



STRIVING FOR AN AIDS-FREE GENERATION

2014 RYAN WHITE HIV/AIDS PROGRAM HIGHLIGHTS



U.S. Department of Health and Human Services
Health Resources and Services Administration
HIV/AIDS Bureau
NOVEMBER 2014

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The publication was produced for the U.S. Department of Health and Human Services, Health Resources and Services Administration, HIV/AIDS Bureau by Impact Marketing + Communications under contract number #HHS250200900041C.

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Suggested citation: U.S. Department of Health and Human Services, Health Resources and Services Administration, HIV/AIDS Bureau. The Ryan White HIV/AIDS Program Highlights 2014: Striving for an AIDS-Free Generation. 2014. Rockville, Maryland: Author.

FOREWORD

The Ryan White HIV/AIDS Program provides funds to cities, states, and local organizations to serve more than a half million people who do not have adequate insurance coverage or personal assets to cope with the disease. First authorized on Aug. 18, 1990, the program continues to adjust for medical advances and the evolving needs of people living with HIV (PLWH).

Administered by the U.S. Department of Health and Human Services (HHS), Health Resources and Services Administration (HRSA), HIV/AIDS Bureau (HAB), the Ryan White HIV/AIDS Program is the largest such federal program focused specifically on HIV/AIDS.

On World AIDS Day 2013, the White House Office of National AIDS Policy called for a coordinated drive toward an AIDS-free generation.

Integral to this goal is HRSA's Ryan White HIV/AIDS Program framework (see graphic above). More specifically:

- **Service delivery.** Ensure a seamless system of care;
- **Policy.** Establish federal care and treatment guidelines; review and advise on policy initiatives from HHS and other federal agencies;
- **Assessment.** Monitor for capacity and training needs, emerging models of care, state and local systems improvements, and public health impact of the program;
- **Capacity development.** Provide technical assistance and training in such areas as interdisciplinary care, clinical practices, and adoption of health information systems in cooperation with other government agencies and national organizations;
- **Quality.** Fund improvement programs and help lead the development and broad use of reliable quality measures.

This report illustrates examples of grantee practices and how they're striving for an AIDS-free generation.



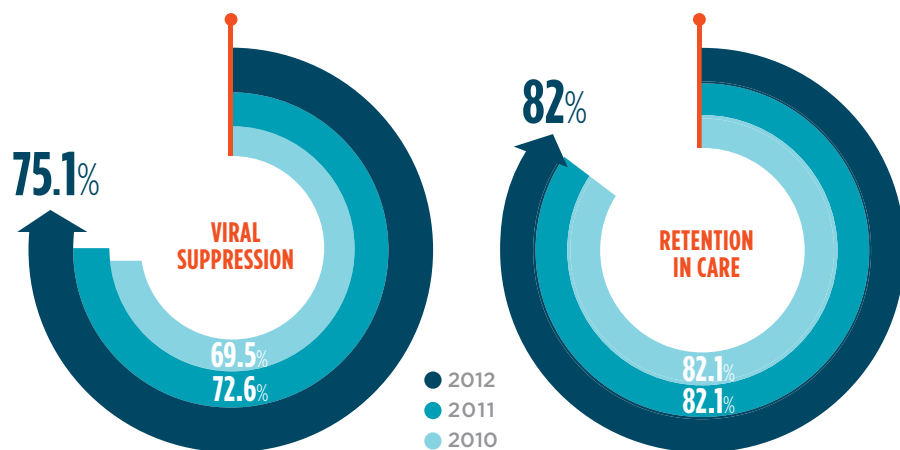
Ryan White HIV/AIDS Program*

An Overview

*2012 numbers as reported in the Ryan White HIV/AIDS Program Services Report; 2012 is the most recent year for which data is available.

Maintaining and Exceeding Care Retention and Viral Suppression Goals

The Ryan White HIV/AIDS Program is playing a major role in addressing the HIV Care Continuum. From 2010-2012, the Ryan White HIV/AIDS Program kept solid progress on retaining clients in care and improving viral suppression each year.

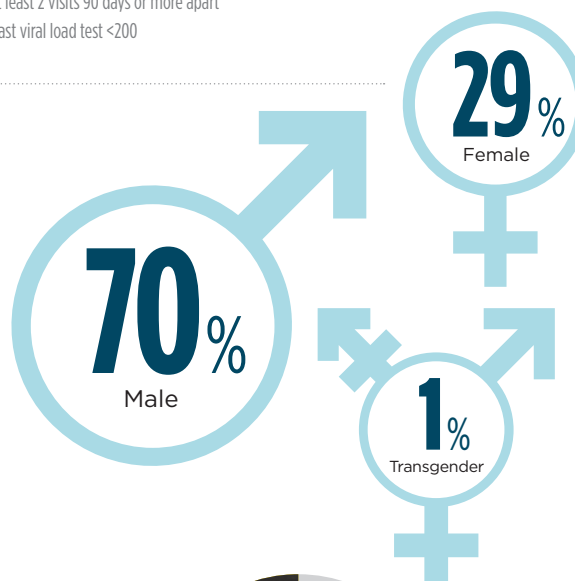
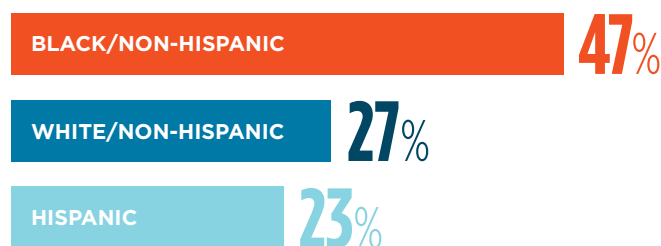


60%
of estimated people diagnosed with HIV in the U.S. received **at least one** Ryan White HIV/AIDS Program-funded service — that's **536,219** clients in 2012!

RETAINED IN CARE: had at least one outpatient/ambulatory medical care visit before September 1, 2012, and had at least 2 visits 90 days or more apart
VIRAL SUPPRESSION: had at least one outpatient/ambulatory medical care visit, at least one viral load count, and last viral load test <200

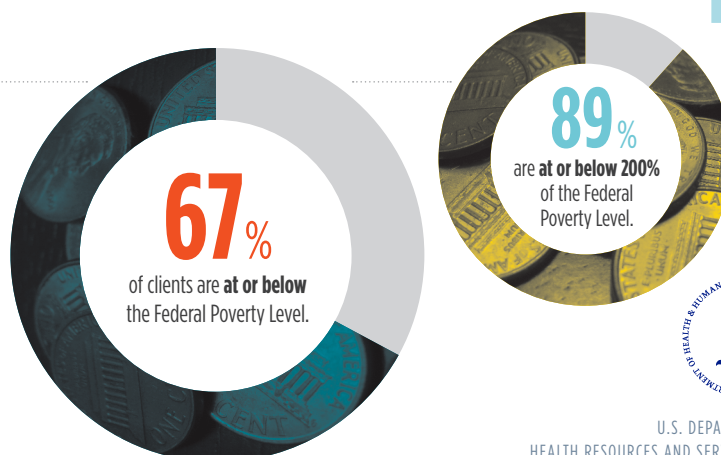
Client Demographics

The majority of Ryan White HIV/AIDS Program clients are black/non-Hispanic males. By race, black/non-Hispanics face the most severe burden of HIV in the United States.



