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# *South Carolina HIV, STD and Viral Hepatitis Conference*

**October 16 & 17, 2019**

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



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## **SCHEDULE AT A GLANCE**

### **Wednesday, Oct 16**

8:00-8:50am	Registration/Breakfast/ Hep A Vaccinations
9:00-10:10am	Welcome/Keynote
10:10-10:30am	Break/Visit Exhibits/ Hep A Vaccinations
10:40-11:40am	Concurrent Sessions
11:50am-12:50pm	Concurrent Sessions
12:50pm	Doors open for lunch
1:30-2:30pm	Networking Lunch
2:40-3:40pm	Concurrent Sessions
3:50-4:50pm	Concurrent sessions

### **Thursday, Oct 17**

8:00-8:50am	Registration/Breakfast/ Hep A Vaccinations
9:00-10:10am	Welcome/Keynote
10:10-10:30am	Break/Visit Exhibits/ Hep A Vaccinations
10:40-11:40am	Concurrent Sessions
11:50am-12:50pm	Concurrent Sessions
12:50pm	Doors open for lunch
1:30-2:30pm	Keynote
2:30-2:45pm	Closing Remarks

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**Visit our website: [www.schiv-stdconference.org](http://www.schiv-stdconference.org)**

**INSERT PDF of CONFERENCE FLOOR PLAN**

# Conference Evaluations & CEU Certificates

How do I complete the conference evaluation and obtain my CEU certificate\*?

## **Evaluation**

**Deadline: Monday, November 4**

There will be 2 options for completing the conference evaluation by the deadline: Monday, November 4.

### **Option 1:**

You will have access to the Mobile Event Portal using your smart phone (no app download required). Instructions on how to access this tool were sent by email prior to the conference. This tool will provide you with a session guide and allow you to complete the evaluation during the conference. If you do not finish your evaluation, the remainder of the evaluation will be emailed to you at the end of the conference to complete.

### **Option 2:**

You also have the option to complete your evaluation online using a link that will be sent to the email address you provided on your conference registration form. If you did not provide an email address or your information has changed, please stop by the registration desk and update this information during the conference.

## **Certificate**

**Emailed out: Monday, November 18**

Your certificate will be emailed to you within 2 weeks of submitting your evaluation – all certificates will be emailed by Monday, November 18. Please note that the number of CEUs on the certificate will only reflect the sessions that you attended.



For any questions or concerns, please contact Rebecca Jackson at [rljackson@comporium.net](mailto:rljackson@comporium.net) or 803-286-4121.

\*To obtain ACPE credit, pharmacists should refer to the “Instructions for Claiming ACPE Credit” document available at Registration. Sessions available for this credit are marked with “(Pharm)” throughout this program brochure.

## Concurrent Rooms

Concurrent Session Rooms are UPSTAIRS and DOWNSTAIRS this year!

### DOWNSTAIRS

Carolina A/B\*  
Congaree A/B\*  
Lexington A\*  
Lexington B\*  
Richland A/B – Exhibits/Breakfast  
Richland C\*

### UPSTAIRS

Columbia A/B – Keynote speakers  
Hall of Fame\*  
Senate\*

\* = Concurrent Sessions

## Wifi - Internet

<https://www.columbiaconventioncenter.com/internet>

## Photographs

The South Carolina 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. Please note that throughout the conference, our staff may be taking photographs to use during the closing session and for archive purposes. Please see one of our staff at the Registration desk by the morning break if you wish to make a specific request to not be photographed. Thank you!

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 SC/US Government.

# Quick Overview

## **For the first time, Concurrent Sessions are DOWNSTAIRS and UPSTAIRS.**

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

### Wednesday, October 16

8:00am – 8:50am	<b>Registration near the Escalator (Downstairs); Continental Breakfast in Richland A/B (Downstairs); Hepatitis A Vaccinations outside Richland C (Downstairs)</b>						
9:00am - 10:10am	<b>*Door Prize – 9am*</b> <p style="text-align: center;"><b>Keynote Addresses in Columbia A/B (Upstairs)</b>  <i>Stemming the Rising Tide of STDs through Partnerships and Comprehensive Strategies</i>            Gail Bolan, MD, Director of STD Prevention, Centers for Disease Control and Prevention</p>						
10:10am - 10:30am	<b>Break/Visit Exhibits in Richland A/B (Downstairs); Hep A Vaccinations outside Richland C (Downstairs)</b>						
ROOMS	Carolina A/B	Congaree A/B	Hall of Fame (Up)	Lexington A	Lexington B	Richland C	Senate (Up)
10:40am - 11:40am	<i>Providing HIV specialty care with a primary care medical home setting (Pharm)</i>	<i>Strategies for housing retention and engagement in supportive services</i>	<i>Impact of state-mandated HIV education on corresponding HIV transmission rates (Pharm)</i>	<i>BDSM 101: Feathers and ice and everything nice – Demystifying BDSM</i>	<i>HIV incidence in African American Women: #BlackGirlMagic in the age of the epidemic...</i>	<i>Mindfulness-based stress reduction intervention in African American women living with HIV</i>	<i>Congenital Syphilis: Strategies for reducing a preventable disease</i>
11:50am - 12:50pm	<i>Improving HCV linkage to care using the FOCUS model</i>	<i>Effectively using collaboration to positively impact change</i>	<i>The LOVED ONES (Anti-stigma) Initiative</i>	<i>BDSM 102: Applied practice within the community – Taking out the toys</i>	<i>Testing and counseling for youth: Why won't they listen?</i>	<i>Ending the Epidemics SC (EtE SC) – What is it? Who benefits? Why now?</i>	<i>A new pre-exposure prophylaxis (PrEP) for individuals at risk for HIV (Pharm)</i>
12:50pm – 2:30pm	<b>Luncheon in Columbia A/B (Upstairs) SC HIV Taskforce Honors; Remembering Susan Fulmer; Networking Activity</b>						

## Wednesday, October 16

ROOMS	Carolina A/B	Congaree A/B	Hall of Fame (Up)	Lexington A	Lexington B	Richland C	Senate (Up)
2:40pm – 3:40pm	<i>Offering collaborative HIV/HCV screening and rapid start services at rural high-risk facilities</i>	<i>Promoting sexual health among college students using web-based Media Aware program</i>	<i>My ScriptRewards evaluated: Discussion of its coverage of inexpensive HIV medications (Pharm)</i>	<i>Emotional Intelligence: Unlocking your genius</i>	<i>Horror Stories and Love Stories: Couch Talk about Patient, Family and Team Member Experience</i>	<i>Training: Referrals for unintended pregnancy – PART 1</i>	<i>Navigating Networks and Other Factors Associated with Rising STDs among Gay, Bisexual, and Other MSM</i>
3:50pm – 4:50pm	<i>Using CDC’s “Let’s Stop HIV Together” campaign to promote HIV messaging</i>	<i>Finding Your True Strength – Healthy Masculinity and Consent Training</i>	<i>Weighing in on ART and HIV – do the scales just keep going up? (Pharm)</i>	<i>The opioid epidemic and its contribution to the spread of HIV/HCV</i>	<i>HIV Treatment And Prevention (TAP In)</i>	<i>Training: Referrals for unintended pregnancy – PART 2</i>	<i>2019 HIV Update (Pharm)</i>

### NEED HELP?

Can’t find a session or restroom? Look for our staff or Planning Committee members wearing ribbons 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.

