



Ending the HIV Epidemic Initiative in the U.S. Ryan White HIV/AIDS Program Part B

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Vision: Healthy Communities, Healthy People



HRSA HIV/AIDS Bureau Vision and Mission

Vision

Optimal HIV care and treatment for all to end the HIV epidemic in the U.S.

Mission

Provide leadership and resources to advance HIV care and treatment to improve health outcomes and reduce health disparities for people with HIV and affected communities.



Overview

- Overview of Ending the HIV Epidemic (EHE) Initiative in the U.S.
- HAB Funded Recipients
- AIDS Education and Training Centers (AETC)
- EHE Service Categories
- Community Engagement
- EHE States: Activities & Successes
- Question & Answer Session

Overview of Ending the HIV Epidemic in the U.S.

- The EHE initiative focuses on ending the HIV epidemic in the United States by 2030.
- U.S. Department of Health and Human Services (HHS) agencies developed an operational plan to pursue that goal accompanied by a request for additional annual funding.
- Leverages critical scientific advances in HIV prevention, diagnosis, treatment, and outbreak response.
- Focusing on 57 geographic areas where HIV transmission occurs most frequently to develop and implement locally tailored EHE plans.



Four Pillars of Ending the HIV Epidemic in the U.S.

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

People with HIV rapidly and effectively to reach sustained viral suppression.



Prevent

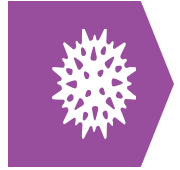
New HIV transmissions by using proven interventions, including pre-exposure prophylaxis (PrEP) and syringe services programs (SSPs).



Respond

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

HAB Priorities



Treat

Pillar 2

- Linkage to Care
- Engagement in Care



Respond

Pillar 4

- Emerging Needs
- Tailored Technical Assistance
- Outreach

EHE Funded Agencies

- Centers for Disease Control and Prevention (CDC) works closely with state and local governments, communities, people with and at risk for HIV, as well as federal partners to expand the use of the highest-impact HIV prevention strategies: Diagnose, Treat, Prevent, and Respond.
- Health Resources & Services Administration (HRSA) through Ryan White HIV/AIDS Program and its Health Center Program, plays a critical role in diagnosing, treating, preventing, and responding to the HIV epidemic.
- Substance Abuse and Mental Health Services Administration (SAMHSA) utilizes its expertise to address the intersection of HIV and substance use disorders and help ensure that appropriate and effective behavioral health interventions are implemented as part of the national plan to end the HIV epidemic in United States.



