

# NATIONAL HIV/AIDS STRATEGY for the **UNITED STATES:**

UPDATED TO 2020

**2017 PROGRESS REPORT**



This progress report was prepared by the Department of Health and Human Services' Office of HIV/AIDS and Infectious Disease Policy on behalf of the National HIV/AIDS Strategy Federal Interagency Workgroup, whose members include representatives from:

**Department of Defense**

**Department of Education**

**Department of Health and Human Services**

Administration for Children and Families  
Administration for Community Living  
Centers for Disease Control and Prevention  
Centers for Medicare & Medicaid Services  
Health Resources and Services Administration  
Indian Health Service  
National Institutes of Health  
Substance Abuse and Mental Health Services Administration  
Office for Civil Rights  
Office of the National Coordinator for Health Information Technology  
Office of the Assistant Secretary for Health  
Office of Adolescent Health  
Office of HIV/AIDS and Infectious Disease Policy  
Office of Minority Health  
Office of Population Affairs  
Office on Women's Health

**Department of Homeland Security**

U.S. Customs and Border Protection  
U.S. Immigration and Customs Enforcement (ICE) Health Service Corps  
Office of Health Affairs

**Department of Housing and Urban Development**

**Department of the Interior**

**Department of Justice**

Bureau of Prisons  
Civil Rights Division

**Department of Labor**

**Department of Veterans Affairs**

**Equal Employment Opportunity Commission**

**Social Security Administration**

# VISION

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

# COMMITMENT

The Trump Administration is committed to protecting and improving the health and well-being of all Americans. To achieve this goal, we must continue to improve the efficiency, effectiveness, and impact of our efforts to prevent HIV transmission and improve the health of people living with HIV. The domestic policies and programs of the Federal government continue to be guided by the National HIV/AIDS Strategy, and we are focused on working toward achieving the Strategy goals for 2020.

The HIV epidemic and the needs of people living with HIV and those who are at-risk for infection continue to evolve. To be effective, the Federal response must adapt in order to respond to changing needs and funding levels as well as new threats, such as those presented by the opioid epidemic. Our response also must be flexible to make the best possible use of scientific, clinical, and programmatic advances, create new opportunities for collaboration and mutually beneficial partnerships, and respond to monitoring and evaluation results.

This Administration is committed to improving the efficiency, effectiveness, and impact of our efforts to achieve the goals of the National HIV/AIDS Strategy. The Federal government cannot achieve these goals by itself. All of us from all sectors of society will need to do our parts if we are to achieve the Strategy's goals and to realize the vision of a future in which new HIV infections are rare.



# TABLE OF CONTENTS

**INTRODUCTION** ..... 9

**PROGRESS ON THE INDICATORS** ..... 13

**PROGRESS ON FEDERAL ACTIONS** ..... 18

**MOVING FORWARD** ..... 32

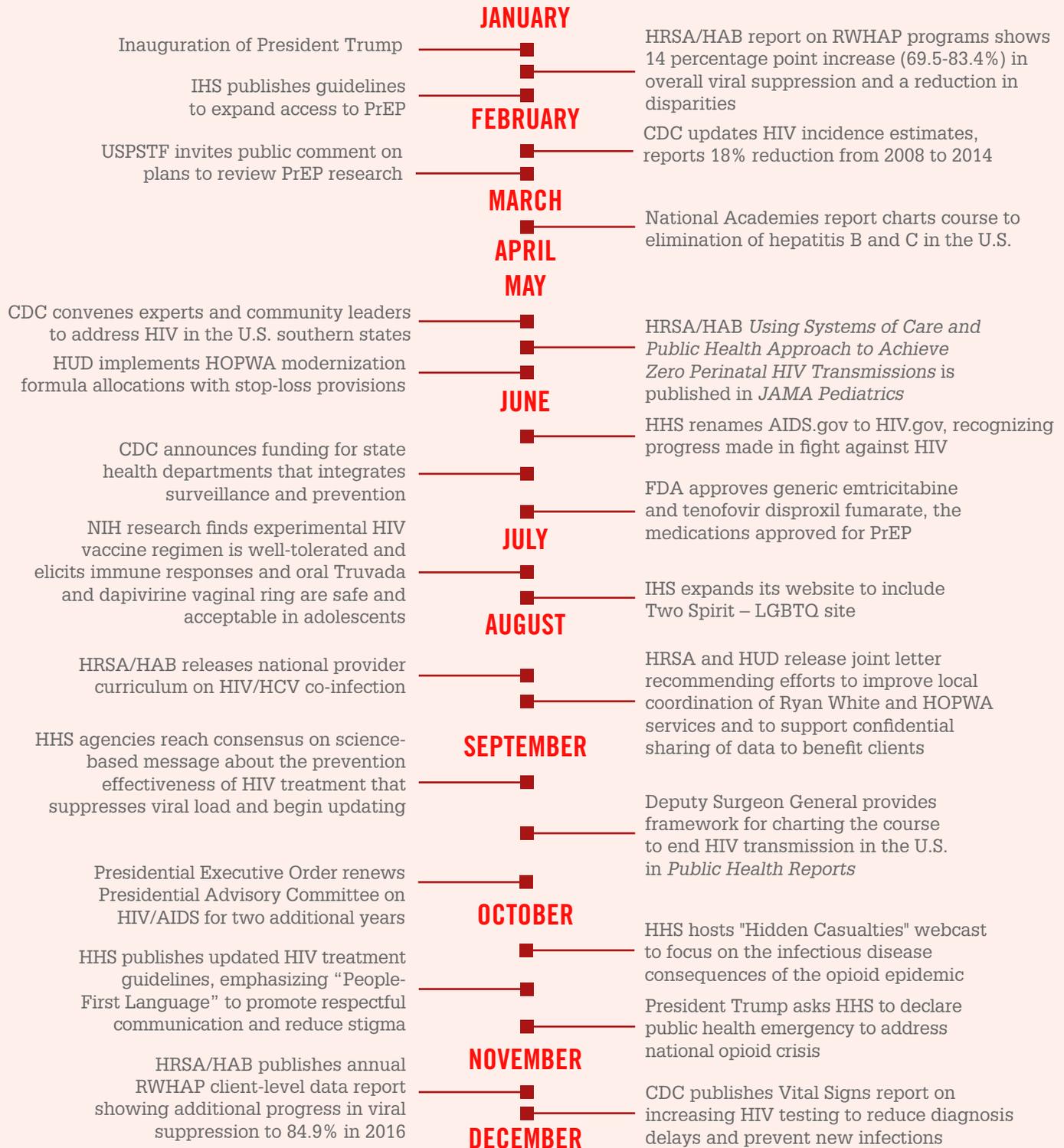
**APPENDICES** ..... 36

Members of NHAS Federal Interagency Working Group ..... 36

Federal Action Plan Progress ..... 37



## U.S. DOMESTIC RESPONSE TO HIV 2017 KEY ACCOMPLISHMENTS AND EVENTS





# INTRODUCTION

## 2017: A YEAR OF PROGRESS, CHANGES, AND CHALLENGES

This progress report provides an overview of the Federal actions that were taken during 2017 to further the goals of the National HIV/AIDS Strategy: Updated to 2020 (NHAS). It also describes the most recent results for the indicators used to monitor the effect of the NHAS and our cumulative efforts to fight HIV. Finally, the report highlights selected accomplishments in 2017 from across the Federal government. This 2017 NHAS Progress Report is the second annual Progress Report since the Strategy was updated in 2015 and the sixth Progress Report overall. It shows continued progress in a year that can be characterized by change and transition (Some of these key accomplishments and events are shown on the previous page). In 2017, new research findings affecting prevention, care and treatment were released; there was greater recognition of the role of HIV medications to prevent sexual transmission of HIV; and it was the first calendar year of the Trump Administration. It has also been a year marked by challenges that include the ongoing opioid crisis, uncertainty about healthcare financing, disruption of lives and devastation of healthcare infrastructure due to hurricanes, and continued disparities in HIV risk and diagnoses for gay and bisexual men, stable housing among people living with HIV, and HIV diagnoses in the Southern United States.

## BACKGROUND

The National HIV/AIDS Strategy (NHAS) has served as the roadmap for our nation's response to HIV/AIDS since it was first released in 2010. It has given clarity to our purpose, encouraging the nation to focus more directly on the outcomes that matter most and on the strategies that will make the biggest difference when delivered in the right ways, to the right people, in the right places. The Strategy has unified our response around a core set of four goals that affects the lives of Americans from all walks of life in every state of the union. These goals are to:

- Reduce new HIV infections
- Increase access to care and improve outcomes for people living with HIV
- Reduce HIV-related health disparities and health inequities
- Achieve a more coordinated national response to the HIV epidemic

In 2015, the NHAS was updated to reflect the scientific and technological advances in HIV prevention, care, and treatment and build upon the progress achieved since 2010. The updated Strategy prioritizes four key areas to maximize the impact of our national response to HIV. These include working to achieve:

- **Widespread testing and linkage to care**, enabling people living with HIV to access treatment early.
- Broad support for people living with HIV to **remain engaged in comprehensive care**, including support for treatment adherence.
- **Universal viral suppression** among people living with HIV.
- **Full access to comprehensive pre-exposure prophylaxis (PrEP) services** for those for whom it is appropriate and desired, with support for medication adherence for those using PrEP.

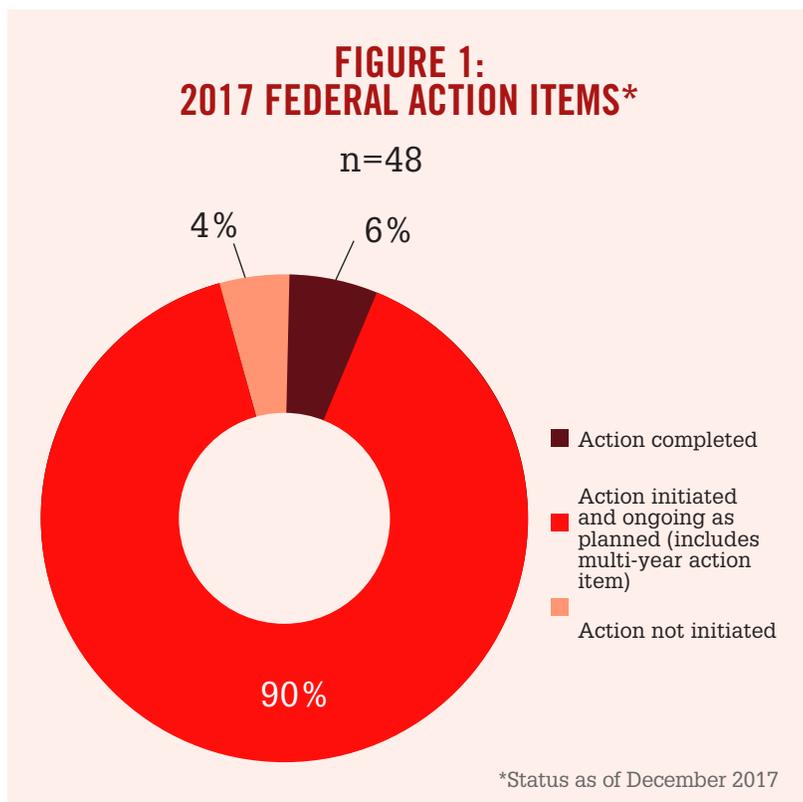
Historically, implementation of the NHAS has been overseen by the White House Office of National AIDS Policy (ONAP) and the U.S. Department of Health and Human Services (HHS) Office of HIV/AIDS and Infectious Disease Policy (OHAIDP). The Directors of these two offices serve as co-chairs of the NHAS Federal Interagency Workgroup (FIW), which is charged with implementing the NHAS. During the transition of the Trump administration, OHAIDP has continued to work to support the implementation, monitoring, and reporting of the NHAS.

At the start of 2017 there was uncertainty about how the Trump administration would approach HIV and whether the NHAS would continue to guide our nation's response to HIV. The Trump administration has affirmed its support of the NHAS and its goals, recognizing that adaptation and flexibility may be required<sup>1</sup>. This is necessary in order to respond efficiently and effectively to scientific advances, changes in the needs of people living with and at-risk for HIV, and other factors that drive the response to HIV and AIDS. The continued importance of NHAS was reflected by government officials and staff in 2017 in conference presentations, scientific publications, training and technical assistance activities, webinars, and articles on the impact of the NHAS. In addition, the NHAS FIW continued to meet on a regular basis with a focus on improving outcomes on indicators where targets were not met and coordination on cross-cutting activities.

## 2017 PROGRESS

Federal departments, agencies, and offices continued to make important progress implementing the NHAS Federal Action Plan throughout 2017. For 2017, there were 48 action items that were scheduled to be initiated, continued as planned, or completed. This includes four actions identified as pending in 2016 that were due to be completed this year, 40 ongoing actions initiated in 2016 to be continued as planned,

**FIGURE 1:  
2017 FEDERAL ACTION ITEMS\***



1. See quote from Acting HHS Secretary in a letter to the Presidential Advisory Council on HIV/AIDS (PACHA): <https://www.hiv.gov/blog/commitment-transparency-accountability-and-partnerships-world-aids-day-and-beyond>

and four new actions to be initiated in 2017. As of the development of this report, 43 of the 48 (90%) actions had been initiated and are ongoing as planned, three (6%) were completed, and two (4%) were not completed (see Figure 1).

Federal agencies conducted a number of activities that have complemented these efforts to support the NHAS goals and address other priorities that further our national response to HIV. The ability to address emerging threats and expand efforts in areas where results are lagging is essential for the success of NHAS. Key successes reported in 2017 include:

- Responding to the opioid epidemic and its impact on infectious diseases.
- Coordinating efforts across programs and agencies to promote an efficient and effective response.
- Reducing stigma and eliminating discrimination
- Addressing the needs of the whole person that contribute to risk or facilitate risk reduction, including social determinants of health.

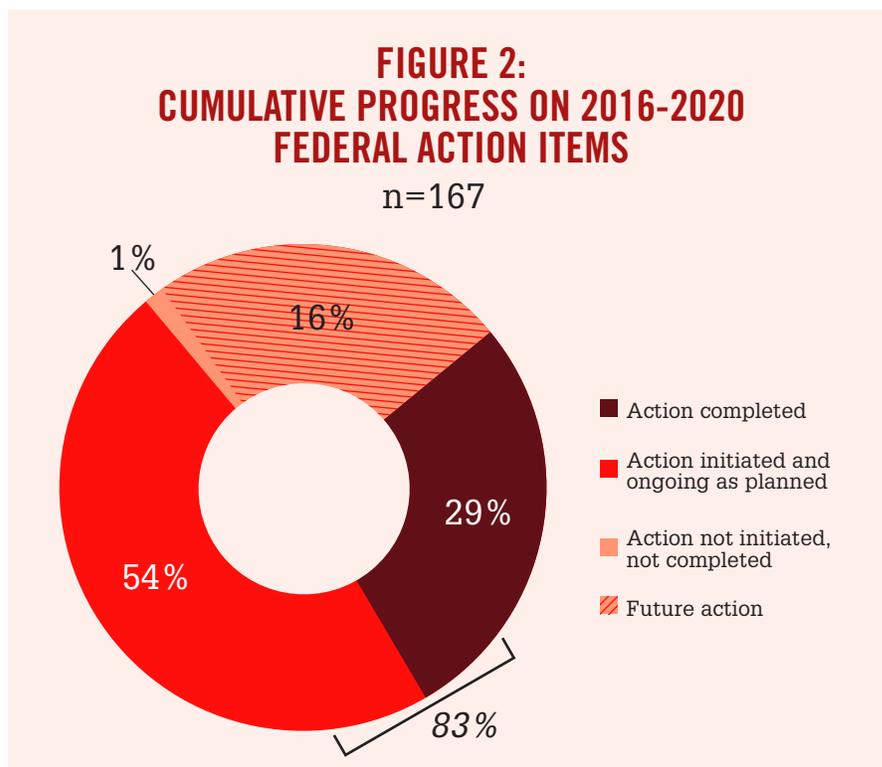
## CUMULATIVE PROGRESS

In addition to reporting progress on actions committed to in 2017, this report also provides a review of the cumulative progress on actions since the NHAS was updated in 2015. Looking at the cumulative effort to date shows 48 actions completed on time (29%), 90 (54%) actions initiated and ongoing as planned, two (1%) actions were due to be initiated but have not been completed, and 27 (16%) future actions to begin in later years. Of the 72 actions scheduled to be completed in later years, 45 have been initiated. By the end of 2017, more than 80% of the 167 Federal action items have been initiated or completed (see Figure 2).

## PROGRESS ON THE INDICATORS

A key feature of the Strategy is the 17 indicators that are used to measure progress on the NHAS goals. At the time of the development of this report, progress data were available for 16<sup>1</sup> of the 17 indicators. The most recent indicator data for 2014 or 2015 shows that we have made significant progress, but our fight against HIV is far from over. Nine of the 16 indicators met or exceeded the annual targets. Progress was also observed for two additional indicators for which annual targets were not met. Discouragingly, targets for five indicators were not met and continued to move in the wrong direction.

1. At the time of the development of this report, only baseline data was available for the indicator measuring stigma among people diagnosed with HIV. As a result it was not included in the analysis.



Looking at the 16 indicators we see progress on most of them but not all of them. Some populations and regions are being left behind, causing some disparities to widen rather than decrease. For example, overall new HIV diagnoses decreased, but three out of four indicators measuring disparities in new HIV diagnoses did not meet the annual target and continued to move in the wrong direction. Indicators measuring disparities in new HIV diagnoses did not meet the annual target among gay and bisexual men overall, young Black gay and bisexual men, and among persons living in the southern United States. In contrast to these results, new HIV diagnosis disparities were reduced among Black women and the annual target was met.

## MOVING FORWARD

The commitment to the Strategy by a new administration may offer new perspectives on the problems we face and the best ways to solve them. This commitment also demonstrates the continued importance of addressing HIV in the United States. In the coming years, it will be critical that our response to HIV in the United States and around the world continues to adapt and evolve to maintain and expand upon the progress we've achieved, to address the areas where our results are lagging, to navigate new and existing challenges that have the potential to erode our success, and to take full advantage of the advances that research has provided and all other opportunities that may arise.

Further, it is important to recognize that though we will have made critically important improvements by 2020, the NHAS vision will not yet be reality. As we approach 2020 we will need to begin work on a new or updated NHAS carrying forward the theme of a national plan developed with the input of individuals living with HIV and at risk for infection, community groups and national organizations, the faith community, providers from various disciplines, researchers, Federal, state, and local governments, and so many others. The new or updated plan will build upon existing knowledge and experiences, set new goals and targets, and guide us beyond 2020 to the end of HIV in America.

## IN THIS REPORT

This report follows the same structure and format as the previous annual progress report to support continuity of use. It describes progress in implementing the National HIV/AIDS Strategy during the 2017 calendar year. The next section, "Summary of Progress," highlights (1) progress to date on the NHAS indicators and (2) successful programs from Federal departments and agencies. This is followed by the section "Moving Forward" which lays out some of the future needs for the period from 2018-2020 based on progress to date and the Strategy's roadmap for achieving its goals. Appendix 2 includes a comprehensive list of Federal Actions and progress updates to date, along with commitments that have been made through 2020.

Activities and actions described in this report are based upon information collected from Federal departments and agencies participating in the NHAS FIW. The activities and actions in this report, as well as the NHAS Federal Action Plan, do not reflect the entirety of programs, services, research, education, policy development, legal action, and information dissemination that make up the totality of the domestic response to HIV and AIDS. Rather, they are intended to be a concise set of priorities and strategic actions designed to help achieve the goals and measurable outcomes (as defined by the indicators) of the Strategy. These action items are ones that are expected to help reach the goals of the Strategy and foster collaboration among Federal agencies to best leverage resources, capacity, and expertise.

# PROGRESS ON THE INDICATORS

The indicators used to monitor progress towards our nation's HIV prevention, care, and treatment goals show that we continue to make important progress in reducing new HIV infections, improving health outcomes among people living with HIV, and reducing some HIV-related disparities. But, they also show that progress has not been equal across all populations and regions, that a great amount of work still needs to be done, and our fight to end HIV is far from over.

Although this Progress Report focuses on Federal actions for 2017, the indicator results are based on the most recently available progress data, which for this report are either for 2014 or 2015. As such, the data measure the progress of activities conducted in previous years before the 2015 NHAS update had influenced Federal programs substantially.

This year we have progress data on 16<sup>1</sup> of the 17 indicators (see summary table on page 17). For these 16 indicators, targets were met for nine of them. Some of these improvements include:

- Knowledge of HIV serostatus increased from 82.7% in 2010 to 85.0% in 2014
- The number of new HIV diagnoses decreased by nearly 5% from 41,985 in 2011 to 39,876 in 2015
- The percentage of persons living with diagnosed HIV who were virally suppressed increased from 46.0% in 2010 to 57.9% in 2014
- The number of adults prescribed PrEP increased by more than 300% from 7,972 in 2014 to 33,273 in 2015

Progress also was observed for two additional indicators (linkage to HIV medical care and retention in HIV medical care), but the annual targets were not met for either of them. It must be noted that in last year's progress report, the annual target for linkage to care was met.

Ensuring progress in the future requires ongoing

## HOW ANNUAL TARGETS WERE SET

Annual targets between the 2010 baseline and the 2020 goal for the NHAS Indicators are set as follows:

- Five percent of the total change is expected for each of the initial three years (2011–2013),
- Ten percent is expected for each of the subsequent four years (2014–2017), and
- Fifteen percent of the total change is expected for each of the final three years (2018–2020).

This allows for implementation activities begun after the 2010 release of the Strategy to take hold and their effects to accelerate over time, rather than expecting slow advances year by year.

1. At the time of the development of this report, only baseline data was available for the indicator measuring stigma among people diagnosed with HIV. As a result it was not included in the analysis.

efforts to sustain the accomplishments we have already achieved and building on those to advance toward our goals in the years that follow. This is especially true regarding the indicator annual targets since the expected change from year to year grows larger as we approach 2020. This is because it was assumed that progress would accelerate as more of the NHAS was implemented.

Discouragingly, annual targets for the following five indicators were not met and continue to move in the wrong direction:

- Disparities in new HIV diagnoses among gay and bisexual men.
- Disparities in new HIV diagnoses among young black gay and bisexual men.
- Disparities in new HIV diagnoses among persons living in the southern United States.
- Risk behaviors among young gay and bisexual males.
- Homelessness among people living with HIV in medical care

In response to indicator targets that were missed last year, three ad hoc subgroups of the NHAS Federal Interagency Workgroup have been examining why these indicators are not improving and what changes to programs, policies, services, and/or investments we can propose that could better move the indicators in the right direction. This process will continue into 2018 and expand to include other indicators if annual targets are not met (See Using Indicator Data to Create Positive Change callout box for more information).

