

2016 National Ryan White Conference on HIV Care and Treatment

**Forward Momentum: HRSA Implementation of the
National HIV/AIDS Strategy: Updated to 2020**

**Wednesday, August 24, 2016
10:30 a.m. – 12:00 p.m.**

Disclosures

The presenters have no financial interest to disclose.

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PESG, HRSA, and LRG staff has no financial interest to disclose.



Speakers

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Director, Office of National AIDS Policy of the White House Domestic Policy Council

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Associate Administrator, HIV/AIDS Bureau

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Division Director, Division of Policy and Data, HIV/AIDS Bureau

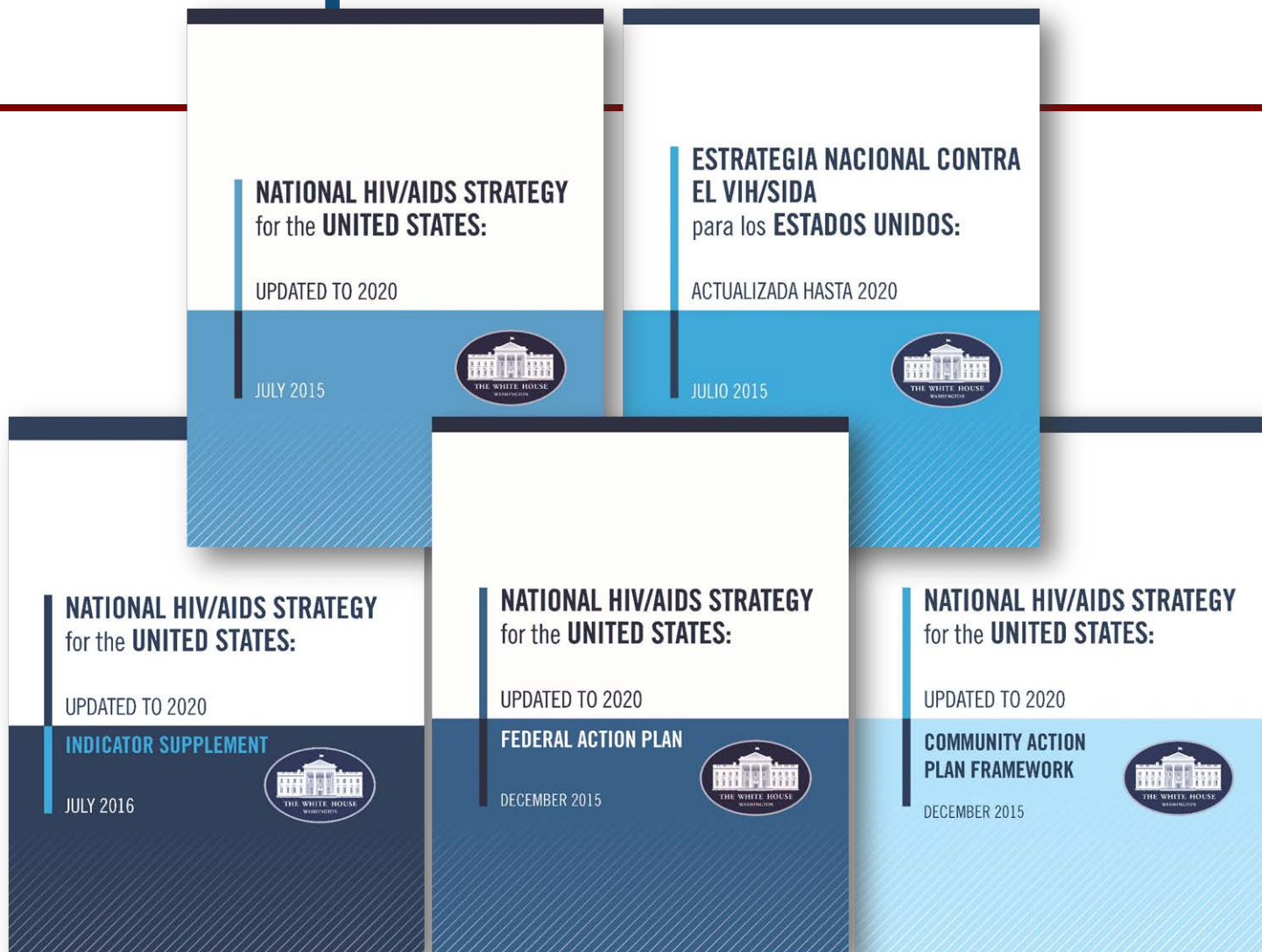
Tanchica L. Terry, MPH, MA (Moderator)

