our state's public health system has a limited amount of time to reach these individuals to get them tested and linked to care. The second is an emerging epidemic that is less well known: young persons who inject drugs (PWIDs), many of whom are under 30 years old and live in rural areas of our state. This population is driving the increase in new viral hepatitis infections because they are injecting OxyContin © and other prescription drugs not designed for injection. These drugs have been shown in studies to be independently associated with an increased risk for HCV transmission. In this session, participants will learn how these two epidemics developed and how they are being addressed both nationally and in our state. We will also discuss strategies to predict an HIV and/or HCV outbreak (similar to the one that occurred in Southeastern Indiana), from occurring in counties within South Carolina.

4. Bridging Gaps Between Reaching Providers and Communities: The Richland County S.H.A.P.E. Initiative (B) **Carolina A**

Amanda Terminello, MPH and Charice Jones, RN and Christi Hutchinson, MPH and Dean E Slade

Richland County has the highest number of syphilis and HIV/AIDS cases in South Carolina and was therefore targeted for an intervention called Syphilis and HIV Awareness, Prevention, and Elimination (S.H.A.P.E.). S.H.A.P.E. is collaboration among numerous stakeholders, including the state public health authority, county health department clinics, and community-based organizations. The mission of S.H.A.P.E. is to improve sexual health outcomes by promoting quality care and prevention services. Preliminary priorities include, but are not limited to: engaging faith-based communities, providing epidemiological support, and promoting provider education. The communication/outreach workgroup conducted a qualitative assessment with 57 participants. The clinical/ surveillance workgroup implemented clinic modifications and staff training at the county health department and provided epidemiological data to guide activities. Richland County S.H.A.P.E. serves as a model of how programs can be implemented and resources leveraged among partners to bridge gaps and create new opportunities to move STD/HIV intervention and prevention efforts forward.

5. Study to Assess Beliefs and Evaluate Risks (SABER): Survey with Latinos in South Carolina (I) **Richland C**

Edena Meetze, DrPH & Myriam Torres, PhD

In 2014, the Consortium for Latino Immigration Studies collaborated with the Institute for Partnerships to Eliminate Health Disparities to conduct a research study focused on high risk sexual practices among Latino men and women in SC.The specific aims of the research was to: 1) assess their sexual practices knowledge, attitudes, beliefs, and behaviors; 2) discover the factors that effect and influence their high sexual practices; and, 3) ascertain how this population prefer to receive information about HIV/STI prevention. We will be presenting the findings of this research which has revealed that HIV/STI prevention and the risk associated with various sexual practices knowledge among Latinos in SC continue to be low. Our study shows that health care providers, health departments, and community-based HIV organizations need to do a better job providing HIV/STI and safer sex practices information/education and HIV and STI testing services for Latinos statewide.

6. In it together: National health literacy project for MSM (B) **Lexington B**

Bobby Rogers and Kabra' Benford, MSW

In It Together: National Health Literacy Project for Black MSM is designed to improve the capacity of health departments and community-based organizations to deliver health literate HIV services, with a particular focus on health services provided to Black/African American men who have sex with men (MSM). This project is designed to improve health outcomes along the HIV care continuum by developing health literate organizations and promoting health literacy as a component of culturally appropriate service delivery.

7. Smoking Cessation: A Focus on Medication Use and Delivery to People Living with HIV/AIDS – Part 1 (A) (P) **Carolina B**

Madelyne Bean, PharmD, BCPS & Lauren Richey, MD, MPH

Compared to the general population, people living with HIV and AIDS (PLWHA) have higher rates of tobacco abuse, decreased rates of treatment utilization, decreased rates of quitting, and increased risk of morbidity and mortality from tobacco related diseases. Improved strategies involve efficient and proactive opt-out smoking cessation strategies embedded into clinical care without disruption of clinic flow. This smoking cessation workshop will review use of a validated and recently published cessation algorithm tool for PLWHA and present the current literature supporting pharmacotherapy options. Results of the implementation and application of this tool in our local Ryan White HIV program will be discussed. Audience participation and activities will include break out groups, case studies, and role play/simulation. All of the break out groups will be followed by a large group summary of the discussions. Case studies will help to identify HIV/AIDS related issues, medication and cost issues, as well as offering solutions to some of the various barriers to cessation delivery. Role play/simulation activities will foster and improve smoking cessation counseling techniques as well as practice using the algorithm tool to promote cessation.

11:50 a.m. – 12:50 p.m. Concurrent Sessions I-B. (Downstairs)

1. Urethritis, epididymitis, proctitis: Updates on N. gonorrhoeae, M. genitalium, & Lymphogranuloma Venereum Infections (I) (P) **Lexington A**

Candice J. McNeil MD MPH

The 2015 Sexually Transmitted Disease Treatment Guidelines provide the framework prevention of sexually transmitted infections (STIs) in at-risk populations. This lecture focuses on the identification of STI clinical syndromes in men, the implementation of appropriate STI screening strategies in at-risk men, the management of chlamydia and including LGV serovars, the management of gonorrhea in the face of emerging resistance, the diagnosis and management of non-gonococcal urethritis, and the identification of *M. genitalium* as an emerging pathogen in STIs.

