Region III
National HIV/AIDS Strategy Regional Meeting

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Office of HIV/AIDS and Infectious Disease Policy
Office of the Assistant Secretary for Health
August 2, 2012
Office of HIV/AIDS and Infectious Disease Policy (OHAIDP)

- HIV/AIDS & the National HIV/AIDS Strategy (NHAS) & the Secretary’s Minority AIDS Initiative Fund (SMAIF)
- Viral Hepatitis & the Viral Hepatitis Action Plan
- Blood Safety and Blood Availability
- Presidential Advisory Council on HIV/AIDS (PACHA)
Estimated New HIV Infections in the U.S., 2009, for the Most-Affected Subpopulations

U.S. Racial/Ethnic Disparities in HIV Incidence

U.S. Department of Health & Human Services


75 percent of U.S. HIV patients lack effective care

By Maggie Fox, NBC News

Only a quarter of Americans infected with the AIDS virus are getting effective treatment, according to a U.S. government report released Friday -- and the youngest patients are the worst off. The numbers could worsen if states don’t broaden health care as called for under the 2010 health reform law, scientists worry.

It’s the first comprehensive look by the Centers for Disease Control and Prevention at who is getting effective care, and it doesn’t paint a promising picture. The findings raise even more alarm bells as study after study presented at the International AIDS Conference in Washington this week show that treatment can help stop the spread of HIV.

“The majority of people living with HIV in the United States are not on antiretroviral treatment, not in stable care,” Dr. Kenneth Mayer of The Fenway Institute and Harvard Medical School in Boston told a news conference. “They need to be in care first and then able to get treatment.”

The study finds that just over a third of HIV patients have steady care -- 34 percent of African-Americans, 37 percent of Latinos and 38 percent of whites.

Younger patients are the least likely to be getting the cocktails of drugs that can keep them healthy and help keep them from infecting others. Just 15 percent of those aged 25-34 had the virus suppressed to desired levels, compared to 36 percent of those aged 55-64. Only 22 percent of young adults were even getting HIV drugs to treat their infection, the CDC found.
Percentage of HIV-infected persons engaged in selected stages of the continuum of HIV care – United States, 2009

- **Diagnosed**: 82%
- **Linked to Care**: 66%
- **Retained in Care**: 37%
- **Prescribed ART**: 33%
- **Virally Suppressed**: 25%

*Source: CDC, AIDS 2012*
National HIV/AIDS Strategy

- Goals:
  - Reduce HIV incidence
  - Increase access to care and optimize health outcomes
  - Reduce HIV-related health disparities

“Our country is at a crossroads. Right now, we are experiencing a domestic epidemic that demands a renewed commitment, increased public attention, and leadership.”
- President Obama July 13, 2010
Reduce New HIV Infections

• Improving Alignment of Funding to Achieve Maximum Impact
  o Changes to CDC’s five year **Health Department Funding** including: funding formula based on those living with an HIV diagnosis rather than AIDS; integration of High Impact Prevention prioritization (testing, prevention with positives, condom distribution, etc.)
  o **ECHPP**

• Advancing HIV Prevention Science to Reduce HIV Transmission
  o NIH’s support of basic clinical research on HIV prevention (vaccines, microbicides and behavioral interventions) but also the use of therapeutics as prevention (PrEP; “Test and Treat” or “treatment as prevention” and HPTN 052) & improved MTC or vertical transmission strategies
  o Other HHS agencies and offices continue to explore opportunities to break down silos and better coordinate prevention and treatment

• Intensifying Efforts to Promote and Support HIV Testing
  o Expanded HIV testing for disproportionately impacted populations including African American and Hispanic MSM & in substance abuse treatment facilities
  o Other: Including HIV, STI and DV testing & counseling in Women’s Preventive Health Services Guidelines
Increasing Access to Care and Improving Health Outcomes for PLWHA

- **Increasing Access to HIV Care**
  - Expanded HIV care in community health centers with guidance, protocols, training & technical assistance from HRSA’s Bureau of Primary Health Care
  - Expanded Medicaid coverage
  - ACA implementation (elimination of pre-existing condition barrier for children)

- **Strengthening Provider Capacity to Deliver HIV Care**
  - Updating and disseminating treatment and care guidelines to providers
  - Training clinicians through HRSA’s HIV/AIDS Bureau & Bureau of Health Professions
  - HRSA’s National Center for HIV Care in Minority Communities, an AETC, to enhance culturally competent HIV care capacity of community health centers

