



# HIV/AIDS Bureau Updates Federal AIDS Policy Partnership

*December 11, 2019*

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

**Vision: Healthy Communities, Healthy People**



# **General HRSA HIV/AIDS Bureau Updates**

**2018 Ryan White HIV/AIDS Program (RWHAP)**

**Client-Level Data Report**

**Ending the HIV Epidemic Updates**

**HIV/HCV Co-infection Lessons Learned**

**HIV and Aging Updates and Activities**



# HRSA's HIV/AIDS Bureau (HRSA HAB) Vision and Mission

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## Vision

Optimal HIV/AIDS care and treatment for all.

## Mission

Provide leadership and resources to assure access to and retention in high quality, integrated care, and treatment services for vulnerable people with HIV and their families.



# 2020 National Ryan White Conference on HIV Care & Treatment



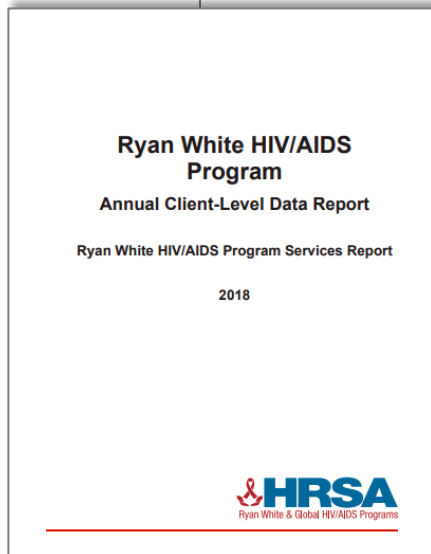
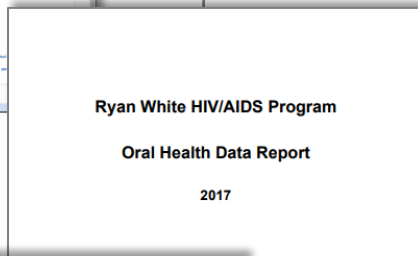
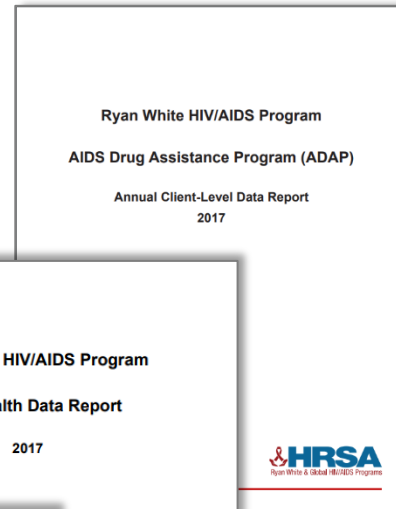
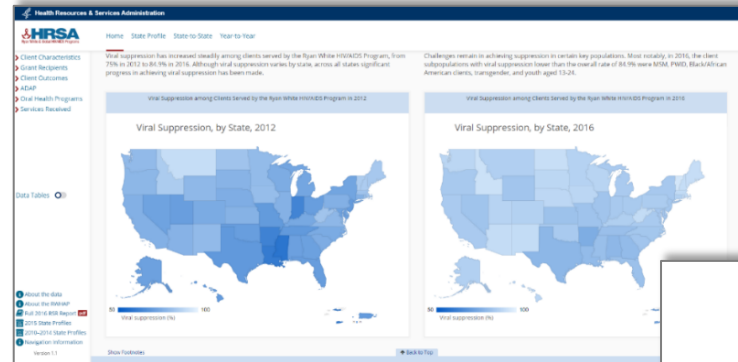
## HRSA'S RYAN WHITE HIV/AIDS PROGRAM

- **Clinical Conference:** August 9-11, 2020
- **National Conference:** August 11-14, 2020
  - **Marriott Marquis Washington, DC**
  - **Abstract Submissions Open:** November 18, 2019, through December 20, 2019



# Recently Released Data & Reports

- **Ryan White HIV/AIDS Program Annual Client-Level Data Report, 2018**
- **RWHAP AIDS Drug Assistance Program (ADAP) Annual Client-Level Data Report**
- **RWHAP Oral Health Data Report, 2017**
- **2019 Ryan White HIV/AIDS Program Highlights: Advancing Innovation to End the HIV Epidemic**
- **2017 Ryan White HIV/AIDS Program State Profiles**

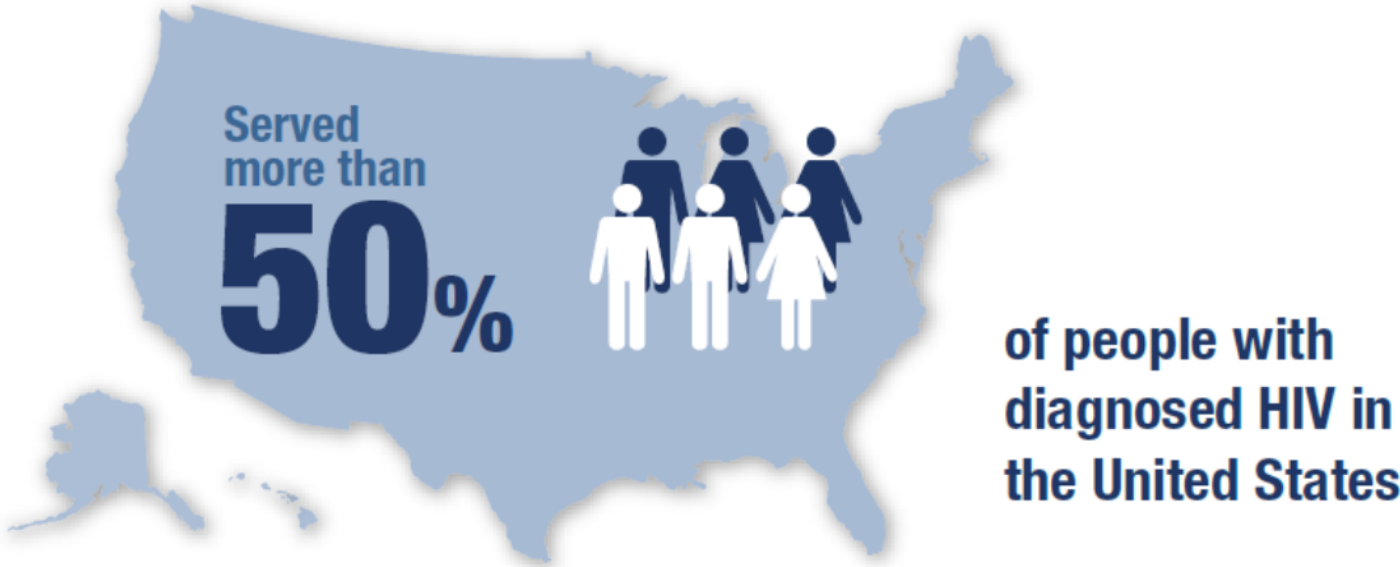


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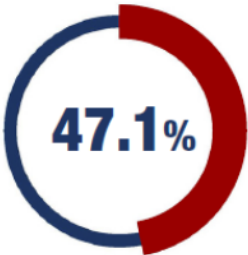


# Clients Served by the Ryan White HIV/AIDS Program (non-ADAP), 2018

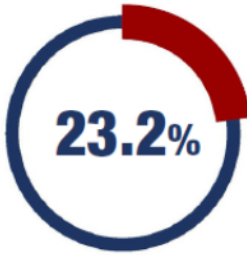
Served **533,758**  
clients in 2018



**73.7%** of clients were racial/ethnic minorities



of clients identified as **Black/African American**



of clients identified as **Hispanic/Latino**



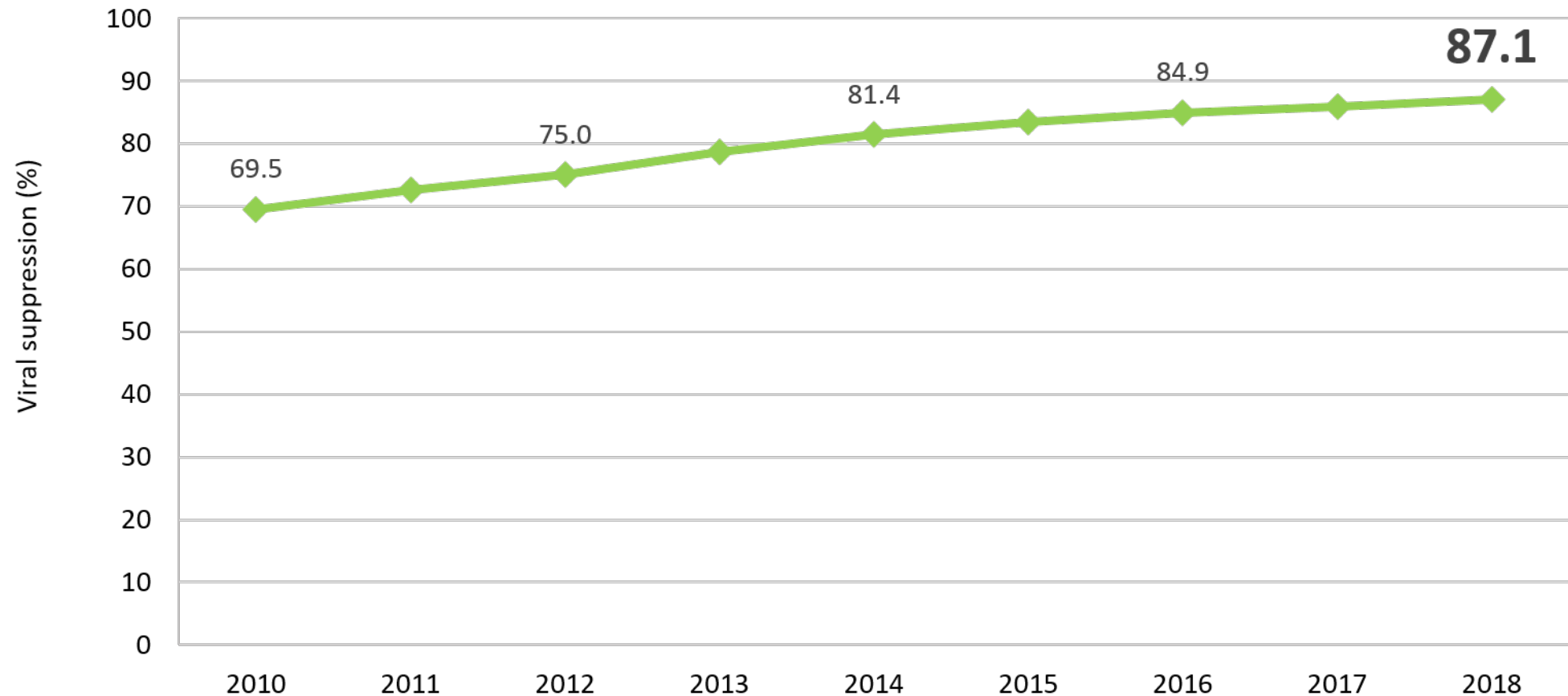
**61.3%** of clients were living at or below 100% of the Federal Poverty Level

**46.1%** of clients were aged 50 years and older



Source: HRSA. Ryan White HIV/AIDS Program Data Report (RSR) 2018. Does not include AIDS Drug Assistance Program data.

# Viral Suppression among Clients Served by the Ryan White HIV/AIDS Program (non-ADAP), 2010–2018—United States and 3 Territories<sup>a</sup>



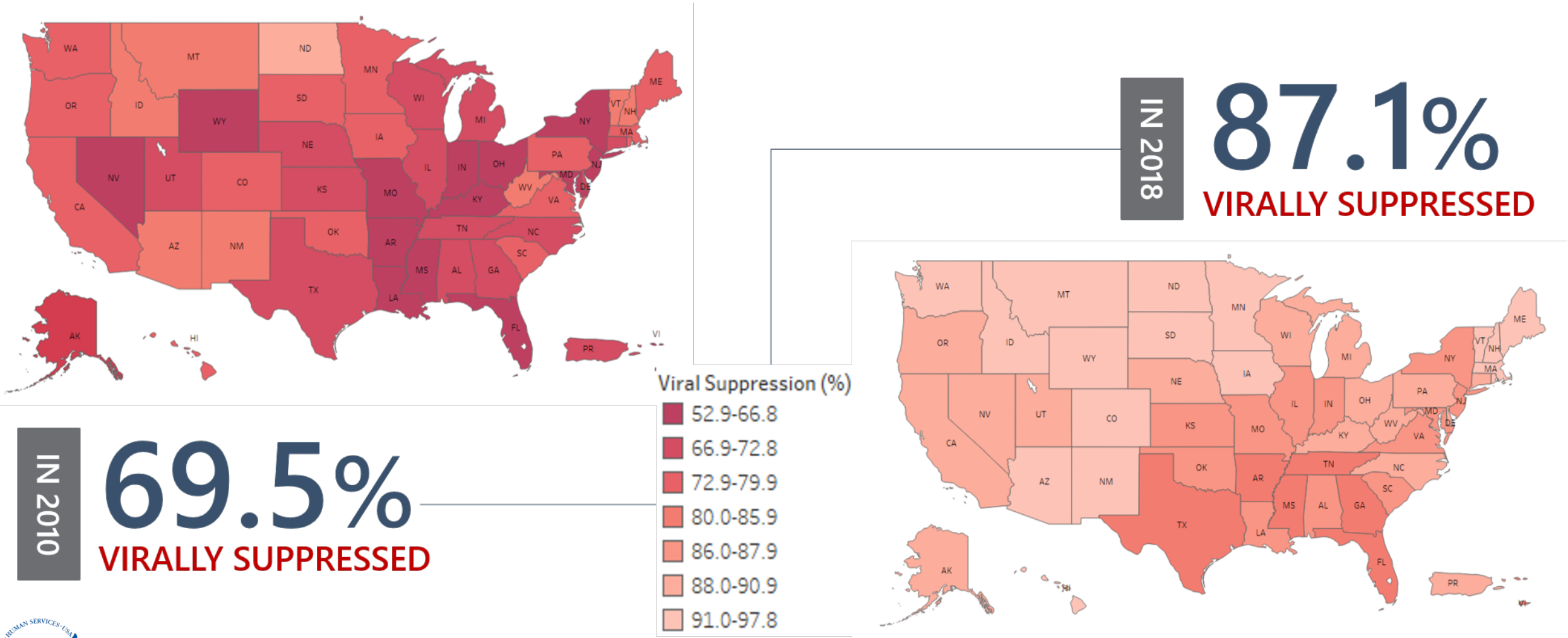
*Viral suppression:*  $\geq 1$  OAHS visit during the calendar year and  $\geq 1$  viral load reported, with the last viral load result  $< 200$  copies/mL.

<sup>a</sup> Guam, Puerto Rico, and the U.S. Virgin Islands.