2. HIV Self-Management and Self-Advocacy: A group intervention (I) **Congaree A**

Michael Luciano, MA and Amanda I- Feldman, LISW-CP

People living with HIV face many emotional and physical challenges which require patient empowerment, goal setting, and development of problem-solving skills for successful long-term management of their condition. This session will present a model self-management/advocacy program developed by the facilitators to encourage improvement of knowledge and skills needed to foster active partnerships between clients and members of their healthcare team. This program, designed for new and/or previously diagnosed individuals, addresses basic clinical terminology and lab tests, HIV life-cycle and its relation to ARVs, adherence and resistance, overcoming adherence challenges, and lifestyle choices crucial to HIV-positive health. Tools and techniques to overcome barriers to effective self-management are also offered. A discussion of best practices and potential funding will assist other agencies in implementing a similar short, single-session intervention.

3. Integration of Opt-Out Testing into Primary Care, HIV/HCV Testing and Linkage to Care (I) **Congaree B**

Heather McCutcheon, BSW and Lane Brafford, BCA

This presentation will focus on an integrated model of care to incorporate HIV/HCV testing, diagnosis, linkage to care and retention. Participants will discuss strategies to incorporate and/or improve HIV/HCV testing, linkage and retention. This session will give an overview of how Affinity Health Center offers opt-out HIV and HCV screenings for all new primary care patients. Affinity also offers walk-in, rapid HIV and HCV screenings. Our strategy was to build on our existing HIV testing program to incorporate best practices in expanding our program to include HCV testing, linkage and retention. Participants will gain an understanding of our process and how our Linkage to Care Coordinator ensures there is a seamless transition from testing to linkage and follow up to increase retention rates. Affinity Health Center is committed to enhancing access to HIV and Hepatitis C screening and care in our community.

4. Difficult Topics in Reproductive Health in South Carolina (I) **Lexington B**

Monika Carey, BS and Orisha Bowers

This is an overview presentation on understanding the barriers that clients might face in accessing reproductive healthcare and its impact on their health. The presentation will include a candid discussion about providers' professional responsibility to respect a client's right to make their own decisions and honor their autonomy. The session will also include dialogue on abortion in the context of reproductive health care for all clients and how to make unbiased referrals in cases of unintended pregnancies. Participants will acquire basic information about abortion and be able to identify connections between HIV and unintended pregnancy. They will acquire tools in how to offer non-judgmental options counseling and referrals to their clients.

5. Clinical and Patient Factors that Affect Retention in Care (B) **Carolina A**

Kimberly Balaguer, BS

Patient appointment adherence is one of the hardest obstacles to keeping patients in care. This presentation is to share the information and best practices we learned about the social barriers our patients have at the Ryan White Wellness Center. With approximately 50-60 patients consistently out of care at any given time, we challenged everyone on our staff to take an introspective look at how they provide services and ask the questions: Are we meeting the patients where they are? Have we set realistic goals with our patients? Are we willing to do what we are asking our patients to do? This is not about changing the patient, this is about changing the perceptions we have and how those perceptions impact the bigger picture.

6. Feathers and Ice and Everything Nice: Demystifying BDSM (B) **Richland C**

Morgan Sullivan Varn, BAPH, MLT (ASCP)

Bondage and discipline, Domination and submission, Sadism and Masochism (BDSM), is the erotic practice of negotiating, manipulating, and forming relationships based on consent and the balance of power. Previously seen as a "perverse" form of sex-play, BDSM has become an increasingly prevalent topic in the media and in personal sex lives. Recent research illustrates the need to learn to communicate skillfully to BDSM practitioners in the community. This includes learning the terminology, understanding the frameworks and practices, and recognizing the spectrum of relationships in the BDSM community. These considerations in clinical practice, as well as the emphasis in this community on open communication, safety, and sex-positive rhetoric, are ideal instruments for education and clinical support for safer sex practices.

7. Smoking Cessation: A Focus on Medication Use and Delivery to People Living with HIV/AIDS – Part 2 (A) (P) **Carolina B**

Madelyne Bean, PharmD, BCPS & Lauren Richey, MD, MPH

Compared to the general population, people living with HIV and AIDS (PLWHA) have higher rates of tobacco abuse, decreased rates of treatment utilization, decreased rates of quitting, and increased risk of morbidity and mortality from tobacco related diseases. Improved strategies involve efficient and proactive opt-out smoking cessation strategies embedded into clinical care without disruption of clinic flow. This smoking cessation workshop will review use of a validated and recently published cessation algorithm tool for PLWHA and present the current literature supporting pharmacotherapy options. Results of the implementation and application of this tool in our local Ryan White HIV program will be discussed. Audience participation and activities will include break out groups, case studies, and role play/simulation. All of the break out groups will be followed by a large group summary of the discussions. Case studies will help to identify HIV/AIDS related issues, medication and cost issues, as well as offering solutions to some of the various barriers to cessation delivery. Role play/simulation activities will foster and improve smoking cessation counseling techniques as well as practice using the algorithm tool to promote cessation.

