

# HIV Health Improvement Affinity Group

State Health Department HIV Programs:  
An In-Depth Look

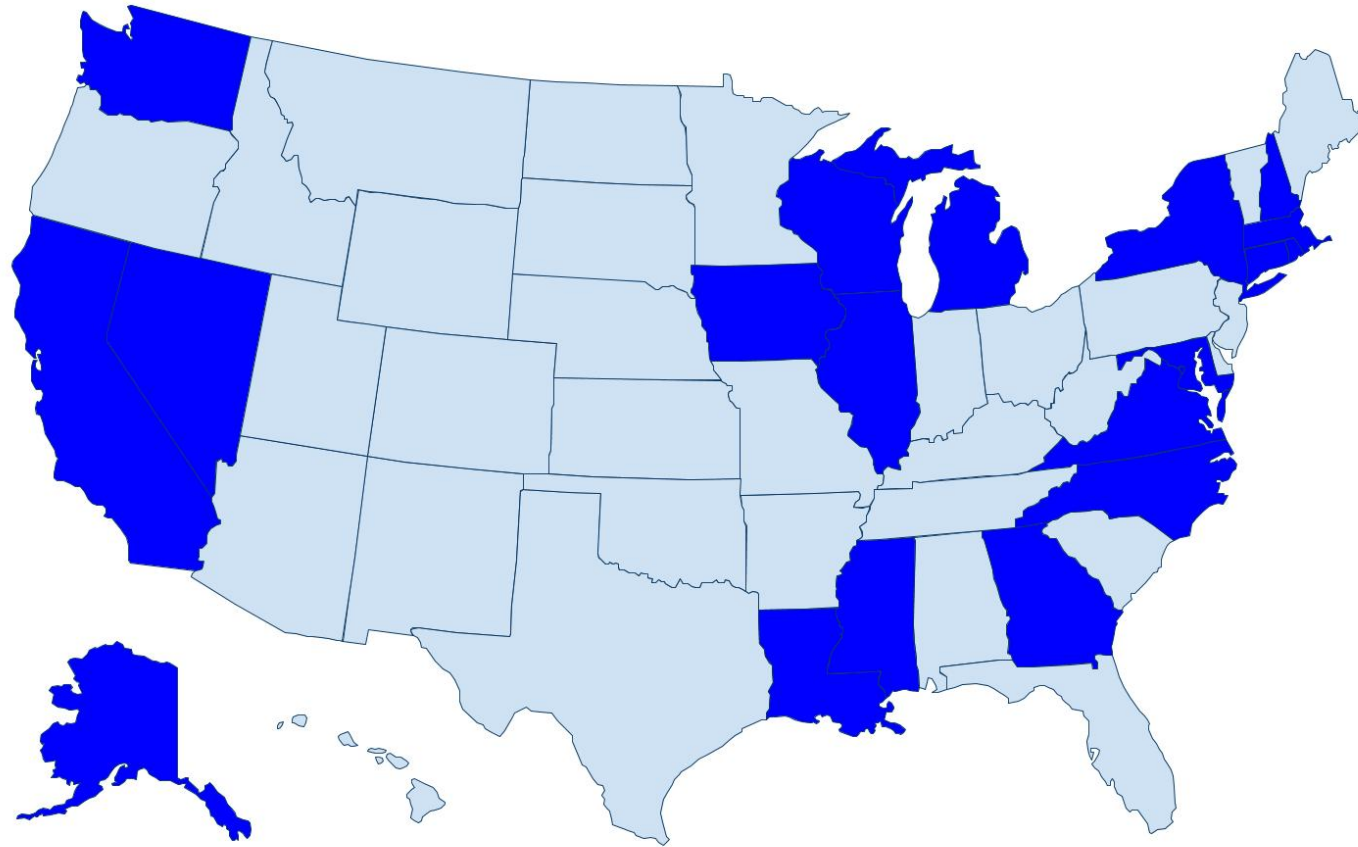
February 23, 3:00pm-4:30pm ET



# Logistics for the Webinar

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Dial in: (844)-404-0018 Access Code: 58413777
- Lines will not be open during this webinar.
- Comments are encouraged. Please use that chat box on the lower left corner of your screen.
- The chat feature is available, but will not be visible in full screen mode

# Welcome HIV Affinity Group Teams!



# Presenters

- Azfar Siddiqi, Associate Chief of Science, HIV Incidence and Case Surveillance Branch, Centers for Disease Control and Prevention (CDC)
- Erica Dunbar, Program Lead, Health Department Initiatives, Division of HIV/AIDS Prevention, Centers for Disease Control and Prevention (CDC)
- Heather Hauck, Deputy Associate Administrator, HIV/AIDS Bureau, Health Resources and Services Administration (HRSA)



# **HIV Surveillance**

**Azfar Siddiqi, PhD**

**Associate Chief of Science**

**HIV Incidence and Case Surveillance Branch**

February 24, 2017

# Overview of National HIV Surveillance System (NHSS) and activities

- **How is the data collected**
- **What data is collected**
- **Data use**
  - Surveillance products

# National HIV/AIDS Strategy Updated to 2020

- Reduce new HIV infections
- Increase access to care and improve health outcomes for people living with HIV
- Reduce HIV-related health disparities

<https://www.aids.gov/federal-resources/national-hiv-aids-strategy/nhas-update.pdf>



# HIV Case Surveillance

*How do we collect data*

# National HIV Surveillance System (NHSS)

- The NHSS is an organized infrastructure that enables the ongoing, systematic collection, management, analysis, interpretation, and dissemination of HIV-related health data.
- Began collecting data in 1980

# National HIV Surveillance System (NHSS)

- Primary source for monitoring trends in HIV infection in the United States
- 50 states, the District of Columbia, and 6 U.S. dependent areas\* have regulatory authority and confidentiality protections to collect information on persons with diagnosed HIV infection
  - Surveillance data used by public health partners to
    - monitor trends
    - focus prevention efforts
    - plan services
    - allocate resources
    - develop policy



\*American Samoa, Guam, the Northern Mariana Islands, Puerto Rico, the Republic of Palau, and the U.S. Virgin Islands

# National HIV Surveillance System: Components

- All programs use same surveillance case definition
- Data are collected in standard manner
- Enhanced HIV/AIDS Reporting system (eHARS) is a browser-based, CDC-developed application
- Outcome and process standards used to monitor local program activities

# Document-Based Surveillance System

- Preserves the relationship between the information and the source of the information
- Allows the collection of multiple values for a given piece of data

# Spectrum of Events in HIV Surveillance

## Measures of HIV morbidity and mortality

HIV Infection

HIV diagnosis  
(1st positive  
confidential test)

1st CD4 Count  
1st Viral Load  
Test

1<sup>st</sup> Drug  
Resistance test

1st CD4 Count  
<200

AIDS-OI

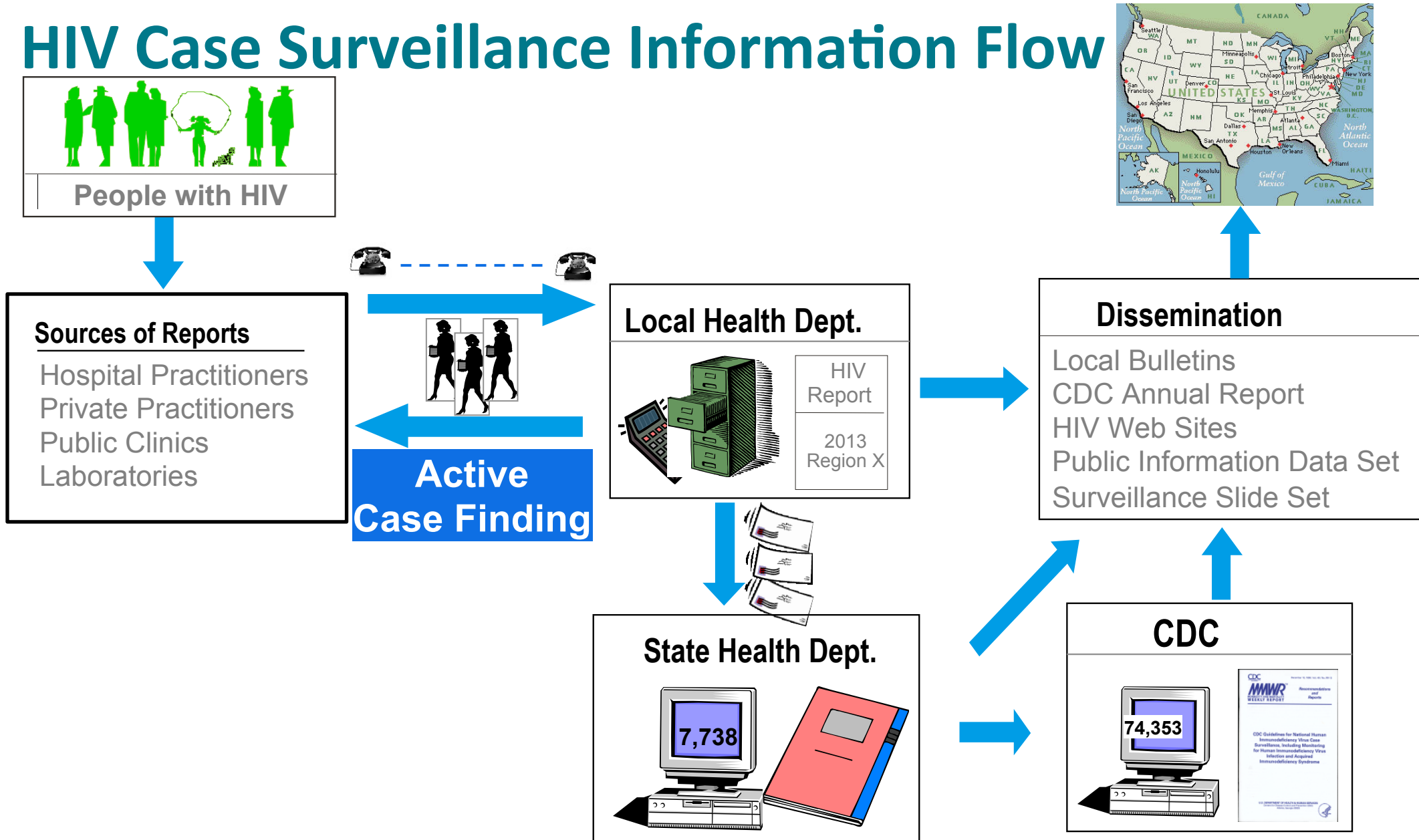
All subsequent laboratory tests

Death

Entry to care

Retention in care and viral suppression

# HIV Case Surveillance Information Flow



# Adult Case Report Form

**Patient Identification (record all dates as mm/dd/yyyy)**

*First Name	*Middle Name	*Last Name	Last Name Suffix
Alternate Name Type (ex: Alias, Married)	*First Name	*Middle Name	*Last Name
Address Type <input type="checkbox"/> Residential <input type="checkbox"/> Bad Address <input type="checkbox"/> Correctional Facility <input type="checkbox"/> Foster Home <input type="checkbox"/> Homeless <input type="checkbox"/> Postal <input type="checkbox"/> Shelter <input type="checkbox"/> Temporary	*Current Address, Street		Address Date
*Phone ( )	City	County	State/Country
*Medical Record Number	*Other ID Type	*Number	

U.S. Department of Health and Human Services **Adult HIV Confidential Case Report Form** Centers for Disease Control and Prevention  
 (Patients ≥13 Years of Age at Time of Diagnosis) \* Information NOT transmitted to CDC

**Health Department Use Only (record all dates as mm/dd/yyyy)** Form approved OMB no. 0920-0573 Exp. 06/30/2019

Date Received at Health Department	eHARS Document UID	State Number
Reporting Health Dept - City/County	City/County Number	
Document Source	Surveillance Method <input type="checkbox"/> Active <input type="checkbox"/> Passive <input type="checkbox"/> Follow up <input type="checkbox"/> Reabstraction <input type="checkbox"/> Unknown	
Did this report initiate a new case investigation? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	Report Medium <input type="checkbox"/> 1-Field Visit <input type="checkbox"/> 2-Mailed <input type="checkbox"/> 3-Faxed <input type="checkbox"/> 4-Phone <input type="checkbox"/> 5-Electronic Transfer <input type="checkbox"/> 6-CD/Disk	

**Facility Providing Information (record all dates as mm/dd/yyyy)**

Facility Name	*Phone ( )
*Street Address	
City	County
State/Country	*ZIP Code
Facility Type <input type="checkbox"/> Inpatient <input type="checkbox"/> Hospital <input type="checkbox"/> Other, specify	<input type="checkbox"/> Outpatient <input type="checkbox"/> Private Physician's Office <input type="checkbox"/> Adult HIV Clinic <input type="checkbox"/> Other, specify
Screening, Diagnostic, Referral Agency <input type="checkbox"/> CTS <input type="checkbox"/> STD Clinic <input type="checkbox"/> Laboratory <input type="checkbox"/> Corrections <input type="checkbox"/> Unknown <input type="checkbox"/> Other, specify	
Date Form Completed	*Person Completing Form
*Phone ( )	

**Patient Demographics (record all dates as mm/dd/yyyy)**

Sex assigned at Birth <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Unknown	Country of Birth <input type="checkbox"/> US <input type="checkbox"/> Other/US Dependency (please specify)
Date of Birth	Alias Date of Birth
Vital Status <input type="checkbox"/> 1-Alive <input type="checkbox"/> 2-Dead	Date of Death
Current Gender Identity <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Transgender Male-to-Female (MTF) <input type="checkbox"/> Transgender Female-to-Male (FTM) <input type="checkbox"/> Unknown <input type="checkbox"/> Additional gender identity (specify)	State of Death
Ethnicity <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Not Hispanic/Latino <input type="checkbox"/> Unknown	Expanded Ethnicity
Race (check all that apply) <input type="checkbox"/> American Indian/Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black/African American <input type="checkbox"/> Native Hawaiian/Other Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Unknown	Expanded Race

**Residence at Diagnosis (add additional addresses in Comments) (record all dates as mm/dd/yyyy)**

Address Type (Check all that apply to address below) <input type="checkbox"/> Residence at HIV diagnosis <input type="checkbox"/> Residence at AIDS diagnosis <input type="checkbox"/> Check if SAME as Current Address
*Street Address
Address Date
City
County
State/Country
*ZIP Code

Public reporting burden of this collection of information is estimated to average 20 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to CDC, Project Clearance Officer, 1600 Clifton Road, MS D-74, Atlanta, GA 30333, ATTN: (PRA) (0920-0573). Do not send the completed form to this address.

