

Five Health: Revolutionizing Sexual Health Equity

Confidential, affordable, and accessible STI care for all



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Why Five Health?

Explore the five key social factors shaping health equity, including equitable sexual health outcomes:



- 1 Economic Stability:** Addresses financial stress affecting health decisions
- 2 Education:** Bridges gaps in knowledge that influence well-being
- 3 Health Care Access:** Ensures availability of medical services for all
- 4 Neighborhood and Environment:** Promotes safe, healthy living spaces
- 5 Social and Community Context:** Builds strong connections to support health



Unveiling Barriers Behind Health Disparities

Explore how structural, community, and individual factors limit equitable care and prevention



Structural Barriers

- Historical redlining impacts neighborhoods
- Black individuals represent 32% of prison population
- Medicaid restrictions limit healthcare access
- Medical distrust rooted in systemic racism



Community & Interpersonal Barriers

- Gender norms like machismo and marianismo restrict choices
- Religious stigma reduces openness to care
- Lack of partner support undermines health efforts
- 54% of women of color face intimate partner violence



Individual Barriers

- Economic dependency restricts autonomy
- Low perception of health risks delays action
- Limited health literacy reduces care navigation
- Fear of deportation blocks access to services



Overarching Impact

- Combined barriers reduce prevention uptake
- Disparities perpetuate poor health outcomes
- Distrust and stigma hinder community engagement
- Intersectionality intensifies vulnerability

Leadership

Key organizations and individuals who made this response possible



Amanda Ichite, PhD

Executive Director

Dr. Amanda Ichite, with over a decade of experience in public health, has dedicated her career to breaking down the barriers that keep people from getting the care they need. She's worked on the front lines in underserved communities across South Florida, and she's seen firsthand how cost, stigma, and lack of access create impossible obstacles for the people who need care most. Amanda has also demonstrated her commitment to health equity in communities around the world, from delivering healthcare in Zambia to providing women's health education in Haiti to advancing policy reform in Panama.

Amanda's experience includes serving as Chief Operating Officer at Care 4 U Community Health Center, leading programs serving low-income, immigrant, and minority communities. She directed over \$5 million in federal initiatives focused on HIV prevention and substance use treatment, and built partnerships that connected thousands of people to life-saving care. Amanda holds a PhD in Health Promotion and Disease Prevention from Florida International University, where her research focused on trauma and HIV risk among women of color. She earned her Master of Public Health from the University of South Florida and her bachelor's degree in Biological Sciences from Florida State University.

Addressing the Growing STI Burden in the US

Over 2.5 million Americans face barriers that deepen health disparities and sustain infection cycles

Each year, **2.5 million Americans** acquire sexually

Cost, stigma, transportation, and clinic access limit timely

Young adults, rural residents, uninsured individuals, and people of color face disproportionate risks

Systemic inequities deepen health disparities and **perpetuate infection cycles** across communities

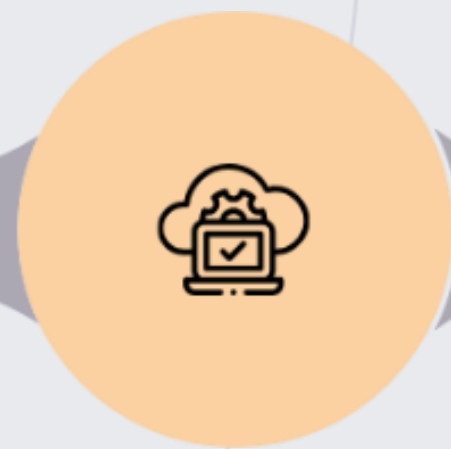
Five Health's Care Without Barriers

Seamless sexual health care from education to treatment, fully virtual and private



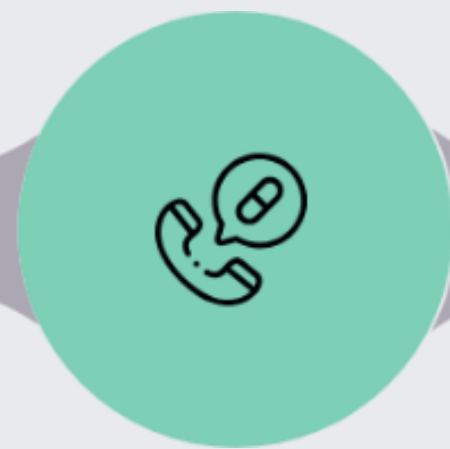
Comprehensive Education

Empowers informed decisions anytime through accessible, detailed sexual health information.



Discreet At-Home Testing

Privacy-focused testing kits delivered to your door for convenient sample collection.



Virtual Consultations

Expert care provided remotely on your schedule, ensuring comfort and accessibility.



Medication Delivery

Prescribed treatments sent directly to your home for seamless, discreet access.



Specialist Partnerships

Collaborations expand access to specialist services, completing care without clinic visits.

The Crisis in Numbers: Hepatitis C & HIV Disparities

Severe sexual health gaps in South Florida's Black and Hispanic communities demand urgent action.

Hepatitis C Prevalence & Trends

1.8% prevalence among Black individuals vs. 0.8%

Between 2015 and 2021, the rate of new HCV infections in Blacks jumped from 0.3 to

