



Ryan White: A Template

National HIV/AIDS Strategy

12 Cities and Beyond

Diversifying Efforts

## MAKING THE NATIONAL HIV/AIDS STRATEGY A REALITY

On July 13, 2010, President Obama released the first National HIV/AIDS Strategy (NHAS) for the United States. The NHAS provides a clear and comprehensive roadmap toward mitigating the impact of HIV on people living with and affected by HIV/AIDS and, ultimately, ending the AIDS epidemic altogether. Obama stressed to heads of executive departments and agencies that fulfilling the goals of the NHAS would demand collaboration among Federal, State, tribal, and local governments as well as with the private sector. The Federal Implementation Plan that was released with the NHAS outlines strategies for that collaboration. Because of its long history in administering programs responding to the HIV/AIDS epidemic, the Health Resources and Services Administration (HRSA), HIV/AIDS Bureau (HAB) is playing a pivotal role in making the NHAS a reality.

According to the NHAS, it is "necessary to sustain public commitment to ending the epidemic, and this calls for regular communications between governments at all levels to identify the challenges we face and report the progress we are making."<sup>1</sup> People living with HIV/AIDS (PLWHA), and the health and well-being of the country as a whole, depend on this communication.

The NHAS offers the United States an unprecedented opportunity to address and dramatically change the landscape of the HIV epidemic. The challenges and opportunities involved are immense, particularly in light of the forthcoming rollout of the Patient Protection and Affordable Care Act (L. 111-148) in 2014, which will dramatically expand health insurance coverage for people nationwide. Medical providers will need training and

## DID YOU KNOW?

- ▶ More than 4,000 PLWHA, clinicians, health care workers, State officials, and other concerned citizens attended the 14 community discussions that informed the creation of the NHAS.
- ▶ HIV/AIDS agencies throughout the United States have already begun aligning their program services with the three primary goals of the NHAS.
- ▶ Implementation of the NHAS involves collaboration across all Federal agencies and cooperation with State and community-based agencies nationwide.



U.S. Department of Health and Human Services  
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I am proud that the Health Resources and Services Administration (HRSA) is an appointed leader in the implementation of the National HIV/AIDS Strategy (NHAS). This issue of *HRSA CAREAction* highlights the numerous activities undertaken to realize the goals of the NHAS, which is one of the greatest collaborative undertakings by the Federal Government.

Resources are being targeted in the 12 Cities Project and HRSA's Special Projects of National Significance System Linkages Initiative. These efforts function much like demonstration projects of the Strategy itself. Resources have been targeted to those cities and States most heavily affected by AIDS in an effort to increase HIV prevention efforts and accelerate the reduction of HIV/AIDS incidence and mortality.

Our HIV/AIDS Quality Management Cross-Part Collaborative, which provides core clinical measures across all Parts of the Ryan White HIV/AIDS Program, bolsters HRSA's implementation efforts, providing new guidance and insight into how to align services with the NHAS.

Perhaps most fulfilling, the NHAS has facilitated cross-agency collaboration in efforts around HIV/AIDS. Already, our collective efforts have begun to mitigate the impact of the epidemic on those living with, affected by, and at risk for HIV.

Together, we believe our work will ultimately enable us to engage those in need of services in care and, ultimately, lead us toward a world with diminishing AIDS cases and increasingly healthy people.

Deborah Parham Hopson  
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## **HRSA CARE Action**

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### **Photographs**

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Additional copies are available from the HRSA Information Center, 888.ASK.HRSA, and may be downloaded at [www.hab.hrsa.gov](http://www.hab.hrsa.gov). This publication lists non-Federal resources to provide additional information to consumers. The views and content in those resources have not been formally approved by the U.S. Department of Health and Human Services (HHS). Listing of the resources is not an endorsement by HHS or its components.

resources in cultural competency and HIV/AIDS and its comorbidities to assist the influx of newly insured clients entering care.