Providing Vital Support for Low-Income Clients

The Ryan White HIV/AIDS Program provides critical support to move low-income clients along the HIV Care Continuum. Without the Ryan White HIV/AIDS Program, these clients would have few care and support options available to them.



1 Supporting the National HIV/AIDS Strategy



all group-level
vention with people living
HIV/AIDS

Implementation

“The United States will become a place where new HIV infections are rare and when they do occur, every person, regardless of age, gender, race/ethnicity, sexual orientation, gender identity or socio-economic circumstance, will have unfettered access to high-quality, life-extending care, free from stigma and discrimination.”

– *National HIV/AIDS Strategy vision statement*

In 2010, President Barack Obama urged a coordinated response to increase prevention, screening and detection, reduce new infections, and eradicate HIV nationally and abroad. The Ryan White HIV/AIDS Program mission highly aligns with this call to action. In response to the President’s new objectives, however, HRSA has launched or refocused attention on targeted innovations such as:

- The **12 Cities Project**, which targets grants to those jurisdictions most heavily burdened by the disease;
- HAB’s **Special Projects of National Significance (SPNS)** funds pilot studies into innovative ways of getting patients into care and retaining them in care;
- A \$15 million initiative, **Increasing Access to HIV Care and Treatment (IAHCT)**, that has brought almost 20,000 people into care during the first year alone.¹

The case study on the following page provides additional practical examples of how a HRSA grantee is directly supporting the National HIV/AIDS Strategy.

12 Cities Project Jurisdictions

The 12 Cities Project was launched by HHS to improve coordination of its agencies, including HRSA, in sharing resources more efficiently and enhancing local HIV service delivery to the cities hardest hit by the epidemic. The 12 cities below together represented 44% of estimated U.S. AIDS cases in 2007.

JURISDICTION	EST AIDS CASES (12/2007)
1. New York, NY	66,426
2. Los Angeles, CA	24,727
3. Washington, DC	15,696
4. Chicago, IL	14,175
5. Atlanta, GA	13,105
6. Miami, FL	12,732
7. Philadelphia, PA	12,469
8. Houston, TX	11,277
9. San Francisco, CA	11,026
10. Baltimore, MD	10,301
11. Dallas, TX	7,993
12. San Juan, PR	7,858

Source: AIDS.gov. 12 Cities Project [fact sheet]. n.d.
Available at: <http://blog.aids.gov/downloads/NHAS-HHS-12.pdf>.

¹ Health Resources and Services Administration (HRSA). Increasing Access to HIV Care and Treatment [infographic]. Available at: <http://hab.hrsa.gov/images/wad13infographic.png>.

CASE STUDY

Inova Juniper Program

The Inova Juniper Program is Northern Virginia's largest provider of HIV care. It offers a "one-stop shop" model of primary care — medical care, oral health care, mental health and substance abuse counseling, and intensive case management — at six full-time locations and one satellite clinic.

The Inova Juniper Program recently achieved status as a Patient-Centered Medical Home from the National Committee for Quality Assurance. "Creating a medical home is important because it is about more than HIV now. Patients are living longer, so we're seeing other health problems too," said Inova Juniper Program Executive Director Barbara Lawrence.

Interdisciplinary teams of clinicians work together to treat the whole patient. "[The teams] allow us to identify all the barriers patients face, so we can tailor care to meet each person's needs," said Inova Juniper Program Clinical Manager Sandi Dineen. The goal is to work together to keep patients committed to treatment and their viral loads undetectable. In 2013, Inova Juniper provided care to 1,672 patients. Of those clients, 1,318 (almost 80%) had a viral load of less than 200.

Inova receives Part C and D funding from the Ryan White HIV/AIDS Program to provide medical care and early intervention services. It also participates in multiple innovation trials

under SPNS and is active in the Pennsylvania/MidAtlantic AIDS Education and Training Center. These affiliations keep Inova abreast of advances in best practices and connected to other providers in the state.

Inova also has instituted a “Prevention With Positives” program that has taken up outreach and screening demand left by the closing of another major care provider in Northern Virginia. Inova’s efforts to quickly link newly diagnosed people to care helps reduce new transmissions in the region that occur when people are unaware they are infected.

■ RAPID TESTING

Team members offer HIV rapid testing at three local emergency rooms with high rates of teen pregnancy and sexually transmitted infections. “We try to approach everyone over the age of 18 who isn’t in trauma or extreme pain,” said Inova Juniper Program Health Educator/Outreach Worker Dagmar Diaz. Since starting the emergency room screening program in

2009, the Inova Juniper Program has tested 4,832 individuals. Forty-one have tested positive.

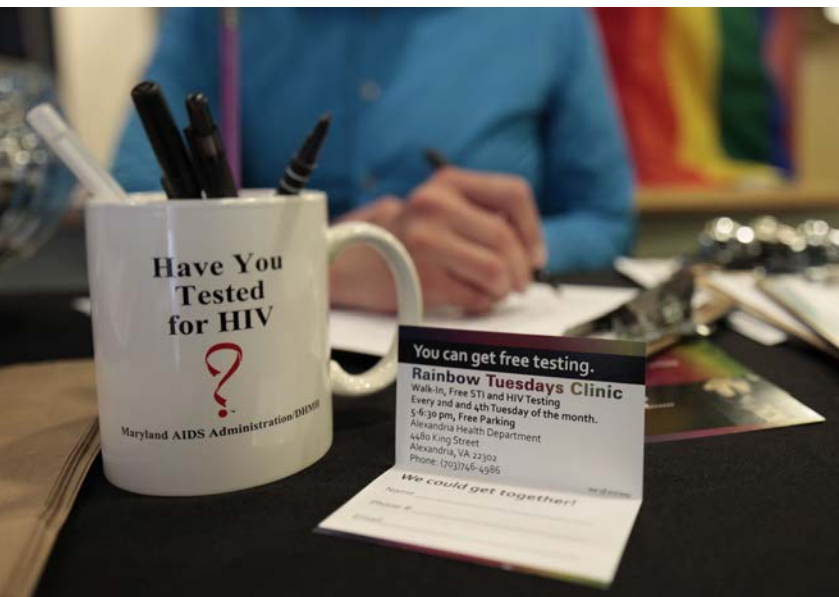
The objective to this approach is to link newly diagnosed people to care, as well as to re-engage those who have *fallen out of care*. Outreach workers are called and will come to the hospital to meet with patients — before they are lost to the system — handling intake and referrals for such services as substance abuse treatment or housing assistance.

Inova further extends its prevention efforts by cooperating with community organizations and state and local governments — reaching out, for example, to the city’s health department

to sponsor free, biweekly HIV testing events called “Rainbow Tuesdays.” The clinics have proven extremely popular among the primary target audience of men who have sex with men (MSM) but are open to others as well.

