Ending the HIV Epidemic with Implementation Science in HRSA's Ryan White HIV/AIDS Program

Workshop 3: Innovation through Implementation Science
September 7, 2019 4:15-6:15 p.m.

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HIV/AIDS Bureau (HAB)

Vision: Healthy Communities, Healthy People

Welcome and Overview

Today's Outline

- Brief Overview of HRSA's Ryan White HIV/AIDS Program (RWHAP)
- Implementation Science: RWHAP Definitions
  - Overview of Implementation Science Definitions
- Implementation Science: General Framework
  - Rapid Implementation
  - Implementation Science Evaluation
- Implementation Science Operationalized: Project Spotlights
- HRSA's Recipient Compilation of Best Strategies and Interventions
- Additional Federal Resources

Health Resources and Services Administration (HRSA) Overview

- Supports more than 90 programs that provide health care to people who are geographically isolated, economically or medically vulnerable through grants and cooperative agreements to more than 3,000 awardees, including community and faith-based organizations, colleges and universities, hospitals, state, local, and tribal governments, and private entities

- Every year, HRSA programs serve tens of millions of people, including people with HIV, pregnant women, mothers and their families, and those otherwise unable to access quality health care

HRSA HIV/AIDS Bureau (HAB) Vision and Mission

Vision

Optimal HIV/AIDS care and treatment for all.

Mission

Provide leadership and resources to assure access to and retention in high quality, integrated care, and treatment services for vulnerable people living with HIV/AIDS and their families.

Overview:
HRSA's Ryan White HIV/AIDS Program

Highlights: Clients Served by the Ryan White HIV/AIDS Program (non-ADAP), 2017

Served **534,903** clients in 2017

Served more than **50%** of people living with diagnosed HIV in the United States
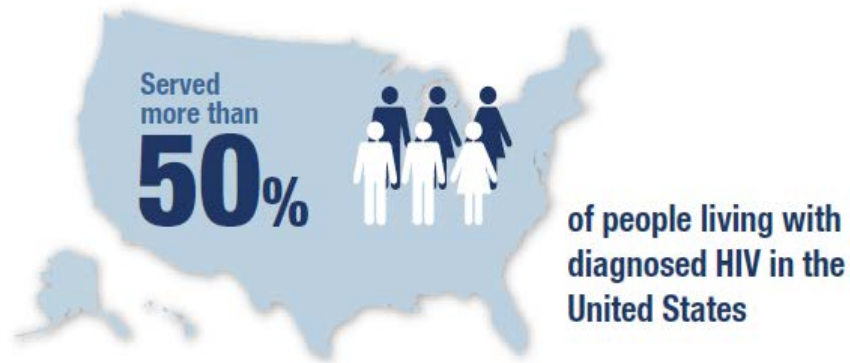
73.6% of clients were racial/ethnic minorities

47.1% of clients identified as Black/African American

23.1% of clients identified as Hispanic/Latino

62.8% of clients were living at or below 100% of the Federal Poverty Level

Viral Suppression among RWHAP Clients, by State, 2010 and 2017—United States and 2 Territories[a]
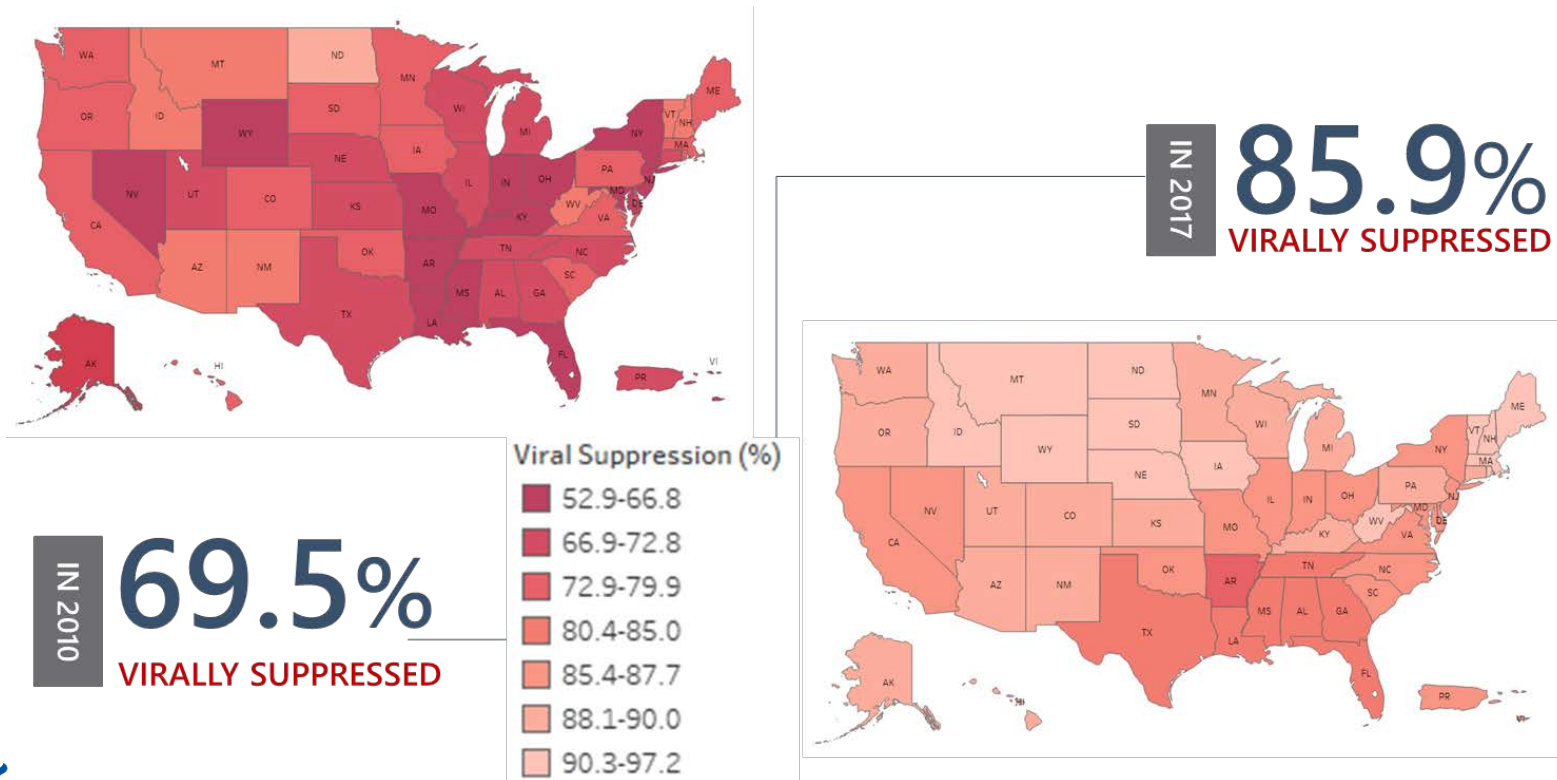
IN 2017 **85.9**% **VIRALLY SUPPRESSED**

IN 2010 **69.5**% **VIRALLY SUPPRESSED**

Viral Suppression (%)
- 52.9-66.8
- 66.9-72.8
- 72.9-79.9
- 80.4-85.0
- 85.4-87.7
- 88.1-90.0
- 90.3-97.2

Viral suppression: ≥1 OAHS visit during the calendar year and ≥1 viral load reported, with the last viral load result <200 copies/mL.
[a] Puerto Rico and the U.S. Virgin Islands.