- **Improving Health Outcomes for HIV-infected Individuals through Research**

- **Addressing Viral Hepatitis Co-infections to Improve Health Outcomes:**
  - Viral Hepatitis Action Plan
Reduce HIV-Related Disparities and Health Inequities

- Strengthening Efforts to Measure and Utilize Community Viral Load
  - CDC and HRSA technical guidance, consultation & funding for expanded lab functions to funded health jurisdictions

- Restructuring the Secretary’s Minority AIDS Fund
  - Improved targeting and priority setting (w/ more OHAIDP guidance)
  - Use of demonstration projects
  - Standardizing common metrics

- Heightened Efforts to Improve HIV Prevention, Care, and Treatment among Vulnerable Populations
  - Enhanced HIV testing opportunities for African and Latino MSM, AANH & PI communities & Native communities
  - Office of Adolescent Health’s National Resource Center for HIV/AIDS Prevention among Racial and Ethnic Minority Adolescents
  - Other: expanded funding for telehealth; funding for ex-offenders and their partners; gender-responsive strategies & NIH’s continued disparities research*
A more coordinated national response to HIV/AIDS

- Ensure coordinated program administration
- Promote equitable resource allocation
- Streamline and standardize data collection
- Provide rigorous evaluation of current programs and redirect resources to the most effective programs
- Provide regular public reporting
- Encourage States to provide regular progress reports
IMPLEMENTING THE NATIONAL HIV/AIDS STRATEGY

HHS  HUD  DOJ

DOL  VA  SSA

U.S. Department of Health & Human Services
Example # 1
Common Metrics Needed

“...we must identify a set of common metrics that can be used across HHS-funded HIV/AIDS activities to measure program outcomes in the 12 Cities Project. Developing a streamlined set of common metrics that can be used by all federally funded programs providing HIV/AIDS services makes good sense, will reduce inefficiencies, and will ultimately decrease costs.”

DHHS Secretary Kathleen Sebelius
January, 2011
Achieving a More Coordinated National Response

1. Develop improved mechanisms to monitor, evaluate, and report on progress toward achieving national goals
   - “We need to measure the results of our efforts to reduce incidence and improve health outcomes to chart our progress in fighting HIV and AIDS nationally, and refine our response to this public health problem over time. (NHAS, p. 29).”

2. Standardize data collection and simplify grantee reporting
   - “The Federal Government should take short- and long-term efforts to simplify grant administration activities, including work to standardize data collection and grantee reporting requirements for Federal HIV programs (NHAS, p. 29).”
Key Principles for Implementing Common Core HIV/AIDS Indicators

- Align with NHAS goals
- Collaborate with federal and non-federal partners
- Find smallest set of common core indicators
- Standardize definitions, reporting (demographics, etc)
- Use existing data/indicators to the extent possible
- Augment core indicators, as needed
- Reduce grantee burden
- Remove redundant indicators and data elements
- Strive for interoperability of data systems
Proposed Domains for Standardized HIV/AIDS Prevention, Treatment, & Care Indicators

- HIV+ Diagnosis
- Early HIV diagnosis
- Initial linkage to care
- Sustained engagement in care
- Initiation of antiretroviral treatment
- Viral load suppression
- Housing
## Domain, number, and examples of active HHS HIV/AIDS performance indicators

<table>
<thead>
<tr>
<th>Domain</th>
<th>N</th>
<th>Example</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>1</strong> HIV+ diagnosis</td>
<td>5</td>
<td>Percent of diagnosed HIV positive persons who receive their results (confirmed or preliminary)</td>
</tr>
<tr>
<td><strong>2</strong> Early diagnosis</td>
<td>2</td>
<td>Percentage of people diagnosed with HIV infection in earlier stages of disease (not stage 3/AIDS)</td>
</tr>
<tr>
<td><strong>3</strong> Initial linkage to HIV medical care</td>
<td>2</td>
<td>Percentage of patients, regardless of age, with a diagnosis of HIV/AIDS who were newly enrolled with a medical provider with prescribing privileges and had a medical visit in each of the 4-month periods in the measurement year</td>
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<tr>
<td><strong>4</strong> Sustained engagement in HIV medical care</td>
<td>2</td>
<td>Percentage of patients, regardless of age, with a diagnosis of HIV/AIDS who had at least one medical visit with a provider with prescribing privileges (see below) in each 6-month period of the 24-month measurement period with a minimum of 60 days between medical visits</td>
</tr>
<tr>
<td><strong>5</strong> Initiation of ART</td>
<td>4</td>
<td>Percent of HIV diagnosed persons in care who were taking ART (separately for all persons and those with most recent CD4&lt;500 cells/mL)</td>
</tr>
<tr>
<td><strong>6</strong> Viral load suppression</td>
<td>3</td>
<td>Percentage of patients, regardless of age, with a diagnosis of HIV/AIDS with a viral load less than 200 copies/mL at last viral load test during the measurement year</td>
</tr>
<tr>
<td><strong>7</strong> Housing</td>
<td>1</td>
<td>Percentage of clients receiving services who had a permanent place to live in the community</td>
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*Includes persons meeting criteria for treatment initiation even in absence of an AIDS diagnosis.*
Proposed HHS Recommendations to its OpDivs and Staff Offices