■ HELPING MOTHERS HAVE HEALTHY BABIES

Among the most cost-effective prevention measures, eliminating fetal infection through medication during a mother’s pregnancy is another focal point. Since Inova began tracking



Partnerships with community organizations — like Rainbow Tuesday testing events at the health department — have been an important part of Inova’s efforts to link more people to care.

data in 1997, none of the 120 HIV-positive mothers the clinic has cared for have transmitted HIV to their babies. Comprehensive support includes accompanying pregnant women to their first obstetric appointments when needed, enrolling them in insurance, and helping them with referrals to local obstetricians.

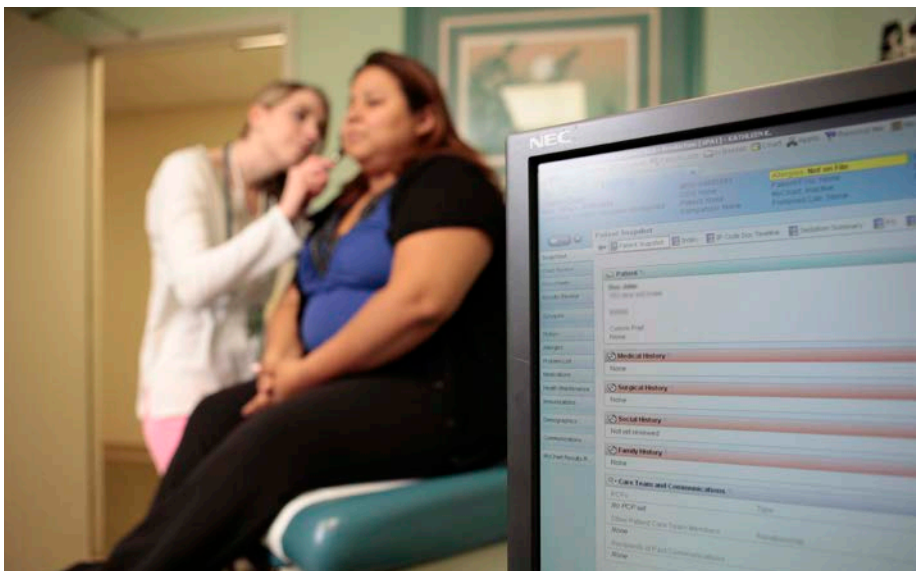
■ INCREASING ACCESS AND IMPROVING OUTCOMES

The clinic's quality initiatives align with performance benchmarks set by HRSA's HIV/AIDS Bureau (HAB). This includes the 23 HAB core measures such as viral suppression, prescription of antiretroviral therapy, and more and are described in detail at <http://hab.hrsa.gov/deliverhivaidscore/coremeasures.pdf>. Inova also tracks additional measures — for example, vital signs documented at each provider visit, completion of dementia screening, pain assessments, adherence assessments, and annual psychosocial assessments.

“We outline new performance goals every year,” said Inova Juniper Program full-time Quality Consultant Stephen Perez. These goals include decreasing no-show rates, increasing Affordable Care Act enrollment of eligible clients, and documenting plans and completing more thorough follow-up of client referrals.

“We [also] share lessons learned through HAB's Cross-Part [Quality Management Collaborative],”² said Perez. “We're always looking at data.”

Transportation is a persistent challenge in Northern Virginia, so to ensure patients have every opportunity to receive continuous care, the program provides bus tokens and cab fare (for patients in crisis). Inova's clinics also maintain early morning and evening hours to



Providing patients with stigma-free and culturally competent care is an essential part of Inova's comprehensive support. One patient drives two hours for care at Inova because “no one judges you here.”

² National Quality Center (NQC). HAB/NQC Cross-Part Quality Management Collaborative. n.d. Available at: <http://nationalqualitycenter.org/index.cfm/17112/19344>.

accommodate patients’ work and school schedules, and staff members helped 435 patients get insured under the Affordable Care Act during the 2013 enrollment period.

■ REDUCING HEATH DISPARITIES

To assist HIV-positive patients, staff members use such techniques as motivational interviewing, harm reduction counseling, and patient empowerment — all designed to increase self-reliance — while case managers provide one-on-one mentoring and intervention.

Meanwhile, community health outreach workers counsel people who are recently diagnosed, lost to care, or tenuously linked to care. Among other responsibilities, Inova’s health educators offer testing and lifestyle counseling to HIV-positive inmates in three area jails. Since the jails outreach began in May 2013, they have offered education to 206 inmates and conducted 94 HIV tests.

The overarching objective, according to Executive Director Barbara Lawrence, is to “offer care in a safe, welcoming environment so our patients can lead long, healthy lives,” while preventing the spread of the virus in the community. □

Increasing Access to HIV Care and Treatment (IAHCT)

\$15 Million Initiative Addressing the HIV Care Continuum

275 Ryan White HIV clinical sites, including 134 dually-funded health centers.

of Patients enrolled in HIV Care:

Initial Goal: 7,500
Grantees’ Proposed Goal: 14,335
One Year Results: 19,589 (13,142 for the first time)



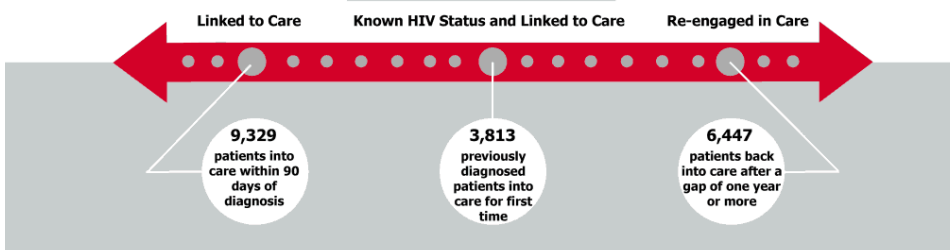
Largest enrollment in the southeastern U.S., New York, New Jersey, Puerto Rico and the U.S. Virgin Islands where HIV incidence is higher than the U.S. average.

• 1,148,200 people age 13 and older living with HIV in the U.S. at end of 2009, according to Centers for Disease Control and Prevention estimate.

5 Key Activities



IAHCT Addresses the HIV Continuum of Care



The Increasing Access to HIV Care and Treatment (IAHCT) initiative provided \$15 million to increase the number of HIV-infected persons enrolling in HIV medical care at Ryan White-funded clinical sites and dually-funded health centers.

The Ryan White HIV/AIDS Program funds HIV-related services for those who do not have sufficient health care coverage or financial resources. The Health Center Program funds comprehensive, high-quality, culturally-competent primary care services to vulnerable and underserved populations.

Bringing Care Closer to Home

Inova Juniper Program was one of 275 Ryan White HIV/AIDS Program sites that participated in HRSA’s Increasing Access to HIV Care and Treatment (IAHCT) initiative. The infographic at left shows the results IAHCT achieved after only one year: 19,589 PLWH brought into care, 13,142 for the first time.

The Inova Juniper Program opened a satellite clinic in Leesburg, VA, in October 2012, shortly after the county health department withdrew from providing primary care to PLWH. With funds it received through HRSA’s IAHCT initiative, the satellite site was able to begin caring for the 45 patients previously cared for by the county. Today, the site provides comprehensive care to 56 active patients near their homes and work, improving the chances they will remain in care and advancing the goals of the National HIV/AIDS Strategy.



