National HIV/AIDS Strategy Update

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National HIV/AIDS Strategy

• **Reduce new infections** (25%), lower transmission rate (30%), and increase to 90% awareness of HIV+ serostatus

• **Improve access to and outcomes of care** by linking 80% of PLH to care w/in 3 mo of diagnosis, increase to 80% RW clients in continuous care, and increase to 86% RW clients with permanent housing

• **Reduce HIV-related health disparities** by increasing by 20% the number of MSM, Blacks, and Latinos with undetectable viral load
Reducing New Infections

• Intensify HIV prevention efforts in communities where HIV is most heavily concentrated

• Expand targeted efforts to prevent HIV infection using a combination of effective, evidence-based approaches

• Educate all Americans about the threat of HIV and how to prevent it
Persons Living with an HIV Diagnosis / 2008

Show data for:
- Overall

By Race / Ethnicity Group
- American Indian/Alaska Native
- Asian
- Black
- Hispanic/Latino
- Native Hawaiian/Other Pacific Islander
- White

By Sex Group
- Male
- Female

By Age Group
- 13 to 19
- 20 to 29
- 30 to 39
- 40 to 49
- 50 to 59
- 60+

2008 Rate of adults/adolescents living with an HIV diagnosis per 100,000 population
- 249+
- 135 to 248
- 84 to 134
- 54 to 83
- 0 to 53
- Data Not Shown*

Click to view Alaska | Hawaii | Puerto Rico

* Data are not shown to protect privacy because a small number of cases and/or a small population size.
** State health department requested not to release data.

NOTE: Caution should be exercised when interpreting county-level rates and case counts because these values are inclusive of correctional populations. Values may be inflated due to changes in institutionalized populations.

www.AIDSVu.org
Reducing New Infections: Implementation

- ECHPP grantees move from planning to Implementation phase (CDC)
- New HD FOA aligns resources for maximum impact (CDC)
- Enhanced HIV testing among racial/ethnic minority YMSM/TG (CDC)
- Advances in HIV prevention science (e.g., HPTN 052, RV-144; NIH)
- Integration of Rapid HIV testing in substance abuse facilities (SAMHSA)
- Inclusion of HIV/STI/IPV testing in Women’s Preventive Health Services Guidelines (HHS)
- Healthy People 2020 measuring HIV indicator (HHS)
Increasing Access to Care and Improving Health Outcomes for People Living with HIV

- Establish a **seamless system** to immediately link people to **continuous and coordinated quality care** when they learn they are infected with HIV.

- Take deliberate steps to **increase the number and diversity of available providers of clinical care and related services** for people living with HIV.

- Support people living with HIV with **co-occurring health conditions** (e.g., HCV) and those who have challenges meeting their **basic needs** (e.g., housing).
Continuum of HIV Care, U.S. 2012

OVERALL: Of the 1.1 million Americans living with HIV, only 25 percent are virally suppressed.

- Diagnosed: 82%
- Linked to Care: 66%
- Retained in Care: 37%
- Prescribed ART: 33%
- Virally Suppressed: 25%

(CDC. “HIV in the United States: The Stages of Care”, July 2012)
Increasing Access to Care: Implementation

- Improving access to Medicaid Coverage for persons living with HIV (CMS)
- Administering provisions of the Affordable Care Act (HHS)
- Expanding availability of HIV care in community health centers (HRSA)
- Strengthening provider capacity to deliver quality HIV care (HRSA)
- Updating new treatment and adherence guidelines (NIH)
- Enhancing culturally competent HIV care in community health centers (HRSA)
Reducing HIV-Related Disparities & Health Inequities

• Reduce **HIV-related mortality** in communities at high risk for HIV infection

• Adopt **community-level approaches** to reduce HIV infection in high-risk communities

• Reduce **stigma and discrimination** against people living with HIV
Social Determinants of Health

Socioeconomic & political context
- Governance
- Policy (Macroeconomic, Social, Health)
- Cultural and societal norms and values

Social position
- Education
- Occupation
- Income
- Gender
- Ethnicity/Race

Material circumstances
- Social cohesion
- Psychosocial factors
- Behaviors
- Biological factors