Senior Advisor, Division of Policy and Data, HIV/AIDS Bureau

The Vision

- The United States will become a place where new HIV infections are rare, and when they do occur,
- every person, regardless of age, gender, race/ethnicity, sexual orientation,
- gender identity, or socio-economic circumstance
- will have unfettered access
- to high-quality, life-extending care, free from stigma and discrimination.

NHAS: Updated to 2020



NHAS: Updated to 2020

RECOMMENDED STEPS

NOTE: Some of these steps can be taken simultaneously (i.e. connecting with other organizations and stakeholders as you plan your action items).

1. Read and review the *National HIV/AIDS Strategy: Updated to 2020* and the *Federal Action Plan*.
 - a. What areas outlined by the Strategy would your organization most like to target?
 - b. Where can your organization best focus your efforts—at the local, state, Tribal, or national level?
2. Identify your organization's focus areas, existing projects, funding, local network, and potential partners and ongoing activities that are related to the Strategy.
 - a. What populations in your community are at greatest risk for HIV infection?
 - b. What are the gaps in HIV-related services, policies, education, and awareness in your community?
 - c. What resources (personnel, money, time) does your organization have to dedicate to implementing the Strategy?

FOCUS QUESTIONS

- How can your organization connect people living with HIV to health care coverage?
- What can your organization do to strengthen the current provider workforce and increase the number of HIV providers through integrating services, collaborating across programs and systems, and providing or obtaining training and experience?
- In what ways can your organization help increase screening and treatment for substance use and mental health disorders for persons living with HIV?

EXAMPLES OF ACTIONS FOR STAKEHOLDERS

Community-based organizations can:

- Determine effective ways that HIV testing services can be marketed to populations at highest risk, and take steps to allocate resources accordingly.
- Provide linkage to PrEP services for persons at substantial risk for HIV infection.

Advocacy groups can:

- Promote access to PrEP for those at substantial risk and immediate treatment for persons with diagnosed HIV infection.
- Provide lawmakers and policymakers with the latest scientific information regarding HIV acquisition and transmission risks.



SAMPLE TEMPLATE: EXAMPLE FOR COMMUNITY-BASED ORGANIZATIONS

NHAS GOAL AND STEP	PROGRAMMATIC GOAL	ACTION	TARGET YEAR FOR COMPLETION	LEADERSHIP	PARTNERS	RESOURCES	DATA		COMMUNICATIONS
							MEASURES TO MONITOR PROGRESS	MEASURES OF IMPACT	
Step 1.C: Educate all Americans with easily accessible, scientifically accurate information about HIV risks, prevention, and transmission.	Increase the number of young Black gay and bisexual men (YBMSM) and transgender women in our community who know their HIV	EXAMPLE: Determine effective ways that HIV testing services can be marketed to populations at highest risk. ACTION:	2018	Jane Doe	Community support groups, youth groups, radio and TV stations	\$10,000 x 3 years	Percentage increase of YBMSM and transgender women who know their HIV status, who are taking PrEP or PEP, and who are in treatment	Align with NHAS Indicators #1, #2, #4 and #6	Monthly blog posts, local news interviews

Goals: Monitoring Our Progress

NATIONAL HIV/AIDS STRATEGY: UPDATED TO 2020 MONITORING OUR PROGRESS

GOAL 1:

REDUCING NEW HIV INFECTIONS

- ✓ Increase knowledge of serostatus
- ✓ Reduce new diagnoses
- ✗ Reduce HIV-risk behaviors among young gay and bisexual males

GOAL 3:

REDUCING HIV-RELATED DISPARITIES

Reduce disparities in HIV diagnosis among:

- ✗ Gay and bisexual men
- ✗ Young Black gay and bisexual men
- ✓ Black females
- ✗ Persons living in the Southern US

Increase viral suppression among:

- ✓ Youth
- ✓ Persons who inject drugs

GOAL 2:

IMPROVING HEALTH OUTCOMES FOR PEOPLE LIVING WITH HIV

- ✓ Increase linkage to care
- ➡ Increase retention in HIV care
- ✓ Increase viral suppression
- ✗ Reduce homelessness
- ✓ Reduce death rate

DEVELOPMENTAL INDICATORS

- Use of pre-exposure prophylaxis (PrEP)
- HIV stigma
- HIV among transgender persons

- ✓ ANNUAL TARGET MET
- ➡ ANNUAL TARGET NOT MET
(Progress in the expected direction)
- ✗ ANNUAL TARGET NOT MET
(Moving in the wrong direction)

Learn more about the National HIV/AIDS Strategy: Updated to 2020 at [AIDS.gov/2020](https://aids.gov/2020) #HIV2020



Dr. Laura Cheever

on behalf of Dr. Deborah Parham-Hopson, HRSA Senior Health Advisor

What's new? What's different?

Harnessing the benefits of the **Affordable Care Act**

- Expanded coverage options
- HIV as a preexisting condition: no longer a barrier

Incorporating tremendous **scientific progress**

- PrEP
- Testing technologies
- Granular hotspot surveillance

Lessons and progress from the 2010 Strategy

- Interagency collaborations
- Working groups
- Funding allocation

Established by Executive Order

The Update has incorporated the recommendations on:

- HIV and Violence Against Women and Girls
- HIV Continuum of Care Initiative

Implementing the National HIV/AIDS Strategy for the United States for 2015-2020

- Within 100 days of July 30, 2015, each lead agency shall submit the agency's action plan for implementing the Updated Strategy



Ms. Antigone Dempsey

Health Resources and Services Administration

HIV/AIDS Bureau

NHAS 2020

Indicators At-A-Glance



INDICATOR 1 Increase the percentage of people living with HIV who know their serostatus to at least **90 percent**.



INDICATOR 2 Reduce the number of new diagnoses by at least **25 percent**.



INDICATOR 3 Reduce the percentage of young gay and bisexual men who have engaged in HIV-risk behaviors by at least **10 percent**.



INDICATOR 4 Increase the percentage of newly diagnosed persons linked to HIV medical care within one month of their HIV diagnosis to at least **85 percent**.



INDICATOR 5 Increase the percentage of persons with diagnosed HIV infection who are retained in HIV medical care to at least **90 percent**.



INDICATOR 6 Increase the percentage of persons with diagnosed HIV infection who are virally suppressed to at least **80 percent**.



INDICATOR 7 Reduce the percentage of persons in HIV medical care who are homeless to no more than **5 percent**.



INDICATOR 8 Reduce the death rate among persons with diagnosed HIV infection by at least **33 percent**.



INDICATOR 9 Reduce disparities in the rate of new diagnoses by at least **15 percent** in the following groups: gay and bisexual men, young Black gay and bisexual men, Black females, and persons living in the Southern United States.



INDICATOR 10 Increase the percentage of youth and persons who inject drugs with diagnosed HIV infection who are virally suppressed to at least **80 percent**.

HIV/AIDS Bureau 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.



