

NCHHSTP Update

CDC/HRSA Advisory Committee on HIV, Viral Hepatitis, and STD Prevention and Treatment

April 18, 2023

Jonathan Mermin, MD, MPH

RADM and Assistant Surgeon General, USPHS

Director, National Center for HIV, Viral Hepatitis, STD and TB Prevention



CHAC updates

- **Charter Renewal**
- **Members**
- **Letters**



CDC Moving Forward

CDC's Structural Review Recommendations

1. Share science and data faster
2. Translate science into practical policy
3. Prioritize public health communications, focusing on the American public
4. Develop a CDC workforce ready to respond to future threats
5. Promote results based partnerships

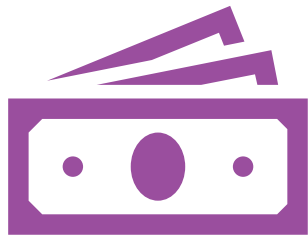


High impact prevention

Leveraging laws, policies, and partnerships to create structural change

Policy as a Public Health Intervention Initiative (PPHI)

Multi-pronged and holistic approach to address the growing law and policy needs of NCHHSTP post COVID-19.



NCHHSTP's PPHI NOFO ¹



**CSTLTS National
Partnership NOFO**



**Policy and Health Equity
Partners**

1. <https://www.cdc.gov/nchhstp/funding/pphi/index.html>

HIV Criminalization Toolkit

- HIV Criminalization Legal and Policy Assessment Tool¹ was developed in collaboration with ChangeLab Solutions
- Assist states and policymakers to ensure HIV laws and policies align with current scientific and medical evidence

1. <https://www.cdc.gov/hiv/policies/law/hiv-criminalization-legal-and-policy-assessment-tool.html>

HIV Criminalization Legal and Policy Assessment Tool

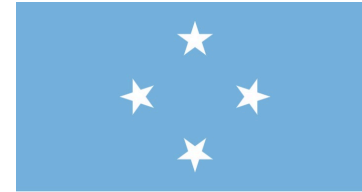
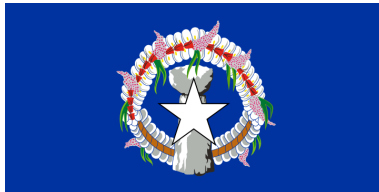
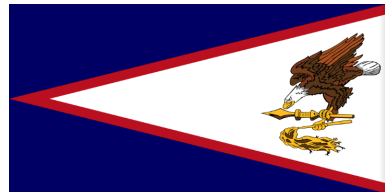
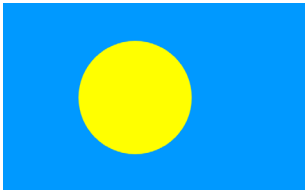
Legal, Health, and Equity Considerations
Related to HIV Criminalization, Public
Health Surveillance, and Data Privacy



Syndemic approach in action

Accelerating the Prevention and Control of HIV, Viral Hepatitis, STDs, and TB in the U.S. Affiliated Pacific Islands (PS23-2302)

- Objectives:
 - Improve efficient use of resources through integration of screening & treatment for HIV, STDs, TB, & viral hepatitis
 - Reduce health disparities
 - Improve health systems infrastructure & service delivery
 - Reduce incidence of HIV, STDs, TB and viral hepatitis
- Strategies that highlight the importance for cross-program and cross-sector collaborations:
 - Program collaboration and Service Integration in high-priority settings and for populations disproportionately affected
 - Surveillance, Data Management, and Reporting
 - Workforce Development
 - Laboratory Strengthening for reliable and timely delivery of public health laboratory services
 - Disease-Specific Prevention and Care including testing, linkage to care, and partner services



Equity First

NCHHSTP Equity Initiative Implementation Plan

Focus Areas and Goals

Focus Area 1: Workplace Culture

- 1.1** Ensure an inclusive, collaborative, and anti-racist workforce culture.
- 1.2** Normalize discussions in the workplace about racial, ethnic, gender, and sexual identities, as well as racism and other systems of oppression.

Focus Area 2: Workplace Policies and Procedures

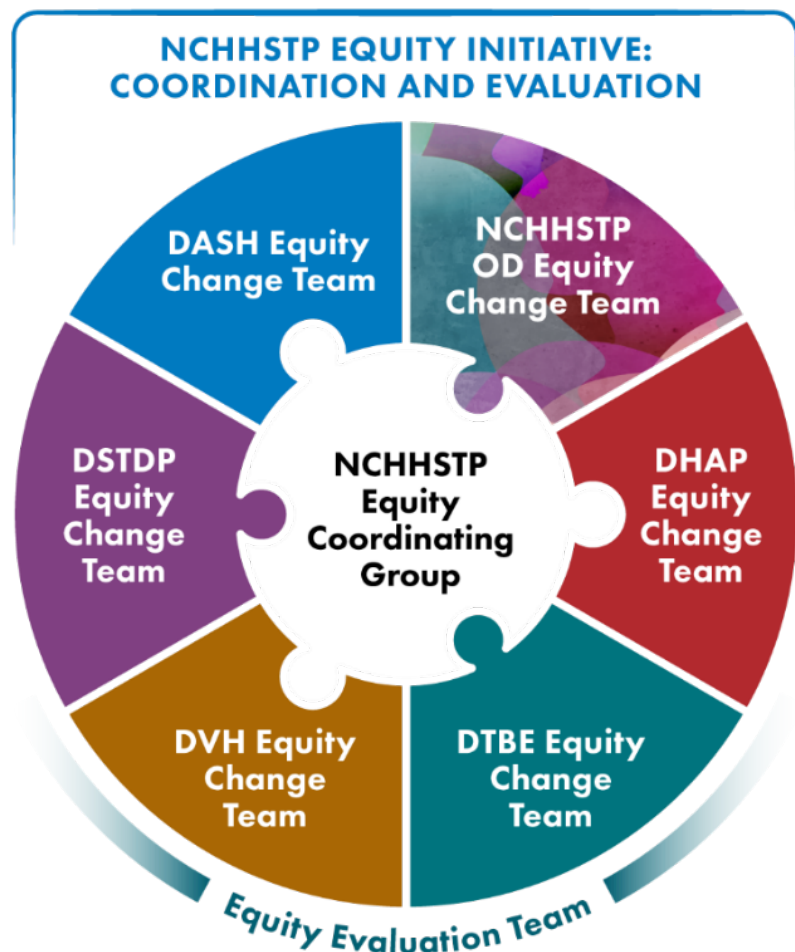
- 2.1** Ensure fairness and equity in recruitment, hiring, career advancement, and other human resource policies and practices.
- 2.2** Eliminate discriminatory or prejudicial behaviors and practices in the workplace.
- 2.3** Promote and coordinate equity activities throughout NCHHSTP.

Focus Area 3: Research, Policy, Programs, and Partnerships

- 3.1** Collaborate with partners to implement programs and policies that address the social and structural factors contributing to race-based and other disparities in NCHHSTP's priority diseases and populations.
- 3.2** Enhance NCHHSTP's strategic focus to advance health equity through research and programs.

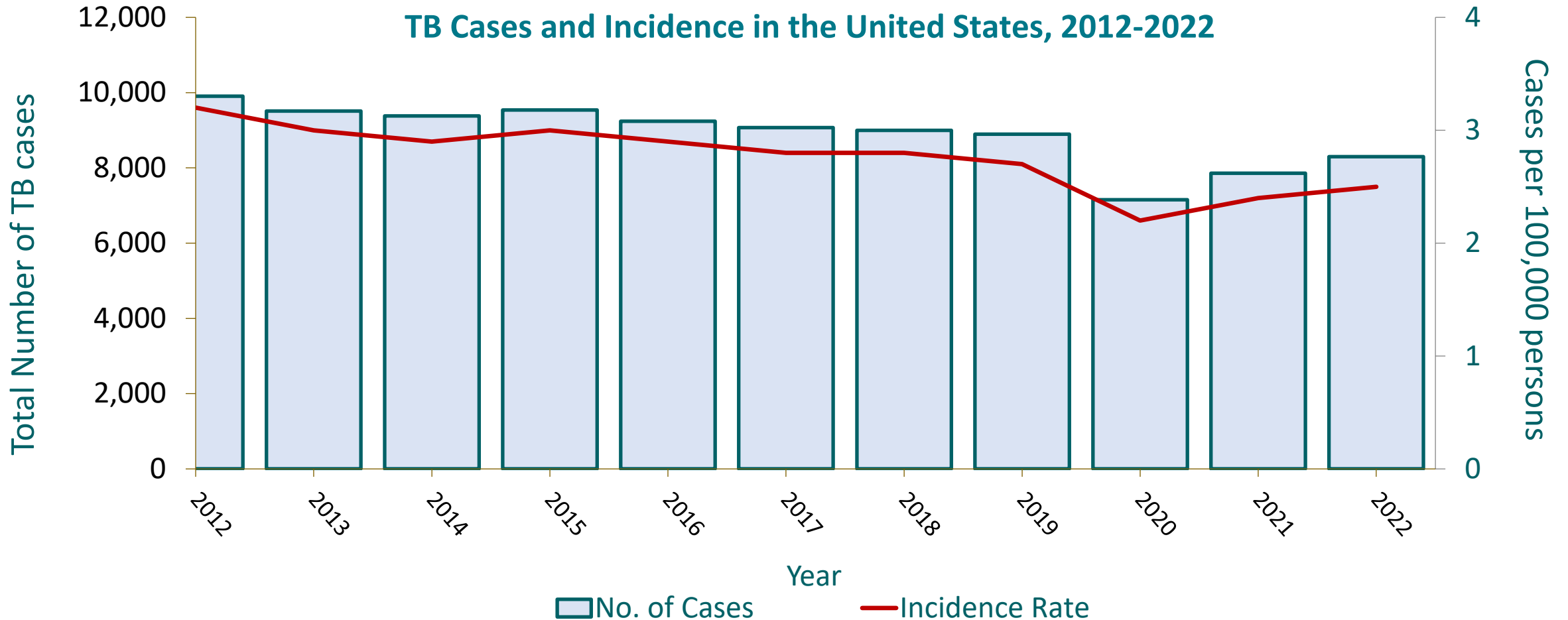
Equity First

NCHHSTP Equity Initiative Implementation Plan



- Established Structures:
 - Coordinating Group
 - Six Equity Change Teams
 - Evaluation Team
- Created Evaluation and Monitoring Plan
- Published two additional workforce factsheets
- Engaged with Partners – Forum
- Adapted an HHS asynchronous online version of a racial and health equity-focused training
- Launched OD and Division-level activities through the Equity Change Teams
- Launched external **NCHHSTP Equity Initiative website**

Provisional 2022 TB surveillance data show gradual return to pre-pandemic incidence rate



CDC Recommends vDOT to Monitor TB Treatment

Recommendations for Use of Video Directly Observed Therapy During Tuberculosis Treatment — United States, 2023





Division Adolescent and School Health

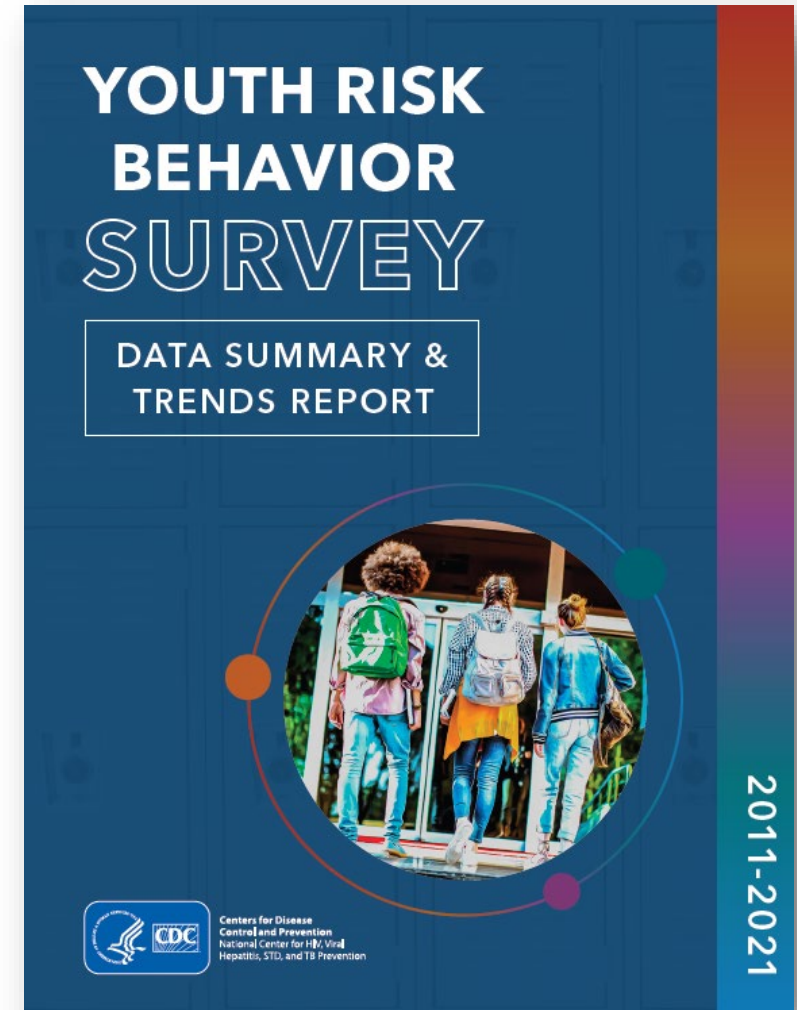
Kathleen Ethier, PhD

Director









2021 YRBS Data Summary & Trends Report




- Provides key data on health risk behaviors and experiences among high school students
 - **Sexual behavior**
 - **Substance use**
 - **Experiences of violence**
 - **Mental health and suicidality**
 - **New and emerging national data**
- First Youth Risk Behavior Survey data collected since the start of the COVID-19 pandemic