HIV Impact

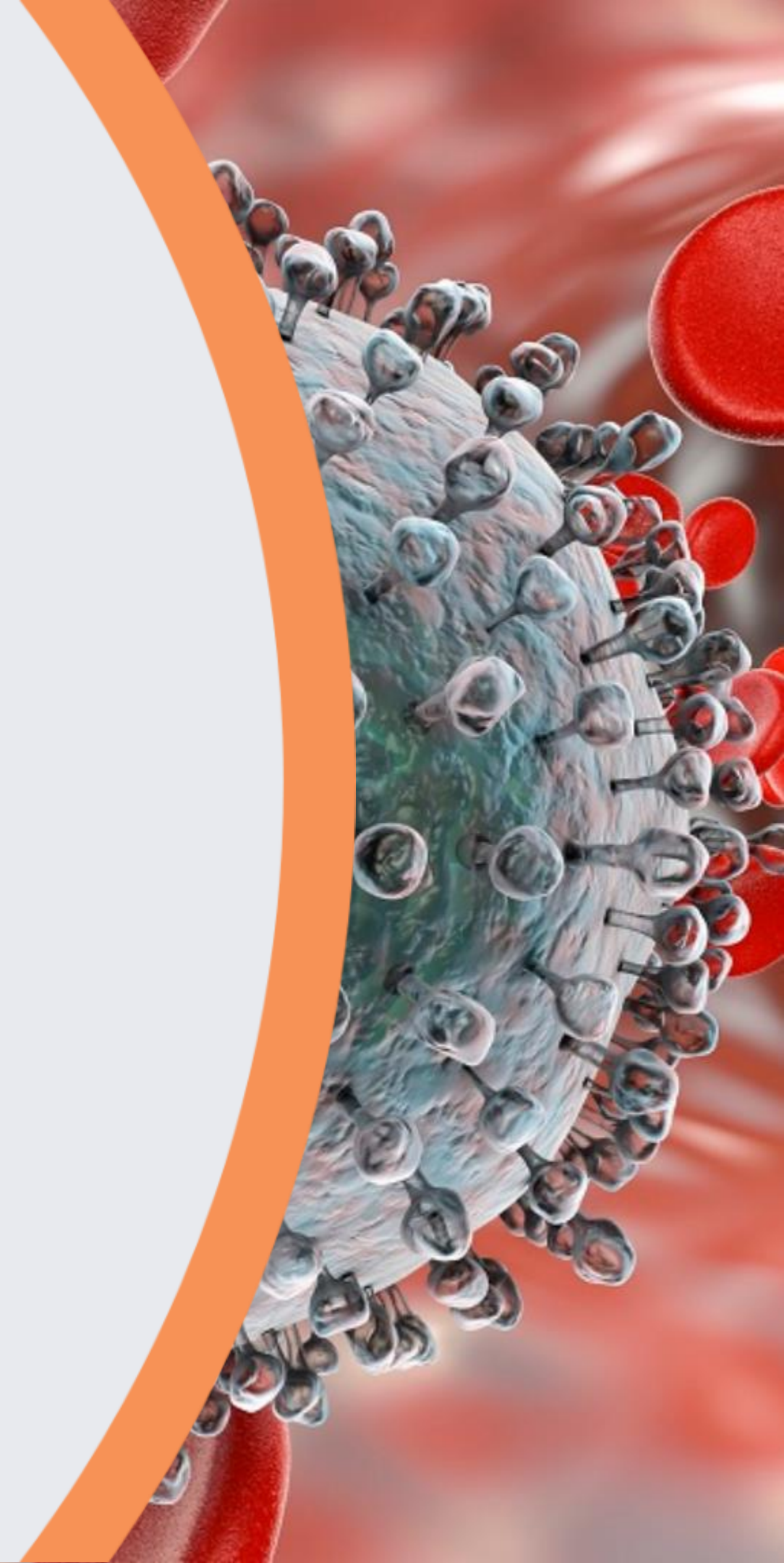
83% of new HIV diagnoses in women in Miami-Dade County are in Black or Latina women

PrEP Usage Disparities

91% of all PrEP users in the U.S. are men, despite women representing 20% of new HIV diagnoses



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Strategic Expansion and Leadership Execution

Focused growth with collaborative market entry and strong leadership



Target initial launch in **South Florida** with plans to expand regionally then nationally



Prioritize **collaboration** to avoid conflicts with existing providers



Operate as a **for-profit** entity with potential **non-profit** components



Leverage existing infrastructure such as **MedMatrix** for efficient launch



Amanda Ichite, Executive Director, leads partnerships, compliance, and public health relations



Leadership focus ensures **rapid and effective** market entry

Closing Sexual Health Equity Gaps Through Strategic Partnership

Leveraging ASHA's national expertise and Five Health's community presence to deliver culturally responsive, evidence-based sexual health services in South Florida.

American Sexual Health Association (ASHA) Expertise

Provides national leadership in sexual health with evidence-based strategies and culturally responsive frameworks to guide STI prevention and care.

Five Health Community Roots

Delivers trusted, culturally tailored sexual health services directly to underserved South Florida populations, ensuring accessibility and impact.

Collaborative Impact

Combining ASHA's expertise with Five Health's local reach creates a scalable, culturally competent model to close critical equity gaps in STI prevention and care.



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Evidence-Based Solutions Driving HCV and PrEP Success



Proven interventions boost diagnosis, care linkage, and treatment access



Culturally tailored virtual care models boost appointment completion rates by 40–60% among Black & Hispanic patients



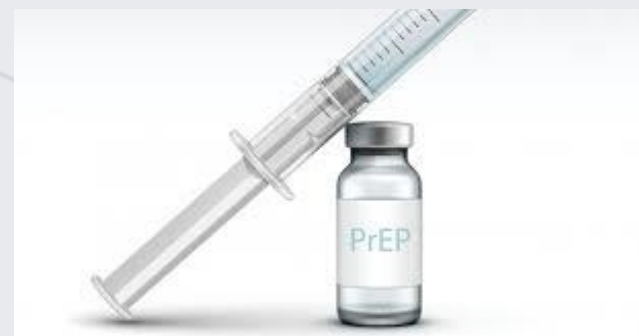
Point-of-care at-home testing increases screening rates, enhances diagnosis rates, and reduces loss to follow-up



Insurance navigation ensures patients access PrEP, HCV treatment, and other medication at no out-of-pocket cost



Engaging community influencers normalizes prevention conversations & increases PrEP inquiries by up to 70%



Injectable PrEP is 99% effective, reduces visit frequency, and improves adherence among high-risk populations



Social network strategies expand HIV and HCV testing by reaching peers through trusted community ties



Digital health adherence tools (apps, SMS, tele-health) increase PrEP retention and dosing consistency



Integrated Hepatitis C and PrEP navigation accelerates same-day linkage across both prevention and treatment services

Five Health's Impact: Leadership Driving Results

Under Dr. Amanda Chinyere Ichite's guidance, combining research and community care to achieve measurable improvements



Led by Dr. Amanda Chinyere Ichite, combining academic rigor with community commitment



Dr. Ichite's roles include COO at Care 4 U and leadership of federal health programs



Research focus on PrEP barriers and intimate partner violence impacts



Achieved 57% reduction in alcohol use among PrEP users



Improved sexual risk behaviors and high participant satisfaction rates



Demonstrates effective, culturally responsive care models

Expanding Care Through Integrated Services and Community Partnerships

Five Health's comprehensive approach delivers quality care while addressing the needs of underserved Miami-Dade populations.

Service Integration

Operates via Care 4 U
Community Health Center

Provides integrated primary
care, behavioral health, HIV
prevention, and substance
use treatment

Community Reach

Rooted in Liberty City and
Miami-Dade

Serves low-income, LGBTQ+,
immigrant, and minority
communities

Federal Compliance & Partnerships

Maintains compliance with
CDC and SAMHSA grants

Partners with academic
institutions for evaluation and
reporting



Transforming STI Care Through Partnership

A holistic approach from testing to quality improvement aligned with ASHA standards



STI Testing

Deliver comprehensive STI testing with same-day results for timely diagnosis.