# Viral Suppression among RWHAP Clients, by State, 2010 and 2018—United States and 2 Territories<sup>a</sup>

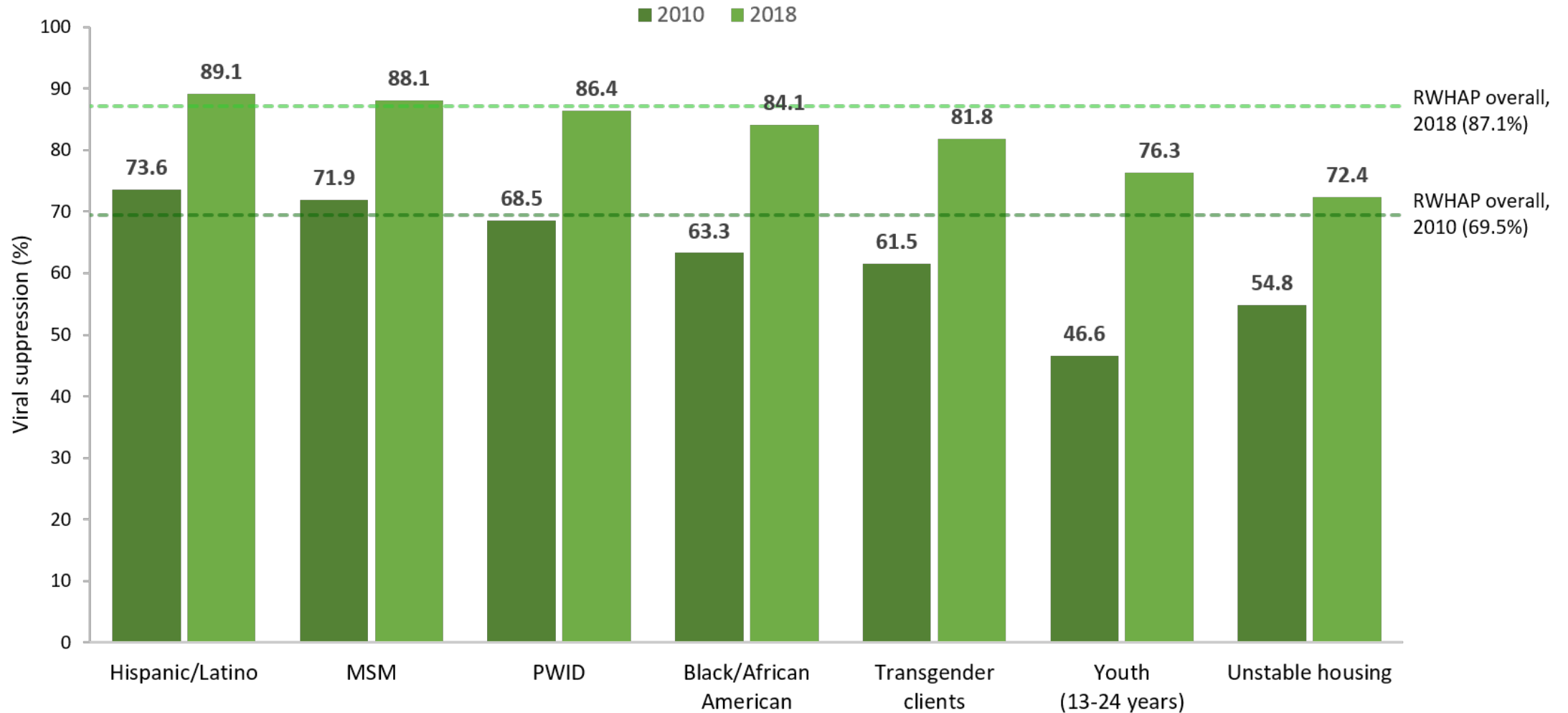


Viral suppression:  $\geq 1$  OAHS visit during the calendar year and  $\geq 1$  viral load reported, with the last viral load result  $< 200$  copies/mL.

<sup>a</sup> Puerto Rico and the U.S. Virgin Islands.



# Viral Suppression among Key Populations Served by the Ryan White HIV/AIDS Program, 2010 and 2018—United States and 3 Territories<sup>a</sup>



Hispanics/Latinos can be of any race.

Viral suppression: ≥1 OAHHS visit during the calendar year and ≥1 viral load reported, with the last viral load result <200 copies/mL.

<sup>a</sup> Guam, Puerto Rico, and the U.S. Virgin Islands.



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# Four Pillars of Ending the HIV Epidemic

**75%**  
reduction in  
new HIV  
diagnoses  
in 5 years  
and a  
**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.

# 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

# Responding to Challenges:

## Recent Changes to HRSA HAB Policies

**People in care: Improve viral suppression and decrease disparities**

- Clinical Quality Management updates reduce administrative burden with focus on improving high-utilization services

**Newly diagnosed: Enhance linkage to and engagement in HIV care**

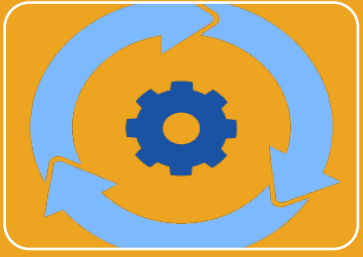
- Rapid eligibility determinations increase opportunities to engage newly diagnosed people with HIV in care

**People out of care: Expand re-engagement and retention for those diagnosed**

- Clarifications on providing HRSA RWHAP services in correctional settings facilitate engagement and retention in care for people who are justice-involved



# Responding to Challenges: HRSA HAB Strategies and Activities



## Apply Implementation Science

- Capacity Building in the RWHAP to Support Innovative Program Model Replication
- HRSA HAB Compilation of Best Practice Strategies and Interventions
- Using Evidence-Informed Interventions to Improve Health Outcomes (E2i)
- Evidence-Informed Approaches to Improve Health Outcomes



## Engage Community & Experts

- Building Leaders of Color (BLOC)
- Evaluation of RWHAP Eligibility and Recertification
- Reimagining RWHAP Part D
- Technical Expert Panels: Housing; People who are Justice-Involved; Women; People Over 50



## Address Co-occurring Conditions

- Enhancing Linkage of Sexually Transmitted Infection (STI) and HIV Surveillance Data in the RWHAP
- Strengthening Systems of Care for People with HIV and Opioid Use Disorder
- Improving STI Screening and Treatment among People with HIV

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# HRSA HAB Priority to Cure HCV in the RWHAP

**GOAL: Eliminate HCV among HIV co-infected patients in the RWHAP**

**Develop and assess jurisdictional approaches to eliminate HCV among HIV co-infected patients**

**Identify barriers to care (for patients and providers)**

**Establish practice model to incorporate mental health/substance abuse treatment with HCV care**

**Define the HCV care continuum in the RWHAP**



# Lessons Learned: HIV/HCV Co-infection

## Expand/Improve Provider Education

- HIV/HCV co-infection
- HCV treatment
- Connection to substance use
- Health care coverage of treatment

## Improve Patient Education

- HCV knowledge
- Internalized stigma
- Mistrust of medical establishment

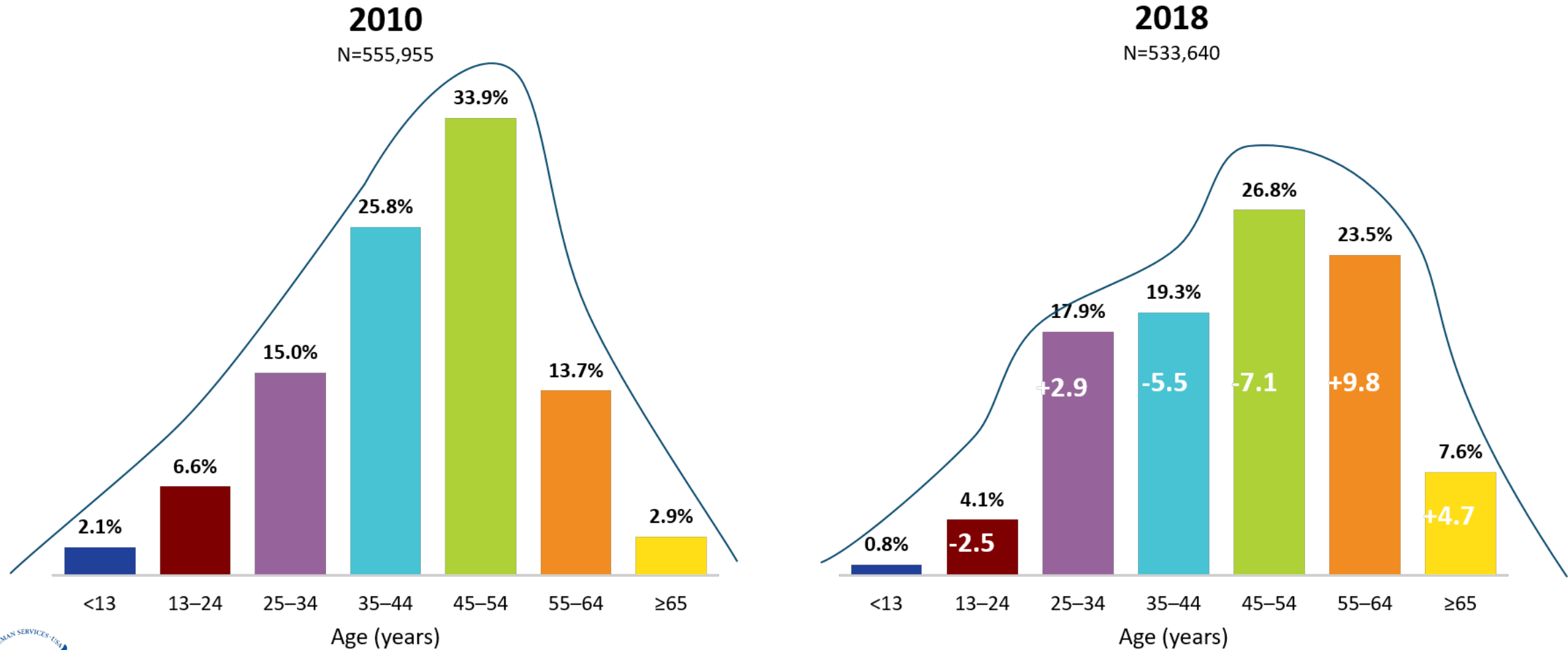
## Use Data

- Employ existing strategies, Data To Care

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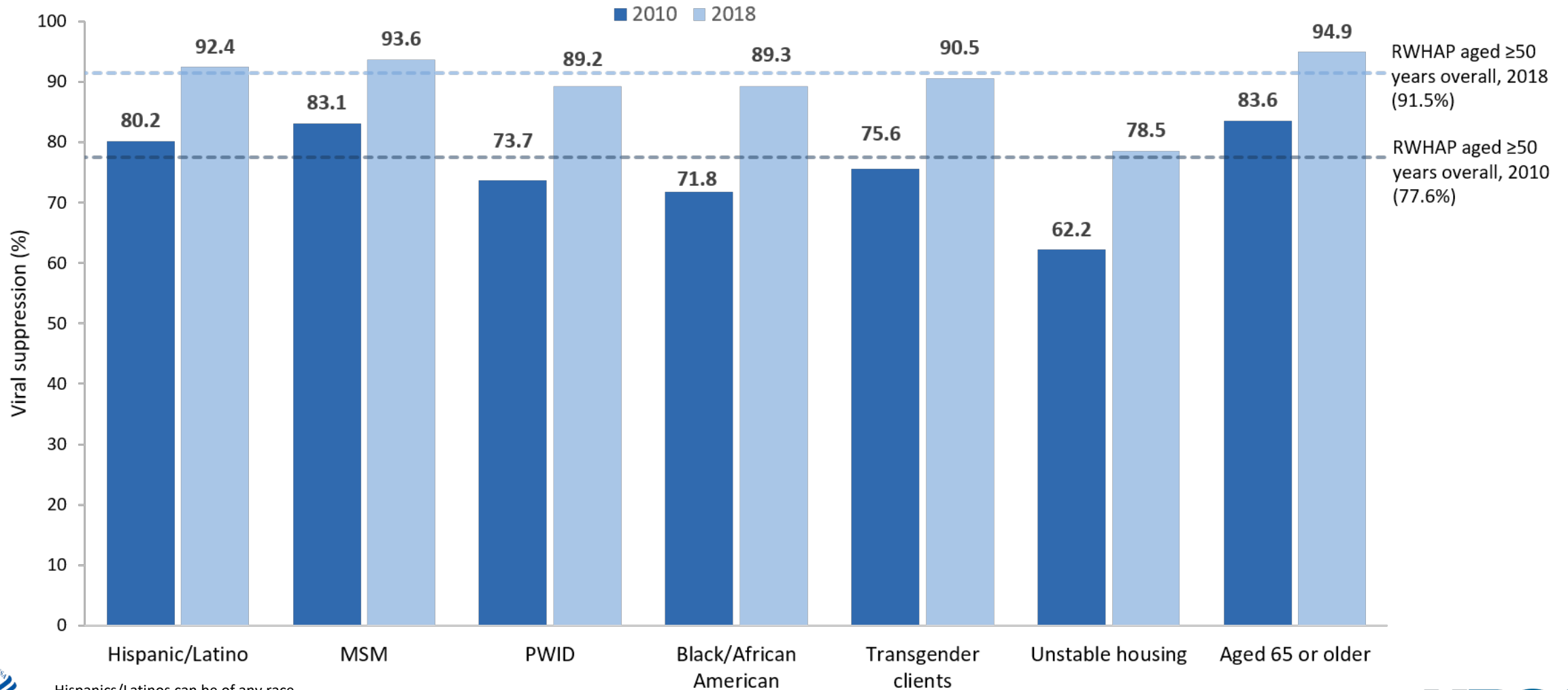
# Ryan White HIV/AIDS Program Clients, by Age Group, 2010 and 2018—United States and 3 Territories<sup>a</sup>



<sup>a</sup> Guam, Puerto Rico, and the U.S. Virgin Islands.



# Adults Aged 50 Years and Older: Viral Suppression among Key Populations Served by the Ryan White HIV/AIDS Program, 2010 and 2018—United States and 3 Territories<sup>a</sup>



Hispanics/Latinos can be of any race.

Viral suppression: ≥1 OAHs visit during the calendar year and ≥1 viral load reported, with the last viral load result <200 copies/mL.

