



Systemic Change

Prevention Efforts

Leveraging Technology

National Retention Campaign

## SUPPORTING THE NATIONAL HIV/AIDS STRATEGY THROUGH HRSA PROGRAMMING

Much progress has been made in combatting the nation’s HIV epidemic since President Barack Obama’s landmark announcement of the National HIV/AIDS Strategy (NHAS)—the historic five-year plan to dramatically reduce HIV infection and better the lives of those living with HIV.<sup>1</sup> Designed to re-focus public attention on ending the domestic HIV epidemic, the NHAS has provided a clear sense of direction and purpose in the fight against HIV since it was announced on July 13, 2010.

The vision of the NHAS is simple:

*“The United States will become a place where 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>2</sup>

Transforming this vision into reality is no easy feat; it requires a renewed and intensified commitment from people at all levels of society and a more coordinated federal response in order to achieve the NHAS’s three overarching goals and milestone-driven objectives (see Goals and Objectives for the National HIV/AIDS Strategy on page 7):

- Reduce new HIV infections.
- Increase access to care and optimize health outcomes for people living with HIV.
- Reduce HIV-related health disparities.<sup>3</sup>

### DID YOU KNOW?

The Affordable Care Act, now signed into law, supports the goals of the National HIV/AIDS Strategy.

The landmark legislation:

- Expands access to HIV testing and preventative services through affordable healthcare insurance for everyone.
- Does not allow insurance companies to deny healthcare coverage due to preexisting conditions, such as HIV.
- Allows HIV-positive people in states that expanded their Medicaid programs to become eligible for Medicaid without receiving a diagnosis of AIDS or disability.
- Lowers prescription drug costs for Medicare recipients.<sup>4</sup>

Source: AIDS.gov. The Affordable Care Act and HIV/AIDS. Available at: <http://aids.gov/federal-resources/policies/health-care-reform/>. Accessed May 20, 2014.



U.S. Department of Health and Human Services  
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## ➔ DIRECTOR'S NOTES

More than four years ago, President Barack Obama outlined clear and critical goals in a new National HIV/AIDS Strategy. Since then, the goals have provided a direction and targets for providers, public health officials, and people living with HIV (PLWH) as they work together to eradicate the disease.

The work that the Health Resources and Services Administration (HRSA) is doing aligns closely with these goals. Efforts to reduce new infections require systemic change, and HRSA's innovative work to improve linkages to testing and treatment among hard-to-reach populations is making demonstrable progress. Meanwhile, new technology implementations will ensure that providers and public health officials have the information they need to make dramatic improvements in both the quality of care offered and the ability to target care directly to those in need.

Peer support and workforce capacity are also critical to optimizing outcomes, and HRSA has been leading the charge in those areas as well. HRSA programs that reach Latino, homeless, women of color, transgender women of color, and other disadvantaged subpopulations continue to make inroads in reducing health disparities.

HRSA is working tirelessly to support the President's vision of "a place where new infections are rare" and everyone has access to "high quality, life-extending care." It's a call to action that HRSA has readily engaged.

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### **HRSA CAREAction**

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#### **Photographs**

Cover: A multidisciplinary care team at the Inova Juniper Program in Northern Virginia.

Copies are available to 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.

Since the Health Resources and Services Administration's (HRSA) first HIV-specific program in 1986, the agency has been at the forefront of curbing the HIV epidemic through innovative, high-impact HIV-related programming. HRSA will remain vigilant in ensuring that its programs are consistent with—and responsive to—the goals set forth by the NHAS. One way this is being done is through reporting and tracking of data under the NHAS-related performance measures.