The failure to meet any one annual target does not mean that the 2020 NHAS goals will not be achieved. It is, however, a warning sign that we are in danger of falling short of the 2020 goal unless more progress can be made quickly. When we do not achieve the annual target for an indicator, it is important to pause and ask ourselves, “why did this happen?” It should not just be business as usual; there is a need to understand what is preventing us from achieving that target and to work toward identifying solutions for improving performance and achieving the desired results.

Estimation and data collection methods were updated this year to reflect evolving technology and surveillance completeness, which affected some of the indicators. In order to make comparisons over time, the results for these indicators (baseline and annual targets) are updated in this report. Additional details about these changes can be found in CDC's [\*Monitoring Selected National HIV Prevention and Care Objectives by Using HIV Surveillance Data United States and 6 Dependent Areas, 2015\*](#). These changes affect the following indicators:

- Percentage of people living with HIV who know their serostatus
- Death rate among persons with diagnosed HIV infection
- Number of adults prescribed pre-exposure prophylaxis (PrEP)

It is important to keep in mind that no indicator is perfect. Indicators serve as a vital tool to more readily assess progress toward achieving a goal or outcome. Further, in order to be effective, one must be able to correctly analyze and interpret indicator data to be able to effectively and efficiently adapt and evolve policy and programs accordingly.

## USING INDICATOR DATA TO CREATE POSITIVE CHANGE

Following the release of last year's Progress Report, the NHAS Federal Implementation Workgroup (FIW) established three ad hoc subgroups to better understand why annual targets for five of the indicators were not met. The subgroups focused on:

1. Homelessness among persons living with HIV
2. HIV diagnoses in the Southern United States
3. HIV-related disparities among gay and bisexual men (covering the inter-related indicators for reducing disparities in diagnoses among MSM and young black MSM, and reducing risk behaviors among young MSM)

Each of these subgroups is comprised of leaders and subject matter experts from various Federal agencies that have a role in addressing each issue. Throughout 2017, the subgroups set out to assess why the annual targets for their respective indicator(s) were not met and/or were not progressing and what changes to programs, policies, services, and/or investments could be proposed to move the indicators in the right direction. Each group reviewed available data from a variety of sources including the indicators, data from various Federal agencies, relevant research, and the action items from the NHAS Federal Action Plan. They are using the data to create a plan that identifies the inputs and activities necessary to create short- and long-term changes in outcomes that have the potential to drive population-level impact. Part of this process has included determining what is already being done across the Federal government that works so that it can be scaled up and disseminated across other programs. It has also involved identifying what approaches do not show evidence of improving outcomes and recommending that those efforts be scaled back. In developing their plans, the subgroups have been engaging with subject matter experts and the community to obtain input on what others across the country have found to be successful strategies for addressing these three target populations.

Full reports from each of the work groups will be available in the first half of 2018. These critical analyses and recommendations are all the more important in light of data more recent than that published in the last progress report, which show a continued lack of progress on all three indicators related to reducing diagnoses disparities among MSM, young black MSM, and people living in the South. The reports may inform Federal actions in 2018 and may also offer helpful information to state, local, and other partners.

## NATIONAL HIV/AIDS STRATEGY

# MONITORING OUR PROGRESS: 2017



### ANNUAL TARGET MET

Increase knowledge of serostatus  
Reduce new diagnoses  
Increase use of PrEP  
Increase viral suppression  
Reduce death rate

Reduce disparities in HIV diagnosis among Black females  
Increase viral suppression among youth  
Increase viral suppression among persons who inject drugs  
Increase viral suppression among transgender women



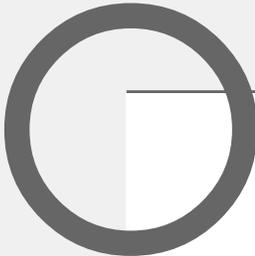
### ANNUAL TARGET NOT MET (PROGRESS IN EXPECTED DIRECTION)

Increase linkage to care  
Increase retention in HIV care

### ANNUAL TARGET NOT MET

Reduce HIV-risk behaviors among young gay and bisexual males  
Reduce homelessness  
Reduce disparities in HIV diagnosis among gay and bisexual men

Reduce disparities in HIV diagnosis among young Black gay and bisexual men  
Reduce disparities in HIV diagnosis among persons living in the Southern U.S.



### NO PROGRESS DATA YET

Decrease stigma

# INDICATORS AND PROGRESS FOR THE NATIONAL HIV/AIDS STRATEGY

## DATA BY YEAR

GOAL	INDICATOR	2010	2011	2012	2013	2014	2015	ANNUAL TARGET	ANNUAL PROGRESS	2020 TARGET
Goal 1	Increase the percentage of people living with HIV who know their serostatus to at least 90 percent	82.7% <i>Updated</i>	83.3%	83.9%	84.4%	85.0%	n/a	84.5%	✓	90%
	Reduce the number of new diagnoses by at least 25 percent	43,806	42,218	42,616	40,628	40,873	40,040 <i>Preliminary</i>	41,068	✓	32,855
	Reduce the percentage of young gay and bisexual males who have engaged in HIV risk behaviors by at least 10 percent	n/a	n/a	n/a	34.1%	n/a	35.2%	33.3%	✗	30.7%
	Increase the number of adults prescribed PrEP by at least 500 percent	n/a	n/a	n/a	n/a	7,972 <i>Updated</i>	33,273	11,958	✓	47,832
Goal 2	Increase the percentage of newly diagnosed persons linked to HIV medical care within one month of diagnosis to at least 85 percent	70.2%	70.4%	71.4%	72.6%	74.5%	75.0%	75.4%	↗	85%
	Increase the percentage of persons with diagnosed HIV infection who are retained in HIV medical care to at least 90 percent	54.7%	53.6%	55.3%	56.5%	56.9%	n/a	63.5%	↗	90%
	Increase the percentage of persons with diagnosed HIV infection who are virally suppressed to at least 80 percent	46.0%	48.5%	51.6%	54.7%	57.9%	n/a	54.5%	✓	80%
	Reduce the percentage of persons in HIV medical care who are homeless to no more than 5 percent	7.7%	8.1%	8.3%	7.9%	9.0%	n/a	7.0%	✗	5%
Goal 3	Reduce the death rate among persons with diagnosed HIV infection by at least 33 percent	19.4 <i>Updated</i>	17.9	16.7	15.6	15.2	n/a	17.8	✓	13.0
	Reduce disparities in the rate of new diagnoses by at least 15 percent among gay and bisexual men	20.5	21.2	21.9	22.1	22.5	22.7 <i>Preliminary</i>	19.7	✗	17.4
	Reduce disparities in the rate of new diagnoses by at least 15 percent among young Black gay and bisexual men	109.4	112.4	112.9	117.2	118.5	118.9 <i>Preliminary</i>	105.3	✗	93.0
	Reduce disparities in the rate of new diagnoses by at least 15 percent among Black females	1.7	1.5	1.4	1.3	1.2	1.1 <i>Preliminary</i>	1.64	✓	1.4
	Reduce disparities in the rate of new diagnoses by at least 15 percent among persons living in the Southern United States	0.33	0.35	0.33	0.35	0.35	0.37 <i>Preliminary</i>	0.32	✗	0.28
	Increase the percentage of youth with diagnosed HIV infection who are virally suppressed to at least 80 percent	30.9%	34.3%	38.9%	43.7%	48.1%	n/a	43.2%	✓	80%
	Increase the percentage of persons who inject drugs with diagnosed HIV infection who are virally suppressed to at least 80 percent	39.6%	40.6%	44.1%	47.1%	50.3%	n/a	49.7%	✓	80%
	Increase the percentage of transgender women in HIV medical care who are virally suppressed to at least 90 percent*	62.2%	65.3%	68.5%	72.0%	73.9%	77.0%	71.9%	✓	90%
	Decrease stigma among persons diagnosed with HIV infection by at least 25 percent	n/a	n/a	n/a	n/a	n/a	40.0 <i>Preliminary</i>	40.0	○	30.0

For more information on the NHAS indicators including methodology see the Monitoring Selected National HIV Prevention and Care Objectives by Using HIV Surveillance Data, 2015 report: <https://www.cdc.gov/hiv/pdf/library/reports/surveillance/cdc-hiv-surveillance-supplemental-report-vol-22-2.pdf>

**KEY:** ✓ Annual Target Met ↗ Annual Target Not Met, Progress in Expected Direction ✗ Annual Target Not Met ○ No Progress Data Yet

\* Since the development of this progress report, HRSA has release more recent data to be included in the 2018 Progress Report. For more information see the Ryan White HIV/AIDS Program Annual Client-Level Data Report, 2016. <https://hab.hrsa.gov/sites/default/files/hab/data/data-reports/RWHAP-annual-client-level-data-report-2016.pdf>.

# PROGRESS ON FEDERAL ACTIONS

HIV has touched the lives of Americans from every state and all walks of life. Such a broad impact requires a government-wide response that leverages the capacities and strengths of a wide variety of programs that have the capability to support the health and well-being of people living with HIV and those at risk of infection. This broad and coordinated response is being led by the NHAS Federal Interagency Workgroup (FIW), which is comprised of representatives of 11 Federal agencies that are charged with lead responsibility for implementing the Strategy. In 2015, when the Strategy was updated through 2020, these agencies developed the [NHAS Federal Action Plan](#), committing to more than 160 Federal actions to move the nation toward achieving each of the Strategy's 2020 goals. The Strategy helped frame the Federal actions by identifying four key areas to focus on in our national response to HIV. These include:

- **Widespread testing and linkage to care**, enabling people living with HIV to access treatment early.
- **Broad support for people living with HIV to remain engaged in comprehensive care**, including support for treatment adherence.
- **Universal viral suppression among people living with HIV.**
- **Full access to comprehensive PrEP services for those for whom it is appropriate and desired**, with support for medication adherence for those using PrEP.

Of course, these are not the only issues that need to be addressed in order to achieve the national goals set forth in the Strategy. For example, condom distribution, comprehensive programs for people who inject drugs, educating youth and young adults, preventing and treating substance use disorders, and other efforts continue to be important elements of our national response to HIV. In 2017, Federal agencies conducted a number of activities that have complemented those efforts to support the NHAS goals and address other priorities that further our national response to HIV. The ability to address emerging threats and expand efforts in areas where results are lagging is essential for the success of NHAS. Key successes reported in 2017 include:

- **Responding to the opioid epidemic** and its impact on infectious diseases.
- **Coordinating efforts across programs and agencies to promote an efficient and effective response.**
- **Reducing stigma and eliminating discrimination.**
- **Addressing the needs of the whole person that contribute to risk or facilitate risk reduction, including social determinants of health.**



**Widespread HIV testing and linkage to care**



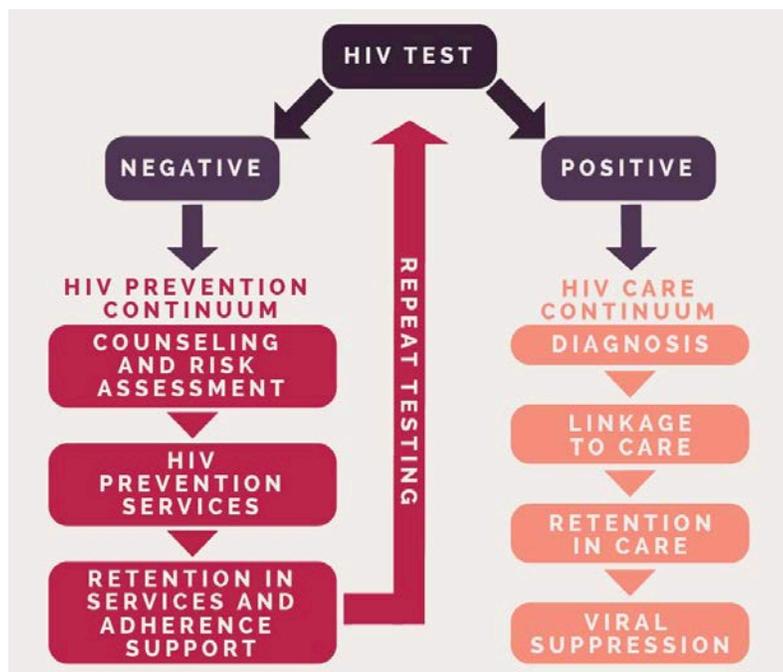
**Broad support for people living with HIV to remain engaged in comprehensive care**

HIV testing can detect infection years before symptoms have developed; and today’s tests can detect the virus sooner after infection than ever before. Receiving the result of an HIV test can be an incredibly powerful event in a person’s life. For those whose result is negative, it provides an opportunity to assess current risks and re-evaluate the prevention methods being used. The goal should be to identify which strategies are most likely to be used consistently, and of those, which provides the highest level of protection from HIV and other outcomes that the individual would like to avoid.

For those who have a positive HIV test result, this moment changes their lives forever. Current treatment guidelines recommend that all people diagnosed with HIV begin treatment as soon as possible. To facilitate entry into HIV care, all HIV testing programs should have agreements in place so that they can provide linkage to HIV medical care within 30 days of diagnosis. In addition, community-based HIV prevention programs must have agreements in place with HIV medical care providers so that they can provide linkage to HIV medical care within 30 days of diagnosis. This standard is included in the notice of funding opportunity announcement for health departments that was issued by CDC in early 2017 to support HIV surveillance and prevention programs. It represents continued refinement of our programmatic goals to align with measurable objectives used to assess progress.

Immediate linkage to care for people with diagnosed HIV increases the likelihood of early initiation of HIV treatment to improve health outcomes and prevent new infections. Indeed, individuals with newly diagnosed HIV who are linked to care within 30 days of diagnosis are significantly more likely to achieve viral suppression over a one-to-two-year time period.<sup>1</sup>

We know, though, that even when people are linked to HIV medical care right after HIV is diagnosed, they may miss lab tests or appointments, or fail to get medications refilled on schedule. Health care providers should have systems in place that remind patients of upcoming appointments, follow up with them when they have missed an appointment or are overdue for one, follow up with them when test results indicate that their viral load has increased and become detectable, and (where possible) follow up with patients who do not refill medications in a timely manner.



Adapted from [Horn et al. J Int AIDS Soc. 2016 Nov 17;19\(1\):21263.](#)

1. Hall et al. J Acquir Immune Defic Syndr. 2016 Jun 1;72(2):e57-60

When these approaches have failed, health care providers and health departments can work collaboratively to improve engagement in HIV care. Data to Care (D2C) efforts make use of HIV surveillance and other data to locate people with diagnosed HIV who may not be receiving HIV medical care or are not virally suppressed and engage them in care. It is critically important for all people with diagnosed HIV to receive the medical care, treatment, and supportive services they need to maintain an undetectable viral load.

Examples of activities related to HIV testing and linkage to care, re-engagement in care, and supporting those in care conducted by a wide range of Federal agencies during 2017 include:

- In June 2017, the Centers for Disease Control and Prevention (CDC) renewed and strengthened its flagship HIV prevention funding program for state, territorial, and local health departments to implement an integrated HIV surveillance and prevention program for the first time. Priority activities include (but are not limited to): HIV testing; immediate linkage to care (within 30 days of diagnosis); retention in and re-engagement in care and support achieving viral suppression; pre-exposure prophylaxis (PrEP) related activities; community-level HIV-prevention activities; and HIV transmission cluster investigations and outbreak response efforts.
- CDC resources support more than 3 million HIV tests per year, which identify 1/3 of the HIV diagnoses in the United States each year. About half of these tests (12,547 tests) were among people whose infection had not been diagnosed previously, and about half were among people who had evidence of prior positive test result in the HIV surveillance system. These diagnoses provided an important opportunity to connect or reconnect people living with HIV to medical care and treatment. More than 96% of persons living with HIV received their test result and as many as 85% were linked to care within 90 days.
- The Indian Health Service (IHS), in alignment with recommendations by both the CDC and the U.S. Preventive Services Task Force (USPSTF), is working to conduct HIV screenings on all prenatal patients. With support from the Secretary's Minority AIDS Initiative Fund (SMAIF), IHS increased overall prenatal HIV screening to 87% in 2016 – a 15% increase over 2006 data – and well ahead of its 2020 prenatal HIV screening goal. In 2016, IHS included HIV screening of 13-64 year-olds in its nationally reportable quality of care metrics. This resulted in 80,000 unique American Indian/Alaska Native (AI/AN) patients who were tested for the first time. From 2012 to 2017 the overall HIV screening rate increased from 30% to 52%. Some of the highest performing IHS facilities have achieved HIV screening levels of more than 70% for the eligible population. By the same token, screening for hepatitis C (HCV) among individuals born between 1945-1965 increased from 8% in 2012 to 54% in 2017. SMAIF has funded development of technical support tools like electronic health records (EHR) clinical reminders, publication of IHS policy guidelines for HIV and HCV, and creation of clinical linkages to care, allowing IHS to replicate these HIV outcomes for its HCV efforts at effectively no additional cost.
- Analyses of data from the multi-agency SMAIF-funded demonstration project, Care and Prevention in the United States (CAPUS), were completed by CDC. The purpose of the project was to reduce HIV-related morbidity and mortality among racial and ethnic minorities living in the United States. The primary goals of the three-year project were to: 1) Increase the proportion of racial and ethnic minorities with HIV who have diagnosed infection by expanding and improving HIV testing capacity; and 2) Optimize linkage to, retention in, and re-engagement with care and prevention services for newly diagnosed and previously diagnosed racial and ethnic minorities with HIV. Based on data reported, CAPUS' eight state health department grantees conducted 155,343 tests and identified 558 persons with previously undiagnosed HIV infection (0.36%). Data-to-care programs contacted 4,952 people living with HIV whose status in care was unknown and determined that 36.6% were truly not in care. Navigation and other linkage to, retention in, and re-engagement with care, treatment, and prevention programs reached 10,382 persons and linked to or re-engaged with medical care 77.3% of those who were not in care.

- The HHS Office of Adolescent Health (OAH) redesigned the online National Resource Center for HIV Prevention among Adolescents, rebranded as [What Works in Youth HIV](#). The SMAIF-funded site presents more than 300 emerging and evidence-based practices and practical resources to help those who work with youth to prevent HIV/AIDS. From its launch in March 2016 to December 31, 2017, there were:
  - 19,744 unique site users during 27,607 sessions
  - 246,535 cumulative Twitter impressions
  - 748 email list subscribers
  - 304 people who have received some form of capacity-building assistance
  - 6 webinars
  - 5 episodes released of the Stories from the Field podcast series featuring people making a difference in youth HIV prevention
  
- SMAIF funding has allowed the IHS and the Navajo Nation to fund three hospitals to implement an HIV health technician program. Within the Navajo Nation, HIV patients often live great distances from healthcare facilities and often suffer from community and family stigma after an HIV diagnosis. HIV patients may also be struggling with substance-use disorders. SMAIF-funded HIV health technicians help link new patients to treatment programs and conduct home visits to HIV patients at high risk for treatment default. The health technicians, who speak the Navajo language, go to patients' homes to provide HIV education, and they assist patients with the physical, mental, spiritual, and social challenges that may impede adherence to care. From October 1, 2016, through September 30, 2017 the three SMAIF-funded Navajo health technicians have completed over 1,000 in-person visits with HIV patients in healthcare facilities and at patients' homes. These health technicians help decrease HIV stigma, aid in establishing seamless systems to link people to care, and support retention in care. The work of the Navajo health technicians helps patients achieve viral suppression that maximizes the benefits of early treatment and reduces the risk of HIV transmission.
  
- The CDC's Division of Adolescent and School Health conducted a two-year pilot test of the Get Yourself Tested (GYT) in High School Settings campaign in the Chicago Public Schools system. The pilot high school enrolled 394 students living in Chicago's west side. The student body was 95% African American, 3% Latino, and 2% "other," and 92% of students lived at or below the poverty line. Less than half (48%) graduated on time. The campaign's outcome evaluation showed students in the GYT school were four times more likely to be tested at the referral clinic during the campaign than students at a comparison school, and six times more likely to report awareness of where to obtain free, low-cost, or affordable STD/HIV testing. The GYT social marketing campaign was first developed and launched in 2009 to inform young people about STDs, encourage and normalize testing for STDs, and connect young people to testing centers. Currently, the GYT for High Schools Toolkit, developed as a result of this project, is being piloted by six school districts. In addition, The CDC's Division of Adolescent and School Health is also engaged in a SMAIF-funded research project among adolescent sexual minority males (ASMM) 13-18 years old and trans youth 13-24 years old with research-related activities to characterize: 1) effective methods of and venues for recruitment in research and HIV prevention activities; 2) fundamental aspects of sexual identity, behavior, and protective factors among ASMM and trans youth; 3) acceptability of HIV prevention strategies (e.g., PrEP, post-exposure prophylaxis (PEP), testing, school-based sex education, access to services); and 4) correlates of racial and ethnic disparities. The findings from this research will inform the development of tools tailored to adults who serve ASMM and trans youth: health care providers, educators, and community-based organization workers. To date, qualitative data are providing valuable insight into these young people's experiences with HIV prevention.



## Universal viral suppression among people living with HIV infection

Reducing HIV to levels that are undetectable by standard laboratory tests improves the health of those living with HIV by effectively stopping the replication of the virus and prevents sexual transmission of HIV. Effective HIV treatment leading to viral suppression reduced deaths among people with AIDS by 32% between 2000 (18,470) and 2015 (12,495). Although almost all HIV-related deaths can be prevented if HIV infection is diagnosed and treated, more than 15,000 Americans living with HIV died in 2015.

Research modeling on the effects of viral suppression among people living with HIV show that it is the single most important strategy for reducing new infections and ending the epidemic in the United States. Recent studies, which included thousands of serodiscordant or serodifferent male-female and male-male couples, found no sexual transmission of HIV from someone whose viral load was suppressed to an HIV-negative partner. These studies show that **people living with HIV who take HIV medications daily as prescribed and achieve and then maintain an undetectable viral load have effectively no risk of sexually transmitting the virus to an HIV-negative partner.**<sup>1</sup>

Although this is historic and groundbreaking news, greater progress is needed to meet the 2020 viral suppression goal. Because viral suppression is the end point of the HIV care continuum, we must make improvements all along the earlier steps of the continuum to make achieving the viral suppression goal possible.

