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Jurisdictions Plan “Big Bets” to Fill Gaps in Care and Improve Outcomes for Ending the HIV Epidemic in Populations of Focus

Case Study: Cicatelli Associates Inc. (CAI) and National Alliance of State & Territorial AIDS Directors (NASTAD) – Intensive TA Sessions with EHE Jurisdictions

Introduction

Technical assistance support is an integral part of the federal, multi-agency Ending the HIV Epidemic in the U.S. (EHE) initiative, which began in 2020 and aims to reduce the number of new HIV infections in the U.S. by at least 90 percent. CAI’s-led Technical Assistance Provider-innovation network (TAP-in), funded by the Health Resources and Services Administration’s (HRSA) HIV/AIDS Bureau (HAB), provides technical assistance (TA) to the 47 HRSA HAB-funded EHE jurisdictions to work in partnership toward achieving this goal.¹

EHE jurisdictions have experienced numerous successes in mitigating the impacts of HIV. Viral suppression, which is crucial to improving health outcomes for people with HIV and eliminating the chances of transmitting HIV to others, remains a challenge. By the start of Year 4 of EHE in Spring 2023, HRSA HAB recognized the need to reflect on lessons learned, challenges, and successes, and use those insights to advance EHE goals over the final months of the project period.

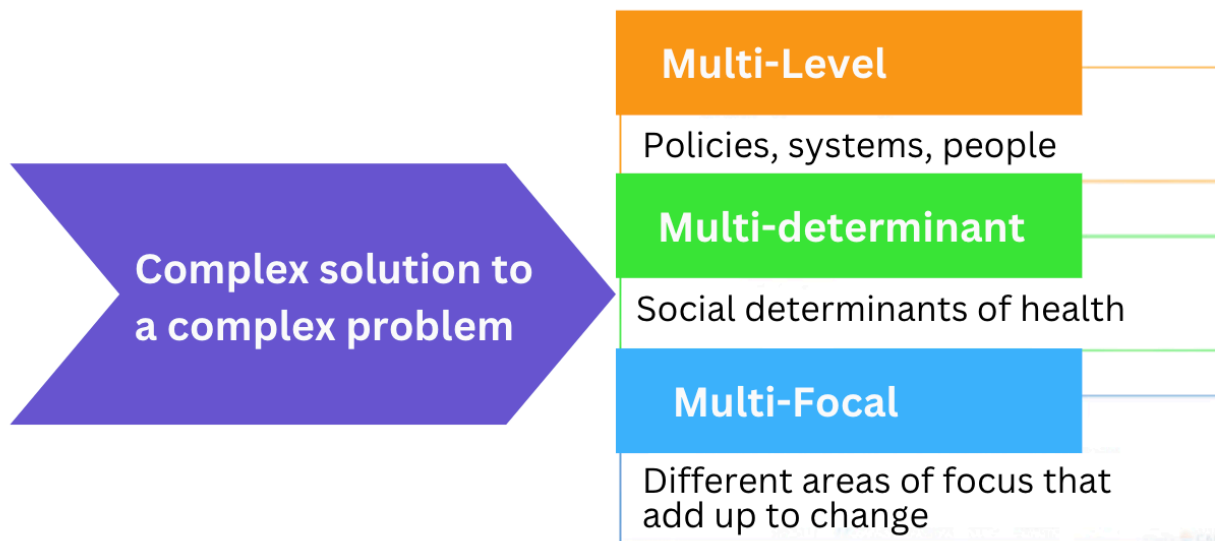
To accelerate impact and ignite the jurisdictions’ utilization of resources, in Year 4 of EHE, CAI’s TAP-

in partnered with NASTAD, HRSA’s EHE Systems Coordinator Provider (SCP), to implement a series of two-day Intensive TA Sessions.