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8:00am – 8:50am	<b>Registration near the Escalator (Downstairs); Continental Breakfast in Richland A/B (Downstairs); Hep A Vaccinations outside Richland C (Downstairs)</b>						
9:00am – 10:10am	<b>*Door Prize – 9am*</b> <b>Keynote Address in Columbia A/B (Upstairs)</b> <i>HCV screening, diagnosis and linkage to care</i> Derek Spencer, Executive Director, Government Affairs, Frontlines Of Communities in the United States (FOCUS)						
10:10am - 10:30am	<b>Break/Visit Exhibits in Richland A/B (Downstairs); Hep A Vaccinations outside Richland C (Downstairs)</b>						
<b>ROOMS</b>	<b>Carolina A/B</b>	<b>Congaree A/B</b>	<b>Hall of Fame (Up)</b>	<b>Lexington A</b>	<b>Lexington B</b>	<b>Richland C</b>	<b>Senate (Up)</b>
10:40am – 11:40am	<i>Partnering for Purpose to Achieve Maximal Results</i>	<i>Building Sustainable Communities</i>	<i>Novel Therapies for HIV Treatment and Prevention (Pharm)</i>	<i>Transgender Care+</i>	<i>Trauma and HIV: Unpacking the complicated relationship between trauma exposure and HIV outcomes</i>	<i>Diagnosing HIV in SC using the ED is easy as 1-2-3! – PART 1</i>	<i>2019 Hepatitis Update (Pharm)</i>
11:50am – 12:50pm	<i>“Sex, Drugs and Rock &amp; Roll” – Nope... now it’s “Sex, Drugs and Syphilis... and Hepatitis A”</i>	<i>Gentlemen Respecting and Interacting in Truth (GRIT): Healthy Black Masculinity</i>	<i>Infectious Diseases Considerations for the Opioid Overdose Epidemic (Pharm)</i>	<i>The wHOLE story</i>	<i>Myth busters: Condom outreach in the Pee Dee</i>	<i>Diagnosing HIV in SC using the ED is easy as 1-2-3! – PART 2</i>	<i>A review of Syphilis</i>
12:50pm – 2:30pm	<b>Luncheon and Keynote Address in Columbia A/B (Upstairs)</b> <i>All Hands on Deck – We’re All in This Together</i> Gina Brown, RSW, Community Engagement Manager, Southern AIDS Coalition						
2:30pm – 2:45pm	<b>*Door Prize – after closing remarks*</b> <b>Closing Remarks</b>						

# CONFERENCE PLANNING COMMITTEE

**David Alexander**

AIDS Healthcare Foundation, SC HIV Planning Council, and Palmetto AIDS Life Support Services

**Frances E. Ashe-Goins**

USC College of Nursing/Arnold School of Public Health and Joseph H. Neal Wellness Center

**Pat Barrett**

SC DHEC – Midlands PH Region

**Kayla Brown**

USC-Immunology Center

**Jackie Bush**

Sandhills Medical Foundation, Inc.

**Celeste Caulder**

USC College of Pharmacy/Clinical Pharmacy and Outcomes Sciences

**Leroy Cofield**

Community Advocate, NHFHS-CAB

**Teretha Fowler**

AID Upstate

**“Q” (LaQuantia) Goodman**

Advocate

**Shondelle Gregg-Ferguson**

HopeHealth, Inc.

**Adrena Harrison**

SC HIV/AIDS Clinical Training Center  
Prisma Health USC Medical Group

**Corey Ingram**

Palmetto AIDS Life Support Services

**Rebecca Jackson**

Mid-Carolina AHEC, Inc.

**Gerald McNair**

AIDS Healthcare Foundation and SC HIV Planning Council

**Inez Morris**

AID Upstate

**Doug Outlaw**

SC DHEC – STD/HIV Division

**David Pable**

SC HIV Planning Council

**Lloyd Paige**

Care Innovations

**Tony Price**

SC DHEC – STD/HIV Division

**Alyssa Robillard**

USC Arnold School of Public Health

**Miesha Shavers-Thomas**

CareSouth Carolina

**Chris M. Skope**

Medical University of SC Division of Infectious Diseases

**Morgan Sullivan Varn**

Advocate

**Kenric B. Ware**

South University – Dept. of Pharmacy Practice

**Andrea W. Williams**

Advocate

**Support Staff**

**Pam Harper, Conference Registrar**

Mid-Carolina AHEC

**April Winningham, Conference Coordinator**



# CONTINUING EDUCATION

**Attendance participation will be documented via badge scanning prior to each session. Contact hours (CEU hours) will only be awarded based on documented attendance. Please have your name badge scanned before each session you attend.**

**NOTE: WHEN A SESSION IS FILLED TO ROOM CAPACITY, NO ONE ELSE WILL BE ALLOWED TO ENTER, AND SCANNING WILL BE CLOSED FOR THAT SESSION.**

Mid-Carolina Area Health Education Consortium (AHEC) provides a variety of continuing education credits for up to a total of 9 hours across the two-day conference. **Participation will be tracked and recorded at each session. Contact hours will only be awarded based on documented attendance.**



Daily Totals: **10/16** (Wednesday) = 5 hours; **10/17** (Thursday) = 4 hours

**Counselors & Therapists:** This program has been approved for up to 9 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 9 hours of which 4.0 are pharmacology hours (please note: exact pharmacology hours will be based on sessions attended).