Examples of activities related to achieving universal viral suppression that were undertaken by Federal agencies during 2017 include:

- The Ryan White HIV/AIDS Program (RWHAP), administered by the Health Resources and Services Administration's HIV/AIDS Bureau (HRSA/HAB), supports direct healthcare and support services for over half a million low-income people living with HIV—more than 50% of all people living with diagnosed HIV in the United States. The RWHAP has successfully created effective patient-centered services to support strong provider-patient relationships. The RWHAP funds and coordinates with cities, states, and local community-based organizations to deliver efficient and effective HIV care, treatment, and support services for low-income people living with HIV. Since it was established, the RWHAP has developed a comprehensive system of safety-net providers who deliver high-quality, direct healthcare and support services. The RWHAP is critical to ensuring that individuals with HIV are linked to and retained in care, are able to access and adhere to medication regimens, and remain virally suppressed. The overall percentage of RWHAP patients receiving medical care who achieved viral suppression increased from 69.5% in 2010 to 84.9% in 2016. Further in 2016, 551,567 clients received services from RWHAP-funded providers.
- Partnerships for Care (P4C) was a three-year cross-agency demonstration project (2014-2017) to build sustainable partnerships to support expanded HIV service delivery in communities highly affected by HIV. The project was supported with funding from the SMAIF, the HRSA Health Center Program, and the CDC. The partnerships were developed between 22 HRSA-supported health centers and four state health departments funded by CDC. Health centers participating in P4C expanded access to HIV services in their communities and improved HIV outcomes for their patients by integrating into their existing primary care

1. Bavinton B, Grinsztejn B, Phanuphak N, et al. HIV treatment prevents HIV transmission in male serodiscordant couples in Australia, Thailand and Brazil. Presented at the 9th IAS Conference on HIV Science (IAS 2017), Paris, France; July 25, 2017.  
 Cohen MS, Chen YQ, McCauley M, et al. Prevention of HIV-1 infection with early antiretroviral therapy. *N Engl J Med* 2011;365:493-505.  
 Cohen MS, Chen YQ, McCauley M, et al. Antiretroviral therapy for the prevention of HIV-1 transmission. *N Engl J Med* 2016;375:830-9.  
 Rodger AJ, Cambiano V, Bruun T, et al. Sexual activity without condoms and risk of HIV transmission in serodifferent couples when the HIV-positive partner is using suppressive antiretroviral therapy. *JAMA* 2016;316(2):171-81.

services routine HIV testing with linkage to care, basic HIV care and treatment, and HIV prevention. In the first two years of the program, the 22 health centers tested over 77,300 patients who had never before been tested for HIV. In 2016, the health centers achieved a linkage-to-care rate of 90.8% within 90 days for patients with new HIV diagnoses (+8.5% from 2015) and served over 7,400 patients with HIV (+7.6% from 2015), 76% of whom achieved viral suppression (+14% from 2015). In addition, 71% of HIV patients at P4C health centers were retained in care from the previous year (+6% from 2015).

- CDC developed an online [Data-to-Care toolkit](#) to assist health departments and their partners to use HIV surveillance and other data to locate HIV-diagnosed individuals who are not receiving HIV medical care, link them to care, and support viral suppression. From April 30, 2014 through October 25, 2017, the Data to Care toolkit has been viewed more than 30,000 times by more than 20,000 visitors.



### Full access to comprehensive PrEP services for those whom it is appropriate and desired

Pre-Exposure Prophylaxis (PrEP) is a highly effective prevention strategy for people who are at very high risk of getting HIV. It involves taking a pill every day. Studies show that daily PrEP can reduce acquisition of HIV via sex by more than 90% and reduce transmission among people who inject drugs by 70%.<sup>1</sup> Given the strength of the scientific evidence and its ability to reduce new HIV infections, the Strategy recognizes the importance of PrEP. It calls for full access to comprehensive PrEP services for those for whom it is appropriate and desired, along with support for medication adherence for those using PrEP. Although we have achieved and exceeded our annual target for the NHAS indicator for increasing the number of individuals prescribed PrEP, analyses have found disparities in the uptake of PrEP, particularly among those who may benefit from it most (e.g., young and black MSM).

Examples of activities related to improving access to PrEP services that were undertaken by Federal agencies during 2017 include:

- In December 2016, the HHS Office of HIV/AIDS and Infectious Disease Policy (HHS/OHAIDP) released the HIV PrEP Framework, developed collaboratively by a dozen Federal agencies and offices under the direction of the National HIV/AIDS Strategy Federal Interagency Workgroup. Throughout 2017, it has served as the national blueprint for scaling up PrEP as a strategy to prevent HIV transmission in the United States. The Framework outlines the essential components necessary for establishing a comprehensive Federal PrEP program. These include components—policies, communications, training, PrEP implementation programs, evaluation, and finance—that are critically important to all organizations looking to scale up access to PrEP. Jurisdictions at the state and local levels have been encouraged to adopt the framework and adapt it to fit their unique program needs.
- From 2016 through June 2017, CDC provided high-quality technical assistance (TA) and training activities about PrEP to the HIV prevention workforce. A total of 627 health departments, community-based organizations, and other organizations received training on PrEP to support implementation, such as assisting patients with obtaining insurance and co-pay assistance, and medication adherence. In addition, more than 350 received technical assistance on PrEP, a total of 12 working group calls were completed, and over 200 materials related to PrEP were shared with 12 health department jurisdictions.

1. Grant RM, Lama JR, Anderson PL, et al. Preexposure chemoprophylaxis for HIV prevention in men who have sex with men. *N Engl J Med* 2010;363:2587–99. Baeten JM, Donnell D, Ndase P, et al. Antiretroviral prophylaxis for HIV prevention in heterosexual men and women. *N Engl J Med* 2012;367:399–410. Choopanya K, Martin M, Suntharasamai P, et al. Antiretroviral prophylaxis for HIV infection in injecting drug users in Bangkok, Thailand (the Bangkok Tenofovir Study): a randomised, double-blind, placebo-controlled phase 3 trial. *Lancet* 2013;381:2083–90.



## Responding to the opioid epidemic

The nation continues to experience the devastating effects of the ongoing opioid crisis that is challenging communities around the country. As a result of the opioid crisis, we have seen troubling increases in the numbers of persons using heroin or other opioids, injection drug use, overdoses and overdose-related deaths, and newborn infants with withdrawal syndrome due to opioid use and misuse during pregnancy. The opioid crisis has also driven an increase in infectious diseases including hepatitis B, hepatitis C, endocarditis, and HIV. For example, new hepatitis C cases nearly tripled from 2010 to 2015. Maternal hepatitis C infection rates have also increased, putting more infants at risk. These increases have implications for the health of people living with HIV who are at risk of being coinfecting with other blood borne infections. We know, for example, that approximately 1 in 5 people living with HIV in the U.S. are coinfecting with hepatitis C virus (HCV). People living with HIV who are coinfecting with HCV are more likely to experience liver disease and death if untreated. If HCV is diagnosed, however, it can be treated and cured successfully in people living with HIV with a single course of treatment in more than 9 out of 10 cases.

The effects of the opioid epidemic on HIV transmission are also clear. For the first time in years, we are experiencing an increase in new HIV cases among people who inject drugs. After declining 53% from 2008 to 2014, HIV diagnoses among people who inject drugs (PWID) increased 5% in 2015. The potential for large increases in HIV diagnoses associated with opioid injection was clearly seen in Scott County, Indiana. That 2015 outbreak demonstrated how quickly viral hepatitis and HIV can spread among PWID and become a public health crisis.

The experiences in Scott County also showed the need for a comprehensive response to this crisis. After a comprehensive response was mobilized, the rapid spread of HIV among PWID was stopped. A major concern is the extent to which other counties may be vulnerable in the same way as Scott County. The CDC has identified 220 counties in 26 states that are potentially vulnerable to the rapid spread of HIV among PWID. Like Scott County, much of the opportunity to prevent hepatitis C in these counties has been lost because the existing HCV infection rates are already very high among PWID. Federal agencies have worked in collaboration with state, county, and local public health officials to take action in response to these threats. To date, there have been no significant HIV outbreaks in these counties after proactive comprehensive responses modeled after those in Scott County have been put in place.

Preventing transmission of HIV, HCV, and other infectious diseases related to the opioid epidemic requires greater integration of interventions that address opioid use and its consequences in HIV prevention and care programs and better integration of infectious disease efforts to prevent, diagnose, and treat infectious diseases in substance use disorder treatment programs. We must all recognize the significant advances that have occurred in HCV treatment and work toward ensuring that all people living with HIV who are coinfecting have been cured of HCV.

Effectively responding to the opioid epidemic has also required an expansion of the comprehensive community-level services tailored to people with opioid use disorder. These services may include, but are not limited to, provision of naloxone and overdose prevention training, testing for HIV and viral hepatitis infection with referral to treatment, vaccination, and provision of or referral to addiction and mental health services including medication-assisted treatment. In addition, syringe services programs are an effective component of a comprehensive approach (where legal and consonant with community support) to prevent HIV and viral hepatitis among PWID, while not increasing drug use or crime.

In 2016 and 2017, Congress allowed for Federal funds to be used to support certain services delivered by syringe services programs (excluding the purchase of sterile needles or syringes for the purposes of hypodermic injection of any illegal drug) as part of an overall comprehensive response to the opioid epidemic and related infectious diseases. In order to use HHS funds for this purpose, eligible state, local, tribal, and territorial health departments must consult with the CDC and provide evidence that their jurisdiction is (1) experiencing, or (2) at risk for significant increases in viral hepatitis infections or an HIV outbreak due to injection drug use. When CDC finds there is sufficient evidence, state, local, tribal, and territorial health departments and other eligible HHS grant recipients may then apply to their respective HHS funding agencies to direct funds to support approved SSP activities as part of an overall response. As of January 2018, 30 states and 7 counties had received CDC's concurrence that the state or county is at risk for an infectious disease outbreak and were eligible for redirecting federal resources to syringe services programs.

Examples of activities conducted by Federal agencies during 2017 focused on responding to the opioid epidemic and bolstering HIV and viral hepatitis prevention efforts, included:

- In the last 12 months, the U.S. Department of Veterans Affairs (VA) has treated 65.2% of all veterans with diagnosed HIV/hepatitis C (HCV) coinfection in VA care for their HCV. In 2014, approximately 160,000 Veterans in the care of VA had been diagnosed with chronic HCV, and 3% of them were coinfecting with HIV. Since the VA introduced direct-acting antivirals (DAAs) for the treatment of HCV in January 2014 through August 15, 2017, a total of 3,188 Veterans with HIV/HCV have completed treatment for their HCV with DAAs. In addition, 86,639 HCV mono-infected patients have also completed treatment with DAAs. DAA treatments are yielding over 90% sustained virologic response rates at 12 weeks post-treatment, which means those patients have achieved a cure of their HCV infections.
- Since September 2016, HRSA/HAB has been implementing “The Jurisdictional Approach to Curing Hepatitis C among HIV/HCV Coinfected People of Color” initiative. Supported by SMAIF funding, the two-year project provides supplemental funds and technical assistance to RWHAP recipients in Hartford, CT; New York City, NY; Philadelphia, PA; Washington D.C; New Brunswick, NJ; North Carolina; and Louisiana. In the first year, funded jurisdictions conducted a needs assessment, using epidemiologic and health services data to understand gaps and barriers in their existing HCV screening, care, and treatment efforts for HIV/HCV coinfecting persons of color. During the implementation phase, funded jurisdictions will implement a comprehensive, centrally coordinated, jurisdiction-level program to improve HCV screening, care, and treatment among HIV/HCV coinfecting persons of color. In addition, a new, free, online curriculum offers healthcare providers and health profession educators training on HIV/ HCV co-infection, including prevention, screening, diagnosis, and treatment recommendations. HRSA's Ryan White HIV/AIDS Program's AIDS Education and Training Centers' National Coordinating Resource Center developed the evidence-based curriculum.
- In 2017, CDC has taken steps to strengthen the capacity of state and local jurisdictions to prepare for, detect, and respond to infectious disease threats associated with injection drug use, including HIV and hepatitis B and C. Specifically, CDC is working to ensure that the U.S. has the analytic capacity at the national and state level to identify newly emerging clusters of recent infectious disease transmission using advance molecular detection techniques. Also, as part of CDC's integrated surveillance and HIV prevention program, all state health departments are working to develop and implement plans to respond to these clusters by identifying new cases of disease and interrupting transmission. CDC is providing technical assistance and support to states, as needed, as part of this effort to identify new and active clusters of transmission. Specifically, during 2017, CDC identified 52 clusters of active HIV transmission and provided technical support to 14 states to address them. Finally, CDC continues to provide assistance to states that are experiencing outbreaks of HIV and/or hepatitis infections associated with the injection of opioids.



## **Coordinating efforts across programs and agencies to promote an efficient and effective response.**

Coordination across the Federal government and with other national, state, and local partners is critical in pursuing national priorities and in deploying Federal resources so that they have maximum effect while avoiding duplication of efforts. It also helps to engage affected communities to better understand what is needed and what works in our response. In addition, coordination allows the Federal response to more quickly identify, learn from, replicate, and disseminate innovative programs and successes. One example of such efforts involves engaging existing programs whose primary purpose(s) may not be HIV services and helping them to integrate HIV prevention and/or care services into their programs to support their clients who are living with or at risk for HIV. Another example is the development of whole-person systems that coordinate multiple programs and services “under one roof” to help prevent individuals having to visit multiple facilities and enroll in multiple programs to receive the services they need to take control of their health.

In addition to several inter-departmental and inter-agency activities noted previously, other examples of coordination activities undertaken by Federal agencies during 2017 include:

- The U.S. Department of Health and Human Services (HHS) is developing communications messages and materials to help its agencies inform their grantees and the public about the impact of HIV treatment and viral suppression on preventing the sexual transmission of HIV. Throughout 2017, an ad hoc workgroup of senior leaders, communicators, and subject-matter experts from CDC, HRSA, National Institutes of Health (NIH), the Office of the Assistant Secretary for Health (OASH), and SAMHSA reviewed the recent scientific evidence that HIV treatment resulting in viral suppression prevents HIV transmission. The group developed a set of messages that clearly, concisely, and accurately communicated information about this ground-breaking science and promote consistency in the information being disseminated across the Department. The workgroup consulted a wide-range of community stakeholders, including people living with HIV, to ensure the messaging is consumer-friendly. The messages will undergo ongoing testing to assess how they are understood by consumers and updated based on the results of message testing and additional scientific advances.
- The HHS Regional Resource Network Program (RRNP) worked with Aniz, Inc., an Atlanta organization that supports the physical and emotional well-being of populations at high risk for HIV, to significantly expand the reach of its prevention programs and resources for HIV and hepatitis C testing and prevention, PrEP and PEP, substance use disorder counseling, and sexual-health services. Aniz, Inc. had recently moved its offices near the city’s main bus terminal and an adult entertainment center—allowing the organization to expand services to new populations, including incarcerated and formerly incarcerated persons, adult sex workers, unstably housed persons, and people experiencing homelessness.
- In 2017, OHAIDP continued its series of HIV training webinars, which were initiated in 2016 for Federal staff to increase their ability to implement scientific advances in HIV prevention, care, and treatment. In 2017 the webinar series was expanded for public participation. The webinars brought together experts from across the Federal government and the nation to address topics including: strategies for engaging and retaining people living with HIV in care; HIV treatment, viral suppression, and their impact on sexual transmission of HIV; and strategies to reduce homelessness among people living with HIV. In total, the webinars were attended by more than 1,600 listening sites.



## Reducing stigma and eliminating discrimination

HIV-related stigma and discrimination can pose complex barriers to prevention, testing, treatment, and support for people living with or at risk for HIV. Some individuals with HIV have been denied or lost employment, housing, and other services; prevented from receiving health care; denied access to educational and training programs; rejected by friends and family members; and have been victims of violence and hate crimes. HIV-related stigma and discrimination are often barriers to people learning their HIV status, disclosing their status (even to family members and sexual partners), and/or accessing medical care and treatment, which weakens their ability to protect themselves from getting or transmitting HIV and to stay healthy.

In addition to HIV-related stigma many individuals at risk for or living with HIV also experience stigma related to substance misuse, mental health, sexual orientation, gender identity, race/ethnicity, or sex work, which may pose even greater barriers to receiving life-saving prevention and care services and support.

Examples of activities related to combating HIV-related stigma and discrimination undertaken by Federal agencies during 2017 include:

- In August 2017, the HHS Office for Civil Rights (HHS/OCR) resolved an HIV-related discrimination complaint against an Oklahoma nursing home and put policies in place to prevent future discrimination. OCR entered into a Voluntary Resolution Agreement (VRA) with Heritage Hills Living & Rehabilitation Center, LLC, which was accused of discharging a woman because of her HIV disease, in violation of Section 504 of the Rehabilitation Act of 1973 and Section 1557 of the Affordable Care Act. Under the VRA, Heritage Hills will: publish and post a new nondiscrimination policy to ensure that all individuals with disabilities, including but not limited to HIV/AIDS, are provided equal access to its facility; implement a new patient grievance procedure and inform patients of their right to file complaints with OCR; appoint a civil-rights compliance coordinator; report admissions and discharge data to OCR for a 12-month period; and require its staff to undergo Federal nondiscrimination and HIV/AIDS training. OCR's investigation was initiated after a referral from the Disability Rights Section, Civil Rights Division, U.S. Department of Justice.
- On March 20, 2017, the Department of Justice entered into a settlement agreement under the Americans with Disabilities Act (ADA) with the Pea Ridge School District in Benton County, Arkansas. The agreement arose out of allegations that the school district removed three children from its schools based on a document in the district's possession referencing the HIV status of the students' family member. The district stated that the students would "not be allowed back into the school district until the proper HIV testing is done and the results returned to the Superintendent's office." In addition to changing policies (including a prohibition on asking for any student's or prospective student's HIV test results), the agreement requires regular reporting to the Department and the payment of \$5,000 in damages to each of the affected students.
- On July 21, 2017, the Department of Justice also entered into a settlement agreement under the ADA with Aurora Health Care, Inc., a healthcare system serving areas in Wisconsin and Illinois, based on allegations that it denied medical services to two individuals with HIV. Under the agreement, Aurora will undertake supplemental annual training of its employees on their obligations under law and will pay the affected individuals (or their survivors) \$30,000 and \$15,000, respectively.

- In FY2017, the Equal Employment Opportunity Commission (EEOC) obtained consent decrees successfully resolving two significant lawsuits challenging HIV employment discrimination in violation of the ADA. The first consent decree resolved EEOC v. Diallo's Entertainment, Inc., d/b/a/ Diallo's of Houston, Civil Action No. 4:16-cv-02909 (S.D. Tex. consent decree entered Jan. 2017), and involved an employer who required an employee to provide documentation that she was not HIV-positive, and then terminated her employment when she did not do so. The court awarded back pay, compensatory damages for mental pain and suffering, and punitive damages to the employee, as well as EEOC's court costs. The court also prohibited the employer from engaging in future disability discrimination, and ordered that it institute policies, practices, and programs to ensure equal employment opportunities for qualified persons with disabilities. EEOC educated stakeholders about the law's requirements through media reports about the case: <https://www.eeoc.gov/eeoc/newsroom/release/1-9-17.cfm>.

The second consent decree resolved Mathews Management and Peach Orchard, Inc. d/b/a McDonald's Store # 32295, Civil Action No. 5:16-CV-05166TLB (W.D. Ark. consent decree entered Nov. 2016). The employer violated the ADA when it fired an employee within days of learning of his HIV-positive status. The suit also charged that the company violated the ADA's rules for disability-related inquiries by maintaining a policy requiring all employees to report the use of prescription medication. Under the settlement's terms, McDonald's agreed to pay \$103,000 in damages and furnish other relief. EEOC educated stakeholders about the law's requirements through media reports about the case: <https://www.eeoc.gov/eeoc/newsroom/release/11-10-16.cfm>.



### **Addressing the needs of the whole person that contribute to risk or facilitate risk reduction, including social determinants of health**

We have been able to change the course of the epidemic because we were able to implement advances in HIV prevention, testing, and treatment that have led to dramatic shifts in the epidemic. However, we must do more to scale up our efforts so that all people living with HIV and those at-risk of infection have access to the resources they need to be able to focus on and take control of their health. Such a commitment will require that we focus on addressing other factors in an individual's life that may make more pressing demands on his or her daily life such as access to stable housing, food, substance use disorder treatment and counseling, and employment opportunities.

Examples of activities undertaken by Federal agencies during 2017 focused on addressing social determinants of health in our response to HIV include:

- A new Special Project of National Significance launched by HRSA/HAB seeks to improve system-level outcomes and remove structural impediments affecting employment, housing, and health care for ethnic and racial minority people living with HIV. This three-year project is supported by SMAIF and will be completed in September 2020. It provides sub-awards to demonstration sites to design, implement, and evaluate innovative interventions that coordinate HIV care and treatment, housing, and employment services. HRSA/HAB is collaborating with the U.S. Departments of Housing and Urban Development and Labor on this project.

- Since September 30, 2015, the Substance Abuse and Mental Health Services Administration (SAMHSA) has supported a behavioral health program for people living with HIV, who have multiple health-related needs that can be life-long barriers to their health and can contribute to onward HIV transmission. This program has served over 100 high need individuals in the Greater New Orleans area and staff observations indicate notable success. This program significantly expanded and enhanced access to trauma-informed, culturally and linguistically appropriate substance-use disorder treatment for racial/ethnic populations at greatest risk for HIV. That treatment was coupled with strength-based case management, HIV and viral hepatitis services, and recovery support linkages to housing, employment, and vocational services.
- The U.S. Department of Housing and Urban Development's (HUD) Office of HIV/AIDS Housing hosted a three-day Institute for Housing Opportunities for Persons with AIDS (HOPWA) grantees and project sponsors in August 2017. The theme of the Institute was "Housing's Role in Ending the HIV Epidemic," and was the first convening of its kind in 10 years. Over 1,000 representatives from HOPWA-funded organizations participated in the Institute, which focused on building the capacity of HOPWA-funded agencies to effectively provide the housing assistance and supportive services necessary to ensure that low-income people living with HIV or AIDS served under HOPWA have safe, stable housing and access to care. The Institute also included a Modernization Clinic that brought together representatives from communities identified as being highly impacted by HOPWA formula modernization to begin comprehensively planning for projected funding increases or decreases due to modernization.
- HUD also worked with Congress to modernize the funding formula for the HOPWA program to be based on living HIV and AIDS cases, instead of cumulative AIDS cases, along with provisions to incorporate local housing costs and poverty rates into the formula. The changes in grantee allocations began in May 2017 and will be phased in over five years, and HUD is developing a technical assistance strategy to help communities most affected by formula modernization.