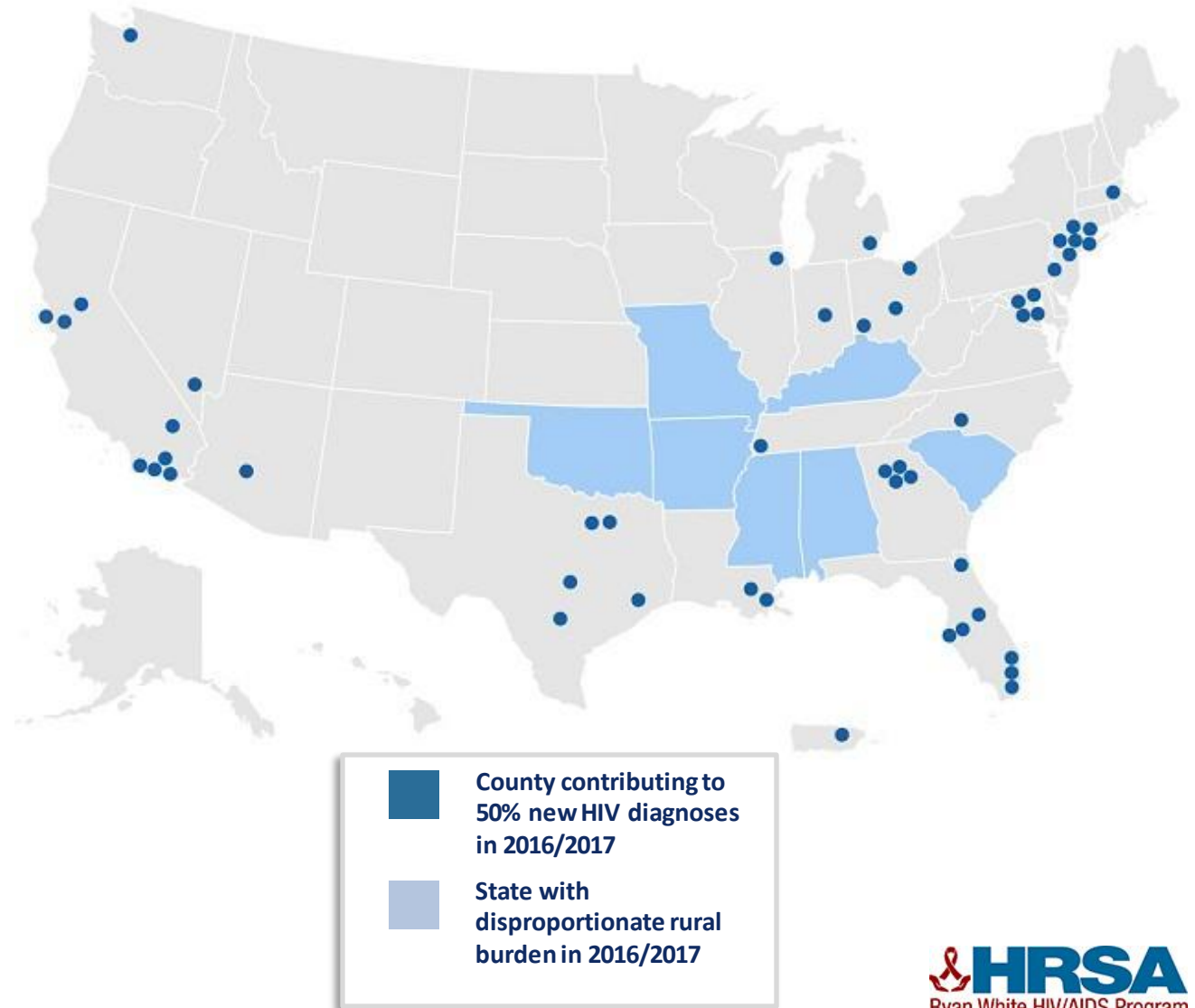
EHE Funded Agencies (cont'd)

- Indian Health Services (IHS) focuses its EHE efforts on coordinating and promoting HIV prevention and treatment activities in the communities most impacted.
- National Institutes of Health (NIH) supporting implementation science research conducted in collaboration with community partners in EHE jurisdictions to determine how best to leverage existing, highly effective tools to diagnose, prevent and treat HIV. With funding from NIH these implementation science research activities are led by Centers for AIDS Research (CFARs) and AIDS Research Centers (ARCs).
- The U.S. Department of Housing and Urban Development (HUD) does NOT receive EHE funding; however we understand the critical role housing plays so we quickly brought them to the table.



Geographic Locations of the Initiative

Efforts are focused in 48 counties, Washington, DC, and San Juan, PR, where more than 50% of HIV diagnoses occurred in 2016 and 2017, and seven states with substantial rural HIV burden.



HAB-Funded EHE Jurisdictions

- **Alabama**
- **Arkansas**
- Maricopa County (Phoenix)
- Alameda County (Oakland)
- Los Angeles County
- Orange County (Santa Ana)
- Riverside & San Bernardino Counties
- Sacramento County
- San Diego County
- San Francisco County
- Broward County (Ft. Lauderdale)
- Duval County (Jacksonville)
- Hillsborough & Pinellas Counties (Tampa)
- Miami-Dade County
- Orange County (Orlando)
- Palm Beach County
- Atlanta (Fulton, Cobb, Gwinnett, & DeKalb Counties)
- Cook County (Chicago)
- Marion County
- **Kentucky**
- East Baton Rouge Parish
- Orleans Parish
- Baltimore City
- Suffolk County (Boston)
- Wayne County (Detroit)
- **Mississippi**
- **Missouri**
- Clark County (Las Vegas)
- Essex County (Newark)
- Hudson County (Jersey City)
- Long Island (Bronx, Kings, New York, & Queens)
- Mecklenburg County (Charlotte)
- **Oklahoma**
- Cuyahoga County (Cleveland)
- Franklin County (Columbus)
- **Ohio/Hamilton County**
- Philadelphia County
- San Juan
- **South Carolina**
- Shelby County (Memphis)
- Bexar County (San Antonio)
- Dallas County
- Harris County (Houston)
- Tarrant County (Ft. Worth)
- Travis County (Austin)
- King County (Seattle)
- Washington, DC (Prince George's & Montgomery Counties)