Substance Use







| The Percentage of High School Students Who:* | 2011 Total | 2013 Total | 2015 Total | 2017 Total | 2019 Total | 2021 Total | Trend |
|--|------------|------------|------------|------------|------------|------------|---|
| Currently drank alcohol | 39 | 35 | 33 | 30 | 29 | 23 |  |
| Currently used marijuana | 23 | 23 | 22 | 20 | 22 | 16 |  |
| Currently used an electronic vapor product | – | – | 24 | 13 | 33 | 18 |  |
| Ever used select illicit drugs | 19 | 16 | 13 | 13 | 13 | 13 |  |
| Ever misused prescription opioids | – | – | – | 14 | 14 | 12 |  |
| Currently misused prescription opioids | – | – | – | – | 7 | 6 |  |

LEGEND




| | |
|---|--------------------|
|  | In wrong direction |
|  | No change |
|  | In right direction |

Source: National Youth Risk Behavior Surveys, 2011-2021

Experiences of Violence






| The Percentage of High School Students Who:* | 2011 Total | 2013 Total | 2015 Total | 2017 Total | 2019 Total | 2021 Total | Trend |
|--|------------|------------|------------|------------|------------|------------|---|
| Were threatened or injured with a weapon at school | 7 | 7 | 6 | 6 | 7 | 7 |  |
| Did not go to school because of safety concerns | 6 | 7 | 6 | 7 | 9 | 9 |  |
| Were electronically bullied | 16 | 15 | 16 | 15 | 16 | 16 |  |
| Were bullied at school | 20 | 20 | 20 | 19 | 20 | 15 |  |
| Were ever forced to have sex | 8 | 7 | 7 | 7 | 7 | 8 |  |
| Experienced sexual violence by anyone | – | – | – | 10 | 11 | 11 |  |

LEGEND




| | |
|---|--------------------|
|  | In wrong direction |
|  | No change |
|  | In right direction |

Source: National Youth Risk Behavior Surveys, 2011-2021

Mental Health and Suicidality

| The Percentage of High School Students Who:* | 2011 Total | 2013 Total | 2015 Total | 2017 Total | 2019 Total | 2021 Total | Trend |
|---|------------|------------|------------|------------|------------|------------|---|
| Experienced persistent feelings of sadness or hopelessness | 28 | 30 | 30 | 31 | 37 | 42 |  |
| Experienced poor mental health | – | – | – | – | – | 29 | – |
| Seriously considered attempting suicide | 16 | 17 | 18 | 17 | 19 | 22 |  |
| Made a suicide plan | 13 | 14 | 15 | 14 | 16 | 18 |  |
| Attempted suicide | 8 | 8 | 9 | 7 | 9 | 10 |  |
| Were injured in a suicide attempt that had to be treated by a doctor or nurse | 2 | 3 | 3 | 2 | 3 | 3 |  |

LEGEND

| | |
|---|--------------------|
|  | In wrong direction |
|  | No change |
|  | In right direction |

Source: National Youth Risk Behavior Surveys, 2011-2021

The Importance of YRBSS

- **The Youth Risk Behavior Surveillance System (YRBSS) is the largest, most comprehensive system to monitor the health and well-being of the Nation's youth.**
 - YRBSS is the only federal surveillance system to provide representative national and state data.
 - As a system of national, state, and local surveys, YRBSS is critical for identifying emerging issues and supporting program planning, implementation, and evaluation.
- **Several states have discontinued YRBS in 2023**
 - Limits their ability to understand and address what's happening among students in their states.

Division of Viral Hepatitis

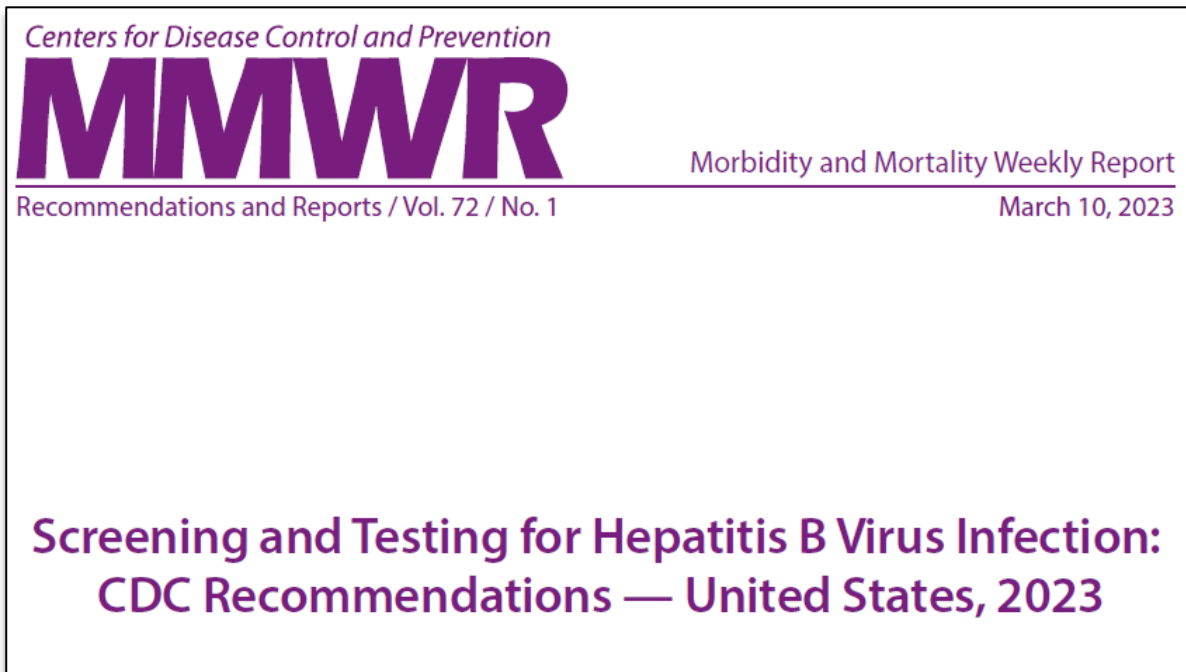
Carolyn Wester, MD, MPH

Director



Updated Hepatitis B Screening and Testing Recommendations

- On March 10, 2023, CDC published *Screening and Testing for Hepatitis B Virus Infection: CDC Recommendations — United States, 2023*



New Prevalence Estimates for Hepatitis B and Hepatitis C Infection

NHANES Data: January 2017 to March 2020

Hepatitis B

- **HBV prevalence:** ~0.2%
- **Population estimate:** 660,000
- **HBV awareness:** 50% aware of infection

(Bixler et al., 2023)

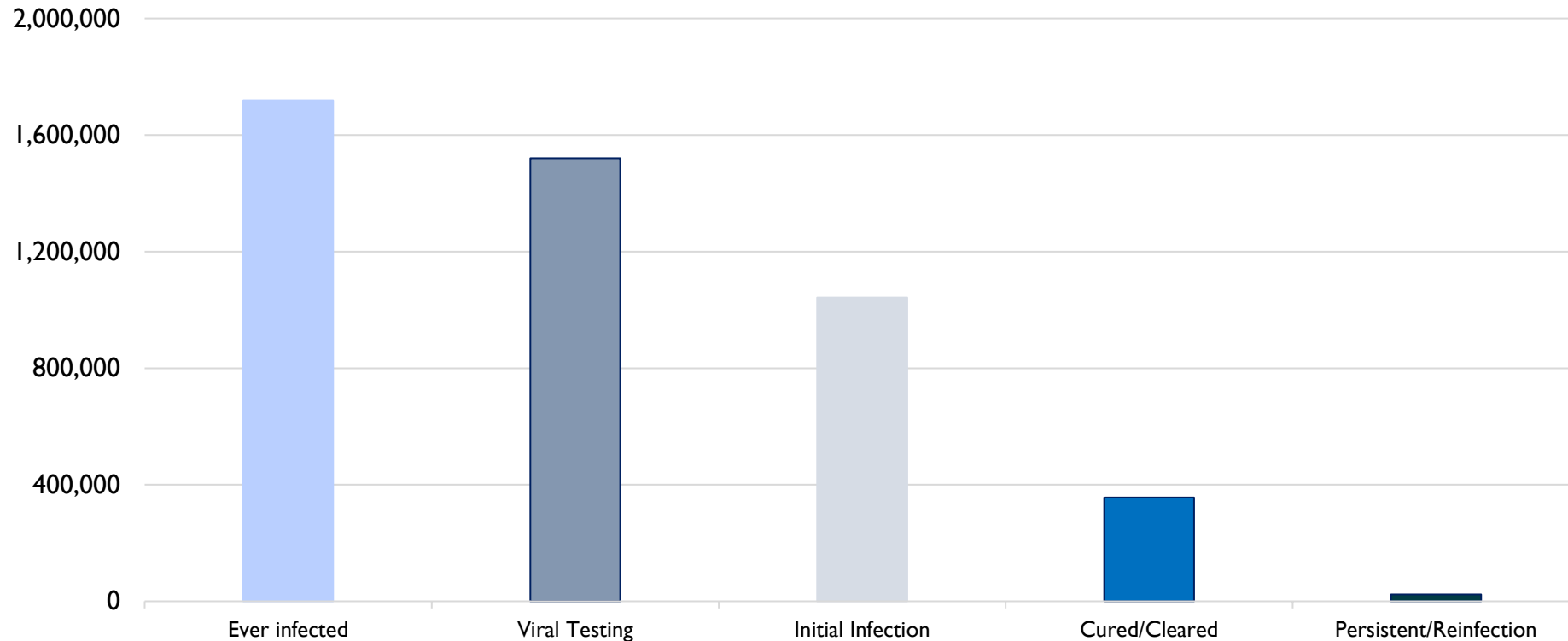
Hepatitis C

- **HCV prevalence:** ~0.9%
- **Population estimate:** 2.2 million
- **HCV awareness:** 68% aware of infection

**Provisional data, publication forthcoming,
close hold until published**

2022 U.S. Hepatitis C Viral Clearance Cascade

(Quest Diagnostics laboratory data. 1/1/13 – 12/31/22)



| | Ever infected | Viral Testing | Initial Infection | Cured/Cleared | Persistent/Reinfection |
|---------------------|---------------|---------------|-------------------|---------------|------------------------|
| Frequency | 1,719,493 | 1,520,592 | 1,042,082 | 356,807 | 23,518 |
| Proportion * | 100.0% | 88.4% | 68.5% | 34.2% | 6.6% |

* Denotes conditional proportion based on immediate preceding column.

Notes: 1) The cascade evaluation year is 2022. 2) “Ever Infected” covers the period from January 1, 2013 through December 31, 2021. 3) The “follow-up period” covers the period from January 1, 2013 through December 31, 2022.

Source: CDC, pre-publication.

