# Our EHE Story: The Role of the Ryan White HIV/AIDS Program in Ending the HIV Epidemic in the U.S.
## 2022 National Ryan White Conference on HIV Care and Treatment

### *August 24, 2022*

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Vision: Healthy Communities, Healthy People

# 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 challenged

HRSA does this 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 individuals, mothers and their families, and those otherwise unable to access quality health care

# HRSA's 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.

# HRSA's Ryan White HIV/AIDS Program (RWHAP) Overview

- **Provides a comprehensive system of HIV primary medical care, medications, and essential support services for low-income people with HIV.**

- **Funds grants to states, cities, counties, and local community-based organizations to improve health outcome and reduce HIV transmission.**
  - Recipients determine service delivery and funding priorities based on local needs and planning process.

- **Provided services to nearly 562,000 people in 2020—more than half of all people with diagnosed HIV in the United States.**

- **89.4% of RWHAP clients receiving HIV medical care were virally suppressed in 2020, exceeding national average of 64.6%[i].**

# Ending the HIV Epidemic in the U.S. (EHE)

Tamika Martin, MPH, CHES

EHE Advisor, Division of Metropolitan HIV/AIDS Programs, HAB

# Ending the HIV Epidemic in the U.S. (EHE)

- This initiative began in FY 2020 to achieve the important goal of reducing new HIV infections to less than 3,000 per year by 2030.
- Reducing new infections to this level will essentially mean that HIV transmissions would be rare and meet the definition of ending the epidemic.

# 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).
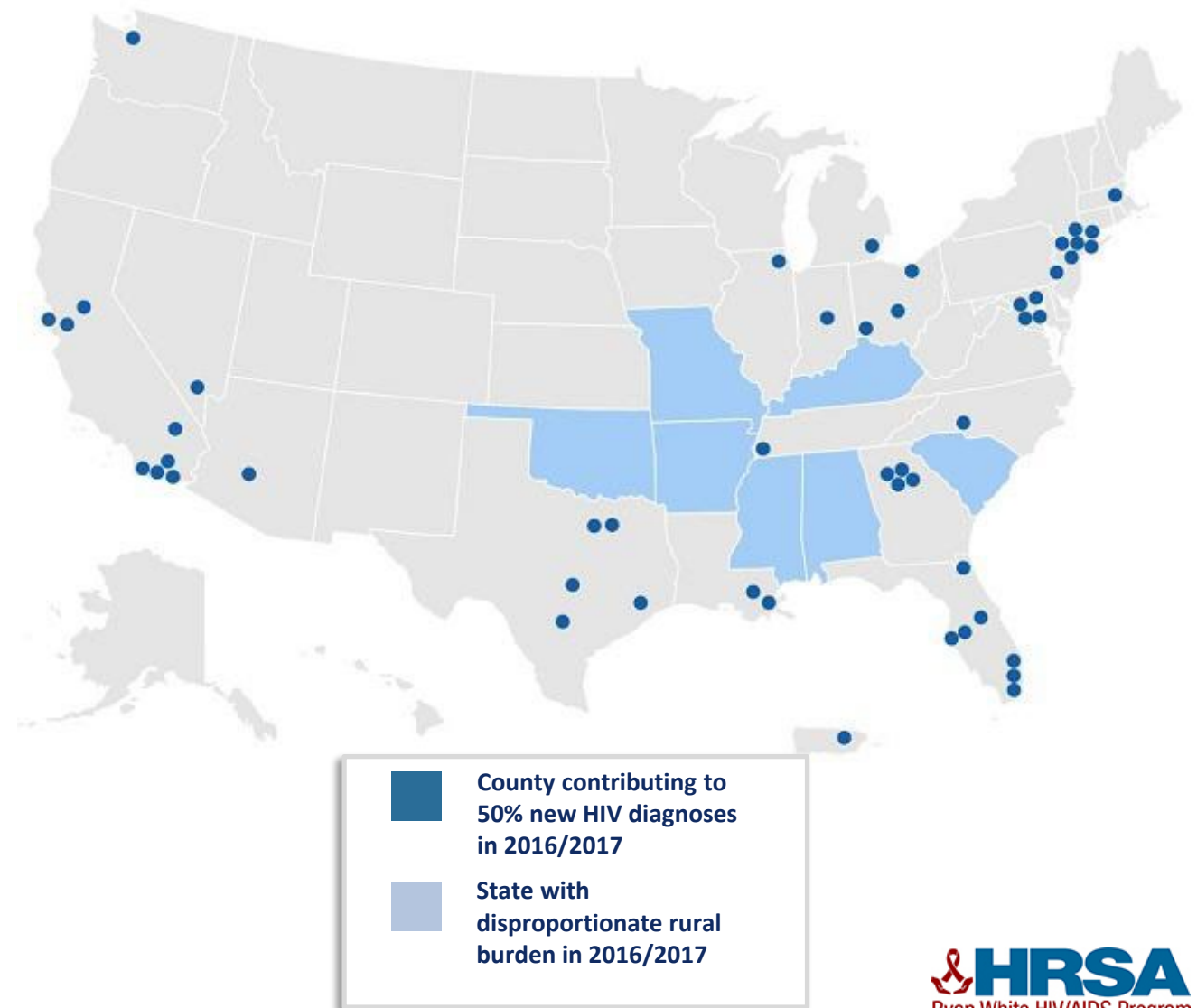
**Respond**

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

HRSA
Ryan White HIV/AIDS Program

# 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.

**County contributing to 50% new HIV diagnoses in 2016/2017**

**State with disproportionate rural burden in 2016/2017**

# 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)

# Achieving the Ending the HIV Epidemic in the U.S. Goals

| People with HIV in care | People newly diagnosed with HIV | People with HIV out of care |
|---|---|---|
| • Improve viral suppression rates<br>• Decrease disparities | • Enhance linkage to care<br>• Enhance engagement in care | • Expand re-engagement in care<br>• Improve retention in care |

