



## **NASTAD 2023 Annual Meeting**

Federal Partner's Response to Working with Key Populations
May 22, 2023

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

Vision: Healthy Communities, Healthy People



## **Promoting Health Equity/ Reducing Disparities**



Engage the Community: We engage community directly, have developed a community engagement framework, and the RWHAP legislation has requirements for community engagement and partnership.



**Utilize data**: We use data to inform decision making to address health disparities, and the RWHAP legislation requires the same of our recipients.



Support Continuous Quality Improvement: We help our recipients set goals, monitor performance measures, and oversee quality improvement projects.



**Employ Implementation Science**: We use implementation science in practice, program, and policy. This includes:

- ✓ Collating and disseminating evidenceinformed interventions
- ✓ Building capacity of community-based organizations



**Service Delivery**: The RWHAP addresses Social Determinants of Health such as housing, food, and transportation, as well as clinical services.



# 2021 Ryan White HIV/AIDS Program Annual Client-Level Data Report





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

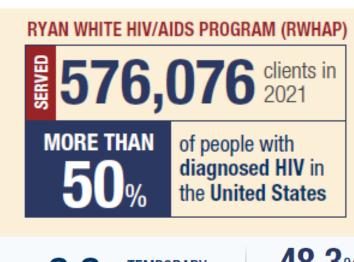
Ryan White HIV/AIDS Program

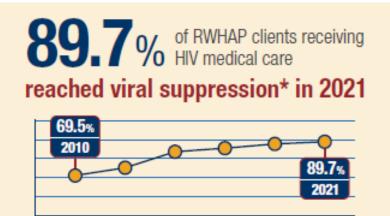
**Annual Client-Level Data Report** 

Ryan White HIV/AIDS Program Services Report

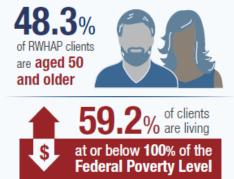
2021

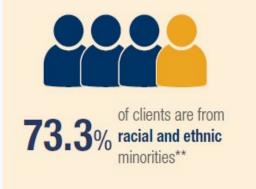








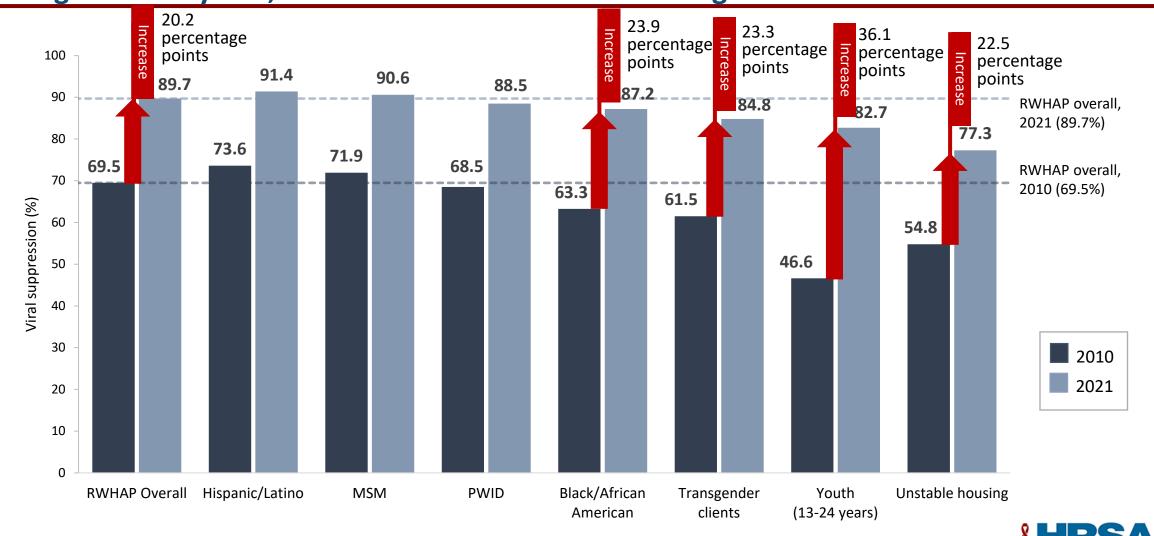








Significant progress has been made in viral suppression among priority populations, but inequities remain, particularly among Black/African American clients, transgender clients, youth aged 13–24 years, and clients with unstable housing.



