Ending The HIV Epidemic:
A Plan For America
Stakeholder Webinar

www.hiv.gov
WELCOME REMARKS

ADM Brett P. Giroir, M.D.
Assistant Secretary for Health
Office of the Assistant Secretary for Health (OASH)
OPENING REMARKS, HOUSEKEEPING, COVID-19 & EHE

Harold J. Phillips, M.R.P.
Chief Operating Officer - Ending the HIV Epidemic Initiative
Office of Infectious Disease and HIV/AIDS Policy (OIDP)
WEBINAR OBJECTIVES

The webinar will be an opportunity for a wide range of stakeholders to:

• Highlight the Administration’s continued commitment to Ending the HIV Epidemic;
• Highlight major HHS activities to date and plans for implementing the Ending the HIV Epidemic initiative; and,
• Opportunity for question and answer from major stakeholders with federal officials
AGENDA

• Welcome and Remarks – ADM Brett P. Giroir, M.D., Assistant Secretary for Health, U.S. Department of Health and Human Services

• Opening Remarks, Housekeeping, COVID – 19 and Ending the HIV Epidemic: A Plan for America (EHE) — Harold Phillips, Chief Operating Officer, Ending the HIV Epidemic initiative, OIDP

• Updates: Progress and Moving Forward – Federal Leads

• Questions and Answers

• Closing – Harold Phillips, Chief Operating Officer, Ending the HIV Epidemic initiative, OIDP
AGENDA

Updates and Progress

• Rita Harcrow, Director, Office of HIV/AIDS Housing, HUD
• RADM Jonathan Mermin, M.D., Director National Center for HIV/AIDS, Viral Hepatitis, STD and TB Prevention, CDC
• Laura Cheever, M.D., Sc.M., Associate Administrator, HIV/AIDS Bureau, HRSA
• Jim Macrae, M.A., M.P.P., Associate Administrator, Bureau of Primary Health Care, HRSA
• RADM Michael Toedt, M.D., FAAFP, Chief Medical Officer, IHS
• Carl Dieffenbach, Ph.D., Director, Division of AIDS, National Institute of Allergy and Infectious Disease, NIH
• Kirk James, M.D., Targeted Capacity Expansion - HIV Program Coordinator, SAMHSA
WELCOME

• The audio is being shared via your computer speaker/headset.
• If you can’t hear the audio, make sure your computer audio is turned on and the volume is turned up. Click on the ^ next to Audio Settings to change your speaker.
• If you are still having audio issues, please send us a message in the chat box.
HOW TO ASK A QUESTION

Attendees are in mute mode

• To ask a question about **logistics** (audio or visual issues) please use the chat box. Click on the chat icon in your bottom toolbar to use it.

• To ask a question about **content** please use the Q&A box. Click on the Q&A icon in your bottom toolbar to use it.
COVID-19 & EHE

• Agencies and providers who serve people at risk for and with HIV have experienced numerous service disruptions due to COVID-19.

• But as we heard Ambassador Dr. Deborah Birx say last week at the International AIDS Conference: ‘Nothing stops an HIV program’.

• Across the country, programs have been adapting and implementing innovating approaches
UPDATE: PROGRESS AND MOVING FORWARD - HUD

Rita Harcrow
Director, Office of HIV/AIDS Housing
Department of Housing and Urban Development
HOPWA Resource Tool:

• Grant Info on HOPWA Formula and HOPWA Competitive Grants in an EHE Phase 1 Jurisdiction

• Modernization Projections for HOPWA Formula Grants

• Contact Information for HOPWA Grantees and EHE Counterparts
OHH and EHE

- February 2020: The final version of the EHE HOPWA Resource Tool was approved
- March 2020: After distributing the tool to HOPWA Grantees and HUD Field Offices, OHH conducted a webinar with OIDP demonstrating the Resource Tool
- July 23, 2020: OIDP and OHH will present and demonstrate the tool to EHE Phase 1 Jurisdictions and stakeholders
UPDATE: PROGRESS AND MOVING FORWARD - CDC

RADM Jonathan Mermin, M.D., M.P.H.
Director, National Center for HIV/AIDS, Viral Hepatitis, STD and TB Prevention, Centers for Disease Control and Prevention
UPDATE: PROGRESS AND MOVING FORWARD - HRSA HAB

Laura W. Cheever, M.D., Sc.M.
Associate Administrator, HIV/AIDS Bureau
Health Resources and Services Administration
HRSA’s Ryan White HIV/AIDS Program (RWHAP) EHE efforts focus on linking people with HIV who are either newly diagnosed, or are diagnosed but currently not in care, to the essential HIV care and treatment and support services needed to help them reach and maintain viral suppression.