# HRSA HAB Announces Year 3 Awards to End the HIV Epidemic in the United States



**JURISDICTIONS**

**COMMUNITY ENGAGEMENT**

**SYSTEMS COORDINATION**

**TA AND CAPACITY BUILDING**

- **On June 16, HRSA announced that 60 HAB EHE recipients were awarded approximately $115 million, including:**
  - **39** metropolitan areas and **eight** states (Ryan White HIV/AIDS Program Parts A and B jurisdictions) to implement strategies and interventions to provide core medical and support services to reduce new HIV infections in the U.S. **($103 million)**
  - **11** Ryan White HIV/AIDS Program AIDS Education and Training Center (AETC) Program (Part F) to provide workforce capacity development and technical assistance **($4 million)**
  - **Two** organizations (Technical Assistance Provider and Systems Coordination Provider) to support grant recipients with technical assistance and health care and social systems coordination **($8 million)**
- **HAB EHE recipients implement evidence-informed practices focused on those not yet diagnosed, those diagnosed but not in HIV care, and those who are in HIV care but not yet virally suppressed.**

# HRSA HAB Announces Year 3 Awards to End the HIV Epidemic in the United States (cont.)



JURISDICTIONS

COMMUNITY ENGAGEMENT

SYSTEMS COORDINATION

TA AND CAPACITY BUILDING

**FY 2020-2022 HAB Ending the HIV Epidemic in the U.S. (EHE) Initiative Appropriations**



- Year 1: $70
- Year 2: $105
- Year 3: $125

— Appropriations in Millions
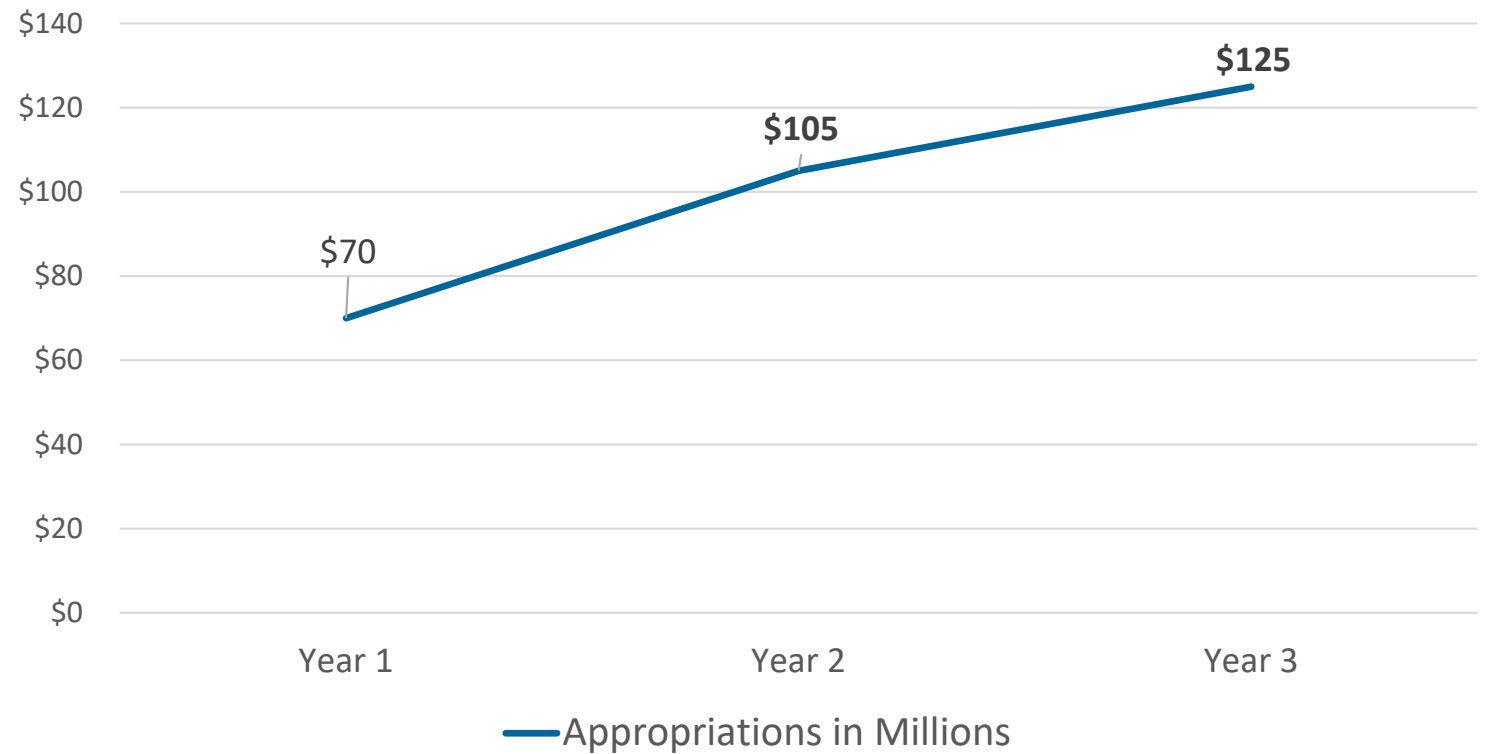
# Initiative Allowable Activities

- 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
- Provision of needed client services
- Data infrastructure development and systems linkages

# Initiative Allowable Activities (cont.)

- Expand access to HIV care and treatment in the focus jurisdictions for people with HIV
  - People 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 who are newly diagnosed, not in care, and/or not virally suppressed

# Initiative Allowable Activities (cont. 2)

- 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)

- Target and support EHE jurisdictions when providing trainings and technical assistance

# RWHAP AIDS Drug Assistance Programs (ADAPs)

- RWHAP AIDS Drug Assistance Programs (ADAPs) are a component of each state/territory's RWHAP Part B.

- Eight state health departments are directly funded and there are EHE funded EMAs and TGAs in 20 additional states.

- Ensuring access to medications for people with HIV is a key responsibility of the RWHAP.

- Access to medications will primarily be accomplished through ADAPs and Local Pharmacy Assistance Programs (LPAPs).

- ADAPs are not being directly funded through EHE for the medication costs.

- Coordination across RWHAP and funding streams is critical to facilitating access to medications.