**STATE/LOCAL USE ONLY**

*Provider Name (Last, First, M.I.)	*Phone ( )
Hospital/Facility	

**Facility of Diagnosis (add additional facilities in Comments)**

Diagnosis Type (Check all that apply to facility below) <input type="checkbox"/> HIV <input type="checkbox"/> AIDS <input type="checkbox"/> Check if SAME as Facility Providing Information	
Facility Name	
*Phone ( )	
*Street Address	
City	
County	
State/Country	
*ZIP Code	
Facility Type <input type="checkbox"/> Inpatient <input type="checkbox"/> Hospital <input type="checkbox"/> Other, specify	<input type="checkbox"/> Outpatient <input type="checkbox"/> Private Physician's Office <input type="checkbox"/> Adult HIV Clinic <input type="checkbox"/> Other, specify
Screening, Diagnostic, Referral Agency <input type="checkbox"/> CTS <input type="checkbox"/> STD Clinic <input type="checkbox"/> Laboratory <input type="checkbox"/> Corrections <input type="checkbox"/> Unknown <input type="checkbox"/> Other, specify	
*Provider Name	*Provider Phone ( )
Specialty	

**Patient History (respond to all questions) (record all dates as mm/dd/yyyy)  Pediatric risk (please enter in Comments)**

After 1977 and before the earliest known diagnosis of HIV infection, this patient had:

Sex with male	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
Sex with female	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
Injected non-prescription drugs	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
Received clotting factor for hemophilia/coagulation disorder	Specify clotting factor: _____ Date received (mm/dd/yyyy): _____ <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
HETEROSEXUAL relations with any of the following:	
HETEROSEXUAL contact with intravenous/injection drug user	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
HETEROSEXUAL contact with bisexual male	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
HETEROSEXUAL contact with person with hemophilia/coagulation disorder with documented HIV infection	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
HETEROSEXUAL contact with transfusion recipient with documented HIV infection	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
HETEROSEXUAL contact with transplant recipient with documented HIV infection	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
HETEROSEXUAL contact with person with documented HIV infection, risk not specified	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
Received transfusion of blood/blood components (other than clotting factor) (document reason in Comments)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
First date received	Last date received
Received transplant of tissue/organs or artificial insemination	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
Worked in a healthcare or clinical laboratory setting	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
If occupational exposure is being investigated or considered as primary mode of exposure, specify occupation and setting: _____	
Other documented risk (please include detail in Comments)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown

This report to the Centers for Disease Control and Prevention (CDC) is authorized by law (Sections 304 and 305 of the Public Health Service Act, 42 USC 242b and 242k). Response in this case is voluntary for federal government purposes, but may be mandatory under state and local statutes. Your cooperation is necessary for the understanding and control of HIV. Information in CDC's National HIV Surveillance System that would permit identification of any individual on whom a record is maintained, is collected with a guarantee that it will be held in confidence, will be used only for the purposes stated in the assurance on file at the local health department, and will not otherwise be disclosed or released without the consent of the individual in accordance with Section 305(d) of the Public Health Service Act (42 USC 242m).

# HIV Case Surveillance

*What data is collected*

# Data Collected by HIV Surveillance Programs

- **The following data on persons with diagnosed HIV infection are collected by local, state, and territorial HIV surveillance programs and maintained in the local-level eHARS:**
  - Personally identifiable information (PII)
  - Demographic characteristics
  - Geographic locations
  - Transmission category
  - Facilities and providers (diagnosing and care)
  - HIV-related laboratory test results
  - Clinical events
  - HIV testing, prophylaxis and treatment history
  - Birth history
  - Death and causes of death
  - Case duplication status (intra- and inter-state)

# Data Sources

- Laboratories
- Health care providers
- Medical chart abstractions
- Patient interviews
- Vital statistics registries
- Public health clinics and registries
- Service providers of HIV prevention, care and case management programs
- Public health databases
- HIV surveillance programs in other reporting jurisdictions
- Databases from other local/state agencies

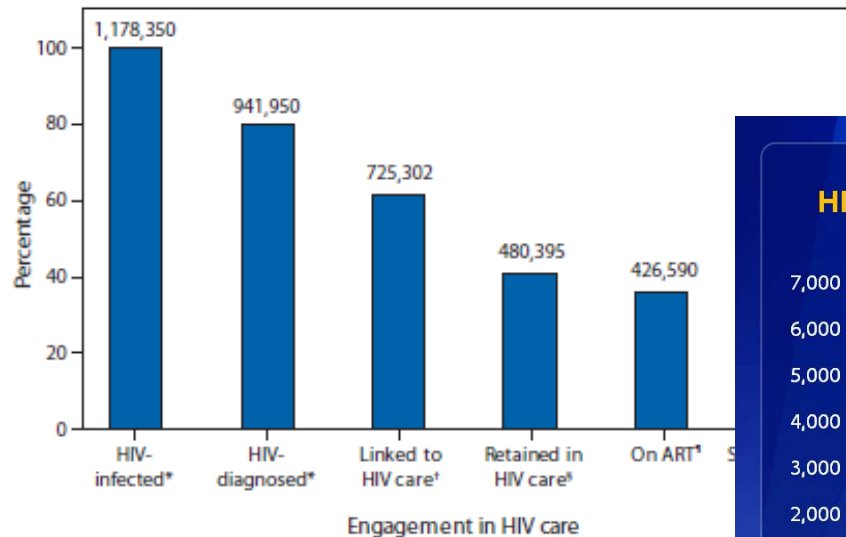
# Data Reported to CDC

- At the end of every month, sites transmit HIV surveillance data to the Division of HIV/AIDS Prevention (DHAP) using eHARS via the Secure Access Management Services (SAMS)
- The following data are not transmitted to DHAP:
  - PII (e.g., name, SSN, medical record number)
  - Residence street address, zip code
  - Telephone number
- The following data are transmitted to DHAP to facilitate the creation of the quarterly de-duplicated national datasets, the semi-annual Routine Interstate Duplicate Review (RIDR), and for reporting, analyses and evaluation purposes:
  - eHARS unique identifier (system-generated)
  - STATENO, CITYNO (jurisdiction-assigned, unique within a jurisdiction)
  - Last name soundex, date of birth, sex at birth, current gender identity, race, ethnicity, and country of birth
  - Residence city, county, state, and country

# Data Uses

*Surveillance products*

FIGURE 3. Number and percentage of HIV-infected persons engaged in selected stages of the continuum of HIV care — United States



HIV Incidence Among MSM by Race/Ethnicity and Age, United States - 2009

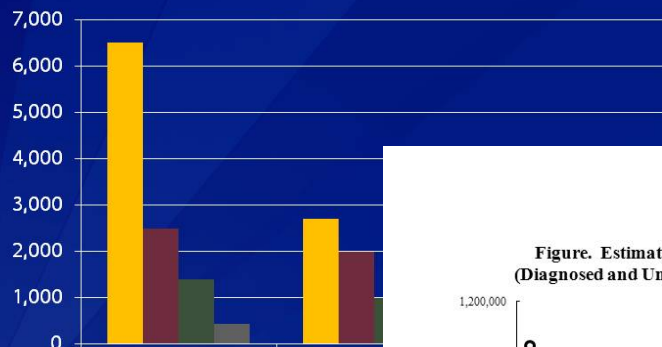
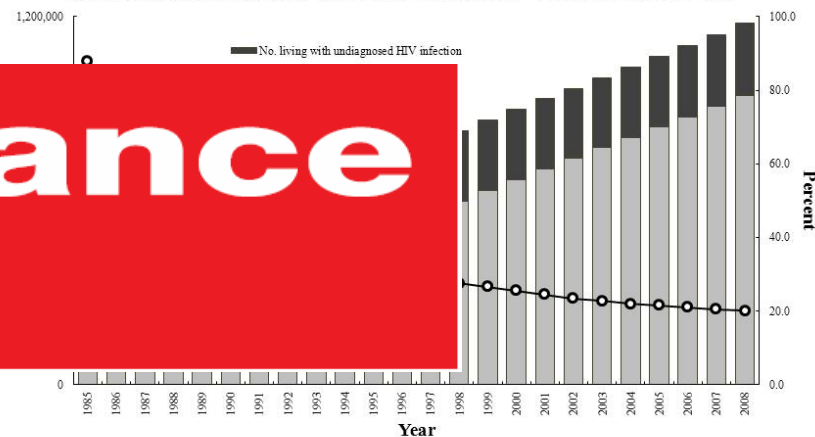


Figure. Estimated Number of Adults and Adolescents Living with HIV Infection (Diagnosed and Undiagnosed)\* and Percent Undiagnosed† - United States, 1985 - 2008




\*HIV prevalence estimates were based on national HIV surveillance data for adults and adolescents (aged ≥ 13 years at diagnosis) reported through June 2010 using extended back-calculation.  
 †The number of undiagnosed HIV infections was derived by subtracting the estimated number of diagnosed living cases from the estimated overall HIV prevalence

# HIV Surveillance Report

## Data Dissemination

<https://www.cdc.gov/hiv/library/reports/hiv-surveillance.html>

# Data Dissemination

- **Surveillance reports**
  - **Supplemental surveillance reports**
  - **Slide sets**
  - **Informational posters**
  - **Conference presentations and posters**
  - **Manuscripts in peer-reviewed journals**
- 

# Surveillance reports in 2017

- **Diagnoses of HIV Infection in the United States and Dependent Areas, 2016 — *Annual surveillance report***
- **Supplemental reports**
  - Monitoring Selected National HIV Prevention and Care Objectives by Using HIV Surveillance Data United States and 6 Dependent Areas, 2015
  - Estimates of HIV Incidence, Prevalence, and Undiagnosed Infection, 2015
  - Diagnosed HIV Infection among Adults and Adolescents in Metropolitan Statistical Areas United States and Puerto Rico
  - Social Determinants of Health among Adults with Diagnosed HIV Infection in 11 States, the District of Columbia, and Puerto Rico
  - HIV/AIDS Data through December 2015 Provided for the Ryan White HIV/AIDS Program, for Fiscal Year 2017
  - Social Determinants of Health and Selected HIV Care Outcomes among Adults with Diagnosed HIV Infection in 32 States and the District of Columbia

HIV/AIDS
HIV Basics
HIV by Group +
HIV Risk and Prevention +
HIV in the Workplace
HIV Testing +
Research +
Policy and Law +
Program Resources +
HIV Funding and Budget +
Guidelines and Recommendations +
Training and Conferences +
Statistics Center +
Resource Library -
Awareness Days
Fact Sheets
Reports -
<b>HIV Surveillance Reports</b>
Morbidity and Mortality Weekly Reports
Slide Sets
Infographics/Posters
Dear Colleague Letters
Social Media
Videos
Syndicated Content
Hotlines and Referrals
About the Division of HIV/AIDS Prevention
VIH En Español

[HIV/AIDS](#) > [Resource Library](#) > [Reports](#)

## HIV Surveillance Reports



HIV surveillance reports disseminate data about HIV and AIDS—for example, the number and population rates of HIV diagnoses, the number of people living with HIV, and the number of people who are receiving HIV medical care.

[Expand All +](#) [Collapse All -](#)

- [HIV Surveillance Reports +](#)
- [HIV Surveillance Supplemental Reports +](#)
- [HIV Surveillance Special Reports +](#)
- [HIV Surveillance Technical Reports +](#)
- [HIV Surveillance Other Reports +](#)

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# NCHHSTP Atlas

CDC A-Z INDEX ▾

NCHHSTP Atlas



Explore. Learn. Share.