- RWHAP Parts A and B
- Technical Assistance Provider
- Systems Coordination Provider
- Supplement RWHAP Part F AIDS Education and Training Center (AETC) Program for workforce capacity development
IDENTIFYING THE CHALLENGES AHEAD

People with HIV in care
- Improve viral suppression rates
- Decrease disparities

People newly diagnosed with HIV
- Enhance linkage to care
- Enhance engagement in care

People with HIV out of care
- Expand re-engagement in care
- Improve retention in care
WHAT’S AHEAD FOR HRSA’S HIV/AIDS BUREAU IN 2020

FY 2020 Minority HIV/AIDS Fund Initiatives to Support EHE

- Reducing Stigma at Systems, Organizational, and Individual Client Levels in the Ryan White HIV/AIDS Program
- Building Capacity to Implement Rapid Antiretroviral (ART) Initiation for Improved Care Engagement
- Improving Care and Treatment Coordination: Focusing on Black Women with HIV

COVID-19 Lessons to Accelerate EHE Response

- Adoption of telemedicine
  - Reaching those out of care
  - Improving retention rates
  - Concerns about the “digital divide”
- Extension of medication refills
  - 90 day fills
  - Increased home delivery
- Self Testing
  - HIV
  - STIs

Adoption of telemedicine
- Reaching those out of care
- Improving retention rates
- Concerns about the “digital divide”

Extension of medication refills
- 90 day fills
- Increased home delivery

Self Testing
- HIV
- STIs
CONTACT INFORMATION

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UPDATE: PROGRESS AND MOVING FORWARD - BPHC

Jim Macrae, M.A., M.P.P.
Associate Administrator, Bureau of Primary Health Care
Health Resources and Services Administration
Through 1,400 grantees providing a comprehensive range of services at ~13,000 sites nationwide

- 1 in 12 nationally
- 1 in 9 children
- 1 in 5 rural residents
- 1 in 5 Medicaid beneficiaries
- 1 in 5 uninsured
- 1 in 3 people living in poverty
- More than 1.2 million homeless
- More than 385,000 veterans
- More than 800,000 at schools
- Nearly 1 million agricultural workers

Source: Uniform Data System, 2018
### ENDING THE HIV EPIDEMIC

- 2.4 million HIV tests conducted in 2018
- More than 190,000 patients with HIV receive medical care services at health centers, including many sites co-funded by the Ryan White HIV/AIDS Program
- Nearly 600 health centers purchase Pre-Exposure Prophylaxis (PrEP) through the 340B Program
- FY 2020: $54 million to support increased outreach, testing, care coordination, and HIV prevention services, including PrEP, in targeted counties/cities and States.
- FY 2021 President’s Budget Request: $137 million to support the second year of the Ending the HIV Epidemic Initiative - increasing participation to over 500 health centers in the Initiative’s targeted geographic regions.

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<tbody>
<tr>
<td><strong>Total Patients</strong></td>
<td>25.9M</td>
<td>27.2M</td>
<td>28.4M</td>
<td>2,519,384</td>
<td>9.74%</td>
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<tr>
<td><strong>Number of HIV Tests</strong></td>
<td>1,612,535</td>
<td>2,085,341</td>
<td>2,427,075</td>
<td>814,540</td>
<td>50.51%</td>
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<tr>
<td><strong>Number of HIV Patients (PLWH)</strong></td>
<td>158,329</td>
<td>165,745</td>
<td>191,717</td>
<td>33,388</td>
<td>21.09%</td>
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<tr>
<td><strong>% Linked to Care within 90 Days</strong></td>
<td>83.17%</td>
<td>84.52%</td>
<td>85.55%</td>
<td>2.38%</td>
<td>2.86%</td>
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**HEALTH CENTERS: ENDING THE HIV EPIDEMIC FLOWCHART**

**Respond** rapidly to detect and respond to growing HIV clusters and prevent HIV infection (CDC)

**Respond**

High risk referrals of new patients (CDC, S/LHDs)