Provisional data, publications forthcoming, close hold until published

National Hepatitis C Elimination Program

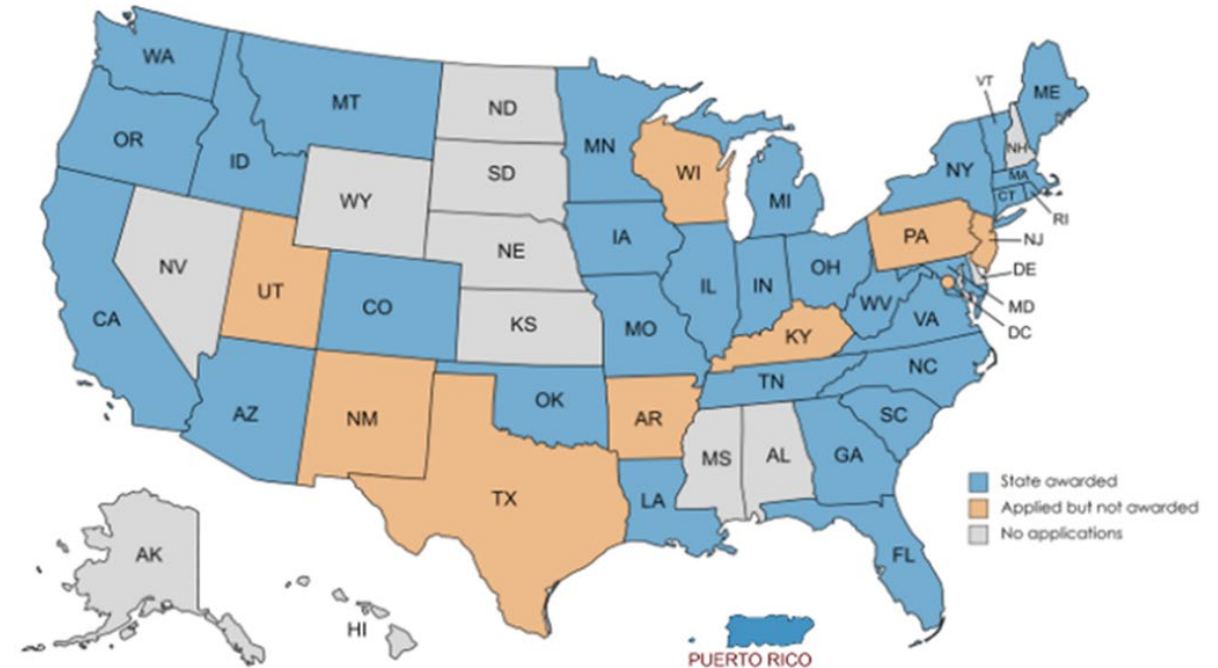
- **\$11.3B over 5 years requested in the FY2024 President's budget**
 - With cost-savings considered, net cost is **\$5.1B over 10 years**
- **Hepatitis C Elimination Initiative**
 1. Accelerate the availability of Point-Of-Care (POC) diagnostic tests
 2. Provide broad access to curative hepatitis C medications
 3. Increase implementation efforts



Subawards for Strengthening Syringe Services Programs

Priority areas:

- Areas disproportionately affected by infectious disease and overdose
- Areas which lack SSP access
- Areas which lack financial resources for SSPs
- SSPs with smaller operating budgets (\$50k-\$500k)



Overall **65** programs were selected representing **31** jurisdictions

Provisional information, close hold until published

Division of HIV Prevention

Robyn Neblett Fanfair, MD, MPH

Acting Director



Health Department NOFOs

- **PS18-1802 - Integrated Human Immunodeficiency Virus (HIV) Surveillance and Prevention Programs for Health Departments**
 - Extended 17 months
 - Now ends on May 31, 2024
- **PS20-2010 - Integrated HIV Programs for Health Departments to Support Ending the HIV Epidemic in the United States**
 - Ending early
 - Now ends on May 31, 2024

While CDC staff cannot talk about NOFO content before they are published, we can and do take into consideration community priorities from various listening sessions and accept ideas submitted from partners.

CDC EHE Results - Test

CDC grantees used EHE funding to conduct almost **250,000 HIV tests**, identifying over **3,000** individuals with HIV

Health Departments

CDC grantees also distributed over **16,000 self-test kits locally**

CDC distributed **100,000 free HIV self-test kits** to populations disproportionately affected by HIV, including African American and Hispanic/Latino communities and transgender women



Self Testing

Innovation in Action

CDC EHE Results - Treat

CDC grantees used EHE funding to **link 84% of persons** newly diagnosed with HIV to medical care within 30 days.

And **100% of previously diagnosed persons** who were not receiving care were provided or referred to medication adherence support.

3 jurisdictions met the 2025 goal linking 95% of newly diagnosed persons to care

Principles of CDC's Community-Centered Engagement

- Ensure community partners are meaningfully engaged in the planning and implementation of EHE;
- Build trust, support, and continued dialogue for the initiative with community partners;
- Provide additional opportunity for CDC to provide technical assistance to partners;
- Allow CDC to report directly to our partners on EHE activities; and
- Identify barriers or unmet needs that exist within communities as well as identify potential solutions and address gaps.



CDC EHE Results - Prevent

Testing

CDC grantees identified more than **140,000 people without HIV** through testing efforts in EHE areas

Screening

64% were screened for PrEP

PrEP

Over 18,000 people were prescribed PrEP



5 jurisdictions met the 2025 goal and were able to link or prescribe PrEP for at least 50% of persons eligible for PrEP.

CDC EHE Results - Prevent

CDC also saw success from our syndemic investments in STI clinics and Syringe Services Programs (SSPs).

EHE funded

26 STD Specialty Clinics in 16 States to meet people where they already receive care



Innovations include:
PrEP navigators, injectable PrEP,
mobile units, education at
events, same-day PrEP

EHE funds supported **108** SSPs



57 fixed locations



51 mobile/outreach locations

Response Identified Structural Barriers Contributing to Transmission in Atlanta, Georgia

- Analyses found that **structural barriers**, such as affordability and transportation, contributed to HIV transmission.
- Critical to **build partnerships** and develop services that are trusted, linguistically appropriate, and reach people where they are



10+ Community Orgs

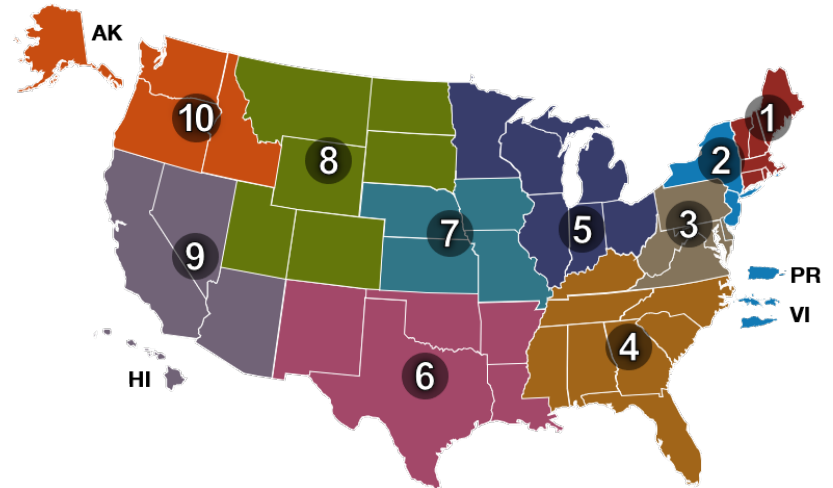
5 Health Departments

Consulted people:

- With & without HIV,
- Engaged & not engaged in HIV services,
- Born in the US and elsewhere

Community Engagement Themes

- Break down silos in collaboration and funding
- Workforce development of the public health workforce
- Expansion of HIV testing in ER's, primary clinics, pharmacies, and urgent care facilities
- Increase focus on social determinants of health (housing, employment, mental health services etc.)
- Ensure that EHE considers the whole person vs. only supporting a biomedical model



New CDC Funding Opportunities

A focus on improving health equity



**Increasing PrEP Use Among
Black Cisgender Women in
the United States (HerPrEP)**



**Telehealth to Support
Retention and Adherence
to ART**



**Long-Acting Antiretroviral
Therapy Preferences among
Black Women**



**Long-Acting Injectables in
Non-Clinic Settings**



**Rapid ART Initiation in the
Emergency Department**



**Medical Mistrust Among
Hispanic/Latino MSM**

CDC will maintain focus on the four pillars of EHE and amplify these efforts by investing in key strategies to advance health equity:

Self-Testing



Syndemic Approaches



CBO Capacity



Status Neutral Models of Care



PrEP Access



Diagnose

Treat

Prevent

Respond

Division of STD Prevention

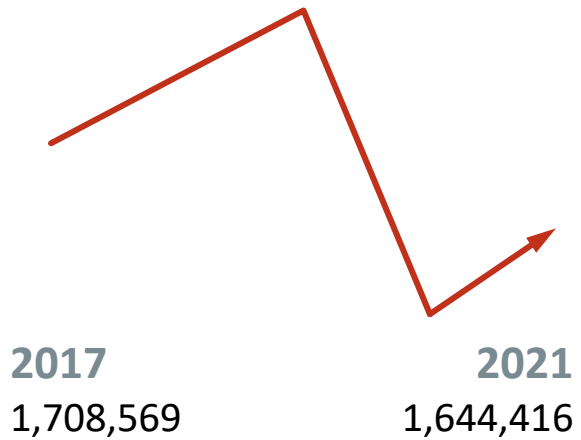
Leandro Mena, MD, MPH, FIDSA

Director

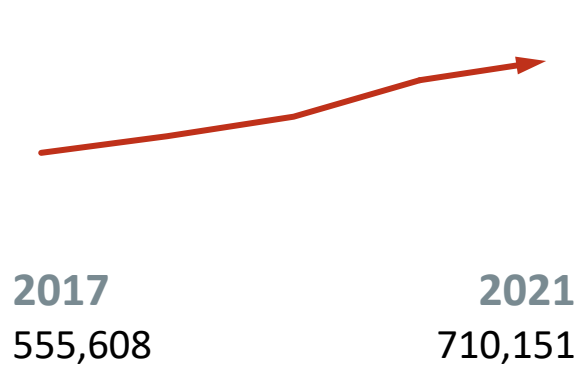


In 2021, STIs Remain at Far Too High a Level in the U.S.