WEDNESDAY, OCTOBER 19 AFTERNOON

12:50 p.m. – 2:10 p.m.	**Luncheon** **Film Trailers: *Wilhemina's War* and *You Are Not Alone*** **Awards Celebration**	**Columbia A/B (Upstairs)**

2:20 p.m. – 3:20 p.m. Concurrent Sessions I-C. (Downstairs)

1. Hepatitis C Treatment Update (A) (P) Lexington A

Divya Ahuja, MD

This presentation will cover Hepatitis testing recommendations and the updated treatment guidelines. Join Dr. Ahuja for this important update on an increasing problem in South Carolina.

2. Compassionate Conversation: A Taste of Motivational Interviewing – Part 1 (B) Lexington B

Alan Lyme, LISW

Motivational Interviewing has been through many stages over the past 25 years. The goal of this two hour workshop will be to introduce the most current information on MI that supports its efficacy as an evidenced based practice, and its utility as a "compassionate conversation". Grounded in the underlying spirit of MI, the four process model introduced in 2013 will be reviewed and its utility explored. Participants will be encouraged to actively engage with the material and complete various exercises designed to strengthen awareness.

3. Project Transformation: A Quantitative and Qualitative Assessment to Explore the Realities of Transgender Communities in South Carolina (B) Richland C

Bambi Gaddist, DrPH and Jacob White, MD

In order to enhance provision of health services to clients with specialized needs, the South Carolina HIV/AIDS Council conducted two focus groups with a small cohort of transgender males (FTM) and females (MTF), 22-42 years of age, residing in Richland/Lexington counties. The investigation included completion of an NIH-(DC) Transgender Needs Assessment Survey and response to questions extrapolated from Virginia's Transgender Health Initiative Study Focus Group Assessment. Areas of discussion included a) Access to Regular Medical Services, b) Access To Transgender Care Services; c) Employment, d) Housing Discrimination. e) Violence; f) Substance Abuse and Self Esteem, g) HIV Knowledge and Perception of Risk. h) HIV Testing, and i) Access to HIV/AIDS Services. Outcomes from the exploratory experience will be used to enhance SCHAC programs, including the Wright Wellness STI Treatment Center.

4. A Latino Perspective on Black Lives Matter and the HIV Epidemic (B) Congaree A

Edwin Corbin-Gutiérrez, MA

During this session, the key intersections across social justice movements in the United States and their impact on public health will be discussed. Participants will also examine opportunities to leverage social justice messages to decrease existing HIV disparities. Join Mr. Corbin-Gutiérrez, co-chair of the National Latino AIDS Action Network, for an opportunity to explore this perspective.

5. Coordination, Connection & Compassion: Patient Navigation in HIV Care (I) Congaree B

Kimberly Butler Willis, MPH, CHES

To address the National HIV/AIDS Strategy goals of increasing access to care and reducing disparities in care, the Ryan White Wellness Center created a Patient Navigation Program to improve staff capacity, and most importantly, increase patient retention and linkage to care. While all patients are eligible to participate, a special emphasis has been placed on patients that are virally unsuppressed, those lost to care, and high risk African-American males. The program employs two evidence-based interventions to strengthen staff case management skills and improve the engagement and training of peer mentors. During this session, participants will be able to hear from program administrators and patient navigators to understand the planning and implementation of the program and determine if a patient navigation program could be suitable for their own practice.

6. You don't find your purpose, it finds you (B) **Carolina A**

R. Vincent Johns

Join Vincent on a journey from homeless teen sex worker to HIV patient advocate. Through a series of events that started on the streets of Dallas Texas and ends with his present day stability in Greenville South Carolina, attendees can follow along as he discloses the struggles he faced along his HIV journey. Vincent hopes to encourage others through his personal experience to rise above their situations despite setbacks. Attendees will learn how Vincent found his voice and how he uses it to work toward change. This session intends to empower anyone living with HIV to advocate for themselves instead of submitting to defeat. They will learn to identify key players, gain their respect, and earn a seat at the table.

7. Obesity and HIV: The latest epidemic (I) (P) **Carolina B**

P. Brandon Bookstaver, PharmD, FCCP, BCPS, AAHIVP

Since the advent of potent, combination antiretroviral therapy (cART), the wasting associated with HIV/AIDS has become far less common in the United States. The decline in disease-related morbidity and subsequent increase in life expectancy has led to an increase in obesity among HIV-infected individuals. Some reports demonstrate obesity prevalence of 17-30% among HIV-infected individuals, approximating that of the general population. This presentation will explore the epidemiology of obesity in HIV-infected patients and discuss the metabolic and cardiovascular impact significant weight gain may have on long-term morbidity and mortality in the HIV-infected population. We will also discuss the potential impact of obesity on viral fitness and ART effectiveness.