Patient Navigation

Provide dedicated support addressing social determinants to guide patients through care.



Community Education

Engage communities via culturally tailored channels and trusted influencers.



Provider Training

Train providers to eliminate bias and offer trauma-informed support for IPV survivors.



Data Evaluation

Use robust data systems for monthly outcome reporting and continuous quality improvement.



Targeted Geographic & Population Impact

Focusing on key communities to maximize HIV/STI prevention and care

Priority Geographies

Miami-Dade County

Overtown

Liberty City

Little Haiti

Little Havana

South Florida immigrant corridors

Target Populations

Black and Hispanic women

Black and Hispanic MSM

Women experiencing IPV

Justice-involved individuals

Haitian immigrants

Latina communities

Transgender women

Intravenous Drug Users

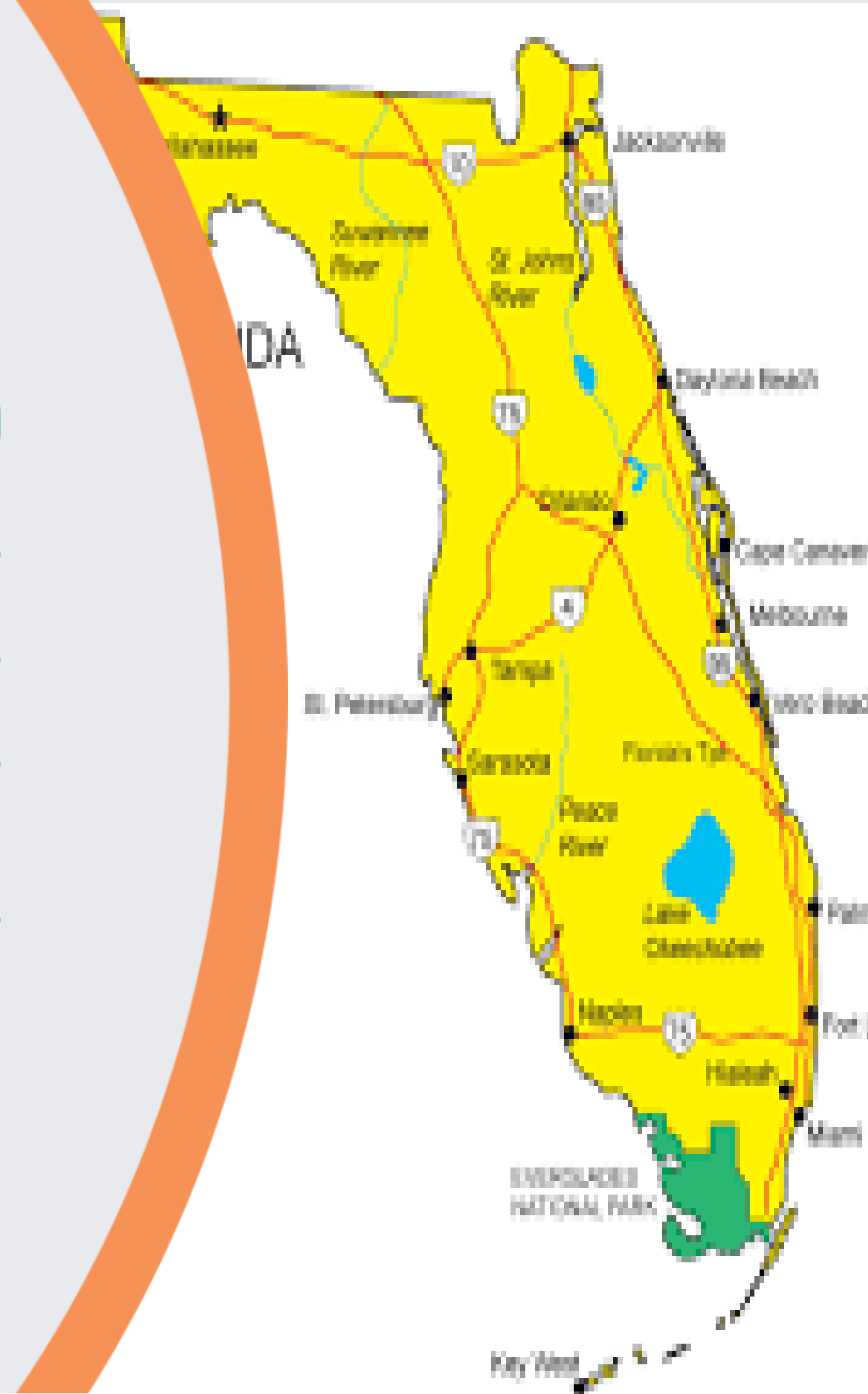
Annual Reach Targets

5,000+ HIV/STI screenings

2,000+ Hepatitis C tests

500 new PrEP starts

150+ HCV treatment linkages



Driving Progress with Bold Equity Targets

Clear 12-Month KPIs for Testing, Linkage, PrEP, and Systemic Equity

5,000

**HIV/STI tests
conducted**

Number of HIV and STI tests
performed

2,000

Hepatitis C screenings

Hepatitis C screenings completed

90 %

**Positives with
confirmatory testing
within 7 days**

Percentage of positive cases receiving
confirmatory tests promptly

85 %

**HIV-positive
individuals linked to
care**

Percentage linked to care quickly
after diagnosis

75 %

**HCV-positive
individuals linked to
care**

Percentage linked to Hepatitis C care
promptly

500

New PrEP initiations
Number of individuals starting PrEP

70 %

**PrEP adherence at 6
months**

Percentage maintaining adherence to
PrEP

100 %

**Racial disparities
eliminated in linkage
and treatment**

Goal to eliminate racial disparities in
care

25

Providers trained

Number of healthcare providers
trained

5

**Community
partnerships
established**

New community partnerships formed

80 %

**Patient satisfaction
across demographics**

Overall patient satisfaction goal

Urgent Trends Driving Immediate Action

National health shifts and federal priorities create a critical window for impactful partnership



A 367% rise in acute **Hepatitis C** among Black individuals demands urgent attention



HIV rates among minority women have remained static since 2018, despite overall declines—highlighting persistent inequities



Widening **trust gaps** in healthcare communities following the pandemic challenge outreach efforts



Federal initiatives prioritize **health equity** and the **elimination of viral hepatitis**, aligning with partnership goals



Five Health's community trust plus ASHA's national platform create a scalable, proven model to close disparities and shape federal policy

CLOSING THE EQUITY GAP: ACT NOW FOR HEALTH JUSTICE

Five Health's culturally responsive care proves equity is possible. Partnering with ASHA, we can scale solutions to end HIV and Hepatitis C nationwide.

