Oskian Kouzouian:

Good afternoon, everyone. This is Oskian Kouzouian with OIDP. I'd like to welcome you to this afternoon's webinar on the AHEAD dashboard. We're going to get started in a few minutes after we give our colleagues one or two more minutes to join in. So, thanks for your patience, and we'll start at about 2:02. Thank you. Okay, I have 2:02 on my clock, so let's go ahead and get started. Again, this is Oskian Kouzouian. I'm the Deputy Director of HIV.gov in the Office of Infectious Disease and HIV/AIDS Policy at the Office of the Assistant Secretary for Health. And I'd like to welcome all of you to this afternoon's webinar on America's HIV Epidemic Analysis Dashboard.

Oskian Kouzouian:

I'm delighted to see that we're joined by large number of attendees for this informational webinar, and as always, very exciting. I want to just say that we're very excited to be here to present to you and provide some information and instruction to the AHEAD dashboard. We're joined this afternoon by several wonderful presenters. We have Harold Phillips, who is the COO of Ending the HIV Epidemic initiative. We have Dr. Eugene McCray, who is the Director of the Division of HIV/AIDS Prevention at CDC. Antigone Dempsey, who is the Director of the Division of Policy and Data at HRSA's HIV/AIDS Bureau. Dr. Norma Harris, who is the Senior Advisor for Strategic Indicators at DHAP, CDC. And before we go ahead and get started, I just wanted to review couple of housekeeping items.

Oskian Kouzouian:

The first is that this webinar is not open to the public nor is it a press event. Second item is that all attendees are in listen-only mode. And the third item is that the webinar is being recorded and the slides will be made available sometime after the webinar, so we'll follow up with how to access those materials. The fourth item is that your chat feature if it appears in your zoom box, is not broken, we've just sort of disabled it because it got a little bit confusing last time as to where to put your questions that you have for the presenters or any comments that you have. So, please put all of your questions at any point that you have them, into the Q&A function that's on your Zoom as part of your software. And if you have any comments or any questions, any of that, just put that on Q&A feature. So, at this point, I'd like to turn over the webinar to Harold Phillips for some opening comments. Harold.

Harold Phillips:

Thank you, Oskian. Good morning and good afternoon to those of you who have joined us today. We're very pleased that we are at this point in the development of both the dashboard but also the Ending the HIV Epidemic initiative. Like Oskian said, my name is Harold Phillips, and I serve as the Chief Operating Officer in the Office of the Assistant Secretary for the Ending the HIV Epidemic initiative. There's been a lot of work that has gone into the development of the dashboard, but the development of the dashboard is part of the Ending the HIV Epidemic initiative's data driven approach to ending the HIV epidemic.

Harold Phillips:

With the dashboard, as you will find out shortly, you will be able to see both where we are in our effort to end the HIV epidemic based on the data that we have, and also where the targets are for the jurisdictions as well—for both the five-year and the ten-year goal of EHE to initially start with. So, we hope that by being this transparent about the data and where we are with the epidemic, that it will enable us all to see our progress as well as our shortcomings, and to be able to react to that and still be

on point with trying to end the epidemic within 10 years. So, with that, I will stop and turn it over to our first speaker from the Centers for Disease Control, Dr. Eugene McCray. Dr. McCray.

Dr. Eugene McCray:

Yes. Thank you, Oskian and Harold for asking me to be a part of today's webinar. I just want to start by saying that CDC is fully committed to working closely with everyone participating in this webinar to achieve the declines in new HIV infection through the EHE initiative. But in order to identify at-risk communities and provide them with effective prevention and treatment tools, we really need to know which healthcare jurisdictions are hardest hit, and what's working and not working in these jurisdictions. So, ensuring that communities and policy makers have access to complete, accurate, and timely data is really critical to the success of EHE. And these data will enable us to measure progress, prioritize resources, and assess gaps in prevention efforts. Furthermore, these data will provide us with information on the burden of disease, will help us identify where new infections are occurring, and where there's active ongoing transmission. And also, they can be used to help us guide public health actions such as targeting our HIV prevention and care efforts to the communities with the highest rates of new HIV diagnoses.

Dr. Eugene McCray:

We know that to end the HIV epidemic, in addition to investing in proven prevention tools, we must also track community-led progress in the hardest hit areas. And although the overall goal of EHE is to reduce the burden of HIV nationwide, ending HIV truly starts at the local level. Let me emphasize that effective engagement with the local communities is really critical to EHE success. Even though the pace of success is going to vary by jurisdiction, the HIV data will enable the EHE jurisdictions to respond to HIV trends at the county level. These data can also and should be used to refine your plans and really better target the prevention resources to the most at-risk communities in your jurisdictions. And because HIV affects every community differently, we expect that jurisdiction will have the flexibility to really steer their resources to prevention efforts and prioritize strategies that will have the greatest impact in your jurisdictions.

Dr. Eugene McCray:

The AHEAD dashboard or the EHE dashboard, is really... That we're sharing with you today, is a major step forward, and I really applaud HHS and their leadership in merely getting this off and running. And what this dashboard will do is allow for a more coordinated response across local, state, and federal levels. It will also help monitor our collective progress towards reducing new HIV infection by at least 90% by 2030. So, in closing, I really want to reassure you that CDC is committed to working with its partners and the affected communities, really, to advance the EHE initiative despite that unique challenge that we are collectively facing with the COVID-19 pandemic. Although it's obviously too soon to really say how the pandemic will impact long-term efforts to end HIV, we know that people are continuing to be at-risk for HIV, and so we really cannot lose our momentum and must maintain our commitment to drive down new infections.

Dr. Eugene McCray:

CDC will continue to gather input from partners and grantees about the challenges you're facing, and we will prioritize communications about the latest sources, no I'm sorry, the latest science and some of the policy changes that affect the way we work. So, those of you like me, who've been working for many years in HIV, know that HIV prevention work has really never been easy. And it seems like we're always

being asked to do more with less, but we never give up. And most importantly, we must not lose sight of the successes that are finally within our reach. So, we're all in this together. So, I will end here and thank you for your attention. Now, I want to turn it over to my colleague, Antigone Dempsey. Again, she is the Director for the Division of Policy and Data at HRSA HAB. Antigone.

Antigone Dempsey:

Great. Thank you, Eugene. And I also want to thank Oskian and Harold for inviting HRSA to be a part of today's webinar on the AHEAD dashboard. So, Eugene just introduced me, so I don't mean to introduce myself, but it's a pleasure to be with you all today. Before I begin, I want to thank all of you who are working tirelessly in your communities and states to provide services to people with HIV during these unprecedented times. I cannot emphasize enough how much we appreciate the work that you're doing, it makes a difference. As Eugene just shared, we are truly in an incredible time especially for all of us who have been a part of this effort to end the HIV epidemic, and I'm one of those people who's been a part of this for 30 years. And today we really do have the tools to make that goal a reality. HRSA is proud to have a critical role in ending the HIV epidemic. For 30 years, the Ryan White HIV/AIDS Program has played a vital role in the public health response to HIV in the United States.