**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 2 hours non-social work hours, for a total of 9 clock hours.

**Mid-Carolina AHEC, Inc.:** This program is approved for up to 0.9 CEUs (9 clock hours) of continuing education by Mid-Carolina AHEC, Inc. and meets the SC AHEC Best Practices Standards. Participants must attend 90% of the program in order to receive a certificate of attendance. **No partial credit given.**

**Alcohol, Tobacco and Other Drug (ATOD) Treatment and Prevention Professionals:** Applications are being made to the SC Association of Alcohol and Drug Abuse Counselors (SCAADAC) and the SC Association of Prevention Professionals and Advocates (SCAPPA) for 9 hours of continuing education credit.

**Pharmacists:** The University of South Carolina College of Pharmacy is accredited by the Accreditation Council for Pharmacy Education as a provider of continuing pharmacy education. A total of 9 of the concurrent sessions are ACPE-accredited for pharmacists (ACPE UANs 0062-9999-19-150-L02-P, 0062-9999-19-151-L02-P, 0062-9999-19-152-L02-P, 0062-9999-19-153-L02-P, 0062-9999-19-154-L02-P, 0062-9999-19-155-L02-P, 0062-9999-19-156-L01-P, 0062-9999-19-157-L02-P, 0062-9999-19-158-L01-P), and pharmacists may claim a maximum of **6.0 live contact hours** (0.6 CEUs) of knowledge-based or application-based continuing pharmacy education. To claim credit, participants must sign-in at registration and attend each concurrent session in its entirety (no partial credit will be issued). Pharmacists must complete an online evaluation at <http://cop.sc.learningexpressce.com> within 30 days (providing their correct NABP e-profile number and day/month of birth) in order to have credit reported to the NABP CPE Monitor. Detailed instructions regarding how to claim credit will be provided at the conference. The NABP CPE Monitor will not accept credit claimed and reported greater than 60 days from the date of the program. Detailed instructions regarding how to claim credit will be provided at the conference. The NABP CPE Monitor will not accept credit claimed and reported greater than 60 days from the date of the program.



# 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.

## KEYNOTE SPEAKERS



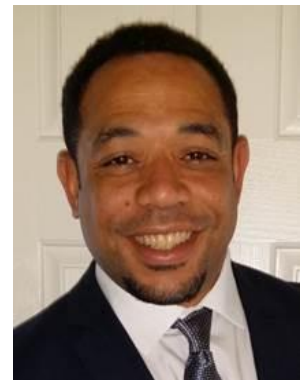
### **Gail Bolan, MD**

Dr. Bolan is Director of the Division of STD Prevention at the Centers for Disease Control and Prevention (CDC). A graduate of Dartmouth Medical School, she completed her training in internal medicine at the University of Virginia, Charlottesville. She received subspecialty training in infectious diseases at the Tufts New England Medical Center and Stanford Medical Centers and in medical epidemiology as a CDC Epidemic Intelligence Service officer in the Respiratory and Special Pathogens Branch. Prior to joining CDC in February 2011, she served as the Chief of the STD Control Branch at the California Department of Public Health from 1997 to 2011, and as the Director of the San Francisco City and County STD Prevention and Control Program and as Medical Director of San Francisco City

Clinic from 1987 to 1997. She directed the California STD/HIV Prevention Training Center for over 20 years. Dr. Bolan is a leader in the field of STD Prevention and is nationally recognized for her contributions in applied research on the epidemiology and prevention of STDs, for implementation of science-based programs and for effective STD program policy development. Dr. Bolan has authored or co-authored over 150 scientific publications. She has served on the CDC HIV/STD Prevention Advisory Committee, CDC Office of Infectious Diseases Board of Scientific Counselors, and the American STD Association (ASTDA) Executive Committee. She is past chair of the National Coalition of STD Directors (NCSD) and past vice chair of the American Social Health Association (ASHA) Board of Directors.

### **Derek Spencer, MS, CNRP**

Derek Spencer serves as the Executive Director for the FOCUS Program (Frontlines of Communities in the United States) of Gilead Sciences. The program supports the expansion of routine blood born virus (HIV, HCV and HBV) screening, diagnosis and linkage to care through funded projects in 3 countries including the U.S., Spain and Portugal. Earlier in his career, while working at the Institute of Human Virology, University of Maryland School of Medicine, Derek engaged multiple sectors of Baltimore including the faith-based community and the University of Maryland Founding Campus's academic and clinical programs. This work led to the development of what the White House called a "transformational approach to addressing the National HIV/AIDS Strategy." Derek has a compelling message of purpose and the power of meeting needs.



### **Gina Brown, MSW**

Gina Brown is the Community Engagement Manager with Southern AIDS Coalition. She has worked in the field of HIV for 15 years and has been living with HIV for 24 years. Gina graduated Magna Cum Laude from Southern University at New Orleans, with a Bachelor of Social Work and a minor in History in 2011. She received her master's degree in Social Work in 2012. Gina is a former member of the Presidential Advisory Council on HIV/AIDS (PACHA) and has served on numerous boards and committees. She currently serves on the Board of Directors for the Black AIDS Institute. Gina is a passionate public

speaker and celebrated community advocate appearing in many magazines and publications including being recently featured in *Ebony* and *Jet*. Gina is also an Ambassador for the Greater than AIDS Initiative, appearing in the *Women, HIV, and Intimate Partner Violence* video. Gina truly believes in service work and has made it her life's mission to help the broader community gain a higher level of health literacy.



## Join us on Social Media for the 2019 Conference!

<http://www.schiv-stdconference.org>

Download the mobile app “QR scanner” for easier access to all of our social media outlets!



Instagram

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@SouthCarolinaHIVSTDConference

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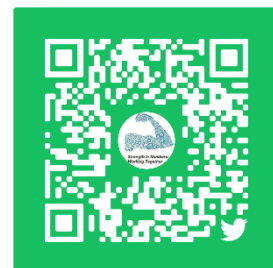


SCHIV/STD Conference

<http://www.linkedin.com/pub/schiv-stdconference-schiv-stdconference/59/248/6a7>



@SCHivstdvhConf



# CONFERENCE SCHEDULE

**WEDNESDAY, OCTOBER 16**

**MORNING**

<b>8:00am – 8:50am</b>	<b>Registration</b> <b>Continental Breakfast/Visit Exhibits</b> <b>Hep A Vaccinations</b>	<b>Near Escalator (Downstairs)</b> <b>Richland A/B (Downstairs)</b> <b>Outside Richland C (Downstairs)</b>
<b>9:00am – 10:10am</b>	<b>Welcome and Keynote Address</b> <i>Stemming the Rising Tide of STDs through Partnerships and Comprehensive Strategies</i> Gail Bolan, MD, Director of STD Prevention, CDC	<b>Columbia A/B (Upstairs)</b>
<b>10:10am – 10:30am</b>	<b>Break/Visit Exhibits/Network</b> <b>Hep A Vaccinations</b>	<b>Richland A/B (Downstairs)</b> <b>Outside Richland C (Downstairs)</b>