To facilitate support for the planning and implementation of the NHAS, a Federal Interagency Task Force was convened. Its members included representatives from ONAP, HRSA, and other HHS-reporting agencies, including the U.S. Centers for Disease Control and Prevention (CDC), Centers for Medicare and Medicaid Services, National Institutes of Health (NIH), NIH Office of AIDS Research, and Substance Abuse and Mental Health Services Administration. In addition, the task force included representatives from the Department of Housing and Urban Development (HUD), Department of Justice (DOJ), Department of Labor (DOL), Indian Health Service, National Security Council, Office of Cabinet Affairs at the White House, Office of National Drug Control Policy, Social Security Administration (SSA), and White House Office of Management and Budget. Together, they shared their agency's experiences, expertise, and history addressing HIV/AIDS in a process ensuring that all issues were addressed—from data collection and housing to health insurance and substance use policy.

Learning about the rich history and infrastructure of the Ryan White HIV/AIDS Program would offer great insight into this process.

## **RYAN WHITE: A TEMPLATE FOR REALIZING THE NHAS**

The importance of the Ryan White HIV/AIDS Program, administered by HRSA, in relation to the NHAS cannot be overstated. Over the years, HRSA has learned a great deal about identifying PLWHA, recruiting them into care, and retaining them in care, particularly in areas with high community viral loads<sup>2</sup> (*Community viral load* is the mean viral load in PLWHA in a given community; it is a population marker of HIV transmission risk.) In addition, the Ryan White HIV/AIDS Program assists HIV service providers at the local, State, and Federal levels. The NHAS, however, will create a more concrete way of communicating, reporting, and delivering HIV care and treatment across the country by including non-Ryan White grantees in the process and, thus, expanding the Nation's response while building upon the successes of the Ryan White HIV/AIDS Program.

Of the estimated 1.2 million PLWHA in the United States today, more than one-half—approximately 530,000 people annually—depend on Ryan White HIV/AIDS Program providers for their primary HIV care.<sup>3</sup> For many newly diagnosed patients, access to HIV care marks the first time they have had a primary care doctor. Ryan White providers offer culturally competent, quality health care that includes not only HIV services



José Ramirez and La Clínica del Pueblo staff conduct outreach work in downtown Washington, DC.

and access to antiretroviral drugs but also links to general health care specialists and services such as transportation and child care. Many times, these services are provided within the same clinic or, if not, in a nearby location.<sup>4</sup> This groundbreaking, integrated approach to care has saved countless lives and helped to dramatically reduce HIV/AIDS mortality.<sup>5</sup>

Despite these successes, the Ryan White HIV/AIDS Program continues to seek new ways to identify PLWHA and bring them into life-saving treatment and care. Approximately 20 percent of PLWHA are unaware of their serostatus, and 50,000 new infections occur every year.<sup>6</sup> PLWHA not in care typically live on the margins of society as a result of socioeconomic determinants, homophobia, racism, and stigma. Many are under- or unemployed and live on incomes far below the Federal Poverty Level. They often have limited educational attainment and lack stable housing and insurance.<sup>6</sup> People of color alone account for approximately 75 percent of all PLWHA and more than one-half of the 575,000 people in the United States who have died of AIDS since 1981.<sup>3,7</sup> Men who have sex with men (MSM), who represent only about 2 percent of the total U.S. population, are 44 times more likely to be diagnosed with HIV than other men.<sup>8</sup>

Support from other Federal and State agencies, as dictated by the NHAS and the Federal Implementation Plan, will bolster the heroic work of Ryan White providers in getting all PLWHA the care they need. The NHAS is already doing its part by ramping up the reach of HRSA's providers and grantees to facilitate interagency collaboration among U.S. Department of Health and Human Services (HHS) and other Federal agencies as well as private and public organizations. This unprecedented blending of services, targeted funding, and united focus will help fulfill the vision of the United States described in the NHAS, in which "new HIV infections are rare and when they do occur, every person, regardless of age, gender, race/ethnicity, sexual

orientation, gender identity or socioeconomic circumstance, will have unfettered access to high quality, life-extending care, free from stigma and discrimination."<sup>7</sup>