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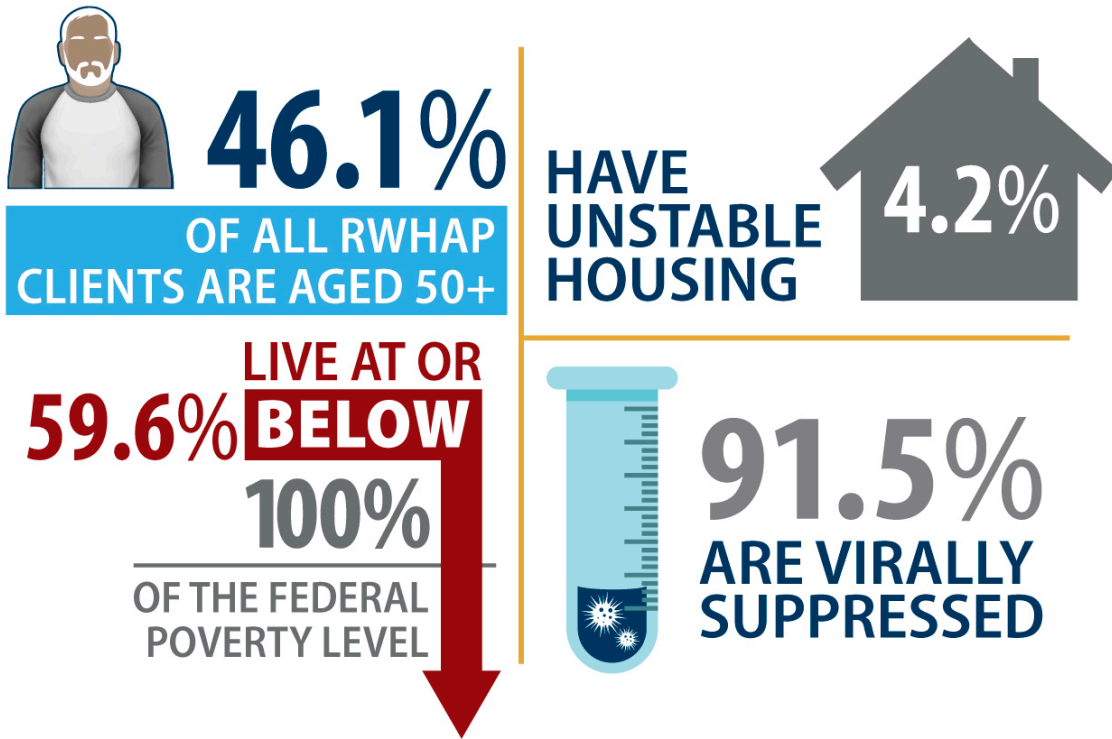


# Top Services Used by RWHAP Clients Aged 50 Years and Older, 2018

Clients aged $\geq$ 50 years Rank Order	RWHAP Service Category	Clients aged <50 years Rank Order
1	Outpatient/ambulatory health service	1
2	Medical case management	2
3	Non-medical case management	3
4	Oral health care	5
5	Medical transportation services	4
6	Food bank/home-delivered meals	9
7	Mental health services	6
8	Health education/risk reduction	8
9	Referral for health care & supportive services	7
10	Medical nutrition therapy	16



# HRSA HAB Activities with a Focus on People with HIV Over 50



- **Policy Clarification Notice:** RWHAP funds can pay Medicare premiums and cost sharing
- **CROI Poster Presentation:** Projected growth and needs of older adults in the RWHAP
- **AIDS Education and Training Centers National Coordinating Resource Center Toolkit:** Care of People Aging with HIV
- **CHAC Recommendations Letter:** Develop a tool to support HIV providers' care for people with HIV as they age
- **HIV.gov Blog:** Growing Ryan White Client Population Over 50 Years Old on HIV.gov
- **Access Care & Engagement (ACE) TA Center:** Training on how to leverage Medicare for people with HIV

# Continuing to Improve Outcomes among People with HIV Over 50



## Services

- Improve accessibility of services (e.g., telehealth)
- Expand services (e.g., Nutrition and Medical Transportation)
- Coordinate supportive employment and housing services



## Clients

- Identify and address age-related conditions
- Understand impact of age and sustained viral suppression
- Consider unique needs of long-term survivors



# Thank You!

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

**Health Resources and Services Administration (HRSA)**

**Web: [hab.hrsa.gov](http://hab.hrsa.gov)**

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# Update on NCHHSTP Data and Activities

**Jonathan Mermin, MD, MPH**  
**Rear Admiral, USPHS**

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

Federal AIDS Policy Partnership (FAPP) Meeting  
December 11, 2019



# New HIV infections declined, but progress has stalled

## 1980s

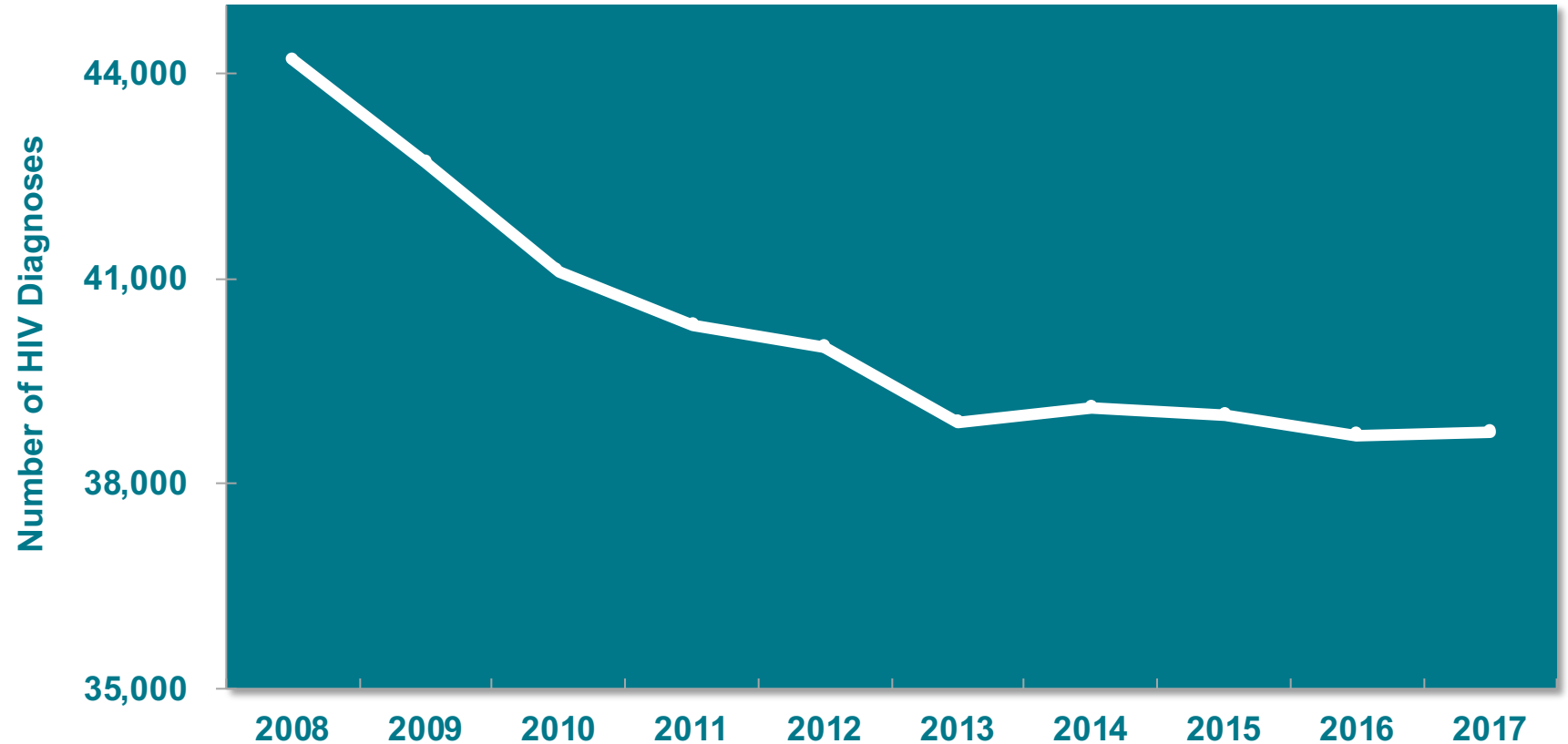
Peak incidence  
near 130,000 annually

## 2008 - 2012

Interventions driven  
infections down  
to <40,000 annually

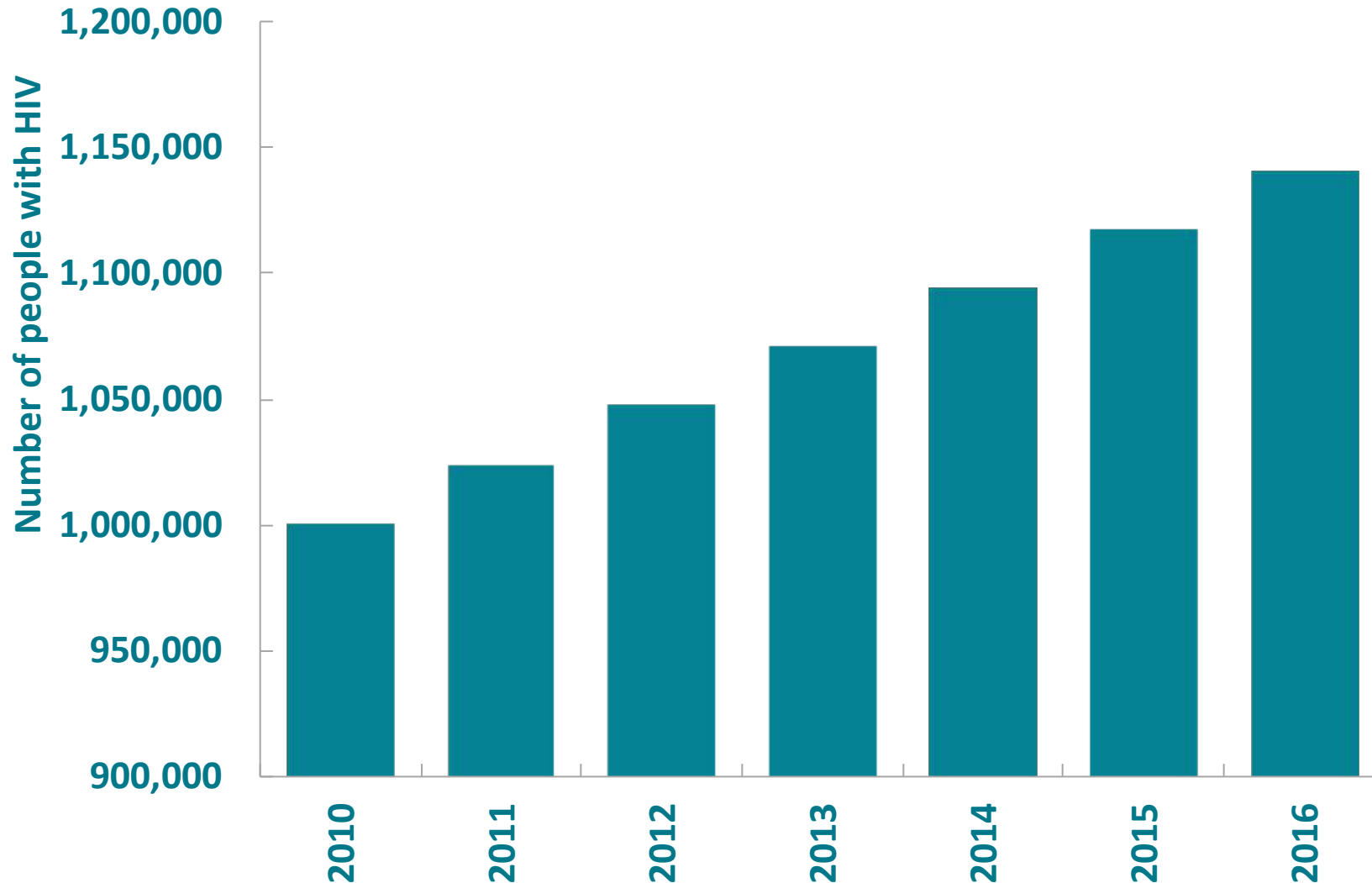
## 2013- Present

HIV infections stable



>\$15 billion saved over time

# More people are living with HIV

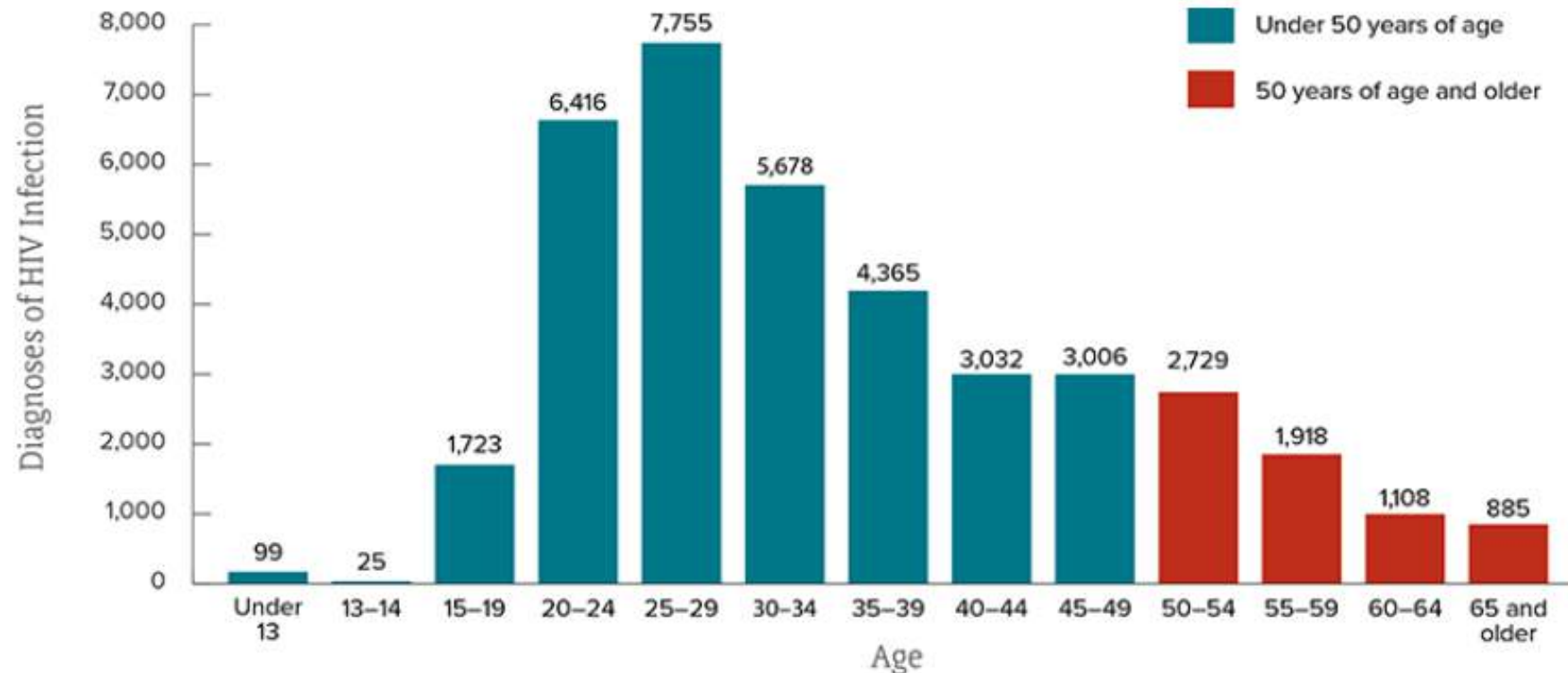


Number of people living with HIV increased 50% from 1996 to 2016

Proportion of all HIV infections that are diagnosed increased from 75% to 86% from 2000 to 2016