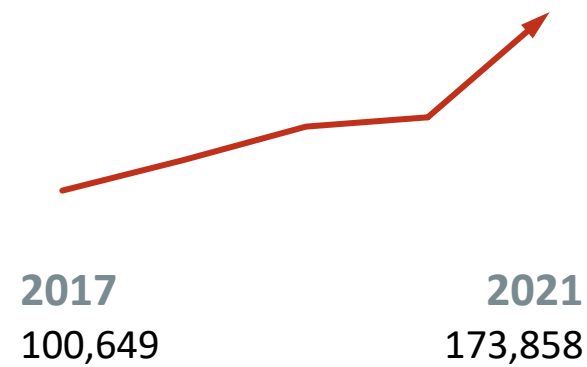
Chlamydia Cases



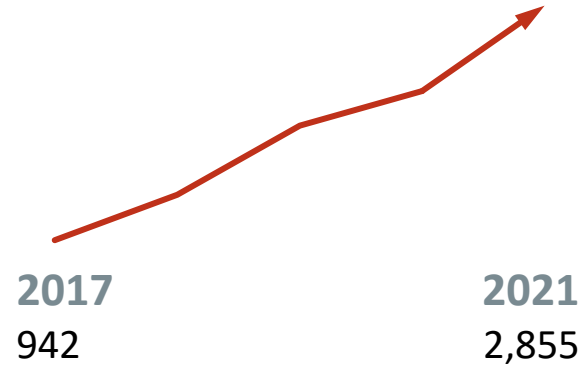
Gonorrhea Cases



Syphilis Cases

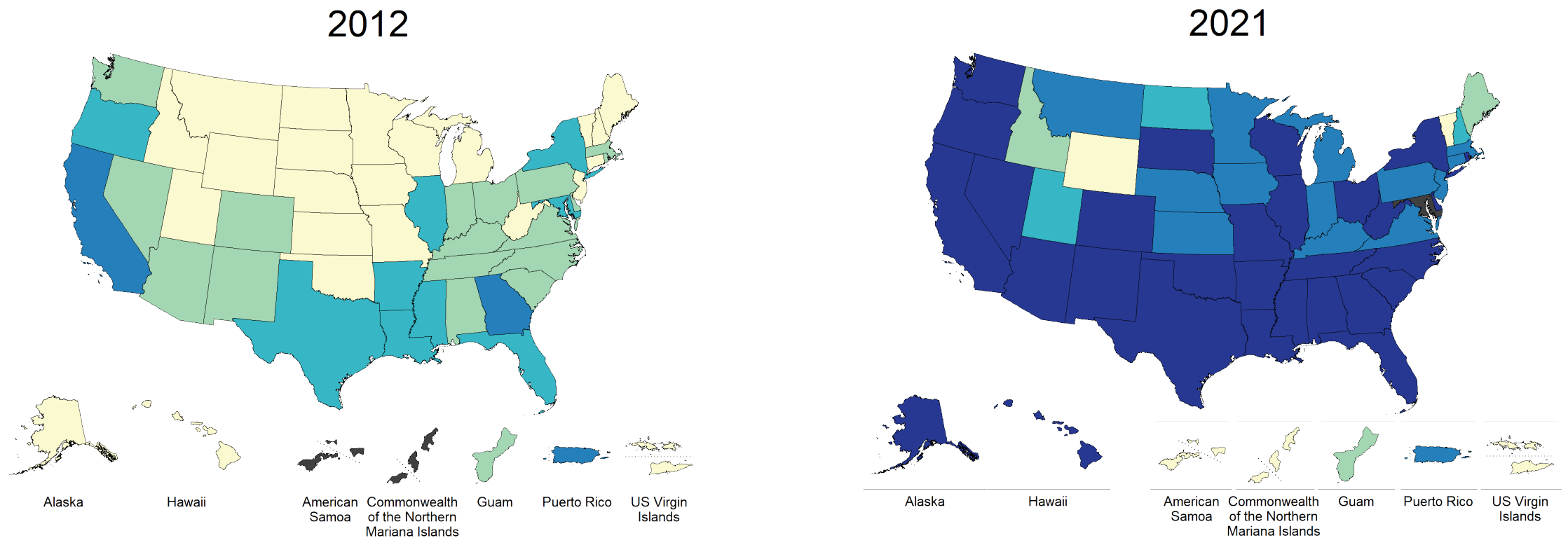


Congenital Syphilis Cases



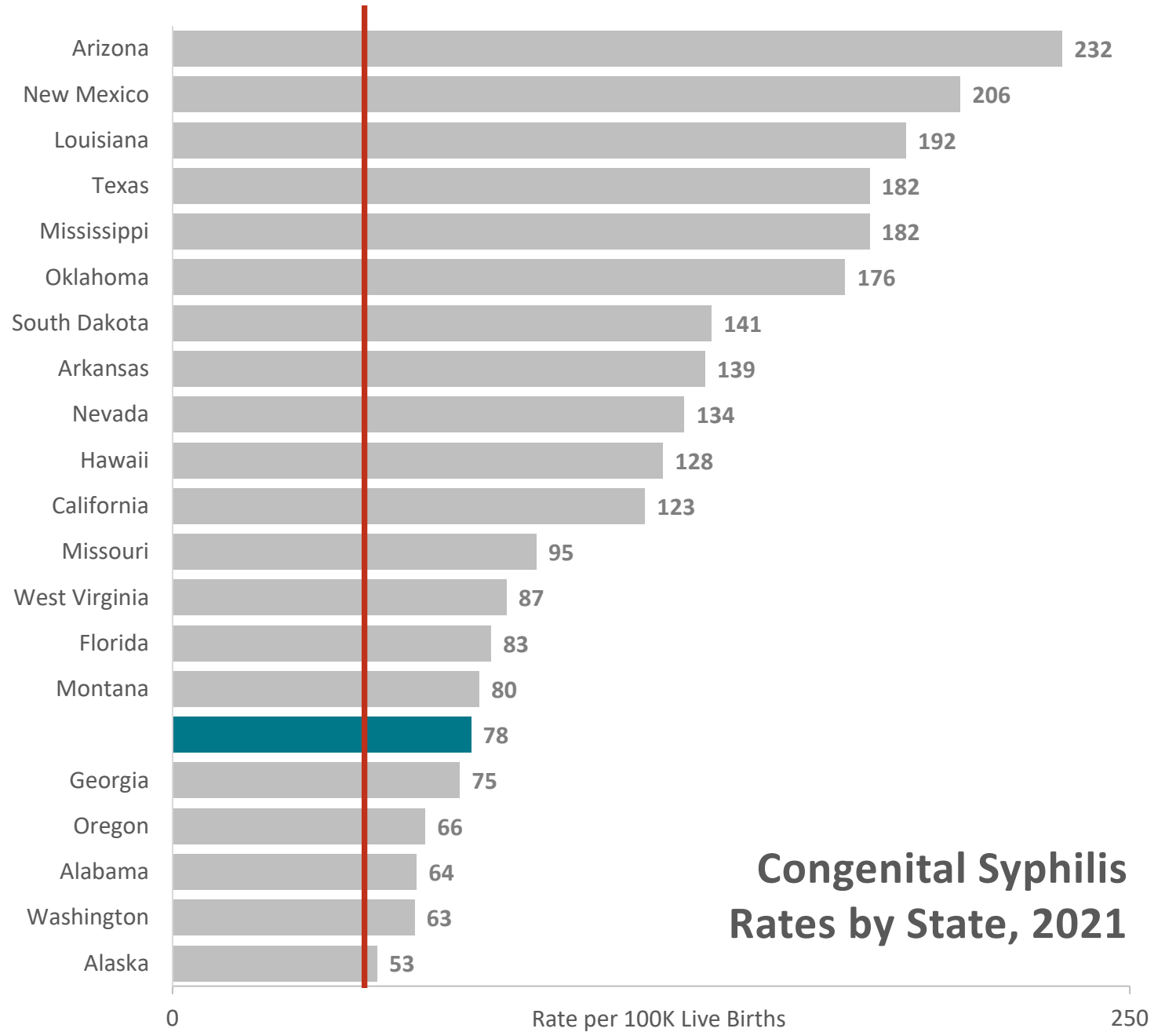
Primary and Secondary Syphilis Is Rapidly Increasing Across All Areas of the United States

Primary and Secondary Syphilis — Rates of Reported Cases by State, United States and Territories, 2012 and 2021*

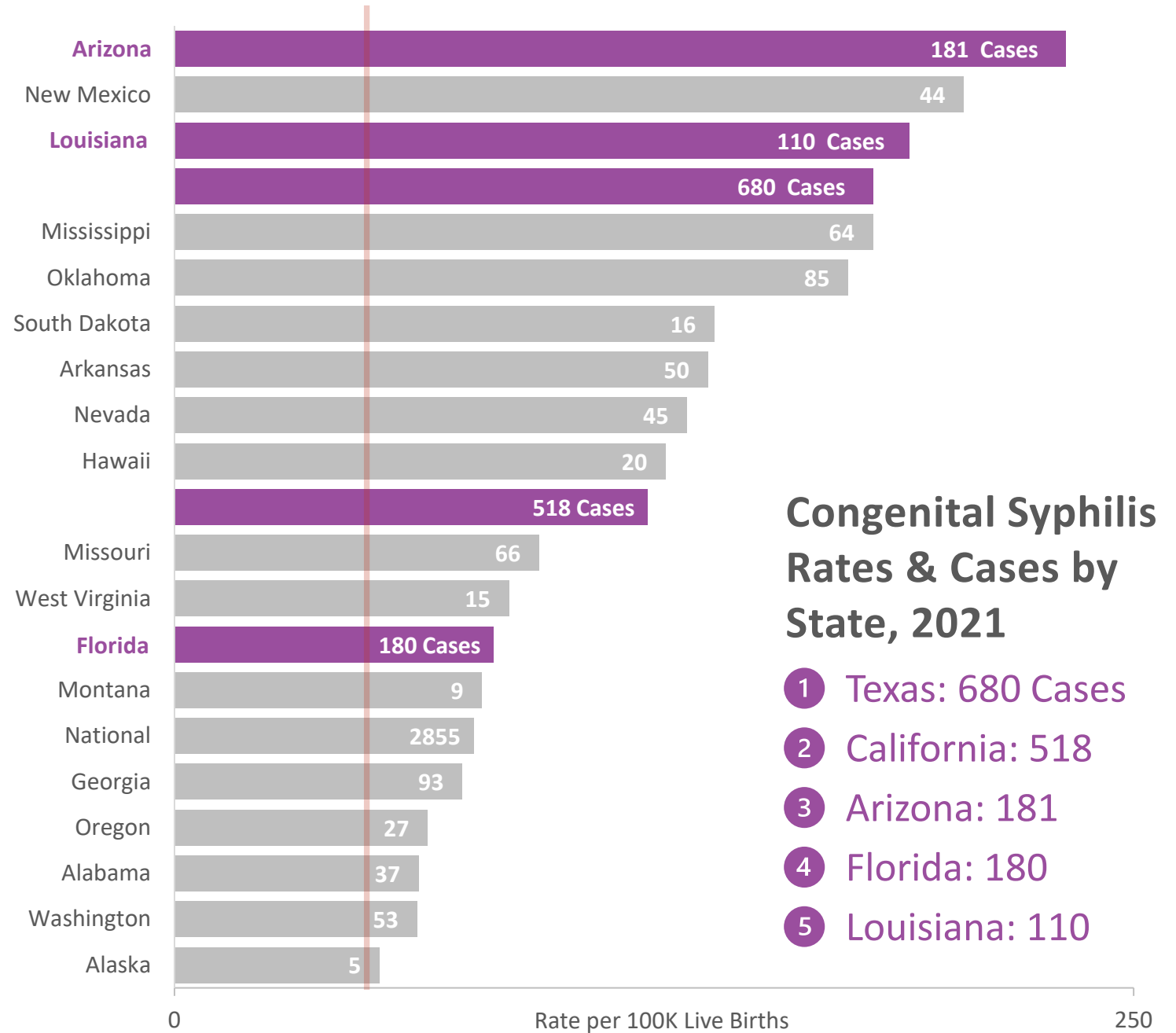


* Per 100,000

20 States in 2021 Exceeded the WHO Goal for Congenital Syphilis



5 States Accounted for 58% of the 2,855 Congenital Syphilis Cases Reported in 2021



Investing in STI Prevention and Control Through Partnerships and STI Clinical Infrastructure Expansion with a Syndemic Approach

Enhancing STI & Sexual Health Clinic Infrastructure

- ✓ Supporting STI clinics, primary care clinics, Title X clinics, & other eligible clinical
- ✓ Fostering community engagement & strategic partnerships
- ✓ Expanding access to STI prevention & other sexual health services

Support Technical Assistance & Opportunities for Program, Policy, & Communications to Prevent STDs

Goals to Expand Partnerships Through



Communication

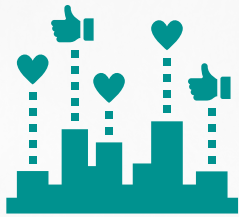


Policy



Leadership

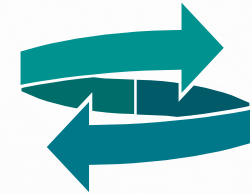
Investing in STI Prevention and Control with the National Association of County and City Health Officials



Community Engagement to Strengthen Local Health Department Approaches to Decreasing Syphilis



Community Engagement to Strengthen Approaches to Decreasing Syphilis Among American Indian/Alaska Native Populations



Evaluating the Integration of STI and Harm Reduction Services

Established an STI Impact Research Consortium to Reverse Persistent, Troubling STI Trends

\$51 Million

to

3 Recipients



University of
Alabama
Birmingham



University of
Washington



Vysnova
Partners

over

5 Years

Research Project Areas



Prevention
content



Prevention
methods



Field-based
prevention
research



Diagnostics
research

New Advances in STI Innovations

DPP HIV-Syphilis POCT



Test for Syphilis in 3 Easy Steps with DPP®

DoxyPep



MARCH 23, 2023

STI PEP Seeks to Mirror HIV Success

By Marie Rosenthal, MS

Meningococcal Vaccine



[News](#) > [Medscape Medical News](#)

Thank you!

**For more information, contact:
Advisory Committee Management Team
nchhstppolicy@cdc.gov**

The findings and conclusions in this report are those of the authors and do not necessarily represent the official position of the Centers for Disease Control and Prevention.





CDC/HRSA Advisory Committee on HIV, STI, and Viral Hepatitis

HIV/AIDS Bureau Updates

April 18, 2023

Laura Cheever, MD, ScM
Associate Administrator
HIV/AIDS Bureau (HAB)

Vision: Healthy Communities, Healthy People



Vision

Optimal HIV care and treatment for all to end the HIV epidemic in the U.S.

Mission

Provide leadership and resources to advance HIV care and treatment to improve health outcomes and reduce health disparities for people with HIV and affected communities.