### **NHAS GOAL #1: REDUCE HIV INCIDENCE**

According to estimates from the U.S. Centers for Disease Control and Prevention (CDC), 47,500 new HIV infections occur each year.<sup>5</sup> However, an estimated 21% of HIV-positive persons do not know they are infected,<sup>6</sup> a lack of awareness that not only places them at risk for poorer health outcomes but also creates a window of opportunity for additional HIV transmission.<sup>7</sup> Unfortunately, many people who are HIV-infected and know their status are not receiving the level of care needed to reap the full benefit of antiretroviral therapy (ART). Research shows that treatment is prevention: ART not only slows HIV-progression in those who are infected but also can dramatically curb the further spread of HIV.<sup>8</sup>

Reducing new HIV infections—the first goal of the NHAS—thus necessitates a multi-faceted approach that not only improves HIV screening and surveillance but also strengthens linkages to care upon HIV diagnosis and bolsters retention and re-engagement efforts. Furthermore, as best practices for doing so are identified, it is critical that they are disseminated, along with supportive tools, to maximize impact.

### **Creating Systemic Change**

One Ryan White HIV/AIDS Program project aims to meet the first goal of the NHAS by catalyzing system-wide change. The Special Project of National Significance (SPNS) Systems Linkages and Access to Care for Populations at High Risk of HIV Infection Initiative (System Linkages) has an expansive reach and a particularly powerful scope. It funds six Ryan White HIV/AIDS Program Part B grantees in Massachusetts, New York, Virginia, North Carolina,

Wisconsin, and Louisiana from 2011-2015. Their charge: to develop innovative and replicable models to improve linkages to testing, treatment, and care services among hard-to-reach populations served by the Ryan White HIV/AIDS Program who have never been in care, have fallen out of care, or who are at-risk for falling out of care.<sup>9</sup> These models are showing an increase in the number of:

- People living with HIV (PLWH) who know their serostatus.
- People newly diagnosed with HIV who are linked to care within three months of diagnosis.
- PLWH who are virally suppressed.
- PLWH retained continuously in quality HIV/AIDS care.

The initiative's Evaluation and Technical Assistance Center (ETAC) at the University of California–San Francisco is conducting a comprehensive multi-state evaluation to identify and document successful linkage models. These can be disseminated, replicated, and implemented on a national scale so communities nationwide can benefit.

### **Texting for Health**

Approximately 1 in 4 new HIV infections occurs in young people ages 13-24.<sup>10</sup> Most new HIV infections in youth occur in gay or bisexual men.<sup>11</sup> About 60% of youth infected with HIV are unaware of their HIV status;<sup>12</sup> as a result, they are not receiving ART and can unknowingly pass the virus on to others. Stemming the further spread of HIV disease in vulnerable populations is a HRSA imperative.

UCARE4LIFE was designed with this in mind. It is a mobile texting pilot intervention to improve retention in care and ART adherence among HIV-infected youth ages 15-24, particularly those who are African-American or Latino.<sup>13</sup>

Funded by the U.S. Department of Health and Human Services Secretary's Minority AIDS Initiative Fund (SMAIF) and a gift from M.A.C. AIDS Foundation, UCARE4LIFE will help patients get important reminders and tips for managing their disease and adhering to the strict regimen that accompanies their medication. Focusing on southern states, where the HIV epidemic is rising fast among youth, UCARE4LIFE is developing and delivering a text message library, available in both English and Spanish, that addresses topics of HIV disease management, such

as the importance of keeping medical appointments and taking medication as directed. Expected outcomes include increased rates of viral suppression, improved retention in care, increased HIV health literacy, healthier lives, and reduction in the overall cost of HIV care.

### **Improving Provider Prevention Efforts**

Today, more than 1.1 million people in the U.S. are living with HIV—more than at any time in the history of the disease.<sup>14</sup> A strong and informed provider workforce is essential to care for this growing population. This is critical not only to keep those infected with HIV as healthy as possible but also to prevent the transmission of the virus to others.