3:30 p.m. – 4:30 p.m. Concurrent Sessions I-D. (Downstairs)

1. HIV Update 2016 (AN) (P) **Lexington A**

Sharon Weissman, MD

This session will focus on the review of the updated guideline update for HIV as well as new key research findings for 2016. Join Dr. Weissman for this important update for all clinical providers of HIV care.

2. Compassionate Conversation: A Taste of Motivational Interviewing – Part 2 (B) **Lexington B**

Alan Lyme, LISW

Motivational Interviewing has been through many stages over the past 25 years. The goal of this two hour workshop is to introduce the most current information on MI that supports its efficacy as an evidence-based practice, and its utility as a "compassionate conversation". Grounded in the underlying spirit of MI, the four process model introduced in 2013 will be reviewed and its utility explored. Participants will be encouraged to actively engage with the material and complete various exercises designed to strengthen awareness.

3. Integrating Technology to Improve Daily Operations (I) **Congaree A**

Gregory Wolf

Far and away, the industry that pops up the most in discussions of big data is health care. It's not surprising, if you think about it…lots of disparate sources of data, much of it unstructured…an industry dying to become more cost-effective – or, at least, less wasteful. Health Information Technology is simply information technology applied to health care. It provides a framework to describe comprehensive management of health information across computerized systems. This session will introduce participants to different sources of information technology and the benefits of broad and consistent utilization of technology which includes but are not limited to:

- Improved productivity and efficiency;
- Increased administrative/reporting accuracy and procedural correctness;
- Decrease paperwork and unproductive or idle work time;
- Extended real-time communications of health/testing informatics; and
- Reduction in cost for forms and storage.

We are looking at a future where Electronic Health Records will replace traditional public-health disease and vital statistics reporting systems. Instead of tracking illness and injury weeks, months or years later, near-real-time analysis of live patient health data will enable health officials to track outbreaks as they occur. Integrating technology can do much the same for Prevention Services.

4. HIV and homelessness: A dual dilemma (B) **Congaree B**

Alton Cobb, BSW and Shelley Price, LBSW, MSW

This session will discuss the definition of homelessness and how homelessness affects persons living with HIV. The session is designed to heighten awareness among the HIV community and HIV providers concerning the issue of homelessness. The session will delve into some of the ramifications that homelessness has on persons living with HIV and possible outcomes that we as providers should strive to achieve. The session is intended to be an interactive discussion among presenters and participants.

5. Opportunities in Lifestyle Medicine: Optimizing Immune Function with Yoga and Ayurveda (B) (P) **Richland C**

Rebecca Caudill, Yoga Therapist, Ayurveda Practitioner. ERYT-500, NCCAOM Dipl. ABT, SC LMT#1279

Yoga and Ayurveda form the oldest known system of functional medicine, used for thousands of years to promote health, detoxify and improve the immune system using a unique diet based on one of the many Ayurvedic phenotypes that applies to the individual client. Herbs, Yoga, breathing exercises, meditation and client education, along with other techniques, are also used to address specific components of illness and restore the body‘s natural intelligence to optimize immune function.

6. HIV and HPV in Relation to Cancer: From Disparities to Community-Based Multilevel Interventions (B) (P) **Carolina A**

Lisa Wigfall, PhD

HPV infection is a common sexually transmitted infection that will usually go away on its own without treatment. An HPV infection that does not go away can cause genital warts or some types of cancer. People living with HIV are more affected because their immune systems are less able to get rid of an HPV infection. For example, women living with HIV are more affected by cervical disease and cancer caused by HPV. Early detection using the Pap test and timely abnormal follow-care can reduce these disparities. Completion of all three shots of the HPV vaccine can also reduce the burden of HPV-associated diseases and cancers. Community-based AIDS service organizations play a vital role in helping their clients overcome healthcare access barriers. We seek to engage community leaders and other key stakeholders in our HPV-associated cancer prevention and control efforts aimed at reaching marginalized populations of people living with HIV.

7. Southern AIDS Coalition: Breaking Through the “Social Determinants of Health” (B) **Carolina B**

Khafre K. Abif

This workshop will provide an overview of the Social Determinants of Health for People Living with HIV/AIDS. Together we will explore a roadmap for which the "collective community" can begin breaking through while looking beyond the walls of our institutions to shape best practices, and build social advocacy into the provision and access to healthcare for People Living with HIV/AIDS.

WEDNESDAY NIGHT'S SPECIAL EVENT

Please note that this event is open only to those who are pre-registered and have paid in advance.