NCHHSTP  
**ATLAS**

CDC's HIV, hepatitis, STD, and  
TB data made interactive

The [NCHHSTP Atlas](#) gives you the power to access data reported to CDC's National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention (NCHHSTP). Use HIV, STD, hepatitis, and TB data to create maps, charts, and detailed reports, and analyze trends and patterns. [More about the Atlas](#)

MAP...DISEASES, YEARS, AREAS

HIV diagnoses [All races/ethnicities] [Both sexes] [Change over time (2008-2013)] [Adults and adolescents (15-49)] [2013]

View Options

8.0 - 13.3

National Data 2013

By Year

30.0

Go to Basic Query

Go to Advanced Query

Territories

Demographics	Layout
	Stat Over Selected Criteria
	(Disease (0 selected))
	City (0 selected)
	(selected)
	Group (0 selected)
	(0 selected)
	(selected)

- HIV
- HIV stage 3 (AIDS)
- HIV stage 3 (AIDS) deaths
- Persons living with HIV stage 3 (AIDS)
- HIV diagnoses
- HIV deaths
- Primary and Secondary Syphilis
- Early Latent Syphilis
- Congenital Syphilis
- Acute Viral Hepatitis A
- Acute Viral Hepatitis B
- Acute Viral Hepatitis C

<http://www.cdc.gov/nchhstp/atlas/>

# Data Uses

*Data to Care (D2C)*

## Goals of the *Data to Care* Strategy

- **Increase the number of HIV-diagnosed individuals who are engaged in HIV care**
- **Increase the number of HIV-diagnosed persons with an undetectable viral load**

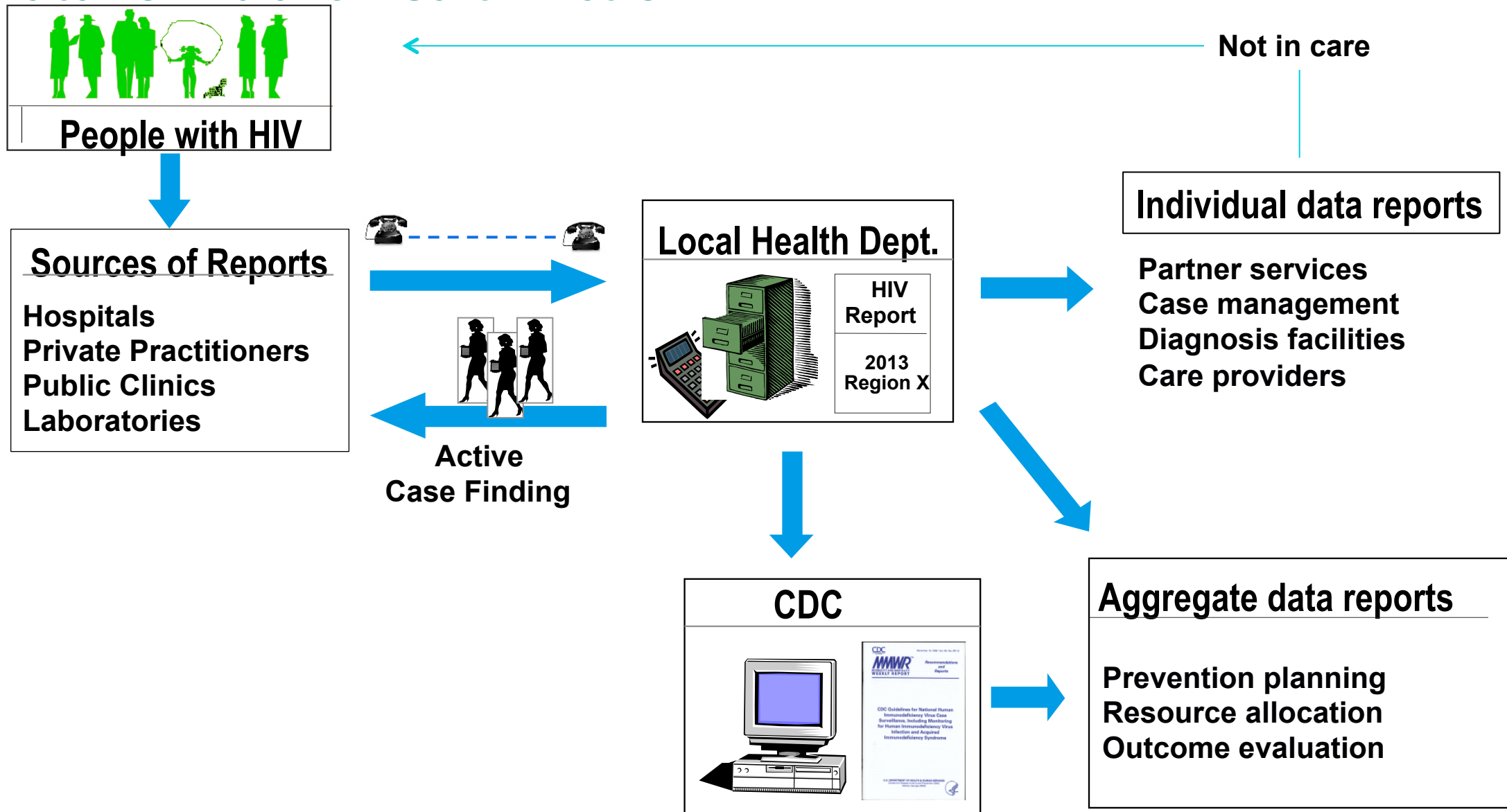
# Data to Care Strategy

- **Basic concept is using surveillance data to identify people who are not engaged in care**
  - Never linked to care
  - Dropped out of care
- **Uses surveillance data to determine care status**
  - CD4 or viral load test result as proxy for care visit
- **Data are used for public health follow up**
  - Individual level; Link or re-link to care
  - Aggregate data; Monitor continuum of care

## D2C Requirements

- **Complete reporting of CD4/VL test results**
  - Laws and regulations for reporting all values to health department
  - All laboratories report test results
  - All tests are entered into reporting system
- **Computer programs and data to generate a NIC list**
- **Data sharing from surveillance to program**
- **Field staff to find and link people to care**
- **Tracking of outcomes**
- **Security and confidentiality procedures and training**

# HIV Case Surveillance Data for Public Health Action



# Lis of acronyms and abbreviations

- **D2C** Data to Care
- **DHAP** Division of HIV/AIDS Prevention
- **eHARS** Enhanced HIV/AIDS Reporting System
- **NCHHSTP** National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention
- **NHSS** National HIV Surveillance System
- **NIC** Not in care
- **OI** Opportunistic infections
- **PII** Personally Identifiable Information
- **RIDR** Routine Interstate Duplicate Review
- **SAMS** Secure Access Management Service

# Thank you!

For more information, contact CDC  
1-800-CDC-INFO (232-4636)  
TTY: 1-888-232-6348 [www.cdc.gov](http://www.cdc.gov)

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



# Comprehensive HIV Prevention Programs for Health Departments

**Erica K. Dunbar, MPH**

Program Lead, Health Department Initiatives

Program Lead, Community-based Organization Initiatives (acting)

Division of HIV/AIDS Prevention, Prevention Program Branch (PPB)

National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention

HIV Affinity Group Presentation

February 23, 2017

National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention

Division of HIV/AIDS Prevention



# Outline

- **Overview of the Health Department HIV Prevention Program (PS12-1201)**
  - Background and Goals
  - Funding Categories
  - Required and Recommended Components
  - Performance Standards
- **Monitoring and Evaluation**
- **HIV Programs Moving Forward**

**HEALTH DEPARTMENT HIV  
PREVENTION FUNDING  
OPPORTUNITY ANNOUNCEMENT  
(FOA) PS12-1201**

# Background

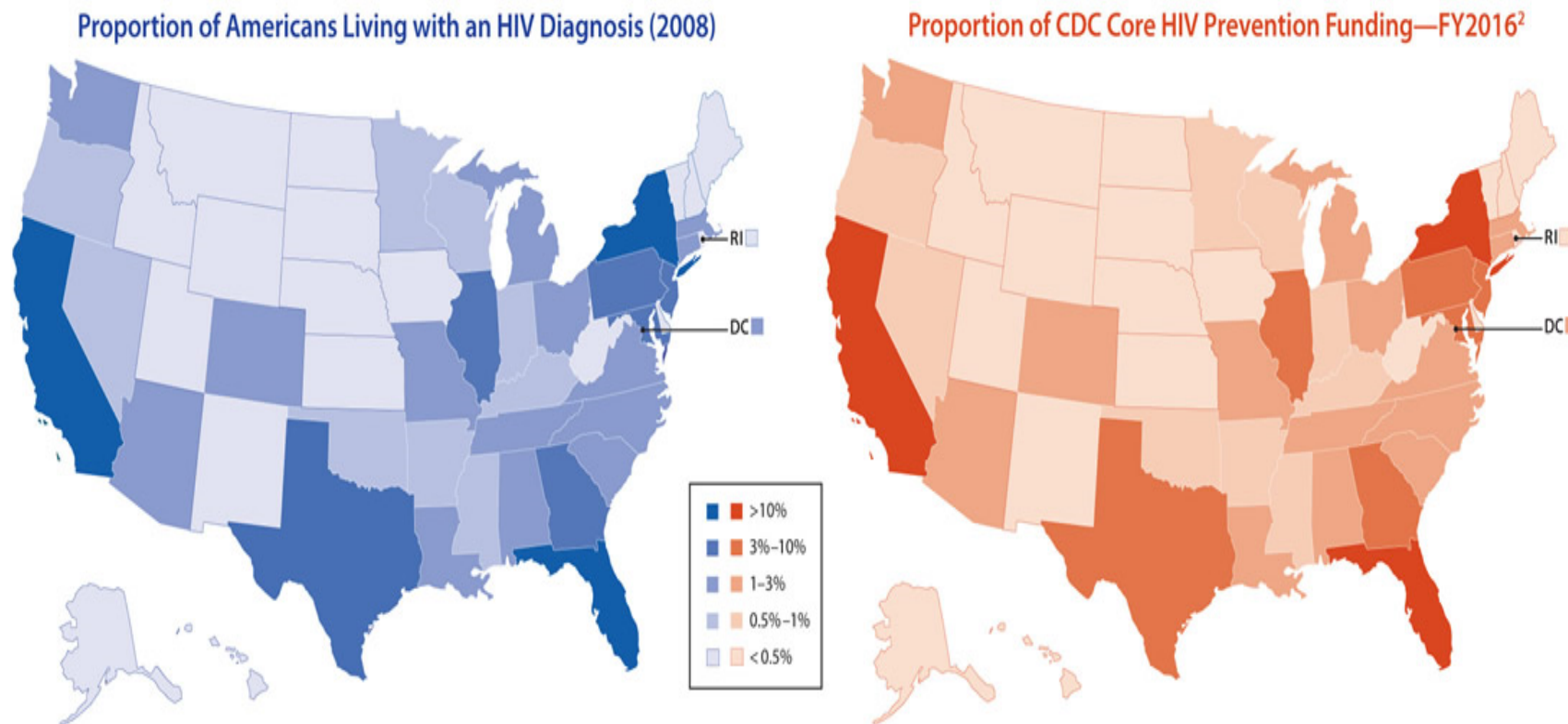
With the Launch of National HIV/AIDS Strategy (2010), under PS12-1201, CDC was provided an opportunity to:



- **Address misalignment of HIV prevention resource allocation (*funding realignment*)**
  - CDC created a funding algorithm based on the number of adults and adolescents living with a diagnosis of HIV through 2008
  - Application of this new funding formula resulted in funding realignment that is based on the magnitude of the HIV epidemic within each jurisdiction
- **Realign CDC funded prevention activities (*programmatic realignment*)**
  - Focus on high impact prevention
- **Decrease the number of FOAs to reduce administrative burden**

## Matching Prevention Funds to the Epidemic<sup>1</sup>

When CDC's new approach is fully implemented, HIV prevention resources will closely match the geographic burden of HIV.



<sup>1</sup>Maps do not include U.S. territories receiving CDC HIV prevention funding.

<sup>2</sup>New funding allocation methodology will be fully implemented by FY2016; this breakdown assumes level overall funding.

# CDC's HIV Prevention Funding Opportunity Announcement for Health Departments

## □ **Goals of PS12-1201:**

- Focus HIV prevention efforts in communities and local areas where HIV is most heavily concentrated to achieve the greatest impact in decreasing the risks of acquiring HIV;
- Increase HIV testing;
- Increase access to care and improve health outcomes for people living with HIV;
- Increase awareness and educate communities about the threat of HIV and how to prevent it;
- Expand targeted efforts to prevent HIV infection using a combination approach; and
- Reduce HIV-related disparities and promote health equity.

## □ **Project Period:**

- January 2012 – December 2016.
- One year extension through December 31, 2017.