### NHAS ORIGINS AND IMPLEMENTATION

Leading the background research that shaped the NHAS, the Office of National AIDS Policy (ONAP) gathered information and feedback from AIDS officials, community leaders, PLWHA, and other concerned citizens. ONAP also facilitated a national community discussion tour in 14 cities to discuss concerns about the domestic epidemic at all levels of government, and it set up an online portal within the White House website that allowed additional submission of ideas and input (see [www.whitehouse.gov/administration/eop/onap/community-discussions-report](http://www.whitehouse.gov/administration/eop/onap/community-discussions-report)).

Additionally, ONAP commissioned three reports from the Institute of Medicine (IOM) concerning the barriers and facilitators of HIV testing and screening services; policies promoting and delaying access to and provision of HIV care; and the current state of the Nation's health system capacity to serve PLWHA. The reports recommend greater collaboration among Federal agencies delivering testing, treatment, and care; address inconsistent laws and policies around HIV

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*The NHAS envisions a world where "new HIV infections are rare and when they do occur, every person . . . will have unfettered access to high quality, life-extending care, free from stigma and discrimination."*

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testing and screening; and support increases in resources to build the capacity of clinical providers attempting to meet the demands of implementing the NHAS.<sup>9-11</sup>

The Federal Interagency Task Force convened to distill the data collected during the planning phase and to write the reports. Its work was further informed through regular meetings with community partners across the country—national HIV/AIDS organizations, State health clinics, AIDS service organizations, faith and community-based organizations, and Ryan White providers—which offered recommendations that were based on the pressing needs and proven strategies they experienced on the ground in addressing HIV/AIDS, particularly in underserved and marginalized communities heavily affected by the epidemic.<sup>12</sup> This research and collaboration resulted in the creation of three overarching goals, as well as quantitative measures, that are to be met by 2015:

1. *Reduce the number of people who become infected with HIV.* The Federal Government will lead efforts to lower the number of new infections by 25 percent and slash

the HIV transmission rate by 30 percent. The number of people who know their serostatus will be raised from 79 to 90 percent.<sup>7,13</sup>

2. *Increase access to care and improve health outcomes for PLWHA.* The Federal Government will increase from 65 to 85 percent the number of people newly diagnosed with HIV receiving clinical care within 3 months of diagnosis. In addition, there will be an effort to increase from 73 to 80 percent the proportion of Ryan White HIV/AIDS Program clients in continuous care—defined as two visits for routine HIV medical care in 12 months, with each visit taking place at least 3 months apart. The Federal Implementation Plan also seeks to increase the number of PLWHA in permanent housing from 82 to 86 percent.<sup>14</sup>
3. *Reduce HIV-related health disparities.* The Plan seeks to increase access to prevention and care services for all Americans and to increase the number of gay and bisexual men, African-American/Blacks, and Latinos diagnosed with HIV who have undetectable viral loads by 20 percent.<sup>7</sup>

HHS, DOJ, DOL, HUD, SSA, and the Department of Veterans Affairs (VA), in turn, are charged with implementing the NHAS across all agencies, in an effort to ensure that as many PLWHA as possible are brought into and retained in care and each goal is met. To that end, each agency has created its own operational plan outlining its NHAS activities.<sup>15</sup>

Since the start of NHAS implementation in 2010, HRSA has formalized its leadership in ramping up cross-agency collaboration around HIV treatment and care. During that time, HRSA has learned how to more effectively use and manage resources and activities across all Parts of the Ryan White HIV/AIDS Program. HRSA funds HIV/AIDS providers in cities throughout the Nation and is working with communities to implement procedures to ensure efficient delivery and increased coordination of treatment and care to populations hardest hit by the epidemic.