Proudly sponsored by
AIDS Healthcare Foundation, SC HIV/AIDS Council and
New Morning Foundation

Catered Reception, Screening of *Wilhemina's War* and a Moderated Discussion Session

Wilhemina's War, on PBS earlier this year, is a documentary about barriers to HIV care in rural South Carolina. *Wilhemina's War* is the story of Wilhemina Dixon, a 62-year-old mother and grandmother in rural South Carolina, who becomes a force in her family's fight for survival from HIV and AIDS.

Reception: 5:30-6:00 p.m. - A buffet of delectable hors d'oeuvres from Capital City Catering
Screening: 6:00-7:00 p.m. - *Wilhemina's War*
Discussion: 7:00-7:30 p.m. – allowing attendees to pose questions to the panel participants
Location: USC Alumni Center, 900 Senate Street, Columbia, SC 29201 (across the street from the Columbia Metropolitan Convention Center)

THURSDAY, OCTOBER 20 MORNING

8:00 a.m. – 9:00 a.m.	**Registration**	**Near Escalator (Downstairs)**
	Continental Breakfast/Exhibit Hall	**Richland A/B (Downstairs)**
9:00 a.m. – 10:10 a.m.	**Welcome and Keynote Address (B) (P)**	**Columbia A/B (Upstairs)**
	The Point of Intersection: HIV and Mental Health Antoine Craigwell President & CEO, Depressed Black Gay Men, Inc.	

10:20 a.m. – 11:20 a.m. **Concurrent Sessions II-A. (Downstairs)**

1. Ocular Syphilis in South Carolina (A) (P) — Lexington B

Kamla Sanasi-Bhola, MD

Two cases of ocular syphilis will be presented. Both patients presented with eye complaints and then were found to have syphilis and newly diagnosed HIV. Pictures of their retina will be shown along with the changes after treatment. A discussion will follow, focusing on the presence of syphilis in SC, the overview of ocular syphilis and treatment outcome based on literature review. The aim of this session is to raise awareness among providers, other health care professionals and consumers of this uncommon but high morbidity manifestation of syphilis.

2. Taking, Breaking and Making the World Different with Queer Youth in the South: Use of multimedia and other art forms to empower the voices of LGBT Youth (I) **Carolina A**

Tricia Phaup, LMSW, O.K. Keyes, Kate Hoffman, Mahkia Greene, Phillip Myers, Dana Dixon, and Sayali Collins

Youth advocacy is a complicated task, as the facilitators are often in a position of power with respect to the young people they work with. Add in the complications of often tense intergenerational politics within the LGBT community, and the difficulties of translating new language, culture, and expressions of identity, and empowering LGBT youth in the South becomes even more complex. As youth advocates, we understand that youth empowerment is only possible through a youth-centered approach, but how exactly does one fight adultism in creating curriculum and programming? Over the past year, Youth OUTLOUD and TakeBreakMake are two LGBT-focused youth programs that have implemented unique teaching strategies to restructure the learning environment and put the voices, perspectives, and expertise of young people at its core. Incorporating the goals and skills of youth leadership into our arts-based programming, these two programs have flourished. By examining examples of students' works and stories, this presentation aims to give you the tools to empowering youth in your own communities and programs.

3. Zika Virus: What everyone should know (I) (P) **Richland C**

Rebecca Berdel, MD

Zika Virus (ZIKV) is an infection spread predominantly by Aedes mosquitoes that was initially discovered in the 1940s. More recent outbreaks in the Americas and Caribbean have noted increased cases and direct causality to severe congenital manifestations including microcephaly, as well as Guillain-Barrè Syndrome, eningoencephalitis and flaccid paralysis in children and adults-causing major global concern as the predominant vectors have broadened their range considerably over the last several years.

4. HIV and Syphilis in the Low Country: Lessons from DHEC Surveillance Data (B) (P) **Lexington A**

J. Ryan Gedney, BSN, Eric Meissner, MD, PhD, and Katy Richardson, MD, MPH

The HIV and syphilis epidemics continue in South Carolina, and half of all new HIV infections in the US now occur in Southern states. The South Carolina Department of Health and Environmental Control (DHEC) has led an initiative in Charleston, Berkeley, and Dorchester counties dedicated to increasing testing, improving disease outcomes, and reducing the number of infections. We will present an analysis of SC-DHEC derived surveillance data for HIV and syphilis, and will share attempts to geospatially visualize disease incidence and provider distribution. Comparisons will be made to state and national trends. This analysis is pertinent to South Carolina's local disease prevention strategy, and should prompt discussion about ways to improve comprehensive, consistent, and streamlined testing for HIV and syphilis in the future.

5. How Can We Re-Imagine Education & Community Outreach to Reach Everyone (B) **Carolina B**

Maria Davis

In today's advanced world, communication is so different from many years ago. We have gone from email's to Instagram, Tweeter, LinkedIn, snap chat and the list goes on. Dating has also changed due to social media people now meet in chat rooms or hook up on line. How do we stay relevant and sexy in educating our community and keeping them engaged and healthy.