Session Agenda

HRSA HAB Updates

Policy Highlights

Program Activities

Data Update

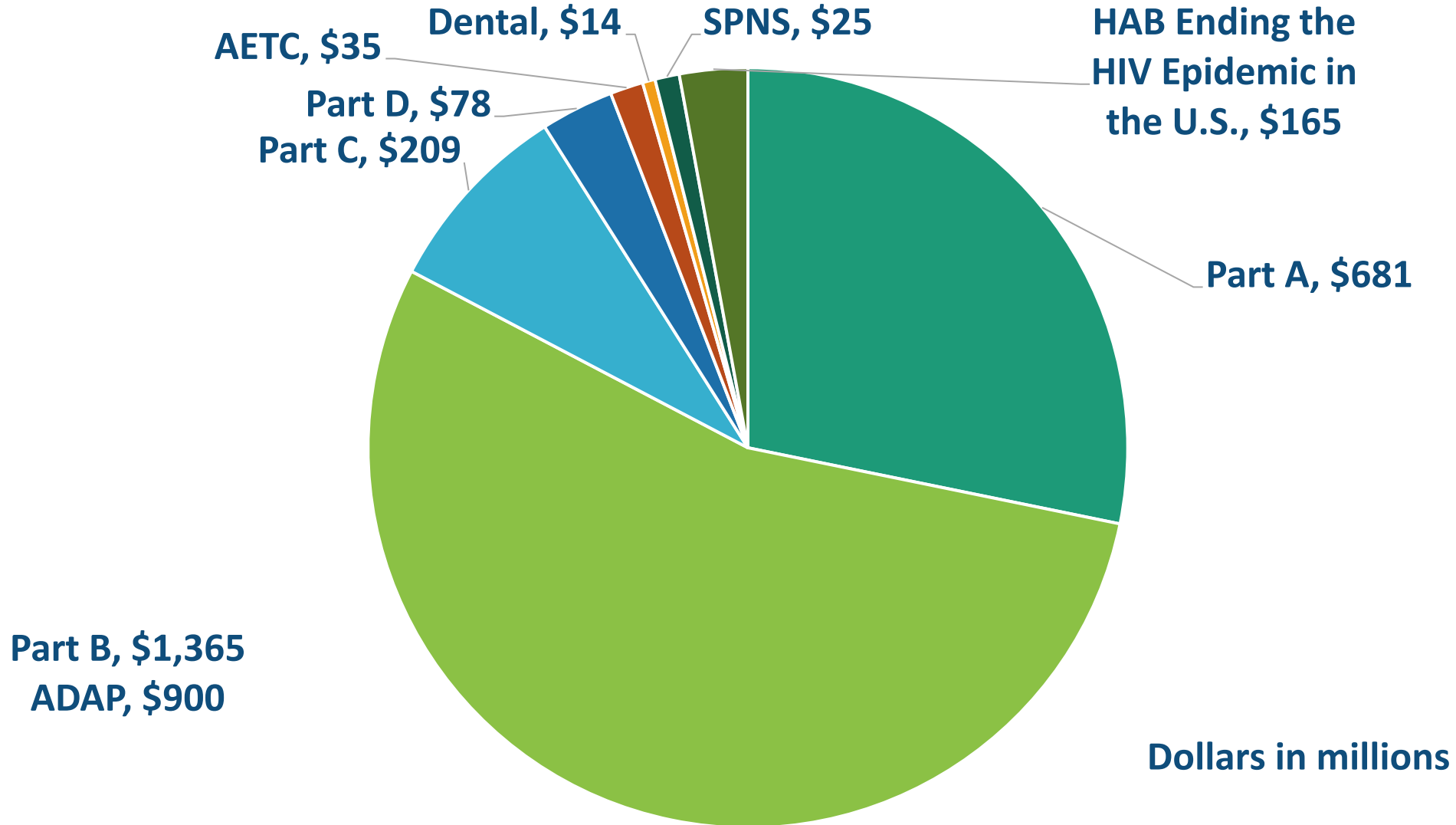
EHE Activities and Data



HRSA HAB Updates



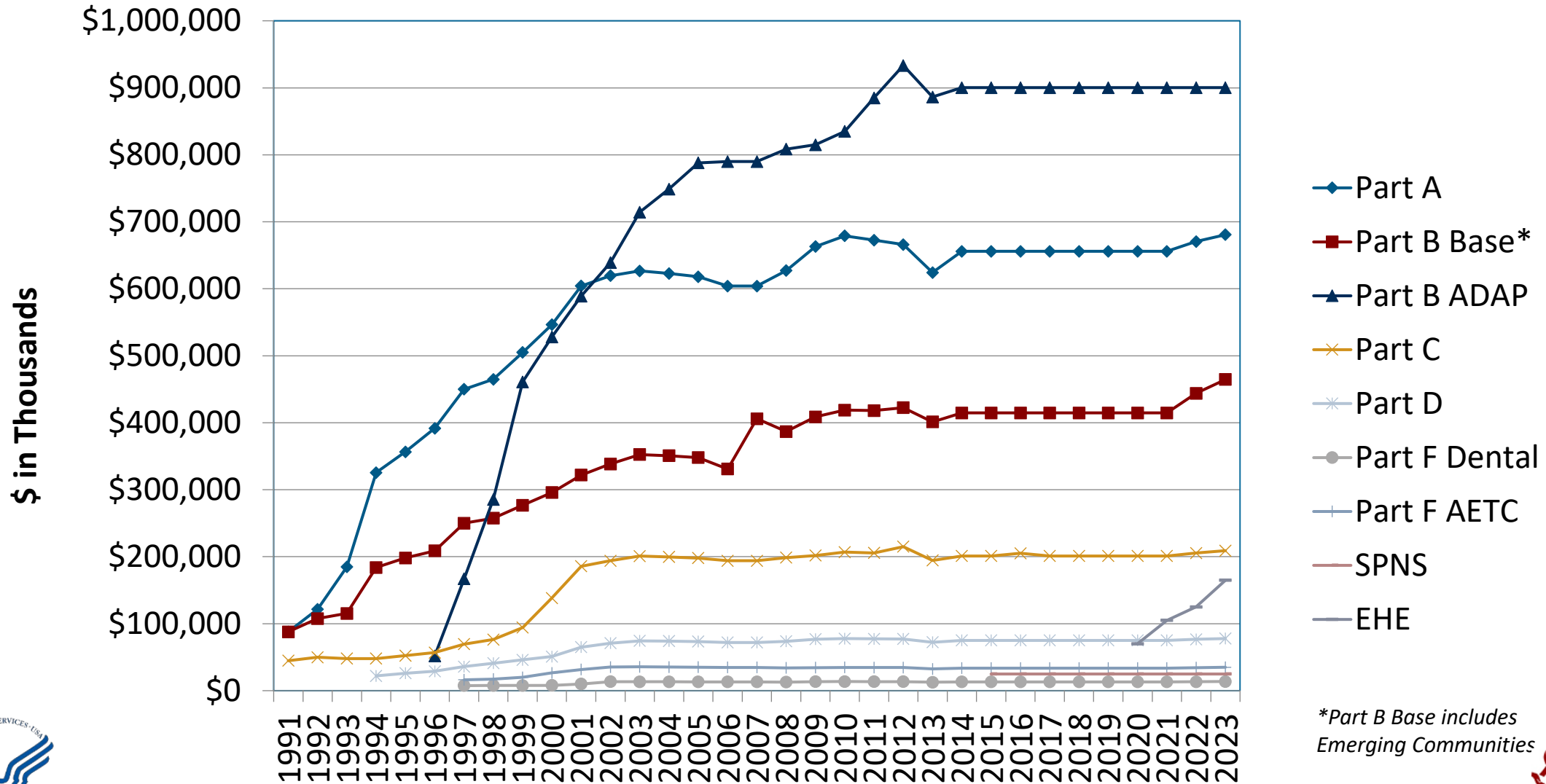
FY 2023 Funding: HRSA RWHAP Full-Year Appropriation



Dollars in millions



Budget History: Ryan White HIV/AIDS Program Appropriations FY 1991 - FY 2023



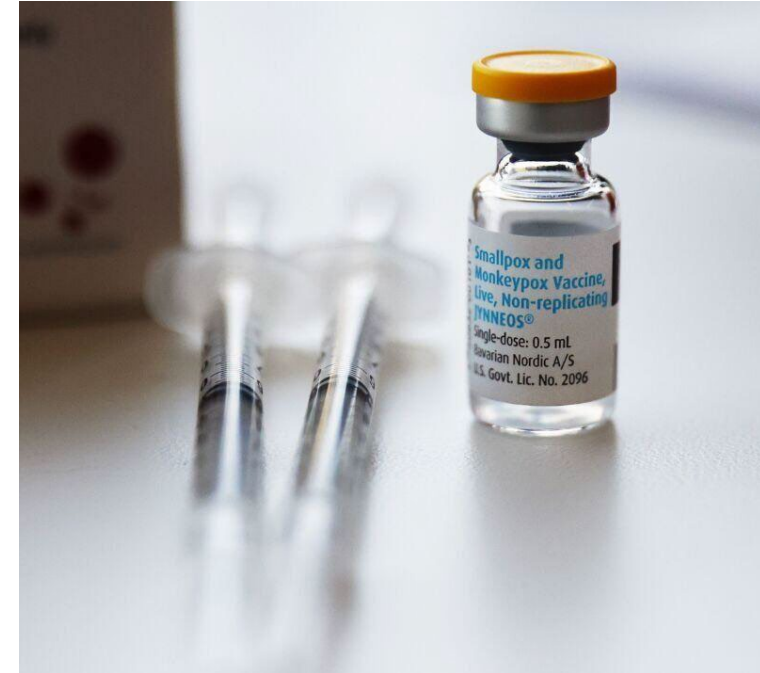
*Part B Base includes Emerging Communities



HIV/AIDS Bureau Continues to Encourage RWHAP Recipients to Promote Mpox Vaccination

- Mpox public health emergency ended on **January 31, 2023**.
- However, HAB continues to encourage Ryan White HIV/AIDS Program (RWHAP) recipients to support and promote mpox vaccination to clients who continue to be at risk for mpox.
- RWHAP recipients should continue to support mpox prevention, diagnosis, and treatment and encourage clients who are at risk for mpox to complete the series of two vaccines.
- For new mpox resources about how to stay safe this summer, visit CDC's webpage:

<https://www.cdc.gov/lgbthealth/summer/index.html>



Updated HHS HIV Clinical Practice Guidelines: Breastfeeding/Chestfeeding Options

- On January 31st, the Panel on Treatment of HIV in Pregnancy and Prevention of Perinatal Transmission has updated the **Recommendations for the Use of Antiretroviral Drugs During Pregnancy and Interventions to Reduce Perinatal HIV Transmission in the United States**.
- The primary recommendation is now to support parental choice through shared decision-making, **not a specific infant feeding mode**.

<https://clinicalinfo.hiv.gov/en/guidelines/perinatal/whats-new>



New Provider Resiliency Resources on RWHAP Website

- HAB has updated the Provider Resources web page, which now includes federal resources focused on reducing burnout and supporting the mental health and well-being of health care team members.
- **Access the Provider Resources webpage:**
<https://ryanwhite.hrsa.gov/resources/provider-resources>



2023 Trauma-Informed Approaches (TIA) Toolkit



Trauma-informed approaches (TIA) centers a person's experiences and wellness. The use of TIA acknowledges the impact of trauma on people's health and well-being and prevents re-traumatization. Applying a trauma-informed lens is a critical tool to address the HIV epidemic in the

- To support Ryan White Program community members, NASTAD developed, through its cooperative agreement with HAB, this toolkit to assist health departments, AIDS services organizations, and HIV clinics to implement trauma-informed systems of care.

<https://nastad.org/trauma-informed-approaches-toolkit>

Applying for Federal Job Opportunities Webinar

On February 8th, HRSA HAB hosted a special webinar: **Opportunities to Apply for a Federal Job.**

The webinar provided guidance and tips on:

- Writing a federal resume and applying for federal jobs at HRSA
- Understanding federal hiring authorities

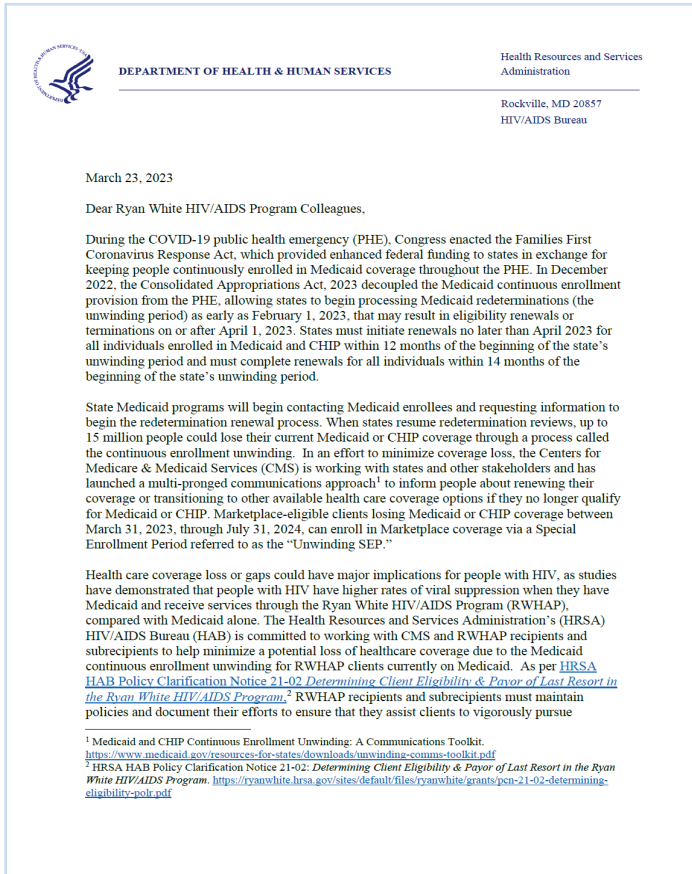
Recording is now available: [Watch the replay](#)



Policy Highlights



Program Letter on RWHAP and Medicaid Continuous Enrollment Unwinding Released



Specific Actions RWHAP recipients/subrecipients can take to assist clients:

- **Identify** all clients at risk of losing Medicaid coverage and **flag their charts** for reminders.
- Send clients Medicaid coverage renewal **reminders**.
- Schedule **advance appointments** to assist clients with Medicaid coverage renewals.
- **Boost staff capacity and increase staff time** on engagement, education, renewal, and enrollment activities for Medicaid clients.
- Inform Marketplace-eligible clients losing Medicaid or CHIP coverage from **March 31, 2023 through July 31, 2024** of the temporary **Exceptional Circumstances Special Enrollment Period ("Unwinding SEP")** .

Learn More: <https://ryanwhite.hrsa.gov/sites/default/files/ryanwhite/grants/medicaid-continuous-enrollment-unwinding-program-letter.pdf>



Ways RWHAP Recipients & Subrecipients Can Assist Clients During the Unwinding

- Learn your **state Medicaid agency's plan for resuming normal operations.**
- Work in **coalition** with trusted organizations in your area.
- Develop and launch a **health equity-focused unwinding plan.**
- Inform clients about the **steps they need to take to renew Medicaid coverage:**
 - ✓ ***Update your contact information***
 - ✓ ***Check your mail***
 - ✓ ***Complete your renewal form***
 - ✓ ***Learn about Marketplace coverage options at [HealthCare.gov](https://www.healthcare.gov)***
 - ✓ ***Contact your state Medicaid office or visit [Medicaid.gov](https://www.Medicaid.gov) for more information***



Resources

- The **Access, Care, and Engagement Technical Assistance (ACE TA) Center** provides practical tools and resources to support engagement, education, enrollment, and renewal activities.