During these Intensive TA Sessions, CAI and NASTAD supported the jurisdictions in planning their “Big Bets”— multi-level, multi-determinant, and multi-modal strategies (Figure 1) for populations of focus grounded in data and the extensive experience and lessons learned from EHE partners. These strategies focused on interventions, partnerships, and community engagement to address the social determinants of health that often create barriers to care among populations of focus, fill gaps in care, and facilitate the advancement of EHE objectives.² The sessions offered critical support for jurisdictions as they identified enduring HIV-related disparities among specific populations, engaged in problem-solving activities, and incorporated best practices, data analysis, mapping, data-informed strategy development, innovative approaches, funding mechanisms, planning activities, and new health and supportive system partners to expand their system of care into the design of their “Big Bets.”

Figure 1: Establishing a Big Bet: A Multi-level, Multi-determinant and Multi-focal Strategy

This case study explores the methods and outcomes of the “Big Bets” Intensive TA Sessions and how they fit into the overall strategy of the EHE initiative.



Intensive TA Sessions: Approach and Methodology

Under HAB’s guidance, CAI and NASTAD partnered to design and facilitate five in-person, two-day Intensive TA Sessions for multiple jurisdictions focused on improving health outcomes among populations of focus, increased innovation, and strategic use of EHE funds. A total of 151 EHE jurisdiction staff from 36 metropolitan EHE jurisdictions and seven states, participated in the sessions, held in September and October 2023 and January, February, and March 2024.

“The most valuable part of the session was meeting one another, hearing activities by other state jurisdictions, and taking a deep dive into ‘the how’ of making a ‘Big Bet’ happen.”

- EHE Jurisdiction Participant

CAI and NASTAD designed the “Big Bets” Intensive TA to break down siloed thinking and drive action. Jurisdictions convened with CAI and NASTAD coaches and HRSA HAB Leadership, Branch Chiefs, and Project Officers to encourage peer-based learning and collaboration. Session activities built upon each other, triggering new ideas among jurisdictions and inspiring action.

“We were able to learn more about what other jurisdictions are doing and how it may be applicable in my jurisdiction. [The most valuable aspect of the session was] Being able to take the challenges and successes we identified in Day 1 and developing a detailed plan for moving forward.”