Antigone Dempsey:

HRSA's Ryan White HIV/AIDS Program, serves more than half a million people living with diagnosed HIV each year, and this includes patients who are predominantly from racial and ethnic minority populations, and living at or below the federal poverty level with many structural barriers to care. Among those patients who come into medical care at least once in the Ryan White HIV/AIDS Program, the viral suppression rate is 87%. Access to critical data from our recipients and our partners is a key component to understanding, who our program has impacted, and understanding, who our program must reach to provide access to HIV care and treatment services. Data utilization has played a significant role in driving improvements in HIV outcomes for the Ryan White HIV/AIDS program for decades. And I know in my division, we've been working really hard to try to get that data available to folks to help that.

Antigone Dempsey:

HRSA as well as our recipients at the national, state, and local levels rely on data to identify, engage, and re-engage people who have been diagnosed with HIV but are not in care; identify trends in HIV related outcomes over time and within and across jurisdictions clinics and programs; identify disparities and access to care to help improve HIV related outcomes; guide clinical quality management efforts; determine programmatic needs by measuring and analyzing gaps in care, barriers to care, and health disparities; and Harold mentioned that in his opening, the importance of that component to this work. And then, identifying the characteristics and needs of vulnerable populations to guide the tailoring of services available, resource allocation, and focused interventions. So, it's important that you all understand that the data that is a part of the AHEAD dashboard is broader than the Ryan White HIV/AIDS Program data because its surveillance based. And having that broader data display is why the AHEAD dashboard is essential to the success of EHE initiative.

Antigone Dempsey:

Not only will we have an understanding of the HIV epidemic as it relates to our program recipients, we'll have a much broader perspective across multiple federal, state, and local levels to strengthen our collective efforts to end the HIV epidemic in United States. But it's also important to remember that data alone does not reflect nor completely guide what our communities need to address in order to end

the HIV epidemic, it is only through community engagement that we will be able to understand what is needed. And each community is different, so community engagement will look different in every community. When we travelled to many of your jurisdictions last year, when we were all still able to travel, for community engagement efforts, we heard a number of critical inputs from community members as a part of the Ryan White Program but also the Bureau of Primary Health Care, the Health Center Programs, and I just want to highlight a few of these.

Antigone Dempsey:

Addressing mental health, substance use, incarceration, transportation, and homelessness is critical to reach people not in care. Planning for EHE needs to include community-based organizations, community health centers, people with HIV, and new partners. Supporting training for clinic staff to ensure that culturally responsive and supportive services happen for clients for testing, care, and PrEP. Addressing stigma, health education, and criminalization laws. Addressing workforce challenges for medical providers, mental health providers, and substance use providers. Leveraging community strengths by hiring community health workers, peer navigators, peer specialists. Assessing eligibility and intake processes and forms for both testing and care. And allowing jurisdictions to be innovative and to adapt and adjust as they learn. HRSA is committed to our continued collaboration with everyone who is participating on today's webinar because this partnership is the cornerstone to the four pillars of the EHE initiative.

Antigone Dempsey:

The AHEAD dashboard is an important step toward coordinated efforts, and we're committed to using this data to drive progress and reach our goal of reducing HIV by 90% over the next 10 years. And I just want to add one other thing, something that we always think about and that is important. When we look at our data, is that behind every data point, is a person, an individual whose life has been impacted by HIV, and that's part of the community engagement piece that needs to tie into the data and the numbers that we're talking about. So, I just want to thank you all again for your continued efforts on the initiative. And now, I'd like to turn it over to Harold.

Harold Phillips:

Thank you, Antigone, and thank you, Dr. McCray. So, just a little bit about EHE and then we'll dive into the dashboard. But I think it's important, just as a reminder, to set the framework for what we're doing, why EHE is still important. And like Antigone talked about, behind our data and behind each data point, is a person, is an individual that's living with HIV or at-risk for HIV, and their families and friends are also impacted by this as well. So, having announced EHE in 2019 and launching it with very aggressive goals, over 75% reduction in new transmissions by 2025, and 90% reduction by 2030. Focusing and using the data, focusing on the 48 counties, Washington, D.C., San Juan, Puerto Rico, where more than 50% of the HIV diagnoses occurred in 2016 and 2017, and an additional seven states with a substantial rural diagnoses in those seven states as well, bringing us up to sometimes what we call the 57 jurisdictions, sort of shorthand speak because we love shorthand speak in Washington. So, sometimes they're known as the 57 jurisdictions or the 57. Next slide, please.

Harold Phillips:

So, we have been moving, I think since 2019, to do a couple of things to jumpstart EHE and to put together some early successes, and this slide talks about some of the major accomplishments that have been moving forward. One is the prevention through active community engagement. The PACE officers,

which are located in regions four, six, and nine, each of them have two public health service officers who are the EHE leads within those regions. Their work is coordinated with my office, but they also work across our programs, built to encourage community engagement, to make sure that different sectors of society are aware of the EHE initiative, and also to try and link the jurisdictions to technical assistance opportunities that are funded through the federal partner, the federal agencies, or through other means as well. They also serve as our eyes and ears on the ground to help make sure that we know how things are progressing on the front lines as well.

Harold Phillips:

The PrEP program, Ready, Set, PrEP developed by HHS is off the ground and running and has been implemented, we continue to implement the program. Starting tomorrow, I believe, we will announce a new contractor who will [inaudible] with the eligibility and enrollment phase of the Ready, Set, PrEP program, switching out from Gilead who had been running that for us previously. The jumpstart programs, where we had jumpstarts in three cities as well as Cherokee Nation that were funded through the Minority HIV/AIDS Fund, those three cities being East Baton Rouge, DeKalb County, and Baltimore, Maryland, where there are some early successes in EHE as they've tried to scale up their efforts. And those are also located on the CDC website for those who are interested in knowing sort of what those jurisdictions have done, and what that looks like in terms of early EHE successes as they have scaled up diagnoses and testing in nontraditional settings, as an example, as well as some of them have worked with community health workers as well. Also, funds have been awarded through our first year of EHE, through HRSA, through CDC as of April. I'm sorry, August 1st.

Harold Phillips:

And we also have some additional awards coming out through NIH and SAMHSA in the month of September. Our dashboard, which will be launched on August 17th, we are also counting that as a progress and accomplishment. We are thinking of a virtual champagne party actually because we're so excited that this is moving forward. And also, our collaborations across the federal government. Like Antigone said, when we were able to travel, it was very frequently that not only have we been having meetings together, but we had been running into each other in airports as we were both launching EHE, making sure that the community was engaged, giving presentations, working together with our federal colleagues, and sharing our ideas, and really collaborating on how to move EHE forward.

Harold Phillips:

We've also been exploring our future collaborators because we know that there are some policies and program issues that we need to work out with CMS, and Department of Labor, as an example, and Treasury. They play an important role in providing both insurance coverage and guidance to those providers who are not within our networks, and so we're working on that as well. And then of course, engaging other sectors of society because there are academic institutions, fraternities, sororities, businesses that also can be involved and help us in this effort, so we're working on engaging them as well. Next slide. So, again, like I've said, it's a data-driven effort, and it rests on the four pillars: diagnose all people with HIV as early as possible after their infection, treating HIV infection rapidly and effectively to achieve a sustained viral suppression, and to prevent new transmissions by using a PrEP as well as SSPs, and then our ability to be able to respond to potential outbreaks and get the prevention and treatment services to the people and the communities that need them.

Harold Phillips:

So, our dashboard in this data-driven effort, like many have said already, will give us a new level of transparency and a new level of understanding, which we are looking forward to in helping the communities to understand this and working in collaboration with the communities as we try to move forward with the goals of EHE. Next slide. So, each EHE jurisdiction will have a set of targets for each of the six indicators, for both 2025 and 2030. We hope that these targets will enable you as you go through your community planning process to really think about, what will it take to move the needle on these indicators in the right direction?