1. Within 90 days, work with OASH to finalize a set of common, core HIV/AIDS indicators.

2. In the subsequent 90 days, finalize plans with OASH to implement core indicators, streamline data collection, and reduce reporting burden by at least 20 – 25% for HHS HIV/AIDS grantees.

3. Fully deploy this operational plan by the beginning of FY2014.
### Example # 2 - ECHPP & 12 Cities At-A-Glance

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<thead>
<tr>
<th></th>
<th>ECHPP</th>
<th>12 Cites Project</th>
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<tbody>
<tr>
<td><strong>Lead Entity</strong></td>
<td>CDC/DHAP</td>
<td>HHS/OASH/OHAP</td>
</tr>
<tr>
<td><strong>MSAs (“Cities”)</strong></td>
<td>12 highest AIDS cases, 2007</td>
<td>12 MSAs+</td>
</tr>
<tr>
<td><strong>Primary Partners</strong></td>
<td>State and local health departments, communities</td>
<td>Federal departments &amp; agencies, advocates</td>
</tr>
<tr>
<td><strong>NHAS Targets</strong></td>
<td>HIV/AIDS infections, Care, Disparities (1, 2, 3)</td>
<td>Coordinate national response (4)</td>
</tr>
<tr>
<td><strong>Goal</strong></td>
<td>Enhance planning, coordination, implementation</td>
<td>Concentrate Federal resources for maximal impact on epidemic</td>
</tr>
<tr>
<td><strong>Key Activities</strong></td>
<td>• Review resource allocations</td>
<td>• Map federal resources in MSAs</td>
</tr>
<tr>
<td></td>
<td>• Maximize impact on incidence w/data-driven decision-making</td>
<td>• Address gaps in program coverage and scale</td>
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<td></td>
<td>• Deploy required, recommended, and innovative interventions to scale</td>
<td>• Coordinate services/funding</td>
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<td></td>
<td>• Conduct monitoring and evaluation</td>
<td>• Develop common indicators</td>
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<tr>
<td></td>
<td>• Extract lessons from 12 MSAs</td>
<td>• Streamline reporting requirements</td>
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<tr>
<td></td>
<td></td>
<td>• Apply lessons nationally</td>
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12 MSAs Represent 44% of Epidemic

<table>
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<tr>
<th>Rank</th>
<th>Metro Statistical Area/Metropolitan Division</th>
<th>Dec. 2007 Est. AIDS Cases</th>
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<tbody>
<tr>
<td>1</td>
<td>New York Division</td>
<td>66,426</td>
</tr>
<tr>
<td>2</td>
<td>Los Angeles Division</td>
<td>24,727</td>
</tr>
<tr>
<td>3</td>
<td>Washington Division</td>
<td>15,696</td>
</tr>
<tr>
<td>4</td>
<td>Chicago Division</td>
<td>14,175</td>
</tr>
<tr>
<td>5</td>
<td>Atlanta-Sandy Springs-Marietta, GA</td>
<td>13,105</td>
</tr>
<tr>
<td>6</td>
<td>Miami Division</td>
<td>12,732</td>
</tr>
<tr>
<td>7</td>
<td>Philadelphia Division</td>
<td>12,469</td>
</tr>
<tr>
<td>8</td>
<td>Houston-Baytown-Sugar Land, TX</td>
<td>11,277</td>
</tr>
<tr>
<td>9</td>
<td>San Francisco Division</td>
<td>11,026</td>
</tr>
<tr>
<td>10</td>
<td>Baltimore-Towson, MD</td>
<td>10,301</td>
</tr>
<tr>
<td>11</td>
<td>Dallas Division</td>
<td>7,993</td>
</tr>
<tr>
<td>12</td>
<td>San Juan-Caguas-Guaynabo, PR</td>
<td>7,858</td>
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12 Cities & ECHPP Themes