## 12 CITIES AND BEYOND

HHS is working to advance the NHAS by supporting the cross-agency 12 Cities Project, which is often referred to as a demonstration project of the Strategy itself. Like the NHAS, the project is concentrating resources where the epidemic is most severe, coordinating Federal resources and actions across agencies; scaling up effective HIV prevention, care, and treatment strategies; and leveraging innovative approaches to accelerate the implementation process and reduce HIV/AIDS incidence and mortality.<sup>16</sup>

The targeted cities for the project are the 12 U.S. jurisdictions with the greatest burden of HIV/AIDS. Cities were awarded funding in September 2010 under the support of the CDC initiative called Enhanced Comprehensive HIV

## 12 CITIES PROJECT JURISDICTIONS

New York City, NY	Philadelphia, PA
Los Angeles, CA	Houston, TX
Washington, DC	San Francisco, CA
Chicago, IL	Baltimore, MD
Atlanta, GA	Dallas, TX
Miami, FL	San Juan, PR

These 12 cities represent 44 percent of U.S. total AIDS cases.

Prevention Planning and Implementation for Metropolitan Statistical Areas Most Affected by HIV/AIDS (ECHPP). The program supports intensive and enhanced HIV prevention planning. Agencies in these cities worked with CDC officials to identify HIV prevention approaches that could have the greatest impact on the local epidemic and assessed and identified gaps in each jurisdiction's HIV prevention portfolio<sup>17</sup> (To learn more about ECHPP and the 12 Cities Project, see [www.cdc.gov/hiv/strategy/echpp/index.htm](http://www.cdc.gov/hiv/strategy/echpp/index.htm).)

The 12 Cities Project builds on the foundation laid by ECHPP. The goal of the project is to generate even more integrated collaboration and cooperation among all HHS agencies, including HRSA. It also serves as a proving ground to demonstrate how the broad range of federally supported HIV prevention and treatment activities can work together and more effectively across organizational and program boundaries. The Project leverages resources and shares expertise across departments and other Federal entities. In each jurisdiction, gaps are addressed through targeted capacity

*Because of its comprehensive approach, the 12 Cities Project often is referred to as a demonstration project of the NHAS itself.*

building, and use of resources is tracked and documented. Evaluation throughout the Project will result in lessons learned and technical guidance that will further enhance the implementation of the NHAS.<sup>18</sup>

Since rollout of the 12 Cities Project began in October 2010, HRSA has leveraged its expertise with facilitating activities across all parts of the Ryan White HIV/AIDS Program to create strategic partnerships with providers (mostly Part A) and community health centers in the 12 jurisdictions. Many agencies participating in the Project had taken part in ECHPP and are

*Since 1991, the Ryan White HIV/AIDS Program has been providing health services for people who lack sufficient health care coverage or the financial resources to cope with HIV disease. Because of this work, HAB is uniquely positioned to help the Nation reach the goals of the NHAS.*

dedicated to enhancing their capacity. Many are participating in needs assessments that will help them target and tailor their services to the high-risk populations that contribute to their local community's viral load. This participation has proven especially important for providers serving hard-hit populations such as MSM and communities of color.

Having set the standard for evaluation and data collection through the Ryan White HIV/AIDS Program, HRSA will be sharing its expertise and disseminating detailed updates on its activities to other Federal agencies. Information gleaned from the data will ensure that funds reach areas and populations with the greatest burden. Indeed, HRSA will be working with the CDC and other partners to define the size of the most heavily affected populations within each of the 12 Cities Project jurisdictions, ensuring that statistical data is updated and performance metrics remain on target. This integrated approach to evaluation will prove essential when assessing the success of the NHAS.<sup>18,19</sup>