Viral Suppression among Clients Served by the Ryan White HIV/AIDS Program, by Age Group, 2017—United States and 3 Territories[a]
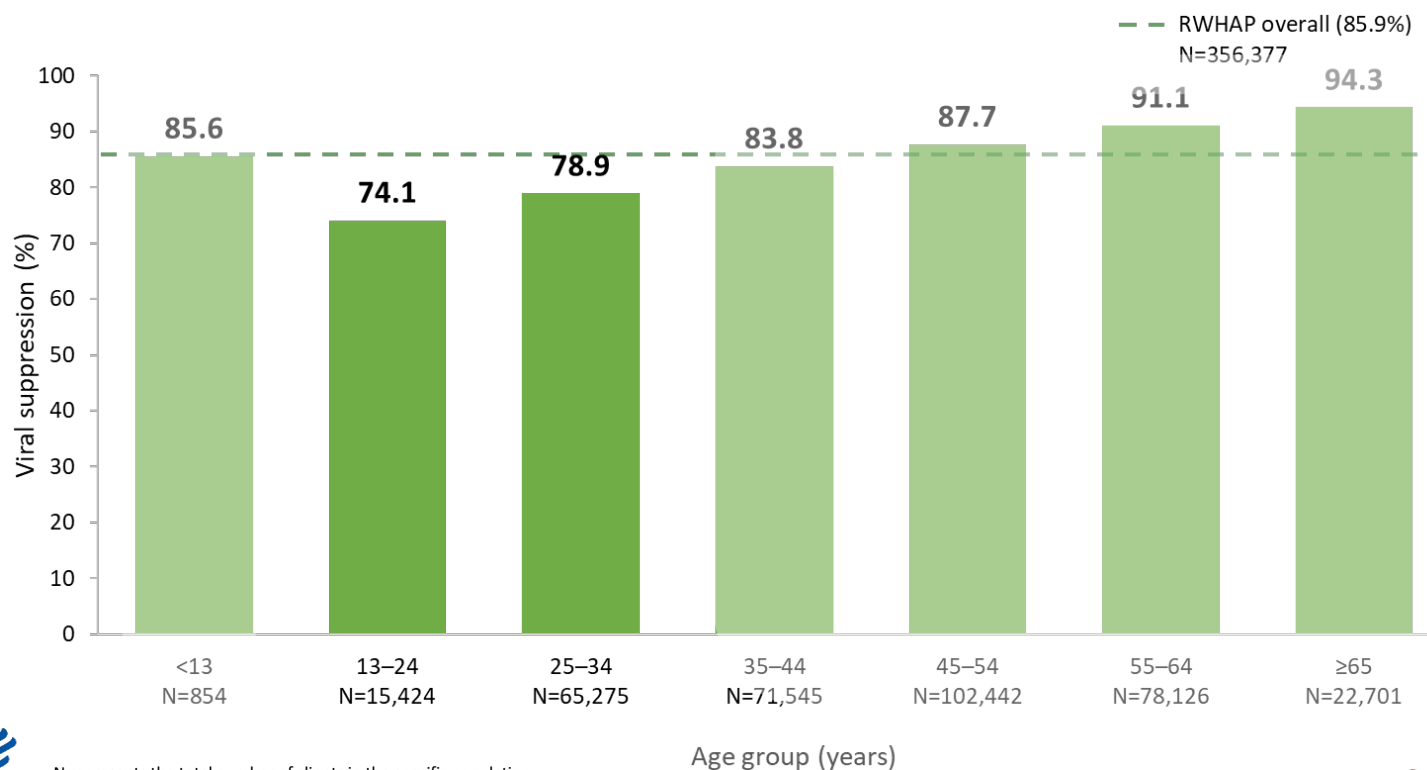
N represents the total number of clients in the specific population.
Viral suppression: ≥1 OAHS visit during the calendar year and ≥1 viral load reported, with the last viral load result <200 copies/mL.
[a] Guam, Puerto Rico, and the U.S. Virgin Islands.

Viral Suppression among Clients Served by the Ryan White HIV/AIDS Program, by Housing Status, 2017—United States and 3 Territories[a]
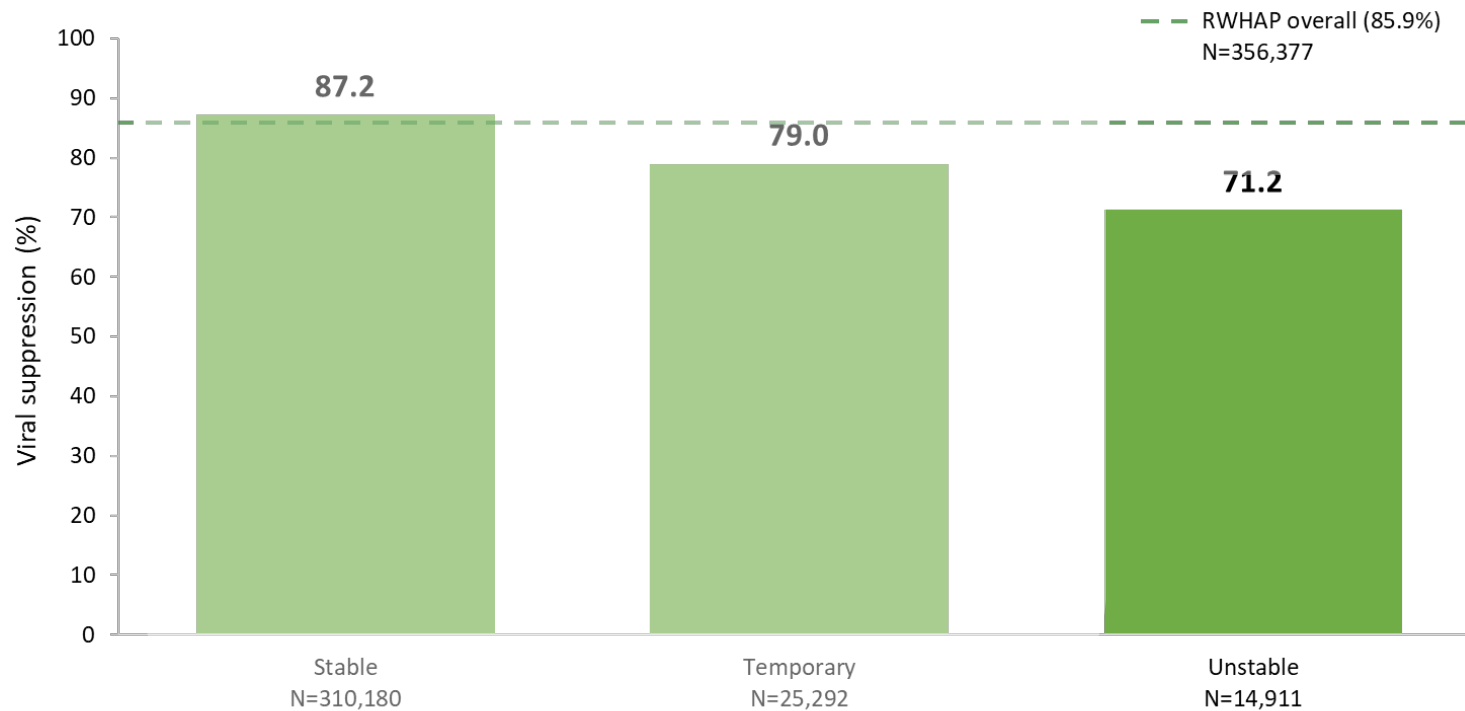
N represents the total number of clients in the specific population.
Viral suppression: ≥1 OAHS visit during the calendar year and ≥1 viral load reported, with the last viral load result <200 copies/mL.
[a] Guam, Puerto Rico, and the U.S. Virgin Islands.

Viral Suppression among RWHAP clients:
Black MSM and Black Transgender Women, 2010 and 2017—United States and 3 Territories[a]
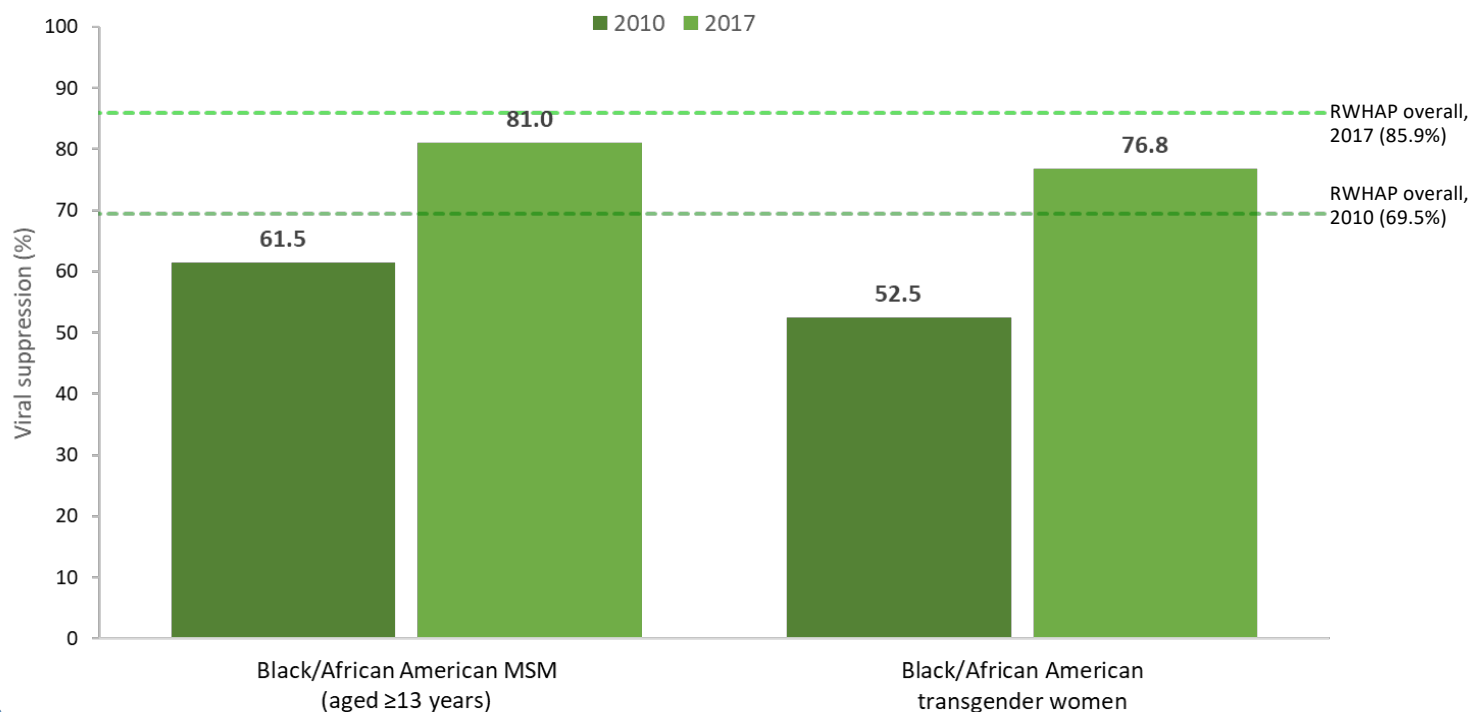
Viral suppression: ≥1 OAHS visit during the calendar year and ≥1 viral load reported, with the last viral load result <200 copies/mL.
[a] Guam, Puerto Rico, and the U.S. Virgin Islands.

