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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Tanchica West, MPH, MA
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

534,903 clients in 2017

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\(^a\)

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

<table>
<thead>
<tr>
<th>Age group (years)</th>
<th>N</th>
<th>Viral suppression (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>&lt;13</td>
<td>854</td>
<td>85.6</td>
</tr>
<tr>
<td>13–24</td>
<td>15,424</td>
<td>74.1</td>
</tr>
<tr>
<td>25–34</td>
<td>65,275</td>
<td>78.9</td>
</tr>
<tr>
<td>35–44</td>
<td>71,545</td>
<td>83.8</td>
</tr>
<tr>
<td>45–54</td>
<td>102,442</td>
<td>87.7</td>
</tr>
<tr>
<td>55–64</td>
<td>78,126</td>
<td>91.1</td>
</tr>
<tr>
<td>≥65</td>
<td>22,701</td>
<td>94.3</td>
</tr>
</tbody>
</table>


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.

*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

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.

- Guam, Puerto Rico, and the U.S. Virgin Islands.

Viral suppression: ≥1 OAHS visit during the calendar year and ≥1 viral load reported, with the last viral load result <200 copies/mL.

Viral Suppression among RWHAP clients: Black MSM and Black Transgender Women, 2010 and 2017—United States and 3 Territories

- Black/African American MSM (aged ≥13 years)
  - 2010: 61.5%
  - 2017: 81.0%
- Black/African American transgender women
  - 2010: 52.5%
  - 2017: 76.8%

RWHAP overall, 2017 (85.9%)
RWHAP overall, 2010 (69.5%)

Viral suppression: ≥1 OAHS visit during the calendar year and ≥1 viral load reported, with the last viral load result <200 copies/mL.

Guam, Puerto Rico, and the U.S. Virgin Islands.
Evolution: 
HRSA’s Ryan White HIV/AIDS Program
Four Pillars of Ending the HIV Epidemic

- **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.

75% reduction in new HIV diagnoses in 5 years and a 90% reduction in 10 years.
Implementation Science
Definitions for HRSA's Ryan White HIV/AIDS Program

1. Identify gaps in care
2. Identify existing interventions
3. Package for rapid implementation
4. Evaluate for effectiveness
5. Disseminate and assess
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
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** 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 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

<table>
<thead>
<tr>
<th>Evidence-Based Interventions</th>
<th>Evidence-Informed Interventions</th>
<th>Emerging Strategies</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Demonstrated effectiveness at improving the care and treatment of people living with HIV</td>
<td>• Demonstrated effectiveness at improving the care and treatment of people living with HIV</td>
<td>• Strategies that address emerging priorities in the RWHAP and meet HRSA HAB criteria for emerging strategies</td>
</tr>
<tr>
<td>• Published research evidence supporting these interventions meets Centers for Disease Control and Prevention (CDC) criteria for being evidence-based</td>
<td>• 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</td>
<td>• Does not yet have any or sufficient published research evidence to meet evidence-informed or evidence-based criteria</td>
</tr>
</tbody>
</table>
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

Identify gaps in care

Identify existing interventions

Package for rapid implementation

Evaluate for effectiveness

Disseminate and assess

Ryan White HIV/AIDS Program

Annual Client-Level Data Report
Ryan White HIV/AIDS Program Services Report
2017
Rapid Implementation

- Identify gaps in care
- Identify existing interventions
- Package for rapid implementation
- Evaluate for effectiveness
- Disseminate and assess

Quality and Relevance of INTERVENTION

Quality of Information about IMPLEMENTATION

Quality of EVIDENCE
Rapid Implementation

**Core elements**
of the intervention strategy

**Implementation strategies**

**Tailor/adapt**
Implementation Science Evaluation

- Identify gaps in care
- Identify existing interventions
- Package for rapid implementation
- Evaluate for effectiveness
- Disseminate and assess

**Implementation Outcomes**

- **Primary**
  - Adoption

- **Secondary**
  - Context

- **Intermediate**
  - Engagement

**Client Outcomes**

- HIV care continuum

**Intervention Strategies**
Disseminate and Assess

Continuous assessment of program data to identify strategic focus areas and key subpopulations.
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
The Power of Peers and the Team to Link and Re-Engage Women of Color Living with HIV in Medical Care

United States Conference on AIDS (USCA) 2019
Mo Wahome and Allison Byrd
AIDS Care Group

September 7, 2019
Presenter Disclosure

This presentation is supported by the Health Resources and Services Administration (HRSA) of the U.S. Department of Health and Human Services (HHS) as part of an award totaling $500,000 with no percentage financed with nongovernmental sources. The contents are those of the author(s) ad do not necessarily represent the official views of, nor an endorsement, by HRSA, HHS or the U.S. Government.
Project Collaborators

Presenters
- Allison Byrd, Peer Navigator, AIDS Care Group
- Mo Wahome, MPH, Data Manager and Co-Principal Investigator, AIDS Care Group

Collaborators
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- Serena Rajabiun, PhD, DEC Principal Investigator, Boston University School of Social Work, Center for Innovation in Social Work & Health
- 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
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
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
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.
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 care visit scheduled

Patient
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.
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**
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**
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
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/
Contact Information

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Serena Rajabiun, Rajabiun@bu.edu
Alicia Downes, adownes@aidsunited.org
Any questions?
Using Evidence-informed Interventions to Improve Health Outcomes among People with HIV