HRSA developed *Ask, Screen, Intervene*, in collaboration with the National Network of STD/HIV Prevention Training Centers and the AIDS Education and Training Centers (AETC) National Resource Center, in response to this need. *Ask, Screen, Intervene* is an evidence-based curriculum designed to assist clinical providers in learning new techniques to incorporate important prevention methods to help their HIV patients reduce risk behaviors.<sup>15</sup> It is being implemented in eight Ryan White HIV/AIDS Program-funded clinics in 4 of the 12 cities with the highest HIV prevalence (Baltimore, Chicago, Los Angeles, and Miami—all Part A grantees). Evaluation of the 12 Cities Project has found that within these cities there has been

- greater and more frequent communication within and across agencies,
- intensified focus on and resources available in the jurisdictions, and
- increased focus on reducing reporting burden while accurately measuring systems-level changes and outcomes.<sup>16</sup>

### **NHAS GOAL #2: INCREASE ACCESS TO CARE AND OPTIMIZE HEALTH OUTCOMES FOR PLWH**

Approximately 21% of people living with HIV in the U.S. are undiagnosed.<sup>17</sup> These individuals cannot engage in treatment that reduces morbidity and mortality, may participate more often in high-risk HIV transmission behavior, and have a higher risk of transmitting HIV to others than do those who are aware of their HIV infection.<sup>18-21</sup> Of those who are aware of their HIV infection, nearly 1 in 3 (28%) delay medical care for six months or longer post diagnosis.<sup>22</sup>

And, of all HIV-positive individuals in the U.S., just 25% are virally suppressed. Failing to achieve an undetectable viral load and stay virally suppressed not only places the HIV-infected individual at risk of poorer health, but also poses an increased risk of HIV transmissibility.<sup>23</sup>

### ***Leveraging Technology***

A SPNS grantee that has been particularly successful in helping PLWH enter care, stay in care, and return to care if they have fallen out is LaPHIE (the Louisiana Public Health Information Exchange).<sup>24</sup> Developed through an innovative partnership between Louisiana State University—a Ryan White HIV/AIDS Program Part C, D, and F grantee—and the Part B Louisiana Office of Public Health, LaPHIE makes use of electronic medical record technology to alert providers when patients who had previously tested positive for HIV, but who had not been informed of results or who had not been in care for the previous 12 months, were seen in a network of seven hospitals. Of the 344 out-of-care patients identified during the first 18 months of LaPHIE’s implementation, 82% were successfully linked back into HIV care.<sup>25</sup>

LaPHIE’s success shows that linking statewide public health HIV surveillance data with client-level data can increase opportunities for linkage to or re-engagement in care—so much so that HRSA awarded funding to the Georgia Department of Public Health (GDPH) through the SMAIF to replicate LaPHIE. Managed through SPNS, the grant supports the creation of a health information exchange that would link Georgia’s HIV surveillance database to the electronic medical record systems of collaborating clinical health partners. At the time the grant was awarded, GDPH faced significant challenges in implementing the health information exchange due to the state’s existing confidentiality law—one of the strictest in the country in protecting HIV information. GDPH formed a workgroup to explore the implications of changing the privacy law and, based on their recommendations, a new disclosure bill was recently passed by the state legislature and signed into law by Governor Nathan Deal. The new law allows for greater HIV information sharing by the GDPH to allow facilitation of linkages, referrals, and re-engagement of care for HIV-infected persons across the state of Georgia.

### ***A Peer-to-Peer Approach***

Meanwhile, SMAIF and SPNS funding is also supporting an innovative clinical trial to determine whether an enhanced peer intervention is effective in retaining and re-engaging at-risk people of color living with HIV into primary care and other needed medical or social services. Known as the Minority AIDS Initiative Retention and Re-Engagement Project, it is now underway at Care Resource, in Miami, FL, the Program for AIDS Treatment & Health (PATH) at Brooklyn Hospital in Brooklyn, NY, and the Puerto Rico Community Network for Clinical Research on AIDS (PR CoNCRA) in San Juan, PR.

The clinical trial is recruiting HIV-infected individuals who have been out of care for four or more months or who present a need for substance abuse, mental health, or housing services. People in the clinical trial are randomized and receive either “standard care” (which, for the purposes of this study, includes HIV medical care, medical case management, and referral to substance abuse, mental health, and housing services) or standard care plus educational, emotional, and practical peer support. Researchers will assess whether changes in retention in HIV primary care, viral load suppression, health-related quality of life, self-efficacy, and HIV knowledge are associated with an enhanced peer intervention.