Harold Phillips:

The dashboard will also be used as a means of tracking and displaying both the jurisdictional and the national progress toward the targets as well. In addition to that, you'll be able to compare between jurisdictions and see how you're doing and compared to others as well. And so, with... And this will all be part of the dashboard linked to HIV.gov. Next slide. And with this, I will turn it over to Dr. Norma Harris, who has been a great partner along with our team at CDC who've worked with us on putting the dashboard together. And there's also been a federal working group that has also been working with us in collaboration, and I'd like to thank all of them for their commitment and their dedication to getting us to this point. Dr. Harris.

Dr. Norma Harris:

Thank you. Good afternoon. And thank you for this opportunity to present today. Next slide.

Dr. Norma Harris:

My name is Norma Harris and I'm the Senior Advisor for strategic indicators within the Division of HIV/AIDS Prevention at CDC. Next slide.

Dr. Norma Harris:

I'd like to acknowledge the HHS EHE indicator work group and thank my colleagues who participated in an HHS-led agency indicator work group to identify the indicators that we're going to talk about today and that will be used for EHE. Next slide.

Dr. Norma Harris:

Furthermore, I also would like to acknowledge and thank additional CDC colleagues for their contributions. Next slide.

Dr. Norma Harris:

So, for today's talk, I will present information as outlined here. I'll talk about indicators. They are important. The relationship of indicators to the strategies in EHE and the definitions of the indicators that will be used for EHE. I'll provide some information on targets and the data that are included in the EHE dashboard. And finally, I'll provide some information on CDC data availability and reports. Next slide.

Dr. Norma Harris:

So, I'll emphasize and reiterate what Dr. McCray has already said, which is emphasizing that HIV data are truly the backbone of the initiative. They enable us to measure progress towards our goals, prioritize or sometimes scarce resources more effectively, and also assess gaps and prevention efforts. Ending the

epidemic means we have to invest in proven prevention tools and track community led progress in the hardest hit areas. And CDC is committed to working with federal partners and jurisdictions to achieve that goal. Next slide.

Dr. Norma Harris:

So now we'll talk about the indicators. Next slide.

Dr. Norma Harris:

Indicators enable us to agree on priorities, focus on what matters most and help to guide allocation of sometimes scarce resources effectively. Once priorities are determined, goals, indicators and targets can be developed. Establishing indicators promotes monitoring and reporting progress nationally and in local communities and helps to identify successes and assess gaps in prevention efforts. The intended outcome on the use of indicators is to increase accountability and also improve programs in results. Aligning program activities and measures, along with indicators at the national, state and county level, facilitates synergy and working together towards a common goal. Next slide.

Dr. Norma Harris:

The six core indicators for EHE are: incidents or the number of new HIV infections, knowledge of HIV status, diagnoses, linkage to HIV medical care, viral suppression among persons with diagnosed HIV, and PrEP coverage. The chosen indicators for the initiative are a streamlined set of the most important measures that together will signal progress. They measure the collective effort of federal, state and local contribution to reducing new HIV infection. Though the pace of success will vary, these and other data will equip partners in EHE jurisdiction to make informed decisions about local HIV planning, identify what's working and challenges to address. The relationship between the core EHE indicators and the EHE strategies are shown on the next few slides. Next slide.

Dr. Norma Harris:

The overarching goal for EHE is a 90% reduction in new HIV infections or incidents in 10 years. To achieve the overarching goal, it will require prioritizing, scaling up of the highest impact HIV prevention strategy, diagnose, treat, prevent, and respond. While the respond strategy is an extremely important strategy for the initiative and for reducing new HIV infections, the cluster identification and response activities are relatively new and have not yet been systematically implemented across the country. Consequently, there is no EHE core indicator for the respond strategy. In the next three slides, I'll focus on the indicators that are associated with each strategy. Next slide.

Dr. Norma Harris:

First, the diagnose strategy. Testing is the gateway to a diagnosis for people with HIV. From a recent CDC analysis, it was estimated that about four in 10 infections come from people who don't know they have HIV. The findings highlight the significance of testing. It's essential that HIV testing is scaled up and implemented so that persons with HIV can receive a diagnosis and be linked to lifesaving medical care and treatment, and that they know their HIV status. Next slide.

Dr. Norma Harris:

Next, the treat strategy. From the same CDC analysis mentioned in the previous slide, it was estimated that about six in 10 new HIV infections come from persons with HIV who have received a diagnosis, but are not in care or are not taking medicine consistently to control the virus. These findings highlight the

essential need to link people to lifesaving medical care and treatment and to control HIV by maintaining a suppressed viral load. Persons with HIV who get and maintain a suppressed viral load live longer and healthier lives and will effectively have no risk of passing HIV to their sexual partners. Next slide.

Dr. Norma Harris:

The prevent strategy. HIV testing is also the gateway to prevention services, such as PrEP. Pre-exposure prophylaxis, or PrEP, when taken as prescribed, has been shown to be highly effective in preventing acquisition of HIV. It is essential that PrEP reaches the populations who can benefit from it. Next slide.

Dr. Norma Harris:

Before presenting the definition of the six core EHE indicators, it's important to understand the distinction between incidence and diagnoses. This distinction is important because a recent CDC analysis estimates that about 50% of people with HIV have had the virus at least three years before diagnosis. So, incidence refers to the estimated number of new infections in a given time period, whether or not a diagnosis has been received. Diagnoses refers to the number of people who have received laboratory or clinical confirmation of HIV in a given time period, regardless of when infection occurred. Next slide.

Dr. Norma Harris:

So, for the initiative, HIV incidence is the primary outcome for EHE. It is defined as the estimated number of new HIV infections among persons age greater than or equal to 13 years that occurred in a calendar year. Unless otherwise stated, the age group for the indicators is 13 years of age and older. Next slide.

Dr. Norma Harris:

HIV diagnoses is an indicator associated with the diagnose strategy. The definition is the number of reported HIV infections among persons who have received laboratory or clinical confirmation of HIV in a given time period. Now I'd like to talk about the treat strategy and knowledge of HIV status, sorry, knowledge of HIV status, which is also associated with the diagnose strategy. It is reported as a percentage. The numerator is the number of persons living with diagnosed HIV at the end of a calendar year. The denominator is the estimated number of persons living with diagnosed or undiagnosed HIV at the end of a calendar year. Next slide.

Dr. Norma Harris:

Linkage to HIV medical care is an indicator that is associated with the treat strategy. It is also reported as a percentage. The numerator is the number of persons with HIV diagnosed in a calendar year and who had greater than or equal to one viral load or CD4 test result within one month of HIV diagnosis. The presence of a CD4, or a viral load test result is used as the proxy for a care visit. The denominator is the number of persons with HIV diagnosed during a calendar year. Next slide.

Dr. Norma Harris:

Viral suppression among persons with diagnosed HIV, also an indicator that's associated with the treat strategy, is reported as a percentage. The numerator is the number of persons with HIV diagnosed and have a viral load test result of less than 200 copies per ML at the most recent viral load test during the measurement year. The denominator is the number of persons with HIV diagnosed by the end of one calendar year and alive at the end of the measurement year. For example, the denominator for 2018

viral suppression measure would be the number of persons diagnosed by the end of 2017 and alive through the end of 2018. Next slide.