FIGURE. *MMWR* report on *Pneumocystis* pneumonia in five previously healthy young men in Los Angeles — June 5, 1981

37 YEARS AGO
The First Reported Cases of AIDS in the United States

NATIONAL
2018 RYAN WHITE
CONFERENCE ON HIV CARE & TREATMENT
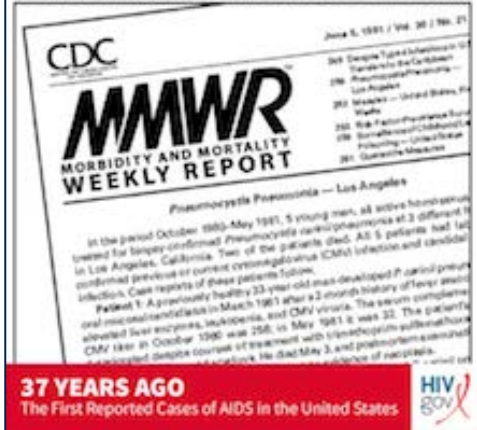
Evolution:
HRSA's Ryan White HIV/AIDS Program

HRSA
Ryan White & Global HIV/AIDS Programs

Four Pillars of Ending the HIV Epidemic

75% reduction in new HIV diagnoses in 5 years and a **90%** reduction in 10 years.

Diagnose
All people with HIV as early as possible.

Treat
HIV rapidly after diagnosis, and effectively, in all people with HIV to help them get and stay virally suppressed.

Prevent
People at risk for HIV using proven prevention interventions, including pre-exposure prophylaxis (PrEP) and syringe service programs (SSPs).

Respond
Quickly to potential HIV outbreaks to get needed prevention and treatment services to people who need them.

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Ryan White & Global HIV/AIDS Programs

Identify gaps in care

Identify existing interventions

Package for rapid implementation

Evaluate for effectiveness

Disseminate and assess

Implementation Science

Definitions for HRSA's Ryan White HIV/AIDS Program

Federal Implementation Science Workgroup
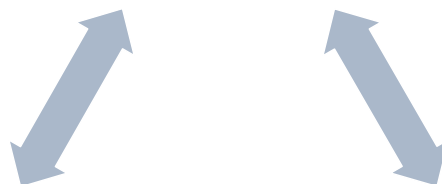
Implementation Science
RWHAP Definitions

Implementation science is the *use and evaluation* of specific methods and techniques for implementing *intervention strategies* with *demonstrated effectiveness* into practice, program, and policy.

Implementation Science
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Implementation science is the _use and evaluation_ of specific methods and techniques for implementing *intervention strategies* with *demonstrated effectiveness* into practice, program, and policy.

- **Intervention strategies** are activities or practices that improve outcomes along the HIV care continuum.

  - May be simple tools (e.g., alcohol screening and brief intervention) or they may be complex, involving multiple components

  - May occur at any level of health care, including the system/environment, organizational, group/learning, supervisory, and individual (provider/client) levels

Implementation Science
RWHAP Definitions

Implementation science is the *use and evaluation* of specific methods and techniques for implementing *intervention strategies* with *demonstrated effectiveness* into practice, program, and policy.

- Intervention strategies may be said to have achieved **demonstrated effectiveness** in a variety of ways. Based on the quality and quantity of evidence, intervention strategies are identified as falling into one of three "levels" or "categories"

Summary of Guidelines to Assess Different Levels of Evidence

Evidence-Based Interventions	Evidence-Informed Interventions	Emerging Strategies
• Demonstrated effectiveness at improving the care and treatment of people living with HIV • Published research evidence supporting these interventions **meets Centers for Disease Control and Prevention (CDC) criteria for being evidence-based**	• Demonstrated effectiveness at improving the care and treatment of people living with HIV • Published research evidence supporting these interventions **does not meet CDC criteria for evidence-based yet demonstrates impact and promise through HRSA HAB's evidence-informed intervention criteria**	• Strategies that address emerging priorities in the RWHAP and meet HRSA HAB criteria for emerging strategies • **Does not yet have any or sufficient published research evidence to meet evidence-informed or evidence-based criteria**

Implementation Science
RWHAP Definitions

Implementation science is the *use and evaluation* of specific methods and techniques for implementing *intervention strategies* with *demonstrated effectiveness* into practice, program, and policy.

- The specific methods or techniques used to enhance the adoption or uptake of strategies and interventions are the **implementation strategies.**
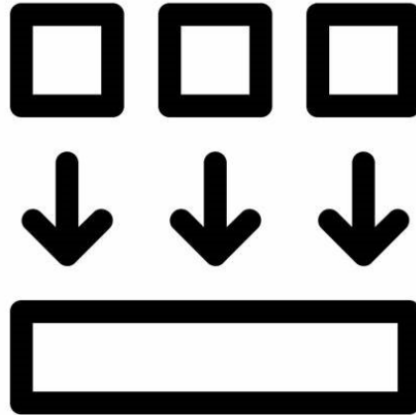
General Framework

Rapid implementation

Implementation science evaluation
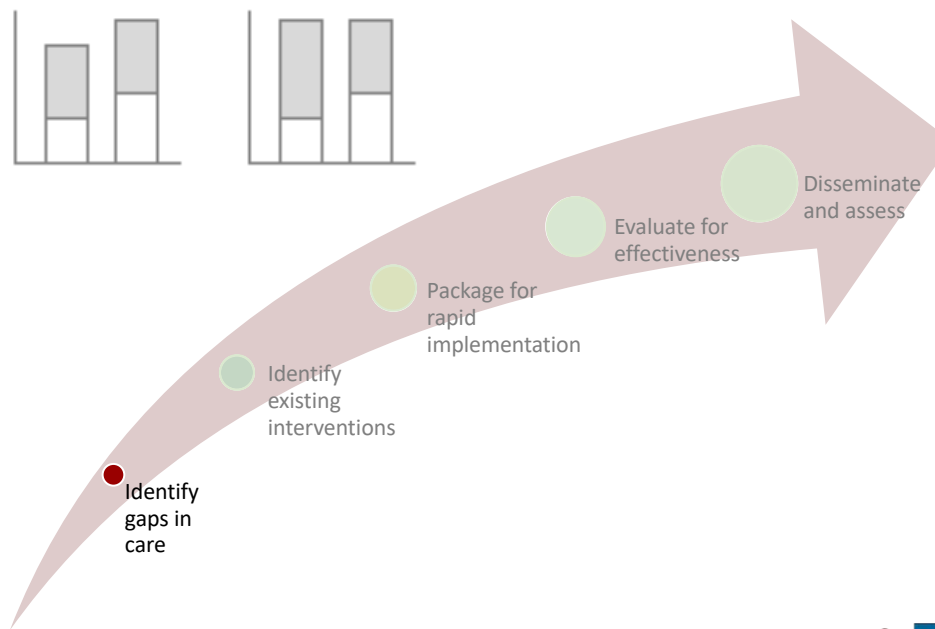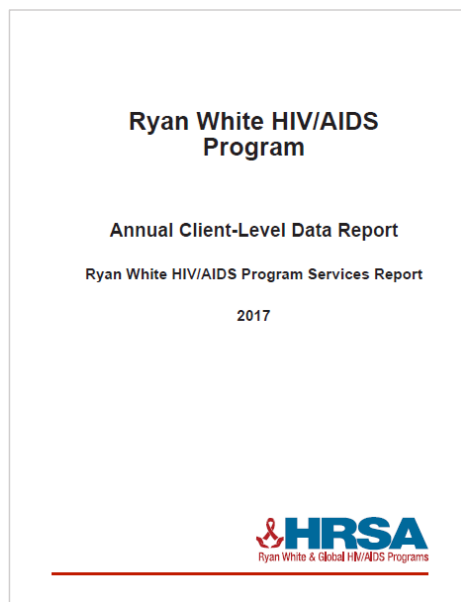
Rapid Implementation

