HIV Implementation Science Summit for EHE Supplement Projects
National EHE Priorities and Activities

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HIV/AIDS Bureau
Division of Policy and Data

Vision: Healthy Communities, Healthy People
Health Resources and Services Administration (HRSA) Overview

• Supports more than 90 programs that provide health care to people who are geographically isolated, economically or medically vulnerable through grants and cooperative agreements to more than 3,000 awardees, including community and faith-based organizations, colleges and universities, hospitals, state, local, and tribal governments, and private entities.

• Every year, HRSA programs serve tens of millions of people, including people with HIV, pregnant women, mothers and their families, and those otherwise unable to access quality health care.
HRSA HIV/AIDS Bureau (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 living with HIV/AIDS and their families.
Highlights: Clients Served by the Ryan White HIV/AIDS Program (non-ADAP), 2017

Served 534,903 clients in 2017

73.6% of clients were racial/ethnic minorities

47.1% of clients identified as Black/African American

23.1% of clients identified as Hispanic/Latino

Served more than 50% of people living with diagnosed HIV in the United States

62.8% of clients were living at or below 100% of the Federal Poverty Level

Viral Suppression among RWHAP Clients, by State, 2010 and 2017—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.
Evolution:
HRSA’s Ryan White HIV/AIDS Program
Implementation Science

HRSA's HIV/AIDS Bureau’s Evolution

- Identify gaps in care
- Identify existing interventions
- Package for rapid implementation
- Evaluate for effectiveness
- Disseminate and assess
## Summary of Guidelines to Assess Different Levels of Evidence

<table>
<thead>
<tr>
<th>Evidence-Based Interventions</th>
<th>Evidence-Informed Interventions</th>
<th>Emerging Strategies</th>
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<tr>
<td>• Demonstrated effectiveness at improving the care and treatment of people with HIV</td>
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<td>• Published research evidence supporting these interventions <strong>meets Centers for Disease Control and Prevention (CDC) criteria for being evidence-based</strong></td>
<td>• Published research evidence <strong>meets HRSA evidence-informed criteria but does not meet CDC criteria for evidence-based interventions</strong>. It may also meet CDC criteria for evidence-informed interventions</td>
<td>• Innovative strategies that address emerging priorities for improving the care and treatment of people with HIV. <strong>Real world validity and effectiveness have been demonstrated, but emerging strategies do not yet have sufficient published research evidence</strong></td>
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General Framework

Rapid implementation

Implementation science evaluation
Identify Gaps in Care
Package for Rapid Implementation

Core elements
of the intervention strategy

Implementation strategies

Tailor/adapt
Four Pillars of Ending the HIV Epidemic

Diagnose
All people with HIV as early as possible.

Treat
HIV rapidly after diagnosis, and effectively, in all people with HIV to help them get and stay virally suppressed.

Prevent
People at risk for HIV using proven prevention interventions, including pre-exposure prophylaxis (PrEP) and syringe service programs (SSPs).

Respond
Quickly to potential HIV outbreaks to get needed prevention and treatment services to people who need them.
Pillar 2: Treat – HRSA’s Focus

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
Moving toward Implementation Science: RWHAP Projects

- **Center for Engaging Black MSM Across the Care Continuum (CEBACC)** – Interventions to improve HIV related outcomes among Black MSM

- **Building Futures for Youth** – Compiling interventions based on best outcomes in RSR. Toolkit with interventions for youth

- **Dissemination of Evidence-Informed Health Outcomes along the HIV Care Continuum Initiative (DEII)** – Disseminating prior Special Projects of National Significance: Peer linkage, patient navigation for WOC, BUP treatment, jail care

- **Using Evidence-Informed Interventions to Improve Health Outcomes for PLWH (E2i)** – Rapid implementation: BMSM, trans women, behavioral health, trauma

- **Evidence-Informed Approaches to Improve Health Outcomes for PLWH** – Focus on interventions (acuity scale and data utilization efforts) targeting PLWH who are out of care/at risk of being out of care

- **Recipient Compilation of Best Practice Strategies and Interventions** – Database of intervention strategies at the three evidence levels, for dissemination and uptake
Project Highlight:

• Using Evidence-Informed Interventions to Improve Health Outcomes among People Living with HIV (E2i) (8/2017-7/2021)

• Coordinating Center for Technical Assistance: Fenway Community Health Center, Inc. in collaboration with AIDS United

• Evaluation Center: University of California, San Francisco

• 26 RWHAP sites participating in 11 interventions

• Goal: Reduce HIV-related health disparities and improve health outcomes, including increasing retention in care, improving treatment adherence, and improving viral suppression for people with HIV

4 Focus Areas
- Black MSM
- Transgender women
- Integrating behavioral health
- Addressing trauma
E2i Interventions and Locations

**Transgender Women**
- HEALTHY DIVAS
  - CAL-PEP (CA)
  - Rutgers New Jersey Medical School (NJ)
  - Birmingham AIDS Outreach Inc. (AL)
- T.W.E.E.T.
  - CrescentCare (LA)
  - Henry Ford Health System (MI)
  - Centro Ararat (PR)

**Black MSM**
- CONNECT
  - AIDS Taskforce of Greater Cleveland (OH)
- PEERS MI
  - HOPE Center (GA)
  - Broward House, Inc. (FL)
  - University of Mississippi Medical Center (MS)
- TXTXT
  - UNIFIED-HIV Health & Beyond (MI)
  - Research Foundation SUNY HEAT Program (NY)

**Trauma Informed Care**
- TIA/CHANGE
  - Alaska Native Tribal Health Consortium (AK)
  - Chicago Women's AIDS Project (IL)
- COGNITIVE PROCESSING THERAPY
  - Western North Carolina Community Health (NC)
  - Positive Impact Health Centers (GA)
- SEEKING SAFETY
  - Multicultural AIDS Coalition (MA)
  - The Regents of the Univ. of Calif., U.C. San Diego (CA)

**Behavioral Health Integration**
- BUPRENORPHINE
  - Consejo de Salud de Puerto Rico Inc. dba Med Centro (PR)
  - Greater Lawrence Family Health Center (MA)
- CoCM
  - La Clinica del Pueblo, Inc. (DC)
  - Oklahoma State University Center Health Sciences (OK)
  - Health Emergency Lifeline Programs (MI)
  - Our Lady of the Lake Hospital, Inc. (LA)
- S.B.I.R.T.
  - The Poverello Center Inc. (FL)
  - North Jersey Community Research Initiative (NJ)
Geographic Distribution of E2i Sites
KEY QUESTIONS DISCUSSED DURING A LEARNING SESSION ON INTERVENTIONS FOR BLACK MEN WHO HAVE SEX WITH MEN:

• Can a team be effective if there is someone on the team who is not part of the focus population?

• Is it ever appropriate to end the intervention if they are virally suppressed but did not complete the 6-sessions?

• How do you translate social media into increased activity in the clinic and intervention?

• How to maintain healthy boundaries while using social media?

• How do you know that people are responding to the TXTTXT messages?
Continuous assessment of program data to identify strategic focus areas and key subpopulations.
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