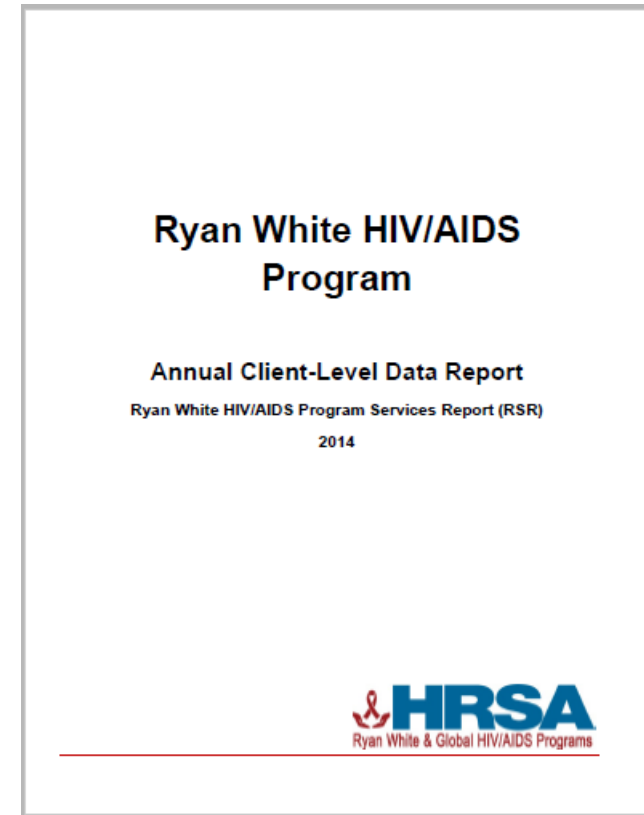
HIV/AIDS Bureau Priorities

- **NHAS 2020/PEPFAR 3.0** - Maximize HRSA HAB expertise and resources to operationalize NHAS 2020 and PEPFAR 3.0
- **Leadership** - Enhance and lead national and international HIV care and treatment through evidence-informed innovations, policy development, health workforce development, and program implementation
- **Partnerships** - Enhance and develop strategic domestic and international partnerships internally and externally
- **Integration** - Integrate HIV prevention, care, and treatment in an evolving healthcare environment
- **Data Utilization** - Use data from program reporting systems, surveillance, modeling, and other programs, as well as results from evaluation and special projects efforts to target, prioritize, and improve policies, programs, and service delivery
- **Operations** - Strengthen HAB administrative and programmatic processes through Bureau-wide knowledge management, innovation, and collaboration