### ***Focus on Youth***

PEACOC (Project for the Enhancement and Alignment of the Continuum of Care for HIV-Infected Youth) takes a different approach to improving access to HIV-related care, particularly among youth. The SMAIF-funded program partners Ryan White HIV/AIDS Program grantees with the Adolescent Medicine Trials Network sites to identify effective interventions, both at the patient level and at the local public health/community level. PEACOC’s goals include increased identification and linkage to care of newly HIV-infected youth, increased proportion of HIV-infected youth who are retained in medical care and achieve viral load suppression, and the identification of and reduction in structural, community, and health-system level barriers to improve health outcomes for HIV-infected youth.

### ***Developing a National Retention Campaign***

Increasing access to care and optimizing health outcomes for PLWH also involves building the next generation of

HIV providers, enhancing the capacity of the current provider workforce, and integrating HIV prevention and care services into primary care services. HRSA supports several programs to these ends.

One such program is the HRSA-funded in+care Campaign.<sup>26</sup> The in+care Campaign was developed to examine best practices and develop service models that bring patients back to care and keep others from falling out of care. The in+care Campaign is built around a dynamic website featuring a host of resources, such as a toolkit that includes access to webinars and social media communities. There were 655 Ryan White HIV/AIDS Program grantees, providers, and subproviders across all Program Parts who joined forces to participate, making the in+care Campaign the largest HIV retention-in-care campaign in the country. These grantees and providers serve more than 470,000 PLWH (not unduplicated). The Campaign was able to demonstrate statistically significant improvements in national retention and viral suppression rates.

### NHAS GOAL #3: REDUCE HIV-RELATED HEALTH DISPARITIES

Reaching the NHAS goal of reducing HIV-related health disparities requires targeting groups and communities that bear the greatest burden of the disease with innovative interventions along the continuum of care. Research has shown that decreases in a community's viral load—a mathematical measure of the amount of virus in a population—correlates with decreases in rates of new HIV infections.<sup>27</sup>

#### **An Emphasis on Culturally Appropriate Interventions**

The Culturally Appropriate Interventions of Outreach, Access and Retention among Latino(a) Populations SPNS initiative focuses on improving health outcomes among Latino men and women—an ethnic group disproportionately affected by HIV more than any other racial or ethnic group, with the exception of African-Americans.<sup>28,29</sup> The initiative funds 11 organizations in California, Illinois, New York, North Carolina, Pennsylvania, and Texas from 2013-2018. It was created to develop interventions targeting high-risk and out-of-care Latino populations in the U.S.

## HRSA TRAINS PROVIDERS IN HIV BEST PRACTICES

Working to disseminate lessons learned and bolster the next generation of HIV primary care leaders, HRSA has invested in education and outreach programs. This work aligns with the NHAS and strengthens the safety net for those people with HIV who are most in need. Some examples include:

- *Primary care physicians.* HRSA developed and funded telehealth grants through the AETC to increase and optimize health outcomes for hard-to-reach, HIV-positive persons residing in rural and historically underserved communities. The grants replicate Project ECHO's (Extension for Community Healthcare Outcomes) use of telementoring to improve the expertise of primary-care clinicians in remote settings, allowing them to manage complex illnesses such as HIV. Grantees use videoconferencing and other technologies to host teleclinics where physicians, nurses, and other clinicians from different areas present patient cases. An additional cohort of six grantees was funded to carry out the same activities through SMAIF.
- *Nurse practitioners and physician assistants.* HRSA funded five grants to support HIV-related school-based training and education for nurse practitioners and physician assistants.
- *Medical residents.* HRSA awarded three grants to expand graduate medical residency programs to incorporate an HIV focus. In addition to fulfilling residency requirements at an academic medical center, grantees are also asked to spend part of their residency in community health centers.

The successes and lessons learned of these NHAS-inspired pilot projects will be incorporated into the AETC program nationally in the coming years.