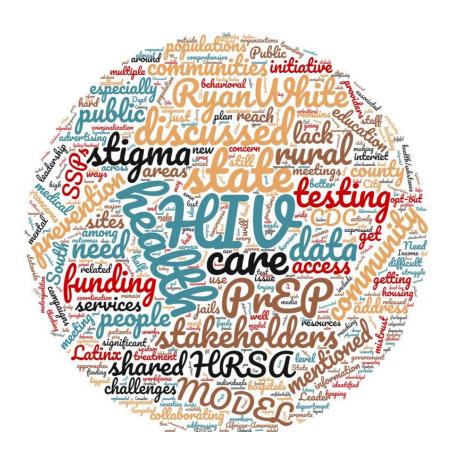
### **HIV/AIDS Bureau Priorities**

### **Overarching HAB Priorities for RWHAP and EHE**

Implementation Science

Community Engagement

Syndemics







## **Supporting Community Engagement in the RWHAP**

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





# HRSA and CDC to Jointly Host Public Health Leader and Community Listening Sessions in 2023

- In summer 2023, HRSA HAB will collaborate with CDC to jointly host the next series of virtual Public Health Leader and Community Listening Sessions.
- Similar to 2021, virtual listening session will be hosted by region, and the full schedule of events will be unveiled in the coming weeks.
- Each region will have the opportunity to participate in both a public health leader and community member session.







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

**SURE Housing** uses an implementation science approach to identify, evaluate, and support replication of effective housing interventions in the RWHAP to decrease health and housing disparities and improve health outcomes along the HIV care continuum.







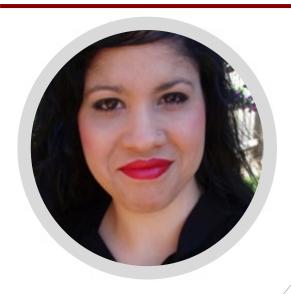






## HRSA SPNS Initiative: Using Evidence-Informed Interventions to Improve Health Outcomes Among People With HIV – E2i





Black men who have sex with men



Identifying and addressing trauma





Integrating behavioral health







## HRSA SPNS Initiative: Using Innovative Intervention Strategies to Improve Health Outcomes among People with HIV – 2iS





LGBTQ+ Youth



**Telehealth** 

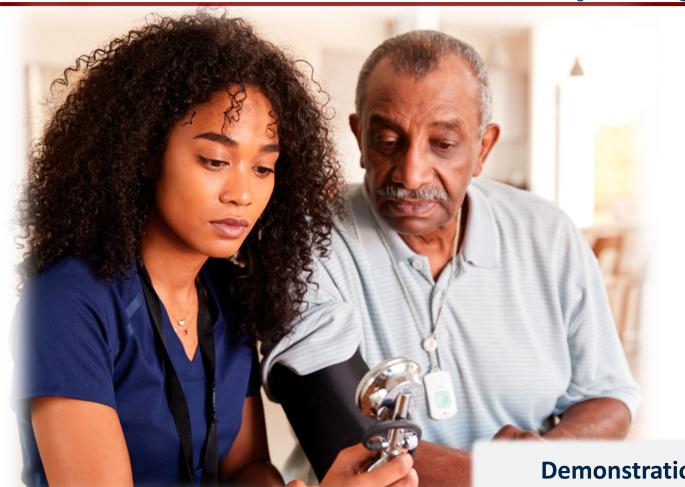
Incarceration Experience



Substance Use Disorder



## **HRSA SPNS Initiative: Emerging Strategies to Improve Health Outcomes for People Aging with HIV**



**Project Period:** August 2022 – July 2025

Implement emerging strategies to comprehensively screen and manage

comorbidities | geriatric conditions | behavioral health | psychosocial needs

of people 50 years and older.