## PEPFAR: ACCELERATING GLOBAL PROGRESS TOWARD ACHIEVING HIV/AIDS EPIDEMIC CONTROL

*The NHAS serves as our roadmap for the domestic response to HIV/AIDS. It is important, however, to recognize the substantial commitment and accomplishments made to reducing HIV/AIDS around the world through the U.S. President's Emergency Plan for AIDS Relief (PEPFAR). Each program offers important lessons and successes that the other can use to inform future activities to further our shared goal of ending HIV in the United States and around the world.*

The U.S. government, through the U.S. President's Emergency Plan for AIDS Relief (PEPFAR), has not only saved and improved millions of lives, but also transformed the global HIV/AIDS response.

We are at an unprecedented moment in this response. For the first time in modern history, we have the opportunity to change the very course of a pandemic by controlling it without a vaccine or a cure. Controlling the pandemic will lay the groundwork for eliminating or eradicating HIV, which we hope will be possible through continued and future scientific breakthroughs for an effective HIV vaccine and cure.

To seize this opportunity, PEPFAR remains firmly focused on controlling the epidemic, with a data-driven focus on the highest-burden countries, geographies, and populations. In 2017, we continued to make remarkable progress toward this goal.

Through PEPFAR, the U.S. government has reached historic highs through its rapid acceleration of HIV prevention and treatment efforts, driven by transparent, accountable, and cost-effective investments. As of September 30, 2017, PEPFAR supported:

- More than 15.2 million men and boys with substantial protection from HIV infection through the provision of voluntary medical male circumcision.
- Ten African countries (63 districts) in implementing PEPFAR's pioneering DREAMS (Determined, Resilient, Empowered, AIDS-free, Mentored, and Safe) public-private partnership, the majority (65 percent) of the highest-HIV-burden communities or districts achieved a 25-40% percent or greater decline in new HIV diagnoses among young women. Importantly, new diagnoses declined in nearly all DREAMS intervention districts.
- More than 2.2 million babies to be born HIV free to HIV-positive mothers.
- HIV testing services for more than 85.5 million people,

including more than 11.2 million pregnant women, in Fiscal Year 2017.

- More than 13.3 million people on lifesaving antiretroviral treatment globally, including 1 million children.
- More than 6.4 million orphans, vulnerable children, and their caregivers to mitigate the physical, emotional, and economic impact of HIV/AIDS.
- Training (including pre-service training) for nearly 250,000 new health care workers to deliver HIV and other health services.

The U.S. government continues to aggressively implement the PEPFAR Strategy for Accelerating HIV/AIDS Epidemic Control (2017-2020), which was launched by U.S. Secretary of State Rex Tillerson on September 19, 2017 at the United Nations General Assembly.

The PEPFAR Strategy demonstrates both the courage of our convictions and the boldness of our ambitions – which are direct reflections of the goodwill, compassion, and generosity of the American people. The PEPFAR Strategy reaffirms that the U.S. government will continue to support HIV/AIDS efforts toward achieving epidemic control in more than 50 countries, ensuring access to HIV services by all populations, including the most vulnerable and at-risk groups.

The PEPFAR Strategy also sets a bold course for accelerated PEPFAR-supported implementation in a subset of 13<sup>1</sup> high-burden countries, which have the greatest potential to achieve HIV/AIDS epidemic control by 2020. PEPFAR will support up to 13 of these countries to reach 90 percent of people living with HIV who know their status, 90 percent of people who know their status accessing treatment, and 90 percent of people on treatment having suppressed viral loads across all ages, genders, and at-risk groups in the next three years.

Recent PEPFAR data show that 5<sup>2</sup> of these 13 high-burde

<sup>1</sup> Botswana, Côte d'Ivoire, Haiti, Kenya, Lesotho, Malawi, Namibia, Rwanda, Swaziland, Tanzania, Uganda, Zambia, and Zimbabwe.  
<sup>2</sup> Lesotho, Malawi, Swaziland, Zambia, and Zimbabwe.

countries are already approaching control of their HIV/AIDS epidemics, something that would have once seemed impossible. Epidemic control will only be attained when it is reached for all ages, genders, and at-risk groups. Through this collective effort, we also expect to reduce the future costs required to sustain the HIV/AIDS response.

The U.S. government continues to lead the way in the global HIV/AIDS response, but no one country or entity alone can end the AIDS pandemic. We are proud to work closely with

many partner governments, private sector companies, philanthropic organizations, multilateral institutions, civil society and faith-based organizations, people living with HIV and many others.

Together, and with a focus on increasing our impact through transparency, accountability, and partnerships, we can reach our collective goals of controlling and ultimately ending AIDS as a public health threat.

# MOVING FORWARD

In 2017, we have witnessed a number of important programmatic changes and scientific advances that have the potential to dramatically impact the delivery of HIV prevention and care in America. It has also been a year of transition in the Federal government with the inauguration of President Trump and the beginning of a new Administration committed to improving the efficiency, effectiveness, and impact of Federal efforts. Protecting and improving the health and well-being of all Americans, including those living with and at risk for HIV, is critical to these efforts. As we move into 2018 and beyond, we must reflect on what we have achieved and the work that remains to be done in our nation's fight against HIV.

This report shows that we are continuing to make progress toward achieving our nation's HIV goals; however, as the indicators make clear, while we are doing well in many areas, we are not meeting our goals in others. Caution is warranted even in those areas where we are showing success. Continued progress from year to year is not guaranteed. We must work to sustain what we have achieved while striving for additional progress, or we risk falling behind. This is especially true since the amount of change expected each year increases as we come closer to 2020. This reflects the expectation that progress will accelerate over time as the NHAS is more fully implemented and more programs are aligned with it. It is especially important that we pay special attention to the four key areas outlined in the Strategy to ensure we reach our 2020 targets.

1. **Achieving universal viral suppression.** Reducing HIV viral loads to undetectable levels improves the health of people living with HIV and prevents the sexual transmission of new infections. Modeling data show that improving viral suppression among people living with HIV is the single most effective strategy for reducing new infections and ending the epidemic in the United States. However, although we continue to make progress toward achieving our 2020 goal for viral suppression, the latest data indicate that only 57.9% of people with diagnosed HIV are virally suppressed. That means that two in five people with diagnosed HIV do not have their infection under control and have the potential to transmit the infection to others. In order to achieve universal viral suppression, we must continue to make improvements all along the HIV care continuum to ensure each subsequent step can be achieved by everyone living with HIV. Meeting the NHAS goal of increasing the percentage of people with diagnosed HIV who are virally suppressed to at least 80% is critical in order to realize the promise of universal viral suppression.
2. **Widespread HIV testing and linkage to care.** Improving widespread HIV testing serves as the critical first step for individuals to engage in the continuums of HIV prevention or care. For those who test positive, we must continue to build capacity in our programs so that immediate linkage to care is the standard across the United States, allowing individuals to begin receiving care and treatment within hours or days of their diagnosis no matter where they live. Testing also allows those who test negative to receive

services and support to help them identify ways that work best for them to stay negative. We must do more to provide testing to those who have never been tested, as well as to encourage repeat testing among those at increased risk for HIV. Continued efforts to identify the 15% (166,000) of people living with HIV in the U.S. who remain undiagnosed are critical, as they are at risk of developing HIV-related illnesses and transmitting the virus if they engage in high-risk behavior.

- 3. Broad support for people living with HIV to remain in comprehensive care.** Once linked to care there is a need for ongoing support for people living with HIV to remain engaged in comprehensive care to receive and take lifelong, lifesaving HIV medications. It is vital that we work to identify successful strategies for reengaging those who have fallen out of care. It will also require that we develop and make available alternatives to systems that have failed patients in the past. For the second year in a row since implementing the updated Strategy, we have missed the annual target for the retention in care indicator, a clear warning sign that we are at risk of missing the 2020 goal. Our goal of 90% of HIV-diagnosed persons being retained in care can now only be met with a rapid acceleration of progress.
- 4. Full access to comprehensive PrEP services.** As we press ahead with implementing these changes it is also important that we expand upon the progress we have made in scaling up full access to comprehensive PrEP services to all for whom it is desired and appropriate. This will require that we continue to educate providers and those at risk of HIV infection about PrEP. It will also require that we reduce barriers to PrEP such as lack of health insurance and stigma. Effectively leveraging the combination of treatment as prevention and PrEP has the ability to dramatically reduce the number of new HIV infections and enabling us to achieve the Strategy's first goal.

We need to work quickly and efficiently between now and the end of 2020 to improve alignment between NHAS and federally funded programs. This may include changes to policies affecting NHAS outcomes, how resources are allocated, as well as how programs are implemented, monitored, and evaluated.

We need to use the tools we have available as efficiently and as effectively as we possibly can so that we can prevent the largest numbers of new HIV infections, improve the health of people living with HIV, and reduce HIV-related disparities. In order to do this, we must embrace biomedical interventions that are more efficient and effective than the best available strategies from years ago.

Our efforts must reach the right people in the right places and be responsive to existing disparities and the people who are being left behind when we look at improvements for the nation as a whole. We will have to be nimble and prepared to address a number of ongoing challenges including HIV stigma, the opioid epidemic, and uncertainty about the changing healthcare landscape in America. We need strategies to ensure that hundreds of thousands more people living with HIV receive medical care and treatment that results in viral suppression. We must also continue to fight against HIV stigma and discrimination which have direct effects on the health and wellbeing of those living with HIV as well as indirect effects that create barriers to HIV prevention, care, and treatment.

The Federal government must hold itself, its contractors, grantees, and all others who receive Federal funding for HIV prevention, care and treatment services accountable for delivering the activities, services, and results that were expected when funding was provided. Transparency in the implementation of all programs continues to be critically important in order to ensure that people living with HIV and those who are at-risk for infection are being served well and to show how tax payers' hard-earned dollars are being used. Process measures that document what was done are a critical foundation for monitoring and evaluation of NHAS activities. Increasingly, there is a need to go beyond showing "what was done" to showing "what it achieved." That is, to

show how a policy change, delivery of prevention services, outreach, behavior change interventions, retention in care, provider training, peer navigation, or any other Federally funded effort is helping us achieve the goals of the NHAS.

As we work toward achieving the NHAS 2020 goals, it will also become increasingly important for agencies to demonstrate the value and cost-effectiveness of HIV prevention, care, and treatment programs and how they compare to other existing programs through well-designed demonstration projects, outcome studies, modeling analyses, and other evaluation programs. It is no longer sufficient to show that services are being delivered as planned and achieving the anticipated results. Such evaluation programs will require Federal agencies to continue to work together to further streamline data collection and required data elements between agencies and reduce reporting burden among grantees. This is especially true given that outcome evaluations can add significantly to the costs and workload of programs, and many agencies currently have limited capacity to do rigorous outcome evaluations.

Similarly, as programs seek to meet unmet needs we must look even more closely for opportunities for partnerships that make it possible to maximize reach and promote efficiency and sustainability. Such partnerships should include integration of services into existing programs, systems, and infrastructure. Integration of this type also benefits patients by supporting patient-centered approaches that consider the needs of the client. These partnerships cannot be a one-way street that only benefits the goals of HIV programs but should also address how HIV programs can facilitate attainment of interrelated goals that contribute to the overall health and wellbeing of the populations we serve. Many examples of successful integration exist including the integration of HIV testing in a wide variety of settings (such as behavioral health programs, jails and prisons), collaborations between health departments and health care providers to find patients who have dropped out of care and re-engage them in care, and the integration of supportive services into the Ryan White program. The NHAS FIW also has an important leadership role to play in developing and supporting efficiency and effectiveness of federally supported programs.

The National HIV/AIDS Strategy has served as our roadmap in the fight against HIV since 2010. It has provided a useful framework for planning, implementing, and evaluating HIV prevention, care, and treatment, supportive services, and informed research agendas. It has brought the nation together around a set of common goals, and it has proven to be adaptable to changing circumstances over time.

We have made great progress in the fight against HIV. This is due to the combined efforts of the Federal government; state, Tribal, and local governments; national and community-based organizations; academic and religious institutions; health care systems and providers; corrections and law enforcement; educational and religious leaders; and people who are living with, or at risk for HIV. We cannot forget, however, that the progress we have made is fragile. It would be erased easily if we let up on HIV prevention, care, or treatment programs or the supportive services that help people access these services. We would also risk a resurgence of HIV infections and deaths, returning us to the dark days when the epidemic was at its worst and took an even greater toll on American lives.

The commitment to the Strategy under the Trump administration may provide new perspectives on the problems we face and efficient and effective ways to solve them. This commitment also demonstrates the continued importance of addressing HIV in the United States. Sadly, it is clear that until we have a cure, even if 100% of people living with HIV know their status and are virally suppressed, our work would still not be done. This is necessary because people living with HIV would need to receive appropriate medical care and be retained in successful treatment to maintain an undetectable viral load until a cure is found. In the coming

years, it will be critical that our response to HIV continues to adapt and evolve to address the areas where our results are lagging, to navigate new and existing challenges that have the potential to erode our success, and to take full advantage of the advances that research has provided and all other opportunities that may arise. Though we will have made critically important improvements by 2020, the NHAS vision will not yet be reality. In 2018 we will begin work on a new or updated NHAS that carries forward the theme of a national plan developed with the input of individuals living with HIV and at risk for infection, community groups and national organizations, the faith community, providers from various disciplines, researchers, Federal, state, and local governments, and so many others. The new or updated NHAS will also build upon existing knowledge and experiences, set new goals and targets, and guide us beyond 2020 to the end of HIV in America.

## **SAVING LIVES AND REDUCING COSTS: HIV TREATMENT AND PREVENTION IN THE U.S.**

HIV has myriad effects on individuals, communities, and the nation, most important is its impact on the health and well-being of those living with the virus and at risk for infection. HIV has also had a major economic impact. CDC has estimated that the average lifetime cost of medical visits, laboratory tests, medications, hospitalizations, and other aspects of HIV medical care add up to almost \$449,000 (updated to 2016 dollars)<sup>1</sup> for each person who is newly diagnosed with HIV. During 2008-2014, estimated annual HIV infections in the U.S. declined 18%; with an estimated 33,200 cases prevented at estimated cost saving for medical care of \$14.9 billion (2015 US dollars).<sup>2</sup> These estimates underscore the importance of preventing new HIV infections. They also underscore the importance of ensuring that HIV medications are taken daily as prescribed and that access to treatment is not interrupted. When medication is stopped, the levels of HIV in the body increase back to untreated levels, which can lead to poorer health outcomes for individuals living with HIV and also increases the likelihood of transmission to HIV-negative partners.

A study published in *The Journal of Infectious Diseases* in 2017 reported that more than 250,000 new HIV infections and 200,000 deaths in the United States could be averted over the next 20 years if the 2020 NHAS goals were achieved.<sup>3</sup> The study was conducted by Rochelle Walensky and a team of researchers at Harvard who assessed the costs of and savings resulting from achieving the NHAS goals for HIV diagnoses and viral suppression. However, the authors explain, in order to meet these goals and achieve these results it will require that we increase our

investment in domestic HIV prevention, care, and treatment by 5% each year for the next 20 years. This adds up to \$120 billion, which may also be offset by reductions in the cost of current efforts if these could be achieved without affecting effectiveness and impact such as a reduction in the cost of HIV medications. These findings are similar to those published in *Lancet HIV* in 2016 by Maunank Shah and Eli Rosenberg and a team of researchers from The Johns Hopkins University and Emory University who used modeling data to determine that achieving all the NHAS goals at a cost of \$105 billion would avert nearly 302,000 new infections and 128,000 deaths between 2016 and 2025.<sup>4</sup> HIV prevention, care, and treatment efforts have been shown to be cost effective (and in some cases cost saving) when the right strategies are used effectively with the right people in the right places. The analysis by Walensky and colleagues found the increased investment needed to achieve the NHAS HIV diagnosis and viral suppression goals would be cost effective. Cost effectiveness may be even greater among some groups. For example, when the analysis looked specifically at Black MSM, the cost effectiveness was even greater due to increased HIV incidence and prevalence and lower baseline rates of retention in care and viral suppression.

1. Farnham et al. Updates of Lifetime Costs of Care and Quality of Life Estimates for HIV-Infected Persons in the United States: Late Versus Early Diagnosis and Entry Into Care. *JAIDS* 2013; 64: 183-189.

2. Estimates were derived from Singh 2017 and calculated cases prevented assuming incidence remained at the 2008 level.

3. Walensky et al. *J Infect Dis*. 2017 Oct 17;216(7):798-80

4. Shah et al. *Lancet HIV*. 2016 March ; 3(3): e140-e146

## APPENDIX 1

# MEMBERS OF NHAS FEDERAL INTERAGENCY WORKGROUP

<b>DHS</b>	Department of Homeland Security
CBP	Customs and Border Protection
IHSC	Immigration and Customs Enforcement Health Service Corps
OHA	Office of Health Affairs
<b>DOD</b>	Department of Defense
<b>DOI</b>	Department of the Interior
<b>DOJ</b>	Department of Justice
BOP	Bureau of Prisons
CRD	Civil Rights Division
<b>DOL</b>	Department of Labor
<b>ED</b>	Department of Education
<b>EEOC</b>	Equal Employment Opportunity Commission
<b>HHS</b>	Department of Health and Human Services
<b>HHS Operating Divisions</b>	
ACF	Administration for Children and Families
ACL	Administration for Community Living
CDC	Centers for Disease Control and Prevention
CMS	Centers for Medicare & Medicaid Services
HRSA	Health Resources and Services Administration
IHS	Indian Health Service
NIH	National Institutes of Health
SAMHSA	Substance Abuse and Mental Health Services Administration
<b>HHS Office of the Secretary</b>	
OCR	Office for Civil Rights
ONC	Office of the National Coordinator for Health Information Technology
<b>HHS Office of the Assistant Secretary for Health (OASH)</b>	
OAH	Office of Adolescent Health
OHAIDP	Office of HIV/AIDS and Infectious Disease Policy
OMH	Office of Minority Health
OPA	Office of Population Affairs
OWH	Office on Women's Health
<b>HUD</b>	Department of Housing and Urban Development
<b>SSA</b>	Social Security Administration
<b>VA</b>	Department of Veterans Affairs

## APPENDIX 2

# FEDERAL ACTION PLAN PROGRESS

This appendix documents progress made during calendar year 2017 on action items detailed in the [NHAS 2020 Federal Action Plan](#). It does not provide a complete summary of all the actions agencies took that are related to the NHAS goals. For example, some agencies initiated new programs that were not anticipated at the time NHAS was updated.

The information below is organized by the Strategy's Goals and Steps. The information presented here provides only a brief snapshot into the effort that went into these actions. It does not provide a complete summary of the

  
Action completed

  
Action initiated and ongoing as planned

  
Action not initiated, not completed

  
Future action

## GOAL 1: REDUCING NEW HIV INFECTIONS

**STEP 1.A:** Intensify HIV prevention efforts in communities where HIV is most heavily concentrated.

**1.A.1** Allocate public funding consistent with the geographic distribution of the epidemic.

YEAR	AGENCIES	ACTION ITEMS	STATUS
2016-2020	CDC	For CDC HIV-related FOAs that will be published 2015-2020, CDC will ensure that they align resources with the latest published HIV epidemiologic data by applying funding algorithms.	

**PROGRESS:** CDC published a new Notice of Funding Opportunity in June 2017 which integrated HIV surveillance and prevention programs for health departments and that requires grantees to align resources according to state HIV epidemiologic data. Also, in FY 2017, CDC issued an award to support comprehensive, high-impact HIV prevention programs in community-based organizations serving two populations most at risk for HIV infection – young men who have sex with men and young transgender persons of color. The awards require that local surveillance and epidemiologic data be used to align resources for programs. Further, eligibility for this award was limited to 33 states, D.C., and Puerto Rico, which have the greatest burden of MSM of color aged 13-29 years living with diagnosed HIV.

**1.A.2** Focus on high-risk populations (gay, bisexual, and other men who have sex with men; Black and Latino women and men; people who inject drugs; youth aged 13 to 24 years; people in the Southern United States; and transgender women).

YEAR	AGENCIES	ACTION ITEMS	STATUS
2016	DOD	Analyze the Health Related Behavior Survey to determine the prevalence of behaviors that might put Service members at risk for HIV and identify opportunities for improvement in Service educational programs based on survey results.	

2016	NIH	Enhance support for research in the Southern United States to enhance understanding of the HIV epidemic and inform the development of funding opportunities on HIV risk, prevention, and clinical management.	✓
2016-2020	SAMHSA	Develop and provide guidance to award recipients to focus their HIV testing efforts on communities where HIV is most heavily concentrated, including among populations at highest risk for HIV infection and among persons with, and at risk for, substance use and mental health disorders.	↗
<p><b>PROGRESS:</b> SAMHSA provided guidance on HIV testing as well as HIV prevention and linkage to care activities at its April 2017 grantee meeting. SAMHSA grantees attending the meeting serve high risk racial/ethnic minority populations, especially black and Latino young men who have sex with men (YMSM) (ages 18-29), men who have sex with men (MSM) (ages 30 years and older), and women and transgender individuals who are HIV positive or at risk for HIV/AIDS.</p>			
2016-2020	CDC	Continue to support research, implement program activities, and provide capacity building assistance to health departments and CBOs that focus on populations at highest risk for HIV infection.	↗
<p><b>PROGRESS:</b> CDC provided 923 episodes of capacity building assistance services to health departments (41.8%), CBOs (49.2%), and healthcare organizations (9%) that focused on populations at highest risk for HIV infection.</p>			
2020	NIH	Continue to increase awareness of, and build support for, HIV prevention and treatment clinical and behavioral research nationally with specific community engagement and education activities for historically underrepresented communities and populations at greatest risk for HIV infection.	↗
<p><b>PROGRESS:</b> The Legacy Project works nationally to increase awareness of and build support for HIV prevention and treatment clinical and behavioral research by addressing factors that influence participation of historically underrepresented communities. The Legacy Project achieves its core mission through ongoing and strategic engagement, collaboration, education, and scientific investigation.</p>			

### 1.A.3 Maintain HIV prevention efforts in populations at risk but that have a low national burden of HIV.

YEAR	AGENCIES	ACTION ITEMS	STATUS
2016	IHS	Distribute information showing data for the HIV care continuum among American Indian/Alaska Native (AI/AN) people to IHS employees and the public to assist communities with identifying local-level priorities for HIV care needs.	✓
2016	OHAIDP	Utilize existing mechanisms and opportunities to further develop HIV and viral hepatitis prevention and care capacities among organizations serving racial/ethnic minority populations who are at risk for HIV but have a low national burden of HIV.	✓

## STEP 1.B: Expand efforts to prevent HIV infection using a combination of effective, evidence-based approaches.

### 1.B.1 Design and evaluate innovative prevention strategies and combination approaches for preventing HIV infection in high-risk populations and communities, and prioritize and promote research to fill gaps in HIV prevention science among the highest risk populations and communities.