2

Advancing the HIV Care Continuum

2

Addressing a disease as complicated as HIV in often isolated populations requires not only finding infected persons, but also guiding them to critical services and a continuous source of medications.

Amid growing evidence that treatment reduces transmission and new infections,³ there has been increased public health attention on helping infected people become — and stay — *virally suppressed*.

HRSA has a statutory responsibility to initiate and promote cooperation between federal and state agencies, and grantees on the ground are required to give the HIV Care Continuum framework practical effect. This requires linking together various local prevention, care, and treatment programs into a seamless network to prevent patients from being lost to care.

This framework has become the gold standard across HIV service delivery in the United States, improving the way providers do business and building integrity into public health systems designed to identify and attack the virus before it can spread in unknowing populations.

HRSA collects client-level data in its Ryan White HIV/AIDS Program Services Report (RSR), which helps the agency spot gaps in the HIV Care Continuum and target funds to grantees in a position to reinforce them.

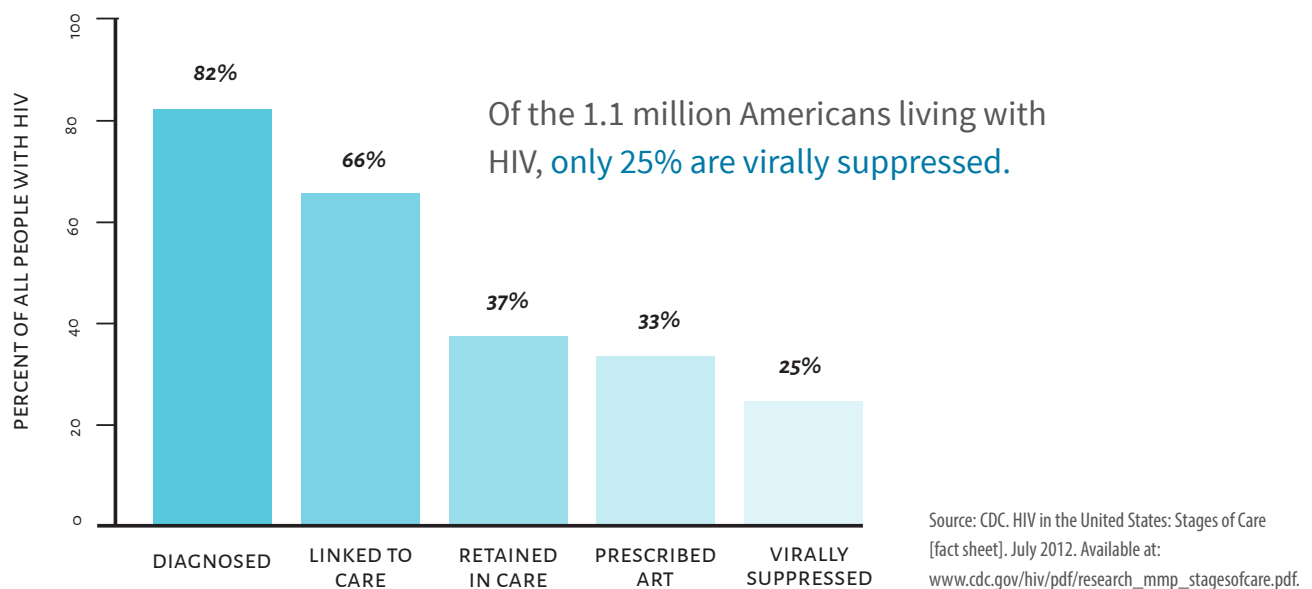
The case study below examines how one Part A grantee's extensive efforts to bolster and streamline its information systems helped close gaps in the HIV Care Continuum and promote viral suppression across a wide patient base.

³ Health Resources and Services Administration (HRSA). Continuum of HIV Care: Background. n.d. Available at: <http://hab.hrsa.gov/data/reports/continuumofcare/continuumabstract.html>.

and individual patient “adherence” information across almost 200 HIV and social service programs. In other words, if an HIV-positive patient makes contact anywhere in the system, he or she can be counseled and guided into care.

Cited as a national model by the Institute of Medicine, New York’s HIV Care Continuum strategy also was singled-out in a recent White House report. Graham Harriman, Director of Care and Treatment for the Department said, “The HIV Care Continuum provides us with a common language,” that tracks client interactions with the system as a comprehensive narrative. It also allows the Department to spot systemic gaps and develop models of care and support services that address them through case management, health education, and counseling.

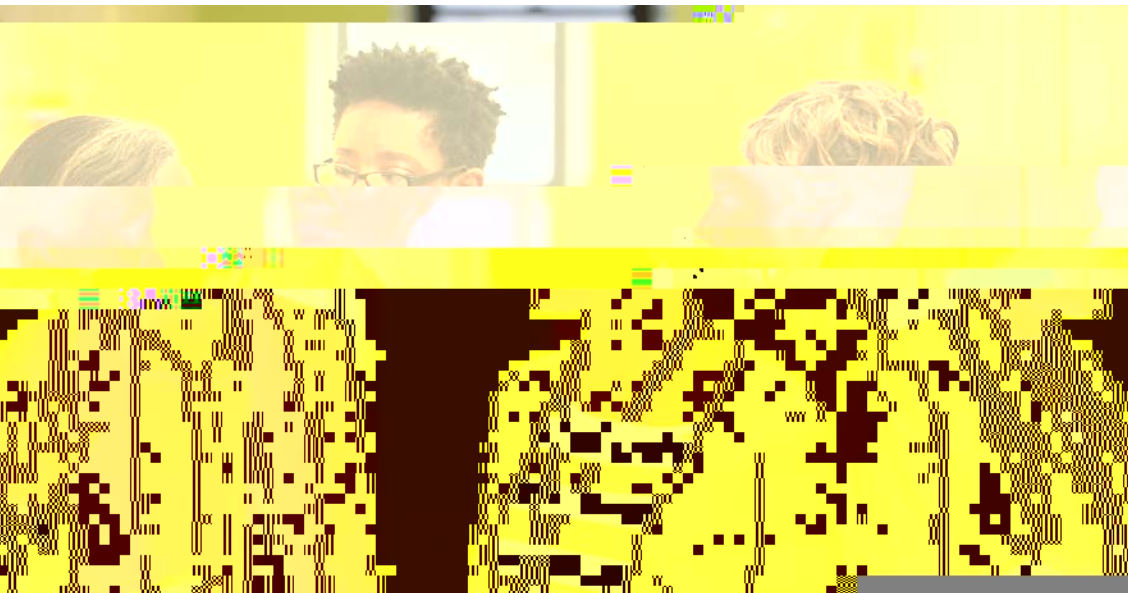
One such innovation is the Transitional Care Coordination program, a nine to 12-month medical case management hub that links individuals to primary care, social services, and case management through satellite sites around the city.



■ FIELD SERVICES UNIT

Ironically, among those receiving services, their improving health is the most commonly cited reason for dropping out, according to case workers in the Department’s Field Services Unit.