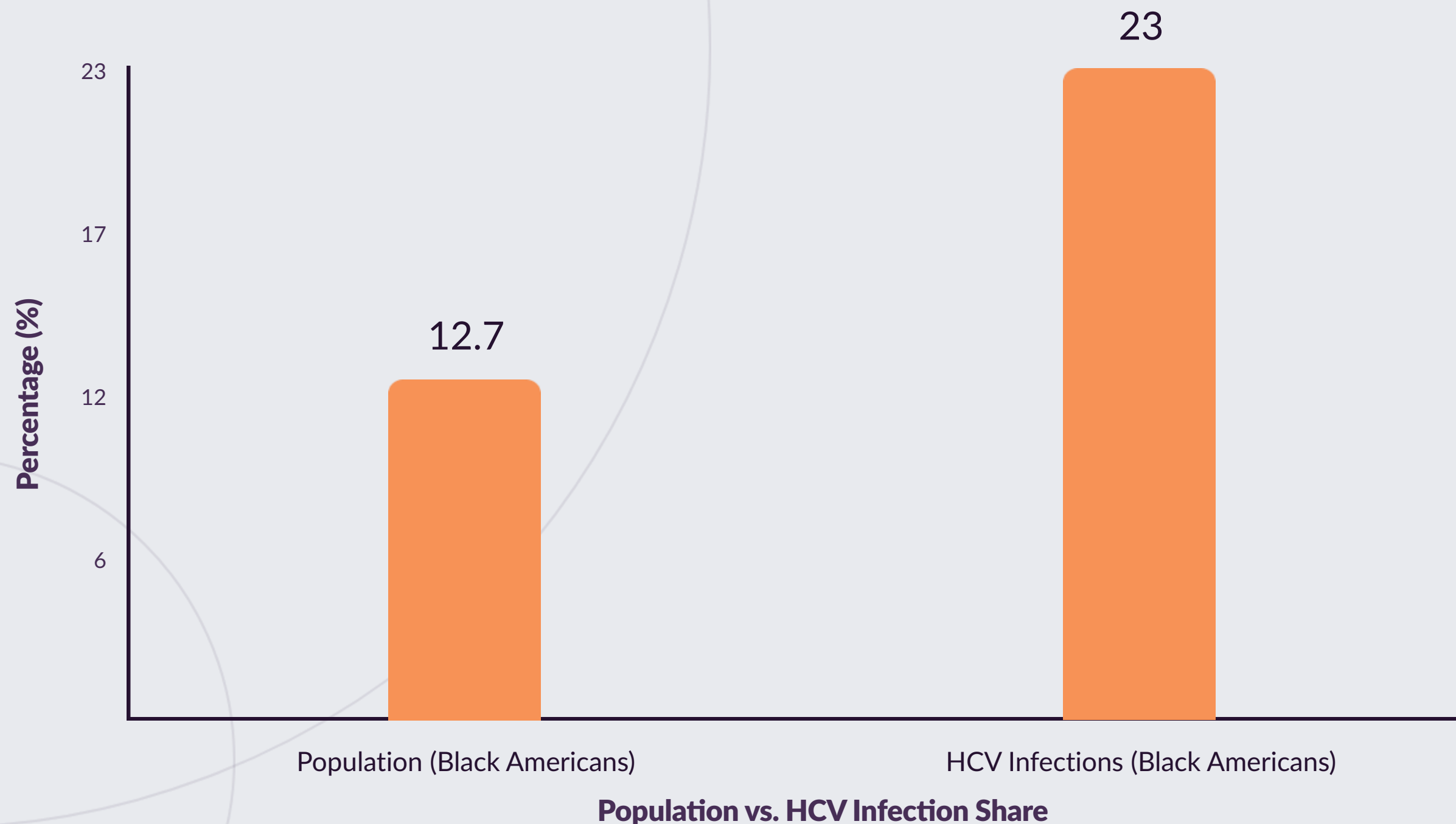



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Hepatitis C Disproportionately Impacts Black Americans


Black individuals face higher infection rates, mortality, and rising new cases between 2015-2021



 Black Americans are 12.7% of the US population, but account for 23% of all Hepatitis C infections

 Mortality rate among Black individuals is 5.01 per 100,000, compared to 2.98 per 100,000 for Whites

 New acute Hepatitis C infections among Black Americans surged 367% from 2015 to 2021, exceeding all other groups

 These disparities highlight a critical public health issue requiring targeted interventions

Drivers of HCV Risk among

How factors like historical segregation elevate infection rates in Black communities



Incarceration: Disproportionate incarceration rates expose individuals to higher HCV transmission risk in correctional settings



Structural factor: Historical redlining and segregation created isolated communities



Access barriers: Cost, insurance limits, and provider bias reduce opportunities for screening, treatment, and cure



Combined impact: These social and structural factors reinforce one another, increasing both infection and chronic disease risk in Black populations

Incarceration and Treatment Barriers Fuel HCV Risk

Disproportionate prison representation and restrictive Medicaid policies limit access to curative therapies for Black individuals



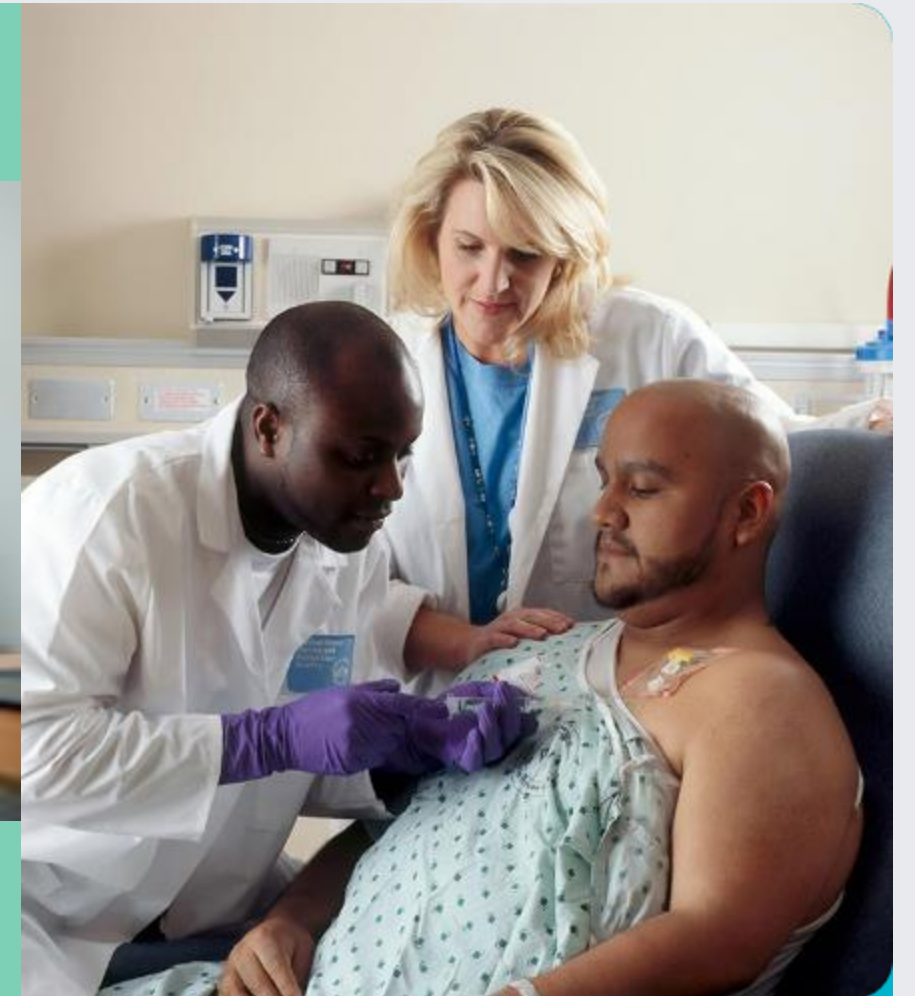
Black individuals make up **32% of the prison population** but only **12% of the US population**