Rapid Implementation

Quality and Relevance of INTERVENTION

Quality of Information about IMPLEMENTATION

Quality of EVIDENCE

Identify gaps in care

Identify existing interventions

Package for rapid implementation

Evaluate for effectiveness

Disseminate and assess
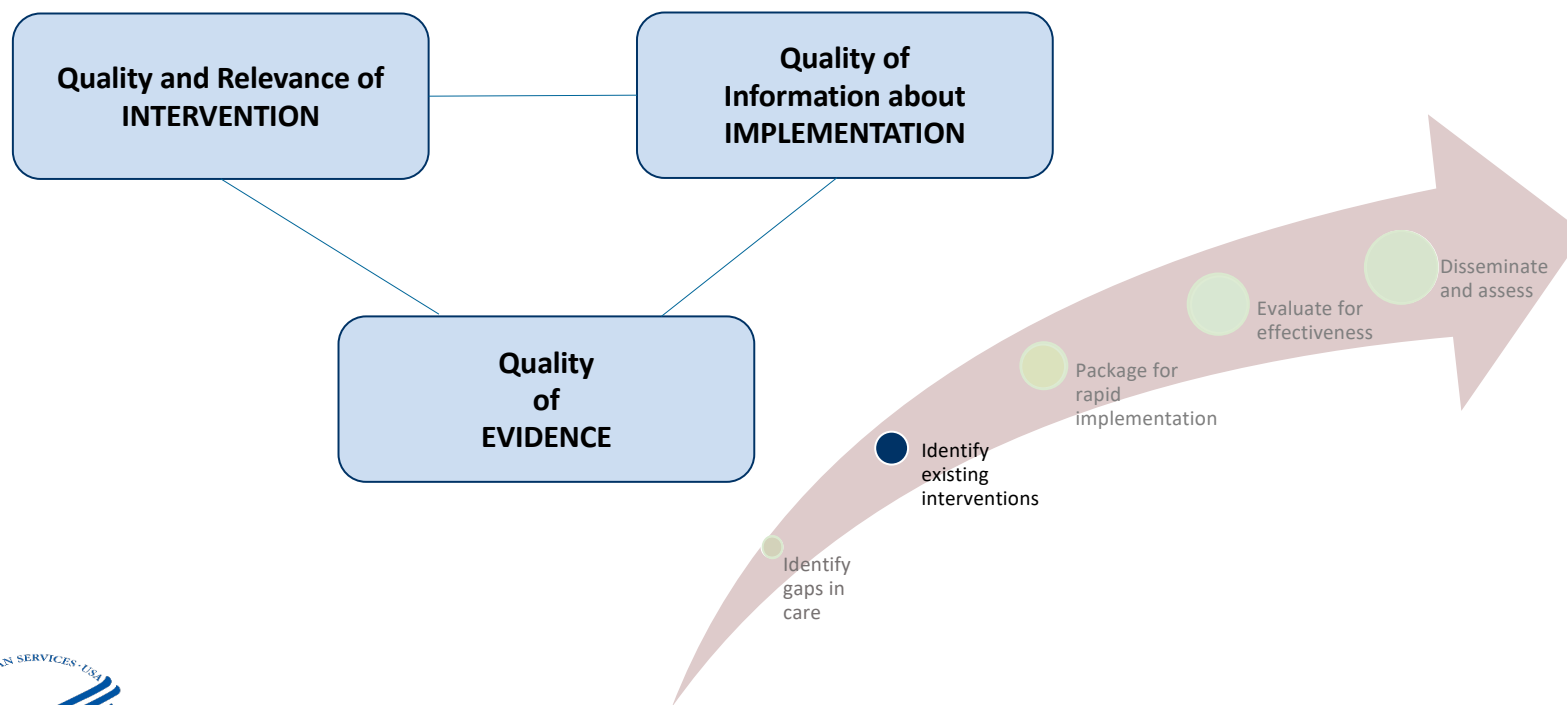
Rapid Implementation

Core elements
of the intervention strategy

Implementation strategies

Tailor/adapt

Identify gaps in care

Identify existing interventions

Package for rapid implementation

Evaluate for effectiveness

Disseminate and assess

Ryan White & Global HIV/AIDS Programs
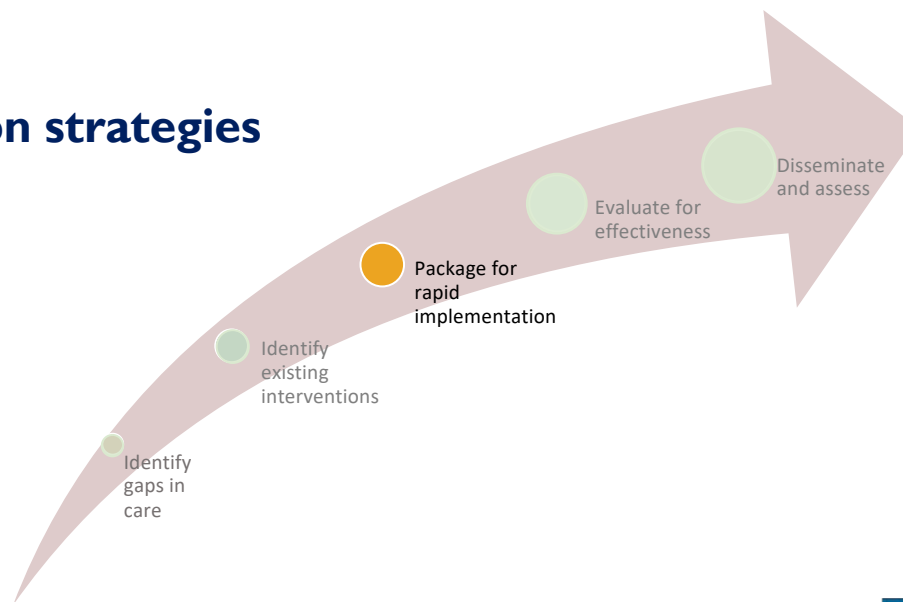
Implementation Science Evaluation

Disseminate and Assess

Continuous assessment of program data to identify strategic focus areas and key subpopulations

Identify gaps in care

Identify existing interventions

Package for rapid implementation

Evaluate for effectiveness

Disseminate and assess
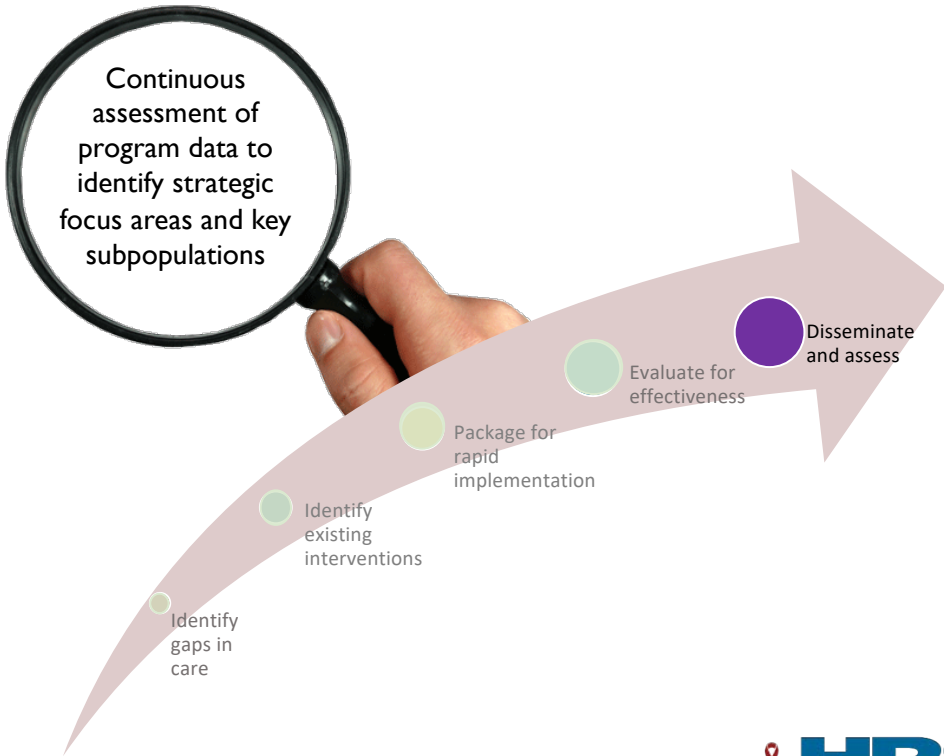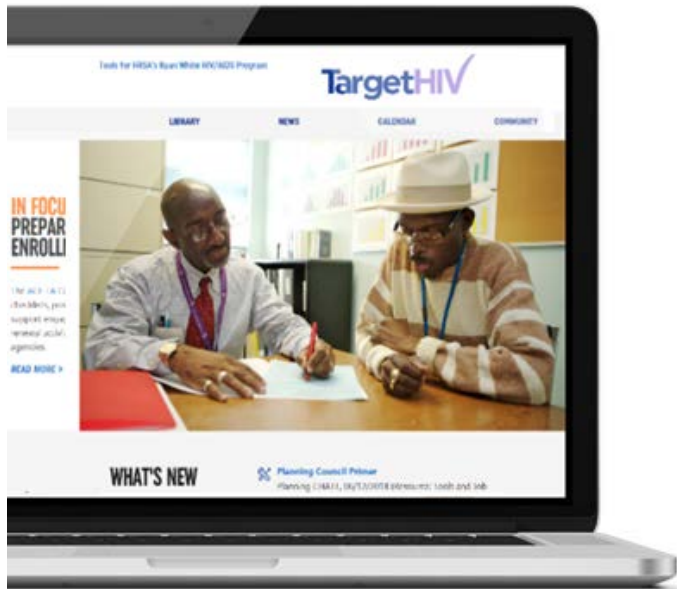
RWHAP Implementation Science