Funded under HRSA 20-078



HAB EHE National Technical Assistance Providers

Technical Assistance Provider - **Cicatelli Associates, Inc.**

- Provides technical assistance for implementation of work plan activities, innovative approaches, and interventions
- Hosts webinars

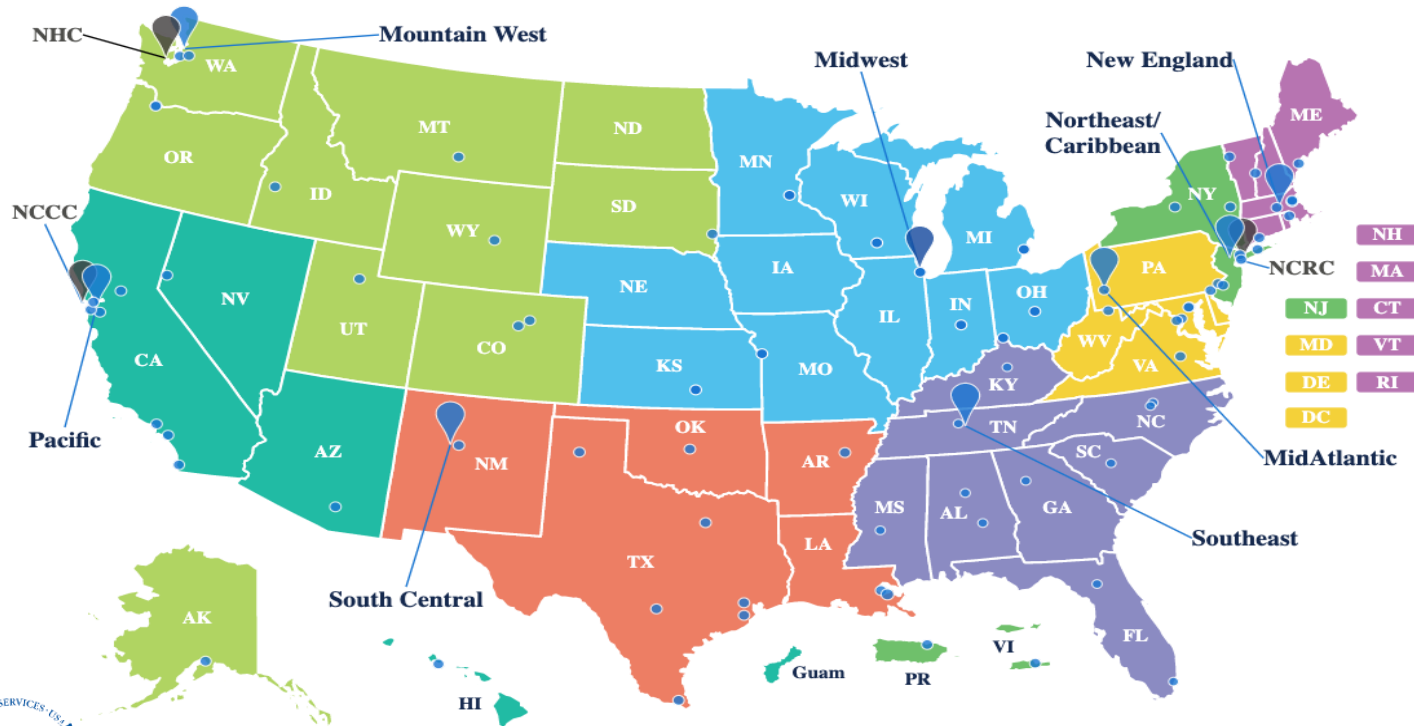
Systems Coordination Provider- **NASTAD**