HCV prevalence in correctional facilities is 10.7%, compared to **1-2%** in the general population



Medicaid restrictions require **advanced liver disease** and **specialist-only treatment** to access direct-acting antivirals (DAAs)



These Medicaid limits disproportionately reduce **curative treatment access** for Black patients

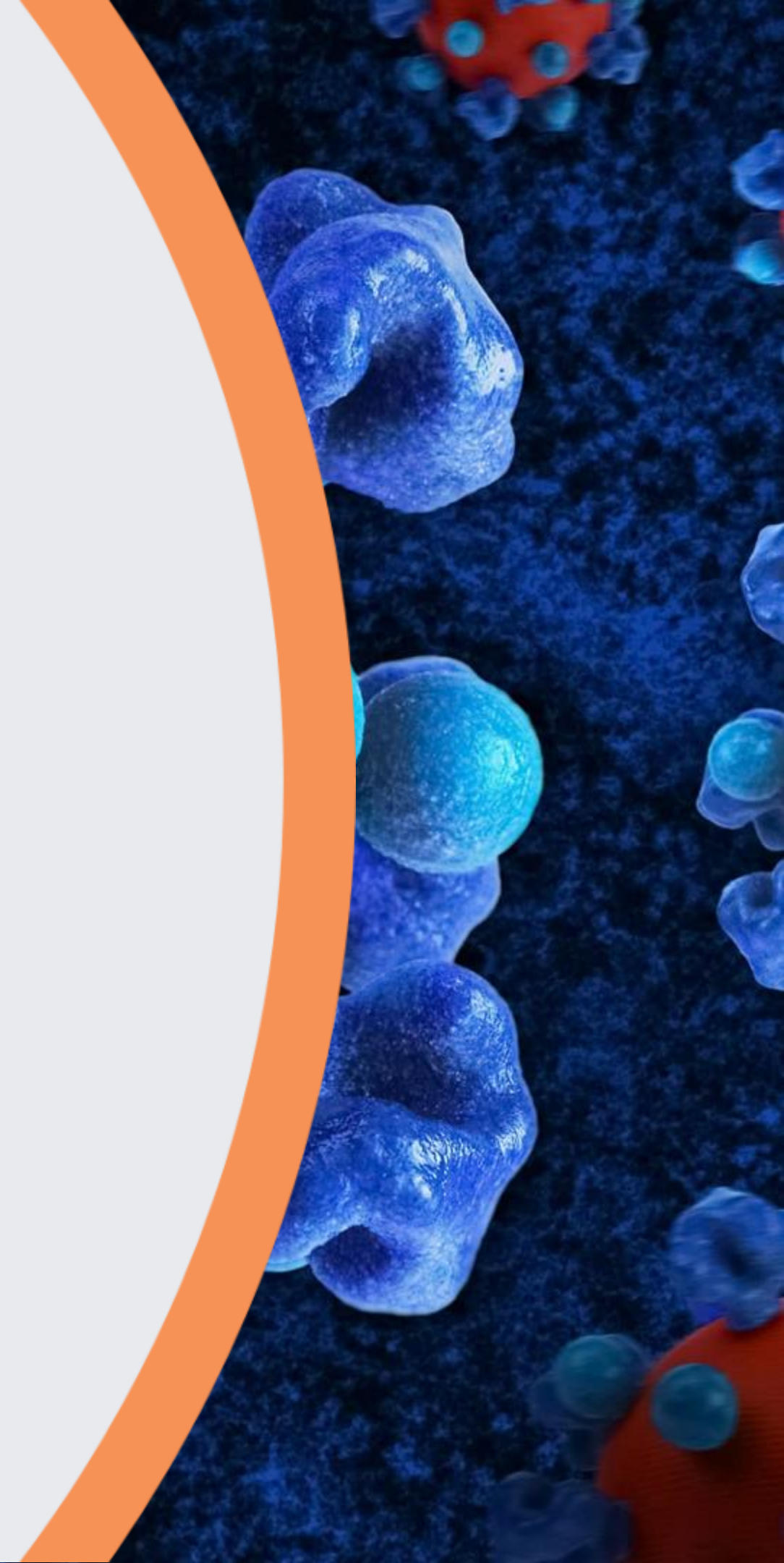
Direct-Acting Antivirals Transform Hepatitis C Care

Oral 8-12 week treatment delivers 95%+ cure rates and broad health benefits

- ▶ **Oral regimen** taken for 8-12 weeks with minimal side effects
- ▶ **95%+ cure rate** across all populations, including Black patients with 95% SVR
- ▶ **Liver cancer risk reduced by over 50%** after curing HCV
- ▶ **Mortality lowered by 57%** following successful treatment
- ▶ Decreased incidence of **diabetes, kidney disease, and cardiovascular complications**
- ▶ Treatment provides **transformative health benefits** beyond viral cure



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Eliminating Racial Disparities in HCV Through Proven Strategies

Implementing targeted actions to boost diagnosis, access, and cure rates equitably

Universal, point-of-care screening enhanced by EHR prompts to increase timely HCV diagnosis

Patient navigation programs that address access barriers and improve treatment linkage