To get patients back into care, case workers use a comprehensive set of tools. For individuals who fail to respond to phone calls and correspondence, case workers rely on an array of information (such as last-known hospital admission and last-known primary care provider) to locate and re-engage them. Field Services Unit workers make appointments on demand, give rides to patients, and help them locate new providers if they have moved. According to the Department, from July 2007 to December 2010, case workers successfully located and returned to care 315 patients out of 409 (77%).⁸



Staff members at Mount Sinai St. Luke's Hospital discuss a patient case.

“We’re not just concerned about an individual,” one case worker said. “We are concerned about public health. So if one person’s viral load is high ... [that individual] is more likely to expose others to possible acquisition of HIV. It’s not only about protecting themselves, but hopefully curbing the spread of HIV to other people.”

■ INCREASING TECHNICAL ASSISTANCE, IMPROVING QUALITY CARE

At the health department level, data from eSHARE further informs the kinds of training the Department offers to staff at such technical assistance sites as Mount Sinai St. Luke’s and Mount Sinai Roosevelt Hospitals — Ryan White HIV/AIDS Program Part A subgrantees for care coordination.

Data allow New York City health officials to not only track down lapsed patients, but also to track health outcomes along the HIV Care Continuum and meet the NHAS standard for continuous care — as providers are required to input performance benchmarks (care visits, antiretroviral therapy initiation and adherence, and viral load) into the data systems. This information allows providers like Mount Sinai St. Luke’s to customize the health education and support they provide. “Health education is a tool to help patients become more self-sufficient, so they can take their medications on their own, go to their medical appointments on their own; and the patient navigators and care coordination are really there to support them in that process,” said New York City Department of Health and Mental Hygiene Project Officer Julie Rwan.

Adherence and Medication Access

Approximately **85%** of medical case management clients achieved optimal adherence. The New York City eligible metropolitan area (EMA) works in close collaboration with the Part B program to ensure patients have access to critical, life-sustaining medication, providing an additional \$15.5 million of EMA funds towards the AIDS Drug Assistance Program (ADAP) and ADAP Plus.

Source: Harriman G. [personal interview.] April 29, 2014.

⁸ New York City Successfully Locates HIV-Positive Patients ‘Lost to Follow-Up’. Available at: www.wolterskluwerhealth.com/News/Pages/New-York-City-Successfully-Locates-HIV-Positive-Patients-Lost-to-Follow-Up.aspx.

Rene (pictured here) has been a patient at Mount Sinai St. Luke's Hospital for 15 years. He says, "It's important to me that I know my doctors and they stick with me through thick and thin.... I know my health is my wealth and I have people providing guidance to make sure it's protected."



As a further check, the Department has adopted its own HIV Care Continuum to measure its results against national data. Likewise, Mount Sinai St. Luke's tracks the effects of support services.

"Ryan White funds a variety of services for a reason — mental health, substance use, case management, housing, food, and nutrition programs — because we know that medical outcomes aren't just about taking a pill," said Harriman. "There are behavioral and structural issues that need to be addressed to be able to support people's health."



Danielle Beiling, Care Coordination Program Director at Mount Sinai St. Luke's and Mount Sinai Roosevelt Hospitals, added, "The HIV Care Continuum model has given us an essential way to think about this and how to approach our interventions and succeed at this work." □

Graham Harriman, Director of Care and Treatment at the New York City Department of Health and Mental Hygiene, helps lead the city's HIV care and outreach activities.



3

Targeting
Services

3

The Ryan White HIV/AIDS Program Part F Special Projects of National Significance (SPNS) Program supports grantees around the country in targeting, evaluating, and disseminating novel approaches to bringing marginalized, high-risk people into care.

SPNS initiatives are in direct alignment with the National HIV/AIDS Strategy's directive to "design and evaluate demonstration projects to test which combinations of effective interventions are cost-efficient, produce sustainable outcomes, and have the greatest impact in preventing HIV in specific communities."⁹ Years of experience in concentrating limited resources on populations hardest hit by the epidemic have shown that targeted services can help in attaining an AIDS-free generation.

■ SPNS TRANSGENDER WOMEN OF COLOR INITIATIVE

Transgender women of color (TWOC) are disproportionately affected by HIV. In 2009, the rate of new HIV infection was 2.6% in this population, compared to less than 1% for men and women in the general population. Transgender women of color are affected most acutely, especially those aged 15 to 25, with estimated infection rates ranging from 19% to 22%.^{10,11}

This is exacerbated by estimates that 45% to 65% of HIV-positive transgender women may be unaware of their HIV status.¹²

In response to these trends, HRSA launched the Enhancing Engagement and Retention in Quality HIV Care for Transgender Women of Color in Care Initiative — which promotes the development and testing of ways to improve timely entry, engagement, and retention in care of this high-risk population.¹³

The case study that follows illustrates this approach.

SPNS TWOC Initiative Overview

- Grant Period: FY 2012–2017 (5 years)
- Number of Grantees: 9
- Evaluation and Technical Assistance Center: The University of California at San Francisco

Visit the Initiative website at: <http://transhealth.ucsf.edu/trans?page=programs-tetac>

⁹ ONAP. National HIV/AIDS Strategy for the United States. July 2010. Available at: www.whitehouse.gov/sites/default/files/uploads/NHAS.pdf.

¹⁰ Wilson E, Garofalo R, Harris R, et al. Transgender female youth and sex work: HIV risk and a comparison of life factors related to engagement in sex work. *AIDS Behav.* 2009 October; 13(5):902–13.

¹¹ Garofalo R, Deleon J, Osmer E, et al. Overlooked, misunderstood and at-risk: exploring the lives and HIV risk of ethnic minority male-to-female transgender youth. *J Adolesc Health.* 2006; 38(3):230–36.

¹² Herbst JH, Jacobs ED, Finlayson TJ, et al. Estimating HIV prevalence and risk behaviors of transgender persons in the United States: a systematic review. *AIDS Behav.* 2008;12(1):1–17.

¹³ Special Projects of National Significance (SPNS). Enhancing Engagement and Retention in Quality HIV Care for Transgender Women of Color; <http://hab.hrsa.gov/abouthab/special/transgenderwomen.html>.

CASE STUDY

Howard Brown Health Center

With three sites offering HIV services in Chicago's North Side, Howard Brown Health Center is located in the zip code with the highest infection rates in the city and state.

Howard Brown was founded 40 years ago by four gay medical students. Today, it provides care to people of all ages, genders, races, and sexual orientations — while maintaining one of the largest LGBTQ¹⁴ patient bases in the country. The health center receives funding across all Ryan White HIV/AIDS Program Parts and has achieved a viral suppression rate of over 80% among its HIV-positive patients.

As part of its SPNS Transgender Women of Color Initiative demonstration project, Howard Brown launched a monthly drop-in program providing HIV/sexually transmitted infection (STI) testing and treatment, walk-in access to primary medical care, and other support services. The drop-in program is open to all transgender and gender-nonconforming people, although it actively recruits transgender women of color ages 16 and older. The program also offers clients access to “informed consent hormone therapy” in conjunction with HIV treatment to promote retention in care.

“Our teams invite clients to bring their whole selves, their whole lives, and what is going on in their lives, to their care and wellness.”

¹⁴The acronym LGBTQ refers to lesbian, gay, bisexual and transgender individuals and includes those who are questioning their sexual or gender identity.