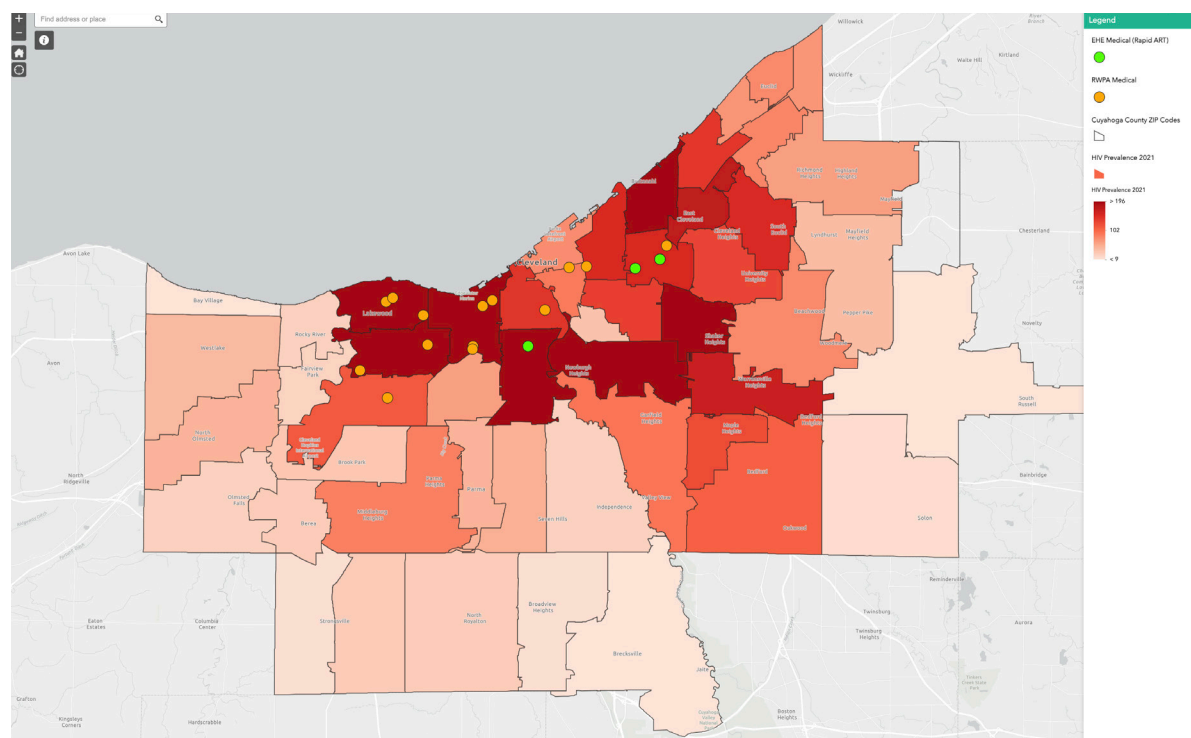
- EHE Jurisdiction Participant

Intensive TA Sessions: Development and Structure of Day 1

On Day 1, HAB provided an overview of EHE funding categories along with jurisdiction examples of EHE successes/innovations and challenges, and jurisdiction participants learned about the use of data and understanding their system of care to guide Big Bet strategy development, discussed innovative strategies, and reviewed with CAI and NASTAD coaches their continuums of care data. Participants learned about the “Big Bet” concept—and how to use their HIV “data ecosystem,” including medical payer/insurance data, electronic medical records, surveillance data (eHARS), laboratory data, insurance claims data, Ryan White HIV/AIDS Program (RWHAP) clinical data (collected through CareWare), qualitative data from (informal

or formal) focus groups, and prevention data—to inform their systems change process. Jurisdictions also engaged CAI TAP-in’s ArcGIS System of Care maps, receiving tailored visualizations of the HIV care continuums and system of care mapping data to aid in visualizing population and geographic-specific health disparities across access, availability, and equity of HIV care services in their jurisdiction (Figure 2). Using this information, jurisdictions identified subgroups, opportunities to expand partnerships, and gaps in services among their populations of focus that required specific attention and action to move closer to EHE goals.

Figure 2: Sample Tailored EHE Jurisdiction Map: Cuyahoga County (Cleveland), OH



Intensive TA Sessions: Development and Structure of Day 2

On Day 2 of the session, participants engaged in creative problem-solving activities to support jurisdiction teams generating innovative and creative strategies as they developed “Big Bet” strategies to engage their populations of focus. These efforts included identifying key partners and systems required to address systemic gaps driving disparities, including those related to administration, procurement,

and staffing. The teams also shared ideas about overcoming administrative barriers in their region, implementing innovative procurement processes to access resources, and assessing the readiness and feasibility of their strategies. The session culminated in developing an action plan to identify priorities for the next 30, 60, and 90 days to implement and execute their “Big Bet.”

Intensive TA Sessions: Outcomes

Of the 151 participants from 43 jurisdictions participating in the five sessions, 97 responded to the online evaluation questionnaire (response rate = 64.2%). On a scale of agreement of 1 to 5, with 1 being the lowest score and 5 being the highest score, respondents rated the sessions overall a 4.6 out of 5. They also rated their agreement with the following statements as follows: learned something new as a result of the event (4.68), plan to use what they learned from this event in their work (4.73), confident in their ability to apply what they learned as a result of the event to their work, and satisfied with the event (4.65). Additionally, 89% of respondents agreed that the event included the right amount of interaction.