Health Care System

Distribution of health and well-being

SOCIAL DETERMINANTS OF HEALTH AND HEALTH INEQUITIES

Source: Amended from Solar & Irwin, 2007
Reducing HIV-related Disparities: Implementation

- Strengthening efforts to measure community viral load (CDC)
- Funding new tele-health training centers to improve access to hard-to-reach persons (HRSA)
- Realigning the Secretary’s Minority AIDS Initiative Fund (HHS)
- Assisting HDs to scale up HIV testing among African American and Hispanic MSM (CDC)
- Awarding new research grants to address the prevention needs of racial/ethnic minorities at increased risk of HIV infection (NIH)
Achieving a More Coordinated National Response to the HIV Epidemic in the US

- Ensure coordinated program administration
- Promote equitable resource allocation
- Streamline and standardize data collection
Coordinated National Response: Implementation

- 12 Cities Project
- Viral Hepatitis Action Plan
- Standardized core HIV Indicators
- Federal Leads Work Group (formerly HHS led)
- Care and Prevention of HIV in the US (CAPUS)
12 Cities Project & ECHPP

- Improve Federal communication
- Enhance coordination and collaboration
- Map Federal resources
- Enhance the provision of technical assistance
- Streamline federal reporting requirements
- Encourage the effective integration of prevention, treatment, and care
- Facilitate state planning
Challenges Highlighted by the 12 Cities Project Evaluation

- Need for better description of federal HIV/AIDS resources, by jurisdiction
- Collaboration is resource intensive and requires ongoing support
- Legislative and other barriers impede program integration (and resource sharing)
- Cross-agency differences in data collection terms and processes are barriers to joint prevention/care planning
- Recurrent concerns about NGO role in new HIV prevention paradigm
HHS Viral Hepatitis Action Plan

• Educating Providers and Communities to Reduce Health Disparities
• Improving testing, care, and treatment to prevent liver disease and cancer
• Strengthening Surveillance to Detect Viral Hepatitis Transmission and Disease
• Eliminating Transmission of Vaccine-Preventable Viral Hepatitis
• Reducing Viral Hepatitis Cases Caused by Drug-Use Behaviors
• Protecting Patients and Workers from Health-Care-Associated Viral Hepatitis
### Establishing Common Indicators for HHS-funded HIV Programs and Services

<table>
<thead>
<tr>
<th>Measure</th>
<th>Numerator</th>
<th>Denominator</th>
</tr>
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<tbody>
<tr>
<td><strong>HIV positivity</strong></td>
<td>Number of HIV positive tests in the 12-month measurement period</td>
<td>Number of HIV tests conducted in the 12-month measurement period</td>
</tr>
<tr>
<td><strong>Late HIV diagnosis</strong></td>
<td>Number of persons with a diagnosis of Stage 3 HIV infection (AIDS) within 3 months of diagnosis of HIV infection in the 12-month measurement period</td>
<td>Number of persons with an HIV diagnosis in the 12-month measurement period</td>
</tr>
<tr>
<td><strong>Linkage to HIV Medical Care</strong></td>
<td>Number of persons who attended a routine HIV medical care visit within 3 months of HIV diagnosis</td>
<td>Number of persons with an HIV diagnosis in 12-month measurement period</td>
</tr>
<tr>
<td><strong>Retention in HIV Medical Care</strong></td>
<td>Number of persons with an HIV diagnosis who had at least one HIV medical care visit in each 6 month period of the 24 month measurement period, with a minimum of 60 days between the first medical visit in the prior 6 month period and the last medical visit in the subsequent 6 month period</td>
<td>Number of persons with an HIV diagnosis with at least one HIV medical care visit in the first 6 months of the 24-month measurement period</td>
</tr>
<tr>
<td><strong>Antiretroviral Therapy (ART) Among Persons in HIV Medical Care</strong></td>
<td>Number of persons with an HIV diagnosis who are prescribed ART in the 12-month measurement period</td>
<td>Number of persons with an HIV diagnosis and who had at least one HIV medical care visit in the 12-month measurement period</td>
</tr>
<tr>
<td><strong>Viral Load Suppression Among Persons in HIV Medical Care</strong></td>
<td>Number of persons with an HIV diagnosis with a viral load &lt;200 copies/mL at last test in the 12-month measurement period</td>
<td>Number of persons with an HIV diagnosis and who had at least one HIV medical care visit in the 12-month measurement period</td>
</tr>
<tr>
<td><strong>Housing Status</strong></td>
<td>Number of persons with an HIV diagnosis who were homeless or unstably housed in the 12-month measurement period</td>
<td>Number of persons with an HIV diagnosis receiving HIV services in the last 12 months</td>
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Federal Leads