Dr. Norma Harris:

PrEP coverage is an indicator that's associated with the prevent strategy. Coverage is a term that is used in a public health context to understand whether the intended intervention is reaching the target population. PrEP coverage is reported as a percentage. The numerator is the number of persons greater than or equal to 16 years of age, who were classified as having been prescribed PrEP in a calendar year. The denominator is the estimated number of persons with indications for PrEP in a calendar year. It's important to note that receipt of PrEP prescription is not a reportable condition. Therefore, PrEP coverage is not reported through the national HIV surveillance system. Several data sources are used to calculate PrEP coverage, which will be shown on the next slide. Next slide.

Dr. Norma Harris:

The data sources for the six core EHE indicators include the national HIV surveillance system, which is the primary source for monitoring trends in HIV in the United States. PrEP coverage reported as a percentage, as different data sources for the numerator and the denominator. For the numerator, IQVIA, which is a national pharmacy data set, is used to classify the number of persons having been prescribed PrEP, using a validated algorithm. The denominator for PrEP coverage uses three data sources, the American Community Survey to estimate the number of MSMs, the National Health and Nutrition Examination survey behavioral data to estimate the number of HIV negative MSMs with indications for PrEP, and National HIV Surveillance System Diagnoses data are used in combination with the other two data sources to calculate the number of persons with indications for PrEP, for persons who inject drugs and heterosexual populations.

Dr. Norma Harris:

To estimate the number of persons with indications for PrEP in Puerto Rico, the Puerto Rico Community survey, instead of the American Community survey, is used in conjunction with NHANES and NHSS. While PrEP coverage is reported as a percentage, different data sources are used for the numerator and the denominator. Therefore, it's unknown whether the numerator is contained in the denominator. Next slide.

Dr. Norma Harris:

In the past few slides, I've defined the indicators and provided the data sources that will be used for the initiative. Now I'd like to take a few minutes to talk about targets and the data that will be included in the EHE dashboard. Next slide.

Dr. Norma Harris:

The targets were determined on a number of considerations, based on a number of considerations, including the WHO UNAIDS 95-95-95 plan for accelerating action to end AIDS by 2030, the review of the existing literature and CDC modeling. For the initiative, the overarching goal is a reduction of new HIV infections by 90% by 2030. Next slide.

Dr. Norma Harris:

In order to achieve this goal, 2025 targets have been identified. On the left are indicators for which reductions are needed. The 2025 target for both new HIV infections and diagnoses is a 75% reduction

from the baseline. On the right are indicators for which increases are needed. The target for knowledge of HIV status, linkage to HIV medical care and viral suppression among persons living with diagnosed HIV is 95%. The target for PrEP coverage is at least 50%. While these targets are ambitious, the task before us is monumental, to eliminate HIV infections. And in order to do this, we need to implement disruptively innovative ways to further advance and push the needle to see notable progress in reducing new HIV infection. Please note that the EHE targets are similar to the WHO UNAIDS 95-95-95 plan to end AIDS globally by 2030. Next slide.

Dr. Norma Harris:

The data that will be included on the EHE dashboard are results for each of the six core indicators by year and by jurisdiction. The three geographic levels included on the dashboard includes federal, state and EHE county. The results for each of the indicators will be shown in relation to the 2025 and 2030 targets, as illustrated in the graph on the right, which displays diagnoses data. And as one can see, the graph includes the 2017 baseline value, the 2018 results, and it also includes preliminary 2019 diagnoses data. All of these results are shown in relation to the 2025 and 2030 targets. Data are updated because NHSS, or the National HIV Surveillance System, is a dynamic system with data coming in routinely. For years 2018 and beyond, data will be updated to reflect the most up-to-date data in the National HIV Surveillance System. The only exception is 2017, which is the baseline year, and the baseline year data will not be updated.

Dr. Norma Harris:

I will also note that additional data will be included over time as data become available. For example, as I noted before, we will provide preliminary annual 2019 diagnosis data, and those are included in the dashboard. In addition, the targets that were described on the previous slide are used as targets for the jurisdictions in the EHE dashboard. Next slide.

Dr. Norma Harris:

A new aspect of HIV data that will be included on the EHE dashboard is cumulative quarterly data. Cumulative quarterly data are updated and added to data four quarters in a calendar year. For example, quarter three 2020 data will include data reported through the end of quarter three, which includes data for quarter one, quarter two and quarter three that have been updated or added. Indicators for which cumulative quarterly data will be reported are diagnoses, linkage to care and PrEP coverage. Cumulative quarterly data are considered preliminary. We're providing cumulative quarterly data because data are updated in the National HIV Surveillance System routinely, and this is the most accurate and up-to-date way for displaying indicator results relative to 2025 and 2030 targets. By doing so, it allows EHE dashboard users to understand the current status of indicator results to date and additional work that might be needed to improve the results. Next slide.

Dr. Norma Harris:

As an example, the cumulative quarter three 2019 linkage to HIV care data is illustrated on this slide, and it represents the percentage of persons that were linked to HIV medical care within one month among those who received an HIV diagnosis January 1, 2019 through September 30th, 2019. Again, cumulative quarterly data are considered preliminary. The results allow users to see this cumulative quarterly result in relation to the 2025 and 2030 targets, and also in relation to the previous annual results. You will note that preliminary data do not have connecting lines between it and data that have

been reported as annual data that are considered provisional. Again, they are preliminary data and will be updated. Next slide.

Dr. Norma Harris:

CDC has committed to publishing these data in a timely manner so that jurisdictions can use the best possible data to guide their efforts. Next slide.

Dr. Norma Harris:

To facilitate timely dissemination annual, data for the six court EHE indicators will be released as data tables prior to CDC report. The data tables illustrated on the far left contain data for all six core EHE indicators at the national, state and EHE county level. The three CDC reports, the annual surveillance report, the incidence prevalence report and the monitoring report, all shown in the middle of the slide, will be published in the spring of each year. The indicators associated with each report are listed at the bottom of the respective report. Data will also be available in the CDC's NCHHSTP Atlas. Next slide.

Dr. Norma Harris:

Cumulative quarterly data reporting for diagnoses and linkage to care, which are National HIV Surveillance System indicators, will start in 2020. Data will be published in the CDC data table and available in the CDC's NCHHSTP Atlas. Due to COVID-19, initiation of reporting was delayed. However, we anticipate being able to provide cumulative quarterly data sometime this fall. PrEP coverage, as mentioned previously, uses several data sources to calculate it, and is not reported via National HIV Surveillance System. We will also be providing cumulative quarterly data for PrEP coverage, and it will also start in 2020. Data will be published in the CDC data table, as well as the CDC's NCHHSTP Atlas. We anticipate starting cumulative quarterly data reporting for PrEP coverage winter 2020. Next slide.

Dr. Norma Harris:

And the following two slides includes references that provide additional information for the indicators that have been presented today. Thank you for your attention, and now I will turn it over to Oskian Kouzouian at HHS. Thank you.