Project Spotlight

Strategies to Catalyze Success in the Ryan White HIV/AIDS Program

Center for Engaging Black MSM Across the Care Continuum (CEBACC) - Interventions to improve HIV related outcomes among Black MSM

Building Futures for Youth – Compiling interventions based on best outcomes in RSR. Toolkit with interventions for youth

Dissemination of Evidence-Informed Health Outcomes along the HIV Care Continuum Initiative (DEII) –Disseminating prior Special Projects of National Significance: Peer linkage, patient navigation for WOC, BUP treatment, jail care

Using Evidence-Informed Interventions to Improve Health Outcomes for PLWH (E2i) – Rapid implementation: BMSM, trans women, behavioral health, trauma

Evidence-Informed Approaches to Improve Health Outcomes for PLWH – Focus on interventions (acuity scale and data utilization efforts) targeting PLWH who are out of care/at risk of being out of care

Recipient Compilation of Best Practice Strategies and Interventions - Peer-to-peer online resource of evidenced best practices implemented in the RWHAP

HRSA
Ryan White & Global HIV/AIDS Programs

Presenter Disclosure

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DISSEMINATION OF
EVIDENCE-
INFORMED
INTERVENTIONS

Project Collaborators

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- Mo Wahome, MPH, Data Manager and Co-Principal Investigator, AIDS Care Group

Collaborators

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- Jane Fox, MPH, DEC Co-Principal Investigator, Abt Associates
- Alexis Marbach, MPH, DEC Senior Program Manager, Abt Associates
- Alicia Downes, ITAC Senior Program Manager, AIDS United
- Hannah Bryant, ITAC Program Manager, AIDS United

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Presentation Objectives

- Describe the system, provider, and individual factors influencing cis-women and transgender women of color to engage in care

- Gain strategies for adapting peer interventions in a clinic and community setting to create partnerships to reach women

- Share resources and tools to work with women and communities to reduce barriers to care

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The Dissemination of Evidence-Informed Interventions (DEII)

- **Replicates four previously-implemented HRSA Special Projects of National Significance (SPNS) initiatives**

- **Role of the Dissemination and Evaluation Center (DEC)**
  - Adapt the four intervention models
  - Evaluate implementation findings and patient outcomes
  - Disseminate multi-site study findings and adapted intervention models

- **Role of the Implementation and Technical Assistance Center (ITAC)**
  - Select and fund twelve performance sites
  - Provide training and technical assistance to support the performance sites in implementing the intervention models

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INTERVENTIONS

DEII Intervention Models

Overarching goal: Link people living with HIV (PLWH) to HIV care services

1. **Transitional Care Coordination**

   - Population: Recently incarcerated PLWH

2. **Peer Linkage**

   - Population: Women of color

3. **Buprenorphine Treatment Integration**

   - Population: PLWH with opioid use disorder

4. **Patient Navigation**

   - Population: Women of color

PEER LINKAGE AND RE-ENGAGEMENT
For Women of Color

Intended for organizations, agencies, and clinics considering a short-term intensive peer-focused model to increase linkage of newly diagnosed and re-engagement of known women of color living with HIV.

Four-month intervention to achieve the following outcomes:

- attendance to two medical care visits with a prescribing provider;
- completion of one lab visit; and
- completion of one visit with a case manager.

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Peer Linkage Model

Generate list of clients identified as 'not in care'

Peer navigators and outreach staff check EMR to confirm 'not in care' status and gather contact information for follow up

Outreach meetings with outreach staff and healthcare providers on 'not in care list'

Patients contacted by outreach staff for linkage and re-engagement

Healthcare Provider

Patient

Patient care visit scheduled

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DEII Multi-site Evaluation Model

- Implementation science-driven research
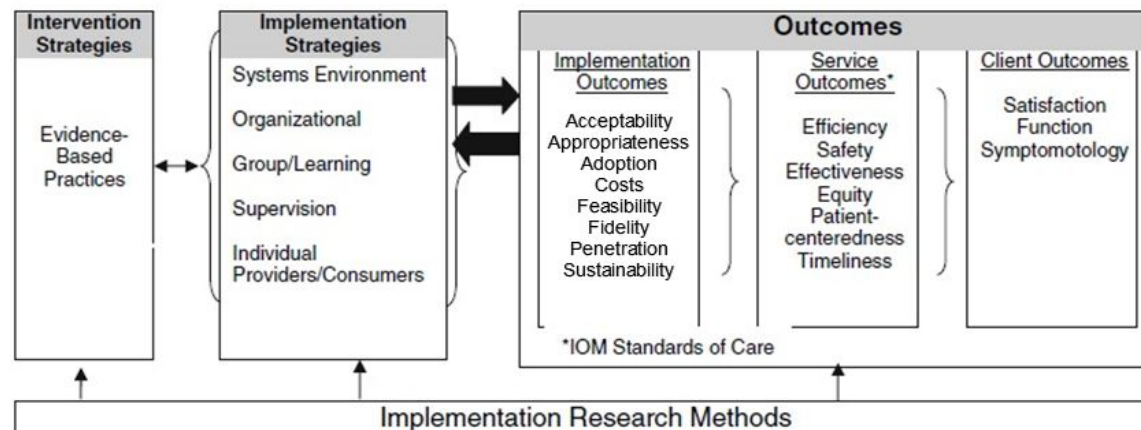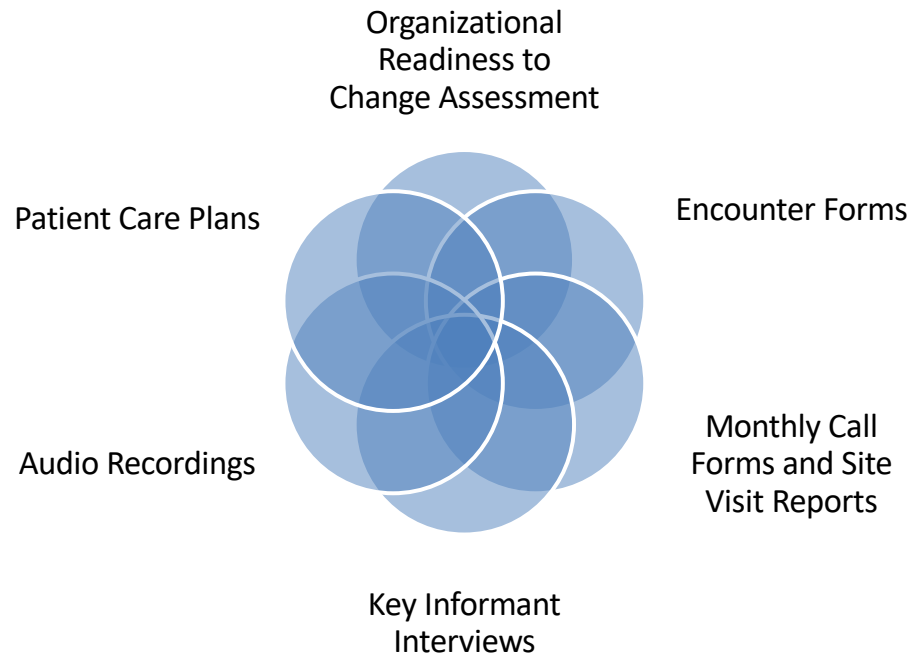- Proctor Model of Implementation Research (Proctor, Landsverk, Aarons, Chambers, Glisson, Mittman, 2009)

Implementation Data Collection Sources

Organizational Readiness to Change Assessment

Encounter Forms

Monthly Call Forms and Site Visit Reports

Key Informant Interviews

Audio Recordings

Patient Care Plans

AIDS Care Group

- Incorporated in 1998 to serve a medically underserved area in Chester PA and surrounding communities

- First received Ryan White HIV/AIDS Program funding in 1999 – now funded through Parts A, B, C, D and SPNS

- Continuum of care includes primary HIV medical care, dental care, HCV care, screening and treatment for STIs, Prep, Behavioral and psychosocial services

- Other services include, in-house pharmacy (with free home delivery!), outreach, transportation, food distribution, and case management.