YEAR	AGENCIES	ACTION ITEMS	STATUS
2016	OHAIDP (lead), NIH, CDC, HRSA, SAMHSA	Convene quarterly calls to discuss new HIV implementation science and projects, develop new research and training initiatives, and implement evidence-based strategies to improve outcomes along the HIV care continuum for highest risk populations and communities.	✓
<p><b>PROGRESS:</b> In 2017 OHAIDP convened an ad hoc workgroup of senior leaders, communicators, and subject matter experts from CDC, HRSA, NIH, OASH, and SAMHSA to review the scientific evidence and develop message elements regarding the impact of HIV treatment and viral suppression on the prevention of sexual transmission of HIV.</p>			
2016-2018	CDC, NIH	Collaborate to develop and implement a research agenda on combination, high impact prevention strategies, including operational, applied science, and social determinants of health research.	↗
<p><b>PROGRESS:</b> OHAIDP has agreed to coordinate this process and include other research related issues and agencies as appropriate. This year's efforts focused on the effect of HIV treatment on the prevention of sexually transmitted infections.</p>			
2016-2020	NIH	Complete multiple studies of new HIV prevention modalities for women and for men—including intravaginal rings and injectable antiretrovirals (ARVs)—and support research to develop new delivery systems and long-acting formulations for ARV-containing prevention interventions including, but not limited to, films and gels to improve product adherence.	↗
<p><b>PROGRESS:</b> A completed intravaginal ring study demonstrated 62% reduction in HIV infection in women over the age of 25. It was modestly effective (27%, <math>p &lt; .05</math>) overall due to lack of adherence in women under the age of 22. An open label study is underway to better understand adherence issues. Safety studies in pregnant women and younger adolescents have been completed, but results are not yet available.</p>			
2020	NIH	Continue ongoing research to develop to develop potent broadly neutralizing antibodies, microbicides, and vaccines and support non-ARV approaches to HIV prevention.	↗
<p><b>PROGRESS:</b> Completed a study of HIV testing and linkage to care and treatment and HIV prevention (HPTN 065) which demonstrated that financial incentives improved viral suppression in MSM.</p>			
2020	NIH	Continue ongoing research to develop monoclonal antibodies as candidate microbicides and vaccines and support non-ARV approaches to HIV prevention.	↗
<p><b>PROGRESS:</b> Currently conducting AMP (for antibody-mediated prevention) trials to test safety and efficacy of broadly neutralizing monoclonal antibody infusion for long-term HIV prevention in cisgender men and women, and transgender people who have sex <b>with</b> men.</p>			
2020	DOD	Continue research on vaccine development through the RV144 study and other associated studies.	○
2020	HRSA, CDC, OHAIDP	Continue implementation and strengthening of the Partnerships for Care (P4C) project. Use process and outcome measures to evaluate service models and identify promising practices to improve clinical outcomes along the HIV care continuum.	↗
<p><b>PROGRESS:</b> HRSA, CDC, and OHAIDP concluded the SMAIF-supported P4C project with a grantee meeting in September 2017 to review important progress and lessons learned by the four state health departments and 22 health centers that participated in the three-year demonstration project that supported expanded HIV service delivery in health centers servicing communities highly affected by HIV, especially among racial/ethnic minorities. Participants still need to submit 2017 data for evaluation. Evaluation measures include data on diagnoses, linkage to care, re-engagement in care, integration of HIV services into care, retention in care, and viral suppression.</p>			

### 1.B.2 Support and strengthen integrated and patient-centered HIV and related screening (STIs, substance use, mental health, IPV, viral hepatitis infections) and linkage to basic services (housing, education, employment).

YEAR	AGENCIES	ACTION ITEMS	STATUS
2016	HUD, ED	HUD's Office of HIV/AIDS Housing will collaborate with HUD's Office of Special Needs Assistance Programs (SNAPS) to improve the ability of HUD-funded "Continuums of Care" to identify homeless persons living with HIV and link them to housing assistance, medical care, and other services, including, as applicable, the Department of Education's (ED) State Vocational Rehabilitation (VR) and Supported Employment (SE) programs. SNAPS will: 1) encourage award recipients to partner with HIV testing facilities to increase the availability of testing for homeless persons; 2) ensure that the needs of homeless persons living with HIV are considered in the development and implementation of programs for coordinated entry to housing services; and 3) provide guidance on how to improve data collection on HIV status during program intake.	✓
<p><b>PROGRESS:</b> The HUD Housing Opportunities for Persons With AIDS (HOPWA) Program published <a href="#">updated requirements</a> in August 2017 for HOPWA grantees on collecting, reporting, and using HOPWA data. This document included information for HOPWA grantees on utilizing a Homeless Management Information System for improved coordination with CoCs.</p>			
2016	ACF	Develop resources on HIV screening within the context of IPV and distribute to all Family Violence Prevention and Services Act (FVPSA) award recipients.	✓
<p><b>PROGRESS:</b> The ACF-supported National Resource Center on Health and Domestic Violence developed a wallet-sized safety card for HIV/STI testing settings that helps providers address the intersection of health and violence with their patients and help patients make connections between unhealthy relationships and risk of HIV. The resource is available for order and download, and ACF is distributing it to grantees throughout the year.</p>			
2016-2020	OPA (lead), HRSA, CDC	In all Title X-funded family planning projects, continue to offer HIV counseling, testing, and referral as a core family planning service, as well as STD testing in accordance with CDC guidelines, screening for substance use disorders, and screening for IPV among females.	↗
<p><b>PROGRESS:</b> Title X sites performed approximately 1.2 million confidential HIV tests in 2016. Of these, 2,824 were positive for HIV. Also in 2016, 61.5% of all Title X female service recipients 15-24 years of age were screened for Chlamydia.</p>			
2018	OPA (lead), HRSA	Develop an online clinic mapping tool, accessible to the public, which will locate Title X family planning providers and RWHAP providers to help strengthen linkage to care systems, increase access to care and improve health outcomes for people living with HIV.	↗
<p><b>PROGRESS:</b> OPA launched the online Family Planning Clinic Locator in May 2017 with a new, modern look and mobile-friendly design. In August 2017, OPA launched the new Title X database which captures services that are offered at each Title X service site including HIV testing and PrEP.</p>			
2018	CDC, HRSA	Increase HIV testing among persons diagnosed with acute STIs in state and locally-funded STD clinics through guidance, performance measurement, provider feedback, and systems level interventions. CDC will collaborate with HRSA to assess the feasibility of piloting system level interventions to increase HIV testing among health center patients diagnosed with acute STIs.	↗
<p><b>PROGRESS:</b> CDC completed assessments in three STD Surveillance Network (SSuN) sites during Q4 2017 and is completing data analyses. In total, CDC conducted reviews of 322 medical records from 2016 STD clinic visits, including 161 of patients who were diagnosed with gonorrhea and 161 who were diagnosed with chlamydia and did not have a documented test for HIV on or ± 14 days of the STD diagnosis visit, according to the SSuN data. Preliminary qualitative findings suggest that: (1) there is still a large gap between SSuN HIV testing data &amp; staff perceptions regarding the need to test for HIV; (2) most staff see HIV testing as core to the clinic's mission and believe it to be offered at all times; (3) Among all sites, there is room for improvement in the documentation of HIV testing in general, but more specifically with regard to use of open text fields; (4) Documentation of refusals, reasons for refusals, and reasons for not testing is variable between the sites and among providers. From provider interviews, common reasons for why HIV testing is not conducted include: patient recently tested elsewhere, fear of blood draw, could not draw blood, or limited patient time. The 11SSuN grantees are currently reporting data needed to monitor trends in HIV testing; anticipated release in Q1-Q2 2018. CDC is assessing barriers to measuring in HD, funded by CDC's Division of STD Prevention.</p>			
<p>CDC's "HIV Screening. Standard Care." campaign launched the accredited 30-minute program, "Taking a Sexual History with linkage to HIV Testing," in September 2016 which will be accredited until September 2018. This program is free for clinicians and accredited for medical contact hours and is posted on Medscape</p>			

2018	HRSA	Explore adding an HIV screening measure to the Uniform Data System reporting requirements for the Health Center Program that is e-specified, aligned with Meaningful Use, and designed to report the percentage of health center patients aged 15-65 years who have received at least one HIV test in their lifetime.	○
2018	DHS (lead), CDC	The Department of Homeland Security (DHS) Office of Health Affairs (OHA), in coordination with DHS' Immigration and Customs Enforcement Health Service Corps (IHSC), and CDC, will assess the feasibility of incorporating HIV education and opt-out testing and linkage to care into the current health screening process of all undocumented immigrants in IHSC facilities.	✓
<p><b>PROGRESS:</b> DHS and CDC assessed the feasibility of this action. Education is currently provided for high-risk undocumented immigrants and upon request. No change in practice was recommended. Additionally, no funding was available for HIV opt-out testing in FY16 or FY17 (or planned for FY18). Therefore, the item was closed in May 2017, with no further action required.</p>			
2018, 2020	SAMHSA (lead), ED	Continue to support the provision of wrap-around services (e.g., child care and vocational, educational, housing, nutrition, and transportation services) within behavioral health treatment programs to improve access and retention in care for persons living with HIV. Increase linkage to housing, education, employment, and other supportive services required for people with, and at risk for, mental health and substance use disorders and HIV. Employment opportunities will be pursued, as feasible, through ED's State VR and SE Programs.	↗
<p><b>PROGRESS:</b> SAMHSA Targeted Capacity Expansion-HIV grantees provide case management services including: linkage to care for racial and ethnic minority individuals with SUD and/or COD treatment needs who are HIV positive or at high risk for HIV, including SUD and/or COD treatment and recovery support services; HIV/AIDS testing and case management services, including linkage and provision of HIV care and treatment; Hepatitis testing, vaccination, and referral/linkage for treatment and case management; housing support services; outreach; and enhancement and expansion of infrastructure and capacity to retain clients in SUD/COD and HIV/AIDS care.</p>			
2020	VA	Continue to increase HIV testing rates among Veterans in Veterans Health Administration (VHA) care through social media campaigns and small grant programs for populations at highest risk.	○
2020	VA	Through coordination with local HIV Lead Clinicians and VA's National Intimate Partner Violence (IPV) Assistance Program, VA will explore options to increase IPV screening in HIV Clinics.	↗
<p><b>PROGRESS:</b> VA offers an annual small grant program to facilities to increase HIV and HCV testing among homeless and other high risk populations. In coordination with VA's National Intimate Partner Violence (IPV) Program has developed educational materials and a one-time small grant program to increase screening for IPV among Veterans in VHA care with HIV.</p>			

### 1.B.3 Expand access to effective HIV prevention services, including pre-exposure prophylaxis (PrEP) and post-exposure prophylaxis (PEP).

YEAR	AGENCIES	ACTION ITEMS	STATUS
2016	HRSA, CDC	Develop and deliver technical assistance, trainings, and information to HRSA programs on PrEP and PEP implementation strategies.	↗
<p><b>PROGRESS:</b> HRSA/BPHC developed a Technical Assistance Report for Delivery of HIV Pre-Exposure Prophylaxis at Health Centers, and disseminated it via the BPHC website, its e-newsletter, the HRSA Primary Health Care Digest, and at stakeholder meetings. As of August 2017 there had been 2,922 clicks on the resource link on the webpage. This prompted the development of an enhanced communication strategy with Health Center clinical leaders.</p> <p>CDC is continuing to work with Capacity Building Assistance providers to develop the initial module on Risk Assessment for PrEP eligibility for an online, state-of-the-art course with CMEs. CDC has finalized a list of additional modules for the curriculum and is in the process of vetting the list with HRSA and IHS to be included in CDC's funding recipient year 5 workplans.</p>			

2016	OMH, OHAIDP	Conduct a webinar to increase awareness of PrEP and PEP among partner agencies.	✓
2016	OHAIDP (lead), CDC, HRSA, SAMHSA, NIH	Develop an inventory of current, federally funded PrEP programs, policies, research, and technical assistance activities to serve as the basis for a gap analysis to identify high-priority research and policy needs, as well as potential geographic and population targets where PrEP access should be scaled up.	✓
2016-2020	CDC	Increase awareness and uptake of biomedical interventions such as PrEP and PEP through HIV prevention programs and demonstration projects and by rapidly disseminating lessons learned as they are identified.	↗
<p><b>PROGRESS:</b> CDC continued to fund the PrEPline, which provides expert guidance to clinicians on providing PrEP to HIV-uninfected (HIV-negative) persons. As of June 30, 2017, the PrEPline had received more than 2,300 calls. In 2017 CDC also added funding to support the PrEPline for nonoccupational exposures. Grantees of Project PrIDE, a 3-year CDC-funded demonstration program being conducted by 12 state and local health departments to reduce new HIV infections in MSM and transgender persons, provided approximately 4,261 PrEP-related trainings, screened approximately 11,708 persons overall for PrEP and prescribed PrEP to approximately 1,916 persons. PrEP awareness and uptake is also evaluated in THRIVE, which supports state and local health department demonstration projects to develop community collaboratives that provide comprehensive HIV prevention and care services for MSM of color, and the new integrated funding opportunity for HIV Surveillance and Prevention Programs for Health Departments.</p>			
2016-2020	SAMHSA	Provide training to current award recipients about linking patients in behavioral health programs to PrEP and PEP, and seek opportunities for award recipients to provide information about PrEP and PEP as part of routine HIV testing and outreach.	↗
<p><b>PROGRESS:</b> SAMHSA funding opportunity announcements include a requirement about educating clients about PrEP and, where appropriate, linking them to PrEP. During an April 2017 in-person, grantee meeting 300 participants attended a plenary session about PrEP and PEP. In addition, a grantee webinar on HIV and PrEP was held in October 2017.</p>			
2018	IHS	Distribute community and provider education on PEP and PrEP, including the dissemination of toolkits for reducing barriers to medication access.	○
2018	SAMHSA	Provide medication-assisted treatment (MAT) services with pharmacotherapies approved by the FDA for the treatment of opioid use disorders and support integrated care that addresses HIV infection as a part of treatment for substance use disorders.	↗
2018	IHS, CDC, HRSA, SAMHSA, White House Office of National Drug Control Policy	In accordance with Federal, State, Tribal, and local laws, support and educate communities on risk reduction activities for persons who inject drugs and extend access to services for medication-assisted therapies for persons with opioid addiction.	↗
<p><b>PROGRESS:</b> CDC published two fact sheets that disseminate data about HIV among people who inject drugs and educate communities about the HIV risk associated with injection drug use. CDC also published a fact sheet on how syringe services programs can reduce the harms associated with injection drug use and opioid use disorder.</p>			
2018	CDC	Increase screening for syphilis, rectal gonorrhea, and chlamydia among gay and bisexual men at risk for HIV who are seen at state and locally funded STD clinics to ensure access to PrEP and PEP for those for whom it is appropriate and desired. CDC also will assess the feasibility of implementing system-level interventions to increase screening in primary care settings.	↗

**PROGRESS:** CDC is working with the National Association of County and City Health Officials (NACCHO) to support the scale-up of express STD clinic visits. Express visits may be offered through existing STD clinics or additional clinic space focused on express. While there are variable models, express visits generally refer to triage-based STD and HIV testing without a full clinical examination, reduced turnaround time for test results, and ideally, reduced time to treatment. Express visits will be used to link persons diagnosed with STD or HIV to existing STD clinics or primary care clinics for appropriate treatment, and if indicated for PrEP and PEP. This initiative will include two key components: (1) a community of practice of approximately 10-12 sites and (2) three in-depth, technical assistance-supported projects.

CDC is conducting analyses of data collected through the LGBT Extension for Community Healthcare Outcomes project. The purpose of this project is to evaluate the benefit of incorporating ECHO learning for clinicians in combination with health system transformation support to improve health outcomes for LGBT patients served by health centers. The two strategies were implemented in partnership with The Weitzman Institute and The Fenway Institute in 10 health centers, and QI data was collected. Also between March 2016 and March 2017. Between March and Sept 2017: (1) learning from the project and project sites was captured and a "change package" (or how-to guide) was drafted; (2) dissemination of the lessons learned has begun in presentations at NACHC meetings and local and regional Primary Care Association meetings; (3) analyses of pre- and post project quantitative data collected from sites started. Next steps: (1) Complete analyses and publish at least 3 peer-reviewed articles; (2) finalize and package the change package and continue to disseminate lessons learned at meetings and conferences; and (3) track and conduct simple evaluation of dissemination efforts.

CDC is finalizing Recommendations from Providing Quality STD Clinical Services for clinical settings and their providers who serve individuals in need of clinical services for sexually transmitted diseases (STDs). These recommendations outline which STD-related clinical services should optimally be available in primary care and specialized STD care settings, and when STD-related conditions should be managed through consultation with or referral to a STD specialist. The Recommendations address preventive and treatment services, including recommended medications for syphilis, alternative gonorrhea regimens, PrEP and nPEP. Anticipated publication date is late Spring 2018.

CDC released a new CME program via Medscape that focuses on prescribing PrEP and includes a case example of a patient presenting with an STD, then walks through assessing their eligibility for PrEP.

2018	NIH	Conduct research to inform ways to make PrEP available to those for whom it is appropriate and desired.	↗
------	-----	---	---

**PROGRESS:** NIH is conducting studies in young black MSM to determine how best to increase PrEP uptake and availability. NIH is also conducting post-trial access studies in young women to increase PrEP uptake and access.

2020	VA	Through provider training outreach and social media campaigns, increase the number of facilities prescribing PrEP and increase access to PrEP across the VA healthcare system.	↗
------	----	--	---

**PROGRESS:** VA has an active National PrEP Working Group which includes multidisciplinary providers and administrators from VA several stakeholder offices. This working group has developed several patient and provider educational tools, CE accredited trainings for prescribing providers, data reports, and clinical support tools to increase access to PrEP across the VA healthcare system.

### 1.B.4 Expand prevention with persons living with HIV.

YEAR	AGENCIES	ACTION ITEMS	STATUS
2016	HRSA, CDC	Create a strategy to more widely disseminate the <i>Recommendations for HIV Prevention with Adults and Adolescents with HIV in the United States</i> to RWHP and Health Center Program providers.	✓
<p><b>PROGRESS:</b> CDC contacted cosponsors in March 2017 to inform them about a minor amendment that was made to the guidelines and requested dissemination of the amended guidelines to their stakeholders through newsletters, listservs, webpages, or other dissemination channels to raise the awareness and use of the current version. CDC also updated the <a href="#">Persons with HIV: Prevention and Care webpage</a> to highlight the amendment.</p>			
2018	DOD	Assess Service-level HIV prevention education models for persons living with HIV and work within Military Health System governance to disseminate the most effective models across DOD.	○

## STEP 1.C: Educate all Americans with easily accessible, scientifically accurate information about HIV risks, prevention, and transmission.

### 1.C.1 Provide clear, specific, consistent, and scientifically up-to-date messages about HIV risks and prevention strategies.

YEAR	AGENCIES	ACTION ITEMS	STATUS
2016	CDC	Create and maintain an online HIV Risk Reduction Education tool that provides updated risk information that is based on the most recent scientific findings and is sufficiently detailed to support informed individual decision-making.	↗
<p><b>PROGRESS:</b> CDC is using the data collected in 2016 to update the Beta Version HIV Risk Reduction Tool. Updates and enhancements will employ the tenants of user-centered design and other industry standards to ensure relevance with end-users. We are working to complete design activities in late 2017. Extending into 2018, the updated site and key site elements, such as the risk estimator, will be tested with members of the target audiences.</p>			
2016	OAH, OHAIDP	Use the online Resource Center to disseminate information to adolescents about HIV risk and prevention strategies, prevention programs, and risk assessment tools.	✓
2016-2020	CDC	Maintain and annually update medically accurate sexual health information on CDC web pages and work with partners to disseminate information to their members and constituents.	↗
<p><b>PROGRESS:</b> CDC completed its HIV 101 series of seven consumer information sheets that provide basic information about HIV prevention, testing, and care. CDC also updated web content and factsheets that present the latest data on treatment as prevention and how HIV affects different regions and populations in the United States. In addition, CDC also updated messages and materials for several of its HIV awareness campaigns that focus on various populations, including gay and bisexual men, and health care providers.</p>			
2016-2020	ACF	Continue to disseminate new information on HIV risks and prevention strategies to organizations and agencies serving victims of domestic violence.	↗
<p><b>PROGRESS:</b> An ACF-supported technical assistance provider has identified four Ryan White HIV/AIDS Program grantees to pilot an HIV and gender-based violence training curriculum to be conducted in 2018. In addition, resources were shared with HRSA to distribute widely to their health centers.</p>			
2018	DHS, CDC	OHA will coordinate with DHS' Customs and Border Protection and CDC to assess feasibility, devise strategy, and implement HIV education to travelers for HIV prevention and awareness at airports throughout the US.	✓
<p><b>PROGRESS:</b> DHS assessed the feasibility and appropriateness of HIV education at airports throughout the U.S. using CBP's closed television network. DHS determined that since HIV is not high risk for the general population, the information may be confusing to incoming international travelers. Furthermore, it may compete with other critical and immediately relevant health threat messaging (e.g. Zika, Ebola, etc.). Additionally, it was not assessed to target the NHAS key population. DHS recommended that CDC follow-up to determine if their HIV/AIDS Anti-Stigma Campaign videos could be used in CNN's closed television network in waiting areas in airports since they would be more appropriate for general population. This action item was closed in May 2016 with no further action required.</p>			

## 1.C.2 Utilize evidence-based social marketing and education campaigns, and leverage digital tools and new technologies.