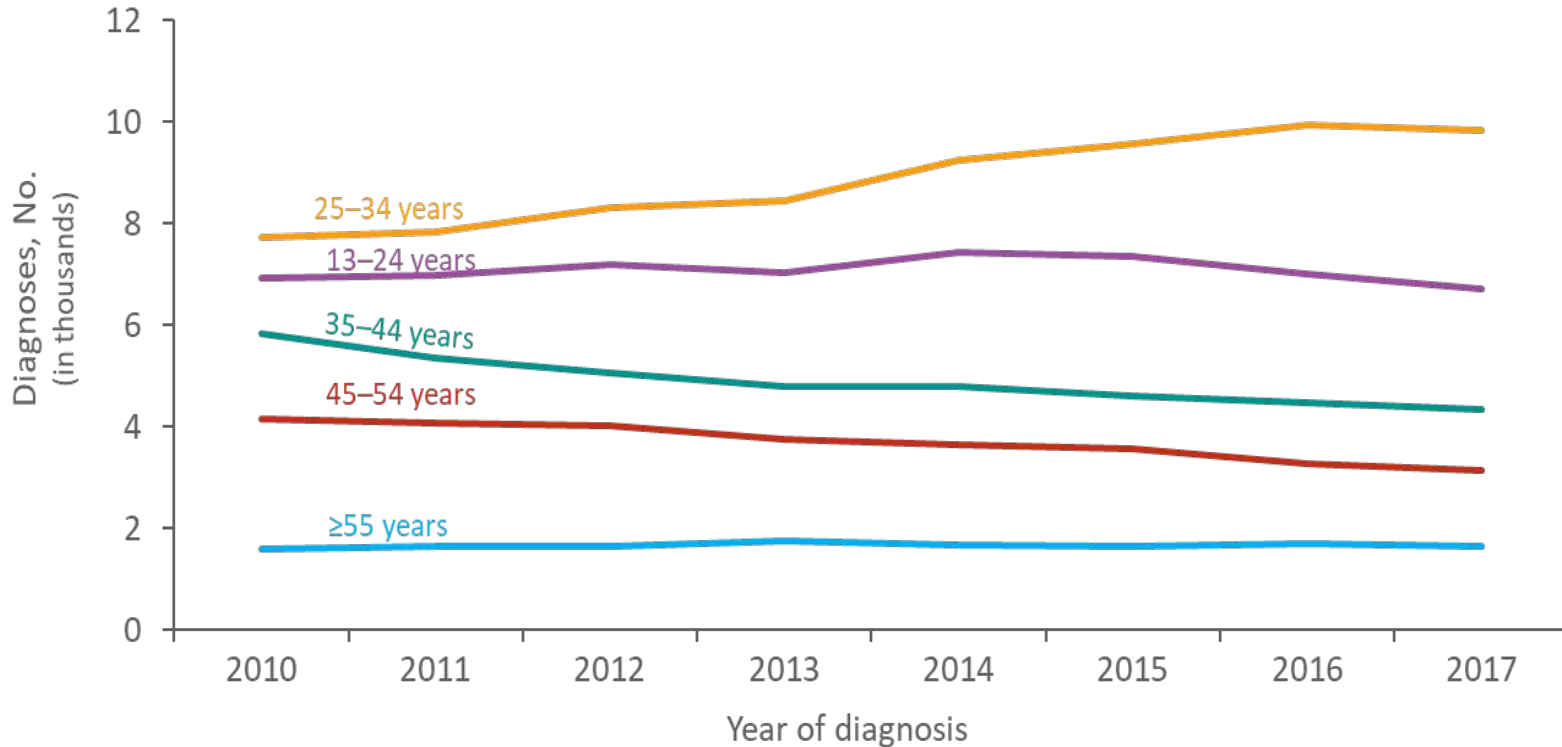
# HIV diagnoses among people aged 50 and older has remained stable

New HIV Diagnoses in the US and Dependent Areas by Age, 2017



**50% of people living with HIV are 50 and older**

# HIV diagnoses among MSM has overall stabilized

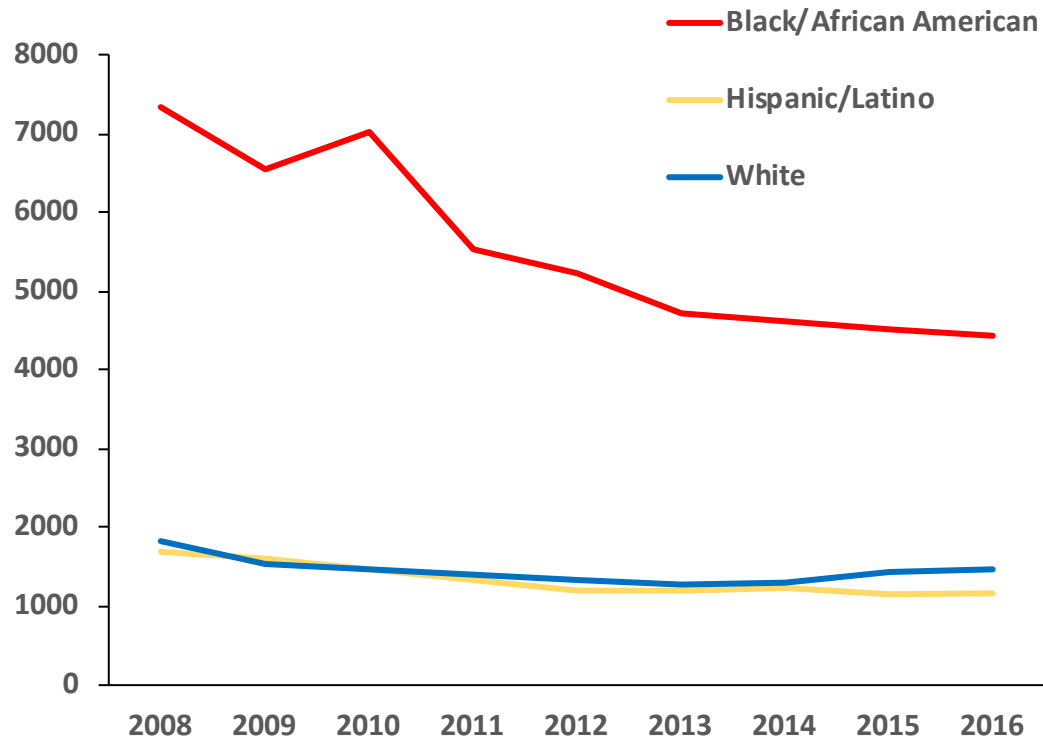


Prevalence of HIV is over **150 times** higher in men who have sex with men and transgender women than heterosexual men and women

HIV incidence is 8 times higher among African Americans and 3 times higher among Hispanics/Latinx than whites

# Some HIV disparities are improving

HIV Diagnoses among Women by Race/Ethnicity, 2008-2016



2010 → 2014

Overall rate: 7.7 → 6.4

Absolute rate difference: 37 → 28

Diagnosis disparity ratio 1.7 → 1.2

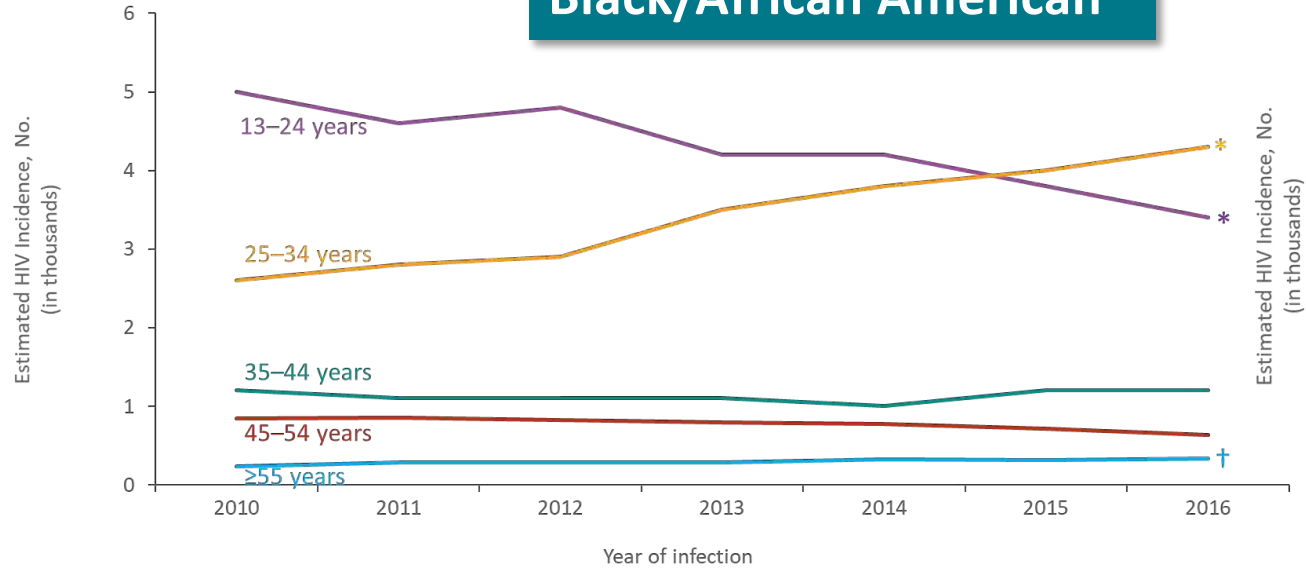
Index of disparity: 160 → 148

McCree, et al. MMWR. 2017.