# EHE Collaboration

- Collaboration within the U.S. Department of Health and Human Services
  - Centers for Disease Control and Prevention (CDC), National Institute of Health (NIH), Office of Infectious Disease and HIV/AIDS Policy (OIDP), Indian Health Service (HIS) & Substance Abuse and Mental Health Services (SAMHSA)
  - HRSA HAB and CDC Pillar 2 (Treat) point of contacts
  - HRSA HAB and CDC Project Officers of the technical assistance providers
- Collaborations within HRSA
  - HIV/AIDS Bureau (HAB), the Bureau of Primary Health Care (BPHC), Office of Intergovernmental and External Affairs (OIEA)
  - HRSA BPHC and HRSA HAB collaboration for PCHP
- Technical Assistance Providers
  - Technical Assistant Provider (TAP) & System Coordination Provider (SCP) collaborate with each other
  - TAP & SCP are expected to work with the 47 HAB funded EHE jurisdictions

# National Technical Assistance Providers

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

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

Systems Coordination Provider- **National Alliance of State and Territorial AIDS Directors (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

# Technical Assistance Provider (CAI)

- TA Topics
  - Rapid ART
  - Planning & Preparation for EHE Strategies
  - Enhancing Data Collection, Management, and/or Sharing
  - Community Engagement
  - Linkage to Care
  - Community Health Workers
  - Capacity building for workforce development

- Continued...
  - Cultural Competency
  - Housing Strategy
  - Data to Care
  - Mental Health
  - Cluster Detection and Response
  - Contingency Management

# System Coordination Provider (NASTAD)

- TA Topics
  - EHE Mentorship
  - Coordination between Health Departments
  - Data sharing
  - Rapid Start
  - Healthcare Coverage
  - Coordination of ART coverage
  - Status neutral training
  - Leveraging 340B for corrections
  - Building Resource Networks

# AIDS Education and Training Center Program

Ronald D. Wilcox, MD

Medical Officer, Office of Program Support, HAB

# Program Mission

**AETC Program Mission:**

Strengthen the HIV workforce by increasing the number of health care professionals who are effectively educated and motivated to counsel, diagnose, treat, and medically manage people with HIV and by helping prevent HIV transmission among high-risk patients

# Regional AETCs: Overview

**Eight Regional AETCs:**



New England
Northeast/Caribbean
MidAtlantic
Southeast
Midwest
Mountain West
South Central
Pacific

View the interactive map at: http://aidsetc.org

Ryan White HIV/AIDS Program

# National AETC Programs

National Coordinating Resource Center (NCRC)

(Rutgers University)

National Clinician Consultation Center (NCCC)

(UCSF)

National HIV Curriculum (NHC)
(U of Washington)

with Integration Projects

(U of IL and Howard University)

National HIV/HCV Co-infection Curriculum

(Rutgers University)
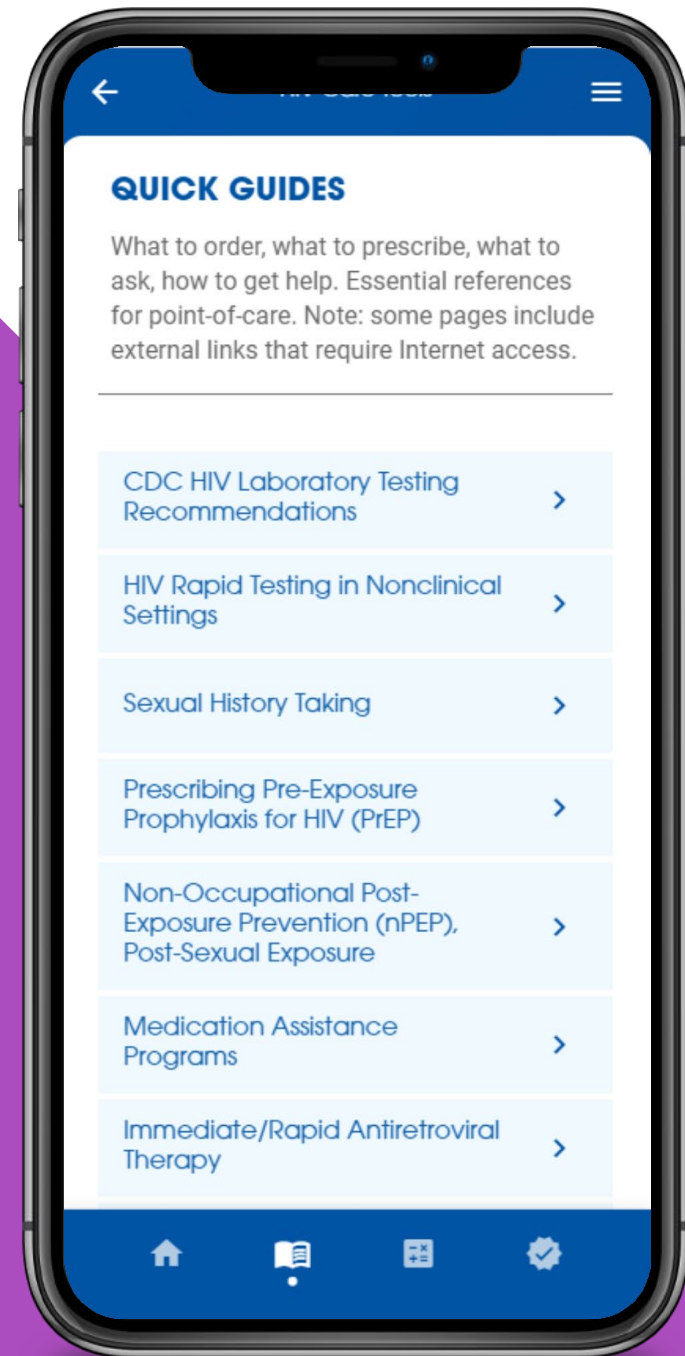
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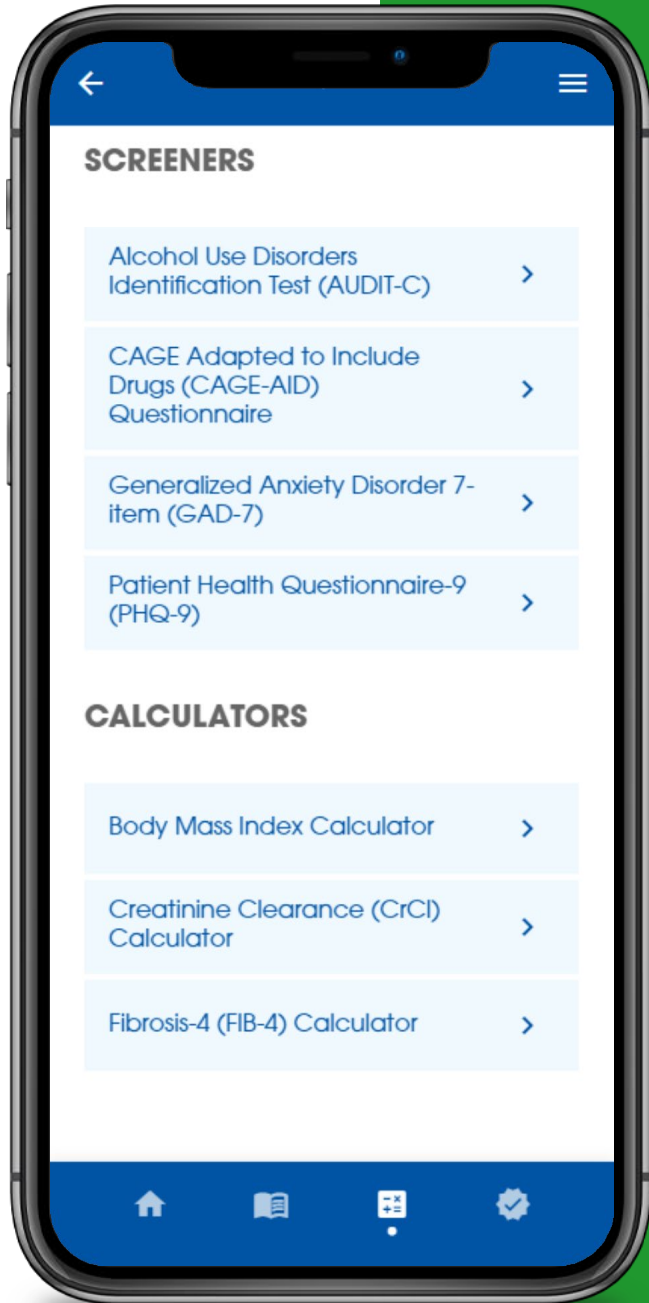
# National Centers or Programs