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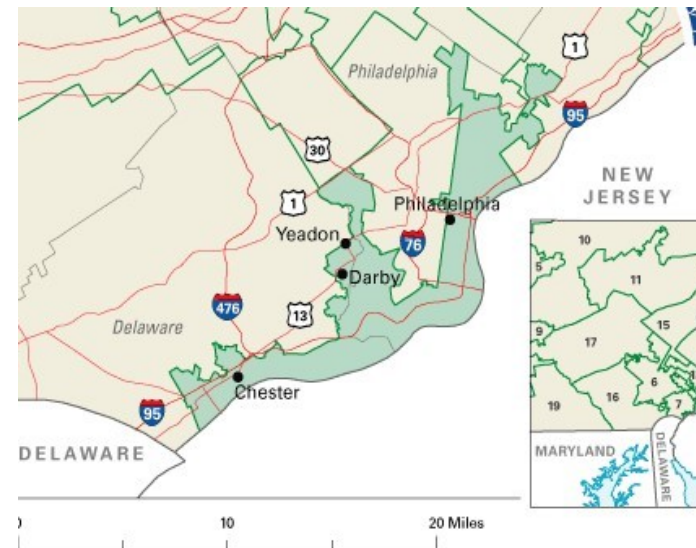
Demographics of focus population

- 939 patients reported in 2018

- 80-90 new patients seen annually

- 67% of patients served are minorities

- 40% of patients seen are women

- Large immigrant population – primarily African immigrants

- 60% of patients have Medicaid or no insurance

Pre-Implementation Phase Lessons Learned: Barriers

- **Administrative Policies and Procedures**
  - Human Resources policies related to job description;
  - Compensation and balancing issues around disability benefits and disclosure
  - Difficulty filling the peer positions
- **Finding dedicated office space for new staff**
- **Differential experience/background of the peers**
- **Comfort with electronic documentation**
- **Challenges with outreach and recruitment from the out-of-care list**

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INTERVENTIONS

Pre-Implementation Phase Lessons Learned: Facilitators

- **Need clinical buy in and a peer champion**
  - Facilitates implementation and integration of peer team
- **Transportation assistance (Uber health, tokens) is essential for clients to keep their appointments**
- **Existing relationships with community partners are key for new referrals**
- **One-stop shop model helps with timely and coordinated access to medical, dental, psychosocial services**

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INTERVENTIONS

Implementation Lessons Learned

- Case management needs to be in place prior to implementation to transition clients to the standard of care
- Peers need private and confidential space to work with clients
- Community outreach is an effective strategy for finding and engaging clients
- A culturally humble approach is essential in delivery of care
- Provision of routine clinical and administrative supervision is critical
- Monitoring any employee with past substance use issues/boundaries with clients
- Working with peers new to full time employment: navigating benefits, budgets, professional roles and responsibilities

Challenges Experienced by the Clients

- Stigma and fear associated with diagnosis impacts women's willingness to come into clinic
- Lack of insurance, proper identification
- Support systems challenged by stigma and fear of disclosure
- Cultural issues related to medical care, understanding of disease, language barriers
- Trust develops with peers / need to provide warm handoffs to case managers to insure continued trust

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INTERVENTIONS

Project Success

Reached and served
80 women
who were out of care or newly diagnosed

Publications & Products to Date: Available on TargetHIV

- Case Spotlights
- Site-specific Handouts
- Draft Implementation & Training Manuals

https://nextlevel.targethiv.org/
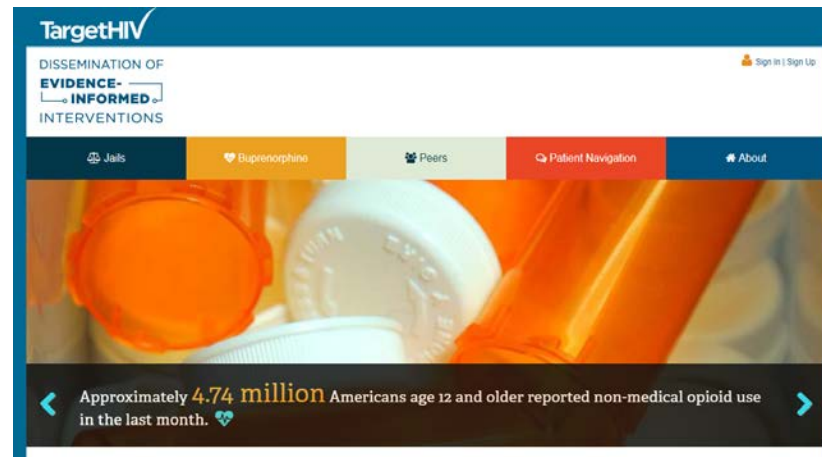
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INTERVENTIONS

Any questions?

E2i Project Overview

Presenter Disclosure

EVIDENCE-INFORMED
INTERVENTIONS (E2i)

Project Overview

Four-year initiative to facilitate the implementation of evidence-informed interventions to reduce HIV health disparities and improve HIV-related health outcomes in four focus areas:

- Improving HIV health outcomes for transgender women with HIV
- Improving HIV health outcomes for Black men who have sex with men (MSM) with HIV
- Integrating behavioral health with primary medical care for people with HIV
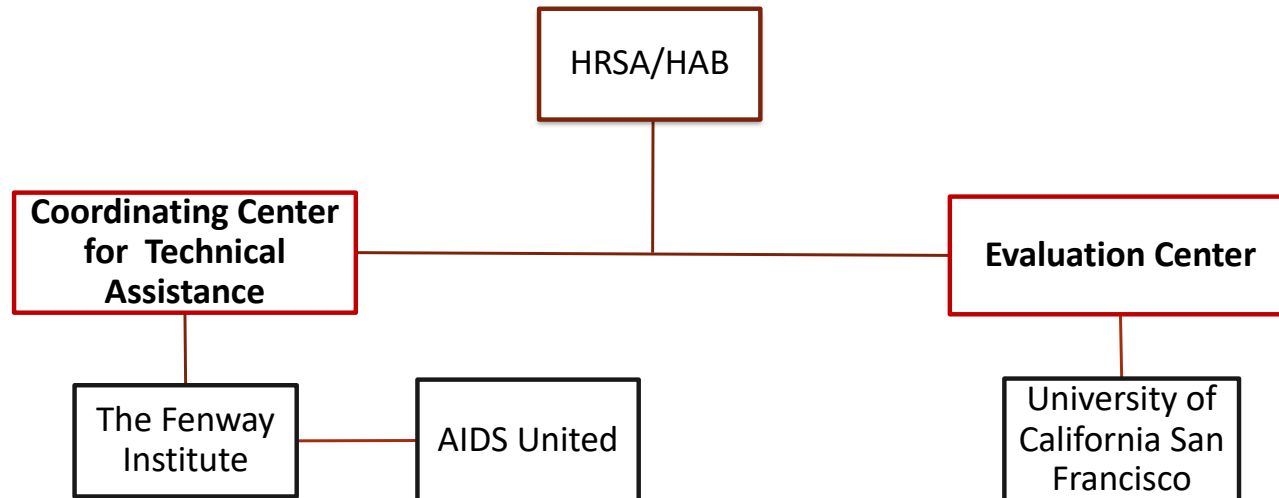- Identifying and addressing trauma among people with HIV

Project Aims

1. Implementation of effective and culturally tailored evidence-informed interventions that address social determinants of health
2. Dissemination of findings, lessons learned, and implementation toolkits to promote replication of successful evidence-informed interventions across the Ryan White HIV/AIDS Program (RWHAP)

Project Goals

- Provide technical assistance (TA) to 26 RWHAP sites to help facilitate the successful implementation of evidence-informed interventions

- Evaluate the impact of intervention implementation on HIV health outcomes

E2i Project Structure

EVIDENCE-INFORMED INTERVENTIONS (E2i)

HRSA/HAB

Coordinating Center for Technical Assistance

Evaluation Center

The Fenway Institute

AIDS United

University of California San Francisco

The Fenway Institute

Fenway Health

FENWAY HEALTH

- Founded 1971

- Mission: To enhance the wellbeing of the LGBTQ community as well as people in our neighborhoods and beyond through access to the highest quality health care, education, research and advocacy

- Integrated primary care, including HIV services and transgender health

The Fenway Institute

- Research, Education, Policy

AIDS United

AIDS United's mission is to end the AIDS epidemic in the United States.