# **FOA CATEGORIES OVERVIEW**

# Health Department FOA Categories

The following categories are included in the Health Department FOA:

## Category A: HIV Prevention Programs for Health Departments (*core funding*)

**Required Core Program Components:** *HIV Testing, Comprehensive Prevention with Positives, Condom Distribution, and Policy Initiatives*

**Required Programmatic Activities:** *Jurisdictional HIV Prevention Planning, Capacity Building and Technical Assistance, and Program Planning, Monitoring and Evaluation, and Quality Assurance*

**Recommended Program Components:** *Evidence-based HIV Prevention Interventions, Social Marketing, Media, and Mobilization, and PrEP and nPEP*

## Category B: Expanded HIV Testing for Disproportionately Affected Populations (*limited eligibility*)

**Required:** *HIV Testing in Healthcare Settings*

**Optional:** *HIV Testing in Non-healthcare Settings*

**Optional:** *Service Integration*

## Category C: Demonstration Projects to implement and evaluate innovative, high impact HIV prevention activities (*competitive and optional*)

**Focus areas** include 1) structural, biomedical, and behavioral interventions (or any combination thereof), 2) innovative testing activities, 3) enhanced linkages to and retention in care, 4) advanced use of technology, and 5) use of CD4, viral load and other surveillance data to assess and reduce HIV transmission risk.

# PS12-1201 Funding Portfolio

<b>Funding Opportunity Announcement</b>	<b>Strategy</b>	<b>Target</b>	<b>Number of awards</b>
PS12-1201 Category A	HIV Prevention Programs for Health Departments	High Risk Populations	61
PS12-1201 Category B	Expanded HIV Testing Programs for Health Departments	Populations disproportionately affected by HIV	34
PS12-1201 Category C	Demonstration Projects for Health Departments	Not Targeted	30

PS12-1201 Project Period: January 1, 2012 – December 31, 2017

# **CATEGORY A: CORE HIV PREVENTION PROGRAM**

# Category A: Core Program Components and Activities

## Four Required Core Program Components

HIV Testing

Comprehensive Prevention with Positives

Condom Distribution

Policy Initiatives

## Three Required Program Activities

Jurisdictional HIV Prevention Planning

Capacity Building and Technical Assistance

Program Planning, Monitoring and Evaluation, and Quality Assurance

## Three Recommended Components

Evidenced-Based HIV Prevention Interventions

Social Marketing, Media, and Mobilization

PrEP and nPEP Services

75% of Funding

Up to 25% of Funding

# Examples of Required HIV Prevention Activities

## Four Required Core Program Components

HIV Testing

Comprehensive Prevention with Positives

Condom Distribution

Policy Initiatives

## HIV Testing

- Implement and/or coordinate opt-out HIV testing in healthcare settings
- Implement and/or coordinate HIV testing in non-healthcare settings
- Promote routine, early HIV screening for all pregnant women
- Facilitate voluntary testing for other STDs (e.g., syphilis, gonorrhea, chlamydial infection), viral hepatitis, and TB, in conjunction with HIV testing
- Incorporate new testing technology

# Examples of Required HIV Prevention Activities

## Four Required Core Program Components

HIV Testing

Comprehensive Prevention with Positives

Condom Distribution

Policy Initiatives

## Comprehensive Prevention with Positives

- Provide linkage to HIV care, treatment, and prevention services for those persons testing HIV positive or currently living with HIV
- Promote retention or re-engagement in care for HIV-positive persons
- Offer referral and linkage to other medical and social services
- Provide ongoing Partner Services (PS)
- Support implementation of behavioral, structural, and/or biomedical interventions for persons living with HIV (PLWH)
- Support reporting of CD4 and viral load results to health departments

# Examples of Required HIV Prevention Activities

## Four Required Core Program Components

HIV Testing

Comprehensive Prevention with Positives

Condom Distribution

Policy Initiatives

## Condom Distribution

- Conduct condom distribution to target HIV-positive persons and persons at highest risk of acquiring HIV infection

# Examples of Required HIV Prevention Activities

## Four Required Core Program Components

HIV Testing

Comprehensive Prevention with Positives

Condom Distribution

Policy Initiatives

## Policy Initiatives

- Support efforts to align structures, policies, and regulations in the jurisdiction with optimal HIV prevention, care, and treatment and to create an enabling environment for HIV prevention efforts
- Policy initiatives may include reporting of CD4 and viral load; routine, opt-out HIV testing policies; other internal protocols and policies

# Examples of Recommended HIV Prevention Activities

## Three Recommended Components

Evidenced-Based HIV Prevention Interventions

Social Marketing, Media, and Mobilization

PrEP and nPEP Service

## Evidenced-based HIV Prevention Interventions

- Implement individual and group-level evidence-based interventions for HIV-negative persons at highest risk of acquiring HIV
- Implement community level evidence-based interventions that reduce HIV risk
- Support syringe services programs (SSPs), where allowable

# Examples of Recommended HIV Prevention Activities

## Three Recommended Components

Evidenced-Based HIV Prevention Interventions

Social Marketing, Media, and Mobilization

PrEP and nPEP Service

## Social Marketing, Media, and Mobilization

- Support and promote social marketing campaigns targeted to relevant audiences
- Support and promote educational and informational programs for the general population based on local needs
- Support and promote the use of media technology
- Encourage community mobilization

# Examples of Recommended HIV Prevention Activities

## Three Recommended Components

Evidenced-Based HIV Prevention Interventions

Social Marketing, Media, and Mobilization

PrEP and nPEP Service

### PrEP and nPEP

- Support Pre-Exposure Prophylaxis (PrEP) services for persons at high risk for HIV consistent with CDC guidelines
- Offer Non-Occupational Post-Exposure Prophylaxis (nPEP) to populations at greatest risk

# Examples of Required Supporting HIV Prevention Activities

## Three Required Program Activities

Jurisdictional HIV Prevention Planning

Capacity Building and Technical Assistance

Program Planning, Monitoring and Evaluation, and Quality Assurance

## Required Program Activities

- HIV Planning Group (HPG) process and plan development
- Building capacity of the health department and their community
- Monitor the burden of HIV disease within the jurisdiction for program planning, resource allocation and monitoring and evaluation purposes

## **Category A: National Goal and Performance Standards**

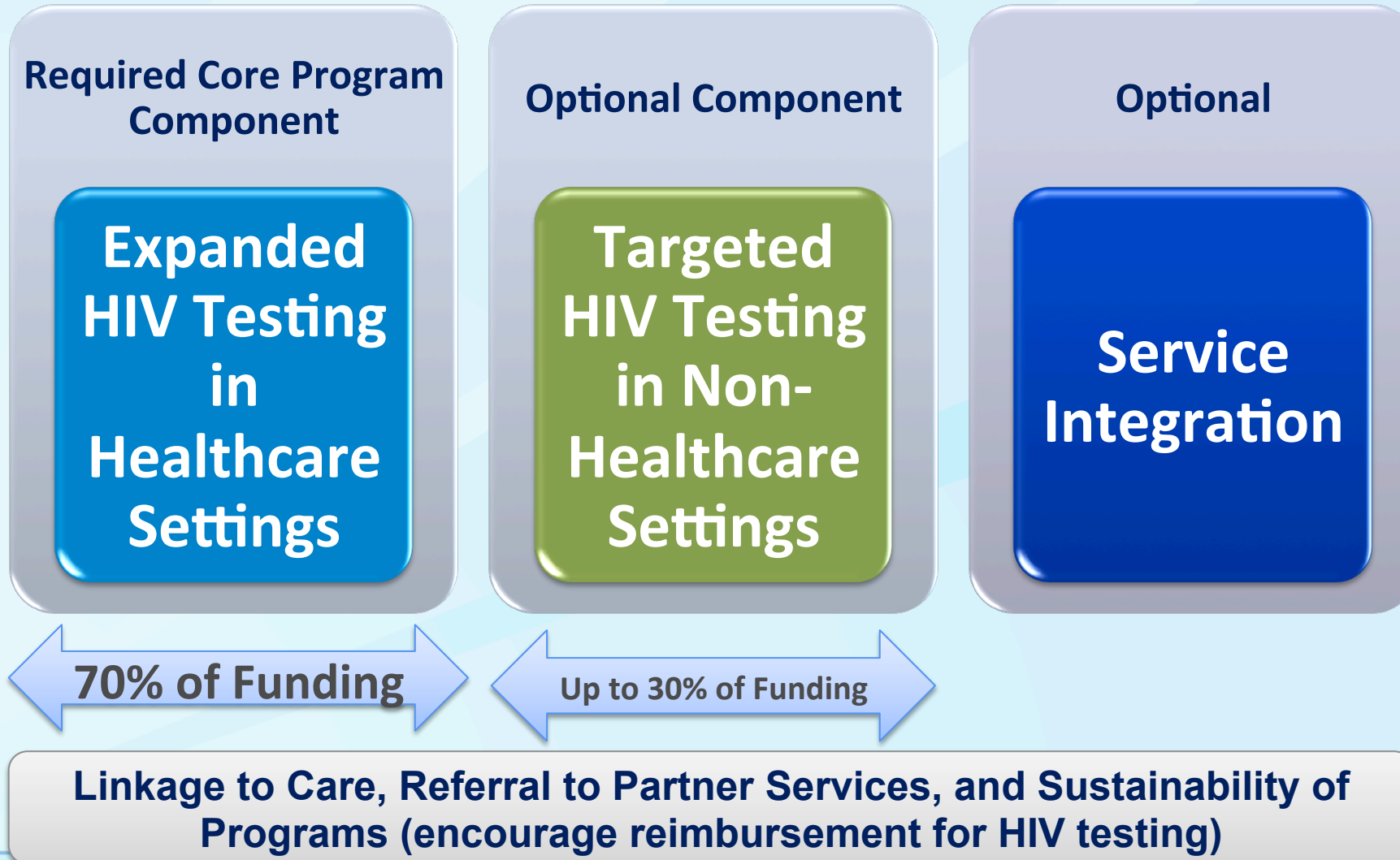
**National Goal: CDC expects approximately two million HIV tests will be provided annually, among all funded jurisdictions, when the program is fully implemented.**

**Performance Standards: CDC expects each funded jurisdiction to achieve the following performance standards, when the program is fully implemented:**

- For targeted HIV testing in non-healthcare settings or venues, achieve at least a 1.0% rate of newly identified HIV-positive tests annually.**
- At least 85% of persons who test positive for HIV receive their test results.**
- At least 80% of persons who receive their HIV positive test results are linked to medical care and attend their first appointment.**
- At least 75% of persons who receive their HIV positive test results are referred and linked to Partner Services.**

**CATEGORY B: EXPANDED HIV TESTING  
PROGRAM (ETP)**

# Category B: Expanded Testing for Disproportionately Affected Populations



## Category B Billing Redirection

- **Through a redirection in funds, jurisdictions were expected to:**
  - Develop the infrastructure to establish or improve systems that allow for third party reimbursement for HIV testing and other related co-infections (e.g., sexually transmitted infections, hepatitis C, tuberculosis)
  - Provide and/or facilitate needed technical assistance
  
- **Grantees were expected to focus efforts based on:**
  - Amount of resources provided for testing
  - Feasibility of changing systems
  - An understanding that HIV prevention programs often support testing in settings that are not under the control of the HIV prevention program



## **Category B: National Goal and Performance Standards**

**CDC expects that approximately 1.3 million HIV tests are provided and approximately 6,500 HIV-infected persons who were previously unaware of their infection are identified annually.**

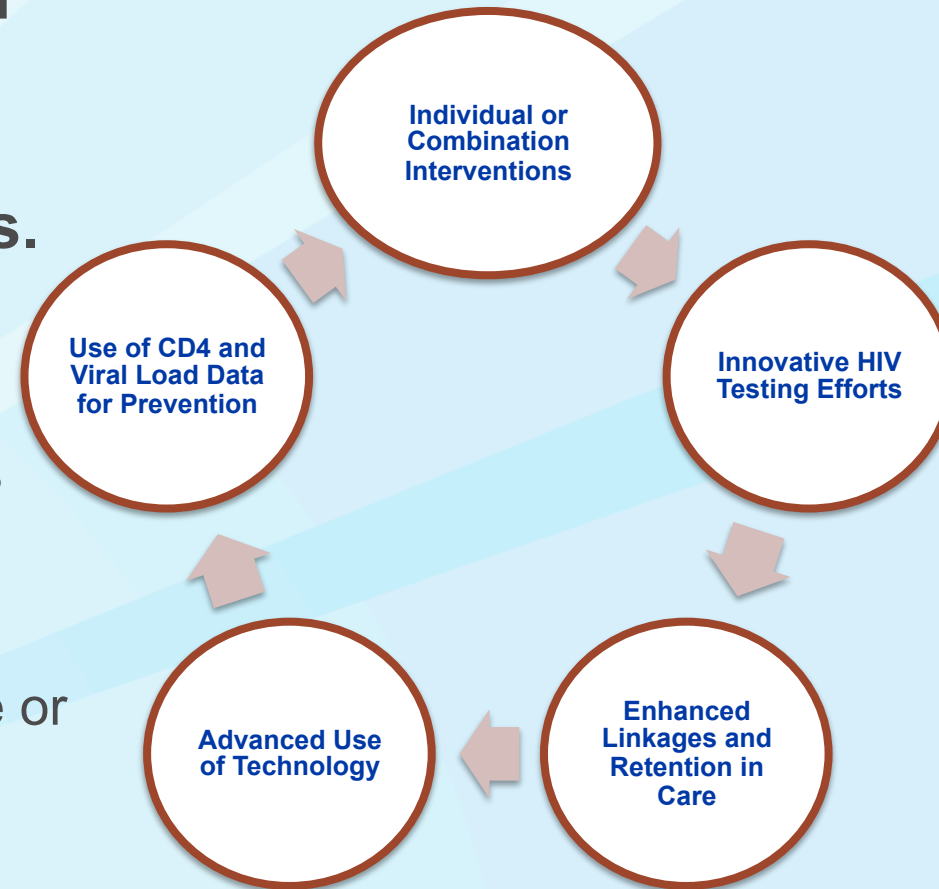
**Performance Standards: CDC expects each funded jurisdiction to achieve the following performance standards, when the program is fully implemented:**