YEAR	AGENCIES	ACTION ITEMS	STATUS
2016-2020	VA	Promote HIV Testing Day and World AIDS Day annually to all VA Public Affairs Officers and internal VA stakeholder groups.	↗
<p><b>PROGRESS:</b> The VA public affairs toolkits for these observances were updated and distributed to Public Affairs Officers in all VA facilities. In addition, VA added information and tools for 10 population-specific awareness days (i.e., National Black HIV/AIDS Awareness Day, National Gay Men's HIV/AIDS Awareness Day) this year and promoted them.</p>			
2016-2020	VA	Continue to annually develop new social media messages and update communications materials images to improve ways to reach high-risk Veteran populations during awareness day campaigns. Continue to update patient educational materials to reflect these messages.	↗
<p><b>PROGRESS:</b> Draft social media messages were shared with facility Public Affairs Officers and with VA central office media staff. VA added several messages about PrEP this year. VA has a patient education materials group that has reviewed patient brochures and fact sheets on the VA website and made updates to content. In addition, the group has created new fact sheets including a prevention fact sheet and a fact sheet on understanding your HIV positive test result.</p>			
2016-2020	CDC	Continue to develop and implement scientifically accurate mass media and social media messages to increase awareness of effective HIV prevention strategies with an emphasis on populations and communities at greatest risk.	↗
<p><b>PROGRESS:</b> CDC supported nine HIV awareness days via various social media channels; produced content on improving HIV outcomes among Hispanics and Latinos for Sermo, a social network of doctors, to support the "HIV Screening. Standard Care." campaign; created new print and digital materials to refresh CDC's "Start Talking. Stop HIV." campaign to reduce new HIV infections among gay and bisexual men and conducted extensive social media outreach about them; and continued promoting and creating partner-usable resources for "Doing It," CDC's national HIV testing and prevention campaign.</p>			
2016-2020	SAMHSA	Develop guidance and training to increase the use of social media to provide HIV prevention and education messaging for groups at high risk for HIV infection receiving substance use disorder and mental health services.	↗
<p><b>PROGRESS:</b> SAMHSA's April 2017 grantee meeting featured sessions on using social media to engage clients. In addition, SAMHSA's Center for Substance Abuse Prevention continues to partner with academic institutions and community-based organizations to develop and disseminate cutting-edge social media and marketing campaigns on college campuses and in high-risk communities to educate at-risk individuals about substance misuse, HIV, and hepatitis to facilitate changing college campuses' social norms around binge drinking and unprotected sexual practices.</p>			
2018	OHAIDP, OWH, OMH, CDC, HRSA, VA	Develop digital tools, in addition to updating AIDS.gov, to enable women and girls to access informational resources about HIV prevention, care, and treatment, as well as emphasize the intersection of HIV with IPV.	○
2018	OAH	Support the online Resource Center to use interactive and social media to promote practical strategies, information, resources and links to evidence-based interventions for prevention of HIV infection among adolescents.	↗
<p><b>PROGRESS:</b> The redesigned National Resource Center for HIV Prevention among Adolescents, branded as What Works in Youth HIV and released March 7, 2016, presents more than 300 emerging and evidence-based practices and practical resources to help those who work with youth to prevent HIV/AIDS. From January 1, 2017 - December 31, 2017, there were 15,105 unique site users and 47,890 total page views. The Resource Center also uses social media to drive traffic. In 2017, there were more than 34,800 cumulative Tweet impressions and 51,109 people reached and 1,999 clicks achieved with Facebook ads.</p>			
2020	SAMHSA	Incorporate evidence-based digital technology to support mental health and substance use disorder treatment and prevention, and to support adherence to HIV medication and PrEP.	○

**1.C.3 Promote age-appropriate HIV and STI prevention education for all Americans.**

YEAR	AGENCIES	ACTION ITEMS	STATUS
2016	OWH (lead), CDC, OHAIDP, OAH, OPA	Launch, implement, and evaluate the <i>Know the Facts First</i> campaign, which provides teenage girls with accurate information on STDs, STD rates, and STD prevention to make informed decisions about their sexual activity.	✓
2016-2020	CDC	Expand sexual health education by: 1) documenting state sexual health education policies and identifying characteristics of state laws that are associated with improved school policies and practices and reduced sexual risk behaviors; 2) developing a technical guidance package for schools to assist them in implementing sexual health education that meets the objectives and standards described in the Health Education Curriculum Analysis Tool (HECAT); 3) developing ancillary technical guidance packages for award recipients as needed; and 4) developing and piloting partnership strategies to broaden the reach of sexual health education.	↗
<p><b>PROGRESS:</b> CDC continues to document state sexual health education policies and identify characteristics of state laws that are associated with improved school policies and practices as well as reduce sexual risk behaviors among students. CDC also initiated a literature analysis to identify the instructional competencies required of teachers to effectively implement sexual health education. This analysis will guide the development of new tools to improve teacher training plans and the delivery of high quality sexual health education programs. The percentage of priority high schools in Local Education Agencies funded by the CDC implementing sexual health curricula increased significantly over the first three years of funding.</p> <p>In September 2017, CDC published results from the 2016 School Health Policies and Practices Study (SHPPS), which provides data from a nationally representative sample of public school districts. According to SHPPS, in 2016, 82.4% of districts had adopted a policy stating that high schools will teach HIV prevention and 70.6% of districts had adopted such a policy for middle schools. In November 2017, CDC published results from the 2016 School Health Profiles, a system of surveys assessing school health policies and practices in states, large urban school districts, and territories. According to Profiles, across states in 2016, the median percentage of schools that taught 19 key sexual health topics in middle school was only 14% and the median percentage that taught all of these topics in high school was only 38%.</p>			
2016-2020	ED (lead), CDC	Promote healthy school practices through nutrition, physical activity, and health education by: 1) issuing guidance to schools and school districts on improving local wellness policies; 2) encouraging health care enrollment of all students and wrap-around services to meet individual student health needs; and 3) encouraging schools to implement CDC's HECAT to align health and sexual health education with voluntary national standards, including standards related to HIV awareness and education.	↗
<p><b>PROGRESS:</b> Work on CDC's technical package for schools to assist them in implementing sexual health education that meets the objectives and standards described in Health Education Curriculum Analysis Tool (HECAT) has continued to progress this year. Two additional items were added: Guidance on Developing a Scope and Sequence for Sexual Health Education and a 1.5 hour HECAT Training module. This online training was created as part of the E-Learning series, Training Tools for Health Schools to help school health leaders, staff and community members understand the HECAT and how it can be useful for improving health education in their district. In the last six months of the 3rd year of funding, staff in CDC partners' priority schools made nearly 10,000 referrals to youth-friendly off-site providers or school-based health centers for key sexual health services. During the first 3 years of funding, the median percent of priority districts in state education agencies funded by the CDC that adopted middle school sexual health curricula increased from 44.4% to 86.2%.</p>			
2016-2020	SAMHSA	Support ongoing programs providing education on substance use disorders and HIV prevention to youth and young adults.	↗
<p><b>PROGRESS:</b> SAMHSA grantees have developed partnerships with Historically Black Colleges and Universities (HBCUs), Tribal Colleges and Universities (TCUs), Hispanic-Serving Institutions (HSIs) and community-based organizations to provide evidence-based programming, practices, and strategies that facilitate substance use disorder prevention for youth and young adults on college campuses and in communities with high prevalence and incidence of substance misuse and HIV infection.</p>			

2018	OWH, SAMHSA, DOJ, HUD, VA, HRSA	Disseminate the HHS Office on Women's Health (OWH) Technical Brief Report, <i>Strategies for Improving the Lives of Women age 40 and above Living with HIV/AIDS</i> , to a diverse and broad audience, to include Federal partners, award recipients, and faith leaders to inform HIV care and treatment programs for older women living with HIV.	○
2018	IHS, DOI, CDC	Develop policy support documents and technical assistance materials for educators serving AI/AN populations to support local-level delivery of age-appropriate HIV and STI prevention education.	○
2018	OAH, CDC	Continue to support the online Resource Center to provide age-appropriate, scientifically accurate, culturally competent and Lesbian, Gay, Bisexual, and Transgender (LGBT) inclusive HIV and STI prevention education for adolescents.	○
2018	HRSA	Compile lessons learned from HRSA-funded interventions to address the unique barriers to care for young Black MSM and women of color and to engage and retain them in care with optimal health outcomes, and disseminate evidence-based leadership development strategies to heighten the awareness and understanding of the barriers to and gaps in care for HIV infected youth.	↗

**PROGRESS:** [The Center for Engaging Black MSM Across the Care Continuum \(CEBACC\)](#) completed final review and development of 12 featured models of care, including evidence models of care that have proven successful in linking, retaining, and engaging Black gay men at risk for/living with HIV into quality health care. The CEBACC also engaged in extensive curriculum development with health care providers to finalize four Continuing Medical Education (CME)/Continuing Nursing Unit (CNU) modules, which equip health service providers with the tools to screen, diagnose, link and retain Black MSM.

### 1.C.4 Expand public outreach, education, and prevention efforts on HIV and intersecting issues, such as IPV.

YEAR	AGENCIES	ACTION ITEMS	STATUS
2016	NIH	Conduct a multidisciplinary expert scientific workshop and fund research to increase understanding of the biomedical factors that increase HIV risk with sexual and intimate partner violence to inform biomedical HIV prevention strategies.	✓
<b>PROGRESS:</b> Workshop held April 2016. FOA on IPV, injury, mucosal immunology and HIV risk released.			
2016-2020	OWH	Support an annual event to observe National Women and Girls HIV/AIDS Awareness Day to reduce the stigma of HIV and empower women and girls to share knowledge and take action.	↗
<b>PROGRESS:</b> In 2017, OWH updated its HIV-related web content, promoted the observance via a radio media tour and on social media, and hosted an HIV testing event in Washington, DC.			
2016-2020	SAMHSA	Continue to increase awareness of the <i>Trauma-Informed Care Guidance</i> for use in HIV prevention and care programs across the Federal government. Provide training and technical assistance on trauma-informed care via webinars for award recipients.	↗
<b>PROGRESS:</b> The 59 grantees that received five-year awards in 2017 under SAMHSA's Targeted Capacity Expansion-HIV Program were encouraged in the funding announcement "to use a trauma informed approach following SAMHSA's Concept of Trauma and Guidance for a Trauma-Informed Approach."			
2016-2020	ACF	Develop and update information and resources on the intersection of HIV and IPV and disseminate to FVPSA award recipients.	↗
<b>PROGRESS:</b> In FY17, the ACF-supported National Resource Center on Domestic Violence developed new resources about HIV and IPV and posted them to VAWnet, the National Online Resource Center on Violence Against Women. They also updated information in the special collection, "The Intersections between Intimate Partner Violence and HIV/AIDS."			
2018	VA	Explore social media and digital strategies for both patients and providers to increase screening for IPV among Veterans living with HIV.	○
2020	ACF, HRSA	Strengthen partnerships between HIV providers and domestic violence service providers to plan and implement trainings on their successful collaborative models for service delivery	↗
<b>PROGRESS:</b> HRSA Office of Women's Health (OWH) released the <a href="#">HRSA Strategy to Address Intimate Partner Violence</a> in September 2017. OWH worked with 14 Bureaus and Offices to produce a Strategy that contains 27 activities to address IPV through coordinated programs and initiatives across four priorities: training the workforce, developing partnerships, increasing access to quality healthcare, and addressing gaps in knowledge.			

### 1.C.5 Tackle misperceptions, stigma, and discrimination to break down barriers to HIV prevention, testing, and care.

YEAR	AGENCIES	ACTION ITEMS	STATUS
2016	DOJ	Send the Best Practices Guide to Reform HIV-Specific Criminal Laws to Align with Scientifically Supported Factors to all State Attorneys General, with a cover letter alerting them to its purpose and contents.	✘
2016	DOJ (lead), CDC, HRSA, SAMHSA, ACL, VA, DOL, HUD, ED	Distribute the one-page, plain language, user-friendly fact sheet on HIV discrimination under the ADA at applicable conferences and other outreach opportunities. Translate this fact sheet and <i>Questions and Answers: The American with Disabilities Act and Persons with HIV/AIDS</i> into Spanish. Publish these materials on <a href="http://ada.gov/aids">ada.gov/aids</a> and distribute them at all applicable conferences and other outreach opportunities. Federal agencies will disseminate the fact sheet through their networks, websites, and other relevant outlets.	✓
<p><b>PROGRESS:</b> HUD's <a href="#">HOPWA webpage</a> on the HUD Exchange includes non-discrimination resources as a featured topic and features DOJ and ADA resources for HOPWA grantees, project sponsors, and other stakeholders.</p>			
2016	CDC (lead), DOJ	Incorporate non-discrimination messaging into campaign and educational materials for campaigns targeting stigma ( <i>HIV Stops with Me</i> ) and persons living with HIV ( <i>HIV Treatment Works</i> ) and examine options for including non-discrimination messages into additional materials targeting high-risk communities.	✓
<p><b>PROGRESS:</b> Participants from across the United States were recruited to take part in a new suite of "Let's Stop HIV Together" (LSHT) video products for dissemination via television, web ads, social media, the campaign website, and for use by community partners and advocates. The videos will address HIV stigma, how stigma affects the lives of those living with HIV and their networks, and will provide guidance for individuals to help stop HIV stigma in their own social circles and communities. The LSHT team also created a suite of print and web concepts for the LSHT campaign refresh. The research-based designs were tested with key audience segments and further refined based on feedback from formative research. These materials are scheduled to be released in 2018.</p> <p>Additionally, test messages and concepts to help convey LSHT's anti-stigma-focused messaging and a suite of memes that addressed the stigma were created. LSHT stigma posts were distributed across the Act Against AIDS Facebook, Twitter, and Instagram channels, in both English and in Spanish and performed well. A series of text-based memes that explained different aspects of HIV, particularly aspects subject to misinformation and stigma, were developed, resulting in engagements well above average results. Existing LSHT campaign videos were also used to pull impactful quotes about stigma and the experience of living with HIV and turned into memes. The LSHT memes were met with engagements well above average and were often the top post on any given social media channel for the month.</p>			
2016	HHS/OCR	Issue responses to frequently asked questions (FAQs) on individuals' rights to access and obtain a copy of their own health information under the Health Information Portability and Accountability Act (HIPAA) Privacy Rule.	✓
<p><b>PROGRESS:</b> In July 2017, HHS OCR launched a video training module for health care providers on patients' right of access under HIPAA and the ways in which it enables individuals to be more involved in their own care. The module provides helpful suggestions about how health care providers can integrate aspects of the HIPAA access right into medical practice. Upon completion of this activity, participants will receive free Continuing Medical Education (CME) credit for physicians and Continuing Education (CE) credit for other health care professionals. In September 2017, HHS OCR launched the second round of its Information is Powerful Medicine campaign, geared toward educating individuals about their rights to access and obtain a copy of their health information under HIPAA, and their right to share that information with family, friends, and caregivers involved in their care, including a researcher.</p>			
2016-2020	EEOC	Issue both new and updated technical assistance publications, outreach, and training presentations relating to employment non-discrimination rights for persons living with HIV.	➔
<p><b>PROGRESS:</b> Information on protections and remedies for employment discrimination relating to HIV/AIDS was included as part of dozens of legal update presentations on the Americans with Disabilities Act (ADA) conducted by EEOC attorneys nationwide. EEOC also produced a specialized outreach presentation for field coordinators to use in educating stakeholders in the health care industry regarding rights and responsibilities under the ADA, including specific examples addressing HIV/AIDS discrimination.</p>			

2016-2020	EEOC	Target outreach on HIV-related employment non-discrimination rights to specific stakeholder populations, in particular youth workers, small business, speakers of languages other than English (including via translated materials), and health care providers.	↗
<p><b>PROGRESS:</b> EEOC continued to distribute four technical assistance publications related to HIV and employment discrimination: <a href="#">What You Should Know About HIV/AIDS and Employment Discrimination</a>, <a href="#">Living With HIV Infection: Your Legal Rights in the Workplace Under the ADA (also available in Spanish)</a>, <a href="#">Helping Patients with HIV Infection Who Need Accommodations at Work</a>, and <a href="#">Disabilities &amp; Your Job Rights on EEOC's Youth@Work</a> webpage (also available in Spanish).</p>			
2018	DOJ, EEOC, HUD, HHS/OCR, ED/OCR, CDC, HRSA, SAMHSA, DOL, VA, SSA	Lead enforcement agencies (DOJ, EEOC, HUD, HHS/OCR, ED's Office of Civil Rights (ED/OCR)) will partner with service delivery agencies and programs (e.g., CDC, HRSA, SAMHSA, DOL, VA, SSA) to inform those agencies' staff and grant recipients about Federal civil rights protections for people living with HIV.	↗
<p><b>PROGRESS:</b> HUD's Office of HIV/AIDS Housing collaborated with HUD's Office of Special Needs Assistance Programs to present webinars for homeless and HOPWA service providers on the Equal Access and Gender Identity Rules in January 2017. HUD also distributed Fair Housing informational materials at the National Conference on Social Work and HIV/AIDS in May 2017 as well as at the HOPWA Institute in August 2017 to educate grant recipients and stakeholders about housing discrimination protections for persons living with HIV.</p>			
<p>HHHS/OCR, ED/OCR, EEOC, and HUD's Office of Fair Housing and Equal Opportunity prepared and published a postcard informing people living with HIV/AIDS of their rights to equal access to health care, housing, education and employment. In May 2017, the four agencies introduced the postcard at a Civil Rights Forum in Denver, Colorado. The postcard also was sent out electronically to over 11,000 subscribers of the Boulder County AIDS Project newsletter</p>			
<p>In June 2016, HHS OCR and the HHS Office of the National Coordinator for Health Information Technology (ONC) created "<a href="#">Your Health Information. Your Rights!</a>" a series of three videos and an infographic about individuals' rights to access their health information under HIPAA.</p>			

# GOAL 2: INCREASING ACCESS TO CARE AND IMPROVING HEALTH OUTCOMES FOR PEOPLE LIVING WITH HIV

**STEP 2.A:** Establish seamless systems to link people to care immediately after diagnosis, and support retention in care to achieve viral suppression that can maximize the benefits of early treatment and reduce transmission risk.

**2.A.1** Ensure continuity of high-quality comprehensive health care coverage to support access to HIV care.

YEAR	AGENCIES	ACTION ITEMS	STATUS
2016	HRSA (lead), CDC, SAMHSA, SSA	Disseminate lessons learned from safety net providers about how to extend health care coverage enrollment opportunities to key populations at the greatest risk of new HIV infection or living with HIV. Expand training on health literacy related to health care coverage for Black gay, bisexual, and other men who have sex with men through implementing a specialized train-the-trainer curriculum to increase their knowledge and access to health care coverage. The Social Security Administration (SSA) will provide materials related to eligibility for disability benefits, including those for persons living with HIV, as well as guidance to assist health professionals in providing the kinds of evidence needed to evaluate disability claims filed by persons living with HIV.	✓
<b>PROGRESS:</b> SSA has updated its disability criteria for those living with HIV. In addition, SSA is currently reviewing proposed updated information for health professionals treating patients with HIV and expects to provide the information online soon.			
2016-2020	SAMHSA	Provide technical assistance to support award recipients' ability to maximize payment systems and to access third party reimbursement for behavioral health and HIV services.	↗
<b>PROGRESS:</b> Individual technical assistance and two webinars were provided to grantees on third-party payment options. The new five-year TCE-HIV funding opportunity announcement included expectations about maximizing third-party reimbursement for these services.			
2016-2020	CDC	Continue to provide guidance to HIV prevention award recipients to increase their capacity to establish or improve systems that allow for third party reimbursement for testing for HIV and other related co-infections (e.g. STIs, Hepatitis C, tuberculosis), and provide the technical assistance needed to effect the necessary changes.	↗
<b>PROGRESS:</b> The billing toolkit continues to be available online and technical assistance is available upon request.. CDC also supported ASTHO to fund Nevada's and Alabama's public health STD programs to develop action plans in conjunction with their Medicaid programs to maximize appropriate STD services and reimbursement. The Nevada and Alabama technical assistance projects were completed in 2017.			
2018	VA	Develop guidance for VA facilities that offer little or no HIV-specific services to ensure Veterans living with HIV are actively monitored and linked to services at other VAs or non-VA care programs.	○
2020	DHS, HRSA	OHA will coordinate with DHS' IHSC and HRSA to assess the feasibility of providing information about local low-cost or free clinics to detainees living with HIV prior to release from custody to strengthen continuity of care, medication adherence, and access to supportive social services.	↗
<b>PROGRESS:</b> The group created a patient handout with information on HIV/AIDS and local low-cost and free clinics to give to detainees upon release. This pamphlet was trialed in a pilot setting and was revised based on feedback. As of December 2017, the plan to implement distribution of this information across ICE detention centers was awaiting the availability of a patient portal resource for post-custody medical record access to include in the document before it is finalized for IHSC review and approval.			

## 2.A.2 Ensure linkage to HIV medical care improve retention in care for people living with HIV.

YEAR	AGENCIES	ACTION ITEMS	STATUS
2016	CDC	Establish new standards for linkage to HIV care aligned with updated Strategy measures for all new programmatic FOAs and demonstration projects (i.e., change from linkage within 3 months to linkage within 1 month of diagnosis).	✓
<p><b>PROGRESS:</b> CDC incorporated linkage to care within 30 days into the YMSM of color and YTG persons of color funding opportunity announcement (PS17-1704) as well as the new integrated HIV Surveillance and Prevention Programs for Health Departments funding opportunity announcement (PS18-1802).</p>			
2016-2018	SAMHSA	Continue to support and identify lessons learned from models for timely linkage to HIV and behavioral health care and support services through co-located and integrated behavioral health and supportive services.	↗
<p><b>PROGRESS:</b> SAMHSA continues to support and gather lessons from 34 grantees of its Minority AIDS Initiative Continuum of Care Pilot, which supports integration of HIV prevention and medical care into programs for treatment of mental and substance use disorders for racial/ethnic minority populations at high risk for behavioral health disorders and HIV. SAMHSA conducted a two-day grantee meeting in July to review progress and began plans for an independent evaluation of the program to be done in FY18.</p>			
2016-2020	HRSA	Develop and periodically update an HIV landing page on the HRSA website with information designed for health centers and other safety net providers to increase the integration of HIV diagnosis, care, and treatment into primary care; promote the use of clinical guidelines and best practices; provide assistance and advice regarding health information technology (HIT) infrastructure enhancements to support improved linkage to care and care coordination; and encourage and support quality improvement using data-driven strategies.	↗
<p><b>PROGRESS:</b> Between September 1, 2016 and December 2017 there have been over 720 page views of HRSA's Bureau of Primary Health Care HIV landing page. As information and resources become available and relevant to the HIV integration activities of the Bureau of Primary Health Care (BPHC), these items will be added to the page. As new information is added to this page, announcements will be made through the HRSA Primary Health Care Digest e-newsletter to make the health centers aware of these resources.</p>			
2016-2020	CDC	Scale up use of the HIV Data to Care public health strategy by: including Data to Care as an activity in all relevant HIV FOAs to be published 2015-2020; identifying and defining standard process measures for the Data to Care public health strategy; including process measures in future FOAs; and assessing performance of CDC award recipients using the process measures.	↗
<p><b>PROGRESS:</b> Data to Care strategies are required of all health departments as part of CDC's integrated HIV surveillance and prevention programs funding announcement released in 2017. CDC also continued to support technical assistance in the use of data to care strategies, bringing the total number of health departments assisted to 13 in 2017. A final report based on that assistance has been developed, highlighting best practices and recommendations. In addition, three study sites are recruiting participants for the CDC-led Cooperative Re-Engagement Controlled Trial (CoRECT), which is working to evaluate an intervention to identify HIV-infected persons who are out-of-care and engage them in HIV care.</p>			

### 2.A.3 Support and strengthen capacity to implement innovative and culturally appropriate models to more effectively deliver care along the care continuum.