- NCRC
  - Care Tools App launched 5/2021; adding Drug Interaction program to it in 7/2022
  - Promotion of materials developed by Regional AETCs
- NCCC
  - Four national email campaigns targeting EHE jurisdictions: the first was to the HRSA BPHC-funded state and regional Primary Care Associations, the second was to HRSA ORO Regional Offices, the third was to the state offices of rural health, and the fourth was to state rural health associations.
- NHC
  - Developed a comprehensive evaluation plan, data collection tools, and reporting methods for the PrEP Training System to measure project performance and uptake in EHE jurisdictions

# QUICK GUIDES

Provide guidance on HIV testing, prescribing and monitoring PEP, PrEP, rapid initiation of antiretroviral therapy, and more.



**QUICK GUIDES**

What to order, what to prescribe, what to ask, how to get help. Essential references for point-of-care. Note: some pages include external links that require Internet access.

CDC HIV Laboratory Testing Recommendations  >

HIV Rapid Testing in Nonclinical Settings  >

Sexual History Taking  >

Prescribing Pre-Exposure Prophylaxis for HIV (PrEP)  >

Non-Occupational Post-Exposure Prevention (nPEP), Post-Sexual Exposure  >

Medication Assistance Programs  >

Immediate/Rapid Antiretroviral Therapy  >

# EXPERT HELP

One-touch access to phone-based, free, national clinician warmlines for expert support with HIV prevention and care, substance use, hepatitis C, and COVID-19 through the AETC National Clinician Consultation Center.

Connect with an AETC Program site in your region for free technical assistance, staff training, and capacity-building support.
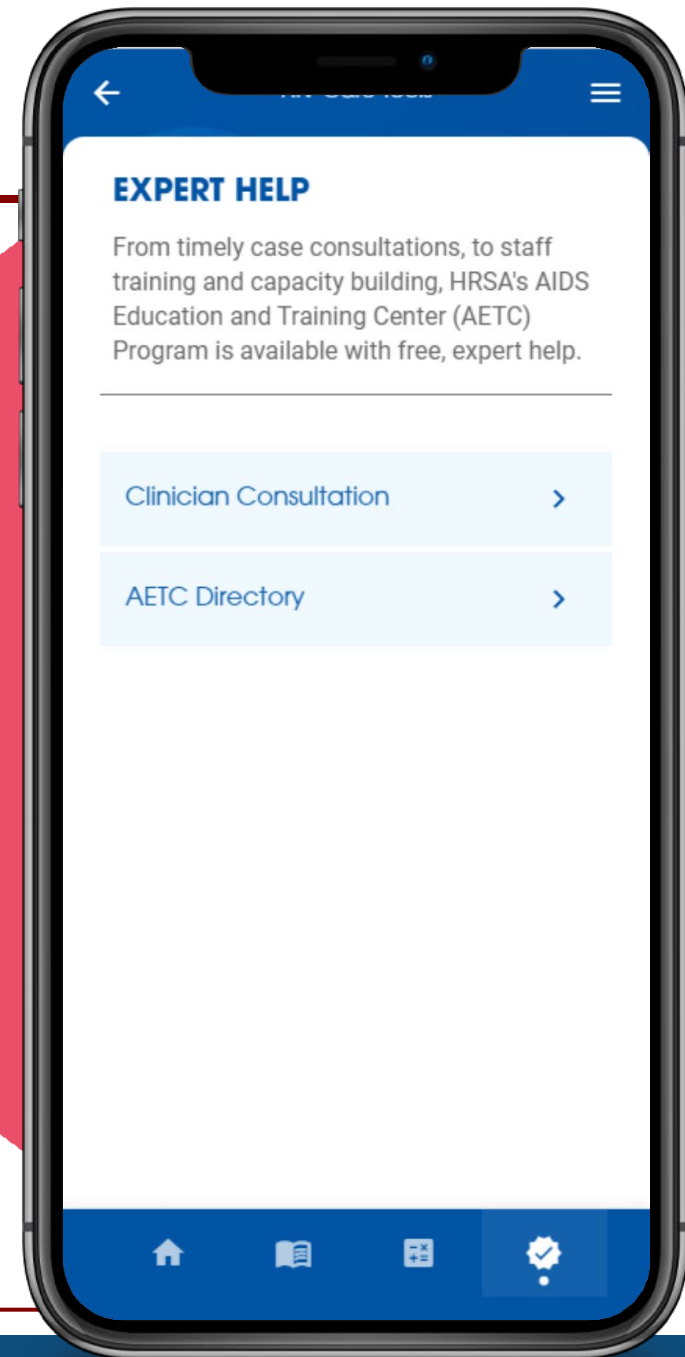
# Examples by Regional AETCs

- Midwest AETC
  - EHE-funded Regional Partners utilized their extensive relationships with state and local health departments to identify needs of their jurisdictions and potential collaboration opportunities. MATEC facilitated **23 events** with a total of **851 attendees** from the 7 EHE jurisdictions.
  - **Cook County, IL** – Developed the Cook County Getting to Zero (GTZ) Community of Practice (CoP) with the Ryan White HIV/AIDS Program Part A Project Officer and Quality Improvement Coordinator at Chicago Department of Public Health.
  - **Wayne County, MI** – Created fact sheets and pocket guides on PrEP, nPEP, PMTCT, and HIV risk assessment.