- Assists in coordinating initiative planning, funding sources, and programs within the existing HIV care delivery systems
- Identifies existing and new stakeholders, as well as collate and disseminate best practices, innovative approaches, and interventions identified by the TAP that facilitate the success of the initiative



AIDS Education and Training Centers (AETC)

The AETC Program advances the goals of the EHE initiative by directing HIV training and resources towards building HIV clinical workforce capacity in alignment with the four EHE key strategies.



National AETC Programs

- National Coordinating Resource Center (NCRC) *Rutgers University*
- National Clinician Consultation Center (NCC) *University of California San Francisco*
- National HIV Curriculum (NHC) *University of Washington*
- National HIV/HCV Co-infection Curriculum *Rutgers University*



Diagnose

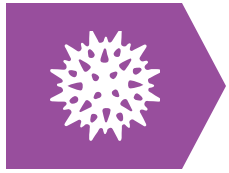
Pillar 1

- HIV Transmission Risk Assessment
- HIV Testing
- Behavioral Prevention
- Harm Reduction
- Patient Centered Therapy

Training and TA Expertise

- Practice Transformation
- Universal Testing
- Outreach testing i.e. nontraditional settings
- Motivational Interviewing
- Key Populations

- **AETC Resources**
- HIV Testing and Counseling Workshop
- Motivational Interviewing Pocket Guide
- National Clinical Consultation Center
- Substance Use Warmline: 855-300-3595



Treat

Pillar 2

- Linkage to Care
- Engagement in Care

Retention AETC Resources

[National HIV Curriculum](#)

[DHHS Adult ART Guidelines: Initial Therapy](#)

[Implementing Telemedicine Webinar Series](#)

Training and TA Expertise

- Practice Transformation
- Telehealth
- Rapid Start
- Clinic Workflow
- Peer Navigators
- Non-traditional HIV Partners
- HIV Disease Management and Co-Morbidities
- Viral Suppression
- Up to date clinical guidelines and recommendations



Prevent

Pillar 3

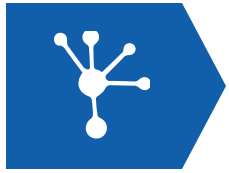
- Pre-Exposure Prophylaxis (PrEP)
- Post Exposure Prophylaxis (PEP)

Training and TA Expertise

- Expert Clinical Consultation
- Infectious Disease Screening/Protocols
- Behavioral Health Screenings
- Substance Use Prevention and Treatment
- Enhanced EHR and QI

AETC Resources

- [Prescribing PrEP With Your Organization: A Guide to Starting PrEP in a Clinical Setting](#)
- [PrEP at Home Webinar](#)
- [PrEP Assessment Protocol](#)
- [Quiz Time: Ending the HIV Epidemic w/ PrEP in 2020](#)



Respond

Pillar 4

- Emerging Needs
- Tailored T/TA
- Outreach

Training and TA Expertise

- Culturally Appropriate Training
- Key Populations
- Community Response

AETC Resources

- [National HIV Curriculum](#)
- [Cultural Humility & Reducing Stigma and Discrimination Provider Handbook](#)
- [Webinar: The Ryan White Program Opiate Epidemic Response in West Virginia](#)

Ending the HIV Epidemic in the U.S.