Decentralized treatment delivery through primary care and nurse practitioners to expand reach

Policy reform removing Medicaid restrictions, demonstrated by Indiana's surge in treatment rates

These evidence-based strategies collectively improve diagnosis, linkage, and cure rates equitably

1

2

3

4

5

Addressing HIV Prevention Gaps Among Women of Color

Women of color in South Florida face high HIV risk but low PrEP usage compared to men across locations



Women of color in South Florida account for **88% of new HIV cases**, indicating a severe disparity



PrEP use among NYC cisgender women is critically low at **2.1%** versus **60.1% for men** in the same area



In Florida, PrEP usage is only **4 per 100,000 women** compared to **83 per 1,000 men**, showing a vast gender gap



Despite high awareness of PrEP, active use remains low among women of color, revealing a critical prevention gap



Closing this gap is vital to reduce HIV incidence in this high-risk population

Uncovering Structural Barriers to PrEP Access

How systemic issues and healthcare inequities limit PrEP use



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Healthcare inequity fueled by racism and sexism restricts equitable PrEP access



Economic hurdles include **lack of insurance** and **high costs** preventing PrEP use



Immigration status fears discourage individuals from seeking care



Provider disconnect and lack of representation deepen mistrust in healthcare systems



Profit-driven healthcare models prioritize margins over patient wellbeing

Community and Interpersonal Barriers to PrEP Use

Cultural norms, stigma, and partner dynamics limit open health discussions and access

Cultural gender roles
such as machismo and
marianismo promote
sexual silence,
restricting open health
dialogue

Religious doctrines
often reinforce stigma
around sexual health,
discouraging PrEP
discussions

**Lack of partner
support and intimate
partner violence,**
experienced by 54% of
women of color,
obstruct PrEP use

**Stigma and fear of
judgment** from family,
healthcare providers,
and partners create
additional barriers

Overcoming Individual Barriers to PrEP

Key personal challenges limiting PrEP uptake and adherence



Medical distrust rooted in systemic racism



Limited health literacy affecting understanding of PrEP



Economic dependence on partners restricting autonomy



Low personal perception of HIV risk



Concerns about side effects and medication adherence



Competing priorities such as gender affirmation and housing instability, especially among transgender women



Intersecting Risks: IPV, Gender Roles & Substance Use

How vulnerabilities shape PrEP interest, risk behaviors, and prevention challenges



Leveraging Community Strengths to Enhance PrEP Support

Harnessing activism, resilience, and personal motivators for effective interventions



Community assets include **historical activism, resilience, and strong family networks**

Intervention “Talking PrEP with Women of Color” provides **therapeutic benefits, stress relief, and tailored education**

Adherence motivators: personal loss related to HIV/AIDS, integrating PrEP into daily routines, partner support, and sharing testimonies

Sharing personal stories helps to **normalize PrEP use** and strengthen community commitment

Strategies to Boost PrEP Uptake

Key recommendations for culturally competent, community-focused, and supportive PrEP care

Educate and train providers in equitable, culturally competent PrEP prescribing to improve access and trust



Implement patient-centered, culturally tailored care that addresses patients' immediate priorities and needs



Use community-specific education channels like local radio and telenovelas to reach diverse audiences



Engage community and spiritual leaders to endorse sexual health and PrEP use within trusted networks



Address immigrant fears with targeted messaging that reduces stigma and builds confidence in PrEP



Promote financial assistance programs to reduce cost barriers to PrEP access



Integrate trauma-informed IPV and mental health support within PrEP navigation for holistic care





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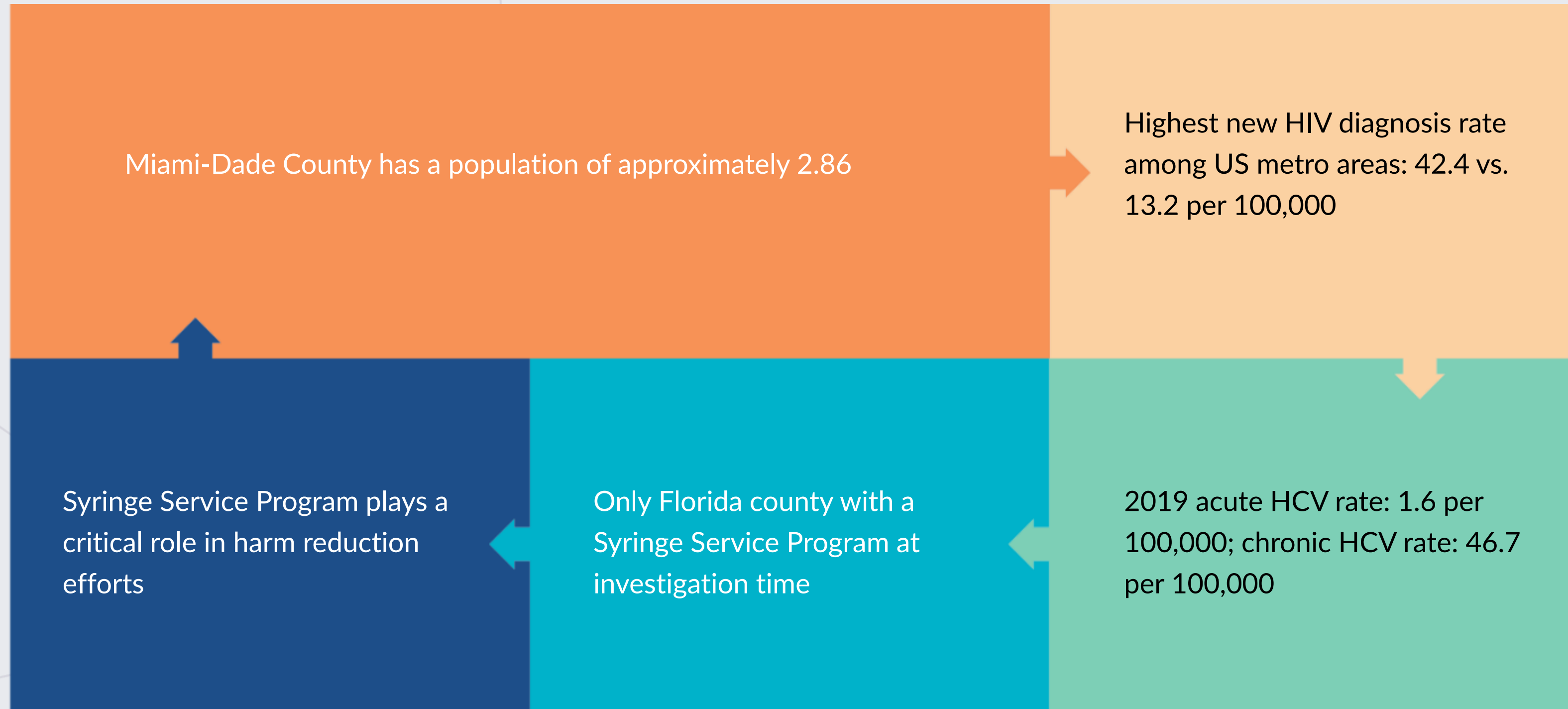
Advancing Equity in HIV & Hepatitis C Care

Sustained, culturally informed strategies empower women of color toward sexual health autonomy

Closing HIV and Hepatitis C gaps among women of color requires sustained, culturally congruent, trauma-informed, and patient-centered approaches. Success depends on training diverse healthcare providers, engaging communities as active partners, and leveraging resilience and activism. Empowering women with knowledge, social support, and confidence is key to achieving true sexual health autonomy.