Ryan White providers, community health centers, and other participating agencies will continue to have access to the training expertise of HRSA's AIDS Education and Training Centers (AETCs), a key component of Part F of the Ryan White HIV/AIDS Program. To help providers align their services with the NHAS, AETCs will provide essential capacity-building, and technical assistance trainings as well as resources on all aspects of HIV care, including data collection, cultural competency, HIV outreach and screening, and patient retention. Project Officers will monitor each jurisdiction's community health center to ensure that grantees also receive training on the HIV/AIDS Performance Improvement Activities, which include

- enhancing local needs-assessment activities for hard-to-reach and high-risk populations;

- addressing HIV/AIDS care in ongoing quality assurance activities;
- supporting the involvement of PLWHA on health center boards of directors; and
- establishing, as necessary, formal referral agreements for HIV/AIDS care and treatment.

Many trainings are being supported through the AETC Capacity-Building Assistance to Community Health Centers Cooperative Agreement and the National Center for HIV Care in Minority Communities.

### **DIVERSIFYING EFFORTS TOWARD IMPLEMENTING THE NHAS**

HRSA has also launched the HIV/AIDS Quality Management Cross-Part Collaborative, a quality management effort to strengthen partnerships and communication across Ryan White HIV/AIDS Program Parts. Collaborative activities align with the goals of the NHAS and, in turn, those efforts will guide

*The NHAS symbolizes the Nation's dedication to ending not just HIV but the socioeconomic conditions and stigmas that have helped fuel it.*

grantees and subgrantees in their work on the NHAS, providing them standard criteria by which to assess their activities and offering them a vehicle through which to coordinate data collection and identify and share best practices.<sup>20</sup>

Other HRSA activities in implementing the NHAS include leveraging the replicable models of care developed under Part F's Special Projects of National Significance (SPNS), such as those focused on substance abuse and buphenorphine, young MSM of color, and enhancement and evaluation of existing health information electronic network systems for PLWHA in underserved communities. SPNS also recently launched the NHAS-specific Systems Linkages and Access to Care for Populations at High Risk of HIV Infection Initiative (commonly referred to simply as the System Linkages Initiative), which started in September 2011 and will continue through August 2015. (For more information on the initiative, see [www.grants.gov/search/search.do?mode=VIEW&oppId=67813](http://www.grants.gov/search/search.do?mode=VIEW&oppId=67813).)

Participants in the Systems Linkages Initiative must be Ryan White HIV/AIDS Program Part B grantees (States) and

### **➔ SPNS SYSTEMS LINKAGES INITIATIVE**

#### **Grantees include the following States:**

Louisiana	Pennsylvania
Massachusetts	Virginia
New York	Wisconsin
North Carolina	

Many Ryan White HIV/AIDS Program providers already have begun revamping their services to reflect the National HIV/AIDS Strategy (NHAS). Examples include San Diego’s “Lead the Way” event, a large-scale HIV testing campaign in areas of the city heavily affected by the epidemic and the National Association for Advancement of Colored People’s 10-city faith tour addressing HIV issues and creating a national HIV and social justice manual for faith and community leaders. (To learn more about these and other Ryan White HIV/AIDS Program provider NHAS-related initiatives, visit [blog.aids.gov/2011/08/we-want-to-hear-your-stories-about-the-national-hiv-aids-strategy.html](http://blog.aids.gov/2011/08/we-want-to-hear-your-stories-about-the-national-hiv-aids-strategy.html).)

In Washington, DC, La Clínica Del Pueblo provides culturally appropriate health services to people in the Latino community regardless of their ability to pay. Latinos account for 19 percent all of new HIV infections nationwide annually and within the District of Columbia represent 5.5 percent of all PLWHA. Members of the Latino community in Washington, DC, are generally late testers: 63.5 percent of those diagnosed with HIV progress to AIDS within a year of diagnosis.<sup>25</sup> To help reduce that proportion, La Clínica uses a culturally competent approach to HIV service delivery that addresses the many socioeconomic barriers (e.g., language differences, immigration status, poverty) that keep Latino people from accessing

HIV prevention, testing, treatment, and care services early in disease course.