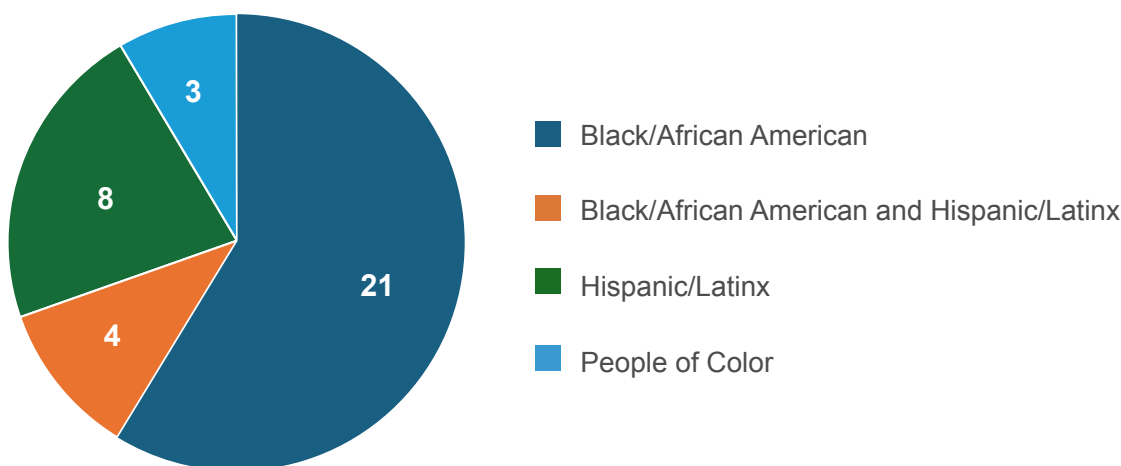
Many respondents provided meaningful qualitative feedback. When asked what they found to be the most valuable part of the event, 51% of respondents mentioned the ability to collaborate with others and engage in peer learning (n=45). For example, one respondent who attended the first session for the States said, “The conversations were great. We had multiple opportunities to share knowledge, ask questions, and receive clarification on the information/work.” Other common valuable aspects of the sessions include having dedicated time with their jurisdiction colleagues (n=10), leaving the session with an action plan and/or a developed “Big Bet” (n=10), and having in-person time with coaches, consultants, and/or

experts (n=7). Individuals who offered additional suggestions requested additional opportunities for intensive TA.

As part of developing a “Big Bet,” the jurisdiction teams identified a population of focus using data and information to inform where strategic and applied investments would have the greatest impact (Figure 3). Nearly one-half of participating jurisdictions selected Black/African Americans alone as their population of focus. Eight jurisdictions selected Hispanic/Latinx, and four selected both Black/African American and Hispanic/Latinx as their populations of focus. Another three jurisdictions selected People of Color. Of the 19 jurisdictions that selected a risk factor as their population of focus, 18 indicated men who have sex with men (MSM), and one noted injection drug use. Nearly half of the 26 jurisdictions that opted to address gender identity selected male. One jurisdiction selected Transgender Women. Eight jurisdictions defined their focus population as “out of care.” Newly diagnosed and homeless/unstably housed were each noted by three jurisdictions. Migrant/undocumented (2 jurisdictions) and justice-involved people with HIV (one jurisdiction) were also identified. When identifying a population of focus by age group, eight jurisdictions selected “young adults,” and another three noted “older adults.”