Oskian Kouzouian:

Yes. Thank you, Dr. Harris. Next slide please. Okay. For this portion of today's webinar, I'm just going to review a few background items and then do a live demonstration of the dashboard itself, which will reflect a lot of what you've heard from Dr. Harris and others. But before I do, I just want to acknowledge that the dashboard is the outcome, the product, of a combined effort of a large number of people and agencies. And I particularly want to thank Dr. Harris and her team at CDC and our colleagues at HRSA, NIH, SAMHSA, the Indian Health Service and HUD, and others who were instrumental in making the dashboard possible. I also want to say, before I forget, that the dashboard is going to be on HIV.gov.
Oskian Kouzouian:

On the launch date, we will make available through blogs and through social media how to access the dashboard. So please keep an eye out for that. I also want to make mention that this is the first iteration of the dashboard. The dashboard will continue to evolve over the coming months. More functionality, more interactivity, and more data will be available and uploaded to the dashboard over the coming months. So that's something that's important to keep in mind. What you're seeing today is the first iteration, and also there will be a Q&A session at the end of today's presentation, and just a reminder to please put any questions that you might have into the Q&A function. So AHEAD is a data visualization

tool to support the jurisdictional efforts towards reaching the goals of EHE, and what you'll see is that it really visualizes a lot of the data and information that you heard from Dr. Harris and from others, and we'll show you that in a moment. It'll display baseline data, it'll display targets for 2025 and 2030 and progress for the six indicators, as well as additional in a data as it becomes available for quarters and for years.

Oskian Kouzouian:

Next slide. Again, don't need to spend much time on this, but these are, again, the six indicators that will be visualized on the dashboard, but you've heard quite a bit about them already so we'll just move on to the next slide. So the initial release of the dashboard will be mid-August, as Harold had mentioned, and it will include baseline data for the EHE indicators, which is 2017, and it'll give you a holistic view of the data that informs the initiative and progress towards the 2025 and 2030 targets. Ongoing enhancements, we'll have additional decisions, support features will be added, we'll include data analysis and decision-making functionality and tools for jurisdictions, and we'll support the jurisdiction's continued progress towards reaching the EHE goals. We'll also be able to share innovative strategies and success stories from the jurisdictions, and we'll be able to share additional data as well.

Oskian Kouzouian:

Next slide, please. Just a little bit of a recap of what I was just mentioning. We'll include annual and quarterly data as they become available, we'll allow for multiple types of analyses, and again, we'll share innovative strategies and success stories because I do feel like there's a real eagerness for jurisdictions to learn what's working well in other jurisdictions and to be able to utilize that if it's appropriate for their own jurisdiction. Next slide please. Okay, so this is the first time I'm seeing this slide, just an admission, but what I'm going to do is I'm actually going to go ahead and share my screen so that we can do a walkthrough of the dashboard itself. So, hold on while we make that transition, and hopefully everyone can see what the homepage of the dashboard is. So just a few words to provide some context.

Oskian Kouzouian:

The dashboard navigation is along the top. This section is informational. It's about the dashboard about EHE. These two sections are really about the data, and so to speak the heart of the dashboard, where the data resides. There's two ways to navigate to the data. The first is through the indicators. As you can see incidents, knowledge of status, diagnoses, and the others, or if you choose to, you can go directly to the jurisdictions, and I'll show more on each of those. This section is about the data methods, a glossary, and external data resources, which include a link over to CDCs Atlas if you choose to get additional information beyond what's available on the dashboard. Resources, testing, Ready, Set, PrEP, HIV.gov, notice of funding opportunity announcements, and finally a section on what steps have been taken to implement EHE thus far, and we'll review all of these in greater depth.

Oskian Kouzouian:

So right now, I'm displaying the dashboard landing page, the homepage, so to speak. We have just a description of what AHEAD is. It is a data visualization tool. We have a background on the EHE phase one jurisdictions, and the first thing you'll notice sort of very obviously is a map. So, there's a number of ways to navigate to the jurisdictions, so by picking one of the pinpoints, so to speak. The pinpoints align with the 48 counties. Then you can go to a state. The states that are shaded in diagonal are states that have EHE jurisdictions within them, but are not EHE jurisdictions themselves, and then the seven states

with a high burden of HIV in rural areas. You can navigate that way, or you can navigate through a drop-down menu, whichever is most useful to you.

Oskian Kouzouian:

And as we continue down, you'll see an introduction to the six EHE indicators with some definition of each of the indicators, and if you can, you can click directly. You can go to the national view for that indicator and I'll show you how that happens, but we have the overarching goal of incidents, leading indicators. These four are the leading indicators as Norma had described them, and then just some additional information that we thought would be helpful on this home page, which is a link to the data methods, a link to the EHE and action page so you can learn more about what the government's been doing to implement EHE, and a link to Ready, Set, PrEP. Also, there's an opportunity to stay up-to-date and informed by subscribing to the HIV.gov listserv. We'll be sharing information updates about the dashboard through HIV.gov's Listserv.

Oskian Kouzouian:

And although we anticipate that the jurisdictions and national stakeholders will be the primary users and audience for the dashboard, we also thought it might be helpful to include a testing and services locator tool as well. So that is the home page. Next, we'll go to the about EHE page. This really talks about the dashboard itself, what the indicators are, what agencies have been involved, and if you click on any of the agency logos, you'll be directly linked over to that agency's page on EHE, and also some frequently asked questions that are very helpful to sort of understand what the dashboard is displaying, and then some narrative about our efforts to continue to grow and update EHE, the dashboard over the coming months. So that's really just sort of providing background context and information.

Oskian Kouzouian:

The next page is about EHE itself, and then here's some sort of explanatory material and information about EHE, what it is, the mission, the phases of EHE, and the key strategies, and again, how to learn more about EHE on HIV.gov. So that's the homepage and the two subpages there. Next, I'm going to go to the indicators page, and as you notice, you can link on the indicators page itself. So, there's a main indicators page, and then there's a separate page for each of the six indicators on a national level. So, let's go to the main indicators page. The main indicators page gives you an overview, a national perspective on how we're doing with each of the indicators and how to measure our progress, and as you can see, this connects back to the image that Dr. Harris showed that you have 2017 as the baseline year, 2018 data, and you have the 2025 and 2030 targets. And that will be the scheme for many of the graphs and charts that are on the dashboard.

Oskian Kouzouian:

Same is true for knowledge of status, and the same is true for indicators, and as you can see, the 2019 Q3 indicator is also displayed. As Dr. Harris mentioned, it's not connected. It is preliminary, and it's through Q3 of 2019. The same for diagnoses. Again, not connected, but you see it here and you can see the scheme that's taking shape. We start with the baseline on the left, moving over towards the right, and the 2025 and 2030 targets. Same for viral suppression and PrEP coverage, and if you click on any of those, you will be taken to what I'm pointing out to be one of the subpages. So, by clicking on here, you can go to the main page for incidence, which I have up already. So, this is the main page for incidence, and what I'd like to talk about is the way this is laid out.

Oskian Kouzouian:

As was mentioned, there's the national view, and I'll talk a little bit about the breakdowns. There's the state and territorial view of the seven states. Also is included is information about the 21 states that have EHE jurisdictions, but they themselves are not EHE states. And then finally the counties, the 48 counties themselves, and you can scroll through here. And if you click on it, you're directly taken to that jurisdiction to see all six indicators for that. So, you can see the hierarchy on each of these main indicator pages is national, state, and then county, and you can pass through to each of those for additional information. To go back up, again, there's the national perspective, but at the national level, we're also able to break it down according to some cross locations. They are sex, age, race/ethnicity, and transmission category, and for three of the indicators we have additional gender categorization breakdowns, and that is for diagnoses, linkage to care, and viral suppression as additional information.