The ever-increasing need for services in its community, coupled with the clinic’s multifaceted approach to HIV, has helped drive La Clínica’s work in advocating for, developing, and supporting the NHAS. La Clínica participated in several of the local and national town meetings that informed and helped roll out the strategy. It also shared information about the impact of HIV on Latinos during meetings with the Director of the Office of National AIDS Policy and the Director of the Institute of Medicine. This work can be seen in La Clínica’s HIV continuum-of-care model, which the agency has restructured to align with the NHAS. The model involves

- reaching out and working with marginalized populations, such as Latinos;
- providing accessible widespread HIV testing, counseling, and referral;
- having an interdisciplinary team evaluate and monitor HIV patients to create a treatment plan and ensure adherence; and
- strengthening its model of care so that it can be accessed at any point, any time.

have demonstrated high rates of new infections. During the grant period, they will be charged with creating cutting-edge models of linkage to and retention in care that reach high-risk populations, including PLWHA who are either unaware of their status or are aware of it but refuse or were never referred to care. These models will be subjected to extensive real-world testing and evaluation, and the lessons learned and systems created will be distilled into trainings and resources that other Ryan White grantees and 12 Cities Project participants can replicate at their own agencies.<sup>21</sup>

The Systems Linkages Initiative will further the collaboration HRSA is building at the national level through the 12 Cities Project and NHAS. It also will bolster collaboration among all Parts of the Ryan White HIV/AIDS Program, ensure the Parts’ alignment with the NHAS, and eliminate duplication and gaps in services. The work toward a seamless continuum of care will enable Ryan White grantees to more quickly and efficiently identify PLWHA, recruit them into care, and retain them in treatment. This work is essential to improving the health, and reducing the viral load, of these communities. It also will reduce HIV transmission, because PLWHA who are in care and adherent to treatment are much less likely to transmit the virus to others.<sup>22</sup>

In addition to the Systems Linkages Initiative, HRSA recently launched the *in+care Campaign*, a year-long project focused on retaining PLWHA in primary care. Yet another vehicle to facilitate organizational interaction and collaboration, the *in+care Campaign*, which is run by the National Quality Center, seeks to foster integrated primary care programs at the local, State, and national levels through voluntary quality improvement efforts. These efforts will help participating Ryan White HIV/AIDS Program grantees and subgrantees nationwide build their capacity to bring PLWHA back into care and keep other patients from falling out of care.<sup>23,24</sup>

The *in+care Campaign* strengthens providers’ capacity to not only help patients but also accelerate the goals of the NHAS. Providers receive access to national real-time benchmarking data on retention measures, as well as toolkits containing retention literature and resources. National conference calls allow participants to access expert training and coaching, share lessons learned, and engage in peer-to-peer technical assistance about best practices. The campaign further ensures that local agencies nationwide are aligned programmatically with the NHAS and are in step with the efforts of the national agencies addressing HIV/AIDS. Most important, participants in the campaign will be able to provide greater access to more

## ONLINE RESOURCES

### **U.S. Department of Health and Human Services**

**operational plan:** *Achieving the vision of the National HIV/AIDS Strategy:* [www.aids.gov/federal-resources/policies/national-hiv-aids-strategy/nhas-operational-plan-hhs.pdf](http://www.aids.gov/federal-resources/policies/national-hiv-aids-strategy/nhas-operational-plan-hhs.pdf).