HIV medication adherence can help support prevention efforts by decreasing HIV infectiousness and transmissibility. At many Ryan White HIV/AIDS Program sites, such as Howard Brown Health Center's Sheridan Road and Aris locations, in-house pharmacy services are available to support patient medication needs.

“I think (retention) is part of what makes us so strong,” said Howard Brown Health Center Grants and Contracts Manager Carla Hess. “When somebody new comes in the door, it’s not going to be the first or second time that a medical provider or staff has heard this story or seen this problem, and that increases the comfort level of the patient and the other staff.” This extends to Howard Brown’s pharmacy services. The health center’s Sheridan Road and Aris clinics house full-service pharmacies specializing in HIV medications — eliminating the need for clients to fill prescriptions in commercial drug stores and alleviating fears about privacy protection.

Further, Howard Brown takes care to have its staff reflect, as much as possible, the communities it serves, said Jahara Carey, a research assistant on Howard Brown’s SPNS program and herself transgender. Carey also runs a support group called “T-Time” for transgender women. Carey said that clients are more amenable to attending and staying in care “when they see people that they can actually identify with.”

Another transgender staffer added: “Our teams invite clients to bring their whole selves, their whole lives, and what is going on in their lives, to their care and wellness. So if they’re having relationship issues or housing issues or job issues or ID issues, that’s part of their health care too, and we can talk about that ... I think that permeates the care approach, and that’s why people keep coming back.”



Howard Brown's SPNS program also employs a community advisory board to provide ongoing client feedback on the health center's performance, possible additional services, and improvements to facilities and practices. Staff members also have the option of participating.

■ YOUNG MSM

Among the most at-risk of any population in Chicago and across the country, young men 13 to 24 years old had the greatest percentage increase in newly diagnosed HIV infections of all age groups from 2006 to 2009.¹⁵ Many do not know they are infected.¹⁶

Consequently, most of Howard Brown's efforts focus on this population. These include: walk-in testing for HIV and other sexually transmitted diseases; street-level and social media outreach programs; a partner services program; and a recently launched pre-exposure prophylaxis (PrEP) education and awareness program. "These programs are important because they get people diagnosed so they can get treatment and get into care, or keep them out of the Continuum entirely," said Howard Brown Prevention Director Daniel Pohl.

"We don't ask for IDs, and we don't charge anything for testing," Pohl added. "Asking for photo ID and insurance and other things can feel overwhelming to some people when they are first entering a health care setting."

Howard Brown also seeks to normalize discussions about self-protection, screening, and treatment with group support sessions directed at young men of color and LGBT youth. □

Broadway Youth Center: An Accepting Place for At-Risk Youth

Howard Brown also operates the Broadway Youth Center, especially for at-risk, homeless, and LGBTQ youth. Opened in 2004, it provides HIV primary care and other health care services. It also supports over a dozen community partners for such basic needs as food, clothing, shelter, high school equivalency classes, and vocational training.

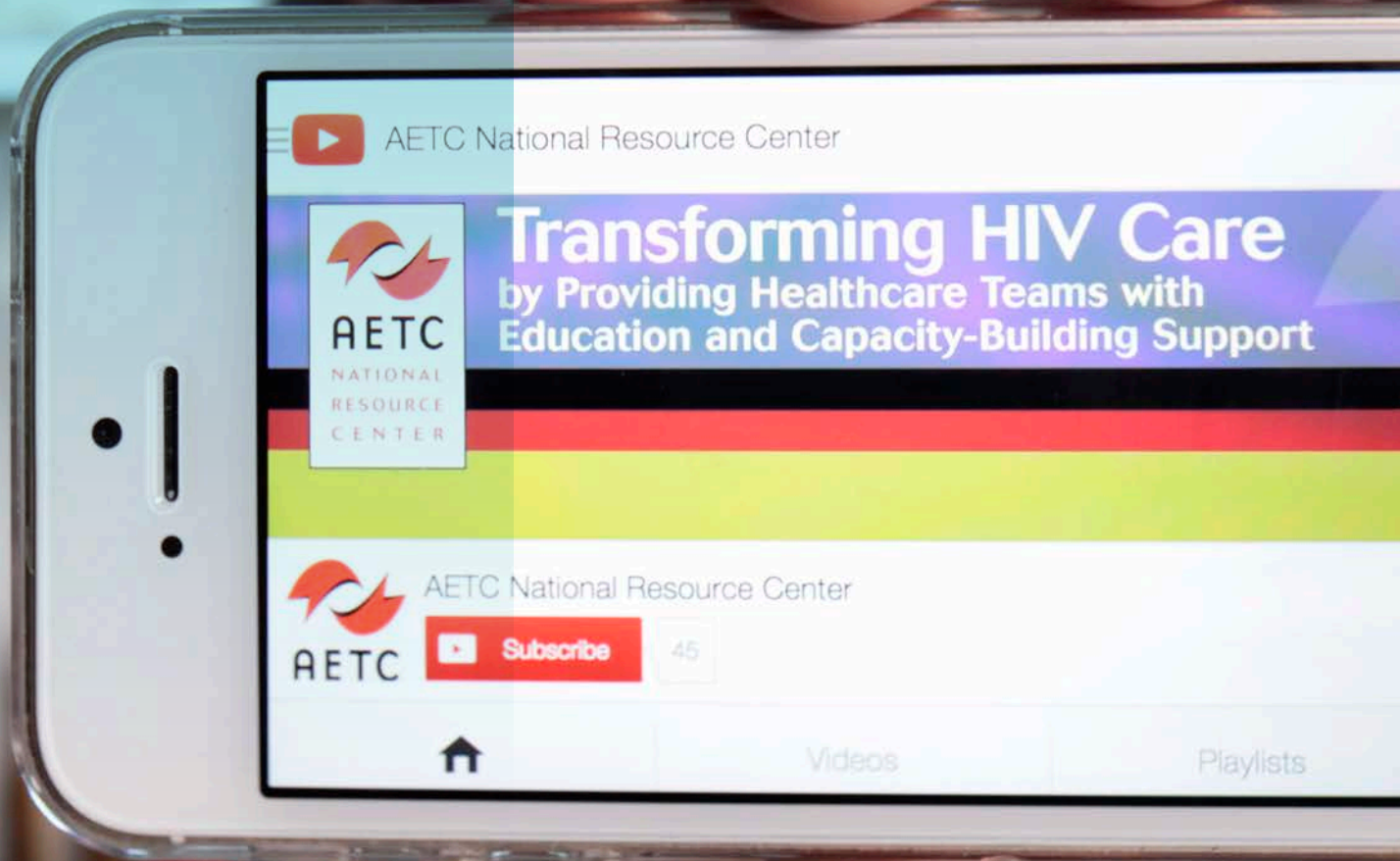


¹⁵CDC. HIV and Young Men Who Have Sex with Men [fact sheet]. July 2014. Available at: www.cdc.gov/healthyouth/sexualbehaviors/pdf/hiv_factsheet_ymsm.pdf.

¹⁶CDC. Prevalence and awareness of HIV Infection among men who have sex with men—21 cities, United States, 2008. *MMWR*. 2010;59(37):1201-1207.