## ➔ SPOTLIGHT ON THE HIV CARE CONTINUUM INITIATIVE

*Black MSM: The Resource and Technical Assistance Center for HIV Prevention and Care for Black Men who have Sex with Men (BMSM) Cooperative Agreement* is a new project funded by HAB and a part of the Federal HIV Care Continuum Initiative. The project will inventory existing evidence-based interventions and strategies and identify and disseminate best practices and effective models of care for BMSM, including young BMSM (ages 13-24).

Data show that risk factors for HIV-infection and the mode of HIV-infection vary by a Latino's country of origin.<sup>30,31</sup> For example, Puerto Rican men are more likely than other Latino men to be infected through injection drug use, while Latinos of Mexican, Cuban, and Central and South American descent are more likely to be infected through sexual contact with other men.<sup>32</sup> The initiative thus mandates that interventions targeting Latino/a populations living in the U.S. are specific to countries of origin.

### **Reaching Homeless Populations**

The rate of HIV prevalence in the homeless and unstably housed population is 3.9%—more than 5.5 times the rate of the general public.<sup>33,34</sup> This hard-to-reach population often suffers from disabling conditions, such as substance abuse disorders and/or severe mental illness; coinfections, such as tuberculosis and hepatitis C; and a wide range of chronic health conditions. Making matters worse, they are among those least likely to be engaged in and retained in HIV primary care.<sup>35</sup> Building a Medical Home for Multiply Diagnosed HIV-positive Homeless Populations, a SPNS program, aims to address this disparity.

The initiative funds 10 organizations in California, Connecticut, Florida, Massachusetts, North Carolina, Oregon, and Texas from 2012-2017. Grantees funded through the program are charged with designing, implementing, and evaluating the effectiveness of innovative models of care that build and maintain sustainable linkages to mental health and substance abuse treatment, housing resources and services, and HIV primary care for homeless and unstably housed PLWH and co-occurring mental illness and substance use disorders. Interventions incorporate shelter-based

clinics, mobile clinics, partnerships with service providers and housing agencies, and the use of network navigators.

### **Targeting Transgender Women of Color**

Because data on transgender populations are not uniformly collected, information is lacking on how many transgender people in the United States are infected with HIV. However, data collected by local health departments and scientists studying these communities show high levels of HIV infection. Findings from a meta-analysis of 29 published studies, for example, showed that 28% of transgender women tested positive for HIV and, among African-American transgender women, 56 percent tested HIV positive.<sup>36</sup> Additionally, a review of studies of HIV infection in countries with data available for transgender people estimated that HIV prevalence for transgender women was nearly 50 times as high as for other adults.<sup>37</sup> Even more glaring are racial/ethnic disparities among transgender women. For instance, a recent study showed that approximately 90% of transgender women newly diagnosed with HIV in New York City from 2007-2011 were African-American or Latino.<sup>38</sup>

The Enhancing Engagement and Retention in Quality HIV Care for Transgender Women of Color project was developed to close the gap on these disparities by improving the timely entry, engagement, and retention in HIV primary care for transgender women of color infected with HIV. The SPNS program funds 10 organizations in California, Illinois, Maryland, and New York from 2012-2017. The 10 grantees funded through the initiative have each taken different approaches to address the many barriers to care faced by transgender women of color. The Howard Brown Health Center, for example, is creating drop-in centers across Chicago where transgender and other gender non-conforming individuals can access

care within a primary care setting.<sup>39</sup> Another grantee, the Tri-City Health Center in Fremont, CA, aims to remove structural barriers that often prevent transgender women of color from engaging and remaining in HIV prevention and care services by providing legal services to help clients navigate the criminal justice system and leverage existing housing and employment resources.<sup>40</sup>

### INTENSIFYING THE FOCUS ON NHAS GOALS

Although steady progress has been made toward NHAS goals, drop-offs along the continuum of care—the sequential stages of care from diagnosis through viral suppression—threaten to undermine this progress and jeopardize the nation’s ability to meet critical NHAS targets. In response to this challenge, on July 13, 2013, the third anniversary of the release of the NHAS, President Obama announced a federal effort to increase the proportion of individuals engaged in each stage along the HIV Care Continuum.