**Demonstration Sites** 

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

## HRSA SPNS Initiative: Improving Care and Treatment Coordination Focusing on Black Women with HIV

Black Women First Initiative supports the design, implementation, and evaluation of the use of bundled interventions to improve HIV care and treatment coordination for cisgender and transgender Black women.

#### **Benefits of bundled interventions include:**

- Addressing socio-cultural health determinants
- Expanding delivery and utilization of comprehensive HIV care and treatment services
- Supporting continuous engagement in care
- Improving health outcomes for Black women with HIV in a culturally sensitive and responsive manner





## Recent Program Letters on STIs and Mpox, Housing Status and HIV Outbreaks, Status Neutral, & MAT

April 12, 2023







#### Dear Recipients:

In recent years, numerous HIV outbreaks among people experiencin homelessness and housing instability have been identified.' Housing social determinant of health that has a significant impact on HIV precare outcomes. The experiences of homelessness and housing instate higher viral loads and failure to attain or sustain viral suppression people with HIV. The Health Resources and Services Administration? White HIV/AIDS Program (RWHAP) clients with unstable or temporar lower levels of viral suppression than those with stable housing (77.3 versus 90.8%) clients." Homelessness and housing instability are als with increased vulnerability for HIV acquisition. Stable housing provi foundation from which people can participate in HIV prevention serv associated with reductions in behaviors associated with getting or tr HIV."

The National HIV/AIDS Strategy for the United States (2022-2025) set to decrease homelessness and housing instability for people with HI percent. The Strategy also calls for improved coordination among fe and local governments and community-based organizations to quick respond to HIV outbreaks\*. As such, the Centers for Disease Control (CDC) Division of HIV Prevention, the U.S. Department of Housing an Development (HUD) Office of HIV/AIDS Housing (OHH), and HRSA's E (HAB) have partnered on recent responses to HIV outbreaks among experiencing homelessness and housing instability.

Based on the lessons learned through our joint outbreak response e HUD, and HRSA encourage communities to take the following action prepare for and respond to these outbreaks:

 Health departments and housing providers should integrate an prevention, care, and housing data on individuals impacted by

1



Dear Ryan White HIV/AIDS Program Colleagues:

As sexually transmitted infections (STIs), including the recent mpox outbreak, continue to have a disproportionate impact on people with HIV, the Health Resources and Services Administration's (HRSA) HIV/AIDS Bureau's (HAB) Ryan White HIV/AIDS Program (RWHAP) plays a critical role in addressing STIs for people with HIV. This includes access to treatment for STIs through RWHAP AIDS Drug Assistance Program (ADAP) formularies.



#### DEPARTMENT OF HEALTH & HUMAN SERVICES

January 17, 2023

#### Dear Grantee:

The Centers for Disease Control and Prevention (CDC) and Health Resources and Services Administration (HRSA) HIV/AIDS Bureau (HAB) encourage public health partners to implement status neutral approaches to HIV Care and prevention. Status neutral service provision is an example of a syndemic approach to public health, weaving together resources from across infectious disease areas and incorporating social determinants of health to deliver whole-person care, regardless of a person's HIV status. Thanks to a robust toolbox that includes antiretrov irals for prevention such as pre-exposure prophylaxis (PtE) and post-exposure prophylaxis (PtE) as well as for treatment [Treatment as Prevention (TasP) or Undetectable—Untransmitable (U=U) and syrings service programs (SSPs), there are more tools than ever to prevent HIV. However, to realize the full potential of these tools, we need to ensure they can be accessed by every person who could benefit from them by removing barriers to services. Employing a status neutral approach and providing comprehensive care for all people, regardless of HIV status, can help reduce HIV stigma, prioritize health equity, and turn the tide on HIV-related disparities.