- For targeted HIV testing in non-healthcare settings or venues, achieve at least a 2.0% rate of newly identified HIV-positive tests annually.**
- At least 85% of persons who test positive for HIV receive their test results.**
- At least 80% of persons who receive their HIV-positive test results are linked to medical care and attend their first appointment.**
- At least 80% of persons who receive their HIV-positive test results are referred and linked to Partner Services.**
- At least 80% of persons who receive their HIV-positive test results receive prevention counseling or are referred to prevention services.**

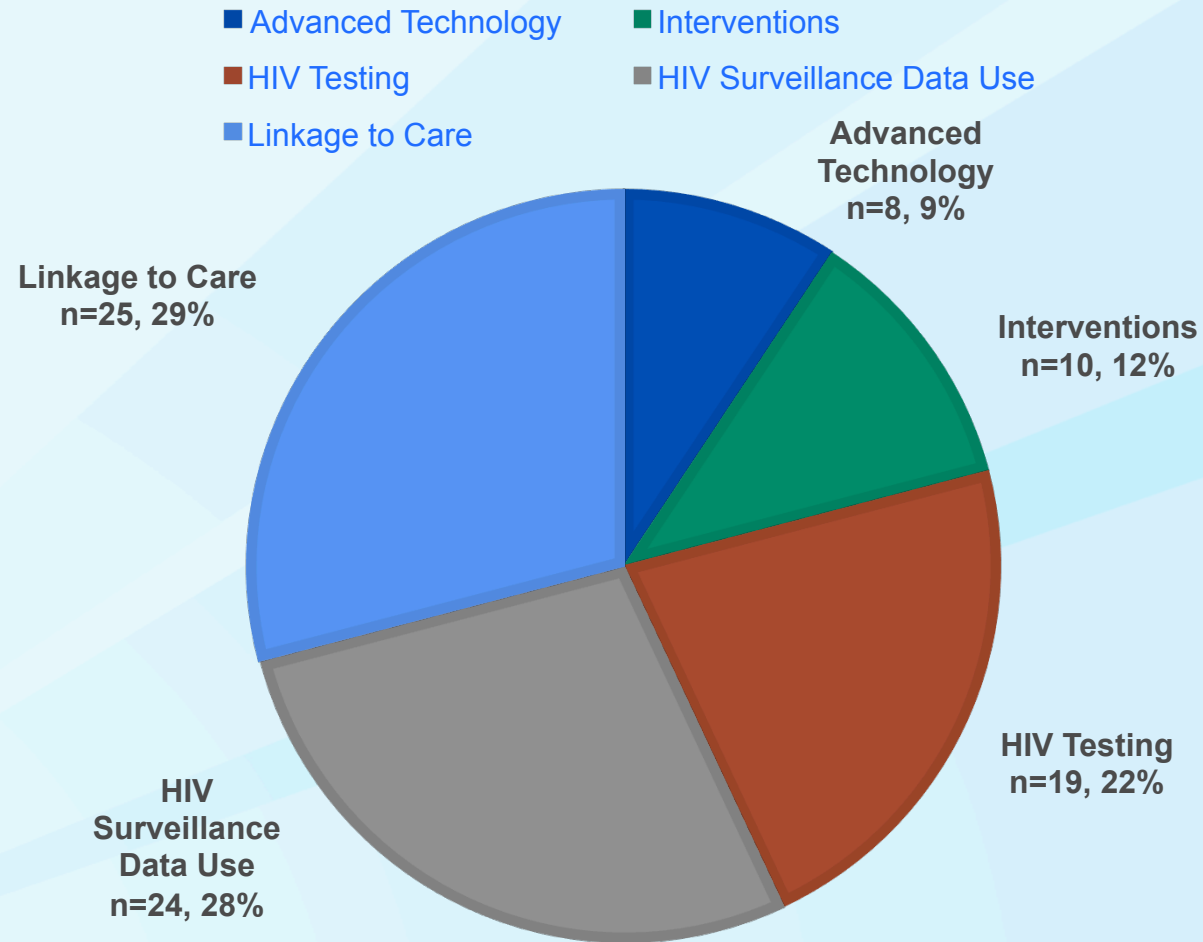
# **CATEGORY C: DEMONSTRATION PROJECTS**

## Category C: Demonstration Projects

- 30 jurisdictions funded to implement High Impact Prevention demonstration projects.
- This funding was designed to evaluate innovative approaches to HIV prevention.
  - Included five focus areas.
  - Projects addressed single or multiple focus areas.
- **Project period:**
  - March 2012 – December 2015.

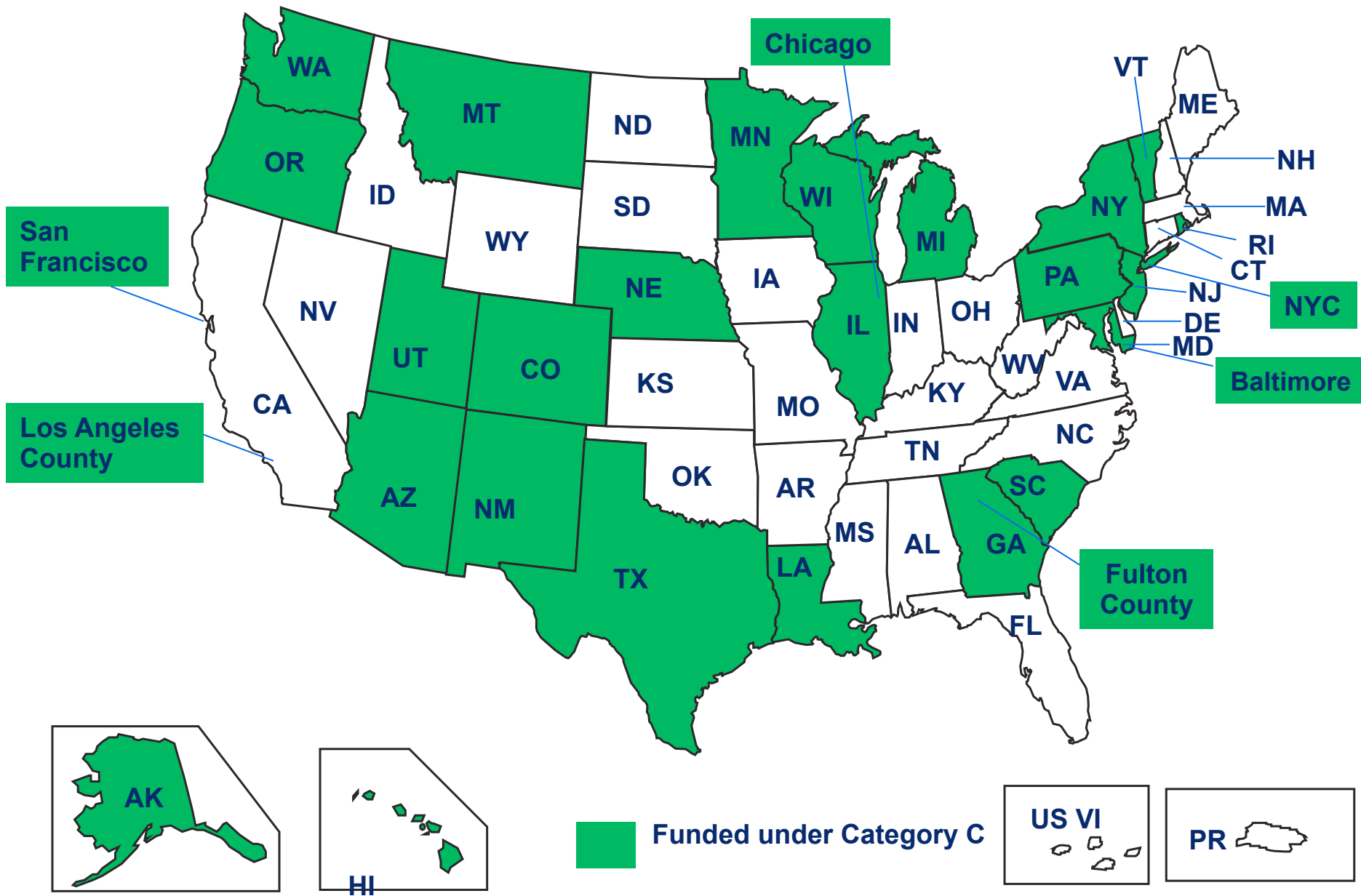


# Distribution of Category C Work, by Focus Area



**Note: N=86 total Focus Areas**

# Health Departments Funded for PS 12-1201 Category C Projects



**MONITORING & EVALUATION**

**PROVIDING FEEDBACK USING  
PROGRAM DATA**

DATA	DATA SYSTEM OR REPORTING SOURCE	LEVEL OF PROGRAM MONITORING, EVALUATION, AND IMPROVEMENT
<b>HIV SURVEILLANCE</b>		
HIV cases	National HIV Surveillance System	National level Jurisdictional level
Behavioral	National HIV Behavioral Surveillance (NHBS)	National sample Jurisdictional level
Behavioral and Clinical	Medical Monitoring Project (MMP)	National sample Jurisdictional level
<b>NATIONAL HIV MONITORING AND EVALUATION</b> ←		
HIV Testing	EvaluationWeb® Progress Reports	Jurisdictional level FOA-specific level
Partner Services	EvaluationWeb® Progress Reports	Jurisdictional level FOA-specific level
Linkage to Care	National HIV Surveillance System EvaluationWeb® Progress Reports	National level Jurisdictional level FOA-specific level
Community and Behavioral Interventions	EvaluationWeb® Progress Reports	FOA-specific Individual grantee level
<b>QUALITATIVE PROGRAM DATA</b> ←		
Other Jurisdictional/FOA specific activities	Applications Progress Reports Work Plans	FOA-specific Individual grantee level
Capacity Building Assistance	Capacity Building Request Information System (CRIS) Progress Reports	FOA-specific Individual grantee level

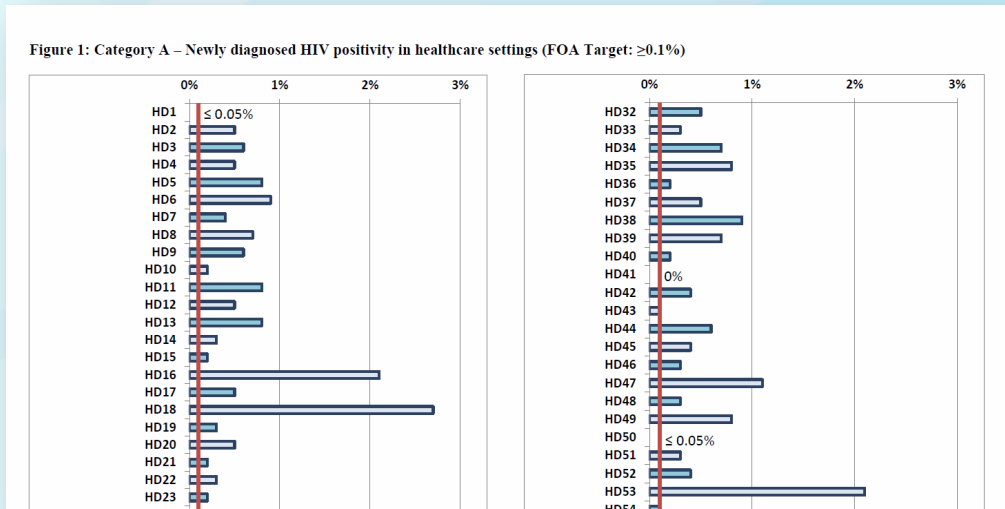
# National HIV Prevention Program Monitoring and Evaluation (NHM&E)

- Purpose:
  - CDC's data system utilizing standardized variables for data collection of programmatic activities
  - Assist health departments (HDs) and community-based organizations (CBOs) with monitoring and evaluating their local programs
  - Assist CDC in monitoring and evaluating program performance at the national- and jurisdictional-level
- Types of Data:
  - HIV Testing
  - Partner Services
  - Linkage to Care
  - Community & Behavioral Interventions (risk reduction activities)
  - Funding Allocation

# Feedback to Grantee on FOA-specific Performance

## Rapid Feedback Reports (RFRs) and Individual Grantee Reports (IGRs)

- Describe program achievements and progress toward meeting FOA-specific performance targets
- Directly compares grantee performance
- Intended to be provided to grantees no later than 3 months following data submission
- Data Source
  - NHM&E
  - Performance Reports



PS12-1201 "Comprehensive HIV Prevention Programs for Health Departments"  
Year 3 Annual Rapid Feedback Report – 2014  
July 2015

**PROGRAM HIGHLIGHTS**

Total Test Events Conducted  
- 2,810,283

Newly Diagnosed HIV-positive Test Events  
- 11,066

Newly Diagnosed HIV-positive Persons:  
Linked to HIV Medical Care  
- 80% (7,249 of 8,409)  
Interviewed for Partner Services  
- 80% (6,178 of 7,689)  
Referred to HIV Prevention Services  
- 80% (5,969 of 7,456)

Data Completeness  
Approximate % of Records with Valid Outcome Data  
- Linkage to HIV Medical Care: 76%  
- Interview for Partner Services: 81%  
- Referral to HIV Prevention Services: 79%

**BACKGROUND**

Funding Opportunity Announcement (FOA) PS12-1201, "Comprehensive HIV Prevention Programs for Health Departments," supports implementation of comprehensive, high impact HIV prevention programs in health departments (HDs). In 2014, PS12-1201 had three funding categories:

- Category A funded 61 HDs to conduct four required program components: HIV testing, comprehensive prevention with HIV-positive persons, condom distribution, and policy initiatives to address structural barriers;
- Category B funded a subset of 34 HDs to conduct expanded HIV testing for disproportionately affected populations;
- Category C (not included in this report) funded a subset of 30 HDs to conduct demonstration projects addressing several key HIV prevention strategies.