- Cross-Departmental Work Group: HHS, HUD, VA, DOJ, DOL, SSA
- Addressing health and social needs of persons with HIV leaving prison (re-entry)
- Housing and Homelessness (US Interagency Council on Homelessness)
- Increasing access to income supports, including job training and employment
- Criminalization and Discrimination (DOJ, CDC)
DOJ HIV/AIDS Litigation

Settlement Agreements & Consent Decrees

Glenbeigh -- re: settlement regarding exclusion of an individual from an alcohol treatment program because of the side effects of his HIV medication -- signed March 13, 2013

Woodlawn Family Dentistry -- re: dentist office’s unequal treatment of people with HIV in the scheduling of future dental appointments -- signed February 12, 2013

Castlewood Treatment Center -- re: eating disorder clinic’s refusal to treat a woman for a serious eating disorder because she has HIV -- signed February 6, 2013

Fayetteville Pain Center -- re: unlawful exclusion of a person with HIV from treatment -- signed January 30, 2013

Milton Hershey School -- re: unlawful exclusion of child with HIV from school -- signed May 11, 2012

Knoxville Chiropractic Centers -- re: settlement regarding chiropractor’s denial of treatment
Care and Prevention of HIV in the U.S. (CAPUS) Demonstration Project

- 3-year cross-agency demonstration project, led by CDC
- Supported by resources from the Secretary’s Minority AIDS Initiative Fund
- 8 states, competitive process
- Current Fiscal Year Funding: $14.2 M

Purpose: Reduce HIV and AIDS-related morbidity and mortality among racial and ethnic minorities living in the United States.
CAPUS Goals

• Increase the proportion who have diagnosed infection by **expanding and improving HIV testing capacity**, particularly racial/ethnic minorities living with HIV.

• Optimize **linkage to, retention in, and re-engagement with care and prevention services** for newly diagnosed and previously diagnosed racial/ethnic minorities living with HIV.
Selected Examples of CAPUS Activities

- Develop a clinical alert system for missed lab appointments
- Launch text message service to promote retention in care
- Hiring peer navigators to outreach clients who’ve dropped out of care
- Recruit/train navigators to assist clients meet housing needs
- Enhance transportation services for rural residents
Coordinated National Response: Challenges and Opportunities

- Disconnect between systems and vertical programs
- Fostering collaboration, coordination and integration
- Building sustainability in a changing environment
- Understanding reimbursement and payment structures
- Preparing healthcare workforce
- Deploying navigators and community health workers
- Stemming ongoing HIV stigma and discrimination
- Implementing electronic medical records and building connection between public health and clinical care
Future Directions

• Improve and sustain federal and local coordination
• Engage and strengthen relationships with partners
• Scale-up optimized prevention strategies
• Build capacity and provide technical assistance
• Utilize the Affordable Care Act and Ryan White to maintain complete package of services
• (Re)-Define role of CBOs for the new ACA/RW era
“What Can I Do?”

- **Know the Strategy** and Federal Implementation Plan
- **Follow updates** on the NHAS blog (aids.gov), which features posts from the ONAP, HHS officials, and others.
- **Inform others** about the Strategy and encourage their engagement in activities that help achieve its goals.
- **Discuss** what your agency or organization can do in new or different ways to better serve your constituents and align your efforts with the NHAS.
- **Participate in state and local discussions** about how HIV prevention, care and treatment efforts can better serve vulnerable populations.
- **Engage new partners** in HIV prevention, care, treatment and stigma-reduction efforts to strengthen our collective efforts.
- **Join us** in reinvigorating the fight to end the HIV epidemic
Vision of the National HIV/AIDS Strategy

“The United States will become a place where new 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.”
Follow key updates on NHAS Implementation at:

AIDS.gov

Questions or comments to:

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