**10:40am – 11:40am**

**Concurrent Sessions (Upstairs & Downstairs)**

**1. *Congenital Syphilis: Strategies for reducing a preventable disease***

**Senate**

Gweneth B. Lazenby, MD

Congenital syphilis is defined as an infant with clinical evidence of syphilis. Infants born to mothers with untreated or inadequately treated syphilis are considered to have congenital syphilis. Since 2012, national congenital syphilis rates have been increasing. Similar trends are occurring in South Carolina. Due to increasing concerns related to these trends, the CDC reissued a statement in 2018 to encourage repeat syphilis screening in pregnancy. Contemporary use of repeat syphilis screening was demonstrated to be cost-effective and has been recommended among at risk women by ACOG. Congenital syphilis is a preventable life-threatening infection. There are effective means for reducing congenital syphilis. These strategies include early recognition of syphilis infection during pregnancy, appropriate diagnosis of syphilis by stage, and effective treatment of syphilis 30 days before delivery. This presentation will provide an in-depth review of syphilis infection, diagnosis, treatment, and specific strategies in pregnancy to reduce congenital syphilis.

**2. *Strategies for housing retention and engagement in supportive services***

**Congaree A/B**

Kristen S. Connors, LMSW and Mirinda A. Bolton, MA, LPC, LPCC

Many housing programs operate with strict guidelines that are designed to improve clients' chances of success; however too many parameters adversely affect clients' ability to maintain placements and prohibits chances of accessing future housing. The Housing First model focuses on client needs and allows participants to choose their levels of treatment and ancillary services. In doing so, clients generate their own plan and decide their level of care. It is well documented that stable housing is a social determinant of health. It is imperative to maximize client success to avoid re-traumatization and displacement of a significantly vulnerable population. A variety of innovative approaches can be used to ensure client success in housing and case management programs, especially for those who are difficult to engage with a history of non-adherence to traditional services. This session discusses strategies such as harm reduction and trauma informed care as interventions to promote client success.

### **3. Mindfulness-based stress reduction intervention in African American women living with HIV**

**Richland C**

Slone Taylor

Mindfulness is a way of paying attention to individuals' own emotions and being aware in the present moment. Mindfulness-based interventions (MBIs) have been widely used for stress reduction among various populations, but there is limited MBIs targeting African American women living with HIV(WLH). This study aims to assess the feasibility and acceptability of a MBI to reduce stress in African American WLH. Three focus group discussions were held among 18 African American WLH purposely recruited from the Palmetto Health-USC Immunology Center. All 18 women said they were interested in participating in a MBI, and felt that mindfulness could be helpful in their life. They also discussed time commitment and format of interventions. These results suggest that a MBI is feasible and acceptable for African American WLH. The next step is to develop a pilot study for African American women living with HIV to complete a MBI for stress reduction.

### **4. Impact of state-mandated HIV education on corresponding HIV transmission rates (Pharm)**

**Hall of Fame**

Kenric B. Ware, PharmD, MBA, AAHIVP and Samantha Carter, PharmD Student

Academic environments such as classroom settings afford excellent opportunities for education regarding risk factors and transmission of the human immunodeficiency virus (HIV). Despite HIV information being presented nationally within certain school curricula, attempts to validate the effectiveness of these offerings among states are lacking. Retrospectively, national rates of HIV diagnosis from the 2015 Centers for Disease Control and Prevention HIV Surveillance Report and state mandated HIV education classifications from the Guttmacher Institute as of 2015 were evaluated. Fifty states and the District of Columbia were divided into two groups; HIV mandated educational curricula and non-mandated. The purpose of this presentation is to discuss whether a difference existed between HIV transmission rates among states based upon their HIV educational curricula mandate status. Rationales will be offered to contextualize the reported findings. Furthermore, HIV educational curricula in South Carolina will be assessed in greater detail.

### **5. BDSM 101: Feathers and ice and everything nice – Demystifying BDSM**

**Lexington A**

Morgan S. Varn BAPH, MLT(ASCP), H

BDSM 101: 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 is an ideal instrument for education and clinical support for safe sex practices.

### **6. HIV incidence in African American Women: #BlackGirlMagic in the age of the epidemic...**

**Lexington B**

Towanna Enoch, MSN, APRN, NP-C

In 2017, African American women accounted for 59% of all new HIV cases diagnosed in women in the United States. In South Carolina, African American women represented 70% of new HIV cases diagnosed in women in 2016. According to data from the 2011-2015 National Survey of Family Growth, only 7.9 million of the 42.4 million sexually active, non-pregnant US women reported having had an HIV test in the year prior to the survey. In a 2016 report, National HIV Prevention Program Monitoring and Evaluation data showed an 11.5% decrease in CDC funded testing events that occurred among black women from 2012 – 2014. PreP uptake data from CROI 2018 confirmed that of 500,000 black people in the United States who could potentially benefit from PrEP, only 7,000 prescriptions have

been filled. This data underlines the need for the expanded development and effective implementation of HIV education and prevention programs/initiatives with a narrowly targeted focus on African American women and more meaningful support from stakeholders such as government agencies, medical/faith-based/community organizations and drug companies.

**7. Providing HIV specialty care with a primary care medical home setting (Pharm) Carolina A/B**

Steven K. Barnett, MD, CMD

The benefits of people receiving their medical care within a Patient-Centered Medical Home (PCMH) is well documented but is even more important for those living with at least one chronic medical condition. PLWHA benefit greatly from being part of a PCMH rather than receiving their care from multiple providers across locations. CAN Columbia's clinic is a working model of providing HIV specialty care from a primary care physician that is an HIV Specialist. All aspects of the Patient Centered Medical Home including definition, description, criteria and benefits will be presented. Multiple patient-specific case presentations will be included that illustrate the benefits of this model regarding improved engagement, compliance, retention in care, and overall wellbeing for the patient. In addition, information will be presented that shows the benefits to the organization regarding improved cost and efficiency for the patient and the provider and improved awareness of the patients overall medical status.