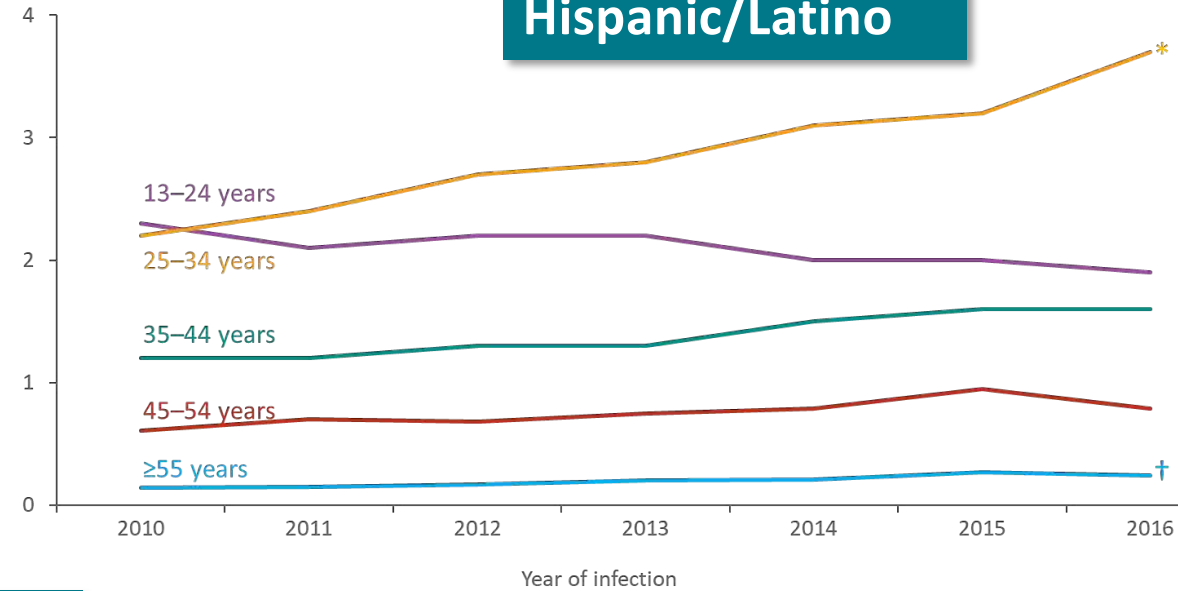


# HIV incidence in MSM

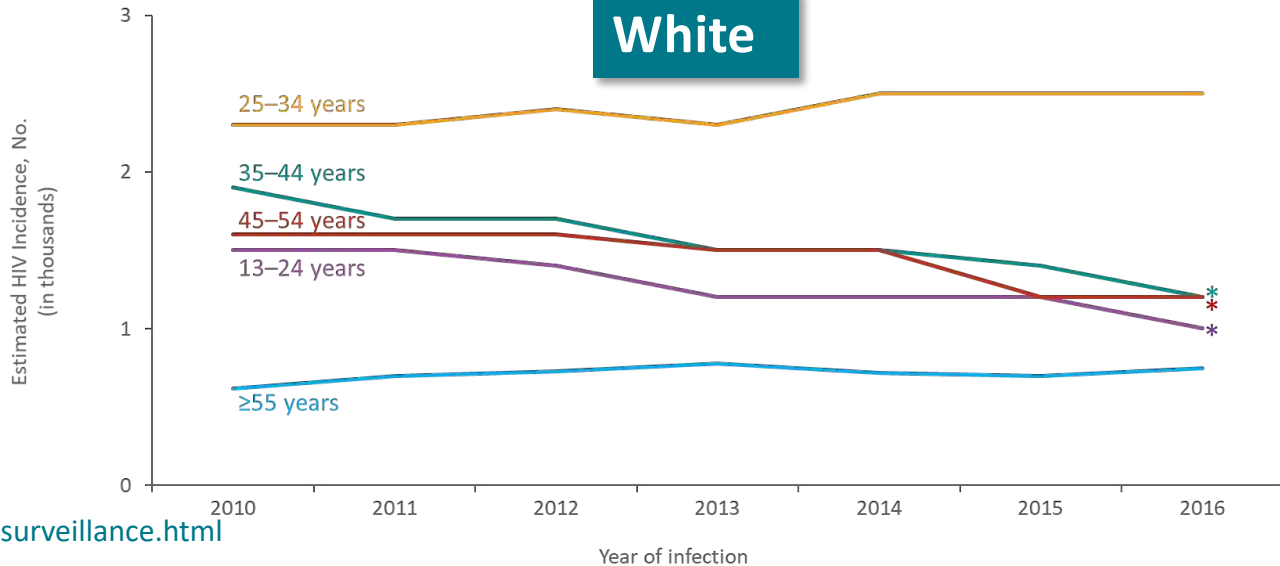
## Black/African American



## Hispanic/Latino

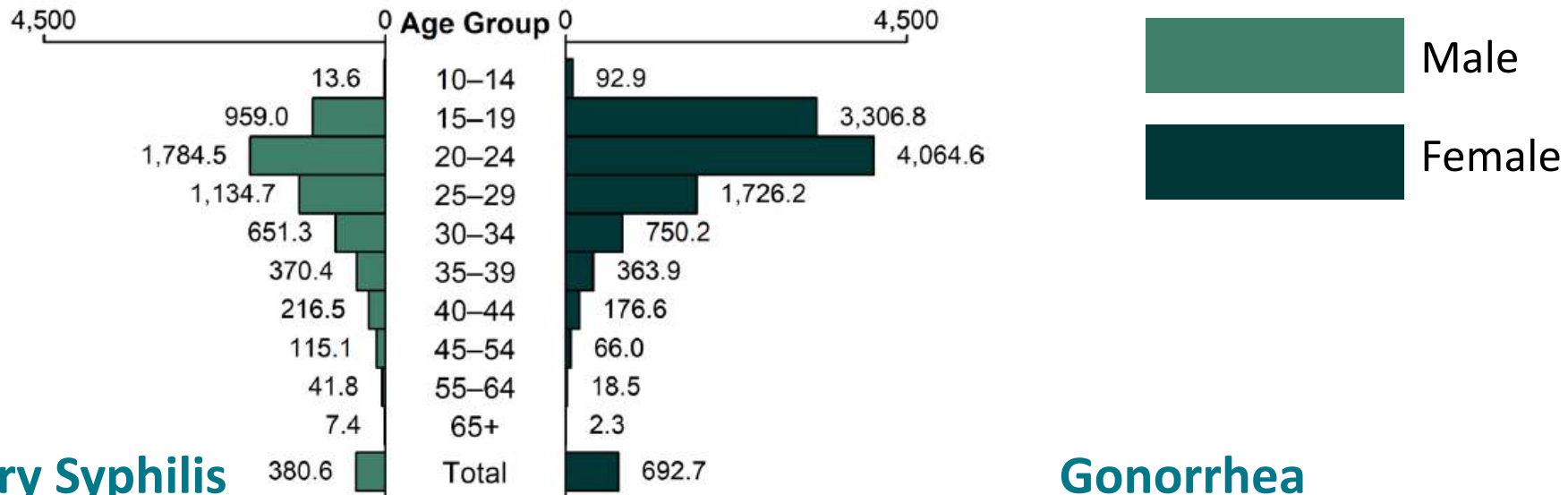


## White

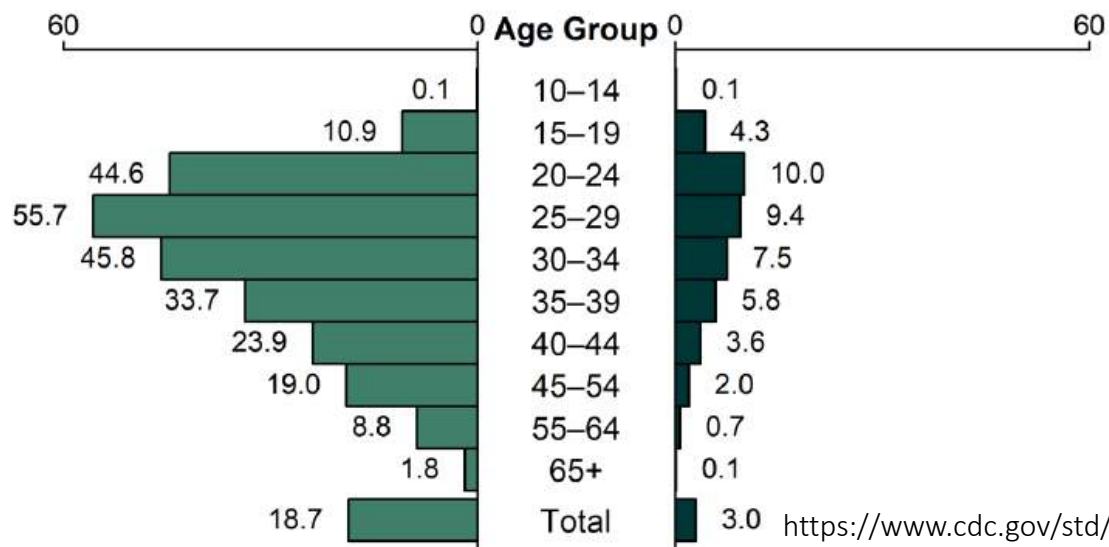


# STD rates are highest in people <35 years

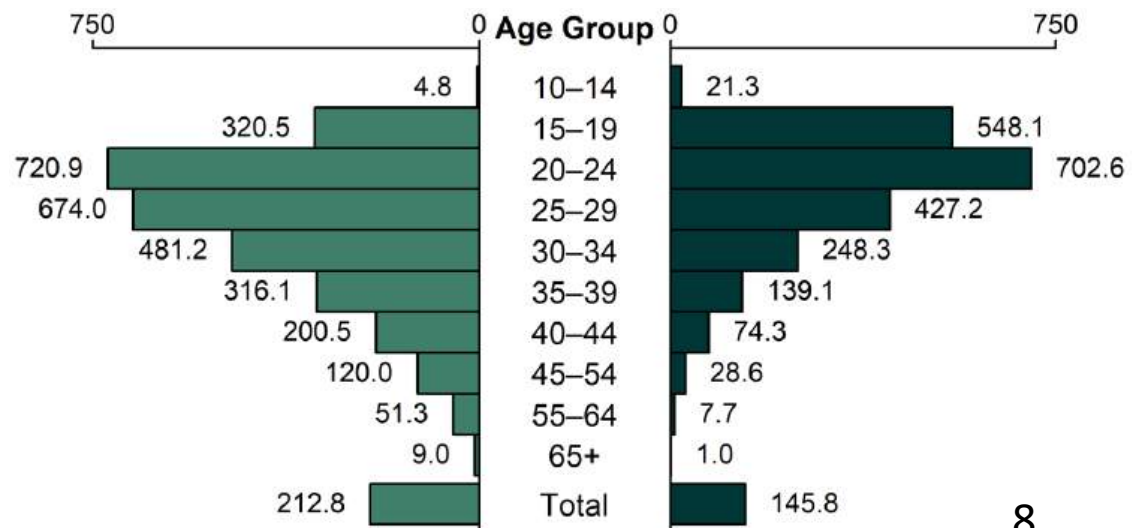
## Chlamydia



## Primary and Secondary Syphilis

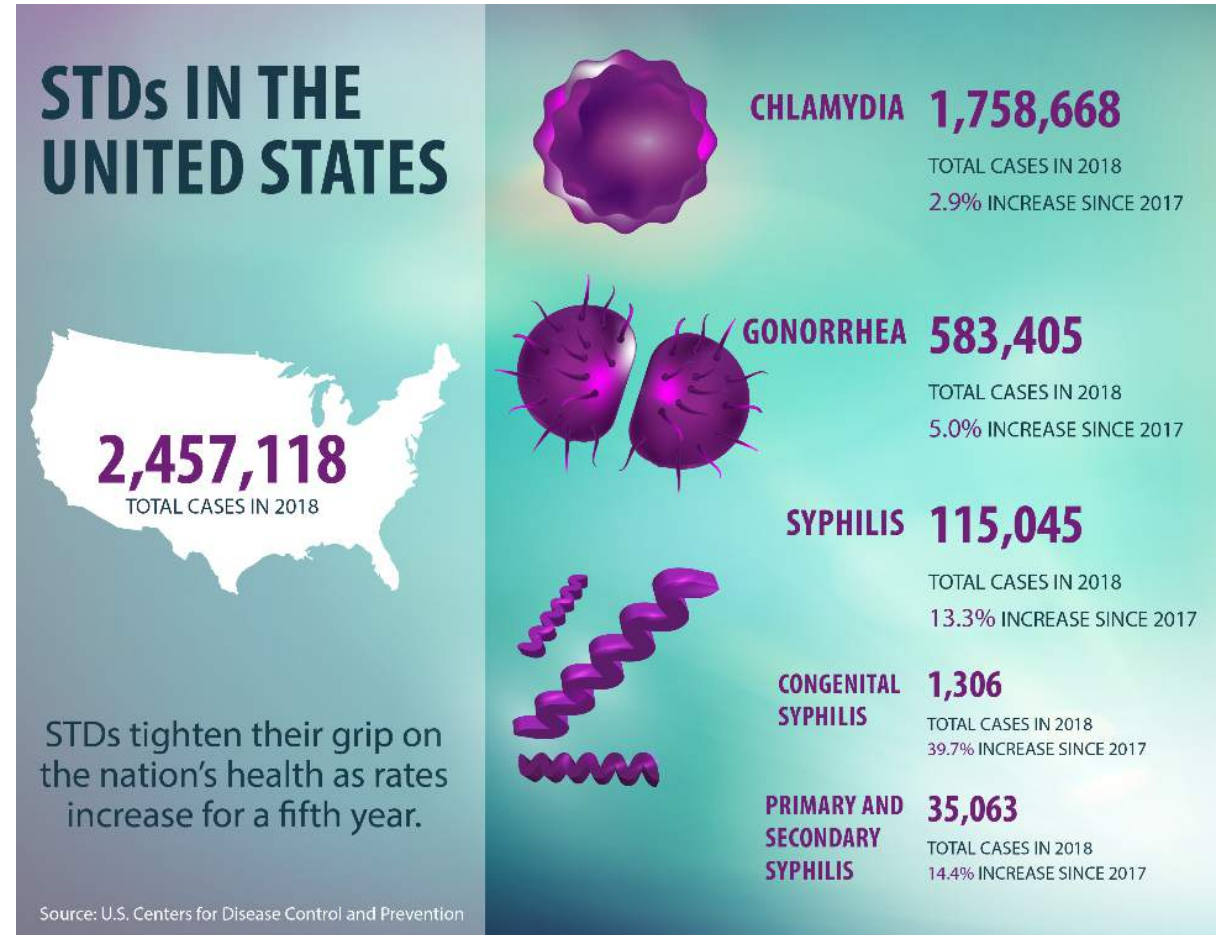


## Gonorrhea



# Addressing STDs are part of the solution for HIV

- Having an STD doubles the risk of acquiring or transmitting HIV during sex among heterosexuals
- About half of men diagnosed with syphilis have HIV
- Routinely screening and treating people with HIV for STDs will decrease new HIV infections



# Ending the HIV epidemic: A plan for America

**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).

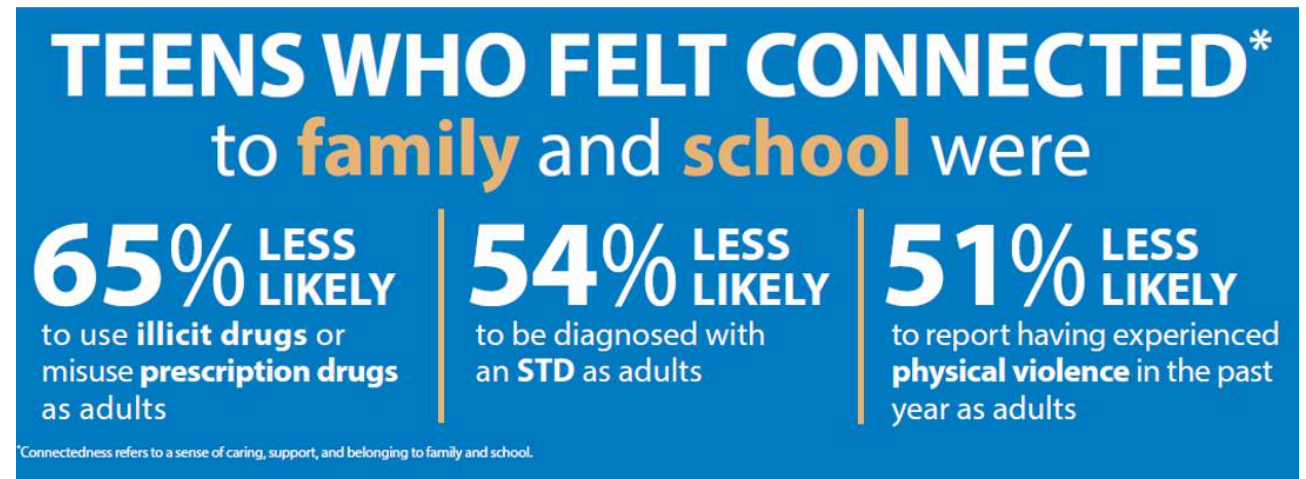
**Respond** quickly to potential HIV outbreaks to get needed prevention and treatment services to people who need them.





# Primary prevention among youth is part of ending the HIV epidemic

- CDC works with schools to implement:
  - High quality sexual health education
  - Linkage to health services
  - Safe and supportive school environments
- School and family connectedness in adolescence has been linked to positive health outcomes in adulthood



# Key actions to help end the HIV epidemic

**HIV tests** determine the next prevention step, PrEP or HIV treatment.

## TEST FOR HIV

**86%** of people with HIV know they have it.  
**TARGET: 95%**

### PREVENT

People without HIV, but at risk for it, can take PrEP as prescribed to prevent getting HIV.



### TREAT

People who know they have HIV should take medicine daily to control the virus.



**Vitalsigns<sup>TM</sup>**

[www.cdc.gov/vitalsigns/test-treat-prevent](http://www.cdc.gov/vitalsigns/test-treat-prevent)

CS31 0419-6

\* The 4th pillar of Ending the HIV Epidemic, Respond, is not a part of these Vital Signs data.

SOURCE: MMWR December, 2019



# Most transmissions are from people who don't know their status or aren't in care

HIV TRANSMISSIONS IN 2016		
% OF PEOPLE WITH HIV	STATUS OF CARE	ACCOUNTED FOR X% OF NEW TRANSMISSIONS*
<b>15%</b>	didn't know they had HIV	<b>38%</b>
<b>23%</b>	knew they had HIV but weren't in care	<b>43%</b>
<b>11%</b>	in care but not virally suppressed	<b>20%</b>
<b>51%</b>	taking HIV medicine and virally suppressed	<b>0%</b>

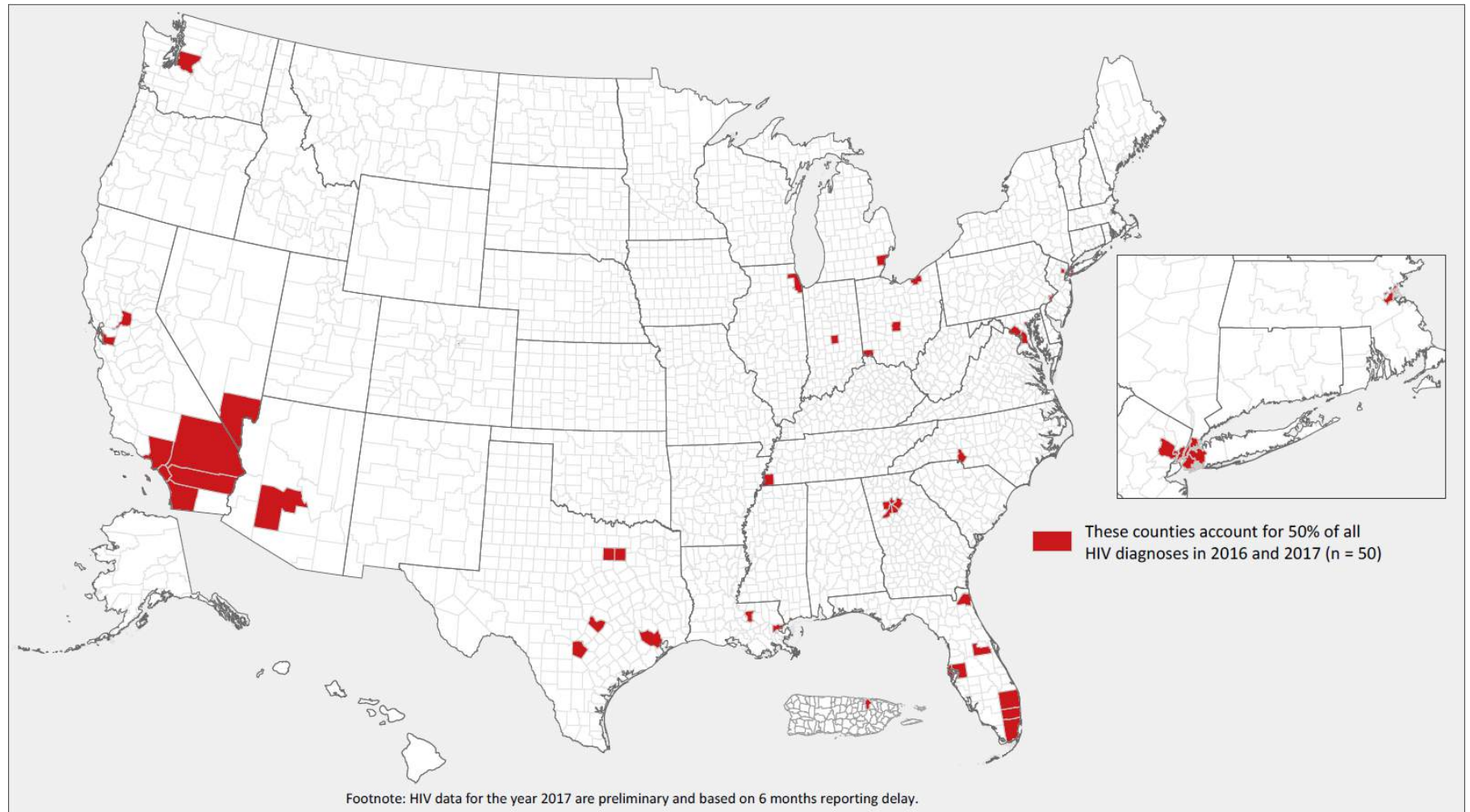
\*Values do not equal 100% because of rounding

SOURCE: Vital Signs, 2019

- Average time from infection to diagnosis is 3 years
- 81% of HIV infections are transmitted by people who don't know they have HIV or aren't in care

# HIV is concentrated geographically

About 50% of new HIV diagnoses\* occurred in only 48 counties, Washington, D.C., and San Juan, Puerto Rico.