6. Pioneer: Preventing STIs in Women with Intellectual and Developmental Disabilities (B) **Congaree A**

Morgan Sullivan Varn, BAPH, MLT (ASCP)

Pioneer is a team-oriented approach to unplanned pregnancy prevention in exceptional women with intellectual and developmental disabilities (IDD). This program is the first of its kind in the southeastern United States. Pioneer hopes to build a unique interdisciplinary team consisting of researchers, clinicians, personal care aides, community-based organizations, and clientele to refine and evaluate Pioneer within a clinical environment. This program will provide, assess, and evaluate sexual and reproductive health (SRH) training for clinical staff in the treatment and care of women with IDD, from the ages of 13-25. Pioneer represents opportunities to address a crucial, yet elusive clinical question in the sexual and reproductive care of women within this exceptional population: Can STI transmission in women with IDD be prevented through interdisciplinary team intervention?

7. While I Breathe I Hope: Preventing Suicide in Youth and Young Adults: Part 1 (I) **Congaree B**

Alex Karydi, PhD

Suicide is the third leading cause of death during the youth and young adults, preceded in frequency only by trauma, malignancy, and homicide. When a youth or young adult commits suicide, everyone is affected. Family members, friends, teammates, neighbors, and sometimes even whole communities might experience feelings of grief, confusion, and guilt. Communities and agencies can help with suicide prevention by supporting our children and their families. This session provides a review of the myth surrounding suicide; the current barriers to care; and how to work/assess/ and support suicidal clients.

11:30 a.m. – 12:30 p.m. Concurrent Sessions II-B. (Downstairs)

1. Hepatitis B Virus 101: A Complicated Infection Simplified (B) (P) **Lexington A**

Eric Meissner, MD, PhD

Although hepatitis B virus infection is preventable with vaccination, over 400 cases of chronic HBV infection are reported in SC each year. Chronic HBV infection is often over-looked, under-appreciated, and at times misunderstood by patients and physicians alike. This presentation will review the epidemiology, diagnosis, and presentation of HBV infection with an aim of demystifying and explaining HBV infection for the layperson. Current and future management approaches, as well as issues of HCV and HIV co-infection, will be discussed.

2. HIV and Aging - Growing Older with HIV/AIDS (I) **Carolina A**

Mark Sellers, MSW

More than half of the people living with HIV in the United States are 50 years or older. This is basically due to the fact that most people are living longer due to antiretroviral (ARV therapy). However the disease that mostly impact people in their 60's and 70's impact people living with HIV in their 40's and 50's, whether is due to HIV or not it is alarming and impact the health of those who are living with HIV. Basic question around, What is aging? How does HIV affect the aging process and does aging affect the social and mental process of older people living with HIV?

3. A Provider's Introduction to Substance Abuse Treatment for Lesbian, Gay, Bisexual and Transgender Individuals – Part 1 (B) **Lexington B**

Bobby Rogers, BS, MEd(c) and Ed Johnson, MEd, MAC, LPC

This curriculum is designed to develop provider skills in delivering culturally responsive prevention and treatment services for the LGBT population, especially those dealing with co-occurring substance use, mental health disorders (COD), and/or physical health disorders. This course is a new full-day training, which is intended for any provider in contact with LGBT individuals (including *MH and SUD clinicians, HIV providers, State, Local and County government employees, Primary care providers, Public health practitioners, Prevention specialists, Community based organizations, School teachers and counselors).* The full-day curriculum consists of seven training modules, beginning with an introduction to key terms followed by a module on cultural considerations, and concluding with treatment considerations for clinical work. The other four modules address the needs of lesbian, gay, bisexual, and transgender individuals.

4. *Wilhemina's War*: A look behind the documentary (B) Carolina B

June Cross

In much of America, progress in HIV/AIDS treatment and improvement in education may suggest the worst is behind us, but every year 50,000 Americans are still diagnosed with the virus that causes AIDS. Astonishingly, nearly half of them live in the South, where the AIDS epidemic has taken root in rural communities, and is one of the leading causes of death among black women. *Wilhemina's War* is the story of Wilhemina Dixon, an uneducated daughter of sharecroppers who becomes a force in her family's fight for survival from HIV and AIDS. Shot over the course of five years, the film bears witness to the resilience and determination of the human spirit in the face of tremendous adversity. In this session, the participants of *Wilhemina's War* talk about the story behind the story - what happened during the five year production of the documentary.

5. PrEP in The Real World: Practice, Funding, and Lessons Learned (I) Richland C

Aaron O'Brien, MPH

This presentation will review the implementation of a comprehensive PrEP Program at the Ryan White Wellness Center at Roper St Francis Healthcare in Charleston, SC. The Wellness Center is a Ryan White Part C Funded clinic and began offering PrEP services in December 2015. Services are available to all eligible patients, despite their insurance status, or ability to pay. The presentation will address best practices and clinical guidelines, how to integrate PrEP into a busy Ryan White funded clinic, and how to plan for and fund a comprehensive PrEP Program. The presentation will also discuss lessons learned from the real-world implementation of a PrEP program, and recommendations for future growth.