**11:50am – 12:50pm**

**Concurrent Sessions (Upstairs & Downstairs)**

**1. A new pre-exposure prophylaxis (PrEP) for individuals at risk for HIV (Pharm) Senate**

Marty Player, MD, Vanessa Diaz, MD, MSCR

South Carolina (SC) ranks 13th in the US in incidence and prevalence of HIV/AIDS. Pre-exposure Prophylaxis (PrEP) reduces HIV transmission for those at high risk, but there is a lack of PrEP providers in SC. Telehealth is a promising approach to improve access to PrEP. The feasibility of a tele-PrEP program developed in collaboration with a local HIV care organization was assessed by studying a cohort undergoing 3 video visits over 6 months with monthly asynchronous e-visits in-between. Adults over 18 years at risk of HIV, but HIV negative were recruited. Comfort with technology survey and Patient Health Questionnaire were completed prior to first video visit. Adherence to visit schedule, lab testing, and medication were measured. Patient satisfaction was evaluated. Results suggest that participants were comfortable with using technology and adherent to the medication, showing that a telemedicine program is a viable option for access to PrEP.

**2. Effectively using collaboration to positively impact change Congaree A/B**

Shanna Hastie, LMSW and Brittany Desjardins, LMSW

Working together, healthcare agencies, local health departments, Community-Based Organizations (CBOs), and other community stakeholders, increase our ability to improve access to care and create initiatives to address health disparities in our communities. In this presentation, Effectively Using Collaboration To Positively Impact Change, we will discuss why collaborations are necessity when setting goals, creating a vision and working on a team. Participants will also have the opportunity to learn 7-Steps to Collaboration. This presentation will be interactive. Participants will also have the opportunity to apply the skills they have learned in this session.

**3. The LOVED ONES (Anti-stigma) Initiative Hall of Fame**

William S. Robinson, MA

LOVED ONES Initiative (LOI) is a project created to actively engage loved ones of PLWHA to help eliminate the stigma that becomes a barrier to optimum treatment and care. LOI will create a cadre of advocates based on the belief that the loved ones of PLWHA would be the most effective to help reduce the different stigma associated with

HIV/AIDS. Other persons (i.e. friends, family, etc.) are often the motivators who provide inspiration for their loved ones to get the care needed in spite of what that loved one or others think about what they are experiencing. Through a series of support group meetings, participants will identify stigma they want to change/eliminate, how they want to change/address it, and design public campaigns to do so. Treatment has come a long way over the past 30 years and is now as manageable as other chronic diseases. Time to change stigma, too.

**4. Improving HCV linkage to care using the FOCUS model: Impact of a systemic and cultural transformation within an FQHC** **Carolina A/B**

Adelero Adebajo, MD, MPH, AAHIVS, FACP and Liz Mallas, MS, MPA

Reported cases of acute hepatitis C virus (HCV) infection increased from 850 to 2,967 reported cases between 2010 and 2016 (CDC). Approximately 75%–85% of newly infected adults and adolescents develop chronic HCV infection. Currently an estimated 2.4 million people in the United States are living with hepatitis C virus infection. Linkage to care is critical to improving health outcomes for persons found to be living with HCV. Such linkage is particularly important in light of major advancements that have been made in HCV care. Cooperative Health adopted the Gilead FOCUS model that consisted of integrating testing into normal clinical flow, modifying electronic medical records, making policy changes and implementing quality improvement. Cooperative Health in Columbia SC increased the number of screenings increased by more than 200% and the percentage linked to care increased from 58% to 87% in one year. During this session, we will share how we improved screening and LTC through systemic and cultural interventions at Cooperative Health.

**5. BDSM 102: Applied practice within the community – Taking out the toys** **Lexington A**

Morgan S. Varn BAPH, MLT(ASCP), H

BDSM 102: An in-depth look at some of the tools and techniques used in BDSM, practical explanations for cleaning and care of these products, and discussion on basic use of BDSM paraphernalia.

**6. Ending the Epidemics SC (EtE SC) – What is it? Who benefits? Why now?** **Richland C**

Linda A. Brown, MPH, Jacob White, Teretha Fowler, BS, David Pable, Elizabeth McLendon, MA

Using a panel format with time for questions, the members of the Steering Committee of Ending the Epidemics SC (EtE SC) will update attendees about this new community campaign, which is a part of a movement that is spreading across the globe. We will describe SC's unique addition of an "s" to "Epidemics" in recognition of the interrelated nature of so many health issues – HIV, STDs, Viral Hepatitis and Substance Use Disorders. We will engage attendees in our vision of partnerships across disciplines and with nontraditional partners; show how attendees and all people living in SC are stakeholders; plus, build excitement about how to get involved with EtE SC and to encourage their own municipalities to join Columbia in signing the Paris Declaration as a Fast Track City.

**7. Testing and counseling for youth: Why won't they listen?** **Lexington B**

Melanie Nichols, MSN, APRN, FNP

The presentation will focus on youth, defined as 24 years and younger, and their need for testing and counseling. We will review CDC guidelines for testing in this population and their disproportionate rate of STDs compared to patients 25 and older. In addition, we will focus on ways to engage youth based on their developmental staging.



**12:50pm – 2:30pm**

**Luncheon**  
**SC HIV Task Force Honors**  
 K. Allen Campbell, Board Chair, SC HIV Task Force  
**Remembering Susan Fulmer**  
**Networking Activity**

**Columbia A/B (Upstairs)****2:40pm – 3:40pm****Concurrent Sessions (Upstairs & Downstairs)**

**1. *Navigating Networks and Other Factors Associated with Rising STDs among Gay, Bisexual, and Other Men Who Have Sex with Men***

**Senate**

Gail Bolan, MD

This session will be conducted by our morning keynote speaker, Director of STD Prevention, Centers for Disease Control and Prevention. Explore the factors associated with rising STD rates among gay, bisexual and other MSM.

**2. *Emotional Intelligence: Unlocking your genius***

**Lexington A**

Carmen Hampton Julious, MSW, LISW-CP&amp;AP

Emotional intelligence reflects self-awareness and adaptability, fosters collaboration among peers, and increases empathy and understanding for clients and consumers. Research has shown that persons with a high Emotional Quotient (EQ) will solve more problems. Emotional Intelligence (EI) is often more important than intelligence quotient (IQ) in attaining success in one's personal and professional life. As health and human services providers, our success depends on our ability to read other people's signals and to react appropriately to them. Each of us must develop the mature EI skills required to understand, empathize and negotiate with other people.

**3. *Horror Stories and Love Stories: Couch Talk about Patient, Family and Team Member Experience***

**Lexington B**

Charity Garris, Susan B. Kitchen, Estoria Nicole Wright, and Elizabeth McLendon, MA

Harnessing the power of shared stories and histories and over 50 combined years of the presenters' customer service experience, we will gather audience Horror Stories and Love Stories of Customer Service and share our own, perform roleplays, ask for audience feedback, then redo the skits utilizing the audience's suggestions, so that people can leave renewed and determined to expect and/or implement excellent patient-centered customer service that will give birth to new Love Stories of Customer Service. Along the way, we will demonstrate how excellent, patient-centered attitudes and actions will keep people in care and thriving.