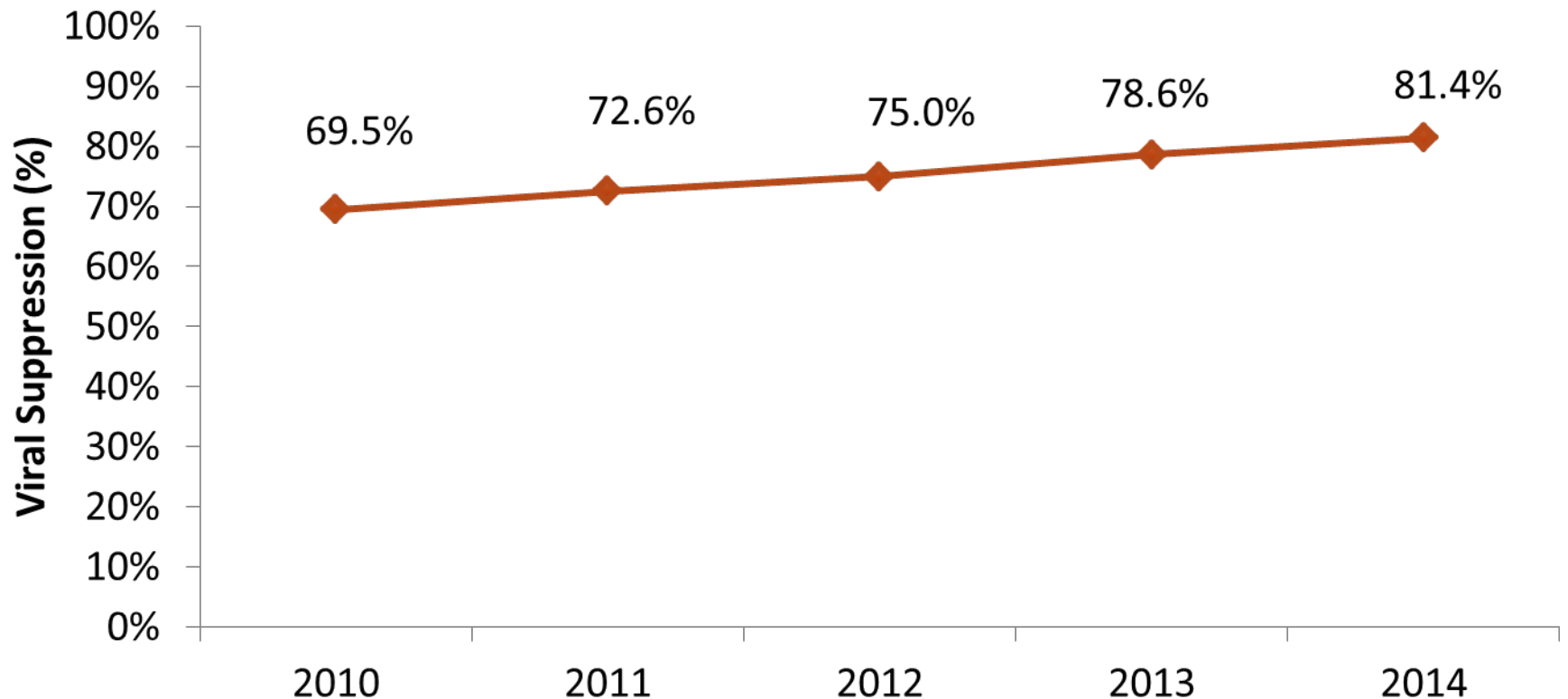


Using Client-level Data to Measure Outcomes

- National focus on data
- Program monitoring and evaluation
- National HIV/AIDS Strategy for the United States: Updated to 2020 (NHAS 2020)
- 5 years of data available 2010-2014
- Expands the availability of and access to Ryan White HIV/AIDS Program client-level information
- First annual publication of national RWHAP client-level data collected through the RSR
- EMA & TGA data reports look at all data within an EMA/TGA (Includes RWHAP Parts A-D funded recipients)