# Examples by Regional AETCs (cont.)

- Mountain West AETC

  o Participation in King County Ending the HIV Epidemic workgroups have led to increased collaboration with health care providers, community-based organizations, and community members in King County.

  o The HIV prevention detailing program, a promising practice, was launched virtually near the end of the program year.

# Examples by Regional AETCs (cont. 2)

- New England AETC
  - Worked with the MA Association of CHWs to develop the CHW Advisory Group.
  - Participated in quarterly meetings with the Boston Public Health Commission and MDPH focused on EHE activities. Provided input into the development of a "Red Carpet Model" for HIV care delivery.
  - Worked with Codman Square HC to collaborate with the 7 EHE-funded FQHCs in Suffolk County to share progress, best practices, and barriers to EHE implementation.

# Examples by Regional AETCs (cont. 3)

- Northwest/Caribbean AETC
  - RP at Downstate Medical Center forged a collaboration with New York Knows, the NYCDOHMH organization that spearheads many EHE initiatives throughout the five boroughs. Downstate completed a series of trainings with the New York Knows constituents (healthcare and social service organization that have a focus on HIV testing and PrEP).
  - In December 2020, evaluation data was presented to Regional Partners, including highlights from National AETC data produced by JSI. This was followed by a discussion of aligning the regional evaluation and CQI plan with the four pillars of the EHE Initiative. As part of the EHE project planning, Northeast/Caribbean AETC conducted special data analyses examining existing AETC work, training topics, and geographic areas relevant to the region's EHE programs.

# Examples by Regional AETCs (cont. 4)

- Pacific AETC
  - The activities of focus were a provider needs assessments, planning and development of EHE activities, development of PAETC infrastructure for initiative, and development of supportive materials that meet provider needs of the 10 EHE local health jurisdictions (LHJs) within the Pacific region during the reporting period.
  - RPs were asked to identify 2 Evidence-Based Interventions (EBIs) or Promising Practices that could be implemented to address key findings identified in their needs assessments. Selection of EBIs varied across all RPs. Most common selected EBI was Improved HIV Service Access to Underserved Populations, although the population to address also varied among RPs.
  - Lastly, RPs identified 2-3 faculty to conduct PrEP Academic Detailing to a list of targeted healthcare organizations in each EHE jurisdictions in their area.

# Examples by Regional AETCs (cont. 5)

- South Central AETC
  - Working with Cherokee Nation (focus is Pharmacist) to support their HIV PrEP ECHO sessions for pharmacist and with Oklahoma State University (OSU) to support their ECHO sessions as well. All of the Regional Partners (RPs) that cover the counties and states in phase one of the EHE initiative are working with stakeholders in those geographic areas.
  - University of Texas Health San Antonio Regional Partner - Provide PrEP training via their regular HIV ECHO sessions. They are working with the Parts A and B partners in Austin and San Antonio to identify and meet training needs of the area. As a new site as of February 2020, they are establishing themselves in the area and making needed connections for Central TX.

# Examples by Regional AETCs (cont. 6)

- SouthEast AETC
  - Focused on the national EHE initiative by providing trainings that focused on the topic. The SE AETC central office also coordinated with partners to create regional events focused on EHE. Overall, the SE AETC conducted 26 events over 70 hours and collected 1,841 PIFs.
  - **MS EHE Task Force – Mississippians Who are Black Women/Women of Color Focused Leadership Consultation and Town Hall Planning Meeting:** The MS AETC collaborated on the town hall work session that focused on issues that black women/women of color experience regarding HIV. The meeting was led by Henry Fuller, EHE Director with STD/HIV Office/Prevention and the MS State Department of Health and the ACLU of Mississippi.

# EHE Accomplishments

Pamela Klein, PhD

Senior Health Scientist, Division of Policy and Data, HAB

# HAB FY 2020 Ending the HIV Epidemic in the U.S. (EHE) Year 1 Goal: Serve 18,000 New or Re-engaged Clients

*New Clients*
**2020 Total: 11,139**
- March – August: 6,262
- September – December: 4,877

*Re-engaged Clients*
**2020 Total: 8,282**
- March – August: 3,686
- September – December: 4,596

