

HRSA HIV/AIDS Bureau

**Ending the HIV Epidemic in the
U.S. Initiative**

Data Report

2020

The Health Resources and Services Administration (HRSA) HIV/AIDS Bureau (HAB), *Ending the HIV Epidemic in the U.S. (EHE) Initiative Data Report* is published by the Division of Policy and Data, HAB, HRSA, U.S. Department of Health and Human Services, Rockville, Maryland.

Data presented in this report represent data submitted to the HRSA HAB EHE Triannual Module data system, an aggregate triannual data submission. This report includes data for March 2020 through December 2020.

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Information about HRSA's role in the *Ending the HIV Epidemic in the U.S.* initiative:

www.hrsa.gov/ending-hiv-epidemic

Information about the HRSA Ryan White HIV/AIDS Program: www.hab.hrsa.gov

Educational and technical assistance materials about HIV, the EHE Technical Assistance Provider-innovation network, EHE Systems Coordination Provider, and the Ryan White HIV/AIDS Program: www.TargetHIV.org

Publication of this report was made possible by the contributions of the EHE grant recipients and subrecipients that provided EHE Triannual Module data to HRSA.

HRSA HAB would like to acknowledge the important work EHE recipients, subrecipients, and stakeholders have been doing in response to the coronavirus disease 2019 (COVID-19) public health emergency and the incredible efforts made to submit EHE Triannual Module data in a timely manner during this time.

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COMMENTARY

The *Ending the HIV Epidemic in the U.S.* (EHE) initiative, which began in Fiscal Year (FY) 2020, aims to reduce new HIV infections to less than 3,000 per year by 2030. The multiyear EHE initiative currently focuses on 48 counties, Washington, D.C., and San Juan, Puerto Rico, as well as 7 states that have a substantial rural HIV burden (collectively referred to as “EHE jurisdictions”). The EHE initiative will bring the additional expertise, technology, and resources needed to end the HIV epidemic in the United States. The four pillars of the EHE initiative (Diagnose, Treat, Prevent, and Respond) will be implemented across the entire U.S. over the next 10 years. Without this EHE initiative, new infections will continue and could increase, costing more lives and the U.S. government more than \$200 billion in direct lifetime medical costs for HIV prevention and medication.

The EHE initiative leverages critical scientific advances in HIV prevention, diagnosis, treatment, and care by coordinating the highly successful programs, resources, and infrastructure of many U.S. Department of Health and Human Services agencies and offices, including the Health Resources and Services Administration (HRSA). HRSA ensures equitable access to services and supports for low-income people with HIV through the Community Health Centers program and the Ryan White HIV/AIDS Program (RWHAP). The RWHAP’s comprehensive system of HIV care, support services, and medication delivery creates an efficient and effective service delivery mechanism for the EHE initiative.

Key strategies for the EHE initiative include the following:

- Implementing evidence-informed and emerging intervention strategies shown to increase linkage, engagement, and retention in care focused on those not yet diagnosed, those diagnosed but not in HIV care, and those who are in HIV care but not yet virally suppressed;
- Re-engaging people with HIV who were in care, but are no longer in ongoing care and are not virally suppressed.
- Providing technical assistance and systems coordination to support effective strategic plans and activities to successfully implement the new initiative; and
- Expanding workforce capacity through the efforts of the AIDS Education and Training Centers (AETCs).

In FY 2020, the first year of the EHE initiative, HRSA’s HIV/AIDS Bureau (HAB) awarded EHE funds to the 39 RWHAP Part A recipients and 8 Part B recipients that encompass the EHE jurisdictions. HAB EHE recipients will utilize their existing infrastructure to implement effective and innovative strategies, interventions, approaches, and services to reduce new HIV infections in the U.S. In total, \$63 million was awarded to these 47 HAB EHE recipients, two technical assistance providers, and 11 RWHAP AETC Program recipients. HRSA anticipated that HAB EHE recipients would serve 18,000 new or re-engaged people with HIV during the initial year of the EHE initiative.

EHE DATA REPORT OVERVIEW

This report is HRSA HAB’s first publication of data submitted regarding the EHE initiative. This report uses aggregate, national EHE initiative data submitted to HRSA HAB through the EHE Triannual Module data system. In the EHE Triannual Module, HAB EHE-funded recipient and subrecipient service providers report on the number of clients receiving specific services and the number of clients who were prescribed antiretroviral therapy (ART) during a specified reporting period. The EHE Triannual Module provides HRSA HAB with frequent and timely data on the progress of the EHE initiative.

Although the EHE initiative budget year is March through February, the EHE Triannual Module data are reported based on the calendar year (January through December). Alignment of the EHE Triannual Module reporting with the calendar year and the Ryan White HIV/AIDS Program Services Report (RSR) data was necessary to best analyze the data and measure the success of HRSA HAB's progress in meeting these goals.