The purpose of this Year 3 Annual Rapid Feedback Report (RFR) is to describe grantees' program achievements and progress toward meeting FOA performance targets for HIV positivity, linkage to HIV medical care, interview for partner services, and referral to HIV prevention services during the third year of funding (January 1 to December 31, 2014). It also provides information about the completeness of data submitted to CDC by the HDs. The report presents information on 61 HDs funded under PS12-1201. With the RFR, each grantee is also provided an Individual Grantee Report (IGR), which presents that grantee's individual progress during the same time period.

The intended audiences for this RFR are health department AIDS directors and HIV prevention program directors, Division of HIV/AIDS Prevention (DHAP) project officers, and DHAP leadership. The report is aimed at helping funded HDs and DHAP project officers determine where to focus capacity-building assistance and quality improvement activities.

We obtained all program data presented in this report from test-level data entered or uploaded into EvaluationWeb<sup>®</sup> by HDs as of March 16, 2015. We obtained grantees' annual HIV test objectives from the Comprehensive Program Plans submitted to CDC by HDs.

**INTERPRETING THIS REPORT**

This RFR allows grantees to view their performance in relation to other jurisdictions. However, comparisons among grantees should only be done with a clear understanding of the report's limitations:

- Jurisdictions have widely varying levels of resources and operate in very different contexts, both of which affect their capacity to conduct HIV prevention

<sup>1</sup>50 states, the District of Columbia, Puerto Rico, the U.S. Virgin Islands, and 8 Metropolitan Statistical Areas (MSAs) or specified Metropolitan Divisions (MDs): Baltimore, Chicago, Fulton County (Atlanta), Houston, Los Angeles County, New York City, Philadelphia, and San Francisco

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**MOVING FORWARD**

# Ongoing Health Department Coordination



*Note: Not an exhaustive list*

# Integrating HIV Surveillance and Prevention Programs

- **Integrating HIV case surveillance and HIV prevention program efforts**
- **Many HDs have successfully integrated programs, although there are barriers and challenges for others**
- **A joint approach would allow health departments to:**
  - **Align resources to better match the geographic burden of HIV infections within their jurisdictions**
  - **Foster better integration of HIV prevention and surveillance programs**
  - **Reduce administrative and reporting burden**
- **In 2018, CDC will release a new, integrated funding opportunity announcement (FOA) in 2018 that combines the National HIV Surveillance System and HIV Prevention Programs for Health Departments**

# Acknowledgements

## □ **DHAP Office of Director**

- Dr. Eugene McCray, Janet C. Cleveland, Renata Ellington, June Mayfield, Dr. David Purcell

## □ **Prevention Program Branch (PPB)**

- Dr. Stan Phillip, Dr. Kimberly Hearn Murray, Stacey Bourgeois, Reginald Carson, Odessa Dubose, Benny Ferro, Erica Dunbar, Dr. John Beltrami
- PPB Project Officers and Branch staff

## □ **Collaborating Branches**

- Program Evaluation Branch (PEB), Capacity Building Branch (CBB), HIV Incidence and Case Surveillance Branch (HICSB), Behavioral and Clinical Surveillance Branch (BCSB), Quantitative Sciences and Data Management Branch (QSDMB), Prevention Research Branch (PRB), Epidemiology Branch (EB)

# Thank you!

**For more information on PS12-1201, please visit:** <https://www.cdc.gov/hiv/funding/announcements/ps12-1201/attachments.html>

**For more information please contact Centers for Disease Control and Prevention**

1600 Clifton Road NE, Atlanta, GA 30333

Telephone: 1-800-CDC-INFO (232-4636)/TTY: 1-888-232-6348

E-mail: [cdcinfo@cdc.gov](mailto:cdcinfo@cdc.gov) Web: <http://www.cdc.gov>

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

# The Ryan White HIV/AIDS Program and Global HIV Program: Overview

HIV/AIDS Bureau  
December 2016

# Program Legislation

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- The Ryan White HIV/AIDS Treatment Extension Act is a legislative program:
  - Public Health Law 111-87 under Title XXVI
  - Enacted into law in 1990
  - Reauthorized 1996, 2000, 2006, and 2009
- The authorization of appropriation for the Ryan White HIV/AIDS Program (RWHAP) expired on September 30, 2013. The Program will not sunset and can continue to operate through Congressional appropriations

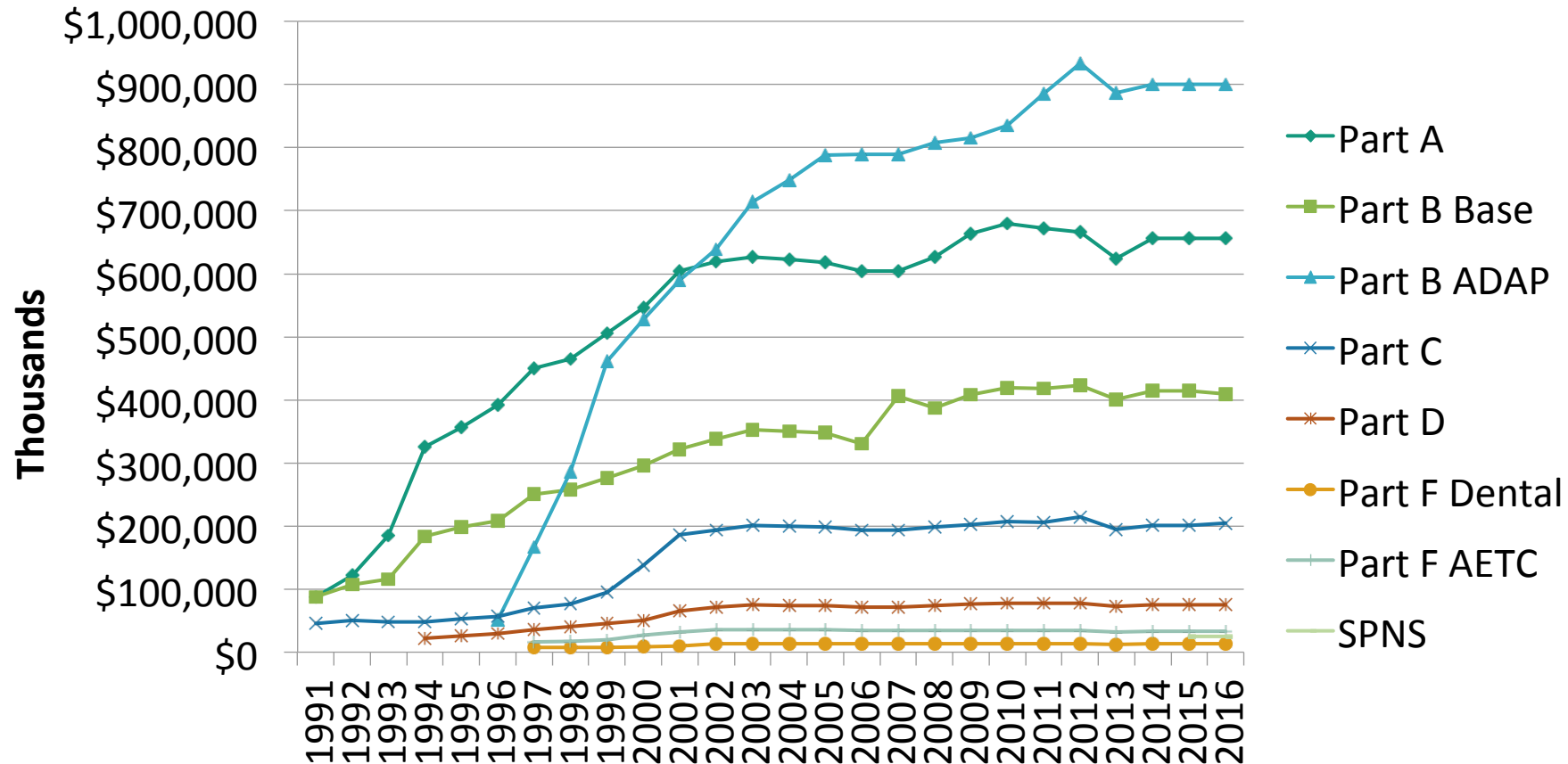
# Ryan White HIV/AIDS Program

- Provides comprehensive system of HIV primary medical care, medications, and essential support services for low-income people living with HIV
  - More than half of people living with diagnosed HIV in the United States – more than 500,000 people – receive care through the Ryan White HIV/AIDS Program
- Funds grants to states, cities/counties, and local community based organizations
  - Recipients determine service delivery and funding priorities based on local needs and planning process
- 83% of Ryan White HIV/AIDS Program clients are virally suppressed, exceeding national average of 55%

# Ryan White HIV/AIDS Program

- Parts A (Cities), B (States), C (Community based organizations), and D (Community based organizations for women, infants, children, and youth) Services
  - Medical care, medications, and laboratory services
  - Clinical quality management and improvement
  - Support services including case management, medical transportation, and food bank
- Part F Services
  - Clinician training, dental services, and dental provider training
  - Development of innovative models of care to improve health outcomes and reduce HIV transmission among hard to reach populations
- Payer of last resort statutory provision: RWHAP funds may not be used for services if another state or federal payer is available

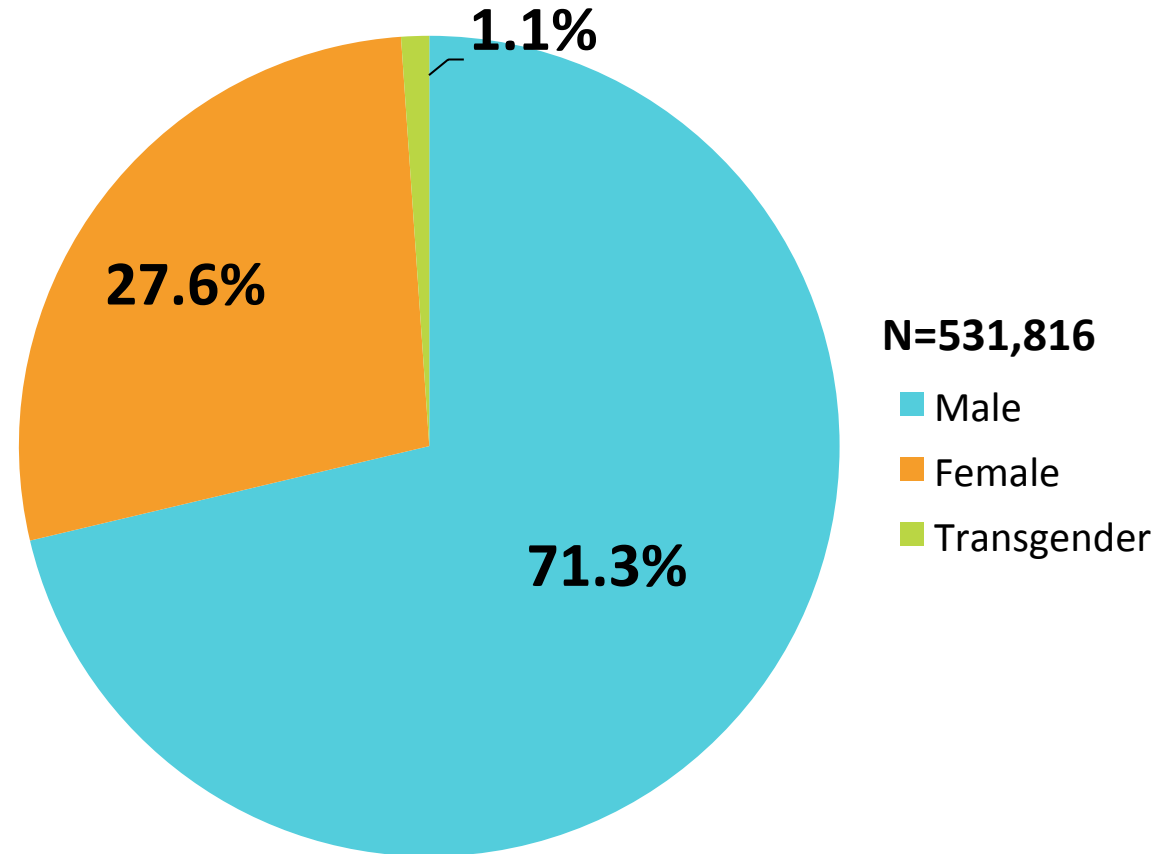
# Ryan White HIV/AIDS Program Appropriations History FY 1991- FY 2016