6. Project TEASE: It's all about sex (B) Congaree A

Morgan Sullivan Varn, BAPH, MLT (ASCP)

Women with disabilities have significantly diminished knowledge in areas of sexuality, such as sexually transmitted infections, pregnancy, and contraception. This can be attributed, in part, to the lack of appropriately tailored sex education for girls and women with disabilities, but also to increased rates of victimization, isolation due to lack of mobility, and lessened access to sexual services. Current sex education curriculum uses a predominately heteronormative, orgasmacentric view of sexuality, which does not fit an atypical body in an exceptional population. The World Health Organization recently advocated the creation of a disability component to be added to sexual health policies in programs to decrease the likelihood for poor health, comorbid conditions, premature death, and the spread of communicable diseases. Project TEASE is a website designed to empower and enable women with disabilities to create a transparent, evolved, authentic, self-expressive sexual identity.

7. While I Breathe I Hope: Preventing Suicide in Youth and Young Adults: Part 2 (I) Congaree B

Alex Karydi, PhD

Suicide is the third leading cause of death during the youth and young adults, preceded in frequency only by trauma, malignancy, and homicide. When a youth or young adult commits suicide, everyone is affected. Family members, friends, teammates, neighbors, and sometimes even whole communities might experience feelings of grief, confusion, and guilt. Communities and agencies can help with suicide prevention by supporting our children and their families. This session provides a review of the myth surrounding suicide; the current barriers to care; and how to work/assess/ and support suicidal clients.

THURSDAY, OCTOBER 20 AFTERNOON

12:30 p.m. – 2:20 p.m.	**Luncheon and Keynote Address (B) (P)**	**Columbia A/B (Upstairs)**
	Keeping the Fire in Our Community and In Ourselves Maria Davis Advocate and Music Insider – Royal One Entertainment	

2:30 p.m. – 3:30 p.m. Final Concurrent Sessions II-C. (Downstairs)

[Our conference will end after these sessions at 3:30pm]

1. How Much Does HCV Treatment Really Cost? The Economics of Eradication (B) Lexington A (P)

Eric Meissner, MD, PhD

Chronic infection with hepatitis C virus is now medically curable in most cases, if patients can be identified, linked to care, and can gain access to antiviral medications. Cost of accessing care and medications is a major barrier to more wide spread efforts aimed towards HCV eradication. But how much does HCV treatment really cost? In this session we will examine the economics of HCV treatment, a dynamic and rapidly changing landscape. Comparisons will be made to provision of long-term care for HIV infection. Approaches to managing the cost of HCV treatment in the United States and abroad will be considered. Implications for managing HCV infection at a population level for the un- and under-insured in South Carolina will be discussed.

2. T.R.O.Y. - Transitioning, Retaining and Orienting Youth (I) Richland C

Mark Sellers, MSW, Maurice McCall, BA, MA, Dr. Rebecca Widener

The TROY program (Transitioning, Recruiting and Orienting Youth) assists youth (ages 21-24) living with HIV/AIDS in their transition into adult primary care services and offers rap sessions (support groups), group and individual sessions utilizing support services, preventions methods, transmission routes, and chronic illness self-care. The Trans-theoretical Model has been effective in assessing the TROY clients' individual readiness to act on a new healthier behavior and provides strategies to guide clients through the stages of change. Our rap sessions are a part of the transitioning process, in which independent living is promoted. The group provides and expands the youths' systems of interpersonal and social support as well as improves positive self-reliance and a higher rate of medical adherence. Through discussion and education, the rap sessions help young adults independently fill prescriptions, take medications as scheduled, arrange transportation, contact providers, and medical case manager and verbalize health care needs. The group also helps build HIV knowledge so young adults are able to verbalize the names of the medications they take and have an understanding of how the medications positively impact their health and suppresses their viral load.

3. A Provider's Introduction to Substance Abuse Treatment for Lesbian, Gay, Bisexual and Transgender Individuals – Part 2 (B) Lexington B

Bobby Rogers, BS, MEd(c) and Ed Johnson, MEd, MAC, LPC

This curriculum is designed to develop provider skills in delivering culturally responsive prevention and treatment services for the LGBT population, especially those dealing with co-occurring substance use, mental health disorders (COD), and/or physical health disorders. This course is a new full-day training, which is intended for any provider in contact with LGBT individuals (including *MH and SUD clinicians, HIV providers, State, Local and County government employees, Primary care providers, Public health practitioners, Prevention specialists, Community based organizations, School teachers and counselors).* The full-day curriculum consists of seven training modules, beginning with an introduction to key terms followed by a module on cultural considerations, and concluding with treatment considerations for clinical work. The other four modules address the needs of lesbian, gay, bisexual, and transgender individuals.