HAB EHE funding was awarded beginning in March 2020. To align data reporting with the calendar year, two reporting periods were established for the initial data year (2020): March through August (6 months), and September through December (4 months). This report includes all EHE Triannual Module data reported to HRSA HAB by service providers funded by the 47 HAB EHE recipients in FY 2020 for March through December 2020. Subsequent EHE Triannual Module years will have three reporting periods: January through April, May through August, and September through December.

All organizations that receive HAB EHE funding to provide services complete an EHE Triannual Module each reporting period. This includes organizations that are direct recipient-providers as well as subrecipient-providers and second-level providers-subcontractors. Similar to the RSR, all clients served using RWHAP Part A–D funding, HAB EHE funding, RWHAP FY 2020 Coronavirus Aid, Relief, and Economic Security (CARES) Act funding, or RWHAP-related funding (i.e., program income or pharmaceutical rebates) are reported to the EHE Triannual Module. However, in contrast with the RSR, only aggregate data are submitted; client-level data are not reported. For analyses, the EHE Triannual Module submitted by service providers are aggregated to the jurisdiction and national levels.

HAB EHE funding, awarded in March 2020, coincided with the emergence of the coronavirus disease 2019 (COVID-19) pandemic. As HAB EHE recipients rapidly and drastically shifted priorities to respond to the pandemic, many EHE initiative services and activities were delayed or adapted. In addition, many HAB EHE recipients experienced lengthy delays in executing EHE contracts to subrecipients, thus further delaying EHE initiative activities and services. Also, this report presents the first submissions of the new EHE Triannual Module data reporting system. As with any new data reporting system, the accuracy and validity of the information reported is anticipated to improve over time. Therefore, readers should interpret and use the 2020 EHE Triannual Module data with caution in the context of these external factors that impacted EHE initiative activities, services, and reporting during this reporting period.

HIGHLIGHTS OF ANALYSES

HAB EHE recipients made significant progress toward implementing their EHE initiative activities despite challenges posed by the COVID-19 pandemic, including developing administrative infrastructure and service delivery infrastructure, engaging with community members and new partners, and delivering services to clients.

March 2020 Through August 2020

EHE-funded providers served nearly 40,000 clients during the first six months of the EHE initiative, including approximately 10,000 new or re-engaged clients. Among clients served during March through August 2020 by EHE-funded service providers, 6,262 clients were new to the reporting EHE-funded provider and an additional 3,686 were re-engaged in services (Table 1).

Of the 6,262 new clients, 67.4% were prescribed ART in the reporting period. Over half (56.2%) of new clients received an EHE initiative service and nearly three-quarters (73.9%) received outpatient ambulatory health services (OAHS). Nearly half (47.0%) of new clients received medical case management services, one quarter (25.0%) received substance abuse outpatient care services, and 14.6% received non-medical case management.

Among the estimated 3,686 people re-engaged in services, 69.1% received OAHS, 65.4% received medical case management, and 26.3% received non-medical case management. One-fifth (19.5%) of clients received mental health services, and 16.0% received substance abuse outpatient care services.

Table 1. New and estimated re-engaged clients in care and treatment by HRSA HAB EHE-funded service providers, by selected service category or health outcome, March 2020 through August 2020

	Total clients		New clients		Estimated re-engaged ^a clients	
	No.	%	No.	%	No.	%
Any service received	39,618	100.0	6,262	100.0	3,686	100.0
Service category						
EHE initiative services	4,175	10.5	3,521	56.2	40	1.1
RWHAP service categories						
Outpatient ambulatory health services	21,915	55.3	4,626	73.9	2,546	69.1
Medical case management	15,682	39.6	2,943	47.0	2,409	65.4
Non-medical case management	8,700	22.0	915	14.6	970	26.3
Mental health services	2,783	7.0	588	9.4	717	19.5
Substance abuse outpatient care	3,184	8.0	1,563	25.0	591	16.0
Substance abuse services (residential)	35	0.1	9	0.1	6	0.2
Housing services	260	0.7	65	1.0	73	2.0
Health outcomes						
Prescribed antiretroviral therapy in the reporting period	14,356	36.2	4,223	67.4	295	8.0

Abbreviations: EHE, Ending the HIV Epidemic in the U.S.; HAB, HIV/AIDS Bureau; HRSA, Health Resources and Services Administration; RWHAP, Ryan White HIV/AIDS Program.

^a HRSA calculated. See Technical Notes for additional information.