**Targeted health centers**
Serve the identified counties and states

**Health center in reach to identify high-risk current patients**

**Diagnose** all people as early as possible after infection

**Test**

**Link to Prevention and Care**

**HIV+**
- Engage and Treat
- Retain
- Viral suppression

**HIV-**
- PrEP

**Prevent** HIV using proven prevention interventions, including PrEP

**Treat** the infection rapidly and effectively to achieve viral suppression
HEALTH CENTER PROGRAM LISTENING SESSIONS

Key Issues from the Field

• Addressing stigma
• Engaging the faith-based community
• Building health center workforce capacity and expertise (i.e., creating a welcoming environment, addressing patients concerns)
• Collaborating with community based organizations, health departments, social service organizations
• Helping patients navigate the system and address cost concerns
THANK YOU!

Jim Macrae, MA, MPP
Associate Administrator
Bureau of Primary Health Care (BPHC)
Health Resources and Services Administration (HRSA)

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UPDATE: PROGRESS AND MOVING FORWARD - IHS

RADM Michael Toedt, M.D., FAAFP
Chief Medical Officer
Indian Health Service
HIV in Indian Country


- CDC reports a 77% increase in HIV rates among gay and bisexual AI/AN men
- Nationally, about 50% of all AI/AN diagnosed with HIV were virally suppressed
- Phoenix Indian Medical Center’s HIV patients have a 92% viral suppression rate
Cherokee Nation HIV Pilot

Objectives:
1. Implement a public education campaign centering on HIV care and HIV prevention;
2. Educate providers on the need to have discussions about the sexual health of the patients;
3. Identify and link to care PLWH; and
4. Establish a robust PrEP program
Ongoing Efforts

1. Tribal Epi Centers
2. National Native HIV Network
3. Education and Outreach
UPDATE: PROGRESS AND MOVING FORWARD - NIH

Carl Dieffenbach, Ph.D.
Director, Division of AIDS, National Institute of Allergy and Infectious Disease
National Institutes for Health
OPERATIONALIZING EHE THROUGH THE PILLARS

GOAL

75% reduction in new HIV infections in 5 years and at least 90% reduction in 10 years.

Diagnose all people with HIV as early as possible.

Treat people with HIV rapidly and effectively to reach sustained viral suppression.

Prevent new HIV transmissions by using proven interventions, including pre-exposure prophylaxis (PrEP) and syringe services programs (SSPs).

Respond quickly to potential HIV outbreaks to get needed prevention and treatment services to people who need them.

What must be done differently to achieve the goals?
EHE IS A CROSS-AGENCY INITIATIVE

<table>
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<tr>
<th>AGENCY</th>
<th>ACTIVITY</th>
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<tbody>
<tr>
<td>CDC</td>
<td>• Test and link persons to treatment; state and local support; surveillance</td>
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<td></td>
<td>• Augmentation of public health staff in local jurisdictions</td>
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<td>HRSA</td>
<td>• Ryan White care centers for treatment</td>
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<td></td>
<td>• Community health centers for prevention, emphasizing PrEP</td>
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<tr>
<td>IHS</td>
<td>• Enhanced support for prevention, diagnosis, and links to treatment</td>
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<tr>
<td>NIH</td>
<td>• Inform HHS and partners on evidence-based practices and effectiveness</td>
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<tr>
<td>OASH</td>
<td>• Project coordination, communication, management, and accountability; Leadership of the Minority AIDS Initiative</td>
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<tr>
<td>SAMHSA</td>
<td>• Minority AIDS Program and Substance Abuse Prevention and Treatment Block Grants for HIV/AIDS prevention for those with Substance Abuse or Mental Illness</td>
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NIH ROLES

- Work locally to create solutions
- Address gaps in practice
- Create partnerships
- Training, consultation, and technical assistance in implementation science strategies
- Disseminate information
CURRENT CFAR/ARC* SUPPLEMENT TOPICS AND ACTIVITIES FOR THIS YEAR AND NEXT

- Continue and expand EHE team-initiated implementation research
- Strategies to improve reaching at-risk cis-women with PrEP
- Evaluating and developing data-driven messages and communication strategies for EHE
- Support implementation science coordinating center and consultation hubs
- 2021 CFAR/ARC EHE Meeting to discuss 2019 research progress
- Establish and continue partnerships with CDC and HRSA to evaluate activities within the 57 jurisdictions

*Center for AIDS Research at the NIH and NIMH’s AIDS Research Centers
UPDATE: PROGRESS AND MOVING FORWARD - SAMHSA