**4. *My ScriptRewards evaluated: Discussion of its coverage of inexpensive HIV medications (Pharm)***

**Hall of Fame**

Kenric B. Ware, MBA, AAHIVP and Heather Young, BS

My ScriptRewards is an initiative operated through the UnitedHealthCare (UHC) insurance platform that looks to persuade patients to utilize inexpensive antiretrovirals to manage their human immunodeficiency virus (HIV) infection. A mainstay in HIV therapy is the nucleoside reverse transcriptase inhibitor (NRTI) tenofovir, available in two salt forms, disoproxil fumarate (TDF) and alafenimide (TAF). While TDF-based products are traditionally equally as effective, and often less costly, they are usually associated with greater kidney damage than their TAF-based counterparts. People living with HIV/AIDS (PLWHA) are enticed to participate in the MyScripts Rewards Program, which generally encompasses their agreement with being prescribed TDF-based products, in exchange for a \$250.00 monetary allotment every six months. This presentation will address components of the MyScripts Reward program,

including restrictions placed on its featured financial incentive. Furthermore, long-term implications for patients, healthcare providers, and the community at-large will be examined.

**5. Promoting sexual health among college students using web-based Media Aware program** Congaree A/B

Jennifer Pozsik, MPH, CHES, Denise Marcano, and Mallory Macgangle, BA

While teen births have decreased significantly in South Carolina since the 1990s, 75% of teen births occur among adolescents ages 18 and 19 years old. Another challenge that many adolescents face is the rising rates of Sexually Transmitted Infections (STIs). The SC Campaign to Prevent Teen Pregnancy has implemented an evidence-based, web-based sexual health program, *Media Aware* on several college campuses in South Carolina. *Media Aware* has shown to be effective in reducing sexual risk behaviors through teaching medically-accurate sexual health information and behavioral skills while exploring the influences of social media. This presentation will examine trends in teen pregnancy and sexually transmitted infections among adolescents, describe the evidence-based program *Media Aware*, discuss implementation strategies on college campuses, and highlight successful strategies as well as describe challenges of program implementation on college campuses, and lastly discuss program results.

**6. Training: Referrals for unintended pregnancy – PART 1** Richland C

Shannon Ivey, MFA and Monika M. B. Carey, BS, CHES

Provide, Inc. is a national not for profit that works in partnership with health and social service providers to build a healthcare system that is equipped to respond to women’s health care needs around unintended pregnancy. Our “Referrals for Unintended Pregnancy” training has been successfully delivered to HIV ASOs and partner health care and social service agencies since 2008. The “Referrals for Unintended Pregnancy” training is suitable for all staff: administrative professionals, counselors, clinicians, and/or volunteers who support women who experience unintended pregnancy. This training is led by a team of experienced South Carolina based trainers and is intended to train workers in a client centered, unbiased counseling model to support their clients and patients in accessing the reproductive health care that they seek. Training participants will acquire nuanced options counseling skills and tools that will honor the client/patient’s right to dignity, respect, confidentiality, and autonomy.

**7. Offering collaborative HIV/HCV screening and rapid start services at rural high-risk facilities** Carolina A/B

Steven K. Barnett, MD, CMD and William S. Robinson, MA

Partner and co-located HIV/AIDS organizations, CAN Community Health and Joseph H. Neal Health Collaborative, are establishing formal collaborations with organizations that serve high risk populations in several rural counties in South Carolina. Our goal is to present data that illustrates the high prevalence of these infections specifically in the high-risk populations of former or current substance users and/or former or current persons incarcerated in rural South Carolina. We are establishing community liaisons at substance use and detention facilities where education, HIV and HCV screening, prevention education, and rapid start link age to medical care will be presented which will provide insight into how this can be replicated in these and other environments. Several success stories with real-world experiences will be presented that will exemplify the benefits of these strategies and how we were able to utilize these partnerships to extend into hard to reach geographical areas.

**3:50pm – 4:50pm**

**Concurrent Sessions (Upstairs & Downstairs)**

**1. 2019 HIV Update (Pharm)**

**Senate**

Sharon B. Weissman, MD

This session will focus on the review of guideline updates for HIV as well as new key research findings for 2019.

**2. Finding Your True Strength – Healthy Masculinity and Consent Training** Congaree A/B  
Corey Ingram, LMSW

Finding your True Strength (Healthy masculinity and consent) training is a combination of Healthy Masculinity and consent programs. “True Strength” is a program which I developed at the University of South Carolina (UofSC) to create a forum for men to share new and innovative ideas to address healthy masculine behaviors and interpersonal violence in the Carolina community. We are all equally invested and responsible for the betterment, success, and failure of our society. Therefore, we should all be equally devoted to creating a health masculine society which evaluates the attitudes, beliefs, values, morals, and ethics that are passed down from generation to generation. The training will also engage ALL individuals in strategies and in a framework to create healthier masculine cultures along with building communities in which they could change the paradigm of how men exact positive change in the lives of the individuals within their homes and communities. The presentation will provide examples of how males can play an active role in the areas of interpersonal violence, fatherhood, and healthy masculinity. We will discuss consent, attributes of a healthy relationship and how consent helps to foster healthy relationships. Individuals can reflect on their values, explore the parameters of consent, and understand how to recognize healthy and unhealthy relationships. This program is open to everyone no matter how they identify: male, female, non-conforming, etc. The objectives of this training is accomplished by an interactive activity, lecture, and discussion through power point presentation.

**3. HIV Treatment And Prevention (TAP In)** Lexington B  
Denise Smith

Ryan White programs Part B consist of two parts; medical and support services; and the integrated HIV Prevention and Care Plan has change the way People Living with HIV or AIDS accessing HIV Managed Care and Support Services in the state of South Carolina. The Positive Coalition Project TAP is focused on HIV Peer-Navigation under Ryan White Part B. Linkage to accessing HIV Prevention, Care and Treatment; and Support Services. The purpose is to educate People Living with HIV or AIDS and other at of HIV infection. In outlining the process of accessing services under the Ryan White Part B and the HIV Continuum of Care; and other agencies funder and linked to the Ryan White Program for People Living with HIV or AIDS.