## TOTAL NEW AND RE-ENGAGED CLIENTS, 2020

✅ **19,421**

# EHE Recipient Accomplishments & Activities

**How are EHE activities different from traditional RWHAP-supported activities?**
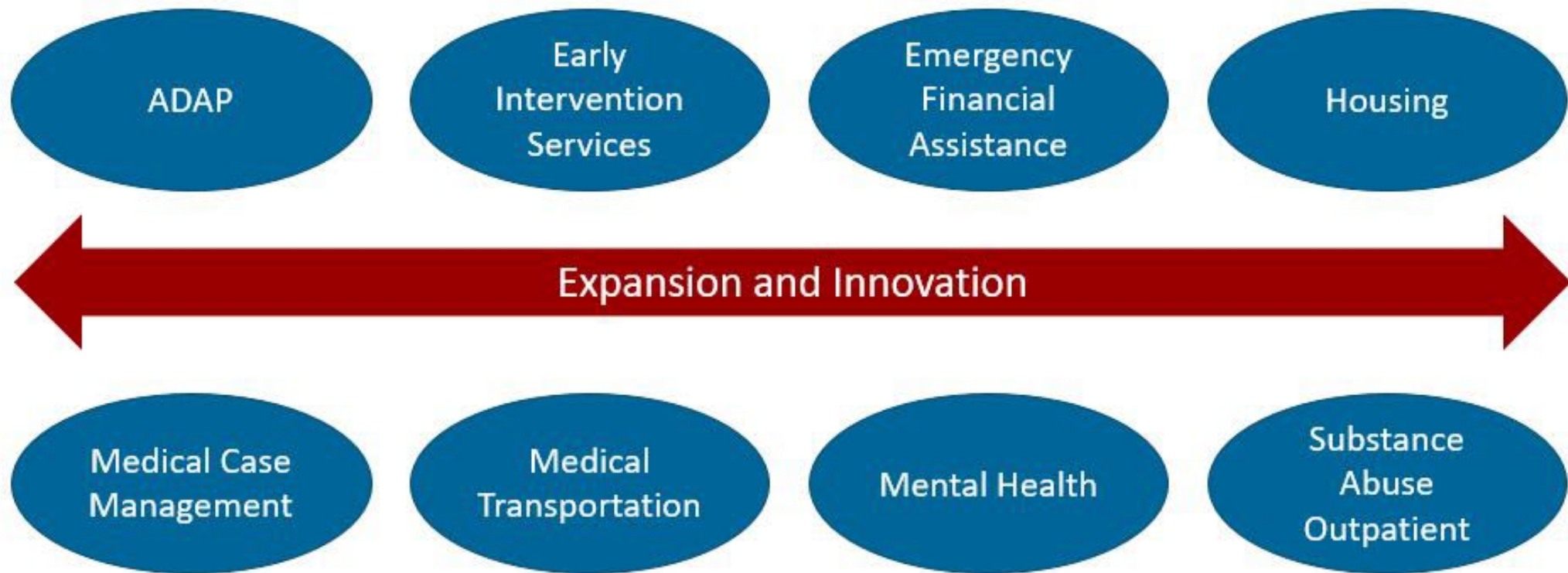
# Implementing New and Expanded Service Delivery Models

# HAB EHE Recipient Activities: Expansion of RWHAP Services



ADAP

Early Intervention Services

Emergency Financial Assistance

Housing

**Expansion and Innovation**

Medical Case Management

Medical Transportation

Mental Health

Substance Abuse Outpatient

# HAB EHE Recipient Activities: Linkage to Care and Re-engagement

**Activities include:**

- Low barrier clinics
- Coordinated protocols that streamline client experience
- Rapid re-engagement protocols after missed appointments



**Rapid ART**

- Introduce a dedicated Rapid Linkage to Care Coordinator
- Provide treatment within 7 days of diagnosis from at-home/self-testing
- Supply ART starter packs (or 30-day supply) at conclusion of first client interaction

**The Many Roles of Peer Navigators and Community Health Workers**

- Address social determinants of health
- Enroll clients in health care coverage and schedule appointments
- Provide technology and educational services navigating online medical record access

# Leveraging Technology and Improving Access

# Telehealth

- Planning and establishing procedures to provision of and billing for telehealth services
- Purchase of telehealth platforms
- Providing clients with technology and training clients on use of the technology
- Text messaging interventions, mental health rapid services, and check-ins
- Mobile app for linkage and retention in care
- Video Directly Observed Therapy (VDOT)

# Expanded Access

- **Hours**
  - Morning, evening, and weekend hours
  - Walk-in appointments at traditional and non-traditional hours
  - Appointments adjusted for social distancing

- **Locations**
  - Mobile, home-based, and drive through services
  - New service locations
  - Service co-location in a "one-stop-shop" model

- **Equipment**
  - Laptops, tablets, smart phones, internet/phone service
  - Clinic equipment and supplies, including PPE
  - Dental equipment
  - Vehicle to bring services directly to clients

# Enhancing Partnerships and Infrastructure

# Community Engagement & 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

# Data Activities & Infrastructure

- **"Data to Care" activities to identify people not in care**
  - Created out-of-care lists and connect with out-of-care clients
  - Identify locations for mobile service delivery
- **Sharing, linking, and matching data across diverse sources**
  - Data sharing across providers
  - Data linkage across HIV surveillance, corrections, and housing
- **Enhanced data infrastructure and management**
  - Electronic medical records and CAREWare enhancements
  - Streamlined RWHAP and ADAP eligibility
- **Quality improvement activities to assess pilot program effectiveness and barriers**

# Workforce Expansion & Development

- **Hired staff to support EHE implementation**
  - EHE coordinators, program managers, and grants managers
  - Client-facing staff, including community health workers and peer navigators
  - Specialists in data/epidemiology, health equity, community engagement, and IT
  - Individuals who reflect the composition of the community
- **Delivered training to new and existing staff on:**
  - EHE, HIV prevention and care, health disparities, epidemiology
  - Diversity and equity, leadership, racism and social justice
  - Specific interventions and processes

# Community Engagement

Yemisi Odusanya, MPH

EHE Senior Advisor, Office of the Associate Administrator, HAB

# Why Is Community Engagement Important to EHE?

- The voices of people with HIV, their communities, and the greater communities that support people with HIV have been the cornerstone of the Health Resources and Services Administration's (HRSA) Ryan White HIV/AIDS Program (RWHAP) since its inception in 1990.

- While the RWHAP has successfully provided care, support and treatment for more than 560,000 people with HIV in 2019, there remains approximately 12 percent of clients who are not consistently engaged in care and virally suppressed.

- With a renewed focus on community engagement to meet the goals for Ending the HIV Epidemic in the U.S., 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 Ryan White HIV/AIDS Program

- **Community engagement is part of the existing fabric of the RWHAP.**
- **RWHAP recipients funded through Parts A, B, C, D, and the Ending the HIV Epidemic in the U.S. (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.**

# 2019 HRSA EHE Listening Sessions – Key Themes

- Addressing **mental health, substance use**, **incarceration**, and **homelessness** is critical to reach people not in care

- Planning for EHE needs to **include community based organizations**, **people with HIV**, and **new partners**

- Supporting **training for clinic staff** to ensure that **culturally responsive** and supportive experiences happen for clients (for care and PrEP)

- Addressing **stigma** and **criminalization laws**

- Addressing **workforce shortages** for medical providers, and mental health and substance use providers

- Leveraging **community strengths** by hiring community health workers, peer navigators, peer specialists, etc.

- Assessing **eligibility** and **intake** processes and forms for testing and care

- Allowing jurisdictions to **be innovative** and allowed to adapt and adjust as they learn

Ryan White HIV/AIDS Program

# 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 their open and honest feedback on challenges, successes, and barriers in achieving the goals of the Ending the HIV Epidemic in the U.S. (EHE) initiative.