Known as the HIV Care Continuum Initiative, it goes hand-in-hand with the goals set forth by the NHAS. It calls for a coordinated, multidisciplinary approach to prioritize and intensify effects to improve rates of HIV

testing, linkage to and retention in care, access to ART, and viral suppression.

As HRSA continues to implement the NHAS, it will engage people at each step of HIV Care Continuum and better support them as they move from one stage to the next. This means:

- Expanding the use of HIV prevention approaches.
- Intensifying HIV prevention in the communities where HIV is most heavily concentrated and the risk for HIV infection is exponentially greater.
- Increasing access to HIV screening and medical care.
- Ensuring that those who are infected with HIV are linked to care, stay in care, or are brought back to care.
- Coordinating, integrating and utilizing surveillance and care data.
- Taking a public health systems approach to targeting grant resources at the community level.

Doing so is a challenge, but is one that must be undertaken to keep those already infected with HIV healthy and to prevent the further transmission of the disease. HRSA is prepared to lead the charge.

## GOALS AND OBJECTIVES FOR THE NATIONAL HIV/AIDS STRATEGY BY 2015

### REDUCE NEW HIV INFECTIONS

- Lower the annual number of new infections by 25% (from 56,300 to 42,225).
- Reduce the HIV transmission rate, which is a measure of annual transmissions in relation to the number of people living with HIV, by 30% (from 5 persons infected per 100 people with HIV to 3.5 persons infected per 100 people with HIV).
- Increase from 79% to 90% the percentage of PLWH who know their serostatus (from 948,000 to 1,080,000 people).

### INCREASE ACCESS TO CARE AND IMPROVE HEALTH OUTCOMES FOR PLWH

- Increase the proportion of newly diagnosed patients linked to clinical care within three months of their HIV diagnosis from 65% to 85% (from 26,824 to 35,079 people).

- Increase the proportion of Ryan White HIV/AIDS Program clients who are in continuous care (at least 2 visits for routine HIV medical care in 12 months, at least 3 months apart) from 73% to 80% (from 237,924 people to 260,739 people).
- Increase the number of Ryan White HIV/AIDS Program clients with permanent housing from 82% to 86% (from 434,000 to 455,800 people).

### REDUCE HIV-RELATED HEALTH DISPARITIES

- Improve access to prevention and care services for all Americans.
- Increase the proportion of HIV diagnosed gay and bisexual men with undetectable viral load by 20%.
- Increase the proportion of HIV diagnosed blacks with undetectable viral load by 20%.
- Increase the proportion of HIV diagnosed Latinos with undetectable viral load by 20%.

 **ONLINE RESOURCES****AETC Engagement in Care Toolkit**

<http://aidsetc.org/resource/aetc-engagement-care-toolkit>

**AETC National Resource Center**

<http://aidsetc.org/>

**Continuum of HIV Care**

<http://hab.hrsa.gov/data/reports/continuumofcare/continuumabstract.html>

**in+care Campaign**

[www.incarecampaign.org](http://www.incarecampaign.org)

**National HIV/AIDS Strategy**

<http://aids.gov/federal-resources/national-hiv-aids-strategy/nhas.pdf>

**National HIV/AIDS Strategy Fact Sheet**

<http://aids.gov/federal-resources/national-hiv-aids-strategy/nhas-fact-sheet.pdf>

**National HIV/AIDS Strategy Implementation Update**

<http://aids.gov/federal-resources/national-hiv-aids-strategy/implementation-update-2012.pdf>

**Special Projects of National Significance (SPNS)**

<http://hab.hrsa.gov/abouthab/partfspns.html>

**TARGET Center**

<https://careacttarget.org/>

**White House: Improving Outcomes:  
Accelerating Progress Along the HIV Care Continuum**

[www.whitehouse.gov/sites/default/files/nap\\_nhas\\_improving\\_outcomes\\_dec\\_2013.pdf](http://www.whitehouse.gov/sites/default/files/nap_nhas_improving_outcomes_dec_2013.pdf)

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