YEAR	AGENCIES	ACTION ITEMS	STATUS
2016	HRSA	Integrate and leverage lessons learned from projects related to the HIV Care Continuum Initiative to disseminate findings across HRSA programs to support and strengthen provider capacity to implement innovative and culturally and linguistically competent models of care.	✓
2018-2019	CDC	Identify best practices from CDC-funded projects that focus on models of care for persons living with HIV and disseminate to CDC award recipients through capacity building assistance and program guidance.	↗
<p><b>PROGRESS:</b> CDC's Research Synthesis and Translation Team has identified 14 linkage to, retention in, and re-engagement in HIV care best practices and 14 HIV medication adherence evidenced-based interventions, and posted them on the <a href="#">Prevention Research Synthesis Compendium website</a>. Systematic literature searches to identify and evaluate additional related studies published in 2016 and 2017 will be completed by the end of 2017.</p>			
2020	NIH	Support ongoing studies that measure medication adherence to inform adherence practices and improve outcomes along the HIV care continuum.	○

### 2.A.4 Prioritize and promote research to fill gaps in knowledge along the care continuum.

YEAR	AGENCIES	ACTION ITEMS	STATUS
2016-2020	NIH	Support ongoing studies to develop and test long acting ARV formulations to improve adherence and new ARV combinations to improve safety and minimize side effects.	↗
<p><b>PROGRESS:</b> Developed a long-acting injectable formulation for an HIV integrase inhibitor that can be used for prevention. Completed safety and pharmacokinetics study of this injectable ARV. Designed and currently enrolling effectiveness studies in MSM and transgender women and heterosexual women.</p>			
2018	NIH	Support ongoing studies to inform maintenance along the HIV continuum of care, including health and service needs for older Americans.	○
2018	HRSA	Assess best practices and models that are associated with improved HIV health outcomes and management of other co-morbidities, including viral hepatitis, to address retention in HIV care and viral suppression	↗

**PROGRESS:** HRSA HAB awarded a new cooperative agreement "Using Evidence Informed Interventions to Improve Health Outcomes among People Living with HIV" to identify and provide support for the implementation of evidence-informed interventions to reduce HIV-related health disparities and improve health outcomes. This work includes increasing retention in care, improving treatment adherence, and improving viral suppression for people living with HIV in four focus areas: (1) transgender women, (2) black men who have sex with men, (3) integrating behavioral health with primary medical care, and (4) identifying and addressing trauma. Since its award in August 2017, in collaboration with HRSA/HAB, The Fenway Institute has built a repository consisting of over 40 interventions (approximately 10 per focus area). Expert faculty and community advisors have scored the interventions to assess strength of evidence, quality of intervention, acceptability, and feasibility.

On November 15, 2017, HRSA/HAB and The Fenway Institute will host the National Convening for Selection of Interventions to recommend interventions for national implementation in RWHAP settings. Up to 24 RWHAP-funded recipients/subrecipients will be funded to implement the evidence-informed interventions in the four (4) focus areas (up to six (6) sites per focus area).

## 2.A.5 Provide information, resources, and technical assistance to strengthen the delivery of services along the care continuum, particularly at the State, Tribal, and local levels.

YEAR	AGENCIES	ACTION ITEMS	STATUS
2016	CMS	Provide information to State Medicaid Directors on the latest HIV treatment guidelines, scientific advances in HIV prevention, and program flexibility available for increased access to HIV testing and improved care coordination.	✓
2016	HRSA (lead), CDC	Disseminate models and provide technical assistance on the Data to Care public health strategy, including the creation of a learning collaborative across key RWHAP jurisdictions to share effective models for addressing gaps along the HIV care continuum.	✓
2016	DOJ, CDC	Develop and distribute a guidance document explaining to health care workers the obligation to provide services in a non-discriminatory way to patients with HIV infection, routes of HIV transmission, protections to prevent occupational HIV transmission, universal precautions, and PEP.	✗
2016-2020	NIH	In collaboration with the Washington, DC Department of Health for the DC Partnership for HIV/AIDS Progress, expand HIV care and research expertise in community health centers in Washington, DC.	↗
<p><b>PROGRESS:</b> Study completed that identified capacity to cure HCV in inner-city minority people living with HIV. Study implemented to test the use of HCV identification and treatment services to identify and engage people living with HIV in care. A marked decline in new HIV infections in DC occurred.</p>			
2016-2020	VA	Produce annual HIV registry reports that provide data to guide clinical and administrative activities directed at assuring safe, effective, and efficient care for Veterans living with HIV.	✓
2018	CDC, HRSA	Assess the feasibility of piloting systems-level interventions within RWHAP to increase annual testing for STIs among gay, bisexual, and other men who have sex with men, including the collection and reporting of data for quality improvement and the provision of training and technical assistance.	○
2018	VA (lead), DOJ	Update the VA's 2009 publication, <i>Primary Care of Veterans with HIV</i> , incorporating non-discrimination messaging and information about the requirements of the ADA.	○
2018	OHAIDP (lead) CDC, CMS, HRSA	Advance uptake and use of HIV-related clinical quality measures in Medicare and Medicaid.	○

## STEP 2.B: Take deliberate steps to increase the capacity of systems as well as the number and diversity of available providers of clinical care and related services for people living with HIV.

### 2.B.1 Increase the number of available providers of HIV care.

YEAR	AGENCIES	ACTION ITEMS	STATUS
2016	HRSA	Implement HIV curricula in agency-wide health care worker programs for providers and residents to increase their capacity and ability to serve people living with HIV, including the management of co-morbidities such as viral hepatitis.	✓
2018	CDC	Establish a Disease Intervention Specialist (DIS) certification and training program to improve the capacity of health department public health DIS workforce in linking to and re-engaging in care persons living with HIV.	↗
<b>PROGRESS:</b> This project is advancing as expected. Job task analysis, task domains, type of certification model and enumeration of DIS has been completed. Next steps are to work with partners to identify funding, and identify the certification entity and training system.			
2020	VA	Continue to support post-doctoral psychology fellowships in HIV to train up to 50 psychologists in integrated HIV, substance use disorder, and mental health care.	○

### 2.B.2 Strengthen the current provider workforce to ensure access to and quality of care.

YEAR	AGENCIES	ACTION ITEMS	STATUS
2016-2020	OPA (lead), CDC, HRSA	Provide trainings for HHS award recipients to incorporate family planning as part of comprehensive HIV, mental health, and substance use disorder treatment services delivery.	↗
<b>PROGRESS:</b> OPA continues to participate in the National Association of Community Health Centers (NACHC) Family Planning Advisory Committee and presented during the NACHC 2017 Community Health Institute to discuss new evidence on how to provide quality family planning services to special populations and use electronic health records to improve the quality of services provided.			
2018	HRSA, CDC, OHAIDP	Develop and disseminate a toolkit regarding integration of HIV into primary care, based on lessons learned from health centers and health departments participating in the P4C project.	○
2018	CMS, CDC, HRSA	Develop an HIV affinity group focused on state-to-state learning and sharing HIV-related prevention and care best practices in Medicaid and CHIP.	↗
<b>PROGRESS:</b> Launched in late 2016, the 19-state affinity group continues to assist states in improving collaboration across state health department HIV/AIDS and Medicaid programs with the goal of increasing rates of viral load suppression among people living with HIV. CDC, HRSA, and CMS, along with the National Academy of State Health Policy, are providing ongoing technical support to the states as each works through their own plan. The majority of the states' projects focus on improving data sharing capacity and developing processes to effectively analyze shared data to improve access to and retention in HIV care. Evaluation of the affinity group process and short-term outcomes also began in 2017.			

### 2.B.3 Support screening for and referral to substance misuse and mental health services for people living with HIV.

YEAR	AGENCIES	ACTION ITEMS	STATUS
2016	CDC, NIH, HRSA, SAMHSA	The Interagency HIV, Mental Health, and Substance Abuse Work Group will develop a research and programmatic agenda that leverages the expertise of each of the Federal agencies.	✓

2020

HRSA, SAMHSA

Seek avenues to improve and expand the delivery of substance use disorder services—with a focus on opioid use disorders—at health centers, including those that serve high numbers of patients living with HIV or at high risk for HIV infection. Support the identification of best practices and quality improvement in the delivery of these services.



**PROGRESS:** SAMHSA supports two new funding opportunities to improve and expand delivery of substance use disorder services with a focus on opioid use disorders. First Responders - Comprehensive Addiction and Recovery Act Cooperative Agreement (FR - CARA) and Improving Access to Overdose Treatment (OD Treatment Access). The purpose of the FR - CARA program is to allow first responders and members of other key community sectors to administer a drug or device approved or cleared under the Federal Food, Drug, and Cosmetic Act for emergency treatment of known or suspected opioid overdose. The purpose of the OD Treatment Access grant program is to ensure that protocols are in place to connect patients who have experienced a drug overdose with appropriate treatment. In FY17 SAMHSA also awarded State Targeted Response to the Opioid Crisis Grants to states and territories to address the opioid crisis by increasing access to treatment, reducing unmet treatment need, and reducing opioid overdose related deaths through the provision of prevention, treatment and recovery activities for opioid use disorder.

In March 2016, HRSA awarded \$94 million through the Substance Abuse Service Expansion (SASE) supplemental funding opportunity to improve and expand the delivery of substance use disorder services in health centers, with a specific focus on opioid use disorder. In September 2017, HRSA awarded more than \$200 million to health centers under the Access Increases in Mental Health and Substance Abuse Services (AIMS) supplemental funding opportunity to expand access to mental health services and substance use disorder services focusing on the treatment, prevention, and awareness of opioid abuse.

HRSA supports training and technical assistance for substance use disorder services at health centers through the SAMHSA-HRSA Center for Integrated Health Solutions, the Opioid Addiction Treatment ECHO led by Project ECHO at the University of New Mexico, and the Substance Use Warmline operated by the Clinician Consultation Center at the University of California, San Francisco.

**STEP 2.C:** Support comprehensive, coordinated patient-centered care for people living with HIV, including addressing HIV-related co-occurring conditions and challenges in meeting basic needs, such as housing.

**2.C.1** Address policies to promote access to housing and other basic needs and other supportive services for people living with HIV.

YEAR	AGENCIES	ACTION ITEMS	STATUS
2016-2018	DOL, HUD, ED	Continue to disseminate information and encourage usage of the <i>Getting to Work</i> curriculum that builds the capacity of HIV service workers to address the employment needs of persons living with HIV. DOL and ED will explore opportunities to reach the target audience of HIV service providers. DOL will complete an evaluation of the curriculum to help inform future efforts to support delivery of rehabilitative employment services.	↗
<p><b>PROGRESS:</b> Promotion and dissemination of the curriculum continued and the evaluation was completed: 446 individuals participated in at least one of the training modules, while 229 completed all three modules; almost all participants passed the exams on their first attempt; when asked about their attitudes and behaviors, most survey respondents reported that employment and training services were "Very Important" or "Somewhat Important;" 40% of respondents reported they did not have existing partnerships with employment and training organizations, but most planned to increase integration of employment activities. HRSA, HUD, and DOL are partnering on a new initiative, "Improving HIV Health Outcomes through the Coordination of Supportive Employment and Housing Services," supported by the Secretary's Minority AIDS Initiative Fund (SMAIF). A Notice of Funding Opportunity was published in May 2017 soliciting applications for up to 10 demonstration sites for a three-year initiative to support the design, implementation, and evaluation of innovative interventions that coordinate HIV care and treatment with housing and employment services to improve HIV health outcomes for low-income, uninsured, and underinsured people living with HIV in racial and ethnic minority communities.</p>			
2016-2020	ED	Facilitate nationwide HIV prevention and care training for State VR and SE programs. Promote VR as part of the HIV care continuum through conferences and webinars. Prepare a VR service provision technical assistance circular for persons living with HIV who are determined eligible for the VR program and who encounter barriers to employment. Collect, evaluate, and distribute best practices for VR and SE service provision, as appropriate, for persons living with HIV.	↗
<p><b>PROGRESS:</b> Activities continued in 2017.</p>			
2020	HUD, DOJ	To address the intersection of HIV and IPV, identify models of improved service integration among HIV housing providers and providers of services for persons experiencing sexual assault, domestic violence, dating violence, and stalking.	↗
<p><b>PROGRESS:</b> DOJ and HUD provided grant awards to eight Violence Against Women Act and Housing Opportunities for Persons With AIDS (VAWA/HOPWA) Project Demonstration grantees in 2016. The local programs have initiated work that, over the next three years, will provide housing assistance and supportive services to low-income persons living with HIV/AIDS who are victims of sexual assault, domestic violence, dating violence, or stalking.</p>			

## 2.C.2 Improve outcomes for women in HIV care by addressing violence and trauma, and factors that increase risk of violence for women and girls living with HIV.

YEAR	AGENCIES	ACTION ITEMS	STATUS
2016	OHAIDP (lead), OWH	Compile an inventory of Federally-funded trauma-informed care programs for women, girls, and transgender women living with HIV and post relevant information on AIDS.gov. Use the inventory to identify unmet needs, and the communities and populations with the highest need for such programs.	↗
<p><b>PROGRESS:</b> In August 2017, OHAIDP conducted an internal quality assessment for the content specific to women and girls on HIV.gov. Following the internal assessment, OHAIDP invited OWH to review the content on HIV.gov and our assessment to identify what recommendations OWH may have to improve the content for women and girls. Once OWH reviews, the office will meet to discuss and make final recommendations.</p>			
2016	ACF	Conduct outreach and prevention on the intersection of HIV and IPV through webinars, materials development, and website development with award recipients serving LGBT survivors of domestic violence.	✓
<p><b>PROGRESS:</b> HIV/IPV has been integrated into training and technical assistance offerings of an ACF service provider for both mainstream and LGBTQ-specific programs, including a national webinar focused on survivor-centered advocacy and barriers to LGBTQ access and service provision.</p>			
2018	HRSA (lead), NIH	Research and identify IPV screening and other interventions to share with grant recipients to help increase their capacity to improve health outcomes for women and girls as well as other key populations, such as gay and bisexual men living with HIV	↗
<p><b>PROGRESS:</b> The SMAIF-funded “The Jurisdictional Approach to Curing Hepatitis C among HIV/ HCV Coinfected People of Color” initiative from September 2016 through September 2018 awarded three cooperative agreements to RWHAP Part A and the National Alliance of State and Territorial AIDS Directors and RWHAP B recipients to provide support for the development of comprehensive jurisdictional-level hepatitis C (HCV) screening, care, and treatment systems for HIV/HCV coinfecting people of color.</p> <p>The project focuses on people of color living with HIV and high prevalence of HCV, including Black/African Americans, Latino/as, Americans/Alaska Natives, people who inject drugs (PWID), as well as men who have sex with men (MSM) who remain at risk for incident HCV infection.</p>			
2018	SAMHSA	Continue to support and identify lessons learned from the Violence Intervention to Enhance Lives (VITEL) project, a novel IPV intervention offered in behavioral health settings to support follow-up to referrals provided to clients that are screen-detected for IPV.	↗
<p><b>PROGRESS:</b> During fiscal year 2017 three VITEL grantees have been screening women for IPV using the Hurt, Insult, Threaten with harm, and Scream at them (HITS) assessment. Clients that score a 10 or higher on the HITS are enrolled into trauma informed services integrated into SUD treatment.</p>			
2018	NIH	Support ongoing intervention studies in young men designed to decrease IPV perpetrated on women.	↗
<p><b>PROGRESS:</b> Ongoing study to examine intervention in high school age males to prevent IPV.</p>			

---

2020	NIH	Support ongoing studies to improve understanding of the intersection of the biology of IPV, mucosal immunology, genital injury, and HIV risk.	↗
<b>PROGRESS:</b> Released funding opportunity announcement and funded studies to examine intersection of injury, mucosal immunology, and HIV susceptibility.			
2020	HRSA (lead), ACF	Explore options to promote and support health centers to implement IPV-related services in primary care settings, some of which include health centers serving persons living with HIV.	↗
<b>PROGRESS:</b> As a result of a two-phase pilot project to create systems change, a virtual toolkit was developed that includes tips for health centers on how to partner with a domestic violence organization, guides to implement screening and counseling and universal education into practice, provider scripts, training curricula, quality assurance/quality improvement tools, and many other resources.			

---

# GOAL 3: REDUCING HIV-RELATED DISPARITIES AND HEALTH INEQUITIES

## STEP 3.A: Reduce HIV-related disparities in communities at high risk for HIV infection.

**3.A.1** Expand services to reduce HIV-related disparities experienced by gay and bisexual men (especially young Black gay and bisexual men), Black women, and persons living in the Southern United States.

YEAR	AGENCIES	ACTION ITEMS	STATUS
2016	ACF	Convene regional community roundtable discussions to highlight the relevance of the intersecting issues of HIV and IPV in the Black community.	✓
2016	OHAIDP	Explore opportunities to focus on HIV-related disparities of gay and bisexual men, Black women, and persons living in the Southern United States as part of ongoing activities.	✓

**PROGRESS:** In FY 2017, SMAIF funded 10 projects totaling over \$26 million to continue efforts to support projects focused on MSM of color, Black women, and persons living in the Southern region of the United States.

2016-2020	CDC	Expand provision of services among populations affected by HIV-related disparities by implementing programmatic activities and providing capacity building assistance for health departments and CBOs and through demonstration projects with health departments.	↗
-----------	-----	---	---

**PROGRESS:** In April 2017, CDC issued funding awards to 30 community-based organizations serving two populations most at risk for HIV infection – young men who have sex with men and young transgender persons of color. CDC provided 923 episodes of capacity building assistance services to health departments (41.8%), CBOs (49.2%), and healthcare organizations (9%) that focus on populations at highest risk for HIV infection.

2018	SAMHSA	Seek opportunities to ensure that behavioral health programs serving groups disproportionately affected by HIV offer HIV testing, with case management for those who test positive and linkage to prevention services, such as PrEP, for those who test negative.	↗
------	--------	---	---

**PROGRESS:** In 2017, SAMHSA continued the Minority AIDS Initiative Continuum of Care Pilot (MAI-CoC) program with 34 grantees. The MAI-CoC grantees co-located and integrated HIV and hepatitis primary medical care and prevention services within mental and substance use disorder treatment programs, and provided HIV and substance use prevention services.

**3.A.2** Support engagement in care for groups with low levels of viral suppression, including youth and persons who inject drugs.

YEAR	AGENCIES	ACTION ITEMS	STATUS
2016	HRSA	Pilot a virtual technical assistance program involving experts and peers regarding provision of MAT in primary care settings utilizing teleconferencing technology.	✓
2016-2020	CDC	Expand efforts to implement linkage and retention interventions and Data to Care strategies that will improve linkage, retention, and viral suppression among all persons living with HIV, especially youth, persons who inject drugs, and black gay and bisexual men through prevention program funding to health departments and CBOs.	↗

**PROGRESS:** CDC continued supporting the Project PrIDE demonstration project, which uses Data to Care strategies to identify MSM and transgender persons not in HIV care. As of March 31, 2017, preliminary project data showed that approximately 130 persons, who had been identified on not-in-care lists, were linked or re-engaged into HIV medical care. Participant recruitment also began for the CDC-supported Cooperative Re-Engagement Controlled Trial (CoRECT), which is working to evaluate an intervention to identify HIV-infected persons who are out-of-care and engage them in HIV care.

2018	HRSA	Explore adding MAT measures to the Uniform Data System reporting requirements for the Health Center Program.	○
------	------	--	---

2018	HRSA, CDC	Identify and disseminate promising practices for HIV prevention, HIV and viral hepatitis testing, linkage, care, and treatment services to RWHAP providers, school-based health centers, and other safety net providers serving youth.	↗
------	-----------	--	---

**PROGRESS:** CDC's "Prevention IS Care" campaign shared its Positively Speaking CME program and HIV Prevention Resource Center on Lancet Infectious Diseases with HRSA/HAB Grantees via newsletter.

## STEP 3.B: Adopt structural approaches to reduce HIV infections and improve health outcomes in high-risk communities.

### 3.B.1 Scale up effective, evidence-based programs that address social determinants of health.

YEAR	AGENCIES	ACTION ITEMS	STATUS
2016	OHAIDP (lead), CDC, HRSA, NIH, SAMHSA	Identify strategies to expand the capacity of community-based and faith-based organizations and other grassroots entities to identify and respond to the social and structural barriers to HIV prevention, diagnosis, and care.	✓

**PROGRESS:** Through FY17 continuation SMAIF funding, the THRIVE demonstration project led by the CDC provides resources to over 80 community-based organizations that assist health departments in addressing behavioral and social service needs of MSM of color in their jurisdictions who are at risk for or living with HIV. Their activities include screening and making linkages or referrals for individuals who have mental or substance use disorders and/or affected by housing or employment instability.

2017	OHAIDP (lead), CDC, HRSA, SAMHSA	Analyze, compile and publish in the peer-reviewed literature lessons learned from the Care and Prevention of HIV in the United States (CAPUS) demonstration project to widely disseminate lessons learned, particularly with regards to structural interventions that improve health outcomes.	↗
------	--	--	---

**PROGRESS:** Between 8 and 10 manuscripts about the SMAIF-supported CAPUS project are currently under review for a supplemental issue of *Public Health Reports* slated for release in the first quarter of CY 2018.