People with HIV not virally suppressed

- Improve viral suppression rates
- Decrease disparities

People newly diagnosed with HIV

- Enhance linkage to care
- Enhance engagement in care

People with HIV not in care

- Expand re-engagement in care
- Improve retention in care

RWHAP Part B - Core and Support Services

Core Services

- AIDS Pharmaceutical Assistance (Local)
- AIDS Drug Assistance Program (ADAP)
- Early Intervention Services (EIS)
- Health Insurance Premium and Cost Sharing Assistance for Low-Income Individuals
- Home and Community-Based Health Services
- Home Health Care Hospice
- Medical Case Management, including Treatment Adherence Services
- Medical Nutrition Therapy
- Mental Health Services
- Oral Health Care
- Outpatient/Ambulatory Health Services
- Substance Abuse Outpatient Care

Support Services

- Childcare Services
- Emergency Financial Assistance
- Food Bank/Home Delivered Meals
- Health Education/Risk Reduction
- Housing
- Legal Services
- Linguistic Services
- Medical Transportation
- Non-Medical Case Management Services
- Other Professional Services
- Outreach Services Permanency Planning



EHE Initiative Allowable Activities

- Increase organizational capacity
- Information dissemination and public outreach
- Community engagement
- Implementation of emerging practices
- Evidence-informed and/or evidenced-based interventions, particularly around linkage to care, retention in care, reengagement in care, and adherence counseling
- The provision of needed client services
- Data infrastructure development and systems linkages
- Services outlined in Policy Clarification Notice 16-02 Ryan White HIV/AIDS Program Services: Eligible Individuals & Allowable Uses of Funds



EHE Service Categories

- **EHE Initiative Services** (e.g., linkage to care) are services and activities that do not fit neatly within the RWHAP service categories. These services may be innovative and creative with a focus on ending the HIV epidemic.
- **EHE Infrastructure Services** Costs associated with the development and expansion of data systems. It may include technical assistance on the type, design, and building of new data systems, bridging existing systems to achieve data integration, improving data entry to decrease burden and increase accuracy, training of staff and providers on collecting and using data, and employing experts to provide accurate and in-depth data analysis.



EHE Initiative Allowable Activities (cont.)

- Expanding access to HIV care and treatment in the focus jurisdictions for people with HIV
 - who are newly diagnosed; who are not engaged in care, and/or not virally suppressed
- Address unmet needs and improving client-level health outcomes
- Respond quickly to HIV cluster detection efforts for those people with HIV needing HIV care and treatment
- Use these initiative resources in conjunction with the RWHAP Parts A and B systems of HIV care and treatment to develop, implement, and/or enhance innovative approaches to engaging people with HIV
- Recipients will provide rapid access to a comprehensive continuum of high-quality care and treatment services
- Collaborate with the Technical Assistance Provider (TAP) and Systems Coordination Provider (SCP)



Examples of EHE-Funded Activities

- Capacity Building
- Cluster Response
- Community Health Worker Program
- Community Engagement
- Data Initiatives
- Data-to-Care
- Data Capacity
- Educational Resources
- Engagement and Retention
- HIV Primary Care
- Housing Support
- Linkage and Engagement
- Media Campaign
- Medical Case Management
- Mobile Medical Unit
- Partner Services
- Peer Navigation
- Quality of Life/Wellness
- Rapid ART
- Rapid Linkage
- Retention Support
- Surveillance
- Telehealth
- Transportation Support
- Trauma Informed Care
- Treatment Adherence



Ending the HIV Epidemic in the United States: New and Expanded Partnerships

Federal

- HRSA Health Center Program
- U.S. Department of Housing and Urban Development (HUD) - Housing Opportunities for People with AIDS (HOPWA)

State/Government Agencies

- Corrections facilities
- Disease intervention specialists
- Health departments

Community Based

- Community-based health centers
- Community coalitions
- Community-based organizations (e.g., Health Education Resource Centers, Boys and Girls Club)
- Nonprofit organizations

Clinical

- AIDS service organizations (ASOs)
- Ambulatory care services sites (health care centers, health department clinics, and urgent care)
- HIV/STI/STD counseling and testing sites
- Medical provider associations
- Pharmacies
- Family Planning Services
- Clinical quality management committees
- Hospital's Trauma Response Team
- Wellness clinics

Technical Assistance

- Technical assistance providers
- Data and evaluation support
- Telehealth Technical Assistance Provider
- TRAIN Learning Network

Transportation

- Mobile Medical Units (MMUs)
- Rideshare services (e.g., Lyft, Uber)

Referral relationships

- HIV/STI Hotline
- Labs within local hospitals
- The National Kidney Foundation

Support Services

- Food pantries
- Legal services
- Substance abuse rehabilitation facilities

Priority Population Focused

- Gender-specific clinics
- LGBTQ+ community centers
- Safehouses/nonprofits for youth
- Networks/collaboratives focused on sexual minority youth

Why is Community Engagement Important?