**in+care Campaign:** [www.incarecampaign.org](http://www.incarecampaign.org).

**Institute of Medicine (IOM):** *HIV screening and access to care: Exploring barriers and facilitators to expanded HIV testing:* [http://books.nap.edu/catalog.php?record\\_id=12932](http://books.nap.edu/catalog.php?record_id=12932)

**IOM:** *HIV screening and access to care: Exploring the impact of policies on access to and provision of HIV care:* [www.iom.edu/Reports/2011/HIV-Screening-and-Access-to-Care-Exploring-the-Impact-of-Policies-on-Access-to-and-Provision-of-HIV-Care.aspx](http://www.iom.edu/Reports/2011/HIV-Screening-and-Access-to-Care-Exploring-the-Impact-of-Policies-on-Access-to-and-Provision-of-HIV-Care.aspx)

**IOM:** *HIV screening and access to care: Health care system capacity for increased HIV testing and provision of care:* [www.iom.edu/Reports/2011/HIV-Screening-and-Access-to-Care-Health-Care-System-Capacity-for-Increased-HIV-Testing-and-Provision-of-Care.aspx](http://www.iom.edu/Reports/2011/HIV-Screening-and-Access-to-Care-Health-Care-System-Capacity-for-Increased-HIV-Testing-and-Provision-of-Care.aspx)

**White House Office of National AIDS Policy:** *Community ideas for improving the response to the domestic HIV epidemic:* [http://www.whitehouse.gov/sites/default/files/microsites/ONAP\\_rpt.pdf](http://www.whitehouse.gov/sites/default/files/microsites/ONAP_rpt.pdf)

**White House Office of National AIDS Policy:** *Implementing the National HIV/AIDS Strategy: Overview of agency operational plans:* <http://aids.gov/federal-resources/policies/national-hiv-aids-strategy/nhas-operational-plan-overview.pdf>

**White House Office of National AIDS Policy:** *National HIV/AIDS Strategy: Fact sheet:* <http://aids.gov/federal-resources/policies/national-hiv-aids-strategy/nhas-fact-sheet.pdf>

**White House Office of National AIDS Policy:** *National HIV/AIDS Strategy: Implementation update:* [www.whitehouse.gov/sites/default/files/uploads/NHAS.pdf](http://www.whitehouse.gov/sites/default/files/uploads/NHAS.pdf)

**White House Office of National AIDS Policy:** *National HIV/AIDS Strategy for the United States:* [www.whitehouse.gov/sites/default/files/uploads/NHAS.pdf](http://www.whitehouse.gov/sites/default/files/uploads/NHAS.pdf)

streamlined and higher quality HIV and related services for PLWHA, which in turn will help dramatically and immediately lower community—and individual—viral loads.

## CONCLUSION

For PLWHA, the NHAS promises greater accessibility to systems of care that meet their needs. Moreover, it demonstrates the Nation's commitment to HIV care at every level of government—local, State, and national—and speaks to the Federal Government's dedication to ensuring that valuable HIV funding is spent more efficiently and effectively. It further symbolizes the Nation's dedication to eliminating not just HIV but the socioeconomic determinants and stigma associated with it, particularly in relation to its impact among underserved populations and regions throughout the United States.

The Ryan White HIV/AIDS Program, which has provided services to thousands of PLWHA for more than two decades, has taken a lead role in encouraging collaboration and integration of services throughout the Federal government and with State and local entities, advancing HHS's 12 Cities Project and, in turn, the goals of the NHAS. The program's efforts already have begun improving communication, reporting, evaluation, and HIV service delivery nationwide. The training and technical assistance being provided through the SPNS Systems Linkages Initiative and the *in+care Campaign* will further educate Ryan White providers about the NHAS and prepare them for its roll-out. Many Ryan White providers, such as La Clínica Del Pueblo in Washington, DC, have already begun the important work of aligning their programmatic systems with the NHAS. As Catalina Sol, La Clínica's chief programs officer says,

We are the National HIV/AIDS Strategy. Our programs exist in response to the AIDS crisis in our community and have been informed and created by the persons most affected by the epidemic, who we actively recruit as volunteers, peer educators, and staff. We see our work reflected in the NHAS.

HRSA and its grantees have proven their dedication to improving the lives of PLWHA over and over again. Its current commitment to ensuring the success of the NHAS is just one more way in which the agency strives to mitigate HIV/AIDS in communities across the country and, ultimately, make HIV history.

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