Kirk James, M.D.
Targeted Capacity Expansion - HIV Program Coordinator
Substance Abuse and Mental Health Services Administration
WHY IS IT IMPORTANT? - KEY CONCEPTS

- HIV/AIDS, substance abuse disorders, and mental disorders interact in a complex fashion.
  - Each acts as a potential catalyst or obstacle in the treatment of the other two—substance abuse can negatively affect adherence to HIV/AIDS treatment regimens; substance abuse disorders and HIV/AIDS are intertwining disorders
- Substance abuse increases the risk of contracting HIV.
  - HIV infection is substantially associated with the use of contaminated or used needles to inject heroin.
- Substance abuse treatment serves as HIV prevention.
  - Placing the client in substance abuse treatment along a continuum of care and treatment helps minimize continued risky substance-abusing practices. Reducing a client’s involvement in substance-abusing practices reduces the probability of infection.
  - Risk reduction allows for a comprehensive approach to HIV/AIDS prevention. This strategy promotes changing substance related and sex-related behaviors to reduce clients’ risk of contracting or transmitting HIV.
The principal goals are to:
1) reduce new HIV infections,
2) improve HIV-related health outcomes, and
3) to reduce HIV-related health disparities for racial and ethnic minority communities.

MAI funding to all SAMHSA Centers results in inter-center collaborations among the following programs:

- **CSAT**: TCE-HIV: Minority Women; TCE-HIV: High-Risk Populations
- **CSAP**: The Substance Abuse and HIV Prevention Navigator Program for Racial/Ethnic Minorities Ages 13-24 Cooperative Agreement; Capacity Building Initiative for Substance Abuse (SA) and HIV Prevention Services for At-Risk Racial/Ethnic Minority Youth and Young Adults (HIV-CBI)
- **CMHS**: Minority AIDS Initiative – Service Integration (MAI-SI)
New Products set for publication this year:

Prevention and Treatment of HIV Among People Living with Substance Use and Mental Disorders with focus on
• PrEP - Pre-Exposure Prophylaxis
• SSP - Syringe Services Programs
• Cognitive Behavioral Therapy
• Contingency Management
• Intensive Case Management
• Patient Navigation
• Clinical Coordination Screening
• Peer Support Services

Expansion of oral fluid testing:
• CMS approved, CLIA waived, easier for BH organizations to implement.
• Allowance for self testing kit purchases during COVID-19
QUESTIONS AND ANSWERS

To ask a question - please use the Q&A box. Click on the Q&A icon in your bottom toolbar to use it.
THANK YOU: OUR PRESENTERS
IN CLOSING

Harold J. Phillips, M.R.P.
Chief Operating Officer - Ending the HIV Epidemic Initiative
Office of Infectious Disease and HIV/AIDS Policy (OIDP)
WHOLE-OF-SOCIETY INITIATIVE

Federal Partners

State Health Departments

People Living with or at Risk for HIV

Professional Associations

Academic Institutions

Tribes and Urban Indian Organizations

HIV Organizations

Local Health Departments

Patient Advocacy Groups

Faith-based Organizations

Non-profit Organizations

Your Name Here

County Health Departments
UPCOMING EHE EVENTS

• HOPWA Resource Tool Webinar
  Thursday, July 23, 2020 2-3pm EDT

• AHEAD Dashboard Webinars
  Tuesday, July 28-Federal Agency Webinar
  Tuesday, August 4-Jurisdiction Webinar
  Friday, August 14-Soft Launch
  Monday, August 17-Promotional, public launch

• CDC Awards (PS20-2010) from May 1st
  Estimated award date Saturday, August 1, 2020

• Ryan White National (virtual) Conference
  Tuesday, August 11 – Friday, August 14, 2020

• SAMHSA Award

• EHE Quarterly Stakeholder Call
  October 2020

• National HIV Strategic Plan
  December 2020

• Final Implementation Plans due to CDC
  Thursday, December 31, 2020
THANK YOU FOR JOINING TODAY’S CALL

• For more information, sign up for the Ending the HIV Epidemic listserv on HIV.gov and visit: https://www.hiv.gov/federal-response/ending-the-hiv-epidemic/overview

• Follow the HIV.gov blog for a summary of today’s session and a link to the slides.

• Watch for an email shortly to give us your feedback on today’s webinar: https://www.surveymonkey.com/r/PCMJ3WS