Engage, enroll, and retain

clients in health coverage (e.g., Marketplace and other private health insurance, Medicare, Medicaid).



Communicate with RWHAP clients

about how to stay enrolled and use health coverage to improve health care access, including through the use of Treatment as Prevention principles.



Improve the clarity

of their communication around health care access and health insurance.

targethiv.org/ace

New RWHAP and Community Engagement Program Letter

February 28, 2023

Dear [Ryan](#) White HIV/AIDS Program Colleagues,

The voices of people with HIV and their communities have been the cornerstone of the Ryan White HIV/AIDS Program (RWHAP) since its enactment by Congress in 1990. The Health Resources and Services Administration's (HRSA) HIV/AIDS Bureau (HAB) supports community engagement efforts through a range of activities including hosting community engagement listening sessions,¹ developing tools and providing leadership training to people with HIV, elevating the voices of people with lived experience², and funding initiatives to engage communities and address unmet needs. Additionally, RWHAP recipients and subrecipients engage community through Planning Councils,³ Planning Bodies, consortia, integrated planning groups, community advisory boards, and community involvement in clinical quality management activities. RWHAP recipients and subrecipients are also involved in community engagement activities via outreach, education, and collaboration with both traditional and non-traditional partners.

Because HRSA HAB recognizes the value of people with lived experience and the ways their input and expertise contribute to the delivery of services that are tailored to the needs of people with HIV, this letter articulates three mechanisms that RWHAP recipients and subrecipients can utilize to maximize community input.

1. While the RWHAP statute prohibits recipients from making cash payments to people with HIV, RWHAP recipients can support the meaningful participation of people with HIV by providing incentives, such as store gift cards, vouchers, coupons, or tickets that can be exchanged for a specific service or commodity. As outlined in [HRSA HAB Policy Clarification Notice \(PCN\) 16-02: Ryan White HIV/AIDS Program Services: Eligible Individuals & Allowable Uses of Funds](#), RWHAP recipients and subrecipients are advised to administer vouchers and store gift cards in a manner that assures they cannot be exchanged for cash or used for anything other than allowable goods or services. RWHAP recipients and subrecipients should develop a tracking system for the purchase and disbursement of incentives and establish policies and procedures that outline the criteria for offering incentives that include but are not limited to the type and amount of the incentive; the criteria for determining who receives an incentive; and the frequency of distributing the incentives.

¹ Ending the HIV Epidemic in the U.S. Initiative 2021 Community Engagement Listening Sessions

<https://ryanwhite.hrsa.gov/sites/default/files/ryanwhite/resources/hrsa-ehc-exec-summary-2021.pdf>

² Ryan White HIV/AIDS Program's *Life Beyond HIV*. <https://ryanwhite.hrsa.gov/resources/videos>

³ RWHAP Part A Planning Council and Planning Body Letter - Supporting People With Lived Experience

<https://ryanwhite.hrsa.gov/sites/default/files/ryanwhite/grants/rwhap-part-a-letter-support-livad-experience.pdf>

- HRSA HAB released a new Program Letter outlining how the RWHAP can support **community engagement efforts**.
- **Access the letter:**
<https://ryanwhite.hrsa.gov/grants/program-letters>



Supporting Community Engagement in the RWHAP

- Three mechanisms that RWHAP recipients and subrecipients can utilize to maximize community input:
 - RWHAP funds may be used to **provide incentives** for clients as per *PCN 16-02 Ryan White HIV/AIDS Program Services: Eligible Individuals & Allowable Uses of Funds*.
 - Community engagement activities are allowable costs under the HRSA HAB **Outreach Services Support Category**.
 - If one funding source does not provide enough funding/flexibility, RWHAP recipients and subrecipients can utilize different funding streams and “**braid them together**” to attain a sufficient funding level and achieve a common community engagement goal; being careful to ensure that all applicable laws and regulations follow each stream of funding.



RWHAP Part A Guidance for Planning Councils and Planning Bodies on Supporting People with Lived Experience

- **Community input process is a requirement per RWHAP legislation.**
 - It is important for RWHAP Part A clients to actively participate in the planning process for HIV service delivery.
- **RWHAP legislation prohibits cash payments to recipients (i.e., clients) of RWHAP Part A services.**
 - Not limited to service-related costs, and thus applies to administrative costs like Planning Council (PC) and Planning Body (PB) expenses.



RWHAP Part A Guidance for Planning Councils and Planning Bodies on Supporting People with Lived Experience (cont.)

- **RWHAP Part A recipients can support the participation and meaningful engagement of people with lived experience in PC or PB meetings by:**
 - Using non-RWHAP funding sources (e.g., general revenue funds) to provide support that is prohibited by the RWHAP, such as cash payments and food.
- **Using RWHAP funds, Part A recipients can provide:**
 - Gift cards, vouchers, coupons, or tickets that can be exchanged for a specific service or commodity
 - Clients with meals during in-person meetings scheduled around mealtimes (only if needed for health reasons)
 - Transportation
 - Childcare services
 - Meeting times for PC and PBs that are after business hours or on weekends

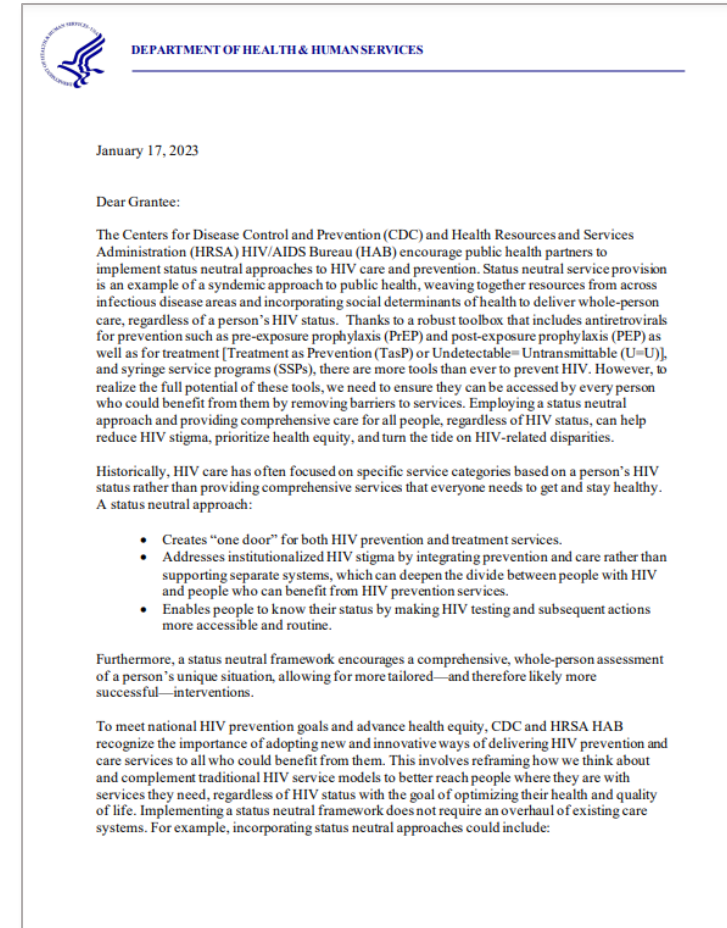


Ryan White HIV/AIDS Program (RWHAP) Activities



New HRSA/CDC Status Neutral Approach Framework Letter

- On January 17, HRSA HAB and HRSA's Bureau of Primary Health Care (BPHC) and the CDC released a letter encouraging public health partners and grant recipients to implement status neutral approaches to HIV care and prevention.
- Read the letter:
<https://ryanwhite.hrsa.gov/sites/default/files/ryanwhite/grants/cdchrsastatusneutralapproachletter-508.pdf>



New HRSA/CDC Status Neutral Approach Framework Letter (cont.)

- CDC, HRSA HAB, and BPHC support the use of **braided funding** to reduce barriers to implementation and to help extend the reach of status neutral services.
- Beyond CDC and HRSA, it is important for grant recipients and public health partners look across public and private funding streams to identify ways to also braid other funds into service delivery to achieve a **more robust status neutral suite of services** where it's feasible and appropriate.
- This funding approach can also **increase programmatic efficiency**.



Coming Soon!

Minority HIV/AIDS Fund (MHAF) Cooperative Agreement: A Status Neutral Approach to Improve HIV Prevention and Health Outcomes for Racial and Ethnic Minorities- Demonstration Sites

Project Start Date: Sept. 2023

Period of Performance: 4 years

Purpose: The goal of this project is to develop, implement, and evaluate status neutral strategies within Ryan White HIV/AIDS Program (RWHAP) Part A jurisdictions for racial and ethnic minority subpopulations who are in need of

Two Coordinated components: Implementation sites, and Evaluation and Technical Assistance Provider (ETAP)



Special Project of National Significance (SPNS) Initiative: Emerging Strategies to Improve Health Outcomes for People Aging with HIV



Project Period: Aug. 2022 – July 2025

Implement emerging strategies to comprehensively screen and manage comorbidities | geriatric conditions | behavioral health | psychosocial needs of people 50 years and older.

Demonstration sites

Beth Israel Medical Center | Boston Medical Center | Centro Ararat | Colorado Health Network | Empower U | Family Health Centers of San Diego | University Of Chicago | UPMC Presbyterian Shadyside | Wake Forest University | Yale University

SPNS Initiative: Telehealth Strategies to Maximize HIV Care

Project Period: Aug. 2022 – July 2025

Purpose: Identify and maximize the use of telehealth strategies that are most effective in improving linkage to care, retention in care, and health outcomes.

Activities include:

- Research and select telehealth strategies that can be used to maximize HIV care in the RWHAP;
- Fund, coordinate, provide technical and capacity building assistance;
- Create an inventory of project strategies and tools;
- Disseminate the project's products for uptake and replication in the RWHAP; and
- Evaluate the project using an implementation science framework.

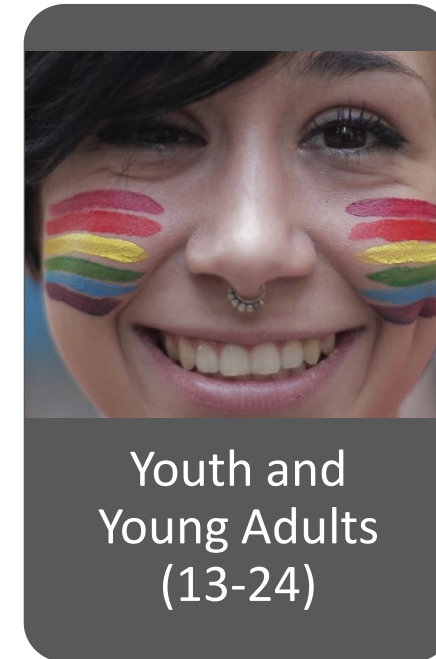
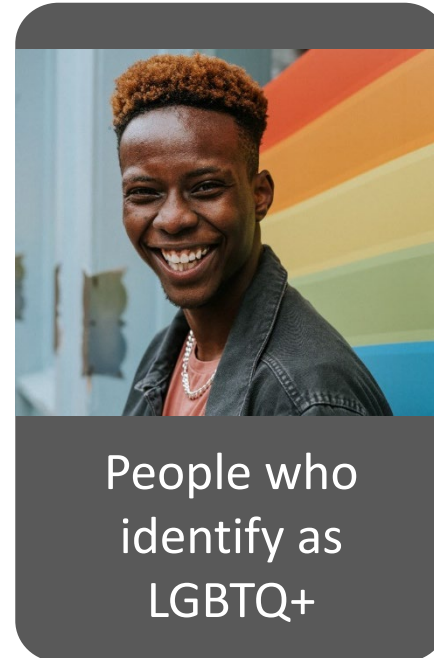


SPNS Initiative: Supporting Replication of Housing Interventions in the Ryan White HIV/AIDS Program (SURE)

Project Period: Aug. 2022 – July 2026

SURE Housing uses an implementation science approach to **identify, evaluate, and support replication** of effective housing interventions in the RWHAP.

The **goal** of these interventions is to decrease health and housing disparities and improve health outcomes along the HIV care continuum.



MHAF Cooperative Agreement: Increasing Uptake of Long-acting Injectable Antiretrovirals Among People with HIV

Project Start Date: Sept. 2022

Period of Performance: 4 years

Purpose: Develop, implement, modify as needed, and disseminate successful clinical protocols for increasing long-acting injectable antiretroviral uptake and continued use, especially in minority communities facing health inequities and stigma in accessing novel treatments.

- **1** coordination site, **10** diverse demonstration sites across the U.S.



RWHAP Part D Communities of Practice Update

- **Purpose:** Facilitate the delivery of evidence-informed interventions and promising strategies to improve family-centered services to WICY with HIV in HRSA-funded RWHAP Part D provider organizations and HRSA-funded organizations serving similar populations.
- The Communities of Practice will focus on three important areas:
 - **Pre-conception counseling, including sexual health**
 - **Youth transitioning from youth services to adult care**
 - **Trauma informed care**
- **Launched on March 29, 2023**



HRSA Ryan White HIV/AIDS Program (RWHAP) Center for Quality Improvement and Innovation (CQII)



The 18-month learning collaborative aims to improve health outcomes and advance local quality improvement capacities.