September 2020 Through December 2020

EHE-funded providers served more than 55,000 clients from September 2020 through December 2020, of whom nearly 9,500 clients were new or re-engaged clients. Among clients served during September through December 2020 by EHE-funded service providers, 4,877 were new clients and an additional 4,596 re-engaged in services (Table 2).

Of the 4,877 new clients, 51.2% received OAHS and 48.7% were prescribed ART. Approximately one-third (34.4%) of new clients received medical case management services, nearly one-quarter (23.3%) received non-medical case management, and 15.7% received EHE initiative–specific services.

Among the 4,596 clients re-engaged in services, two-thirds (64.6%) were prescribed ART, one-third (33.2%) received medical case management, 18.7% received OAHS, and 17.3% received non-medical case management.

Table 2. New and estimated re-engaged clients in care and treatment by HRSA HAB EHE-funded service providers, by selected service category or health outcome, September 2020 through December 2020

	Total clients		New clients		Estimated re-engaged clients ^a	
	No.	%	No.	%	No.	%
Any service received	56,685	100.0	4,877	100.0	4,596	100.0
Service category						
EHE initiative services	2,206	3.9	767	15.7	36	0.8
RWHAP service categories						
Outpatient ambulatory health services	30,260	53.4	2,498	51.2	860	18.7
Medical case management	17,827	31.4	1,679	34.4	1,525	33.2
Non-medical case management	9,209	16.2	1,138	23.3	793	17.3
Mental health services	3,459	6.1	317	6.5	256	5.6
Substance abuse outpatient care	1,272	2.2	141	2.9	77	1.7
Substance abuse services (residential)	6	0.0	0	0.0	0	0.0
Housing services	350	0.6	76	1.6	217	4.7
Health outcomes						
Prescribed antiretroviral therapy in the reporting period	31,524	55.6	2,375	48.7	2,967	64.6

Abbreviations: EHE, Ending the HIV Epidemic in the U.S.; HAB, HIV/AIDS Bureau; HRSA, Health Resources and Services Administration; RWHAP, Ryan White HIV/AIDS Program.

^a HRSA calculated. See Technical Notes for additional information.

Summary — March 2020 Through December 2020

Overall, HAB EHE-funded service providers served nearly 19,500 clients who were new or re-engaged in HIV care and treatment during March 2020 through December 2020 (Table 3).

Of the 6,381 clients receiving EHE initiative-specific services during 2020, more than two-thirds (68.4%) were new or re-engaged clients. In 2020, 21.5% of clients prescribed ART were new or re-engaged in care and treatment

Table 3. New and estimated re-engaged clients in care and treatment by HRSA HAB EHE-funded service providers, by reporting period and selected service category or health outcome, March 2020 through December 2020

	March 2020 through August 2020		September 2020 through December 2020		Total ^a	
	No.	%	No.	%	No.	%
Clients receiving any service						
All clients	39,618	100.0	56,685	100.0	96,303	100.0
New clients and estimated re-engaged clients	9,948	25.1	9,473	16.7	19,421	20.2
New clients	6,262	15.8	4,877	8.6	11,139	11.6
Estimated re-engaged clients ^b	3,686	9.3	4,596	8.1	8,282	8.6
Clients receiving EHE initiative services						
All clients	4,175	100.0	2,206	100.0	6,381	100.0
New clients and estimated re-engaged clients	3,561	85.3	803	36.4	4,364	68.4
New clients	3,521	84.3	767	34.8	4,288	67.2
Estimated re-engaged clients ^b	40	1.0	36	1.6	76	1.2
Clients prescribed antiretroviral therapy						
All clients	14,356	100.0	31,524	100.0	45,880	100.0
New clients and estimated re-engaged clients	4,518	31.5	5,342	16.9	9,860	21.5
New clients	4,223	29.4	2,375	7.5	6,598	14.4
Estimated re-engaged clients ^b	295	2.1	2,967	9.4	3,262	7.1

Abbreviations: EHE, Ending the HIV Epidemic in the U.S.; HAB, HIV/AIDS Bureau; HRSA, Health Resources and Services Administration; RWHAP, Ryan White HIV/AIDS Program.

^a Potential duplication of clients across each triannual reporting period.

^b HRSA calculated. See Technical Notes for additional information.

TECHNICAL NOTES

The EHE Triannual Module data system collects aggregate-level information at the HAB EHE-funded service provider level. Service providers report the number of clients receiving specific services and the number of clients who were prescribed antiretroviral medications during the reporting period. These data are for all clients with HIV who received at least one service during the reporting period, regardless of the funding source or RWHAP eligibility. The information submitted to the EHE Triannual Module complements the annual information collected through the RSR and other reporting requirements. Select RWHAP service categories are included in the EHE Triannual Module; the specific RWHAP service categories for the EHE Triannual Module were selected because they were identified as common areas of RWHAP and EHE service delivery and important for project officer monitoring. RWHAP service category definitions can be found in Policy Clarification Notice (PCN) #16-02, “Ryan White HIV/AIDS Program Services: Eligible Individuals & Allowable Uses of Funds.” The additional *EHE initiative services* service category is defined as services provided with EHE funding that do not meet the definition of a RWHAP service category.