University of California San Francisco
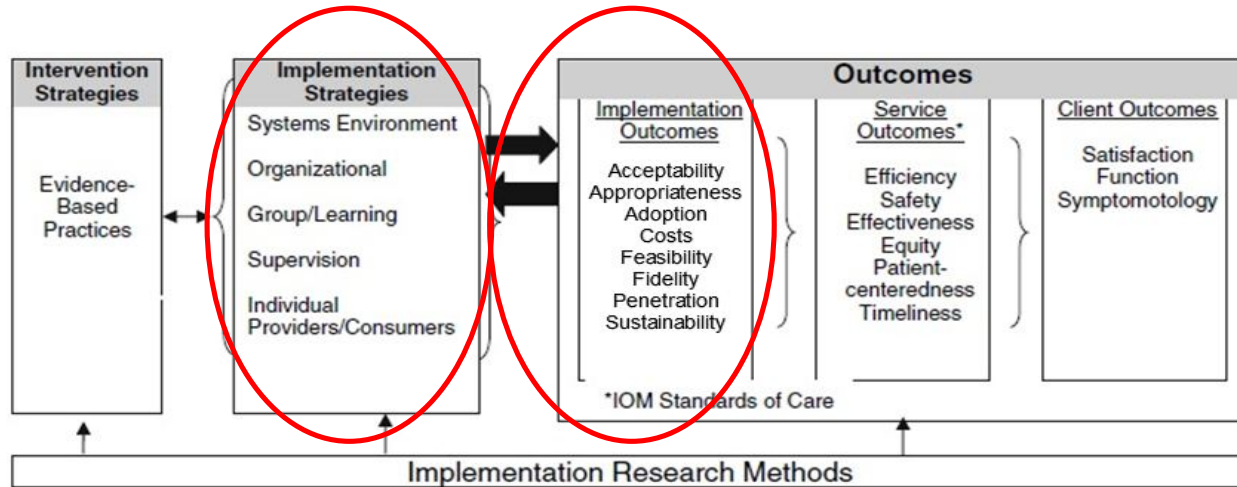# Center for AIDS Prevention Studies

Mission: To end the HIV epidemic and associated health and social disparities by conducting high impact HIV prevention science and building capacity among researchers and communities to effectively address HIV.

CAPS comprises five service and administrative cores designed to support multidisciplinary and high-impact HIV research, enhance the excellence of research projects, train a new generation of HIV scientists, and assist implementing partners.

E2i's Implementation Science Approach

Proctor Model Framework

Proctor et al.,, Adm Policy Ment Health (2011) 38:65–76

E2i Intervention Sites

Transgender Women

HEALTHY DIVAS
- CAL-PEP (CA)
- Rutgers New Jersey Medical School (NJ)
- Birmingham AIDS Outreach Inc. (AL)

T.W.E.E.T.
- CrescentCare (LA)
- Henry Ford Health System (MI)
- Centro Ararat (PR)

Black MSM

CONNECT
- AIDS Taskforce of Greater Cleveland(OH)

PEERS MI
- HOPE Center (GA)
- Broward House, Inc. (FL)
- University of Mississippi Medical Center (MS)

TXTXT
- UNIFIED-HIV Health & Beyond (MI)
- Research Foundation SUNY HEAT Program (NY)

Trauma Informed Care

TIA/CHANGE
- Alaska Native Tribal Health Consortium (AK)
- Chicago Women's AIDS Project (IL)

COGNITIVE PROCESSING THERAPY
- Western North Carolina Community Health (NC)
- Positive Impact Health Centers (GA)

SEEKING SAFETY
- Multicultural AIDS Coalition (MA)
- The Regents of the Univ. of Calif., U.C. San Diego (CA)

Behavioral Health Integration

BUPRENORPHINE
- Consejo de Salud de Puerto Rico Inc. dba Med Centro (PR)
- Greater Lawrence Family Health Center (MA)

CoCM
- La Clinica del Pueblo, Inc (DC)
- Oklahoma State University Center Health Sciences (OK)
- Health Emergency Lifeline Programs (MI)
- Our Lady of the Lake Hospital, Inc. (LA)

S.B.I.R.T.
- The Poverello Center Inc. (FL)
- North Jersey Community Research Initiative (NJ)

Geographic Distribution of Sites

EVIDENCE-INFORMED INTERVENTIONS (E2i)
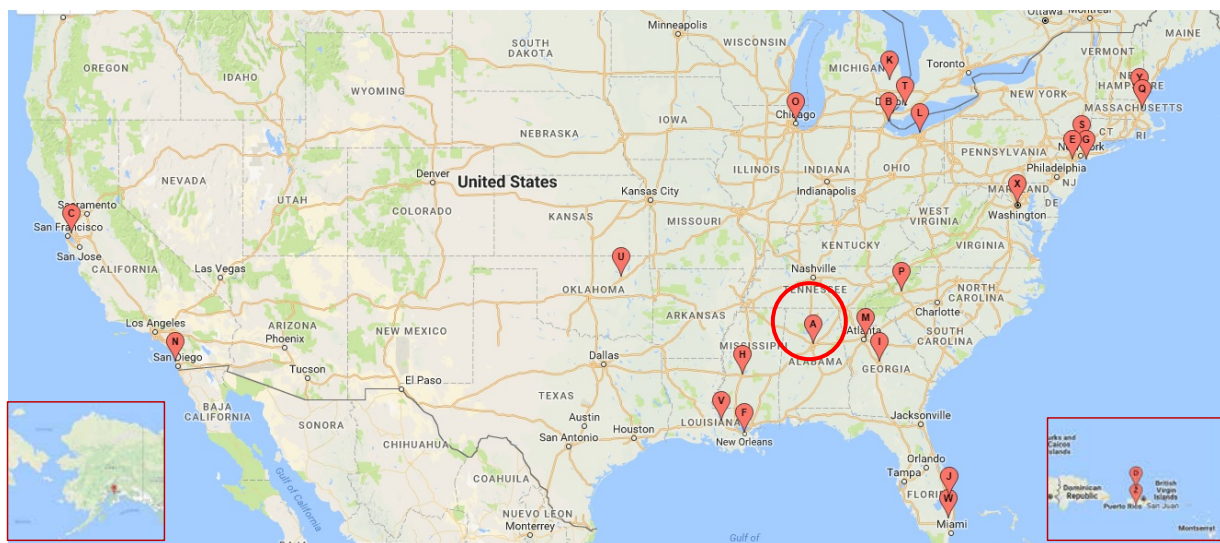
Birmingham AIDS Outreach (BAO)

T-HEAL (Transwomen Health Affirmation and Learning) Project

Birmingham, Alabama

Destiny Clark, Christa DeVaughn and Rasheeda Johnson

Project Specific Aims

❑ The T-HEAL project aims to identify transwomen living with HIV in the Birmingham Metropolitan Area to enroll and receive Healthy Divas, to promote viral suppression and healthy lifestyles.

❑ T-HEAL aims to provide logistical and emotional support for transwomen experiencing barriers to medical care, through case management and peer navigation.

❑ The project aims to destigmatize transwomen through community outreach efforts, leaning on established agency partnerships and connections to conduct educational efforts and consultation.

Healthy Divas

Core Elements:

- Gender affirmation framework
- 6 individual sessions
- 1 group workshop
  - Peer facilitators
  - Health care providers
- Supportive services & referrals
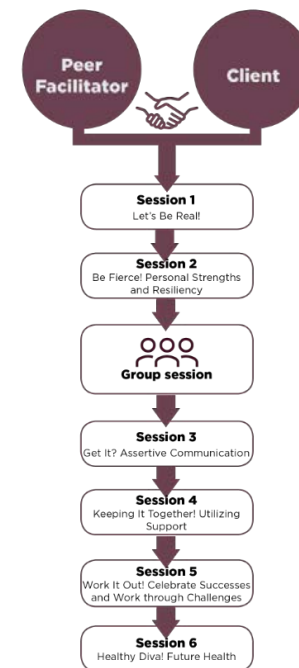
Healthy Divas at BAO

❑ BAO has staffed program with trans-identified individuals who have access to experts along the HIV continuum of care in Central Alabama.

❑ The group facilitates travel to a variety of trainings, networking events, and conferences for T-HEAL staff. The information gathered is helpful in assuring clients receive competent and compassionate care.

❑ Collaborations with area CBOs and ASOs exist to foster linkage.

❑ Special access to BAO's Magic City Wellness Center, where Healthy Divas participants can receive gender-affirming hormone therapy and primary care closely coordinated with antiretroviral treatment.

