



HRSA's Ending the HIV Epidemic Initiative Community Engagement Highlights

08/12/2020

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Vision: Healthy Communities, Healthy People



Ending
the
HIV
Epidemic

Now is the time to end the HIV epidemic

We have access to the most powerful HIV treatment and prevention tools in history and and we know where infections are rapidly spreading.

By equipping all communities at risk with these tools, we can end HIV in America.





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

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



Prevent

New HIV transmissions by using proven interventions, including preexposure 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.



Ending the HIV Epidemic: A Plan for America

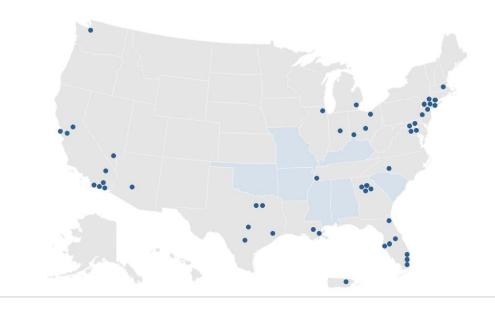
GOAL:

75% reduction in new HIV infections in 5 years

90% reduction in 10 years.

FOCUSED EFFORT

- 48 Counties, Washington, DC, and San Juan
 (PR) account for 50% of new infections
- 7 States with substantial rural HIV burden









HRSA HAB Ending the HIV Epidemic (EHE) Resources

JURISDICTIONS

COMMUNITY

ENGAGEMENT

SYSTEMS

COORDINATION

TA AND CAPACITY
BUILDING

Approximately \$63 million awarded to 60
Ryan White HIV/AIDS Program recipients to
link people with HIV to essential HIV care
and treatment and support services, as well
as to provide workforce training and
technical assistance.

- Ryan White HIV/AIDS Program Parts A and B
- Technical Assistance Provider
- Systems Coordination Provider
- Supplement Ryan White HIV/AIDS Program Part F AIDS Education and Training Center (AETC) Program for workforce capacity development





Identifying the Challenges Ahead

People with HIV in care

- Improve viral suppression rates
- Decrease disparities

People newly diagnosed with HIV

- Enhance linkage to care
- Enhance engagement in care

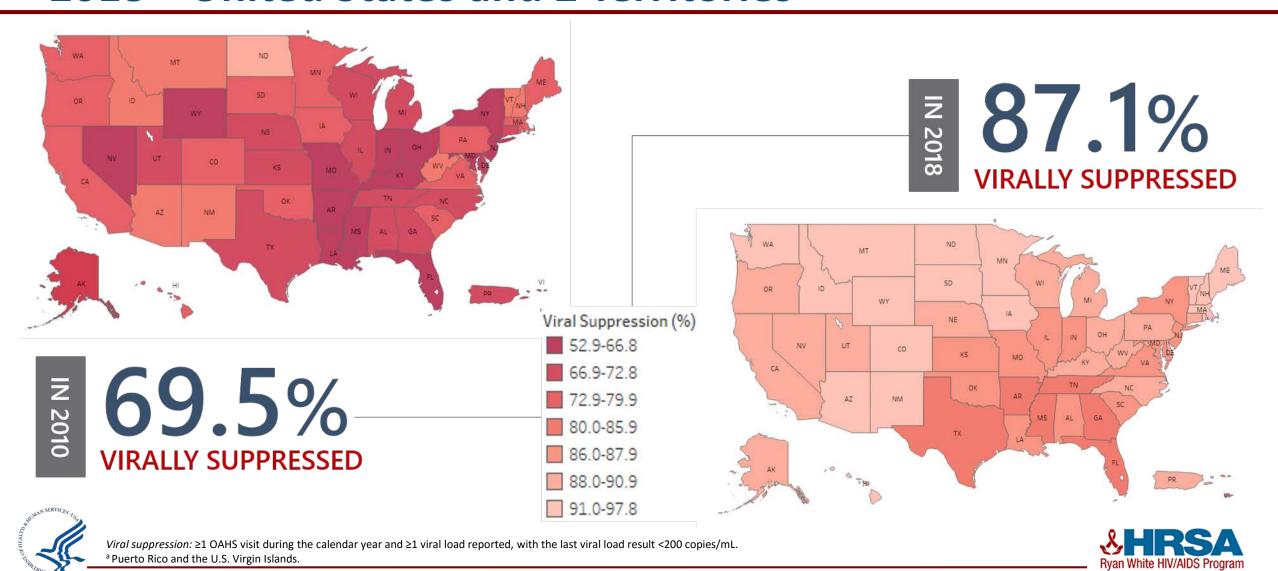
People with HIV out of care

- Expand reengagement in care
- Improve retention in care





Viral Suppression among RWHAP Clients, by State, 2010 and 2018—United States and 2 Territories^a



HRSA's Ending the HIV Epidemic Community Engagement Overview





HRSA EHE Listening Sessions – Locations



April

Baltimore, MD

July

- Jackson, MS
- Houston, TX
- Austin, TX
- Phoenix, AZ
- Los Angeles, CA
- Oakland, CA
- Sacramento, CA
- San Francisco, CA
- Columbia, SC
- Atlanta, GA

August

- Cincinnati, OH
- Indianapolis, IN
- Kansas City, MO
- Birmingham, AL
- Miami, FL

September

- Philadelphia, PA
- Louisville, KY
- Frankfort, KY

October

Oklahoma City, OK

November

- Little Rock, AR
- Memphis, TN





HRSA EHE Listening Sessions – Key Themes



- Addressing mental health, substance use, incarceration, transportation, and homelessness is critical to reach people not in care
- Planning for EHE needs to include communitybased organizations, community health centers, people with HIV, and new partners
- Supporting training for clinic staff to ensure that culturally responsive and supportive experiences happen for clients (for testing, care, and PrEP)
- Addressing stigma, health education, and criminalization laws





HRSA EHE Listening Sessions – Key Themes (cont.)



- 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 to adapt and adjust as they learn





Questions and Answers





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