**16**
listening sessions between March-Sept. 2021

**1,900**
total attendees across all sessions

**2**
Sessions offered with Spanish translation

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# Cross-Jurisdictional Themes and Trends

1. Build Peer Navigators and Community Health Workers (CHW) Capacity

2. Breakdown Federal Funding Stream Silos and Improve Collaboration

3. Feedback on Ending the HIV Epidemic in the U.S. (EHE) Initiative

4. Social Determinants of Health

5. Stigma as a Barrier to Accessing Care

# Equipping HRSA HAB Staff on Community Engagement

- **The RWHAP Community Engagement Action Guide provides background, guidance, and tools to support discussions with RWHAP recipients and stakeholders about community engagement.**
- **The Action Guide includes:**
  o An annotated bibliography
  o A framework with guiding principles defining community engagement
  o A Project Officer guide with talking points and questions and answers
  o Technical assistance opportunities for community engagement
  o A community engagement framework visual
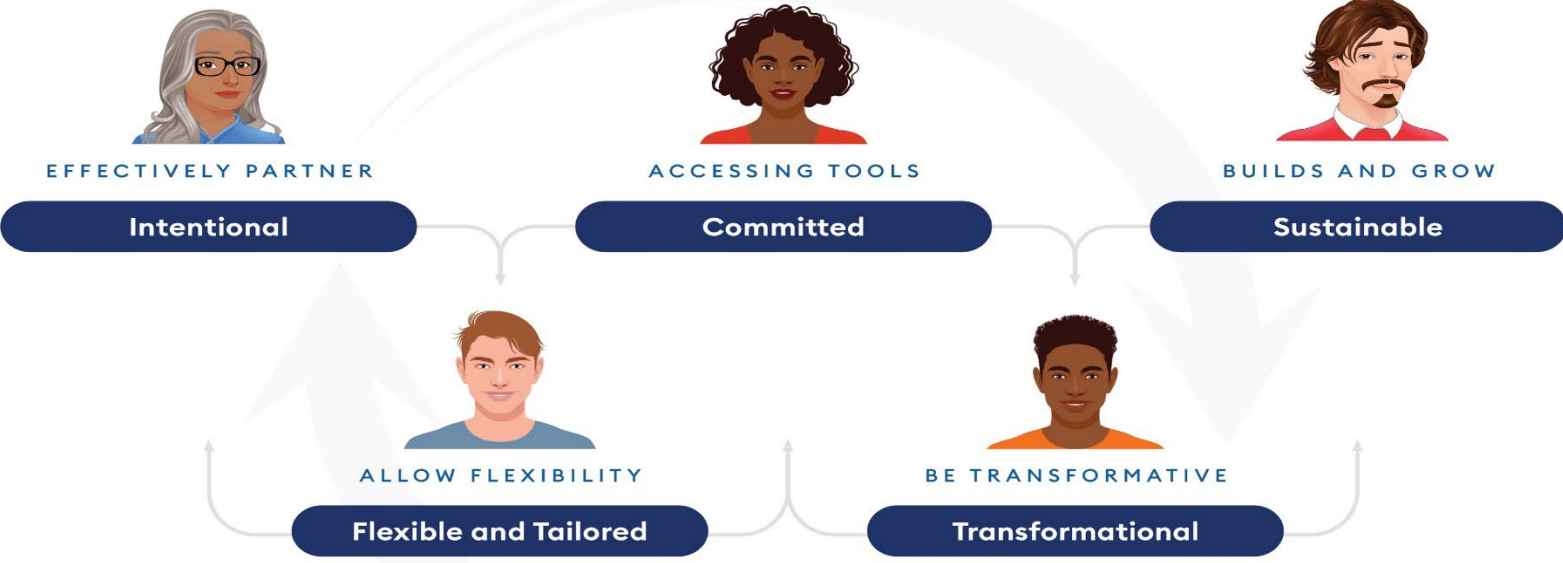  o A community engagement action guide slide deck

# Community Engagement Framework



Community Engagement Guiding Principles

"voices of the community from beginning to end"

EFFECTIVELY PARTNER — Intentional

ACCESSING TOOLS — Committed

BUILDS AND GROW — Sustainable

ALLOW FLEXIBILITY — Flexible and Tailored

BE TRANSFORMATIVE — Transformational

PLANNING • DEVELOPMENT • IMPLEMENTATION • EVALUATION

# Community Engagement is the Key to Ending the HIV Epidemic

- **HRSA has always been committed to community engagement efforts for the RWHAP and the EHE Initiative.**

- **Community Engagement is essential for the success of the RWHAP and the EHE initiative.**

- **Jurisdictions that understand the needs of the community can better the needs of the community.**
  - Priority for HAB Staff
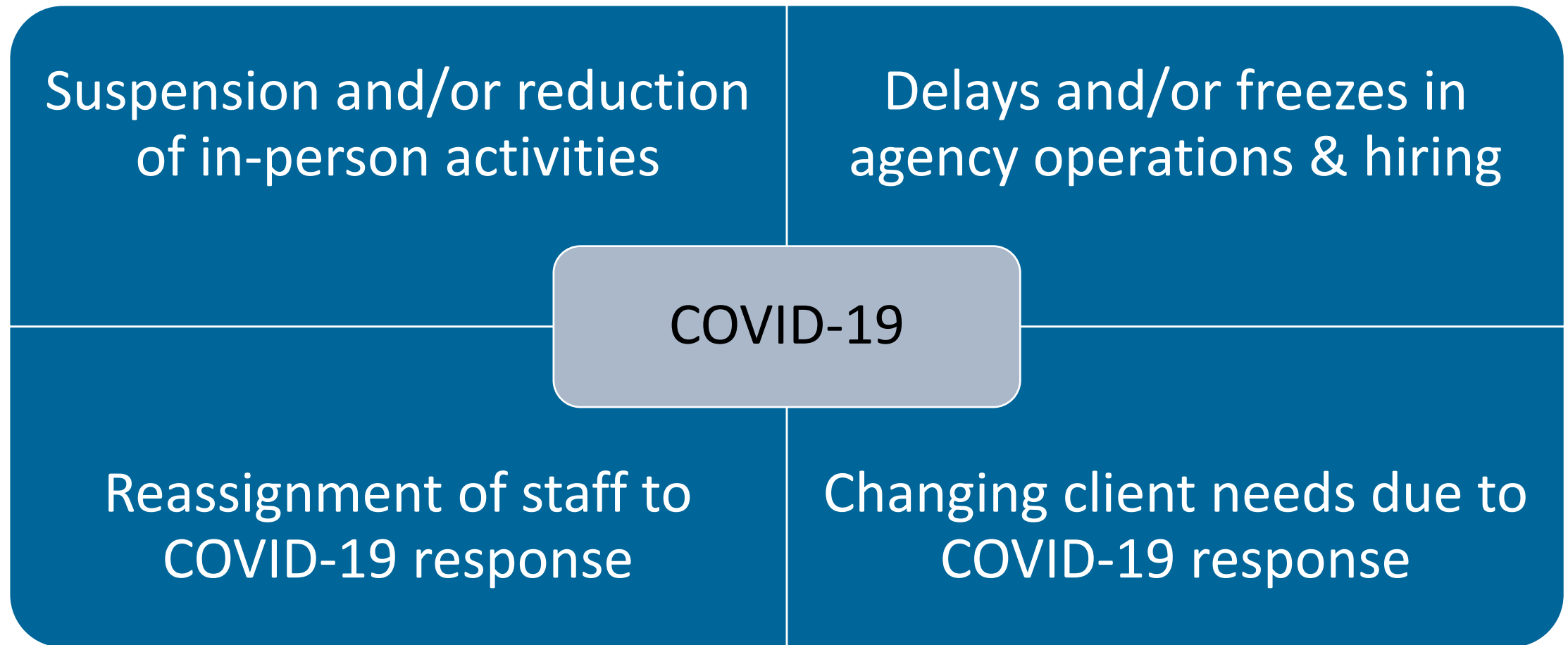  - Priority for EHE funded jurisdictions
  - Priority for the SCP/TAP