2018	SAMHSA	Provide technical assistance and webinars on the prevention of HIV infection and substance misuse disorders to award recipients serving communities and populations at high risk for HIV and HCV infection.	↗
------	--------	---	---

**PROGRESS:** SAMHSA Center for Substance Abuse Prevention (CSAP) provided technical assistance and webinars on substance abuse and HIV prevention to grantees throughout 2017 with many more planned for 2018.

2020	NIH	Continue to support ongoing research to improve characterization of the social determinants of health as they relate to HIV infection and disease outcomes in order to design effective structural interventions.	↗
------	-----	---	---

**PROGRESS:** Funded research through FOAs.

### 3.B.2 Support research to better understand the scope of the intersection of HIV and violence against women and girls, and develop effective interventions.

YEAR	AGENCIES	ACTION ITEMS	STATUS
2016	SAMHSA	Implement a pilot study of IPV services delivered in behavioral health settings for women in behavioral health and HIV care.	✓
2017	ACF	Seek opportunities to highlight findings from research and practice to increase understanding of the intersection of HIV and IPV.	✓
<p><b>PROGRESS:</b> In FY17, National Network to End Domestic Violence (NNEDV) developed new tools for the NNEDV DV &amp; HIV Toolkit and provided a webinar on World AIDS Day with the Positive Women's Network, Casa de Esperanza, and the Northwest Network – focused on best practices for working with survivors living with HIV.</p>			
2020	NIH	Continue to support research to improve understanding of the intersection of genital and anal/rectal injury and biomedical risk for HIV.	➔
<p><b>PROGRESS:</b> NIH released an FOA and funded studies to examine the intersection of injury, mucosal immunology, and HIV susceptibility.</p>			

## STEP 3.C: Reduce stigma and eliminate discrimination associated with HIV status.

### 3.C.1 Promote evidence-based public health approaches to HIV prevention and care.

YEAR	AGENCIES	ACTION ITEMS	STATUS
2016	CDC (lead), DOJ	Continue to monitor state HIV-specific criminal statutes and develop a fact sheet that provides the most current science, current information on state statutes, and the potential impact on HIV outcomes.	✓
<p><b>PROGRESS:</b> CDC researched laws criminalizing potential HIV exposure from the 50 states and D.C. These laws were categorized as HIV-specific criminal laws or as STD/Infectious/Contagious/ Communicable disease criminal laws. To assess adherence with the most current science, CDC analyzed the HIV-specific criminal laws and further categorized them based on key characteristics, such as transmission risk reduction measures as a defense, and behavior criminalized, including low-risk behaviors. CDC also published a study on the association between HIV criminalization laws and HIV diagnosis rates.</p>			

### 3.C.2 Strengthen enforcement of civil rights laws, and assist States in protecting people living with HIV from violence, retaliation, and discrimination associated with HIV status.

YEAR	AGENCIES	ACTION ITEMS	STATUS
2016	HUD	Work closely with HIV housing providers and stakeholder groups to identify barriers to reporting HIV-related housing discrimination, and better identify the realities of HIV-related housing discrimination in communities across the nation.	✓
<p><b>PROGRESS:</b> Based on feedback received at two HOPWA listening sessions in 2016, the Office of HIV/AIDS Housing now provides information on how persons living with HIV and/or HIV/AIDS service providers can file complaints with HUD about instances of HIV-related housing discrimination at all public events, as well as via Twitter and the HOPWA webpage. HUD also distributed Fair Housing informational materials at two conferences to educate grant recipients and stakeholders about housing discrimination protections for persons living with HIV.</p>			

2016	HHS/OCR	Issue a report that highlights best practices for hospitals to ensure equal access to services and ensuring the privacy of individuals' protected health information.	✓
<p><b>PROGRESS:</b> In 2016, OCR reported on completed compliance reviews of 12 hospitals, including two in San Juan, Puerto Rico. In 2017, OCR returned to Puerto Rico, meeting with over 50 advocates from Loiza and Fajardo. They alleged discriminatory treatment by health care facilities, as well as substantial barriers to getting HIV+ individuals into care. OCR provided the advocates with both English and Spanish documents summarizing their rights to health information privacy and equal access to care.</p>			
2016-2020	DOJ, HHS/OCR, ED/OCR	<p>Continue to open investigations of HIV/AIDS discrimination under the Barrier-Free Health Care Initiative, a partnership between DOJ's CRD and U.S. Attorneys' Offices to address discrimination by health care providers, as well as under the Fair Housing Act to address discrimination by housing providers.</p> <p>As appropriate, DOJ will develop cases that present a pattern or practice of HIV/AIDS discrimination and other high-impact cases, and will file Statements of Interest in matters related to HIV/AIDS discrimination by monitoring private litigation and working with non-profit legal organizations to identify such opportunities.</p> <p>HHS/OCR will continue to accept and investigate complaints of discrimination against persons living with HIV in health care treatment and insurance coverage, as well as complaints that a covered entity or business associate violated the health information privacy rights of persons with HIV or committed another violation of the Privacy, Security or Breach Notification Rules.</p> <p>ED/OCR will continue to accept and investigate complaints of disability discrimination against persons with HIV by schools subject to Section 504 of the Rehabilitation Act of 1973 and Title II of the ADA.</p>	↗
<p><b>PROGRESS:</b> In 2017, DOJ settled discrimination investigations with a hospital, a school district, a residential addiction treatment facility, a cosmetic and reconstructive surgeon, and a police department. Matters continue to be opened for investigation. And in December, DOJ prevailed in a lawsuit on its claim that a cosmetic surgeon had violated the ADA by refusing to perform cosmetic surgery on potential patients taking antiretroviral medications without making any further inquiry into their medical history. HHS/OCR entered into two settlement agreements to resolve complaints against health care facilities involving people living with HIV; one dealt with potential violations of the HIPAA Privacy Rule and the other was a complaint of discrimination in violation of Section 504 of the Rehabilitation Act of 1973 and Section 1557 of the Affordable Care Act. Also in 2017, HHS/OCR secured corrective action to resolve HIV-related discrimination complaints against a behavioral health provider, an assisted living facility, an anesthesiologist and a family practitioner.</p>			
2016-2020	EEOC	Educate applicants and employees living with HIV of their employment non-discrimination rights by developing materials for distribution through new channels, including health care delivery sites in partnership with other Federal agencies.	↗
<p><b>PROGRESS:</b> In FY2017, the EEOC's field outreach and education coordinators participated in more than 20 community events in all areas of the country to educate stakeholders on HIV/AIDS employment discrimination, reaching more than 4,000 attendees comprised of applicants, employees, employers of all sizes, staffing firms, and advocates/representatives.</p>			
2020	DOJ	Conduct targeted outreach efforts related to HIV non-discrimination, with a particular focus on southern states and other communities with high rates of HIV.	↗
<p><b>PROGRESS:</b> Between 2010 and 2017, DOJ has conducted extensive outreach to educate target populations about anti-discrimination laws, including meeting with AIDS Service Organizations and other service providers in at least 47 cities, and presenting on Federal discrimination protections at 17 HIV-related conferences..</p>			

### 3.C.3 Mobilize communities to reduce HIV-related stigma.

YEAR	AGENCIES	ACTION ITEMS	STATUS
2016	HUD	HUD's Office of HIV/AIDS Housing will collaborate with HUD's Office of Faith-Based and Neighborhood Partnerships to disseminate informational materials on HIV-related stigma to the larger faith-based network.	✓

2016	OHAIDP	Compile and share resources (e.g. provide health literacy information, an arena for peer-to-peer information sharing, and compassionate leadership resources for clergy) that highlight the role of faith-based leaders in addressing HIV and IPV among LGBT populations.	✓
2016	CDC	Support community mobilization efforts through capacity building assistance providers, who will strengthen the use of social network strategies by CBOs, and through national campaigns that will serve as calls to action to the most affected communities.	✓
<p><b>PROGRESS:</b> CDC supports eight major awareness days that mobilize partners and strengthen interventions among the most-affected populations. CDC provides resources such as infographics, social media graphics and sample posts, and toolkits that partners can use to enhance their prevention efforts and support the awareness days. In conjunction with awareness days, CDC published Morbidity and Mortality Weekly Reports that analyze data about HIV care outcomes among African Americans, gay and bisexual men, and Hispanics/Latinos. Another MMWR examined changes in the disparity of HIV diagnosis rates among African American women.</p> <p>CDC also provided 112 episodes of capacity building assistance services on PrEP (105 capacity building assistance episodes) and social network strategies (7 capacity building assistance episodes) to health departments, CBOs, and healthcare organizations.</p>			
2018	OHAIDP	Provide training on reduction of HIV-related stigma to faith-based organizations to increase community mobilization to address HIV among LGBT people and to reduce stigma associated with their sexual orientation and gender identity.	○
2020	NIH	Continue to support research related to the health aspects of stigma, including studies that characterize and reduce stigma, seek to improve health outcomes for African American women, and address HIV-related stigma behaviors in clinical encounters; intervention research to improve understanding of the role of discrimination and mistrust among HIV-positive Black men; and research to define social-structural stressors, resilience, and sexual risk behaviors among Black men and its effect on HIV care and outcomes.	↗
<p><b>PROGRESS:</b> FOAs funded to better understand and mitigate the effects of stigma.</p>			

### 3.C.4 Promote public leadership of people living with HIV.

YEAR	AGENCIES	ACTION ITEMS	STATUS
2016	CDC, HRSA	Through integrated planning guidance, promote development of public leadership skills and opportunities by including people living with HIV in integrated prevention and care planning as well as in leadership positions.	✓
<p><b>PROGRESS:</b> Last year, HRSA/HAB launched Leadership Training for People of Color Living with HIV, a multi-year initiative supported by resources from the Secretary's Minority AIDS Initiative Fund (SMAIF) to enable full, active, and engaged participation on planning bodies, medical and support care teams, boards of directors, and other mobilization efforts to address the national goals to end the HIV epidemic. In 2017, several training products were developed and training sessions began. These included a training for 12 transgender women of color living with HIV, three regional trainings involving 55 people living with HIV, and a train-the-trainer session for 26 participants.</p>			
2016-2020	VA	Maintain the Veterans with HIV Community Advisory Board to allow Veterans to provide their individual feedback to feedback to VA on issues they encounter in VA care, relevant proposed policies, and outreach.	↗
2018	SAMHSA	Support programs to develop peer leaders at minority-serving colleges and universities to provide education and training on substance misuse disorders and HIV prevention.	↗
<p><b>PROGRESS:</b> SAMHSA CSAP developed peer leaders with the Minority Serving Institution in partnership with Community Based Organizations (MSI CBO) program. Peer leaders provided substance use and HIV prevention training at minority serving institutions and surrounding communities.</p>			

# GOAL 4: ACHIEVING A MORE COORDINATED NATIONAL RESPONSE TO THE HIV EPIDEMIC

**STEP 4.A:** Increase the coordination of HIV programs across the Federal government and between Federal agencies and State, territorial, Tribal, and local governments.

## 4.A.1 Streamline reporting requirements for Federal grantees.

YEAR	AGENCIES	ACTION ITEMS	STATUS
2016	OHAIDP	Ensure that HHS Operating Divisions and Staff Offices achieve and maintain specific targets for streamlined reporting obligations for award recipients. Seek feedback from key stakeholders on the outcomes of the process.	↗

**PROGRESS:** OHAIDP has begun the process to request for soliciting input from key stakeholders for streamlining reporting obligations for award recipients.

## 4.A.2 Strengthen coordination across data systems and the use of data to improve health outcomes and monitor use of Federal funds.

YEAR	AGENCIES	ACTION ITEMS	STATUS
2016	SAMHSA	Disseminate information about the National Survey on Drug Use and Health and the Treatment Episode Data Set for use by other Federal partners and stakeholders as tools for identifying substance use and mental health disorders as risk factors for HIV.	✓
2016	DOD	Monitor data from the Defense Medical Surveillance System on STIs and high risk behaviors, and use the results of analyses to inform educational resources and programs to raise provider awareness.	✓
2016-2020	SAMHSA	Continue work to develop and implement a combined HIV and viral hepatitis testing form to streamline data requirements.	✓

**PROGRESS:** The combined form approved by the Office of Management and Budget has been used by TCE-HIV programs and the MAI-CoC program since April 2016.

2018	OHAIDP	Disseminate useful data sharing practices (e.g., model data sharing agreements) and develop tools that help users address privacy requirements for HIV prevention and treatment programs.	○
2018	IHS	Actively engage with Federal and Tribal entities at the state/local level on calculating and disseminating data pertaining to AI/AN populations on HIV incidence and prevalence, linkage to care, representation in the AIDS Drug Assistance Program, and other related metrics with bearing on access to HIV care.	○

2018	VA	Update the <i>2011 HIV State of Care for Veterans</i> report which highlights trends in care for HIV and co-morbidities.	○
2020	HRSA, HUD	Identify models for the electronic integration of housing and HIV care data systems to enhance coordination of service delivery and enhance patient navigation to improve health outcomes along the HIV care continuum.	↗

**PROGRESS:** HRSA and HUD, with support from the Secretary's Minority AIDS Initiative Fund (SMAIF), are collaborating to fund and assist five performance sites that are working to integrate and evaluate housing and HIV care data systems to enhance patient navigation and service coordination and improve health outcomes along the HIV care continuum. Successful models and lessons will be captured and shared with other communities. In addition, in August, 2017, HRSA/HAB and HUD's Office of HIV/AIDS Housing released [a joint letter](#) encouraging local community efforts to integrate and utilize HOPWA and RWHAP data sets to improve HIV and housing outcomes for clients accessing services through these programs. Through the letter, HAB and OHH are encouraging RWHAP and HOPWA grant recipients to develop formal agreements to support data sharing processes and systems.

#### 4.A.3 Ensure coordinated program planning and administration.

YEAR	AGENCIES	ACTION ITEMS	STATUS
2016	CDC, HRSA	Continue to collaborate to support and expand the development of Integrated Prevention and Care Plans and planning processes in state and local jurisdictions by providing capacity building assistance, program guidance, and data sharing guidance.	✓

**PROGRESS:** All plans have been submitted, and the agencies are working with the jurisdictions to implement the plans. The plans will be used to monitor jurisdictions' progress in prevention and care integration to accomplish the nation's goals toward identification of new infections and ultimately, viral suppression.

#### 4.A.4 Promote resource allocation that has the greatest impact on achieving the Strategy goals.

YEAR	AGENCIES	ACTION ITEMS	STATUS
2016	HUD	Work with Congress to update the funding formula for the Housing Opportunities for People with AIDS (HOPWA) program, from being based on the cumulative number of AIDS cases to being based on the number of persons living with diagnosed HIV infection according to HIV surveillance data. Develop a plan to incorporate local housing costs and poverty rates into formula.	✓

**PROGRESS:** Last year, Congress passed the "Housing Opportunity Through Modernization Act of 2016," which included provisions to modernize the HOPWA formula to be based on persons living with HIV/AIDS rather than cumulative AIDS cases, and incorporate local housing costs and poverty rates into the formula. In 2017, HUD's Office of HIV/AIDS Housing began a comprehensive technical assistance initiative to assist HOPWA grantees in planning for funding increases or decreases due to the modernized formula, including webinars, a clinic, and a soon-to-be-released online toolkit. Resources are available on the [HUDEXchange HOPWA Formula Modernization page](#).

2018	HRSA	Conduct a study of the health economics of the RWHAP to increase understanding of the impact of this Federal funding on the health care system and health outcomes.	↗
------	------	---	---

**PROGRESS:** In September 2017, HRSA HAB award a contract to develop a mathematical model to quantify the long-term clinical/public health impact and cost-effectiveness of the RWHAP, conduct analyses on the model and publish resultant manuscript(s), and provide training to HAB staff on the model. The overall aim of this project is to guide the RWHAP planning efforts, identify funding priorities to reach national HIV health outcome goals, and maximize the health outcomes and quality of life for people living with and affected by HIV who are served by the RWHAP.

## STEP 4.B: Develop improved mechanisms to monitor and report on progress toward achieving national goals.

### 4.B.1 Strengthen the timely availability and use of data.

YEAR	AGENCIES	ACTION ITEMS	STATUS
2017-2020	VA	Implement self-identified gender identity data capture fields to improve surveillance of health care access and quality of care for transgender Veterans.	↗
<p><b>PROGRESS:</b> The initial phase of implementation of the Self-Identified Gender Identity (SIGI) field has been completed. The VistA field has been created, and Veterans are being asked about their gender identity. VA is still working on a patch to display SIGI in electronic medical record, so full implementation of SIGI has not been completed.</p>			
2017-2020	VA	Implement self-identified, sexual orientation data capture fields to improve surveillance of health care access and quality of care for LGBT Veterans.	↗
<p><b>PROGRESS:</b> The Sexual Orientation Identity field was not supported, largely because VHA is moving to a new electronic health record system. The new Cerner system will have both SIGI and Sexual Orientation Identity fields. The new VA LGB directive instructs providers to ask patients about their sexual orientation identity and record that information in the record system. Right now, this information will go in a Progress Note.</p>			
2018	OHAIDP (lead), HRSA, CDC	Lead a cross-agency effort to develop a user-friendly, online tool that supports mapping of Federal HIV prevention and care resources at a jurisdictional level.	○
2018	HUD	Strengthen HOPWA program data collection on client outcomes related to employment services to enable the Department to capture the number of beneficiaries that obtained employment while receiving HOPWA assistance, either through HOPWA-funded employment services or other means.	↗
<p><b>PROGRESS:</b> Updated fields to collect data on HOPWA clients and employment outcomes have been added to the revised HOPWA reporting forms that are currently in draft form. HUD is anticipating that the revised HOPWA reporting forms will be finalized and available for grantee use in 2018.</p>			
2018	CMS	Work to rapidly disseminate findings from the Center for Medicare & Medicaid Innovation projects that can inform improvement in HIV prevention and care and integrate findings from those projects with Federal and state HIV programs.	○
2020	HRSA (lead), ONC	Create an electronic specification tool, in collaboration with the HHS Office of the National Coordinator for Health Information Technology (ONC), that supports eligible RWHP providers' ability to capture and report on HIV clinical quality measures for CMS's Meaningful Use and other incentive programs.	↗
<p><b>PROGRESS:</b> In September 2016, HRSA HAB launched the development of the electronic specification, testing, and validation of four existing NQF-endorsed HIV clinical quality measures (eCQMs). Once finalized, the eCQMs will be submitted to Centers for Medicare and Medicaid Services for adoption into the various measure programs.</p>			

### 4.B.2 Provide regular public reporting on Strategy goals.

YEAR	AGENCIES	ACTION ITEMS	STATUS
2016	OHAIDP (lead), CDC, HRSA, SAMHSA, NIH, IHS	Develop and host four webinars/calls to educate Federal project officers on the priorities outlined in the Strategy, emerging HIV trends and developments, and innovative Federal programming in response to emerging challenges and opportunities of HIV prevention, care, and research.	✓

2016	OHAIDP	Work with the Presidential Advisory Council on HIV/AIDS to plan a Council meeting that focuses on highlighting best practices in integrating and coordinating HIV services.	✓
2016	OHAIDP	Compile an HHS annual report on progress in achieving reduced reporting burdens for award recipients, harmonizing reporting timelines across funding streams, and using standardized HHS HIV core indicators to report on specific programmatic effects to improve HIV care continuum outcomes.	↗
<p><b>PROGRESS:</b> OHAIDP took on preparation of the 2017 NHAS Progress Report and initiated development of the 1st annual Progress Report for the HHS Secretary's Minority AIDS Initiative Fund. The HHS HIV core indicators report is currently being developed and is scheduled to be released during the 1st half of 2018.</p>			
2016-2020	CDC	Issue annual reports on progress that are aligned with Strategy priorities at national and state levels and use results of state progress reports to identify models for success in areas demonstrating progress and to assist award recipients to develop a plan of action to address areas needing improvement.	↗
<p><b>PROGRESS:</b> In July 2017, CDC published "Monitoring Selected National HIV Prevention and Care Objectives by Using HIV Surveillance Data, United States and 6 Dependent Areas, 2015." This surveillance supplemental report complements the 2015 HIV Surveillance Report and presents the results of focused analyses of National HIV Surveillance System (NHSS) data to monitor progress toward achieving the goals and objectives set forth in NHAS 2020, Healthy People 2020, and other Federal directives. Also, the CDC National HIV Prevention and State Progress Reports are planned for publication in Spring 2018.</p>			
<h3>4.B.3 Enhance program accountability.</h3>			
YEAR	AGENCIES	ACTION ITEMS	STATUS
2016-2020	CDC	Provide award recipients with at least annual progress reports for all key programmatic FOAs and refine feedback loops and accountability procedures to improve their performance and impact.	↗
<p><b>PROGRESS:</b> CDC provided rapid feedback reports to health department grantees for the following FOAs in FY 2017: PS12-1201, PS13-1302, PS14-1410, and PS15-1502.</p> <p>For national HIV surveillance system activities (PS13-1302), annual feedback is presented in two ways: (1) funded jurisdictions report on process and outcome measures in January which serves as the jurisdiction's feedback report, and (2) the information from all jurisdictions is presented as slides to the surveillance coordinators at the annual grantee meeting.</p>			
2018	HUD	Add data elements to HOPWA reports for award recipients related to health outcomes for beneficiaries served by the HOPWA program to assess the impact of the HOPWA program on the health outcomes of program beneficiaries.	↗
<p><b>PROGRESS:</b> Health outcome elements related to HOPWA client viral loads have been added to the revised HOPWA reporting forms that are currently in draft form. HUD is anticipating that the revised HOPWA reporting forms will be finalized and available for grantee use in 2018.</p>			
2018	CDC	Examine funding algorithms for surveillance and prevention program FOAs to consider incorporating an incentive for award recipients who meet key data targets or other public health goals.	○
2020	HRSA	Develop tools to help HRSA award recipients and sub-recipients measure progress towards performance goals, such as benchmarks on relevant HIV indicators.	↗
<p><b>PROGRESS:</b> HRSA/HAB coordinated a meeting with more than 15 experts in performance metrics to examine best practices and current standards for benchmarking and risk adjustment methodology. Knowledge learned at this meeting will inform HAB's methodology for developing standardized comparisons of RWHAP recipient-level data relative to peers and state- and national-level performance measures and benchmarks.</p>			

To learn more about the National HIV/AIDS Strategy for the  
United States: Updated to 2020 and the Federal response,  
visit **HIV.GOV**