# Clients Served by the Ryan White HIV/ AIDS Program, 2015

# Clients Served by the Ryan White HIV/AIDS Program\* by Gender, 2015—United States and 3 Territories\*\*

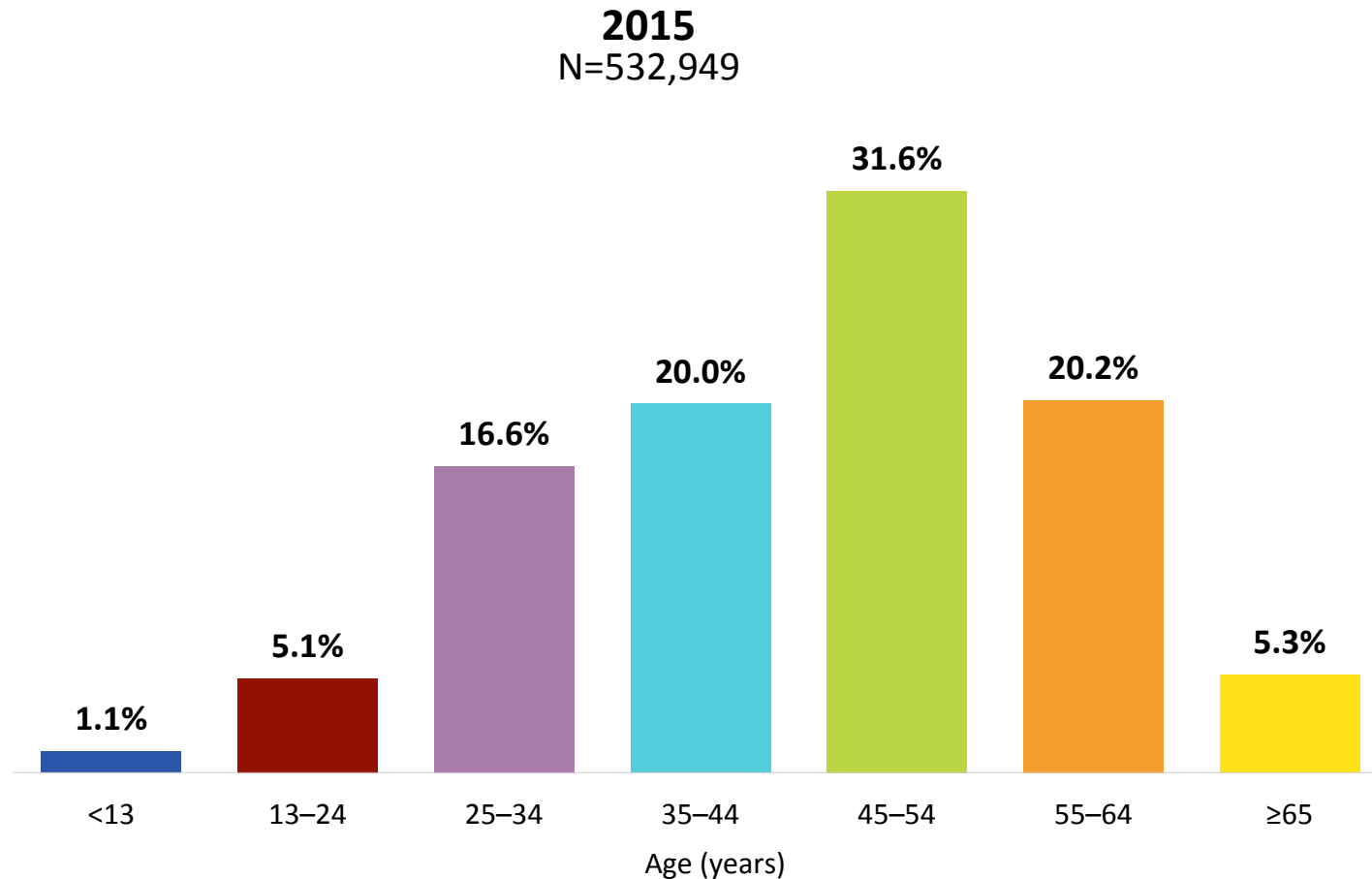
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\*Does not include clients receiving only AIDS Drug Assistance Program services.

\*\*Puerto Rico, Guam, U.S. Virgin Islands

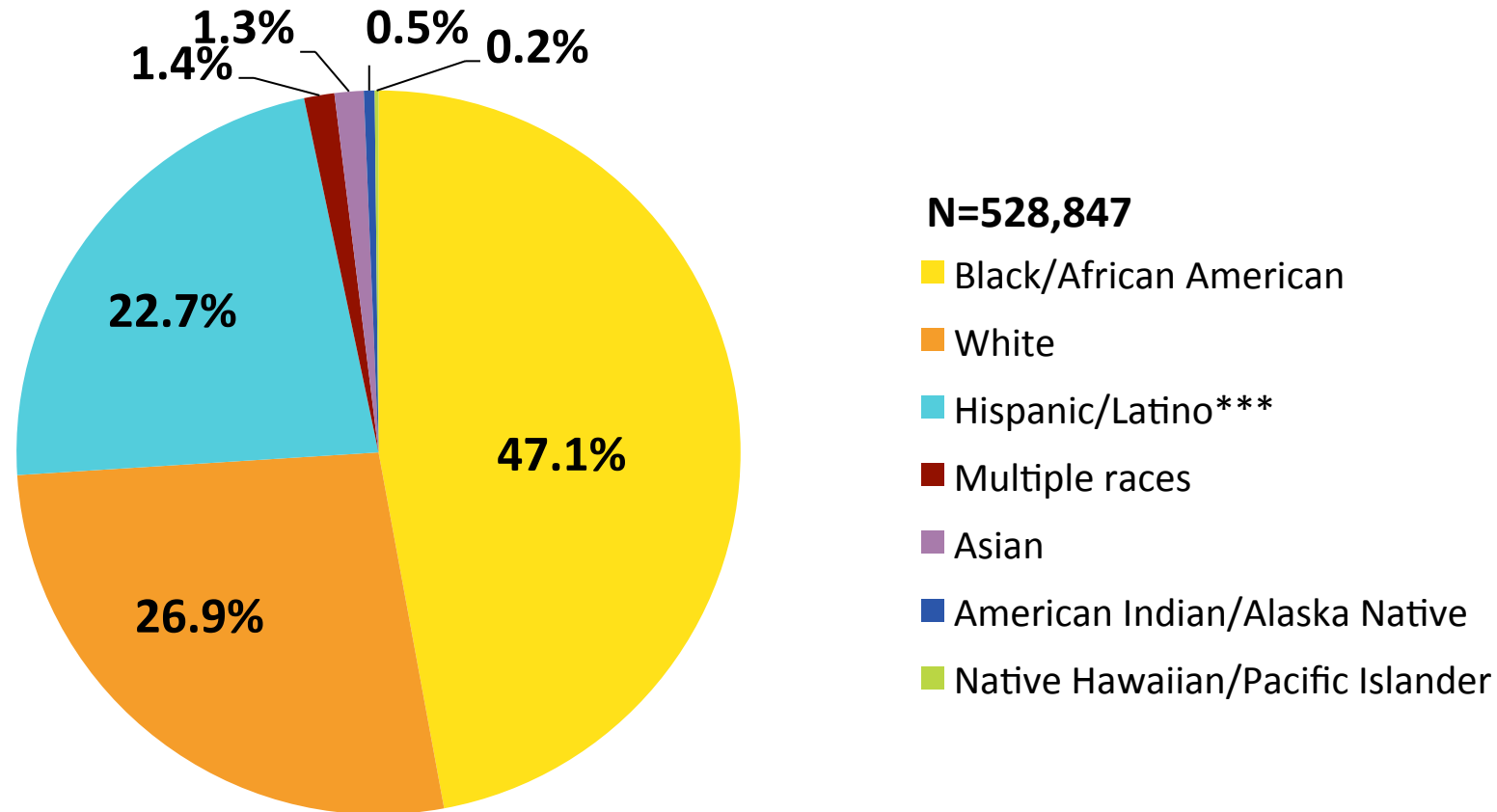
# Clients Served by the Ryan White HIV/AIDS Program\* by Age Group, 2011 to 2015—United States and 3 Territories\*\*



\*Does not include clients receiving only AIDS Drug Assistance Program services.

\*\*Puerto Rico, Guam, U.S. Virgin Islands

# Clients Served by the Ryan White HIV/AIDS Program\* by Race/Ethnicity, 2015—United States and 3 Territories\*\*

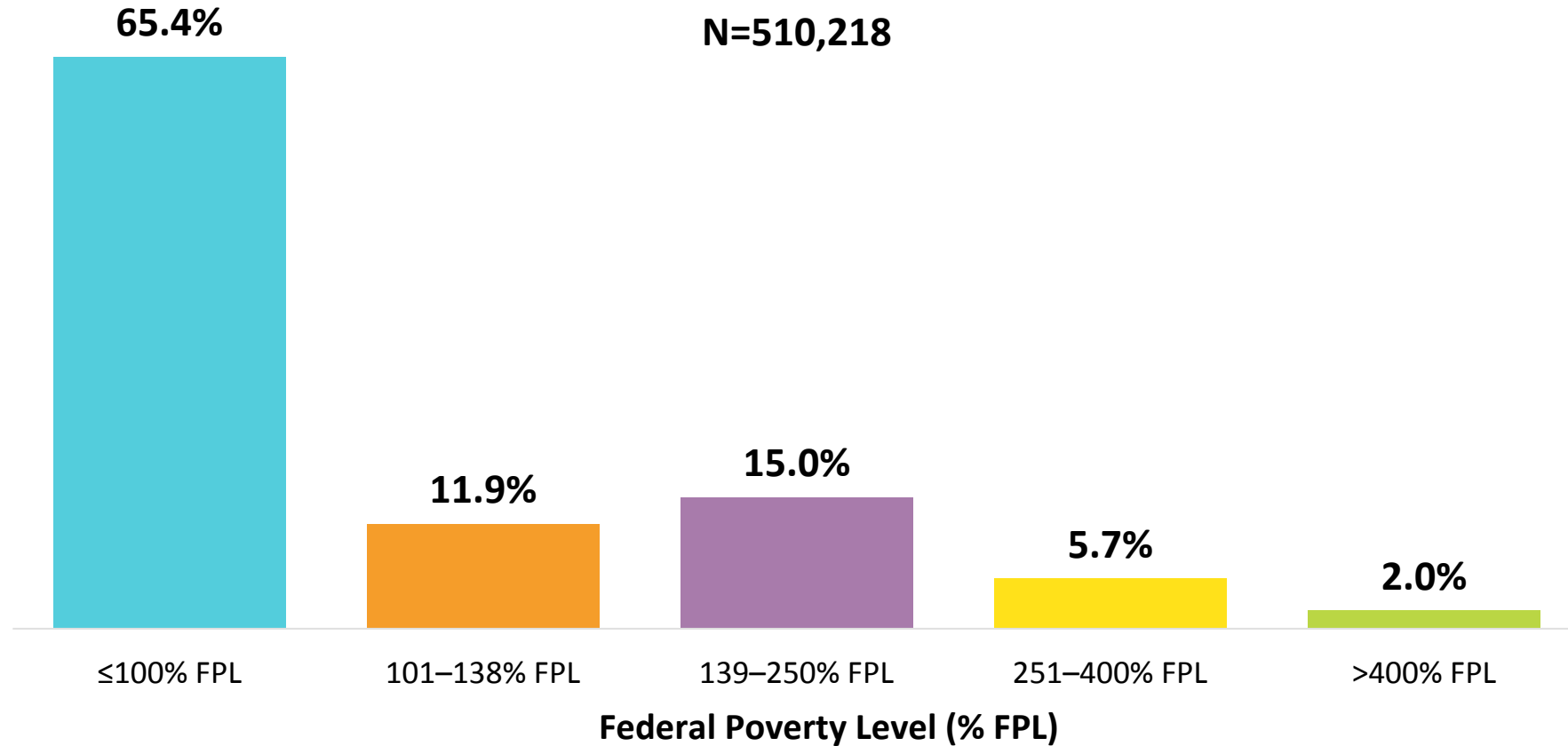


\*Does not include clients receiving only AIDS Drug Assistance Program services.

\*\*Puerto Rico, Guam, U.S. Virgin Islands

\*\*\* Hispanics/Latinos can be of any race

# Clients Served by the Ryan White HIV/AIDS Program\* by Poverty Level, 2015—United States and 3 Territories\*\*



\*Does not include clients receiving only AIDS Drug Assistance Program services.