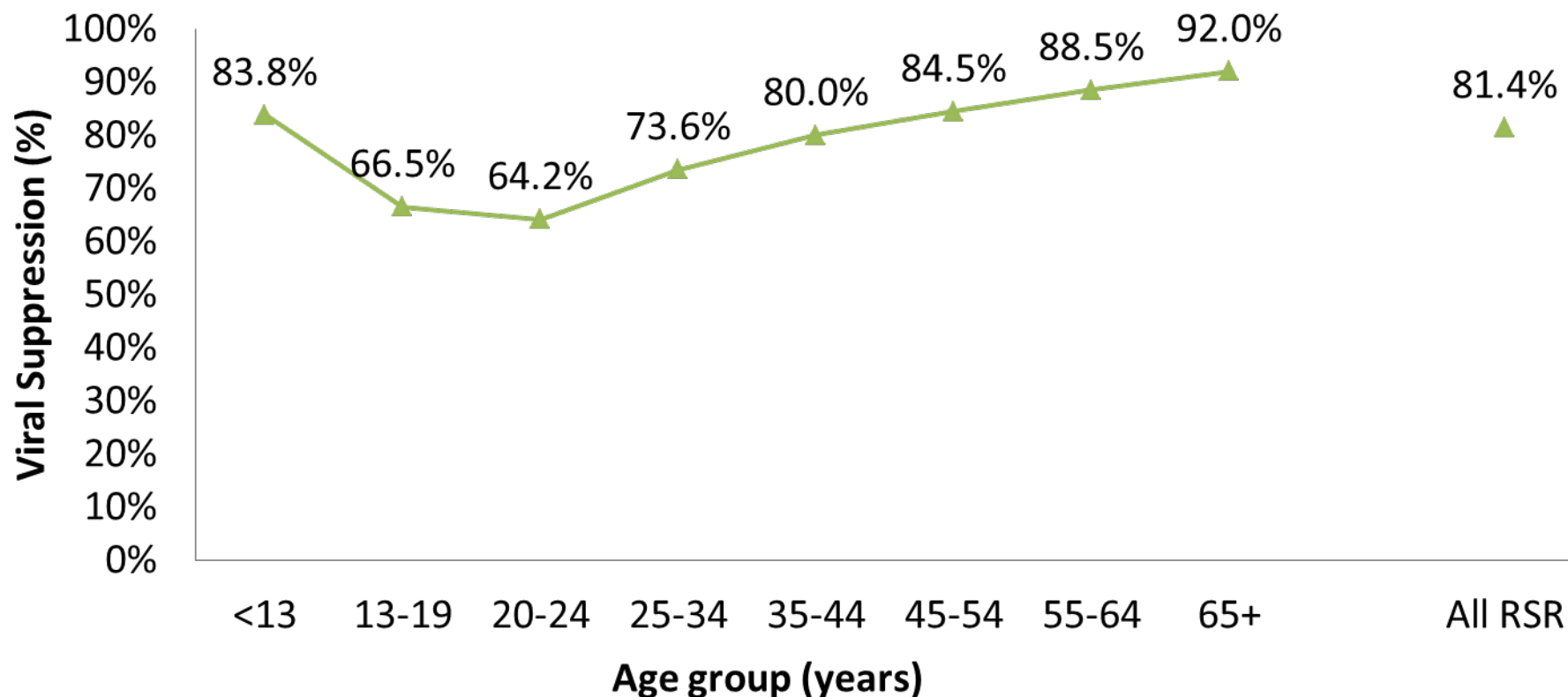
Viral Suppression, RSR 2010-2014



Viral suppression: ≥ 1 OAMC visit during the calendar year and had ≥ 1 viral load reported whose last viral load was <200 copies/mL.

Source: HRSA, HIV/AIDS Bureau, Annual Client-Level Data Report, Ryan White Services Report, 2014

Viral Suppression by Age, RSR 2014

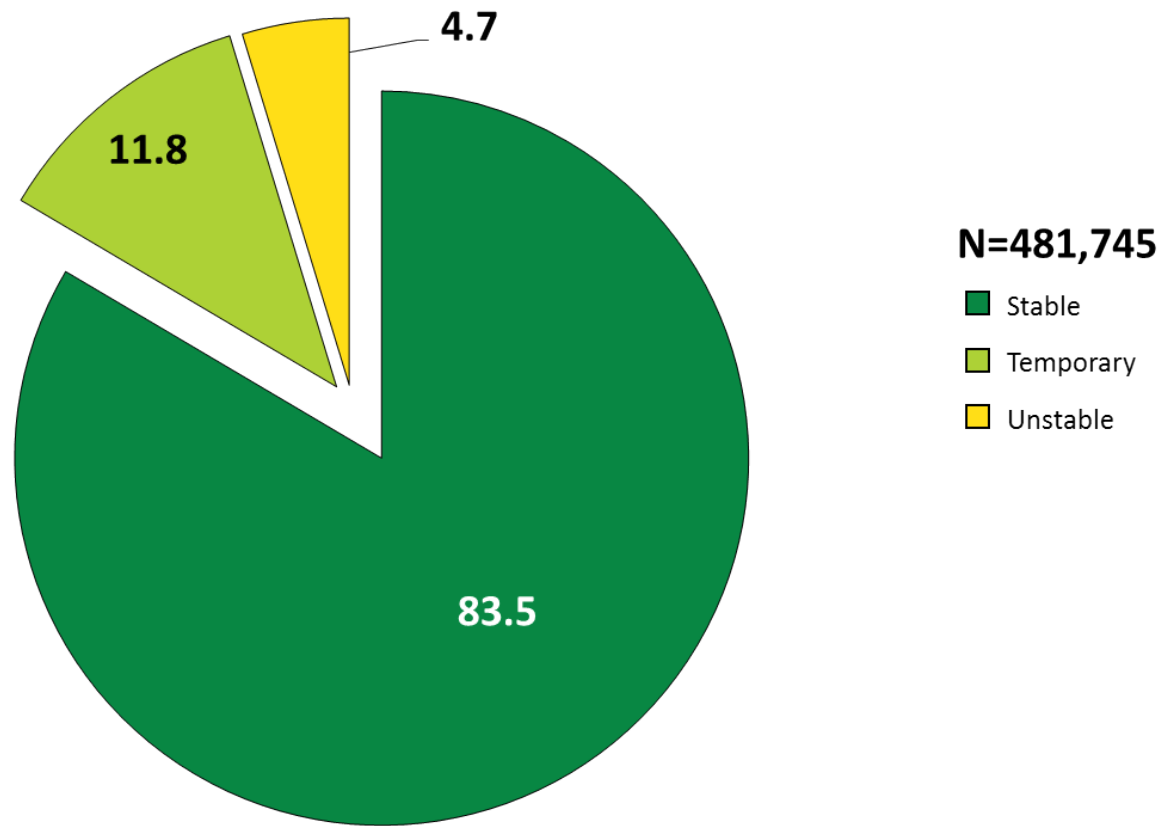


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Source: HRSA, HIV/AIDS Bureau, Annual Client-Level Data Report, Ryan White Services Report, 2014