Oskian Kouzouian:

Each of the six indicator pages is laid out in the same way, national, state, jurisdiction. So, what I'll do now, and you can also use this to navigate through to each of the indicators, and I also like to point out that there are views in charts. You can see the data in chart view, and you can also see it in table view. And also, important to keep in mind is that you can download all the data that's displayed on the dashboard from the dashboard in an Excel format. So, all the data at all three, national, state, and county levels. So, there you have two views that you can toggle back and forth from.

Oskian Kouzouian:

Next, I'd like to go to the jurisdictions page and describe that to you, and immediately here, you have a little bit of a background about the jurisdictions themselves and multiple ways to navigate. Again, I showed you how to navigate through the map itself by selecting either one of the states or one of the pinpoints that takes you to one of the counties. It is zoomable, so you can zoom in and out in case that's helpful to you in selecting the jurisdiction that you want to view. You can also select it through a dropdown menu, if you choose whichever is going to be easiest for you, and as we go down the page, you'll see it's a full map of the United States and with Puerto Rico displayed as well, and that is the main jurisdictions page. In essence, it is a page that takes you to the jurisdiction that you want if you need an easy way to walk through.

Oskian Kouzouian:

Now I'm going to go randomly to one of the counties, displaying information for Cook County. Again, chart and table view, and here you can see all six indicators for Cook County in one location. So, whereas before you had each indicator would show you the different national, state, county levels, in the jurisdiction pages, you'll see all six indicators for that jurisdiction. The charting is very much the same as I shared before, and you can just see it all at once, and that's the benefit of being able to see it, and you can see the way that the trend is going and what progress is being made. You can also jump to Illinois state data because it's the state for Cook County. So that will be an easy way for you to get a sort of state level perspective.

Oskian Kouzouian:

The next section that I wanted to show would be the data methods section, and again, that includes data methods with a link to the data methods section, a link to the glossary section, a link to CDC Atlas. So there are additional resources there should you need a definition from the dashboard or if you'd like to better understand how the data was calculated and get background on the data itself, you can do so

through this data methods section. The resources page is about links to some available resources that may be useful, testing and care services, HIV.gov, the Ready, Set, PrEP program, as well as notice of funding opportunity announcements. So there, that's very helpful. You can quickly and easily and link over to some of the funding opportunity announcements that are available.

Oskian Kouzouian:

Finally, I wanted to link to the EHE in action page. This page talks about what's been done to implement EHE since the president announced it in February of 2019. We have some background on budget allocations, the FY '21 budget request that was made, a link to a blog on HIV.gov about the jumpstart sites, as well as a link to CDC's jumpstart page, which shares information on some of the successes that have been made in the jumpstart sites. We also have another connection to Ready, Set, PrEP, and we also have a timeline of what's taken place, what major steps in terms of the implementation of EHE, the State of the Union Address, as well as the implementation of the PACE program. So that's available as a historical and sort of timeline effort there.

Oskian Kouzouian:

And that is more or less the pages of the dashboard. As I mentioned, we will be continuing to update the dashboard through feedback that we get from stakeholders, and we are already gathering input on considerations for future updates, and so right now I'm going to stop sharing my screen and go back to the slide deck. And at this point, I'm going to turn it over to Todd Post to share a little bit about some of the materials that are available to support promotion of the dashboard when it's launched and some of the stakeholder engagement activities that we're involved in. Todd?

Todd Post:

Thank you, Oskian. So as we move forward towards the launch, we will be… we've already started to release information on HIV.gov's blog, and if you haven't already done so, I would strongly encourage you to go and subscribe so that you receive updates when there are new blog posts about the dashboard. We will be continuing to do that, so that will be one form of communications and a source of information. We will also be providing on the dashboard a stakeholder social media toolkit. This will be available for you to use on your own social platforms, along with social content and social graphics that you can use. So, look for that coming with the launch, and of course, there's also going to be communications coming out on our social platforms. So, on Instagram, Facebook, and Twitter, there will be updates and information about the dashboard coming out there. We will be, as Oskian mentioned, continuing to engage stakeholders, and as this was created to support the jurisdictions, really getting input and feedback from those who are using it will help us as we evolve and improve the dashboard and move it towards a fully interactive site.

Todd Post:

And so, we will be hosting future webinars to gather input and to preview new developments. We'll be conducting surveys to get your feedback and host listening sessions with partners. We'll also be working with groups of stakeholders during the development process so that we can get interactive and timely feedback on the dashboard as we develop it, and we strongly encourage you to do what you can share and promote the dashboard to members and partners and audiences that you have, and so anything that we can do to help facilitate that, please do not hesitate to contact us, and if there's any materials that we can provide, we're happy to do so. So that's just a brief overview of some of the materials. Also following this webinar, we'll take the questions that have been posed to us and also couple that with

others that we get along the way, and we will have a frequently asked questions document available to answer some of the more common questions that we get around the dashboard, and that will be a living document and that we will be adding to as time goes by. So back to Oskian, I believe.

Oskian Kouzouian:

Thank you, Todd. I'd like to thank all the presenters at this time. Want to thank Harold, Dr. McCray, Antigone, Norma Harris, Todd for their presentations and their comments today, and so at this point, I'd like to sort of open up the Q&A portion and invite my colleague, Marissa Robinson, who will be facilitating the Q&A portion, and I'd like to thank all the presenters for being here to help answer the questions from the audience participants. So, Marissa, I'll turn it over to you and we'll get started with the Q&A. And if you have any questions, please continue to put them into the Q&A.

Marissa Robinson:

Yes. Thank you Oskian and thank you to all our presenters and thank you all for joining us today. We're going to go ahead and get started with the first question, and this first question is going to be for Harold. And the question is “Will PrEP prescriptions from the Ready, Set, PrEP program be available at IHS and tribal pharmacies to serve our rural jurisdiction areas across places such as Oklahoma?”

Harold Phillips:

Thank you for that question. We are working with our colleagues at IHS to figure out ways to improve access for both tribal and Indian Health Service facilities. We recognize some of the issues with both mail order and the co-sponsoring commercial pharmacies, and we are trying to schedule a follow up. We've had a series of meetings to try to better understand some of the challenges and ways to work through it, and we have a meeting that we are working to schedule next week to continue that dialogue and see if we can come up with -

with some potential solutions. Thanks.

Marissa Robinson:

Thank you, Harold. The next question is going to be for Oskian. "Will the full recorded webinar be available after or will it be slides only?"

Oskian Kouzouian:

We're hoping to make both available. And we know at least we'll have the slides available after the webinar and we're trying our hardest to make the recording available as well. And as they become available, we'll share them through HIV.gov so please continue to watch HIV.gov for some of the materials from today's webinar.

Marissa Robinson:

Thanks, Oskian. And to follow up on that, a question has arisen about the web page and, "Is it functional now and what is the website to access the AHEAD dashboard?"

Oskian Kouzouian:

Okay. Thank you, Marissa. Great questions. So when the dashboard becomes, when it launches, we're going to be sharing all of the information on how to access the dashboard through HIV.gov, And look for

a blog there as well as to our social media channels on HIV.gov as to how to access the dashboard at that time.

Marissa Robinson:

And one more for you, Oskian. "Will the data be broken down for each jurisdiction, so the EHE state quarters can make adjustments to their work plans accordingly?" And I'll let, also answer this with you and Norma.