Critical Epidemiological Overview: Miami-Dade County

High HIV and HCV rates underscore urgent harm reduction needs



Hepatitis C Outbreak Surveillance Reveals Hidden Crisis

2018 data highlights gaps in investigation and high infection rates among at-risk groups

63 acute HCV cases reported in 2018, with only **54% investigated** and **9% interviewed**

Behavioral surveillance among people who inject drugs showed **57% HCV reactivity**

18% acute HCV infection confirmed by RNA testing within this group

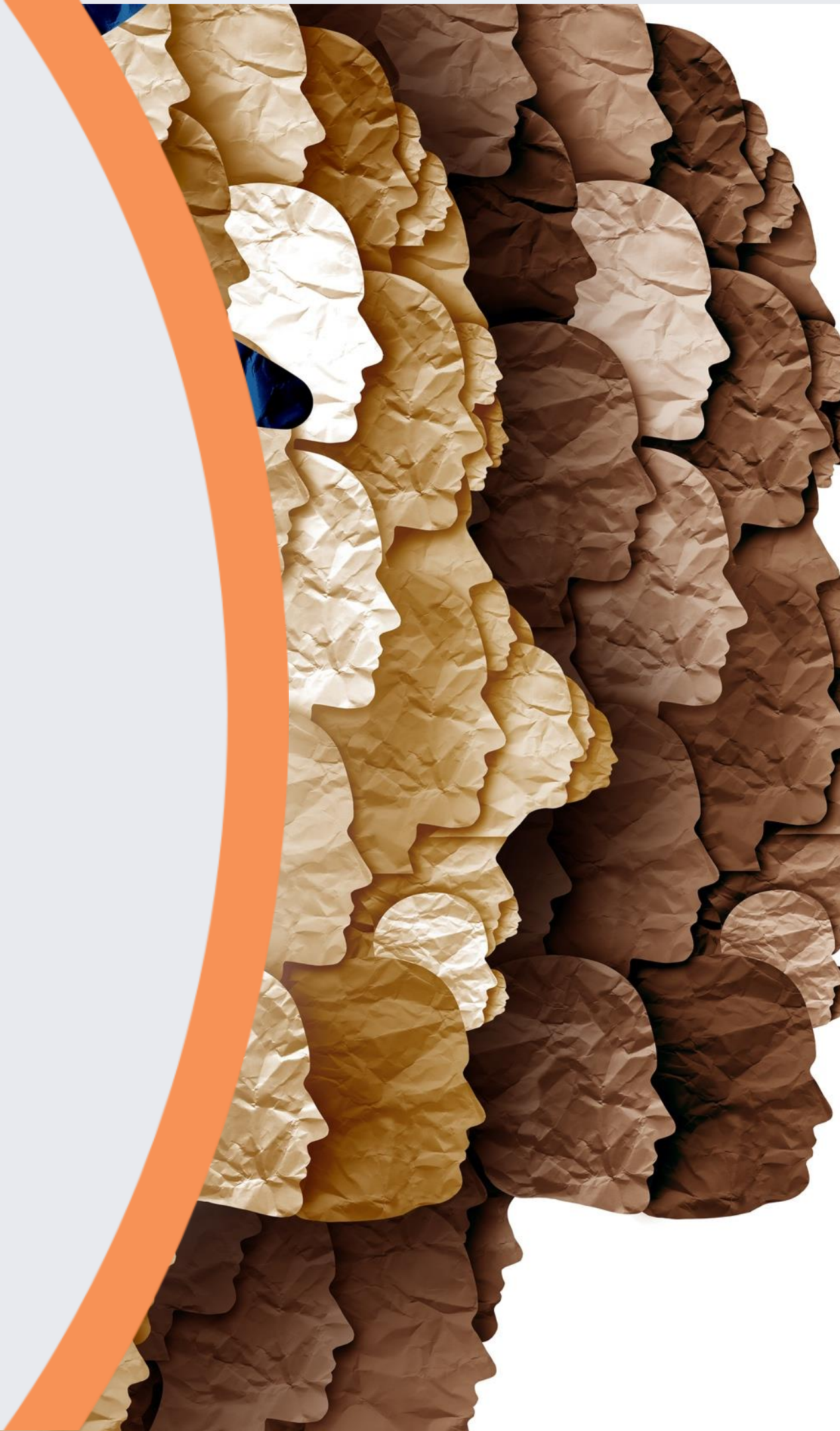
Findings reveal a **significant, previously under-identified outbreak** among high-risk populations



Acute HCV Cases Reveal Prevention Gaps

Lower Syringe Service Program participation and high needle sharing among acute cases increase transmission risk

Group	SSP Participation	Needle Sharing
Acute HCV Cases (n=89)	25%	62% shared needles with partners
Non-Acute Cases	53%	Not reported