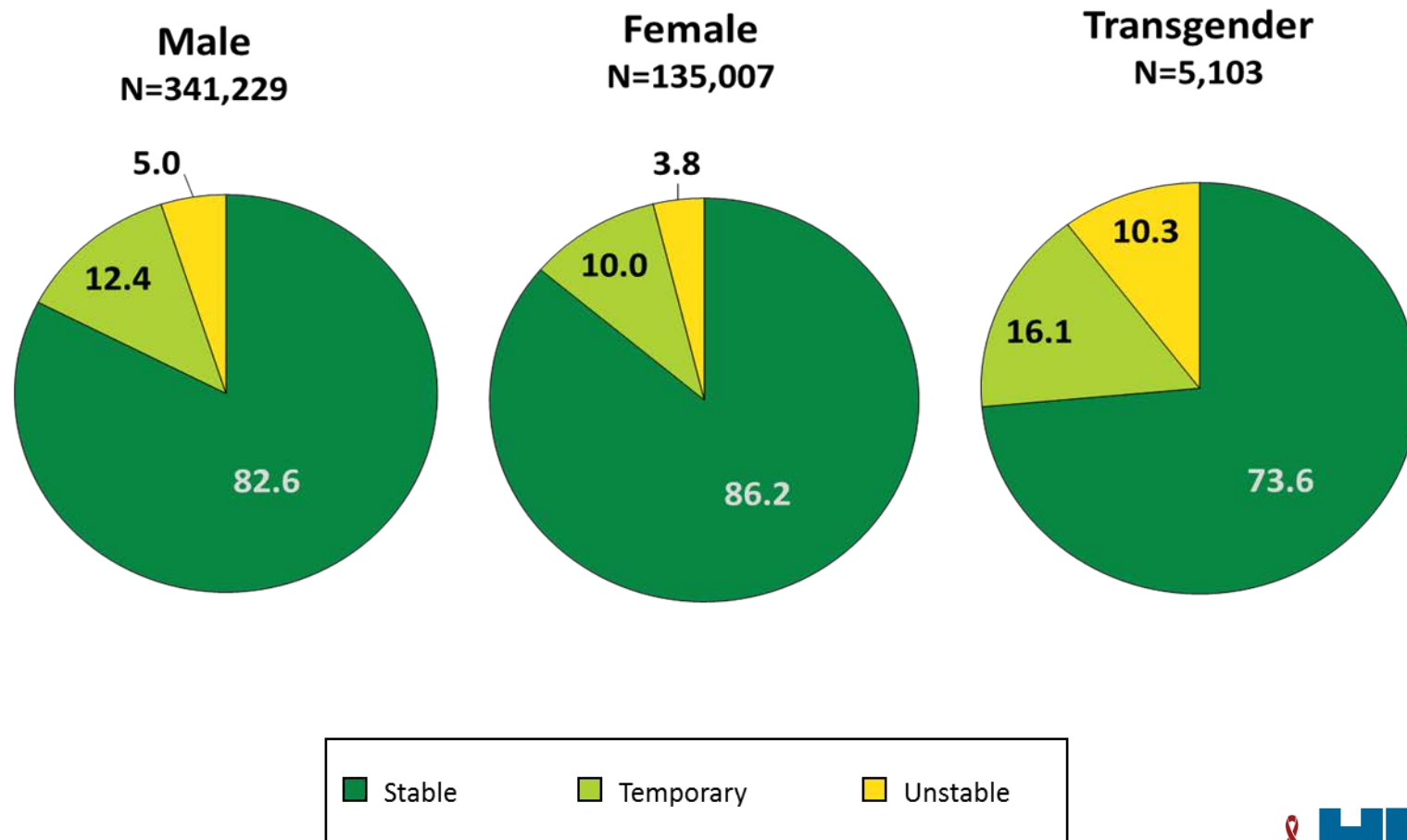


Ryan White HIV/AIDS Program Clients (non-ADAP), by Housing Status, 2014—United States and 3 Territories