- Improve Federal communication
- Enhance coordination and collaboration
- Map Federal resources
- Enhance the provision of technical assistance
- Streamline Federal reporting requirements
- Encourage the effective integration of prevention, treatment, and care
- Facilitate state planning
Example # 3

Inter-departmental Collaboration

Federal Leads Work Group has facilitated discussions on:

- HIV/AIDS and housing intersections (letter sent to US Interagency Council on Homelessness; VA and BOP)
- Criminalization issues (DOJ and CDC)
- Areas for consolidating grant awards, successes and current challenges, and proposed measurable outcomes
- Ways to help individuals living with HIV access income supports, including job skills and employment
Example # 4 – Identification of Effective Programs

“By the end of 2011, HHS OS will complete an initiative to compile and collectively assess all effective programs and initiatives for reducing HIV infections among Black Americans.”
African American Program Inventory: Key Aims

- Identify and describe effective programs and initiatives
- Identify gaps and opportunities
- Provide insights into how to optimize resources to greatest effect
African American Inventory: Preliminary Findings

- Investments generally follow the African American HIV epidemic.
- More deliberative targeting of services consisting of HIV prevention, mental health and substance use treatment, and outreach may be warranted, especially in the South and Northeast regions of the U.S.
- Public release anticipated later this year.
Example #5 – Promoting HIV Testing and Prevention
HIV Measure as "Leading Health Indicator"

- **Healthy People 2020** provides a comprehensive set of 10-year, national goals and objectives for improving the health of all Americans.

- A smaller set of Healthy People 2020 objectives, called **Leading Health Indicators (LHI)**, has been selected to communicate high-priority health issues and actions that can be taken to address them.

- June focused on the Reproductive and Sexual Health Indicators:
  - Sexually active females aged 15 to 44 years who received reproductive health services in the past 12 months (FP-7.1)
  - Persons living with HIV who know their serostatus (HIV-13)
Example #6
Centers for Faith-Based and Neighborhood Partnerships (CFBNP)

- Workgroup meetings on collaboration, HIV testing, HIV-related stigma
- Partnered with NASTAD to complete an outreach and resource guide directed at faith communities
- Partnered with ONAP to conduct a live webcast in advance of National HIV Testing Day
- World AIDS Day outreach to faith networks
Example # 7 – Public Engagement

Consultations:

- Funding Policy and Formula (Nov 2010)
- LBGT (March 2011)
- State Plans (April 2011)
- PLWHA (July 2011)
- Metrics and Core Indicators (Sept 2011)
- Safe and Voluntary HIV Disclosure (June 2012)
- Black Gay and Bisexual Men (Anticipated November 2012)
Implementation Challenges

- Fiscal
  - Cost for biomedical interventions
  - Funding for prevention
- Coordination among agencies
- Coordination among federal, state and local level
- Adapting to a changing environment
- Political will to place funds where the epidemic is
- Educating providers on HIV prevention and care
Additional Challenges and Opportunities

- Affordable Care Act and Ryan White Reauthorization

- Social and Structural Determinants of Health: Homelessness, housing instability, HIV-related stigma, homophobia, trans-phobia, racism, sexism, classism, xenophobia, poverty, gender-based discrimination and violence, etc.

- Economy and budget shrinkage
  - Federal deficit
  - 5-year freeze on federal discretionary spending
  - State and local health department cuts, freezes and furloughs

- Indifference and apathy
Visit www.AIDS.gov

- HIV/AIDS Basics
  - HIV/AIDS 101
  - Prevention
  - Diagnosed with HIV/AIDS
  - Staying Healthy with HIV/AIDS

- Federal Resources
  - NHAS Strategy
  - Implementation plans
  - PACHA
  - 12 Cities Project

- HIV/AIDS Awareness Days
- HIV/AIDS News Feeds
The NHAS on AIDS.gov

- Blog posts
  - Strategy in Action
  - Weekly blog posts
- What you can do
- Using New Media
  - New Media Basics
  - How to get Started
  - Tools
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