CQII's Impact Now Collaborative is a national quality improvement initiative that:

- Maximizes the viral suppression rates
- Focuses on RWHAP recipients and subrecipients that have the highest potential for a measurable national impact
- Enrolls up to 30 RWHAP providers to raise their viral suppression rates to the national viral suppression mean and beyond

Ryan White HIV/AIDS Program Data Updates



2021 Ryan White HIV/AIDS Program (RWHAP) Annual Client-Level Data Report

Ryan White HIV/AIDS Program

Annual Client-Level Data Report

Ryan White HIV/AIDS Program Services Report

2021

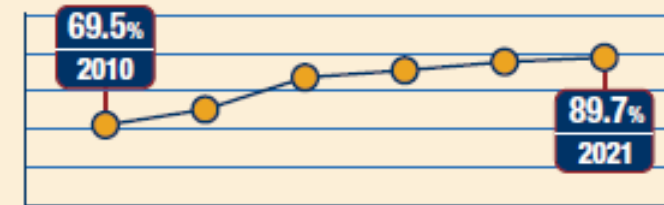


RYAN WHITE HIV/AIDS PROGRAM (RWHAP)

SERVED **576,076** clients in 2021

MORE THAN 50% of people with diagnosed HIV in the United States

89.7% of RWHAP clients receiving HIV medical care reached viral suppression* in 2021



6.6% TEMPORARY HOUSING



5.0% UNSTABLE HOUSING

48.3% of RWHAP clients are **aged 50 and older**



59.2% of clients are living at or below **100%** of the Federal Poverty Level



73.3% of clients are from racial and ethnic minorities**

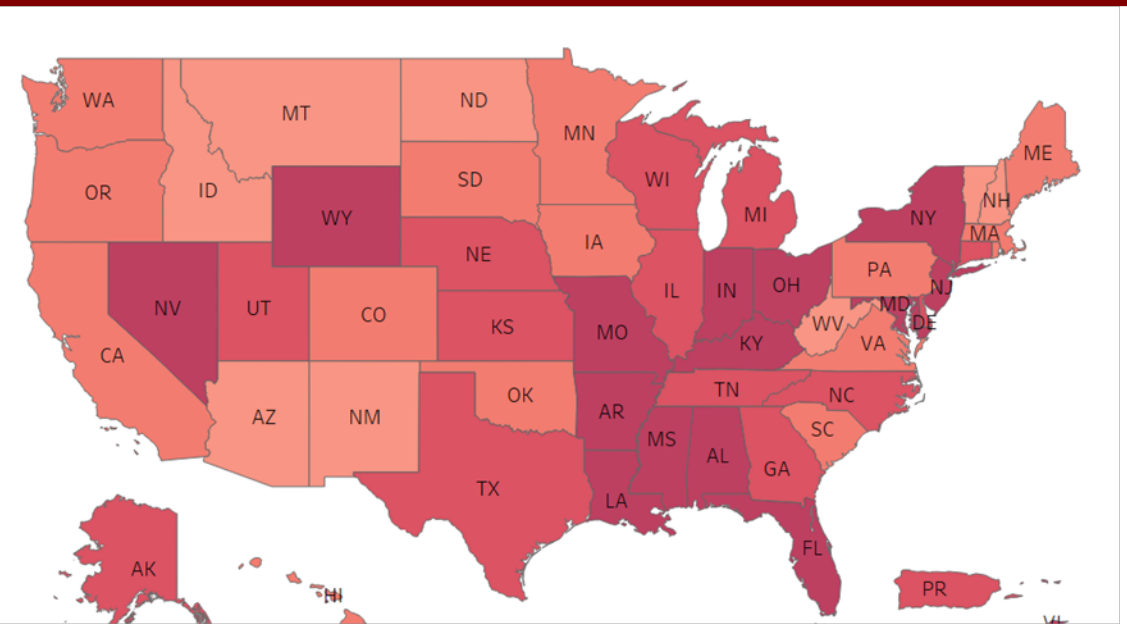
2021 RWHAP Annual Report - What's Different? *(cont.)*

Two Additional Data Tables Added

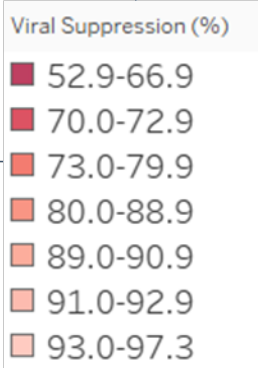
Retention in Care and Viral Suppression in 2021 Among Older Adults (aged 50 and older)

- Race/ethnicity (Table 14a)
- Selected characteristics (Table 14b)

Viral Suppression among RWHAP Clients, by State, 2010 and 2021— United States and 2 Territories^a

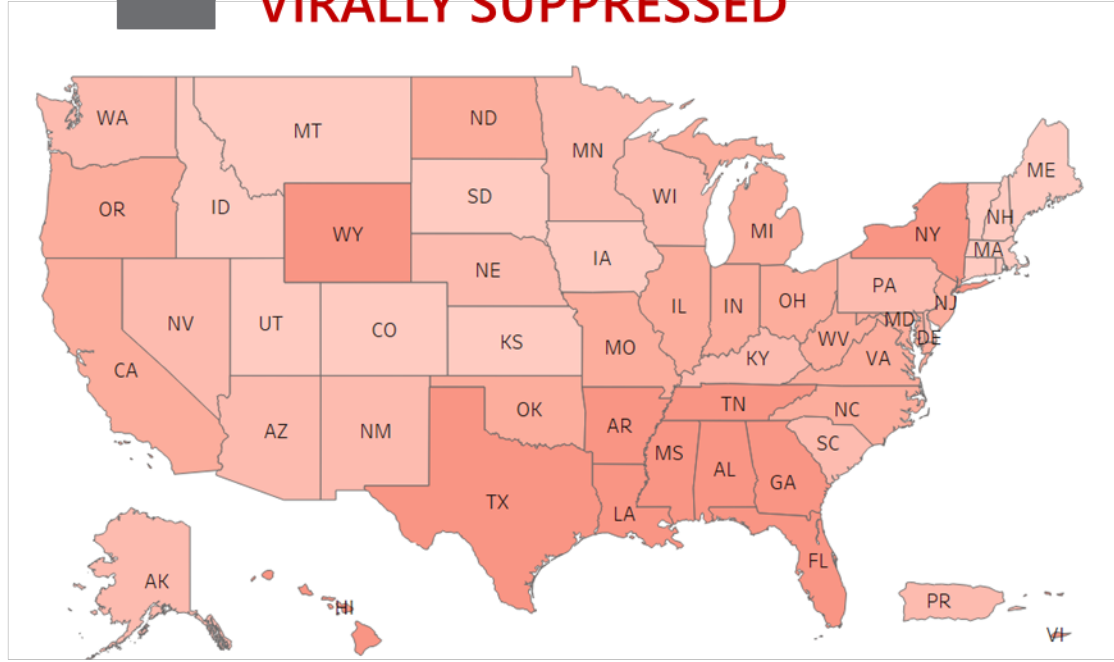


IN 2010
69.5%
VIRALLY SUPPRESSED



IN 2021

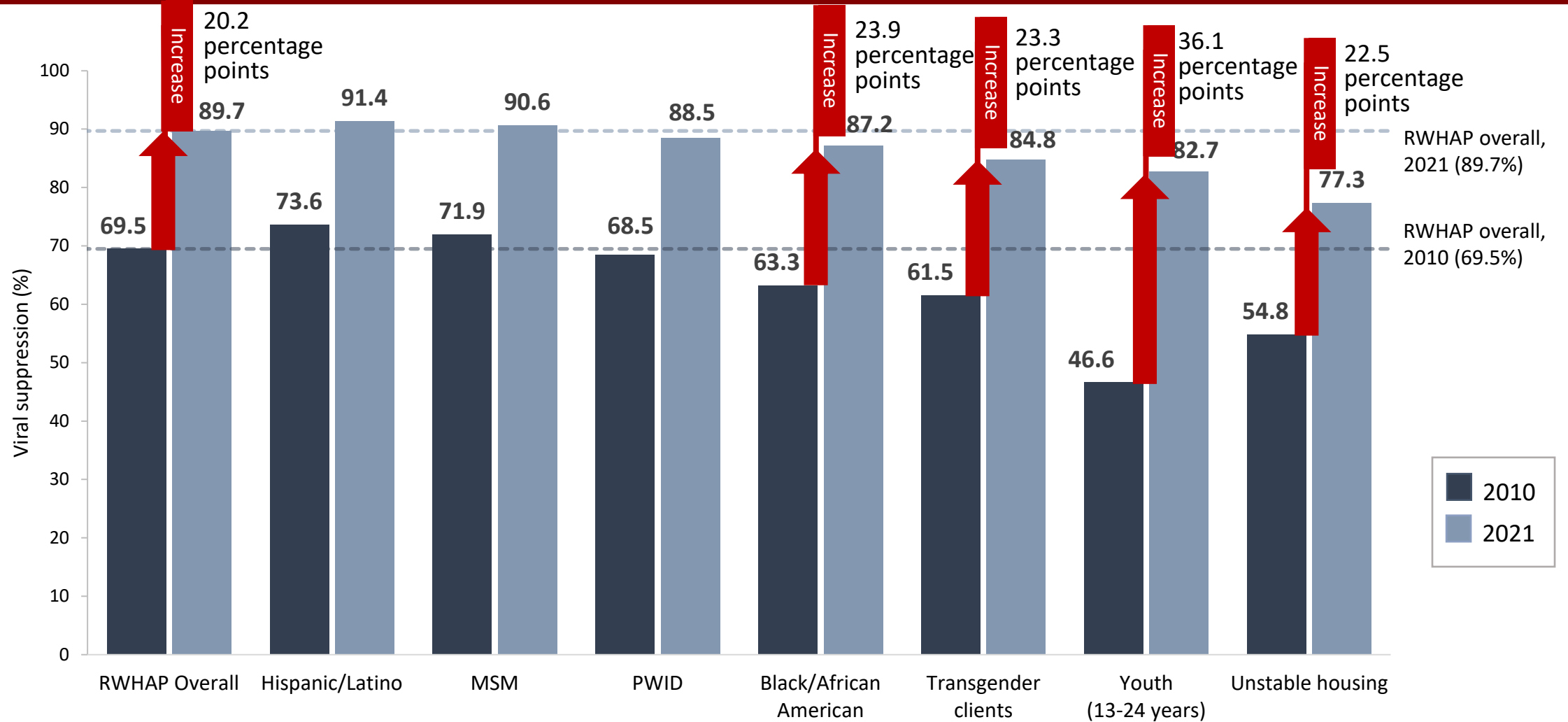
89.7%
VIRALLY SUPPRESSED



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.

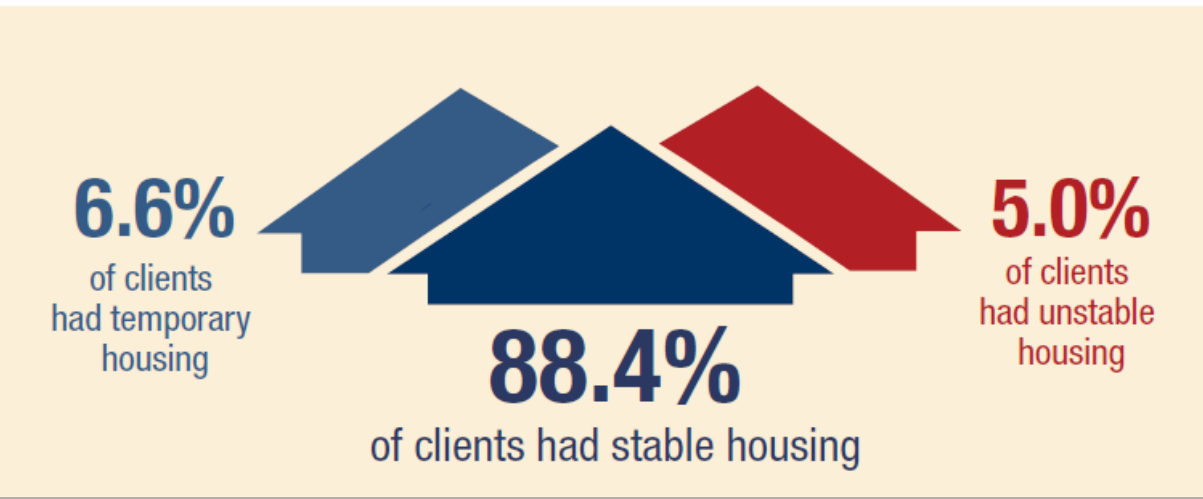


Significant progress has been made in viral suppression among priority populations, but inequities remain, particularly among Black/African American clients, transgender clients, youth aged 13–24 years, and clients with unstable housing.