Oskian Kouzouian:

I'm going to turn to Norma first, but I just want to understand the question a little bit better, but I'll turn to Norma first to answer that question.

Marissa Robinson:

Okay.

Dr. Norma Harris:

If I'm understanding the question correctly, I think the question is asking about further stratification within EHE county level.

Marissa Robinson:

Yes.

Dr. Norma Harris:

And so, we're having discussions with HHS about what level of gratification we can provide. I think that that hasn't been determined yet, but I think the important thing to know is that DC has released agreements with the state and local health departments. And we have to honor that, so we will have to make those decisions based on the data release agreements that CDC has with state.

Marissa Robinson:

Thank you, Norma. And while I have you with the mic, the virtual mic, that is, let's go to the next question. So, "When will we receive our specific targets for the six indicators?"

Dr. Norma Harris:

So, the targets are included in the dashboard and they already are there. The slide that I presented that showed the target with the arrow. I'm not sure if we can go the slide, but if we can you go to slide 23. Just so that people are aware of what I'm talking about.

Dr. Norma Harris:

It's those targets that are in that slide, those targets are used as targets for the jurisdiction. I think the other thing that I want to remind folks of, and I think I was remiss in saying the EHE initiative is starting with the greatest, the areas in the country that have the biggest issue with new infection or diagnoses. And so that's the start, but the reduction of new infections by 90% by 2030 is a national goal.

Dr. Norma Harris:

And so over time, the planning or thinking is that additional jurisdictions would be brought on board. I don't know, Harold if you want to say more about that, but the targets themselves are actually national targets that we're using for jurisdictions.

Harold Phillips:

Right. So, we're using the national targets for the jurisdictions and there are sort of the non-EHE jurisdictions that at some point will sort of display them on the dashboard as well, sort of where they are with their epidemic. But currently we're just doing, focusing on the 57 jurisdictions and the targets there and how they contribute to national.

Marissa Robinson:

Thank you. And so, the next question is, "If additional data is submitted for a previous year, will that year's information be adjusted in future charts?" That's for Norma.

Dr. Norma Harris:

Yeah. So, as I was explaining national HIV surveillance system is a dynamic system. And so, as data come in, the data will be updated. So yes, we will be updating data on the dashboard for the results that are provided as they are available.

Marissa Robinson:

Great.

Dr. Norma Harris:

The only exception to that, sorry, that I wanted to further say is 2017, which we won't be doing any updates to.

Marissa Robinson:

Okay. Thank you for that, Norma. The next question is you already answered that one. "Syringe services programs are mentioned in the HRSA EHE infographic under the prevent pillar, along with PrEP. Why aren't syringe service program outcomes being used as a measure, for example, the number of syringe service programs in a designated EHE community and the number of syringe service provider users." So, I would toss that to Antigone, and then to Norma.

Antigone Dempsey:

Sorry, Marissa, can you repeat that question?

Marissa Robinson:

Sure. So-

Antigone Dempsey:

About the syringe services? It was a question about measuring syringe services?

Marissa Robinson:

Yes. So, "Syringe service programs are mentioned in the HRSA EHE infographic under the prevent pillar, along with PrEP, but why aren't syringe service program outcomes being used as a measure? So, I just-

Antigone Dempsey:

Oh, great. Yeah, thanks, Marissa. Yeah, that's a great question. I think part of the challenges there, well, one thing is that we're using surveillance data to really help measure our outcomes, but also that data is not really collected by any federal agencies.

Antigone Dempsey:

I think it's a great idea at a local or state level to look at creating your own data points and looking to see for developing one's own goals, but I'll also turn it over to Norma, who I think can probably address the data piece.

Dr. Norma Harris:

Sure. Thanks. In addition to what Antigone just said, the group that was convened by HHS, the indicator work group, discussed SSPs and other indicators at length. In the end, HHS directed the work group to come up with a three mined or parsimonious staff of indicators that together would measure progress.

Dr. Norma Harris:

And in terms of the prevent strategy while SSP are evidence based and are extremely important in prevention, the thinking there was to come up with as an indicator that could be used to monitor across different populations. And so, what that ended up being with PrEP. The PrEP is effective in infection drug-using populations as well and so that was some of the thinking that went into the determination of indicators for the prevent strategy.

Marissa Robinson:

Harold, did you want to say something?

Harold Phillips:

Yeah, sure. Thanks, Marissa. And thanks Norma and Antigone for that answer. I would also add that our plan is also to, since we don't have a national data set for this that we could possibly use and present on the dashboard, what we will be doing instead is presenting examples and success stories of SSP programs that are out there, that are making a difference. And so that way jurisdictions will have access to that information and we still will be supporting that activity as part and promoting that activity as part of the prevention pillar. So, we're going to get-

Marissa Robinson:

Thanks, Harold. And this next question is for Oskian, the dashboard man. "For jurisdictions that are creating their own dashboards, what is the software used to create an update ahead and will resources for these nuts and bolts questions be available? We're trying not to reinvent the wheel 57 times."

Oskian Kouzouian:

I appreciate it. Someone who's not trying to reinvent the wheel, that's always [inaudible] and encouraging. Nobody wants to do that. So, I think the question was about what software is being used. So, thank you for that question.

Oskian Kouzouian:

Right now, we have the first iteration of the dashboard and the dashboard is currently built, it's very static and sort of build on just sort of static HTML. As we mentioned, there's a work group that helps to guide the ongoing development of the dashboard. And in the coming weeks and months, we're going to be transitioning to some new software that will make it much more interactive and much more functional. And also, and there'll be different charting software and there'll be different mapping software, which will give us a lot more flexibility than what we're using today.

Oskian Kouzouian:

So we haven't decided quite what those software will be, but please do know that this static version, so to speak in a shorthand form, is going to be transitioning to a much more robust, flexible, interactive dashboard based on some new software. We just haven't decided what that software are yet. But if-

Marissa Robinson:

Oh, sorry. Keep going.

Oskian Kouzouian:

No. And remiss on me, there's so much information to share. If you think of a question after today or if you'd like to follow up with me about that particular point so that we can stay in touch, we set up a new resource mailbox that you can use to contact us. And that is immersible. We'll probably put it into the chat box, except it's not functioning today. It is endHIVepidemic@hhs.gov. So, its endHIVepidemic@hhs.gov. So, continue to keep up with us or if you have any questions, but I'll turn it over to the next question, Marissa.

Marissa Robinson:

Thanks, Oskian. This next question is for Harold, Antigone and Eugene. "Will jurisdictions continue to be level-funded or will funding be adjusted based on progress or the lack thereof?" So, Harold, I'll pitch it to you first.

Harold Phillips:

So, an interesting question. Currently, we're going through the FY21 budget process and the EHE budget has not been finalized yet. The president's budget did call for increases and currently we have a House mark-up and so it's still working its way through Congress, so future funding is yet to be determined. My colleagues might want to add a little bit to that because they are funding the jurisdictions differently and have different plans for how they will allocate and award the funding. It goes through them.

Marissa Robinson:

Thanks, Harold. Antigone?

Antigone Dempsey:

Sure. I mean, at this time, I mean pretty much what Harold said, but I think the question was whether or not funding amounts would change based on performance. I mean, at this time we don't have any plans to do that, but we will be working very closely with recipients to help understand if they're having difficulties meeting the goals, to help figure out ways to help support them to do that.

Marissa Robinson:

Thanks, Antigone.