**4. Weighing in on ART and HIV – do the scales just keep going up? (Pharm)** Hall of Fame  
Stephanie Kirk, PharmD, BCACP, CDE

In the era of effective antiretroviral therapy (ART), lifespans of patients living with HIV have increased to near those without HIV. However, our American diet and sedentary lifestyles have increased obesity overall and particularly in patients with HIV with up to two-thirds of HIV-infected adults classified as overweight or obese by standard BMI criteria in recent cohorts. Modern ART initiation can be associated with weight gain, with certain classes of ART presenting higher risk. This presentation aims to discuss recent evidence regarding ART-related weight gain and evaluate potential options to assist patients in overcoming this disadvantage.

**5. The opioid epidemic and its contribution to the spread of HIV/HCV** Lexington A  
Lara Schneider, BA, BS, MSPH, PhD Candidate and Josh Mercadel, MSPH, BS

The Opioid Epidemic the US is currently experiencing has impacted several other health issues, including the spread of HIV and HCV through shared, unsterile injection drug use. Several areas of the country have had outbreaks of both HIV and HCV in communities with historically low or non-existent incidence of these infectious diseases, all attributable to needle sharing among persons who inject drugs. In response, South Carolina, as part of a national, CDC-funded initiative, has undertaken a vulnerability assessment to identify areas at high risk for opioid overdose and HIV/HCV outbreaks associated with injection drug use. This presentation will focus on the results of South Carolina’s Vulnerability Assessment, resource gaps across the state, and how South Carolina compares to the nation as a whole.

**6. Training: Referrals for unintended pregnancy – PART 2**

**Richland C**

Shannon Ivey, MFA and Monika M. B. Carey, BS, CHES

Provide, Inc. is a national not for profit that works in partnership with health and social service providers to build a healthcare system that is equipped to respond to women’s health care needs around unintended pregnancy. Our “Referrals for Unintended Pregnancy” training has been successfully delivered to HIV ASOs and partner health care and social service agencies since 2008. The “Referrals for Unintended Pregnancy” training is suitable for all staff: administrative professionals, counselors, clinicians, and/or volunteers who support women who experience unintended pregnancy. This training is led by a team of experienced South Carolina based trainers and is intended to train workers in a client centered, unbiased counseling model to support their clients and patients in accessing the reproductive health care that they seek. Training participants will acquire nuanced options counseling skills and tools that will honor the client/patient’s right to dignity, respect, confidentiality, and autonomy.

**7. Using CDC’s “Let’s Stop HIV Together” campaign to promote HIV messaging**

**Carolina A/B**

Se’Veda Kent, MPA

CDC’s “Let’s Stop HIV Together” initiative (formerly Act Against AIDS) was launched in 2009 to combat complacency about HIV and AIDS in the US. The “Together” campaigns represent a plethora of print and digital media assets that depict real people and real stories to raise awareness, counter stigma, and promote behavior change among the general public and at-risk populations. This informative session will provide participants with health communication resources to incorporate the “Together” campaigns and other CDC HIV prevention resources into programs, projects, and activities. It will highlight fundamental social marketing techniques and tips to help partners select the most appropriate “Together” campaign—depending on audience, community needs, and desired outcomes. Presenter(s) will share resources to help the implementing partner achieve desired HIV communication goals.

**THURSDAY, OCTOBER 17**

**MORNING**

<b>8:00am – 8:50am</b>	<b>Registration</b> <b>Continental Breakfast/Visit Exhibits</b> <b>Hep A Vaccinations</b>	<b>Near Escalator (Downstairs)</b> <b>Richland A/B (Downstairs)</b> <b>Outside Richland C (Downstairs)</b>
<b>9:00am – 10:10am</b>	<b>Welcome and Keynote Address</b> <i>HCV screening, diagnosis and linkage to care</i> Derek Spencer, Executive Director, Government Affairs, Frontlines Of Communities in the United States (FOCUS)	<b>Columbia A/B (Upstairs)</b>
<b>10:10am – 10:30am</b>	<b>Break/Visit Exhibits/Network</b> <b>Hep A Vaccinations</b>	<b>Richland A/B (Downstairs)</b> <b>Outside Richland C (Downstairs)</b>

**10:40am – 11:40am Concurrent Sessions (Upstairs & Downstairs)**

**1. 2019 Hepatitis Update (Pharm)**

**Senate**

Divya Ahuja, MD

This session will focus on the review of guideline updates for Hepatitis as well as new key research findings for 2019.

## **2. Building Sustainable Communities**

**Congaree A/B**

Gina Brown, RSW

This session, conducted by our afternoon keynote speaker, will focus on discussing the need for collaboration between prevention, care and treatment in order to effectively address ending the epidemics. Best practices and effective strategies will be discussed.

## **3. Partnering for Purpose to Achieve Maximal Results**

**Carolina A/B**

Derek Spencer

*This session, conducted by our morning keynote speaker, will focus on the value of partnerships in ending the HCV epidemic.*

## **4. Novel Therapies for HIV Treatment and Prevention (Pharm)**

**Hall of Fame**

Caroline Derrick, PharmD, BCPS

Emerging treatment options for HIV infected individuals will be reviewed. These treatment options will impact patient care as well as flow of treatment and follow-up. Feasibility of treatment with these agents needs to be established prior to initiating therapies. By applying a real patient case we will review efficacy of a novel monoclonal antibody, ibalizumab, and outline the process of utilizing this agent in clinical practice. I will review prevention strategies on the horizon for HIV, briefly discussing available and future options.

## **5. Trauma and HIV: Unpacking the complicated relationship between trauma exposure and HIV outcomes**

**Lexington B**

Sayward Harrison, MA, CAS, PhD and Monique Brown, MPH, PhD

Trauma exposure is prevalent among people living with HIV (PLHIV), with multiple studies showing that PLHIV experience higher rates of sexual abuse, physical abuse, and other traumas than the general population. Individuals who are exposed to traumatic events face heightened risk for mental health disorders, most notably posttraumatic stress disorder (PTSD), as well as a variety of other adverse outcomes. This session – led by a health psychologist and an epidemiologist – will explore the intersections of trauma and HIV, including direct and indirect ways that trauma may affect HIV outcomes. The session will also present findings from a retrospective cohort study of PLHIV in South Carolina that examined trauma exposure and associations between trauma and medication adherence. This study is the first of its kind to document links between trauma exposure and subpar HIV outcomes among PLHIV in South Carolina and highlights the need for integrated and trauma-informed HIV care systems.