- The voices of people with HIV, their communities, and the greater communities that support people with HIV have been the cornerstone of the HRSA RWHAP since its passage by Congress in 1990.
- While the RWHAP has successfully provided care, support, and treatment for more than 561,000 people with HIV in 2020, there remains hundreds of thousands of people who have HIV but are not diagnosed or are inconsistently in care.
- With a renewed focus on community engagement to meet the goals for Ending the HIV Epidemic in the U.S. initiative, our collective success depends on how well communities are involved in the planning, development, and implementation of HIV care and treatment strategies.



Community Engagement and the RWHAP

- **Community engagement is part of the existing fabric of the RWHAP.**
- **RWHAP recipients funded through Parts A, B, C, D, and the EHE initiative are encouraged and/or required to support activities that:**
 - Facilitate collaboration with community members
 - Work with their communities and public health partners to improve health outcomes across the HIV care continuum
- **In addition, community engagement is a key element of RWHAP Part A and Part B Planning Councils and Planning Bodies, integrated planning efforts, and clinical quality management activities.**

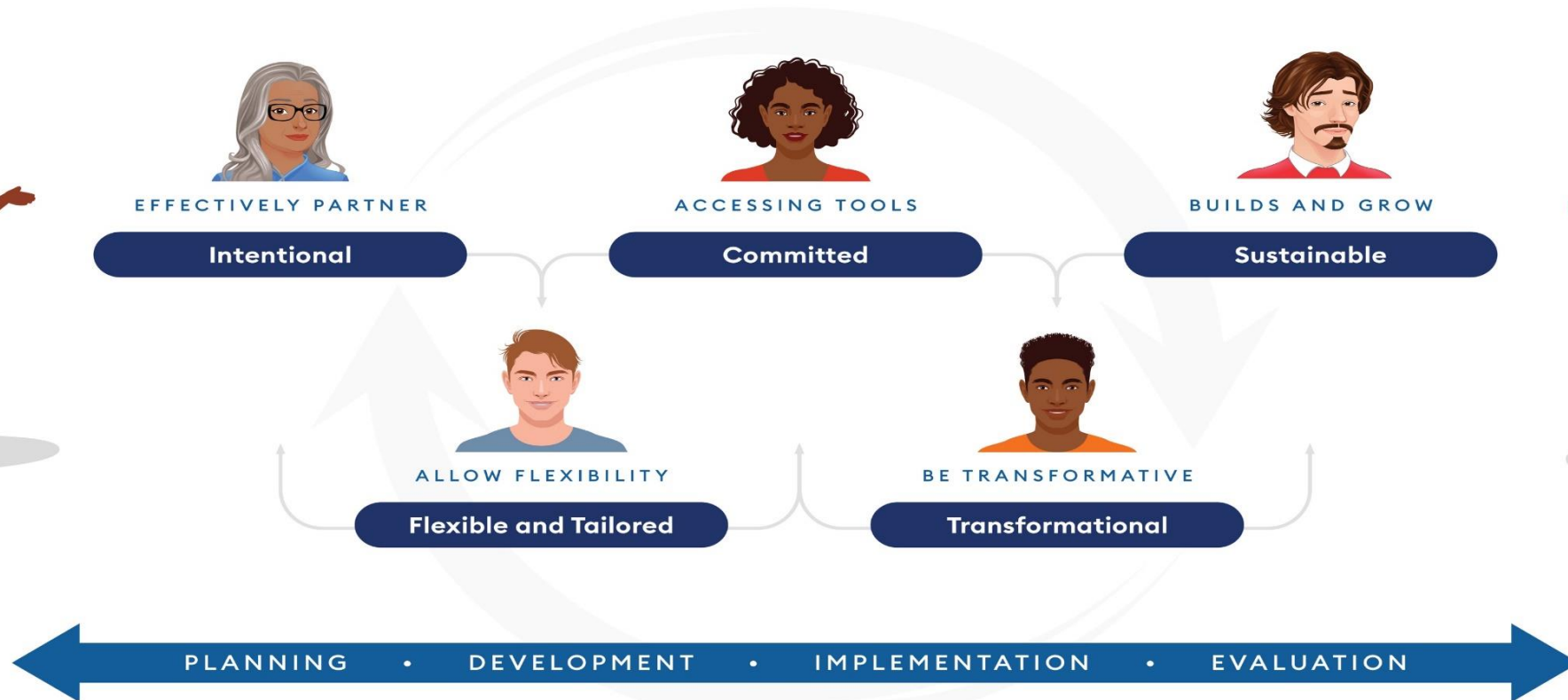


Community Engagement Framework: Where We Are Today



Community Engagement Guiding Principles

“voices of the community from beginning to end”



Types of Community Engagement and Outreach

- **Community Engagement**

- Listening sessions, focus groups, surveys, and interviews
- Included people with HIV, direct service providers, community-based organizations
- Expanded existing community groups (e.g., community advisory boards, planning bodies) and incorporated new voices and perspectives
- Used technology for virtual engagement

- **Outreach**

- Social media outreach
- Websites & mobile applications
- Promotion of services and expanded hours
- Resource guides



HRSA FY 2021 Ending the HIV Epidemic in the U.S. (EHE) Virtual Listening Sessions At-A-Glance