Coordinating Center for Technical Assistance (CCTA)
Alex Keuroghlian and Massah Massaquoi
E2i Project Overview
This project is supported by the Health Resources and Services Administration’s (HRSA) HIV/AIDS Bureau (HAB) of the U.S. Department of Health and Human Services (HHS) under grant number U69HA31067 and grant number U90HA31099. The national Training and Technical Assistance is funded for $5,324,429.00 and 0% financed with nongovernmental sources. This information or content and conclusions are those of the author and should not be construed as the official position or policy of, nor should any endorsements be inferred by HRSA, HHS or the U.S. Government.
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
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’s mission is to end the AIDS epidemic in the United States.
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

<table>
<thead>
<tr>
<th><strong>Transgender Women</strong></th>
<th><strong>Black MSM</strong></th>
<th><strong>Trauma Informed Care</strong></th>
<th><strong>Behavioral Health Integration</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>HEALTHY DIVAS</strong></td>
<td><strong>CONNECT</strong></td>
<td><strong>TIA/CHANGE</strong></td>
<td><strong>BUPRENORPHINE</strong></td>
</tr>
<tr>
<td>• CAL-PEP (CA)</td>
<td>• AIDS Taskforce of Greater Cleveland (OH)</td>
<td>• Alaska Native Tribal Health Consortium (AK)</td>
<td>• Consejo de Salud de Puerto Rico Inc. dba Med Centro (PR)</td>
</tr>
<tr>
<td>• Rutgers New Jersey Medical School (NJ)</td>
<td>• HOPE Center (GA)</td>
<td>• Chicago Women’s AIDS Project (IL)</td>
<td>• Greater Lawrence Family Health Center (MA)</td>
</tr>
<tr>
<td>• Birmingham AIDS Outreach Inc. (AL)</td>
<td>• Broward House, Inc. (FL)</td>
<td><strong>PEERS MI</strong></td>
<td><strong>CoCM</strong></td>
</tr>
<tr>
<td><strong>T.W.E.E.T.</strong></td>
<td><strong>University of Mississippi Medical Center (MS)</strong></td>
<td>• Western North Carolina Community Health (NC)</td>
<td>• La Clinica del Pueblo, Inc (DC)</td>
</tr>
<tr>
<td>• CrescentCare (LA)</td>
<td>• <strong>PEERS MI</strong></td>
<td>• Positive Impact Health Centers (GA)</td>
<td>• Oklahoma State University Center Health Sciences (OK)</td>
</tr>
<tr>
<td>• Henry Ford Health System (MI)</td>
<td>• HOPE Center (GA)</td>
<td><strong>TIA/CHANGE</strong></td>
<td>• Health Emergency Lifeline Programs (MI)</td>
</tr>
<tr>
<td>• Centro Ararat (PR)</td>
<td>• Broward House, Inc. (FL)</td>
<td>• Alaska Native Tribal Health Consortium (AK)</td>
<td>• Our Lady of the Lake Hospital, Inc. (LA)</td>
</tr>
<tr>
<td><strong>T.X.T.X.T.</strong></td>
<td><strong>University of Mississippi Medical Center (MS)</strong></td>
<td><strong>TIA/CHANGE</strong></td>
<td><strong>S.B.I.R.T.</strong></td>
</tr>
<tr>
<td>• UNIFIED-HIV Health &amp; Beyond (MI)</td>
<td>• University of Mississippi Medical Center (MS)</td>
<td>• Alaska Native Tribal Health Consortium (AK)</td>
<td>• The Poverello Center Inc. (FL)</td>
</tr>
<tr>
<td>• Research Foundation SUNY HEAT Program (NY)</td>
<td>• University of Mississippi Medical Center (MS)</td>
<td>• Chicago Women’s AIDS Project (IL)</td>
<td>• North Jersey Community Research Initiative (NJ)</td>
</tr>
</tbody>
</table>
Geographic Distribution of Sites
Birmingham AIDS Outreach (BAO)

T-HEAL (Transwomen Health Affirmation and Learning) Project

Birmingham, Alabama
Destiny Clark, Christa DeVauhn and Rasheeda Johnson
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 Goals
- T-Heal Implementation
- Viral Suppression
- Sustained Intervention Delivery
## Presenter Contact Info

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|---------------------------------------------|-------------------------------------------------------------------------------------------------|
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Christa DeVaughn: [christa@birminghamaidsoutreach.org](mailto:christa@birminghamaidsoutreach.org)  
Rasheeda Johnson: [rasheeda@mcwc-bao.org](mailto: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
### Compilation Levels of Evidence

<table>
<thead>
<tr>
<th>Evidence-Based</th>
<th>Evidence-Informed</th>
<th>Emerging Strategies</th>
</tr>
</thead>
</table>

- **Evidence-Based**
- **Evidence-Informed**
- **Emerging Strategies**
Compilation of Best Practice Strategies and Interventions Submission Form

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
- Linkage to HIV medical care
- Retention & engagement in HIV medical care
- Prescription of antiretroviral therapy
- Viral suppression
<table>
<thead>
<tr>
<th><strong>Compilation Profile Sample</strong></th>
</tr>
</thead>
</table>

**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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**HRSA HIV/AIDS Bureau**

**Ryan White HIV/AIDS Program**

**Best Practices Compilation**

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**Ryan White & Global HIV/AIDS Programs**
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
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](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/](https://www.cdc.gov/hiv/research/interventionresearch/compendium/)


  - Subscribe for updates at [TargetHIV.org/bestpractices](https://targethiv.org/bestpractices) and receive announcements when the call for submissions opens.
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83
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