Dr. Eugene McCray:

Yeah. Thanks, Harold and Antigone. I don't really have anything to add. Funding decisions will really be made based on availability of funds. And then I agree with Antigone completely that we'll work with jurisdictions that are not able to meet targets and really help them provide technical assistance and whatever's needed to help support them to get to where they need to be in terms of meeting targets.

Marissa Robinson:

Thank you all. So, we'll go ahead and mark that. All right. The next question is for Norma. "So will additional gender options be expanded to further indicators in later years?"

Dr. Norma Harris:

So, I think that that question is relative to the indicators that we have not been able to provide gender. That would be instant knowledge of status and those two [crosstalk] I know. So those two indicators are estimated using a model and based on information that I know from our statistician and the experts in our division, we're not able to provide data by gender for those two indicators. The numbers are just too small.

Marissa Robinson:

Okay. Thank you, Norma. So, this next question is again for Norma.

Antigone Dempsey:

Marissa? This is Antigone. Do you mind, can I add something to that question?

Marissa Robinson:

Sure.

Antigone Dempsey:

Yeah, I just wanted to add to that. So, Norma's point is great, but in terms of for the Ryan White data, I did want to point out that we do have that data available for transgender folks and we have viral suppression. And again, this is just for people receiving services in the Ryan White HIV/AIDS program. But that's a great resource for people to look and be able to see by part A, part B jurisdictions the numbers of folks being served. We even go down to trans women and trans men. And then also wrap that up into transgender folks overall. And you can see race and gender, I mean, race, ethnicity, poverty level, all the different variables that we collect.

Antigone Dempsey:

So, I just wanted to make sure people knew that that was a resource for them if they wanted to try to get some more information about the transgender folks that they're serving.

Marissa Robinson:

Thanks, Antigone. That's very helpful. The next question is a question/kind of comment, and I'm going to shoot this to Norma after I ask it. So, "Are there considerations of the cost effectiveness of the activities that are being measured in the dashboard?" And they said, "I know this may change location to location, however, good activities that may help respond to HIV issues may not be useful for areas where resources are constrained."

Dr. Norma Harris:

That's a really good question. Currently and I'll also point this to Oskian and Harold when I answer. The indicators that are in the dashboard don't measure... They measure the collective efforts of everyone, federal, national, state on the particular outcomes that we're measuring.

Dr. Norma Harris:

So, for example, for incidents or knowledge of status or press coverage or diagnoses all of the efforts that are going on in a jurisdiction are going to help to contribute to those results. So those indicators are not going to be able to pinpoint certain or specific interventions or strategies that are particularly helpful or useful in that jurisdiction.

Dr. Norma Harris:

I think that that's something that additional data would be needed at the jurisdiction level to be able to do, but currently the indicators that we are providing the dashboard isn't going to pinpoint that prime level of information, to be able to understand what the individual contribution to interventions are, or what's the right mix of interventions to do in a jurisdiction.

Dr. Norma Harris:

I think what it will tell you though, is whether what you're doing is moving the needle in the right direction. Harold, I don't know if you have anything else that you want to add or Oskian.

Harold Phillips:

Yeah. Thanks for that, Norma. What I will add is that Norma is correct in that the dashboard will point out the overall progress of a jurisdiction. There are other sections of the dashboard where we plan to highlight some effective interventions or things that seem to be going well within a jurisdiction.

Harold Phillips:

Like for example, we just talked about SSPs and the ability to sort of showcase some programs that may be working. The other thing that we are going to do and the other thing for jurisdictions keep in mind, as you are thinking about different interventions, many of our federal partners have put together compendiums of successful or best practices or innovative practices that are available.

Harold Phillips:

Some of those also do include the cost of those interventions. So, there is a Ryan White compendium of best practices, CDC and its implementation science, work group also have a series of innovative practices. HRSA also have [inaudible] projects and the CRFs are also doing very similar work to look at what works, what different settings, certain interventions work, and then what is the cost of them. So, I would ask patients to look those resources and we will also be linking to some of those built on HIV.gov and I think also through the dashboard.

Marissa Robinson:

Thank you for that. Oskian, did you want to add anything?

Oskian Kouzouian:

Nope. I think that was well covered. Nope. If we have another question that would be great.

Marissa Robinson:

Great. So, this question is actually for you. So, "Will jurisdictions be able to see the data that will be made public prior to the formal release on the website?"

Oskian Kouzouian:

I'm actually going to let Harold, if he can answer that question.

Marissa Robinson:

Yeah. Harold?

Harold Phillips:

So, Harold is a little stumped.

Oskian Kouzouian:

Okay, all right.

Harold Phillips:

Yes. I think what we were going to do was we were going to make it available as part of the soft launch so that jurisdictions could look at it. I'm not even seeing a head shake from you or Norma going, "Yes, that's what we're going to do." And then which would allow jurisdictions to take a look at it before we do sort of the public loud facing. Is that what we're doing?

Oskian Kouzouian:

I think this is a really thoughtful question. I don't think that we've sort of landed on how to make the data available to the jurisdictions prior to the launch of the dashboard, but it will be the subject of a phone call probably right after this.

Marissa Robinson:

Thank you.

Harold Phillips:

Because we did talk about the fact that we do want you all as jurisdictions, jurisdictional leads, to be able to see it and be familiar with it and be prepared for any questions that might come from those within your jurisdictions about the data that is being displayed. And so, we had talked about that process, perhaps we had not analyzed how we want to make that happen, but we do recognize that that is important.

Harold Phillips:

And as Todd talked about the tools that we are putting together to help you all be able to explain it and talk about the dashboard and what some of the data pieces mean will also be made available to you in addition to the dashboard itself, so we wanted to help you prepare.

Marissa Robinson:

Thank you, Harold. And so, to be respectful of everyone's time, I see that we have one more minute left. So, I'm going to pitch this last question to Oskian. And Oskian, "Will the dashboard be made available for grant recipients and major high diagnosed jurisdictions stakeholders?"

Oskian Kouzouian:

The dashboard is going to be publicly facing. So, it should be available to just everyone who wants to get at that information. And they will be able to download all the data that's on there. There's no limitations on who can access that information. So, I'm not sure if that answers the question. I hope it does. It will just be publicly available to everyone.

Marissa Robinson:

Thank you, Oskian. And for everyone on the call, can you please just remind us of that wonderful email address that they can reach us at if they did not get their question answered or if they have additional questions.

Harold Phillips:

Sure. I think we've hit and thank you, Marissa. I think we're at 3:30, which is sort of the close of this webinar. And so just a couple of things to wrap things up. Just want to thank everybody who presented on today's, all our presenters today for their helpful information and for being around to help answer some of the questions in the Q&A portion. If you have additional questions that come to mind after the close of the webinar, please email us at endHIVepidemic@hhs.gov and I think that's being displayed on the screen right now as that on the right hand side, that very last email. endHIVepidemic@hhs.gov. So, appreciate that being put up.

Harold Phillips:

Also, there may have been some questions that we did not get to that were put into the Q&A. I want to thank everybody who asked questions. These are really wonderful, thoughtful questions. We'll go through those questions and follow up and think of the best way to do that. We've done that with other webinars and again, please continue to stay in touch with us, continue to follow HIV.gov and HIV.gov blog for updated information about the dashboard. And so that closes out today's dashboard. Thank you. And today's webinar, not today's dashboard. Today's webinar. Thank you everyone.