4

Using Technology to Deliver Clinical Care Guidance



4

H RSA’s HIV/AIDS Bureau is now able to collect client-level data from all grantees to analyze demand trends, approaches that work, returns on investment, and more. Similarly, grantees are increasingly linked to state and regional data networks that extend the benefits of data analysis to more local populations.

Digital technology and data-sharing not only speeds diagnostics and care — and makes possible “whole population” research into systems improvement — but also facilitates online learning across time zones and difficult terrain. Digital communication now makes possible the rapid transmission of new innovations and practice breakthroughs (such as “test and treat” and PrEP) that can quickly ramp-up prevention and quality of care.

Among efforts by HRSA to promote further development:

- SPNS-funded initiatives in Electronic Networks of Care¹⁷ and Health Information Technology Capacity Building.¹⁸ SPNS has also funded six states for its System Linkages and Access to Care¹⁹ Initiative to integrate public health systems and streamline sharing of surveillance data with care and outreach workers on the ground.
- A Health IT Adoption Toolkit²⁰ and Webinar series — archived at a dedicated TARGET Center²¹ — to assist with planning and effective digital adoption.

These efforts extend the historic information-sharing function of the Ryan White HIV/AIDS Program Part F AIDS Education and Training Centers (AETC) Program.

¹⁷SPNS. Electronic Networks of Care; <http://www.hab.hrsa.gov/abouthab/special/electronicnetworksofcare.html>.

¹⁸SPNS. Health Information Technology (HIT) Capacity Building for Monitoring and Improving Health Outcomes along the HIV Care Continuum; <http://www.hab.hrsa.gov/abouthab/special/spnscapacity.html>.

¹⁹SPNS. Systems Linkages and Access to Care for Populations at High Risk of HIV Infection Initiative; <http://www.hab.hrsa.gov/abouthab/special/systemslinkages.html>.

²⁰Health IT for HIV/AIDS Care Toolbox; <http://www.hrsa.gov/healthit/toolbox/hivaidscaresetoolbox/>.

²¹TARGET Center. See <https://careacttarget.org/>.

CASE STUDY

AIDS Education and Training Center, National Resource Center

The AETC network includes three national centers: 1) the National HIV/AIDS Clinicians' Consultation Center; 2) the National Evaluation Center, which analyzes clinical education and training programs; and 3) the National Resource Center (NRC).

In addition, the network includes 11 regional centers with over 100 local performance sites, nine telehealth training centers, and eight graduate/health profession programs.

The network encompasses all 50 states, the District of Columbia, Puerto Rico, the U.S. Virgin Islands, and six U.S.-affiliated Pacific jurisdictions. The National Resource Center's function is to oversee and improve cooperative efforts across all sites to avoid duplication, while developing training materials tailored to the needs of specific regions and clinics.

The AETC Network by the Numbers

1 AETC National Resource Center

1 AETC National Evaluation Center

3 Clinician consultation lines, including the Warmline, PEPLINE, and Perinatal HIV Hotline

3 Graduate medical programs

5 Nurse practitioner/physician assistant programs

9 Telehealth training centers

5 Nurse practitioner/physician assistant programs

11 Regional centers

100 Local sites



“The NRC is really trying to capitalize on what’s happening nationally rather than duplicate efforts,” says Andrea Norberg (left), Principal Investigator of the AETC National Resource Center.

The National Resource Center website²² archives clinical and training how-to articles, promising practices and case studies, and more. Staff members set up training sessions based on the latest in e-learning, using a “train-the-trainer” model that links experts to providers in need of information. In turn, those providers agree to be available for others in the future. With the advent of the Affordable Care Act and growth in HIV screening and care in routine

primary care, the network also provides rapid assistance to clinicians who may be handling increased caseloads of HIV-positive patients for the first time.



The National Resource Center is managed by the Francois-Xavier Bagnoud Center²³ at Rutgers University School of Nursing and manages 20 active grants for multiple HHS agencies, coordinating national efforts across all of them, including: the Adolescent HIV Prevention Resource Center²⁴; the Elimination of Mother-to-Child Transmission program²⁵; and the Medical Homes Resource Center.²⁶

The Center “brings together like-minded individuals throughout the country dealing with the same issues and discussing how best to address them,” said National Resource Center Program Director John Nelson.

²²AETC National Resource Center (NRC); www.aidsetc.org/.

²³Rutgers University School of Nursing (Rutgers), Francois-Xavier Bagnoud Center (FXBC); www.fxbcenter.org/.

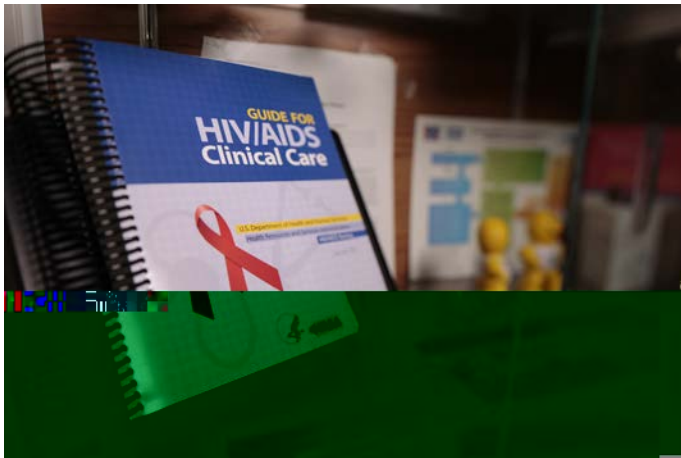
²⁴U.S. Department of Health and Human Services (HHS), Office of Adolescent Health, National Resource Center for HIV/AIDS Prevention Among Adolescents; www.hhs.gov/ash/oah/oah-initiatives/national-resource-center.html.

²⁵Rutgers, FXBC, Elimination of Mother-to-Child Transmission; <http://fxbcenter.org/emct.html>.

²⁶Rutgers, FXBC, Medical Homes Resource Center; www.fxbcenter.org/mhrc.html.

■ ONLINE ENGAGEMENT AND E-LEARNING

Pivotal to the Center’s coordination role is its website, which collates and houses information from both public and private contributors — including all HRSA training centers, the Centers for Disease Control and Prevention (CDC), the Substance Abuse and Mental Health Services Administration (SAMHSA), the National Quality Center, the National Association of Community Health Centers, and other sources.



The *Guide for HIV/AIDS Clinical Care* is a seminal publication by HRSA’s HIV/AIDS Bureau, offering useful and practical information for clinicians and representing one of the most frequently downloaded resources on the AETC website.

The Center also generates original content, including chapters in the *Guide for HIV/AIDS Clinical Care*, published by HRSA’s HIV/AIDS Bureau. The guide offers practical advice on day-to-day questions confronting clinicians in the field and is one of the most frequently accessed documents on the site. It covers everything from assessment, treatment, and medication side effects to drug interactions, oral health care, and neuropsychological disorders.