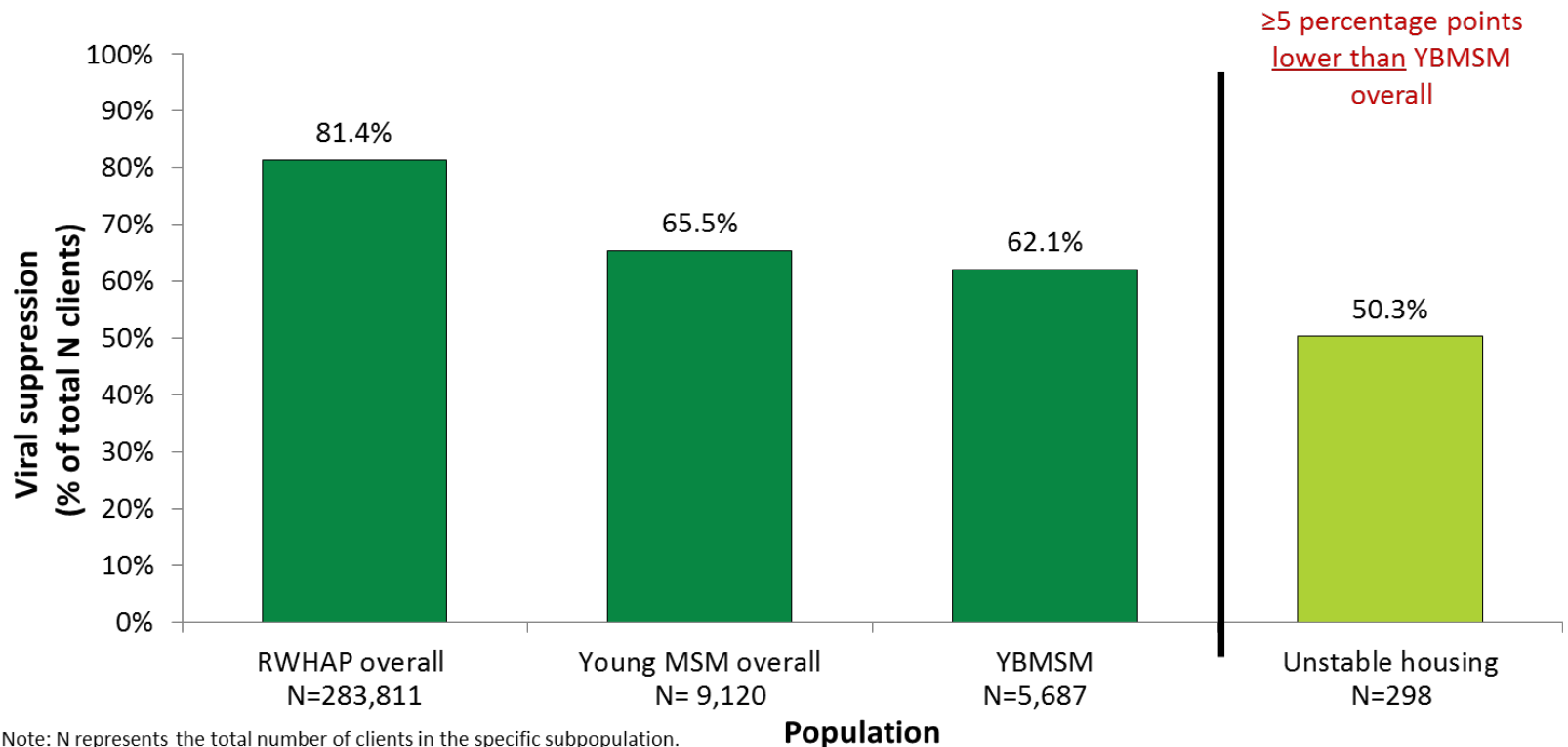




Ryan White HIV/AIDS Program Clients (non-ADAP), by Gender and Housing Status, 2014—United States and 3 Territories



Viral Suppression among Young, Black/African American MSM (YBMSM) Aged 13–24 Years Served by the Ryan White HIV/AIDS Program (non-ADAP), 2014—United States and 3 Territories



Note: N represents the total number of clients in the specific subpopulation.

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



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Listening Session

Question and Answer

THANK YOU!