The FY 2021 HRSA Virtual Public Health Leader Roundtable and Community Listening Sessions were an opportunity for participants to share candid feedback on challenges, successes, and barriers in achieving the goals of the EHE initiative.

16
listening
sessions
between March-
Sept. 2021

1,900
total attendees
across all
sessions

2
sessions
offered with
Spanish
translation

Cross-cutting Themes

1. Build Peer Navigators and Community Health Workers (CHW) Capacity
2. Breakdown Federal Funding Stream Silos and Improve Collaboration
3. Feedback on the EHE Initiative
4. Social Determinants of Health
5. Stigma as a Barrier to Accessing Care




HRSA and CDC to Jointly Hosted Public Health Leader and Community Listening Sessions in 2023

- In June, HRSA HAB kicked off our collaboration with CDC to jointly hosted a series of 2023 virtual Public Health Leader and Community Listening Sessions by region across the country.
 - 14 sessions have taken place between June and November 2023.
- Our community listening sessions were held in English and Spanish.



EHE Community Listening Sessions Executive Summary



Ending the HIV Epidemic in the U.S. Initiative 2021 Community Engagement Listening Sessions

Executive Summary

HRSA
Ryan White HIV/AIDS Program

Background

The Health Resources and Services Administration's (HRSA) HIV/AIDS Bureau (HAB) oversees the Ryan White HIV/AIDS Program (RWHAP) and has a leading role in the *Ending the HIV Epidemic in the U.S. (EHE)* initiative. Community engagement has been fundamental to HRSA's success since the beginning of the RWHAP. HRSA HAB believes our collective success in meeting the goals of the RWHAP and EHE initiative depends on how well we engage people with HIV and their communities in the planning, development, and implementation of HIV care and treatment strategies.

In 2021, the Health Resources and Services Administration's (HRSA) HIV/AIDS Bureau (HAB) hosted 16 virtual *Ending the HIV Epidemic in the U.S. (EHE)* initiative community engagement listening sessions in the [10 U.S. Department of Health and Human Services regions](#). For each region, HRSA HAB offered two sessions: (1) a public health leader roundtable and (2) a community member listening session.