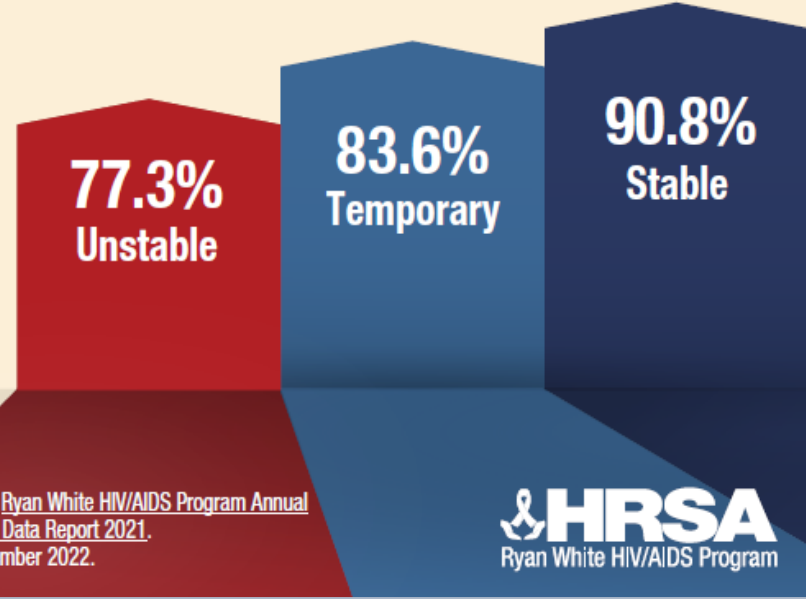
Infographic: Housing and HIV-Related Health Care Outcomes Among HRSA's RWHAP Clients, 2021

Housing and HIV-Related Health Care Outcomes Among HRSA's Ryan White HIV/AIDS Program (RWHAP) Clients in 2021



HIV Viral Suppression Among RWHAP Clients By Housing Status

Nationally, **89.7%** of RWHAP clients receiving HIV medical care **reached viral suppression**, which means they cannot sexually transmit HIV to their partner.



*Source: Ryan White HIV/AIDS Program Annual Client-Level Data Report 2021. Published December 2022.



2020 Oral Health Data Report

Ryan White HIV/AIDS Program

Oral Health Data Report

2020



Ryan White HIV/AIDS Program (RWHAP) Oral Health Data Report

- Data on RWHAP oral health programs from January 2015 through December 2020
 - **Parts A–D oral health services:** 524 RWHAP-funded providers delivered to 70,258 clients (2020)
 - **Part F Dental Programs:**
 - ✓ **Dental Reimbursement Program: 5,610 oral health providers** trained in HIV clinical care (July 2019–June 2020)
 - ✓ **Community-Based Dental Partnership Program: 913 oral health providers** trained in HIV clinical care (2020)
 - **RWHAP AETCs: 218 trainings** that addressed oral health topics, reaching **5,085 trainees** (July 2019–June 2020)



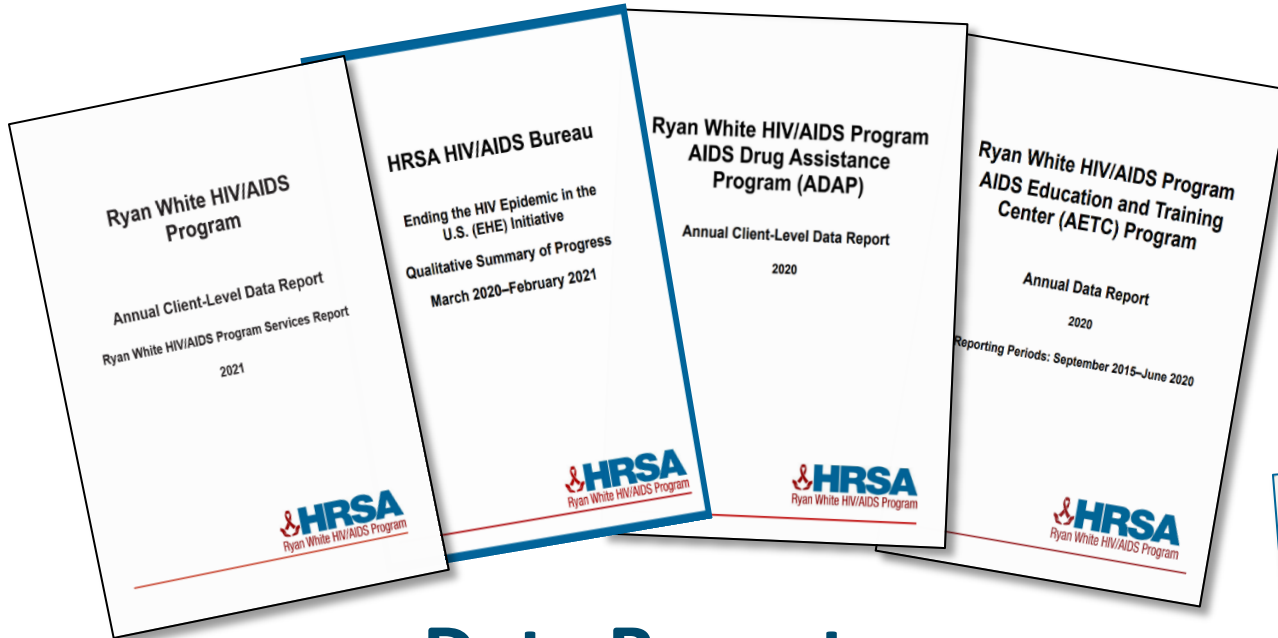
HRSA HAB Data Resources

Interactive data visualization dashboard

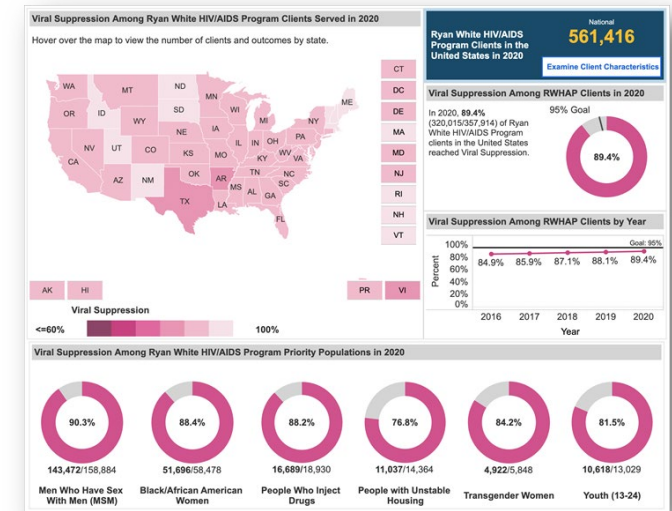
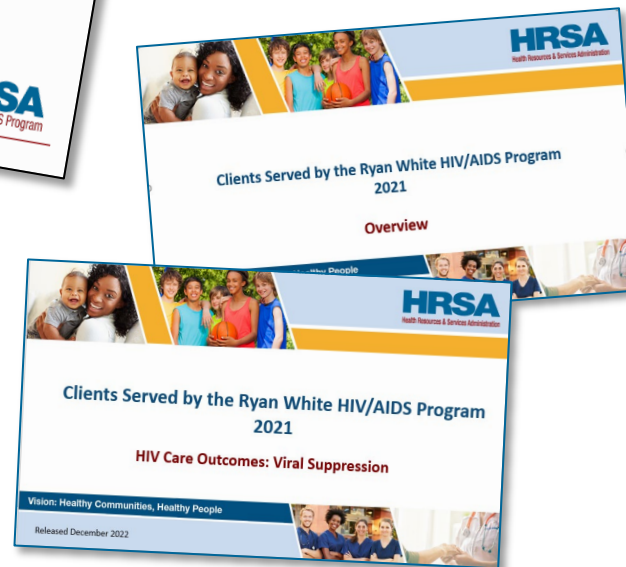


HEALTH RESOURCES & SERVICES ADMINISTRATION
RYAN WHITE HIV/AIDS PROGRAM
COMPASS

Slide decks



Data Reports



<https://ryanwhite.hrsa.gov/data>



Ending the HIV Epidemic in the U.S. Activities and Data



HAB EHE Qualitative Summary of Progress: March 2020-February 2021 Highlights



EHE recipients delivered expanded RWHAP services and innovative programs, especially to people newly diagnosed and those re-engaged in care.



EHE recipients expanded access to services through technology and structural changes.



Due to COVID-19, EHE recipients faced unexpected barriers and challenges to implementing their EHE workplans.



EHE recipients demonstrated flexibility and resilience in meeting the needs of their clients during the COVID-19 public health emergency.

The publication is available at: <https://ryanwhite.hrsa.gov/data/reports>

What activities did EHE recipients support?

- EHE recipients delivered **expanded RWHAP services** and **innovative programs**, especially to people newly diagnosed and those re-engaged in care.

Rapid ART

Peer navigators

Evidence-informed interventions

90-day prescriptions

On-demand ridesharing

Low-barrier clinics

Community health workers

General wellness services

Financial assistance for rent, food, and utilities

Bilingual mental health services

Linkage to care and re-engagement specialists

Peer support groups

Educational curriculum for newly diagnosed

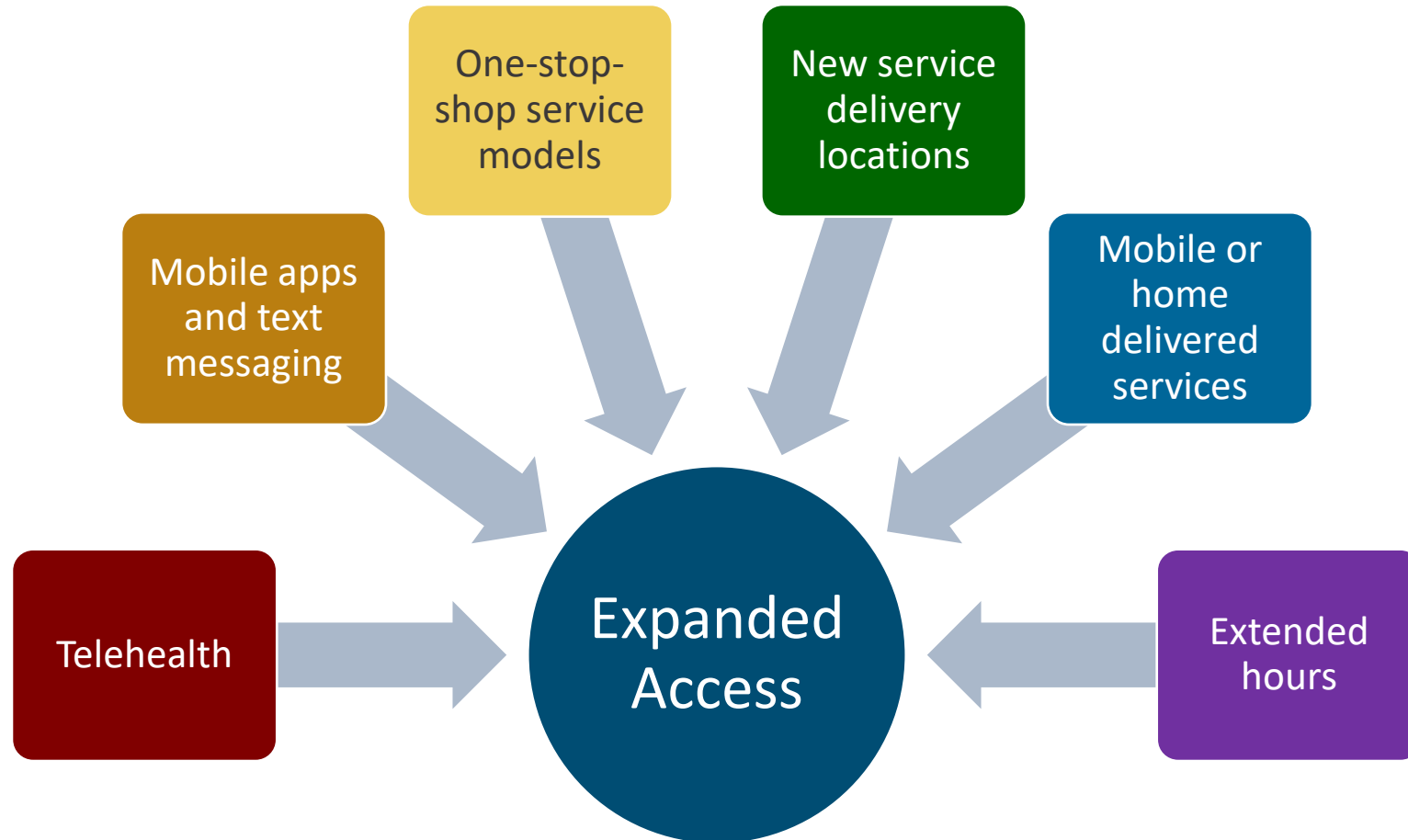
Utility payments and emergency lodging

Bundled trauma-informed care with housing



How did EHE recipients deliver these activities?

- EHE recipients **expanded access** to services through **technology** and **structural changes**.



Contact Information

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