HIV/AIDS Bureau Updates
Federal AIDS Policy Partnership

December 11, 2019

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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

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

- 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
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
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

47.1% of clients identified as Black/African American

23.2% 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

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

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

a Guam, Puerto Rico, and the U.S. Virgin Islands.
Viral Suppression among RWHAP Clients, by State, 2010 and 2018—United States and 2 Territories

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

* 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

Hispanics/Latinos can be of any race.

Viral suppression: ≥1 OAH5 visit during the calendar year and ≥1 viral load reported, with the last viral load result <200 copies/mL.

*Guam, Puerto Rico, and the U.S. Virgin Islands.

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
Four Pillars of Ending the HIV Epidemic

**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.

75% reduction in new HIV diagnoses in 5 years and a 90% reduction in 10 years.
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
General HRSA HIV/AIDS Bureau Updates
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HIV and Aging Updates and Activities
**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

- **2010**
  - N=555,955
  - Age distribution:
    - <13: 2.1%
    - 13–24: 6.6%
    - 25–34: 15.0%
    - 35–44: 25.8%
    - 45–54: 33.9%
    - 55–64: 13.7%
    - ≥65: 2.9%

- **2018**
  - N=533,640
  - Age distribution:
    - <13: 0.8%
    - 13–24: 4.1%
    - 25–34: 17.9%
    - 35–44: 19.3%
    - 45–54: 26.8%
    - 55–64: 23.5%
    - ≥65: 7.6%

*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\textsuperscript{a}

Hispanics/Latinos can be of any race.

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

\textsuperscript{a} Guam, Puerto Rico, and the U.S. Virgin Islands.

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

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

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!

Laura Cheever, MD, ScM
Associate Administrator

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www.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

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

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

Overall rate: 7.7 → 6.4
Absolute rate difference: 37 → 28
Diagnosis disparity ratio 1.7 → 1.2
Index of disparity: 160 → 148

HIV incidence in MSM

**Black/African American**

- 13–24 years
- 25–34 years
- 35–44 years
- 45–54 years
- ≥55 years

**Hispanic/Latino**

- 13–24 years
- 25–34 years
- 35–44 years
- 45–54 years
- ≥55 years

**White**

- 25–34 years
- 35–44 years
- 45–54 years
- 13–24 years
- ≥55 years

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

- **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

*TEENS WHO FELT CONNECTED* to family and school were

- 65% LESS LIKELY to use illicit drugs or misuse prescription drugs as adults
- 54% LESS LIKELY to be diagnosed with an STD as adults
- 51% LESS LIKELY to report having experienced physical violence in the past year as adults

*Connectedness refers to a sense of caring, support, and belonging to family and school.

Steiner et al. 2019.
Key actions to help end the HIV epidemic

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

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.

MAKE SURE TO HAVE PREP PRESCRIPTION
TARGET 18%

HAVE HIV UNDER CONTROL
TARGET 63%

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

HAVE PREP PRESCRIPTION
TARGET 50%

HAVE HIV UNDER CONTROL
TARGET 95%

* The 4th pillar of Ending the HIV Epidemic, Respond, is not a part of these Vital Signs data.
SOURCE: MMWR December, 2019

www.cdc.gov/vitalsigns/test-treat-prevent
Most transmissions are from people who don’t know their status or aren’t in care

<table>
<thead>
<tr>
<th>% OF PEOPLE WITH HIV</th>
<th>STATUS OF CARE</th>
<th>ACCOUNTED FOR X% OF NEW TRANSMISSIONS*</th>
</tr>
</thead>
<tbody>
<tr>
<td>15%</td>
<td>didn’t know they had HIV</td>
<td>38%</td>
</tr>
<tr>
<td>23%</td>
<td>knew they had HIV but weren’t in care</td>
<td>43%</td>
</tr>
<tr>
<td>11%</td>
<td>in care but not virally suppressed</td>
<td>20%</td>
</tr>
<tr>
<td>51%</td>
<td>taking HIV medicine and virally suppressed</td>
<td>0%</td>
</tr>
</tbody>
</table>

*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
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*2016-2017 data. Full list of locations: cdc.gov/endhiv/priorities.html
HIV diagnosis trends vary across cities and states.

Rates are from 2011-2016.

- Oregon: ↓ 8%
- Nevada: ↑ 37%
- Arizona: ↑ 38%
- Alaska: ↑ 54%
- Wyoming: ↑ 33%
- Michigan: ↓ 3%
- Vermont: ↓ 33%
- DeKalb County, Georgia: ↓ 18%
- Massachusetts: ↑ 1%
- DC: ↓ 50%
Preparing for Ending the HIV Epidemic

- 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
HHS has been conducting EHE outreach and community engagement to develop community-tailored plans

Recommended activities include:

- Reaching new partners to improve HIV prevention and care activities in the jurisdiction
  - including broad voices of community members affected by or living with HIV

- Completing a final EHE plan for the jurisdiction that includes:
  - the HIV prevention and care needs of the community
  - implementation partners
  - community planning bodies
Infectious disease consequence of the opioid epidemic and syringe service programs
Massive increase in opioid deaths
HIV outbreaks among people who inject drugs have increased across the United States

- **Scott County, IN**: 215 HIV cases from IDU in 2014-2015
- **Cabell County WV**: 55 HIV Cases from IDU in 2019 (588% increase from 2016)
- **Lowell and Lawrence, MA**: 129 HIV cases in IDU from 2015-2018 (2012-2014, entire Mass had 123 IDU cases)
- **Philadelphia, PA**: 59 HIV Cases from IDU in 2018 (60% increase from 2016)
- **King County, WA**: 27 HIV cases from IDU in 2018 (286% from 2017)
- **Multnomah County, OR**: 42 HIV cases mostly IDU in 2018-2019 (200% increased from 2016-2017)

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

Counseling on treatment and prevention of HIV and Hepatitis B and C, such as antiretroviral therapy and pre-exposure prophylaxis (PrEP)

Referral to substance use treatment, medical care, mental health services, and other support services

Access to and safe disposal of sterile syringes and injection equipment
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

The Health Center Program is authorized under Section 330 of the Public Health Service (PHS) Act.
1,400 Health Centers and 12,000 Related Service Delivery Sites Serve More Than 28 Million Patients
Health Center Care Model

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

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*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