Figure 3: Big Bets Populations of Focus by Race/Ethnicity

Big Bets By Race/Ethnicity





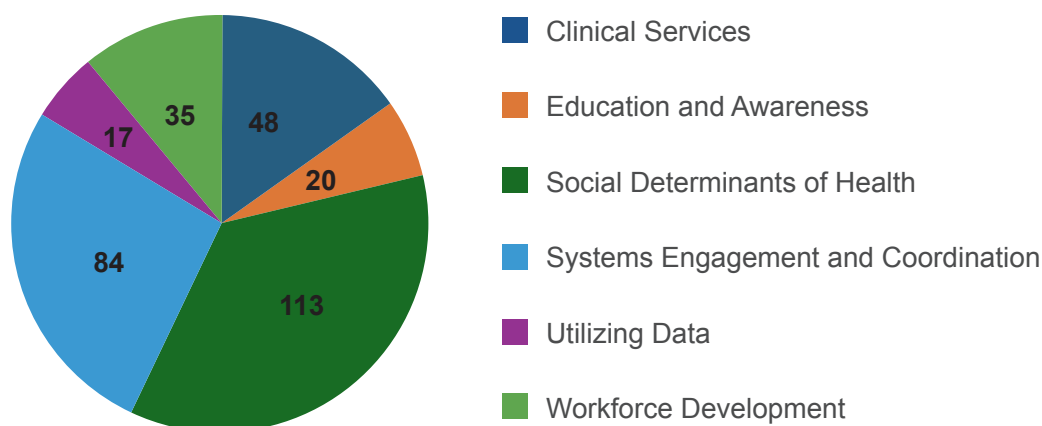
Participating sites proposed 317 “Big Bet” strategies, an average of more than 7 strategies per jurisdiction. CAI coaches provided follow-up TA to jurisdictions as they clarified and implemented their “Big Bets.” Several sites discussed their “Big Bets” during their Comprehensive Site Visit with HAB, either in preparation for (or following) their participation in the Intensive TA Session, while others integrated these strategies into their work plans and requests for carryover funds.

Strategies fell into diverse categories or themes (Figure 4), including social determinants of health (113

strategies), systems engagement and coordination (84 strategies), clinical services (48 strategies), workforce development (35 strategies), education and awareness (20 strategies), and utilizing data (17 strategies). The diverse proposed strategies within these categories included mHealth/apps, mobile health programs, incentives, housing, support services, pharmacy and FQHC partnerships/initiatives, Rapid ART, telehealth, trauma-informed care, Data to Care, use of community health workers, and peer initiatives.

Figure 4: Big Bet Strategies by Theme (Total n=317)

Total Number of Strategies per Theme



Example of Jurisdictional Success: Los Angeles County

For their Big Bet, the Los Angeles County (LAC) Department of Public Health, Division of HIV and STD Programs launched the Feel well, Live well, Expand Options (FLEX) Card Program for people with HIV (PWH), with an emphasis on supporting people of trans experience and Black and Latinx MSM (Figure 5). This program will provide at least 1,250 eligible individuals with a monthly \$400 gift card to offer half a year's support (September 2024 to February 2025) for basic needs, such as groceries and fuel, and may allow individuals to reallocate existing funds to be used for other pressing needs. The gift cards are an investment in the physical and mental well-being of Angelenos and will allow opportunities for participants to improve their long-term health outcomes and remain engaged in care by addressing the social determinants of health that prevent individuals from consistently accessing care and treatment. Enrolled clients can use their gift cards at participating grocery stores, pharmacies, gas stations, and more. The FLEX Card Program will also assess the impact of guaranteed financial resources on clinical outcomes such as viral suppression and retention in care among people with HIV in LAC. The project received 2,707 applications and plans to enroll 1,250 participants. Enrollment concluded on September 26, 2024, and the first payments were released on September 30, 2024.

Figure 5: Los Angeles County FLEX Card Program Flyer



Example of Jurisdictional Success: Fulton County

The Fulton County Department for HIV Elimination, in Atlanta, GA, focused on engaging Black MSM ages 24-35 located in south Atlanta into HIV care. To accomplish this goal, the jurisdiction leveraged their EHE dollars to fund new and existing partners to establish four differentiated-care clinics in key neighborhoods, expand access to telehealth and mobile HIV services, implement non-traditional clinic

hours, and implement evidence-based housing and utility assistance services. In conjunction with these new programs, the jurisdiction also leveraged EHE funds to bolster the staff capacity of their subrecipients, resulting in the hiring of a new population-specific peer counselor at a trusted CBO and the provision of trauma-informed care, stigma reduction, and Rapid ART training for HIV providers.