❑ Staff receive comprehensive training in the areas of HIV care and STD/STI prevention and education.
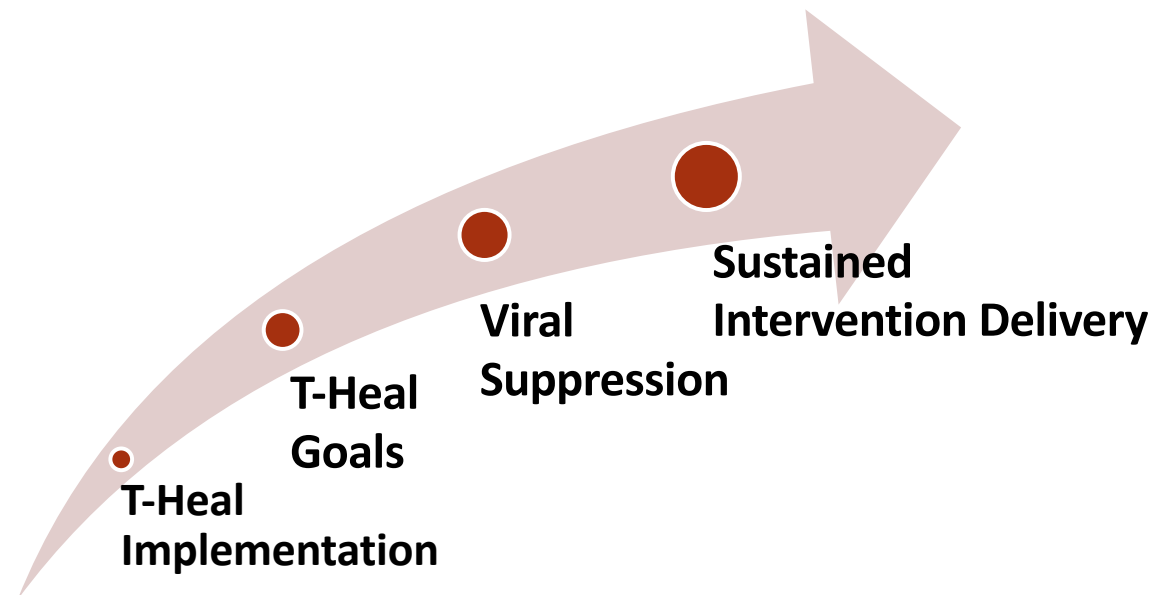
Early Best Practices and Lessons Learned

❑ Staff self-care

❑ Continual contact with clients

❑ Community mapping and trust-building

❑ Client-centered case management

Early Best Practices and Lessons Learned

❑ If possible, allow no more than two weeks between intervention sessions. Some momentum is lost with longer intervals.

❑ Link participants to agency's medical transportation and navigation services.

❑ Give clients worksheets to complete keep these in their file. Discussing the questions/answers as they complete the worksheets helps facilitate engagement and show clients their progress.

Toward Ending the HIV Epidemic

T-Heal Implementation

T-Heal Goals

Viral Suppression

Sustained Intervention Delivery

EVIDENCE-INFORMED INTERVENTIONS (E2i)

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	Rasheeda Johnson: rasheeda@mcwc-bao.org

Looking Forward: What's Next for HRSA HAB?

Development of the Best Practices Compilation

HRSA HAB contracted with JSI to develop a Best Practices Compilation of RWHAP implemented intervention strategies across all Parts that demonstrate impact across the HIV care continuum. Through this work, JSI will develop review criteria for the new evidence level:

1) **Emerging Strategies and,**

2) **Establish an Online Compilation on TargetHIV.org**.

Project Funded by the Minority HIV/AIDS Fund

Key Components of the Best Practices Compilation

SUBMISSION FORM

- RWHAP funded recipients and subrecipients submit information about their emerging strategy via an online submission form on TargetHIV.org

EMERGING STRATEGIES SCORING CRITERIA

- Reviewers use scoring criteria to review submission for inclusion into online compilation

COMPILATION OF BEST PRACTICE STRATEGIES AND INTERVENTIONS

- JSI, in collaboration with TargetHIV.org team, creates online compilation where users can search for intervention strategies
- JSI uses the information submitted via the submission form to create emerging strategy profiles

Submission Form Sample

Tools for HRSA's Ryan White HIV/AIDS Program

TargetHIV

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Compilation of Best Practice Strategies and Interventions Submission Form

[SAVE AND SUBMIT LATER]

General Information and Context of Emerging Strategy

Name of Strategy:_____

What problem or issue were you trying to address? *Provide a concise description of the underlying problem that this strategy addresses. Discuss how you identified a need for this strategy. Describe the context that made this solution necessary. What problem were you looking to solve? What was not working prior to your solution?*

What HIV care continuum outcome does your strategy aim to impact? *(Select all that apply)*

HIV diagnosis	○	Prescription of antiretroviral therapy	○
Linkage to HIV medical care	○	Viral suppression	○
Retention & engagement in HIV medical care	○		

Compilation Profile Sample

HRSA HIV/AIDS BUREAU
RYAN WHITE HIV/AIDS PROGRAM
BEST PRACTICES COMPILATION

POPULATIONS REACHED

🔍 Search Populations

TYPE OF STRATEGY

🔍 Search Strategy

ASSOCIATED HIV CARE CONTINUUM OUTCOMES

🔍 Search Outcomes

CLINICAL AND SUPPORT SERVICES

🔍 Search Services

YEAR FIRST IMPLEMENTED

####

FUNDING SOURCES

PROGRAM CONTACT INFORMATION
Name, Degree(s)
Title
Organization
Organization's Website
Email
Phone
Mailing Address

NAME OF EMERGING STRATEGY

NEED ADDRESSED

STRATEGY DESCRIPTION

SETTING

PROGRAM SUCCESS/RESULTS

PLANNING AND START-UP PROCESSES
Key Planning Steps

RESOURCE CONSIDERATIONS
Staffing
Resources and Infrastructure Needed
Partnerships

SUSTAINING THE STRATEGY
Recommendations

LESSONS LEARNED

LINK TO EXISTING DOCUMENTS
Link to existing documents

UPDATED
##/##/####

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Why this Project?

- HRSA HAB receives requests to share information by topic or information on RWHAP recipient and sub-recipient strategies that are effectively applied to a "real-world" setting.

- Until now, HRSA HAB has not systematically implemented a process to gather and catalogue RWHAP-funded strategies that demonstrate impact across the HIV care continuum.

Project Benefits

- Provides a **comprehensive centralized catalogue of RWHAP-funded emerging strategies and evidence-informed and evidence-based interventions** that demonstrate impact across the HIV care continuum

- **Promotes emerging strategies** from RWHAP recipients and sub-recipients for consideration, adaptation, and replication by other HIV programs

- **Supports efficient implementation** through peer exchange as programs figure out solutions to impacting the HIV care continuum and eliminating disparities in health outcomes

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Project Audience

- RWHAP recipients and subrecipients and other HIV service providers

- HRSA HAB Partners including Cooperative Agreements and Contracted Staff

- HRSA HAB Project Officers and leadership and communications staff, federal colleagues
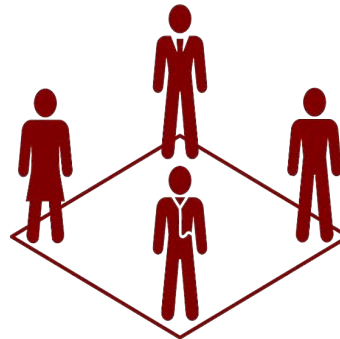
Where Can I Learn More?

- **HRSA/HAB: hab.hrsa.gov**

- **Data Resources: hab.hrsa.gov/data**
  - Data reports
  - State profiles
  - Webcasts
  - Slide decks

- **TargetHIV: TargetHIV.org**
  - News, training, tools, and technical assistance for Ryan White HIV/AIDS Program
  - Building Futures: Supporting Youth Living with HIV Technical Assistance Toolkit
  - Evidence-Informed Interventions (E2i)
  - Dissemination of Evidence-Informed Interventions

Additional Federal Resources

- **NIH Centers for AIDS Research:** https://www.niaid.nih.gov/research/centers-aids-research

- **CDC Compendium of Evidence-Based Interventions and Best Practices for HIV Prevention:**
https://www.cdc.gov/hiv/research/interventionresearch/compendium/

- **HRSA Recipient Compilation of Best Practices and Interventions:**
https://targethiv.org/ta-org/rwhap-best-practices-recipient-compilation

  - Subscribe for updates at TargetHIV.org/bestpractices and receive announcements when the call for submissions opens.

Contact Information

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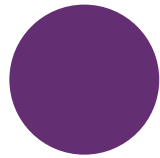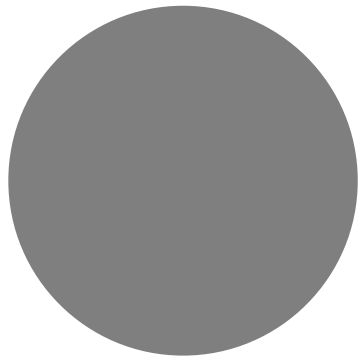
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