## **6. Transgender Care+**

**Lexington A**

Ed Duda

**Transgender** is an umbrella term for a diverse group of people—such as trans women (male-to-female) and trans men (female-to-male), genderqueer individuals, and many others—whose gender identity or expression differs from societal expectations of how they should look, act, or identify based on the sex they were assigned at birth. Transgender and other gender minority people are often the targets of discrimination and harassment that can lead to negative health outcomes. Transgender people face numerous health disparities as well as stigma, discrimination, and lack of access to quality care. Some health disparities include an increased risk for HIV infection, sexually transmitted infections, and lower likelihood of preventive cancer screenings in transgender men. This session will focus on many aspects of the healthcare needs of transgender individuals to include guidelines for gender affirming care of transgender and gender non-binary people, the effects of trauma, transgender health and HIV. The session will also focus on the softer side of care provision and will include strategies of creating a safe and welcoming space within various environments.

## **7. Diagnosing HIV in SC using the ED is easy as 1-2-3! – PART 1**

**Richland C**

Phillip Moschella, MD, PhD and Gregory Hall, MD, MHA

This course is designed to discuss the current state of integration of HIV surveillance into normal ED workflow in the US. We will highlight specific examples from local leaders who have developed highly successful HIV and HCV screening programs. Through successful collaboration we will highlight how public and private partnerships at two specific SC Hospitals have generated sustained successful screening and treatment programs. Dr. Hall will discuss the successful screening and treatment efforts in collaboration with Gilead as part of the FOCUS program at MUSC and Dr. Moschella will discuss his collaboration with SC DHEC at PRISMA Health.

**11:50am – 12:50pm**

**Concurrent Sessions (Upstairs & Downstairs)**

### **1. A review of Syphilis**

**Senate**

Kamla Sanasi-Bhola, MD

The aim of the presentation is to raise awareness among providers, other health care professionals and consumers of the manifestation of syphilis. A discussion focusing on the presence of syphilis in SC with an overview of presentation of syphilis and treatment. There will be a case based discussion as well. The final 5 minutes of the presentation will be open for questions.

### **2. Gentlemen Respecting and Interacting in Truth (GRIT): Healthy Black Masculinity**

**Congaree A/B**

Corey Ingram, LMSW

The intersectionality of race and interpersonal violence creates a very interesting dichotomy concerning stereotypes established about men of color and the idea of male privilege. This presentation challenges those stereotypes and social norms. There's an importance discussion pertaining to healthy masculinity from the perspective of men of color which should be addressed given that men of color do not fully benefit from the same male privileges as their white counterparts. Given the current climate surrounding issues such as workplace culture, interpersonal violence, social justice, inequality, police reform and more; this is a very pivotal time to engage men of color in this discussion. The interactive activity in the beginning of the presentation provides an opportunity for participants to think outside the box as it relates to male programming, garnering resources, and creating allies to provide male programming especially to men of color; even in areas with very limited resources.

### **3. The *wHOLE* story**

**Lexington A**

Maurice Adair, BA, PA

For many people, queer folks, gay men, women, trans individuals, butts are an important part of their sex lives, but many people don't get the information, education and resources they need to help keep their butts healthy. 23% of people surveyed in San Francisco reported that they wanted or needed to talk to a healthcare provider about a problem related to their butt but didn't. No matter who you are or how much you know, it's hard to talk about butts and harder to find answers to the questions you might be too embarrassed to ask. We at least have to start the conversation! This workshop addresses some approaches to patient's discussion about anorectal health, common anorectal complaints, rectal STI screenings and some ways providers and patients can begin dialogue about good anorectal health. When was the last time you had a conversation with your healthcare provider about your butt?

**4. Infectious Diseases Considerations for the Opioid Overdose Epidemic (Pharm)** **Hall of Fame**

Jordan Cooler, PharmD

The purpose of this presentation is to orient participants to current trends in opioid use and overdose in the United States. Additionally, time will be spent focusing on the impact of the opioid overdose epidemic on HIV and hepatitis C transmission and/or treatment. Participants will leave with a better understanding of infectious disease risks associated with the opioid epidemic as well as approaches for identifying and referring patients to medication-assisted treatment programs.

**5. “Sex, Drugs and Rock & Roll” – Nope... now it’s “Sex, Drugs and Syphilis... and Hepatitis A”** **Carolina A/B**

Mr. Larra, Mr. Little, Mr. Robinson

South Carolina is in an Outbreak Situation regarding Hepatitis A. The most cases in the state as of the middle of 2019 is located in the Midlands along I-20 in Aiken County up thru Lexington and Richland. We are seeing an increasing number of clients co-infected with Hepatitis A and Syphilis.

**6. Myth busters: Condom outreach in the Pee Dee** **Lexington B**

Wendell B. Patterson, BS and Roselyn Perez, BS

We will be discussing a condom distribution initiative in the Pee Dee Region by the Disease Intervention Team which provided and expanded range of condom information with powerful implication for increasing condom use and making a positive impact on the overall public health. The Pee Dee DIS team has a mission to improve acceptance of condom use to prevent the increase of STIs and HIV. We work with our partner in the community to identify strategies to eliminate barriers to condom use. We will be sharing our strategies while discussing common myths related to condoms and will help increase knowledge and identifying variables which both promote and prevent condom use.

**7. Diagnosing HIV in SC using the ED is easy as 1-2-3! – PART 2** **Richland C**

Phillip Moschella, MD, PhD and Gregory Hall, MD, MHA

This course is designed to discuss the current state of integration of HIV surveillance into normal ED workflow in the US. We will highlight specific examples from local leaders who have developed highly successful HIV and HCV screening programs. Though successful collaboration we will highlight how public and private partnerships at two specific SC Hospitals have generated sustained successful screening and treatment programs. Dr. Hall will discuss the successful screening and treatment efforts in collaboration with Gilead as part of the FOCUS program at MUSC and Dr. Moschella will discuss his collaboration with SC DHEC at PRISMA Health.

**THURSDAY, OCTOBER 17**

**CLOSING**

<b>12:50pm – 2:45pm</b>	<b>Luncheon, Keynote Address and Closing Remarks</b> <i>All Hands on Deck – We’re All in This Together</i> Gina Brown, RSW, Community Engagement Manager, Southern AIDS Coalition	<b>Columbia A/B (Upstairs)</b>
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**Thank you all for another great conference!**

## NOTES



## NOTES



Next Year's  
South Carolina HIV, STD and Viral Hepatitis Conference

**October 28 & 29, 2020**

Columbia, SC  
Columbia Metropolitan and Convention Center

If you are interested  
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**A special thanks to those who donated items for our door prizes:**



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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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