\*\*Puerto Rico, Guam, U.S. Virgin Islands

# Health Outcomes of People served by the Ryan White HIV/AIDS Program

# Viral Suppression among Clients Served by the Ryan White HIV/AIDS Program\*, 2010–2015—United States and 3 Territories\*\*

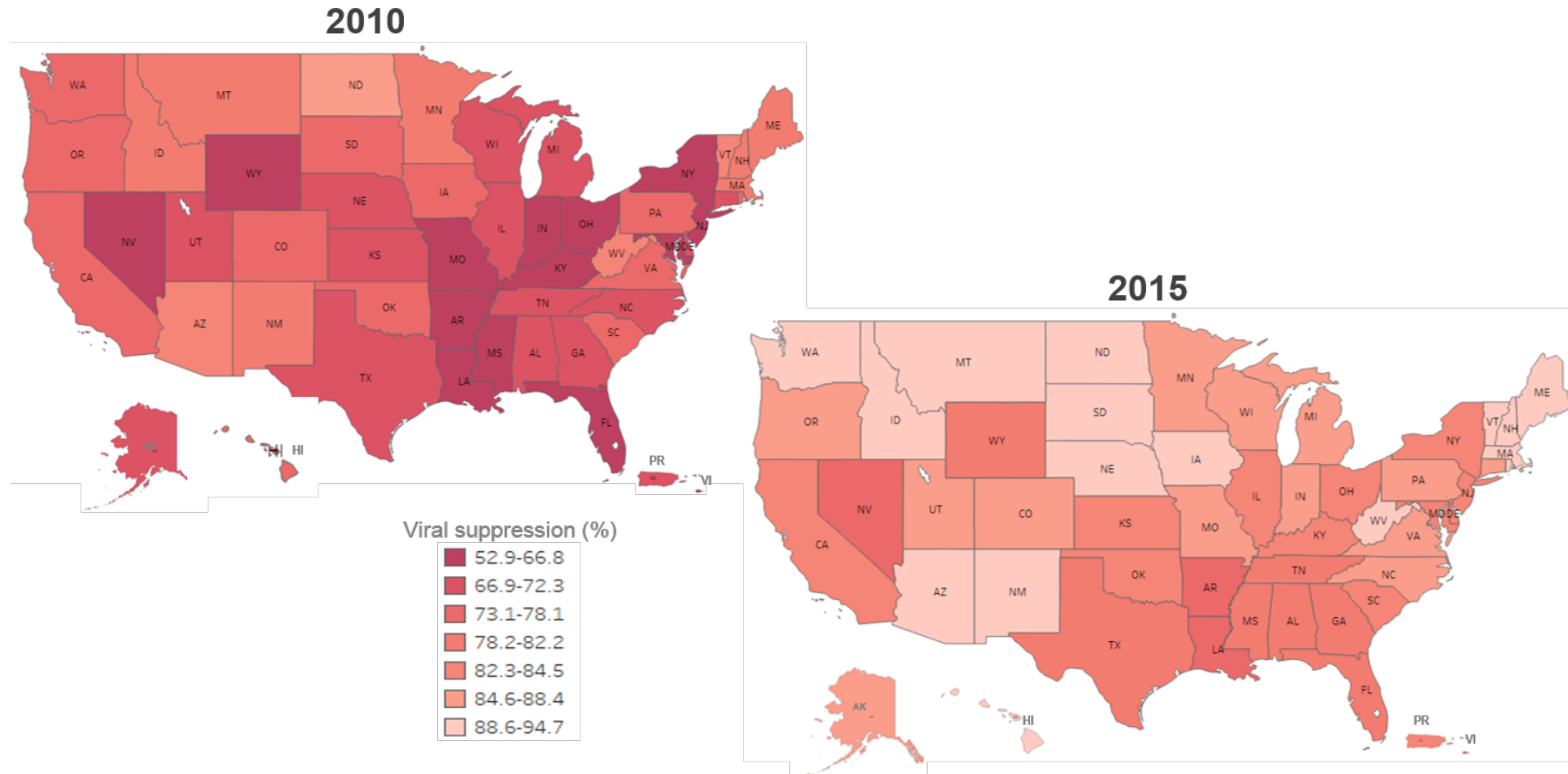
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- The percent of RWHAP clients virally suppressed has increased steadily from 69.5% in 2010 to 83.4% in 2015.
  - The Centers for Disease Control and Prevention estimates that in the U.S., 54.7% of people diagnosed with HIV are virally suppressed.
- Viral suppression outcomes lower among:
  - Younger age groups (13–24 years)
  - Specific minority populations
  - Clients with unstable housing

\*Does not include clients receiving only AIDS Drug Assistance Program services.

\*\*Puerto Rico, Guam, U.S. Virgin Islands

# Viral Suppression among Clients Served by the Ryan White HIV/AIDS Program\*, by State, 2010–2015—United States and 3 Territories\*\*



*Viral suppression:*  $\geq 1$  OAMC visit during the calendar year and  $\geq 1$  viral load reported, with the last viral load result  $< 200$  copies/mL. *Source:* HRSA, HIV/AIDS Bureau, Annual Client-Level Data Report, Ryan White Services Report, 2014 & 2015

\*Does not include clients receiving only AIDS Drug Assistance Program services.

\*\*Puerto Rico, Guam, U.S. Virgin Islands

# Ryan White HIV/AIDS Program System of Care and Services

# Ryan White HIV/AIDS Program

## Part Overview

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- **Part A (Cities/Counties)**
- **Part B (States and Territories)**
  - ADAP – AIDS Drug Assistance Program
- **Part C (Health Care Agencies)**
  - Early Intervention Services and Capacity Development
- **Part D (Women, Infants, Children and Youth)**
- **Part F (Other programs)**
  - AIDS Education and Training Centers (AETCs)
  - Special Projects of National Significance (SPNS)
  - Dental Programs
  - Minority AIDS Initiative (MAI)

# Emergency Relief Grants – Part A

**FY 2016 Funding: \$656 million**

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- Provides grants to 52 Eligible Metropolitan Areas and Transitional Grant Areas that are most severely impacted by the HIV/AIDS epidemic:
  - 73% of people with HIV live in these areas
  - Award made to Chief Elected Official
    - Local funding allocations determined by legislatively required Planning Council
- Part A funds distribution (annual application process):
  - 2/3 by formula – based on the number of living cases of HIV (non AIDS) and AIDS
  - 1/3 supplemental – competitive grant process
  - Includes statutorily defined Minority AIDS Initiative (MAI) funds, which support services targeting minority populations



# HIV Care Grants to States – Part B

**FY 2016 Funding: \$1.3 billion**

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- Provides formula and competitive grants to all 50 States, the District Columbia, Puerto Rico, Guam, U.S. Virgin Islands, 5 Associated Pacific jurisdictions (annual application process)
  - Funds distributed annually by formula based on HIV/AIDS cases (Part B Base, AIDS Drug Assistance Program (ADAP), ADAP Supplemental, Emerging Communities, Minority AIDS Initiative)
  - Some funds distributed as competitive supplemental (Part B Supplemental)
  - Award made to Chief Elected Official to ensure statewide HIV care and treatment services based on locally assessed need
- AIDS Drug Assistance Program:
  - Purchases medications, insurance premiums, and assists with cost sharing for HIV medications
  - 268,636 ADAP clients in 2014, over 50% of people on HIV treatment nationally
  - Average annual medication costs per client were \$8,591
- ADAP Emergency Relief Funds to qualifying States:
  - Funds ADAP to prevent, reduce or eliminate ADAP waiting lists or implement ADAP–related cost-containment measures (authorized through appropriation, annual competition)

# Early Intervention Services – Part C

**FY 2016 Funding: \$205 million**

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- Currently provides grants to 346 recipients in 49 states, DC, Puerto Rico, and the Virgin Islands
  - Funds community health centers, health departments, hospital clinics, and other community based organizations
  - All funds are awarded competitively every three to five years
    - Statutory preference given to areas with high rates of sexually transmitted diseases, tuberculosis, drug abuse, and hepatitis B and/or C
    - Statutory preference given to entities that provide primary care services in rural areas or to underserved populations

# Women, Infants, Children, and Youth – Part D

~~FY 2016 Funding: \$75 million~~

- Currently provides grants to 115 recipients in 39 states and Puerto Rico
  - Focuses on HIV care and treatment services for Women, Infants, Children, and Youth populations
  - Funding may also be used to provide support services to PLWH and their affected family members
  - All funds are awarded competitively; the FY 2017 – FY 2020 funding opportunity was announced in December 2016

# Part F Programs – AIDS Education and Training Centers

**FY 2016 Funding: \$34 million**

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- Funds 8 Regional training programs for multidisciplinary health care providers
  - Provides clinical training in all States, DC, Puerto Rico, Virgin Islands and Associated Pacific Jurisdictions
  - From 2011 through 2014, conducted over 43,900 training events (approximately 14,500 per year) reaching 80,000–85,000 trainees each year to improve HIV testing and care and treatment
  - All funds are awarded competitively; the next competition will be in FY 2020
- Funds National Centers for clinician consultation, dissemination of resources, and evaluation
  - Clinical consultation call volume has increased from 14,956 in FY 2011 to 77,343 in FY 2016 for general HIV disease management, perinatal HIV management, pre- and post-exposure prophylaxis management, hepatitis C management, and case consultations

# Part F Programs – Dental Reimbursement Program

## FY 2016 Funding: \$13 million

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- Dental Reimbursement Program:
  - Currently funds 56 Dental Reimbursement Programs in 21 states and DC
    - Awarded annually
  - Expands access to oral health care for PLWH while training additional dental and dental hygiene providers
  - Provides reimbursements (32% of uncompensated expenditures in FY 2016) to dental schools, schools of dental hygiene, and post-doctoral dental education programs
  - Between July 2014 – June 2015, 7,219 dental students, residents, and dental hygiene students provided oral health services to 38,436 individuals living with HIV
- Community Based Dental Partnership Program:
  - Currently provides grants to 12 Community Based Dental Partnership Programs in 11 states; the next competition will be in FY 2019
  - Multi-partner collaborations between community-based dentists and dental clinics and dental/dental hygiene education programs to train and expand provider capacity

# Part F Programs – Special Program of National Significance (SPNS)

**FY 2016 Funding: \$25 million**

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- Currently funds 64 ongoing programs for 7 innovative model initiatives which inform the evidence base for interventions with significantly difficult to engage and virally suppress populations
  - Serving over 8,700 HIV-positive clients during FY 2017
  - Competitive application process (4-5 years); new initiatives to be funded in FY 2018
- Evaluates the design, implementation, utilization, cost, and health related outcomes of innovative treatment models
- Disseminates successful models for replication and integration by Ryan White HIV/AIDS Program funded grantees in numerous peer review journals and national conferences

# Ryan White HIV/AIDS Program Core Medical Service Requirement

- Under Title XXVI of the Public Health Service Act, recipients receiving Ryan White HIV/AIDS Program Part A, B, and/or C funds are required to spend at least 75% of grant funds on Core Medical Services:

Outpatient ambulatory health services	AIDS pharmaceutical assistance	Medical case management, including treatment adherence services
AIDS Drug Assistance Program (ADAP) treatments	Health insurance premium and cost sharing assistance	Hospice services
Oral health care	Home health care	Home and community-based health services
Early intervention services	Substance abuse outpatient care	Mental health services
Medical nutrition therapy		

- Support Services are defined as services that are needed for people living with HIV to achieve their medical outcomes.

# The Ryan White HIV/AIDS Program Moving Forward

# HIV/AIDS Bureau

## Strategic Priorities

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- **National Goals to End the HIV Epidemic/PEPFAR 3.0:** Maximize HRSA HAB expertise and resources to operationalize National Goals to End the HIV Epidemic and PEPFAR 3.0.
- **Leadership:** Enhance and lead national and international HIV care and treatment through evidence-informed innovations, policy development, health workforce development, and program implementation.
- **Partnerships:** Enhance and develop strategic domestic and international partnerships internally and externally.

# HIV/AIDS Bureau

## Strategic Priorities

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- **Integration:** Integrate HIV prevention, care, and treatment in an evolving healthcare environment by maximizing opportunities provided by the healthcare system for preventing infections, increasing access to quality HIV care, and reducing HIV-related health disparities.
- **Data Utilization:** Use data from program reporting systems, surveillance, modeling, and other programs, as well as results from evaluation and special projects efforts to target, prioritize, and improve policies, programs, and service delivery.
- **Operations:** Strengthen HAB administrative and programmatic processes through Bureau-wide knowledge management, innovation, and collaboration.

# Thank you

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Heather Hauck, MSW, LICSW

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Rockville, MD 20857

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# Questions



# Upcoming Activities and Next Steps

Activity
<b>New Funding Opportunity through HRSA</b>
<b>Upcoming Webinar: Data Privacy &amp; Confidentiality</b>
<b>Technical Assistance - <a href="mailto:HIVtechnicalassistance@nashp.org">HIVtechnicalassistance@nashp.org</a></b>

# HIV Health Improvement Affinity Group

Thank you for participating in today's webinar! Please complete the evaluation after exiting the webinar.