# Barriers (& Solutions) to EHE Implementation: COVID-19 and Beyond

Pamela Klein, PhD

Senior Health Scientist, Division of Policy and Data, HAB

# Barriers to EHE Implementation: COVID-19

Suspension and/or reduction of in-person activities

Delays and/or freezes in agency operations & hiring

COVID-19

Reassignment of staff to COVID-19 response

Changing client needs due to COVID-19 response

# Barriers to EHE Implementation: Beyond COVID-19

**Recipients faced other barriers to EHE implementation that were exacerbated by COVID-19**

- Award administration
- Long procurement processes
- Challenges filling staff vacancies
- Natural disasters
- Data systems
- Structural barriers to care
- Stigma

# Technology: Key Resource vs. Digital Divide

**COVID-19 prompted many recipients to embrace technology to implement EHE activities**
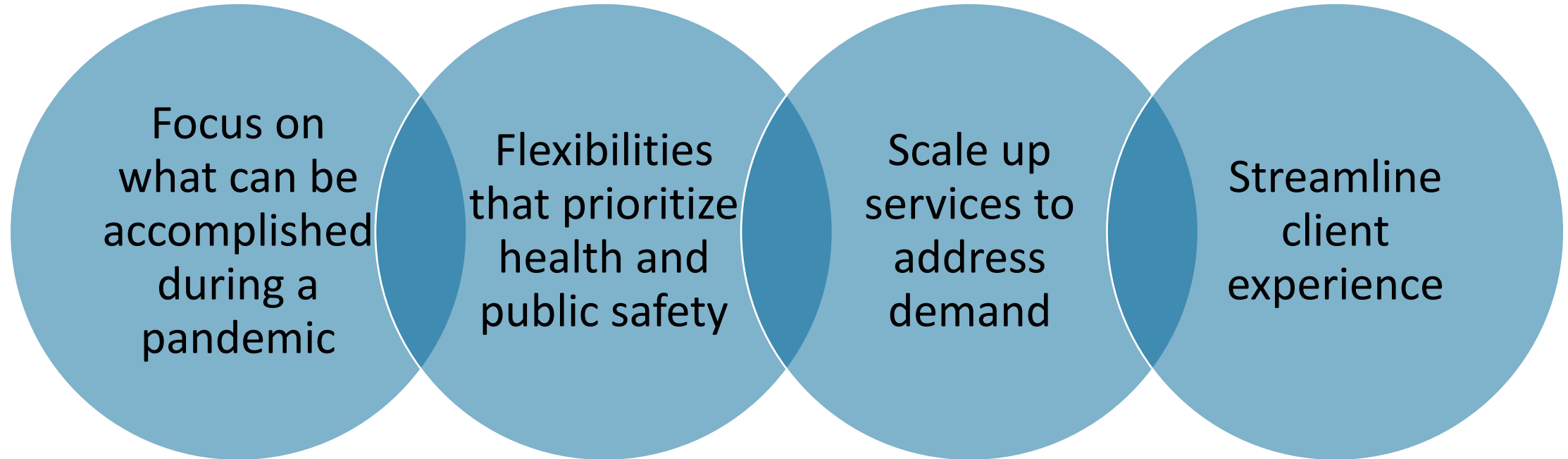
- Telehealth/telemedicine services
- Remote work for staff
- Purchasing internet-ready devices for clients
- Virtual trainings for staff, providers, peer navigators, community health workers
- Virtual community engagement

**However, reliance on technology during COVID-19 presented additional challenges for recipient/provider staff and clients**

- Lack of reliable internet access, computers, and mobile devices
- Lack of knowledge about use of telehealth
- Discomfort using technology
- Privacy concerns

# Solutions Leveraged by EHE Recipients

Focus on what can be accomplished during a pandemic

Flexibilities that prioritize health and public safety

Scale up services to address demand

Streamline client experience

**HRSA HAB-funded staff & resources allowed states and cities to better respond to COVID-19**

# EHE Moving Forward

- HRSA HAB is confident that through the various efforts and funding of the different types of recipients we are steps closer to ending the HIV epidemic
- Through collaboration with agencies, recipients, and communities, we have been able to identify successes and challenges to guide further efforts
- HRSA HAB is excited about the advances EHE is providing to people with HIV and for people with HIV
- Development of novel uses of social media and technology will aid in obtaining the EHE goals

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# Connect with the Ryan White HIV/AIDS Program

Learn more about our program at our new website:

ryanwhite.hrsa.gov

Sign up for the Ryan White HIV/AIDS Program Listserv:
https://public.govdelivery.com/accounts/USHHSHRSA/signup/29907

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# Questions