Historically, HIV care has often focused on specific service categories based on a person's HIV status rather than providing comprehensive services that everyone needs to get and stay healthy. A status neutral approach:

- · Creates "one door" for both HIV prevention and treatment services.
- Addresses institutionalized HIV stigma by integrating prevention and care rather than supporting separate systems, which can deepen the divide between people with HIV and people who can benefit from HIV prevention services.
- Enables people to know their status by making HIV testing and subsequent actions more accessible and routine.

Furthermore, a status neutral framework encourages a comprehensive, whole-person assessment of a person's unique situation, allowing for more tailored—and therefore likely more successful—interventions.

To meet national HIV prevention goals and advance health equity, CDC and HRSA HAB recognize the importance of adopting new and innovative ways of delivering HIV prevention and care services to all who could benefit from them. This involves reframing how we think about and complement traditional HIV service models to better reach people where they are with services they need, regardless of HIV status with the goal of optimizing their health and quality of life. Implementing a status neutral framework does not require an overhaul of existing care systems. For example, incorporating status neutral approaches could include

ss medications that improve individual rly, affordable access to STI treatment any ADAP formularies may already APs are encouraged to review their medications recommended in the STI ictions with higher STI prevalence.

Lieutifies HIV and STIs as syndemic contribute to a greater impact of disease f STIs are higher among people with HIV lave one or more STI are more likely to at HIV with one or more STIs are more sed across the U.S. since 2017, posing an IIV infections, sepacially impacting color, men who have sex with men

ecipients are required to follow the neluding the <u>Guidelines for the Prevention</u> <u>and Adolescents with HIV</u>, which cover the <u>tt Guidelines</u><sup>5</sup> from the Centers for Disease tent recommendations and expanded risk d as recommended, the revised guidelines ission rates, and improve cure rates.

- Program in Addressing STIs and Mpox
- HRSA, CDC, and HUD Housing Status and HIV Outbreaks
- HRSA/CDC Status Neutral Approach Framework Letter
- Ryan White HIV/AIDS Program AIDS Drug Assistance Program Recipients and Buprenorphine and Naloxone





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



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



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



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



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



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



## New and Expanded Partnerships through EHE



- HRSA-funded health centers
- Pharmacies and pharmaceutical companies
- Health departments
- Hospitals and emergency departments
- Clinics that serve priority populations



- Jails and correctional settings
- Syringe services programs
- · Academic institutions
- Housing Opportunities for Persons with AIDS (HOPWA) program and housing organizations
- National health and medical organizations and consortia



#### **Nontraditional Partners**

- Barbershops and salons
- Restaurants
- Faith-based organizations
- Family services agencies





## **Key Resources**





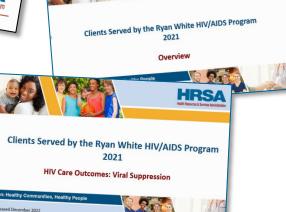
### **HRSA HAB Data Resources**

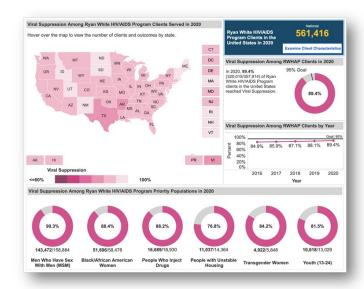


Interactive data visualization dashboard



Slide decks







https://ryanwhite.hrsa.gov/data



### **Contact Information**

Laura Cheever, MD, ScM

**Associate Administrator** 

**HIV/AIDS Bureau (HAB)** 

**Health Resources and Services** 

**Administration (HRSA)** 

Email: Lcheever@hrsa.gov

Phone: 301-443-1993

### **Connect with HRSA**

Learn more about our agency at:

www.HRSA.gov



**FOLLOW US:** 