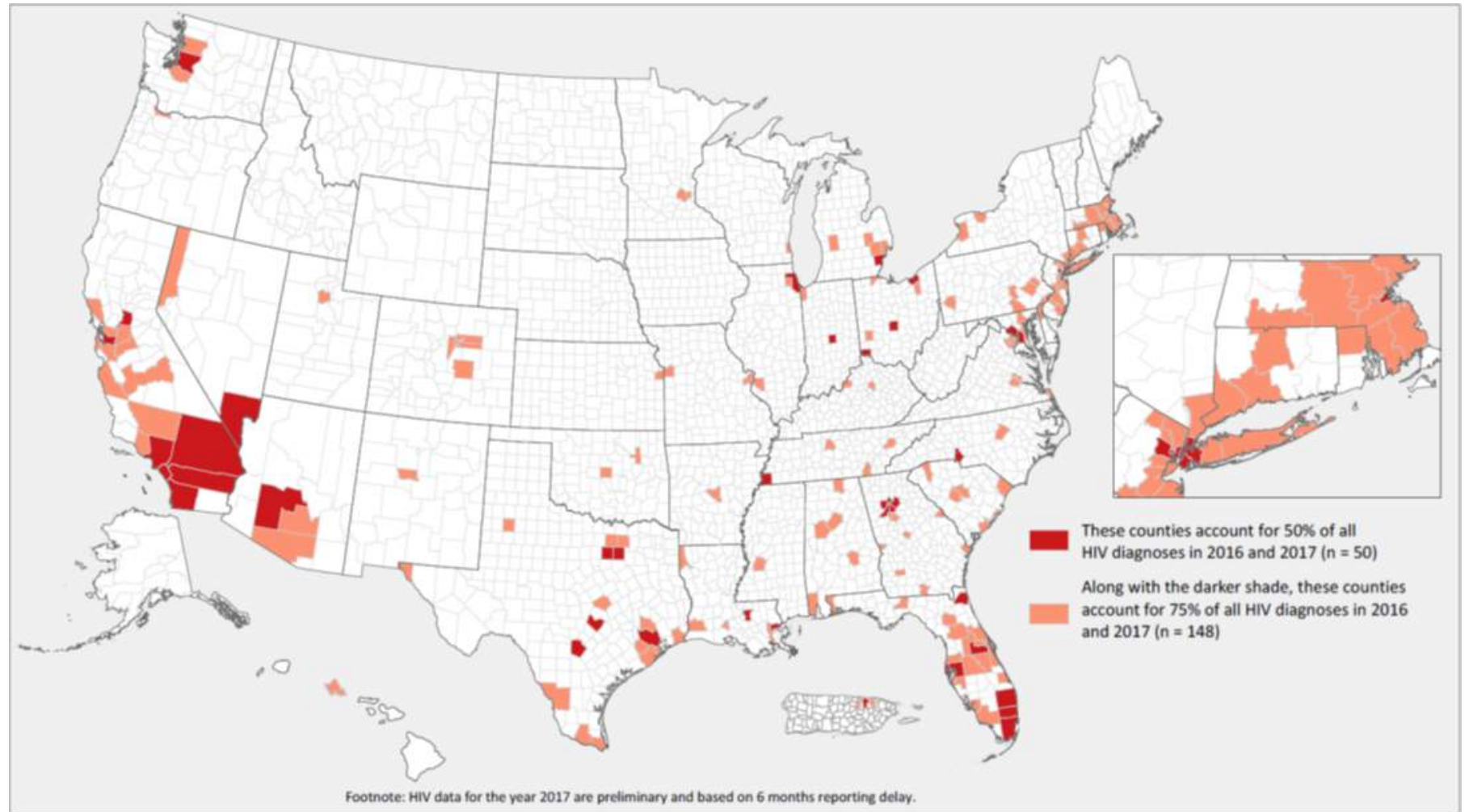


\*2016-2017 data. Full list of locations: [cdc.gov/endhiv/priorities.html](https://www.cdc.gov/endhiv/priorities.html)



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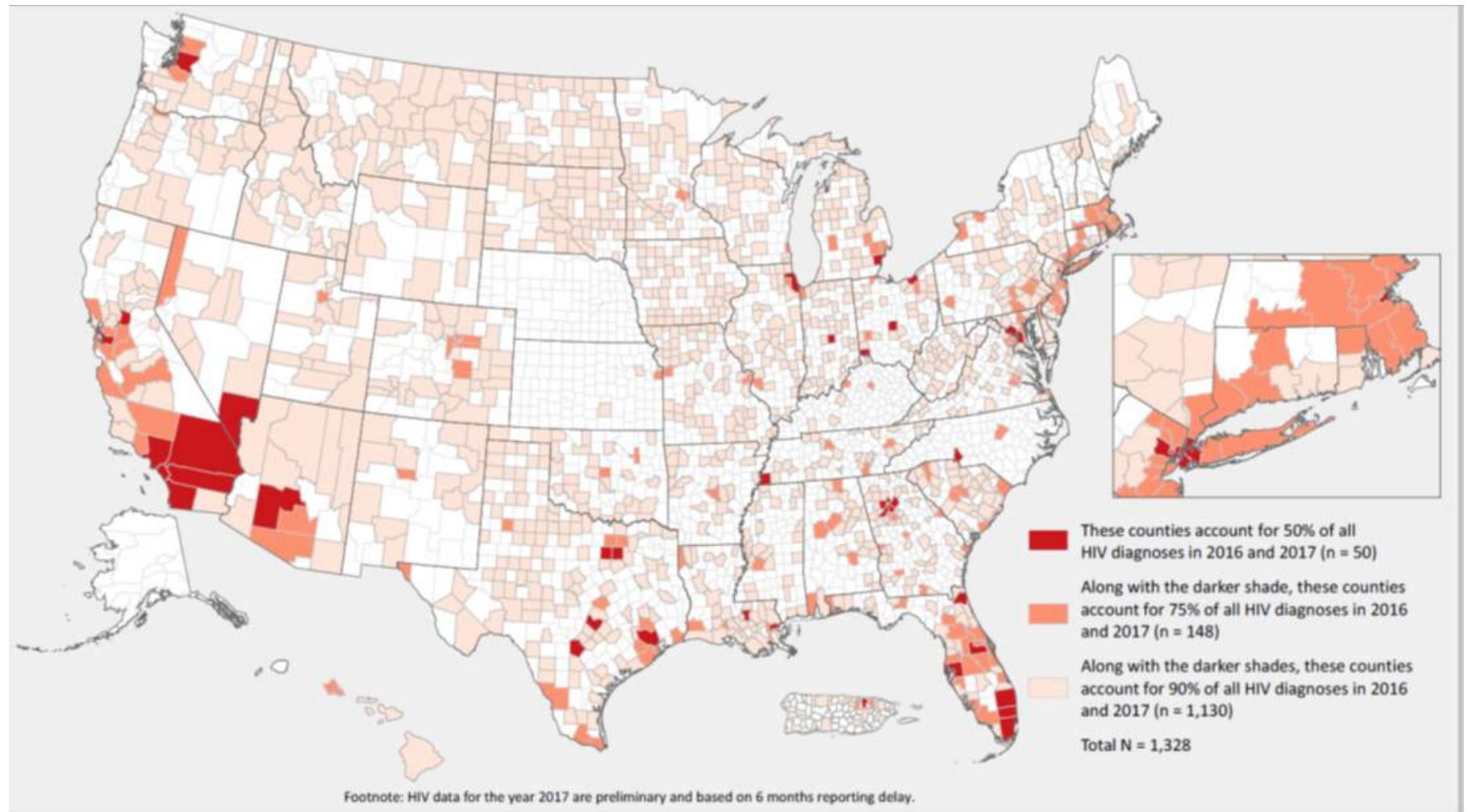
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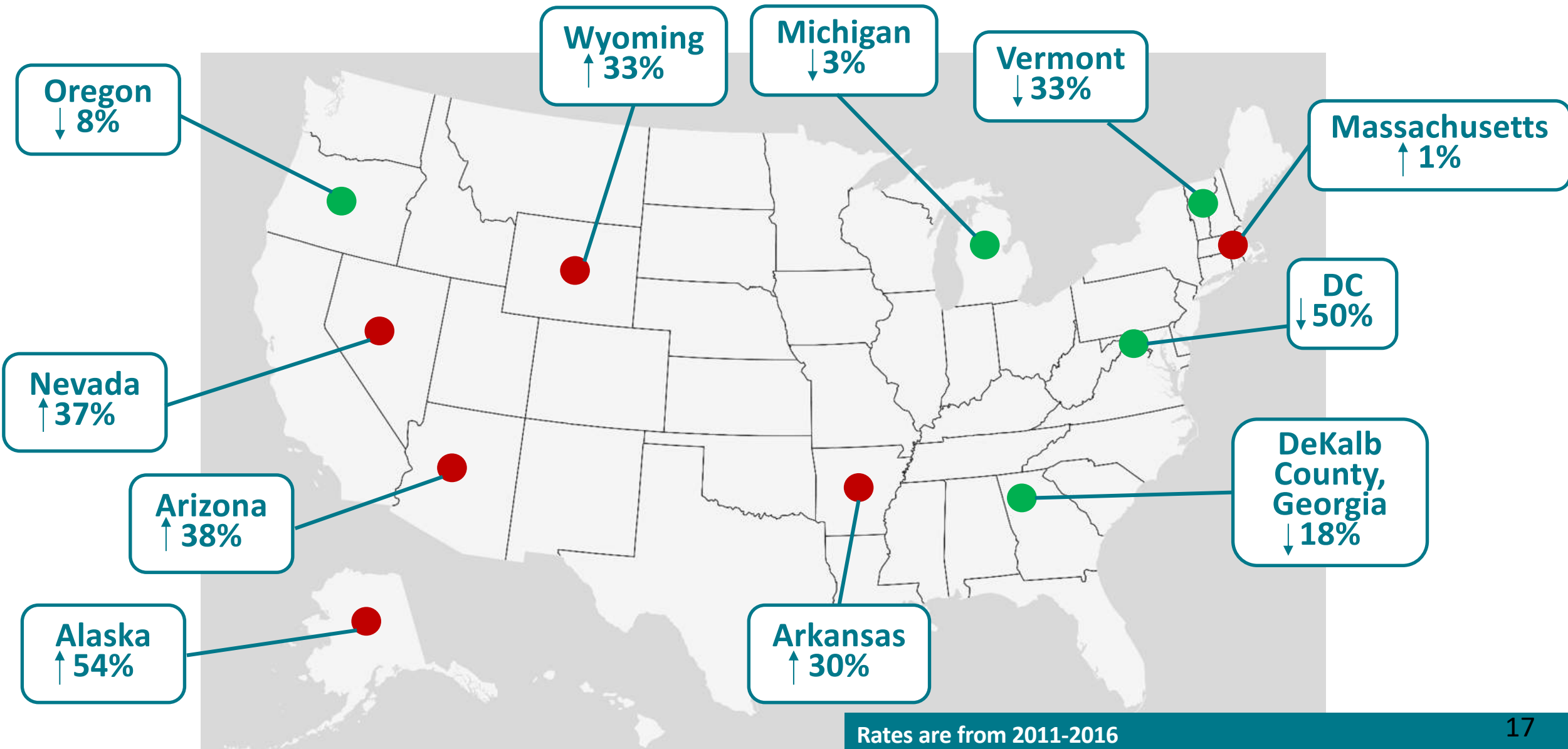
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# HIV diagnosis trends vary across cities and states



Rates are from 2011-2016

# Preparing for Ending the HIV Epidemic

Jumpstart  
Sites

EHE  
Planning

Preparing  
for FY 2020

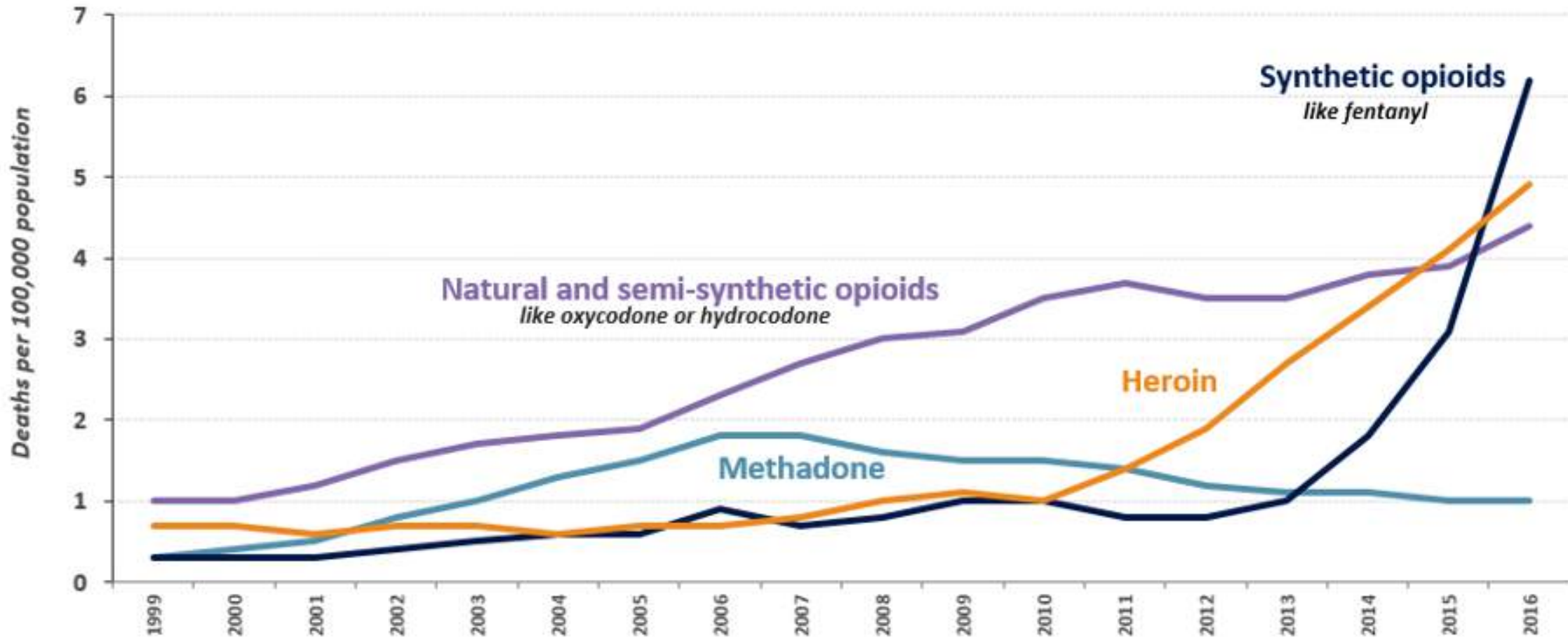
- **4 Jumpstart Pilot Projects**
  - DeKalb, Baltimore, East Baton Rouge, and Cherokee Nation (~1.5M each)
  - \$1.3M for STD clinics to increase STD and HIV prevention services including PrEP
- \$12M awarded to target jurisdictions to develop EHE plans
- NASTAD funded \$1.5M in 2019 to provide support to jurisdictions
- 2020 funds to be awarded to implement EHE activities





# Infectious disease consequence of the opioid epidemic and syringe service programs

# Massive increase in opioid deaths



SOURCE: National Vital Statistics System Mortality File.