4. Beyond the Pill and Condom: HIV and Me (B) **Congaree B**

Antoine Craigwell

Since HIV was realized, 30 years ago (and the CDC issuing the first MMWR report 35 years ago, on June 6, 1981), approaches to addressing it have been to throw one toxic anti-retro-viral pill after another at those infected, with the hope of arresting the many deaths from AIDS and prolonging life with a manageable illness. Today, with the number of those infected, Black and Latino young "men who have sex with men" (MSM) between 13 and 25-years-old, being disproportionately affected, according to the CDC in 2012, has plateaued at 50,000 new infections a year; it is becoming clearer that the treatment through pills, condoms, safer sex messages and "Get Tested" campaigns as modalities are largely ineffective. For many young Black and Latino MSM, those messages have become "white noise", in the background. It is telling that the CDC reported that the highest rates of HIV can be found in young Black and Latino MSM in the Southern regions of the United States, and in February this year declared at a conference in Boston, that an estimated 50 percent of all Black and Latino MSM are likely to contract HIV at some point in their lives. Yet, seemingly missing, unspoken and unaddressed is the mental health aspect to HIV prevention, and with infection, treatment. Contemporary research demonstrates the effect of HIV on the mental health of the infected person, what the virus does to the person's brain, and coupled with the stigma for being gay, as well as the stigma for being HIV, have combined to form a lethal and dangerous tri-partite sentence (especially in the infected person's mind). This discussion will explore the three sides to an HIV infection, paying particular attention to the mental health component of HIV and its effect on a person.

5. You don't find your purpose, it finds you (B) **Carolina A**

R. Vincent Johns

Join Vincent on a journey from homeless teen sex worker to HIV patient advocate. Through a series of events that started on the streets of Dallas Texas and ends with his present day stability in Greenville South Carolina, attendees can follow along as he discloses the struggles he faced along his HIV journey. Vincent hopes to encourage others through his personal experience to rise above their situations despite setbacks. Attendees will learn how Vincent found his voice and how he uses it to work toward change. This speech intends to empower anyone living with HIV to advocate for themselves instead of submitting to defeat. They will learn to identify key players, gain their respect, and earn a seat at the table.

6. Build It & They Will Come: Ryan White Service Remodeling for NHAS Success (I) **Congaree A**

Latasha Robinson, BSW, MPH, Charmella L. Tyler, LMSW, Selena Lowery, MA

Participants will learn how to participate in statewide Ryan White/ADAP workforce expansion initiatives that support targeted National HIV AIDS Strategy (NHAS) improvement including but not limited to the following statewide programs: 1) RW Interactive Outreach in concert with Data to Care and the In+Care Campaign; 2) RW Specialized Medical Case Management to re-engage and retain PLWH as they return to care; 3) ADAP Peer Adherence Intervention for life-long adherence and *more*. Participants will hear details of other support for statewide success including but not exclusively: 1) Systems of funding to providers from SC ADAP; 2) Dedicated Program Coordinators for each initiative; 3) Public Health Outreach Workforce support, and 3) Customized data collection and reporting systems for each intervention that are aligned with HAB Performance Measures, the In+Care Campaign and Data to Care.

Thank you all for another great conference!

ON-LINE CONFERENCE EVALUATION
AND
CONTINUING EDUCATION UNIT (CEU) CERTIFICATES

Conference Evaluation:

When you checked in at Registration, you received instructions and a link for completing your evaluation on-line.
Simply login to the link and complete your evaluation.

Questions?
Please see staff at the Registration Table.

Conference CEU Certificates:

To assist us in evaluating which sessions are most attended, and to ensure that our attendees get full CEU credit for sessions they've attended, we will be tracking participant attendance.

How will attendance be tracked?
Each participant has a barcode embedded on their name badge. At each concurrent and keynote session, attendees will have this barcode scanned by conference staff. This bar code will track each participant's attendance at sessions throughout the conference.

What do I need to do?
You'll need to have your name badge scanned at each session (keynote and concurrent sessions). Conference staff will be stationed outside each session scanning badges. Please be patient as this is our first time using this system.

How do I get my CEU Certificate?
We will be emailing your certificates to you. Certificates will be sent to the email address submitted with your conference registration form. Please know that certificates will only reflect the hours for the sessions you attended and had your name badge scanned.

What if I lose or forget my name badge?
See staff at the Registration Table for assistance.

Questions?
For any questions or concerns at any time during the conference, please visit the Registration Table.

Please note that your CEU Certificate will provide credit for only those sessions where you scanned your name badge's barcode.

NOTES

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We thank all of our sponsors and exhibitors for the support they have provided. In addition to financial support, the information made available to participants is valued and appreciated. Thank you so very much for using your knowledge and resources to help us fight for those who are infected with and affected by HIV, STDs and Viral Hepatitis. It would be impossible to have this conference without you!

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