Example of Jurisdictional Success: San Juan

San Juan Municipality's EHE Project TIES sought to increase the uptake of HIV treatment and care through the development, implementation, and expansion of a multimedia outreach campaign disseminated on television and radio and community activities geared to the following populations of focus: MSM, men and women 24 years and older, and people who inject

drugs. They incorporated peer navigation into their linkage and retention services and planned to hire a Disease Intervention Specialist (DIS) to improve data tracking. In addition, they strengthened communication and collaboration between the Health Department and subrecipients, improving HIV Care Continuum data.

Follow-up Technical Assistance

After participation in each intensive TA session, CAI coaches continue to provide intensive TA to jurisdictions with an emphasis on finalizing and implementing their identified "Big Bet." Through individualized TA from TAP-in, jurisdictions are moving toward implementing their "Big Bet" strategies and maximizing impact toward EHE goals. TAP-in continues to meaningfully follow up with the jurisdictions to understand where they are in the process, what they need, and how TA can be supportive in accelerating action. Ongoing TA and subject matter expertise combined with peer learning are aimed at moving jurisdictions toward transforming their system of care by enhancing the implementation and impact of each jurisdiction's "Big Bet." TAP-in also conducted adapted and tailored versions of the Intensive TA Sessions for individual jurisdictions unable to attend one of the original five sessions and those seeking to expand the session to include their key stakeholders. TAP-in seeks to support the dissemination of EHE successes and innovations and, ultimately, create a solid foundation for EHE Phase 2.

TAP-in also followed up on their in-person TA with two virtual Intensive TA Sessions with 14 EHE jurisdictions, building on lessons learned, experiences, and data

collected. These tailored TA experiences, coupled with session pre-work and intensive follow-up, supported jurisdictions to "move the needle" closer to ending HIV in their communities. The first follow-up Intensive TA engagement occurred in Summer 2024, which focused on maintaining the momentum gained during the in-person "Big Bet" sessions to accelerate their achievements along the EHE HIV care continuum. Jurisdictions received updates and additional support on their plans, capacity, and partnerships, as well as guidance related to funding and administrative strategies to support the accelerated progress and implementation of their "Big Bets," including improved identification and engagement of critical internal and external collaborations and partnerships to maximize reach and impact among populations of focus. The Fall 2024 virtual Intensive TA Session focused on progress, challenges, and lessons learned in fostering and strengthening partnerships, including consideration of options to work with existing and new partners to measure and monitor the impact of "Big Bet" interventions.



Summary

The implementation of Intensive TA Sessions demonstrated an effective approach to support jurisdictions in their quest to analyze, problem-solve, and plan focused strategies to achieve EHE goals in prioritized areas. The use of adult learning strategies to conduct the TA sessions proved to be a well-received methodology to facilitate collaborative peer learning and champion partnership building, data analysis, and planning within and across teams. Together, jurisdictions brainstormed multi-level, multi-determinant, and multi-modal strategies and approaches to address HIV treatment and care challenges (such as linkage, retention and re-engagement in care, rapid initiation of ART, social determinants of health), drawing on

their data ecosystems to identify metrics that revealed populations of focus needing additional support to engage in HIV care and treatment. Moreover, the Intensive TA Sessions offered jurisdiction teams unique opportunities to confer directly with other jurisdictions, CAI and NASTAD coaches and HAB staff, who could provide real-time feedback on their proposed “Big Bet” strategies. Overall, the Intensive TA Sessions were a unique strategy to foster peer-to-peer capacity among EHE jurisdictions, encouraging each other to innovate, take action, and, as a result, improve the lives of people with HIV and make progress towards the goals of ending the HIV epidemic.

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¹ U.S. Department of Health and Human Services. *HIV National Strategic Plan for the United States: A Roadmap to End the Epidemic 2021–2025*. 2021. Washington, DC.

² Garney WR, Wilson KL, Garcia KM, Muraleetharan D, Esquivel CH, Spadine MN, Panjwani S, Ajayi KV. Supporting and enabling the process of innovation in public health: The framework for public health innovation. *International Journal of Environmental Research and Public Health*. 2022 Aug 16;19(16):10099.