# HIV outbreaks among people who inject drugs have increased across the United States

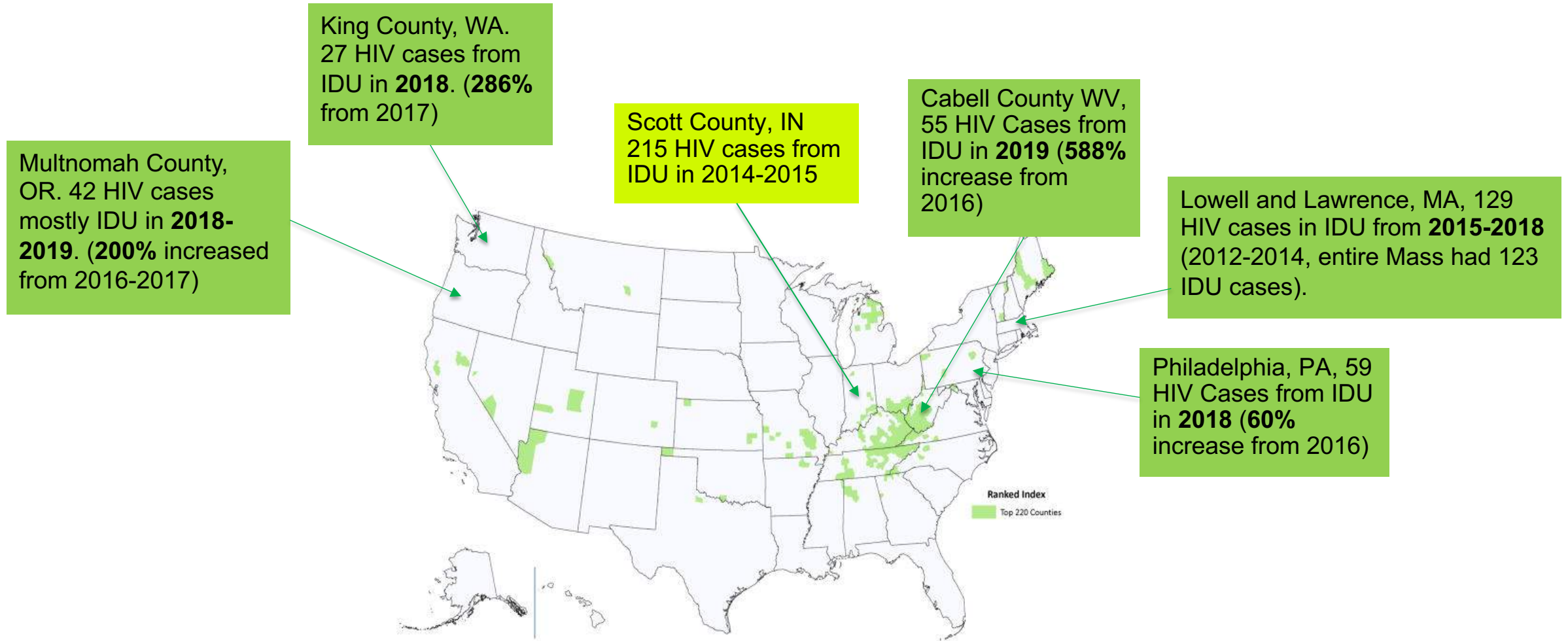
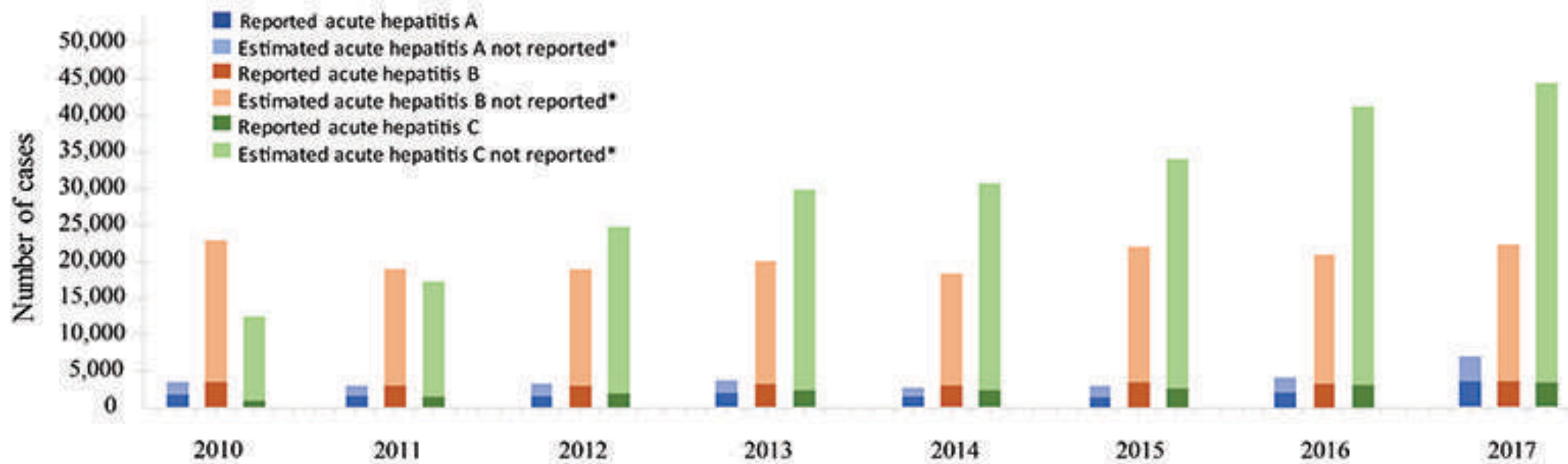


Figure adapted from Volkow *et al.*, 2019  
Updated data from publications, presentations, or health alerts.



# Acute cases of hepatitis A, B, and C increased in 2017

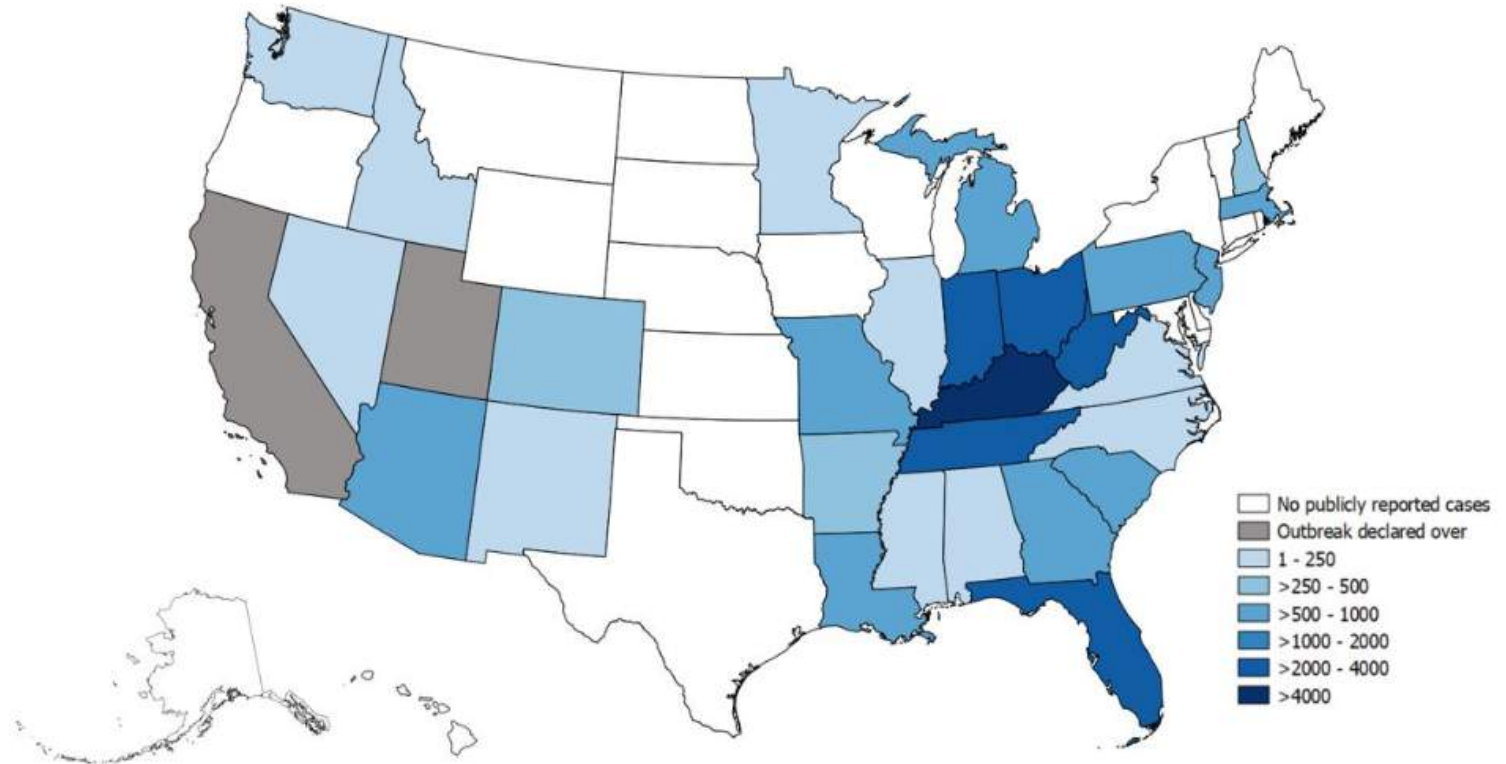
- Increase mainly attributed to increased injection drug use and low vaccination rate of adults at risk for hepatitis A and B infections



# 30 states reporting hepatitis A outbreaks, 2016–2019

As of December 2, 2019:

- **Number of total cases: 28,609**
  - **Hospitalizations: 17,316 (60%)**
  - **Deaths: 288**
- **Primary groups affected**
  - **People who use drugs**
  - **People who experiencing homelessness**



# Comprehensive Syringe Services Programs (SSPs)

- Provide access to, and safe disposal of, sterile needles and syringes
- Services, or referral to services
  - Substance use disorder treatment
  - Screening and treatment for HCV, HIV, and other infectious diseases
  - Naloxone distribution
  - Vaccinations
  - Social, mental health, and other medical services

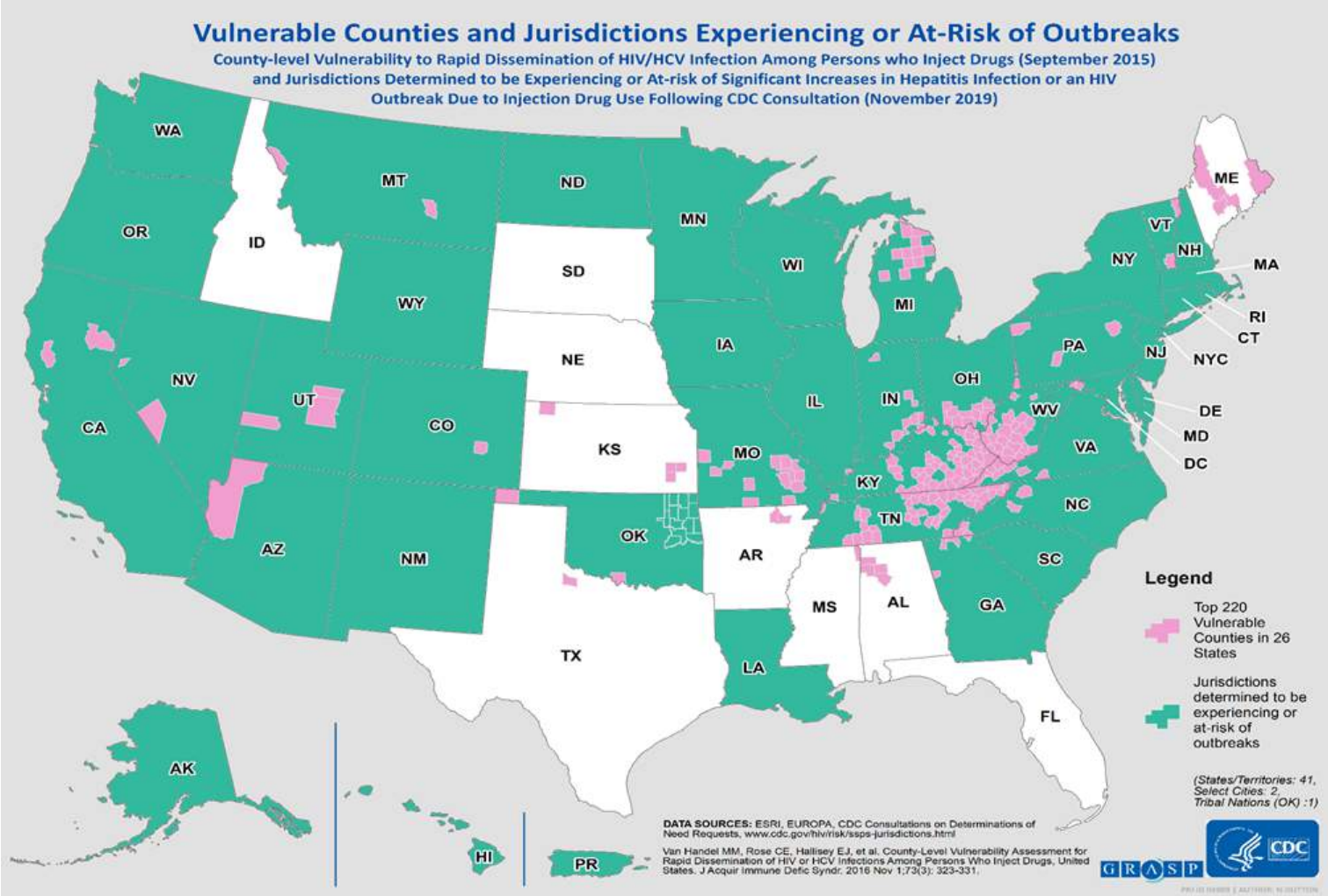


# SSPs improve the health of people who inject drugs

- **SSPs prevent transmission of blood-borne infections**
  - **SSPs associated with ~50% decline in viral hepatitis and HIV transmission – and greater declines with medication-assisted treatment (MAT)**
- **SSPs save lives**
  - **SSPs prevent overdose deaths by tripling the chance a person will stop injecting drugs, and by distributing naloxone to the people who will be close by when overdoses occur.**