Mapping a Linked HIV Risk Network

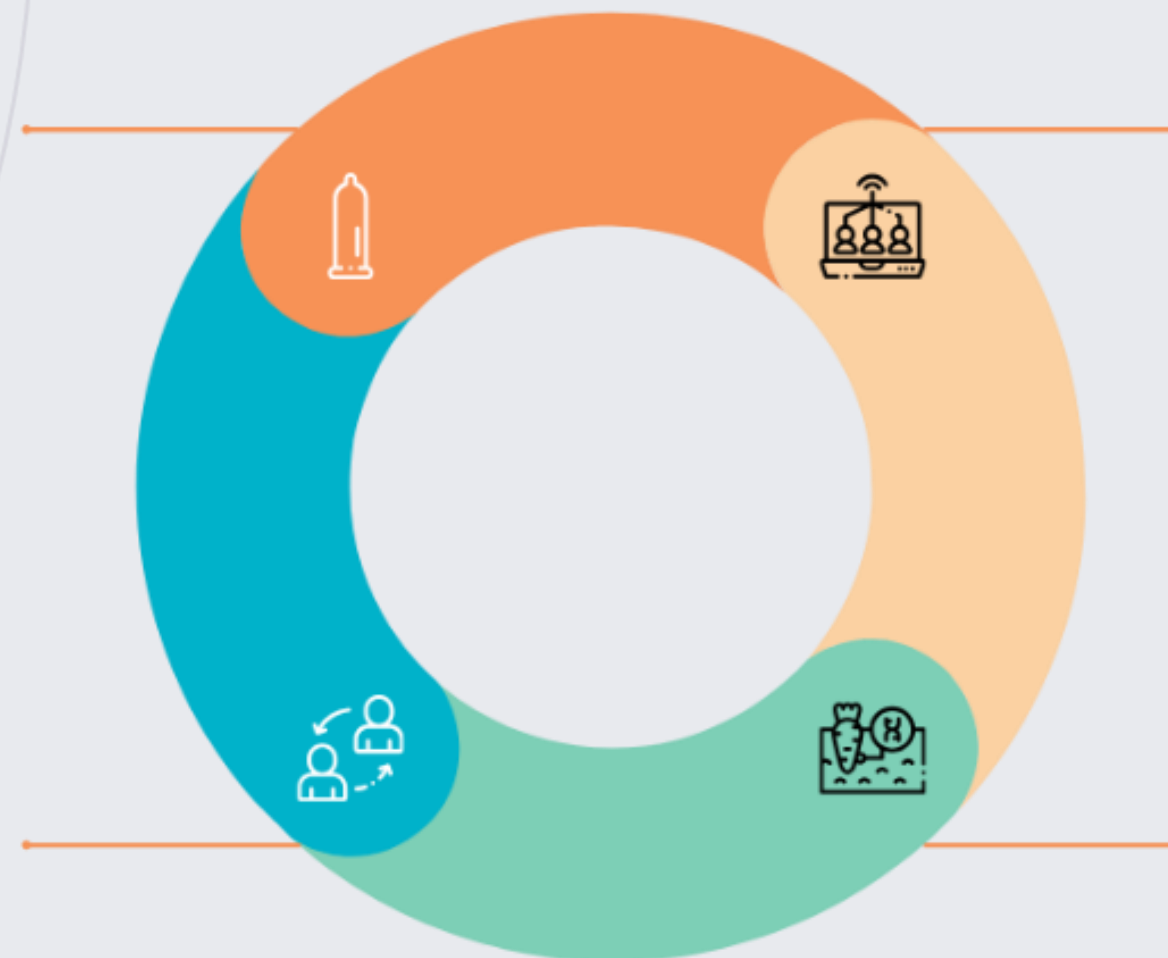
2018 analyses reveal epidemiologic, social, and genetic links among Miami PWID highlighting the IDEA Exchange SSP's central role

Epidemiologic Links

Shared HIV risk factors and transmission patterns identified through public health data among people who inject drugs in Miami.

IDEA Exchange SSP

A critical intervention site providing sterile syringes and harm reduction services, central to disrupting HIV spread in this network.



Social Connections

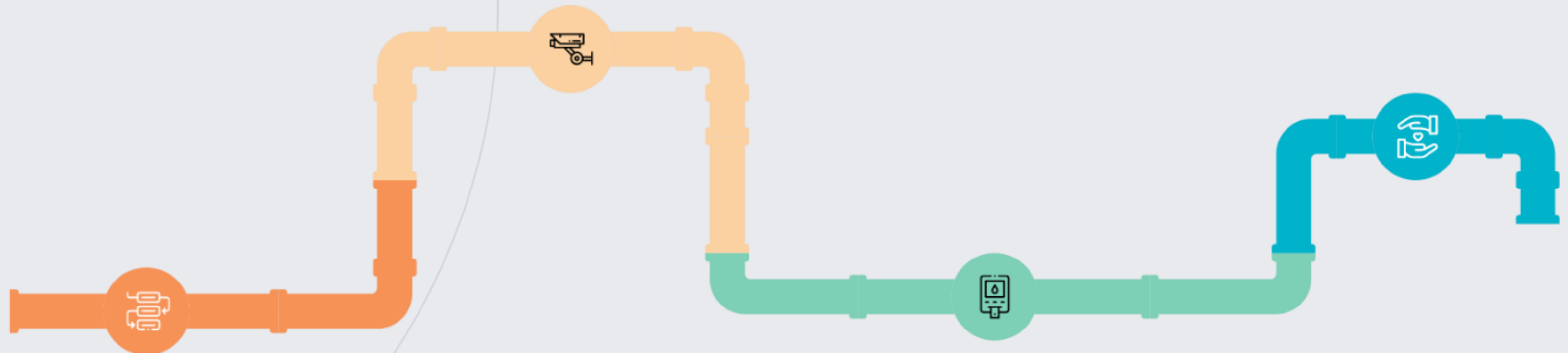
Relationships and interactions among network members that facilitate HIV exposure and transmission.

Genetic Links

Molecular analyses confirming closely related HIV strains, indicating recent transmission within the network.

Coordinated Public Health Response to HIV/HCV Outbreak

Florida Department of Health's strategic actions to enhance detection, outreach, and care linkage



Community Response Planning

Collaborated with local leadership and stakeholders, including IDEA Exchange, to develop a tailored response plan.

Expanded Outreach and Surveillance

Deployed mobile units to increase outreach, conduct testing, and enhance surveillance efforts.

Rapid HIV/HCV Testing Algorithm

Implemented an alternative testing method combining antibody and nucleic acid tests to detect acute infections early.

Linkage to Care

Ensured all individuals with positive test results were connected promptly to appropriate care services.

Strengthening Florida's Viral Hepatitis Response

Organizational restructuring and leadership clarity enhance outbreak management

Structural changes support a more effective syndemic response across the state

Defined leadership roles to improve coordination and decision-making



Reorganized Bureau of Communicable Disease into a dedicated Viral Hepatitis and Outbreak Response Program

Enhanced integration and responsiveness within the new program structure

Florida's Syringe Exchange Programs Grow Statewide

Legislative changes enable multiple counties to expand harm reduction beyond Miami-Dade



Florida law revised after Miami-Dade pilot to allow other counties to establish Syringe Service Programs (SSPs)



By late 2021, multiple Florida counties authorized SSPs through local ordinances and agreements with the Department of Health



This statewide approval expands harm reduction efforts to reduce disease transmission and support public health



Local ordinances and health department partnerships drive SSP implementation across Florida

Collaborative Partners and Contributors

Key organizations and individuals who made this response possible



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