The EHE Triannual Module provides HRSA HAB with frequent and timely data on EHE initiative progress by providing information on the number of people with HIV who are reached in HAB EHE-funded jurisdictions during each reporting period. These aggregate data can be used to estimate the number of clients previously “out of care” who were re-engaged in HIV care and treatment in the EHE jurisdictions during each reporting period. The estimated number of re-engaged clients was calculated as follows:

[Total number of clients] minus [Number of clients who received services in a previous reporting period during the current calendar year or in the previous calendar year] minus [Number of new clients].

The numbers of re-engaged clients across all service providers is an approximation and should not be interpreted as a precise application of a formal definition of re-engagement in care.

The main health outcome reported in the EHE Triannual Modules is ART prescription. HAB EHE-funded service providers report the number of clients who were prescribed ART during the reporting period via OAHs or any other mechanism through which ART could be prescribed or provided (e.g., Rapid Start programs under EHE Initiative Services, bundled services, etc.). Information on other health outcomes (i.e., retention in care and viral suppression) is measured for the calendar year using the annual client-level RSR data.

DATA LIMITATIONS

The current EHE initiative focuses on specific jurisdictions with the highest burden of HIV. Therefore, the EHE Triannual Module data system collects information only from the 39 RWHAP Part A recipients and 8 Part B recipients that encompass the EHE jurisdictions and their EHE-funded subrecipient service providers. Although the data are limited to these recipients and service providers, all clients receiving care and treatment should be reported to the EHE Triannual Module, regardless of funding used for the services. That is, data are not limited to clients served using EHE funding; all clients served using RWHAP Parts A, B, C, and D funding, HAB EHE initiative funding, RWHAP FY 2020 CARES Act funding, and RWHAP-related funding (i.e., program income or pharmaceutical rebates, etc.) are included in the data submissions. As such, data from the EHE Triannual Module cannot be used to estimate the specific costs associated with serving clients using 2020 HAB EHE funding. EHE Triannual Module data are aggregate counts of clients by service category.

No demographic or other characteristic data are submitted and, therefore, stratifications are not possible. Demographic and other characteristics are collected via other HRSA HAB data reporting mechanisms, such as the RSR and AIDS Drug Assistance Program Data Report.

Because data are reported in aggregate form, it is not possible to de-duplicate counts of clients receiving services with 2020 HAB EHE funding across service providers or across reporting periods. Therefore, the data presented in this report may overestimate the number of unique people with HIV served by these HAB EHE recipients.

The number of new clients and estimated number of re-engaged clients were reported by individual HAB EHE-funded service providers. As these aggregate data are not de-duplicated across service providers, the values reported only reflect whether a client was new or re-engaged with that specific service provider. However, these clients may have been previously engaged in care with other providers, within or outside of the RWHAP system of care. Additionally, the estimated number of re-engaged clients presented within this report is an approximation based on the total number of clients, the number of clients who received services during the current or a previous calendar year, and the number of new clients. EHE jurisdictions and HAB EHE-funded service providers may have their own definitions of care re-engagement.

RESOURCES

1. *Ending the HIV Epidemic in the U.S.* (EHE) initiative
www.hiv.gov/federal-response/ending-the-hiv-epidemic/overview
2. Health Resources and Services Administration (HRSA) EHE
www.hrsa.gov/ending-hiv-epidemic
3. HRSA Health Center Program
www.bphc.hrsa.gov
www.findahealthcenter.hrsa.gov
4. HRSA Ryan White HIV/AIDS Program
www.hab.hrsa.gov
5. Ryan White HIV/AIDS Program Services Report
www.hab.hrsa.gov/data/data-reports
6. HRSA HIV/AIDS Bureau EHE Awards
www.hab.hrsa.gov/about-ryan-white-hiv-aids-program/fy2020-ending-hiv-epidemic-awards
7. EHE Triannual Module
www.targethiv.org/library/topics/ehe-initiative-triannual-module
8. RWHAP Fiscal Year 2020 Coronavirus Aid, Relief, and Economic Security (CARES) Act
www.hab.hrsa.gov/program-grants-management/coronavirus-covid-19-response
www.hab.hrsa.gov/coronavirus/frequently-asked-questions
9. Policy Clarification Notice (PCN) 16-02
www.hab.hrsa.gov/sites/default/files/hab/program-grants-management/ServiceCategoryPCN_16-02Final.pdf