These sessions provided a direct line of communication among HRSA, public health leaders, and community members in EHE jurisdictions. Participants included people with lived experience; healthcare providers; community leaders; and organizations involved in HIV prevention, care, and treatment. In total, more than 1,900 participants attended at least one of the sessions.*

Participants in HRSA HAB's EHE Listening Sessions

Listening session participants included—

- community-based organizations, including organizations focused on housing, mental and behavioral health, youth, and LGBTQ+ support
- state and local health departments
- federal agencies
- Federally Qualified Health Centers and look-alikes
- faith-based organizations
- people with HIV and clients served by the Ryan White HIV/AIDS Program (RWHAP) and by HAB EHE recipients
- RWHAP AIDS Education and Training Centers
- other RWHAP organizations
- other individuals who are not captured in the categories above

Leaders from the HRSA Bureau of Primary Health Care, the HRSA Office of Intergovernmental and External Affairs, and the Centers for Disease Control and Prevention Division of HIV Prevention also were in attendance.

Listening Session Topics

The listening sessions were guided by questions on the following topics: (1) barriers to and opportunities for effective HIV prevention and treatment; (2) innovative approaches to enhance HIV prevention and treatment; and (3) current and future partners for collaboration outside of the medical and public health communities.

*Please note, this document is a high-level summary of the feedback and suggestions offered during the 16 listening sessions and does not include all the comments and ideas shared during the sessions.

1

Access the new resources:
[https://ryanwhite.hrsa.gov/
resources/expert-panel-
summaries](https://ryanwhite.hrsa.gov/resources/expert-panel-summaries)

EHE States: Activities and Successes

As reported by the 8 RWHAP Part B EHE grant recipients in their EHE Progress Reports (Qualitative), March 2020 through February 2022



EHE-funded State Recipients, March 2020 – February 2022 (1)

Community Engagement

Community engagement by recipients was a key component of EHE planning and implementation

“[Our organization] continues to gather community input through virtual presentations and its EHE website. Through the virtual sessions we have gained valuable information that has impacted our EHE plan, work plans and day-to-day EHE activities...It has allowed us to make contact with new groups and ensure we are hearing from those most affected by HIV in [our state].”



Source: Custom analysis from the EHE Progress Reports, March 2020 through February 2022. Includes data from 8 Part B recipients that encompass the EHE States.



EHE-funded State Recipients, March 2020 – February 2022 (2)

Infrastructure Development

Expanded Access

- EHE services in local jails
- Partnering with HRSA BPHC Health Centers, CBOs, & colleges in rural areas
- New offices in rural communities or mobile clinics
- Implementing “one stop shop” concepts or expanded non-traditional hours

Technology

- Telehealth for medical and social services
- Texting / Smart phone app services

Data Sharing

- Between outbreak response teams, emergency departments, and/or hospitals



Source: Custom analysis from the EHE Progress Reports, March 2020 through February 2022. Includes data from 8 Part B recipients that encompass the EHE States.



EHE-funded State Recipients, March 2020 – February 2022 (3)

Infrastructure Development

Expanded Access

“Since the start of the RW Part B EHE Program, the [redacted] Part B program has increased the number of local jails participating in the program from 39 to 60...The program has had a stronger reception than anticipated. It is assumed that through the provision of HIV care, the spread of HIV in local jails can be reduced. The RW Part B Program is a benefit to jails, as they do not have the funding for HIV health care, especially for costly HIV medications.”



Source: Custom analysis from the EHE Progress Reports, March 2020 through February 2022. Includes data from 8 Part B recipients that encompass the EHE States.



Linkage and Retention

Rapid Start / Rapid ART

- Goal: newly diagnosed leave their first medical appointment with a filled ART prescription

Client Navigation

- Community Health Workers / Peer Navigators
- Focus on newly diagnosed or those out of care or at risk for being out of care

Linkage and Retention

Client Navigation

“Peer Navigators are also a newly created position...The goal of these positions is to establish a support system for individuals who are newly diagnosed or new to care. Peer Navigators can also assist with helping the individual navigate the health system so that the individual can be successful with treatment adherence.”



Source: Custom analysis from the EHE Progress Reports, March 2020 through February 2022. Includes data from 8 Part B recipients that encompass the EHE States.



Future of EHE Initiative





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Learn more about our program at our new website:

www.ryanwhite.hrsa.gov



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<https://public.govdelivery.com/accounts/USHHSRSA/signup/29907>

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