# 46 states, DC, and Puerto Rico have documented they have areas experiencing or at risk for increases of hepatitis C/HIV



Source: <https://www.cdc.gov/ssp/determination-of-need-for-ssp.html>



# New resources to address infectious disease and opioid epidemic

- Invested in FY2019 in new program Initiatives
  - National Harm Reduction Technical Assistance and Syringe Services Program (SSP) Monitoring and Evaluation (3 years)
  - Improving Hepatitis B and C Care Cascades: Focus on Increased Testing and Diagnosis (1 year)
- Strengthen national capacity for communication with public safety and skeptical general public audiences
- Promote scientific evidence on disease epidemiology, programmatic, and scientific interventions or strategies related to injection drug use associated infection



**Thank you.**

# Health Center Program Fundamentals



## Serve High Need Areas

- Must serve a **high need community or population** (e.g. HPSA, MUA/P)



## Patient Directed

- Private non-profit or public agency that governed by a **patient-majority community board**



## Comprehensive

- Provide **comprehensive primary care** and enabling services (e.g. education, outreach, and transportation services)



## No One is Turned Away

- Services are **available to all** with fees adjusted based upon ability to pay



## Collaborative

- **Collaborate with other community providers** to maximize resources and efficiencies in service delivery

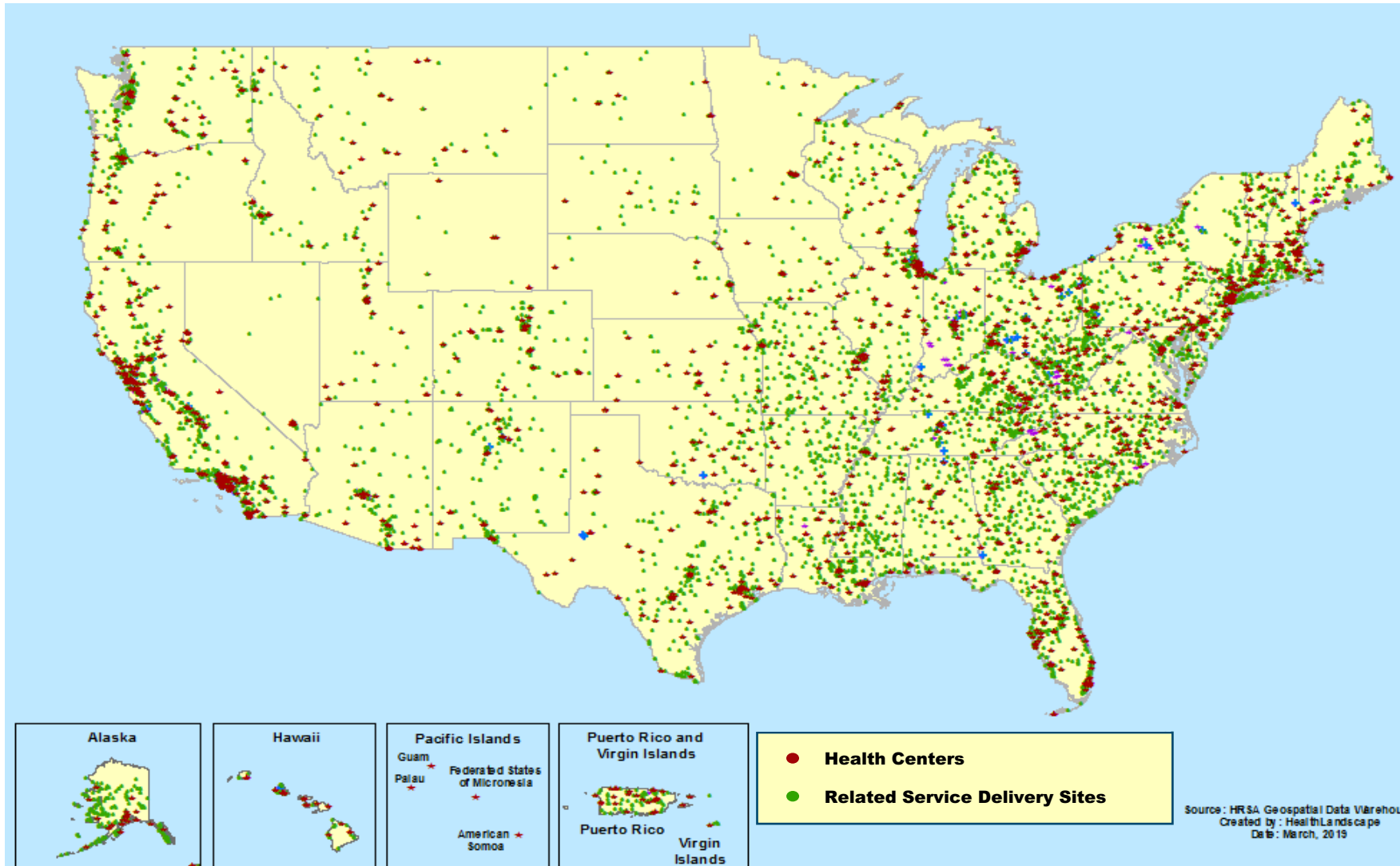


## Accountable

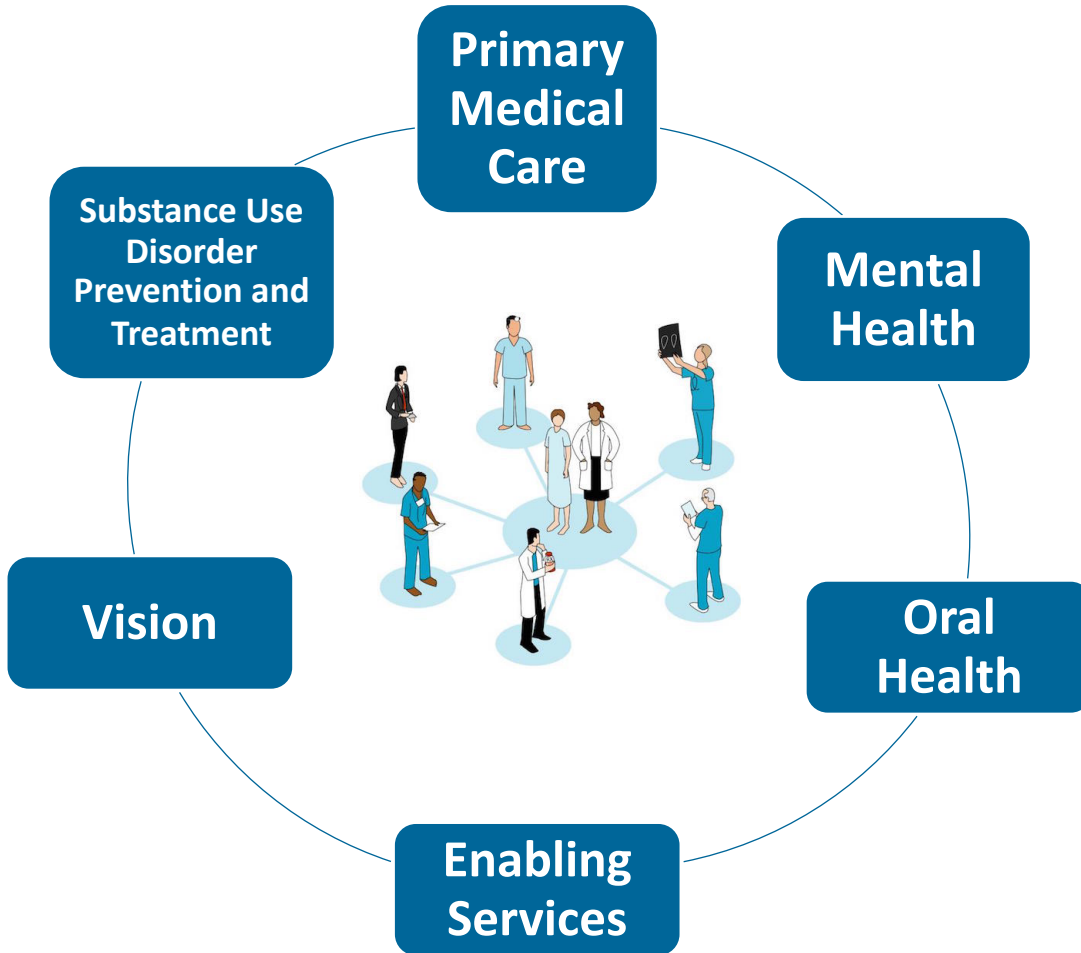
- Meet **performance and accountability requirements** regarding administrative, clinical, and financial operations



# 1,400 Health Centers and 12,000 Related Service Delivery Sites Serve More Than 28 Million Patients



# Health Center Care Model



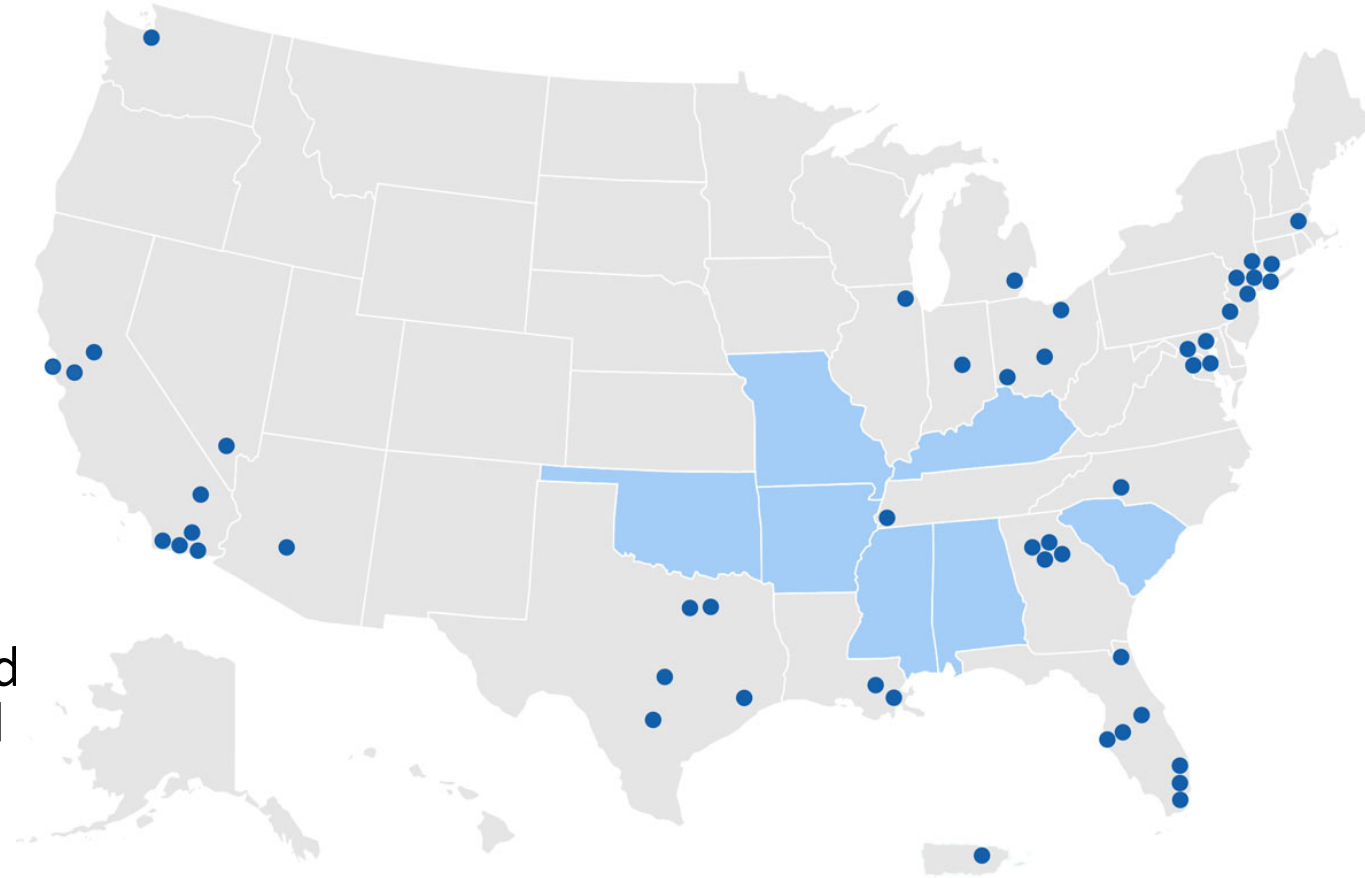
Category	2016	2017	2018	Δ 2016-2018
Total Health Center Patients	25,860,296	27,174,372	28,379,680	^ 10%
Medical	21,880,295	22,866,468	23,827,122	^ 9%
Dental	5,656,190	6,116,732	6,406,667	^ 13%
Mental Health	1,788,577	2,049,194	2,249,876	^ 26%
Substance Use Disorder	141,569	168,508	223,390	^ 58%
Vision	599,314	670,973	746,087	^ 24%
Enabling	2,482,751	2,549,897	2,593,393	^ 4%



# Ending the HIV Epidemic: Health Center Program

- 2.4 million HIV tests conducted annually
- 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
- More than 600 health centers purchase Pre-Exposure Prophylaxis (PrEP) through the 340B Program
- FY 2020: \$50 million to support increased outreach, testing, care coordination, and HIV prevention services, including PrEP, in targeted counties/cities and States.

## Geographic Outreach



# Health Center Program Funding Overview

- **Primary Care HIV Prevention (PCHP) Supplemental Funding**

- \$50 million for HRSA-funded health centers in the identified geographic areas
- Eligible applicants: dually funded (BPHC and RWHAP) health centers or health centers with MOUs with RWHAP sites
- Expected release: Fall, 2019
- Expected awards:
  - ✓ Early Calendar Year 2020

## PCHP OBJECTIVES

Engage new and existing patients to identify those at risk for HIV	Increase patients tested for HIV	Increase patients who receive prevention education and clinically-indicated PrEP
Increase linkage to HIV treatment	Enhance/Establish partnerships to support HIV prevention activities	Within 8 months of award, add staff to support HIV prevention services and PrEP



# Health Center Promising Practices



## Diagnose

- Community outreach team
- Mobile vans
- Youth peer educators
- Collaboration with community based organizations
- Routine opt-out HIV testing
- EHR alerts and reminders



## Prevent

- Same day PrEP starts
- TelePrEP
- PrEP navigators
- PrEP standard order sets
- Easy access follow-up PrEP clinics

***Bring Care to Where People Are***

# 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