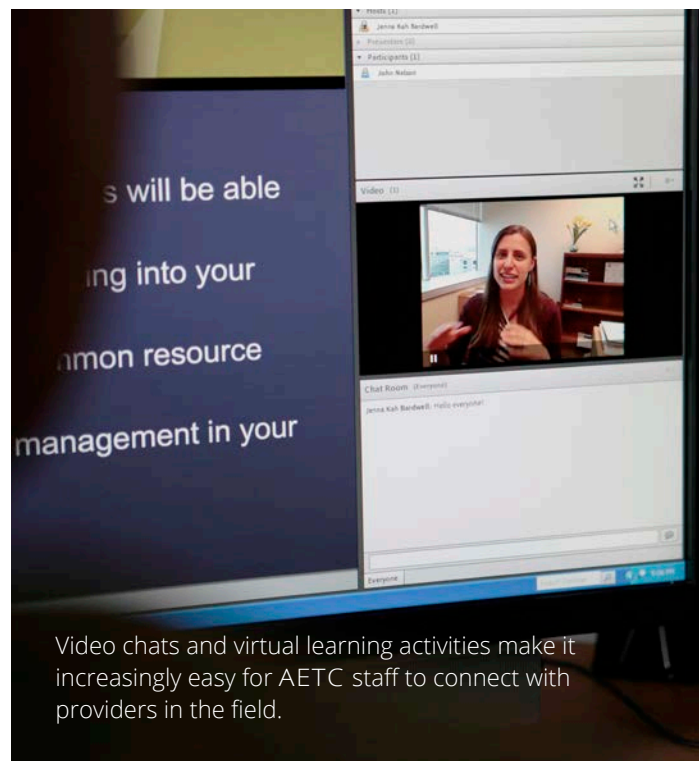
“The clinical guide,” said National Resource Center Principal Investigator Andrea Norberg, “is something we’ve worked on for years. It was originally intended for mid-levels, but

we’ve found that many seasoned HIV providers will use it too, as will primary care providers without much prior HIV experience but who are looking to learn more.”

Other resources are available in a variety of formats — tips sheets, curricula, manuals, and slide sets — and are in the public domain for easy incorporation.

The Center also periodically conducts surveys and focus groups — and analyzes usage trends — to provide timely information updates on “hot topics” in the field. Two recent examples are an HIV and Aging Workgroup²⁷ and an Oral Health Collaborative.²⁸

“We’ll do national training exchanges and let people know about our resource development work,” said



Video chats and virtual learning activities make it increasingly easy for AETC staff to connect with providers in the field.

²⁷AETC NRC, HIV and Aging Workgroup; <http://aidsetc.org/community/hiv-aging-workgroup>.

²⁸AETC NRC, Oral Health Collaborative; <http://aidsetc.org/community/oral-health-collaborative>.

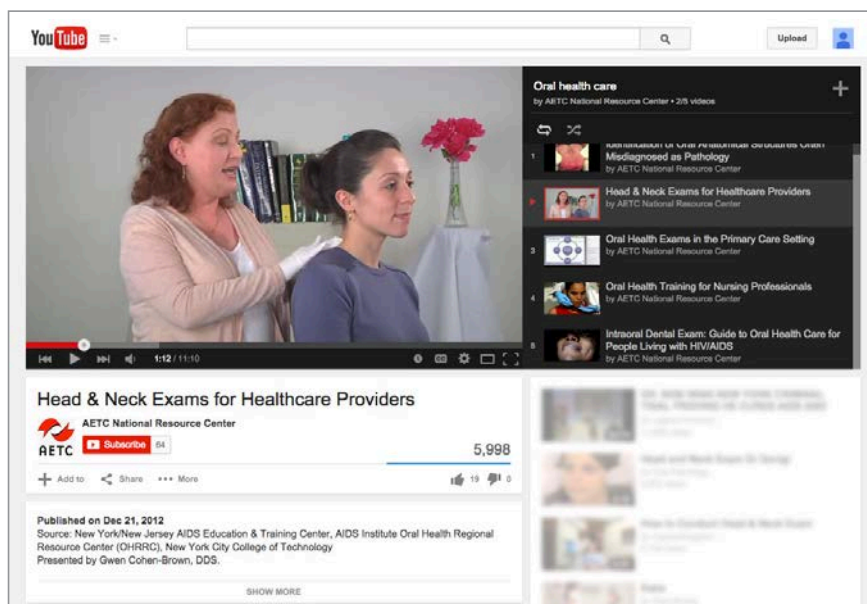
National Resource Center Social Media Coordinator Judy Collins, “to find out how people think they would use the resource and to talk through it ... we did a training on safety tips for outreach workers and navigators and people were saying, ‘Oh, we created something that could be added to that toolkit.’”

■ ACCESSING RESOURCES, SPREADING THE WORD

As best practices in HIV care rapidly evolve, the time constraints on primary care providers continue to dwindle. So HRSA’s AIDS Education Training Centers have turned to shorter tutorials.

The Center that serves New York and New Jersey, for example, now offers videos just a few minutes long on specific topics, such as how to do a head and neck physical, Collins said. Likewise, the National Research Center has launched its own YouTube channel.²⁹

The Center then uses social media (Facebook and Twitter) to steer users back to archived training that advances the testing, treatment, and adherence protocols of the National HIV/AIDS Strategy.



The AETC National Resource Center promotes regional AETC and local performance site activities and trainings such as this video tutorial on head and neck exams.

National Resource Center Program Coordinator Jenna Kah Bardwell said, “We network with different organizations and really work together to ensure the very latest information on HIV gets into the hands of those who need it.”

The Center “can be really explosive and effective” in monitoring, collecting, collating, and rapidly disbursing the best and most current intelligence from the field across federal, state, and local agencies and organizations. □

²⁹AETC NRC, YouTube; www.youtube.com/user/AETCNRC.

Photo Credits

FRONT COVER (clockwise from upper left):

- ▶ A care provider consults a patient, Rene, on his medication, Mount Sinai St. Luke's Hospital, New York City
- ▶ Staff members of the Inova Juniper Program, Northern Virginia
- ▶ Pennsylvania/MidAtlantic AIDS Education and Training Center plaque on display at Inova Juniper Program, Northern Virginia
- ▶ In-house pharmacy worker, Howard Brown Health Center, Chicago, IL
- ▶ Staff member, Mount Sinai St. Luke's Hospital, New York City
- ▶ John Rojas, New York City Department of Health and Mental Hygiene

PAGE 2: Care continuum graph displayed at New York City Department of Health and Mental Hygiene

PAGE 5: Employee at Inova Juniper Program, Northern Virginia

PAGE 7: Staff members, Inova Juniper Program, Northern Virginia

PAGE 8: Staff member and information card for the Rainbow Tuesdays Clinic, Inova Juniper Program, Northern Virginia

PAGE 9: Care provider and patient, Inova Juniper Program, Northern Virginia

PAGE 11: John Rojas, New York City Department of Health and Mental Hygiene, NY

PAGE 13: HIV Diagnosis Rates, NYC 2012 figure; New York City Department of Health and Mental Hygiene

PAGE 15: Staff members at Mount Sinai St. Luke's Hospital, New York City

PAGE 16: Rene, patient at Mount Sinai St. Luke's Hospital, New York City, NY

PAGE 16: Graham Harriman, Director of Care and Treatment, New York City, NY Department of Health and Mental Hygiene

PAGE 17: Rainbow flag and microscope at Broadway Youth Center, Howard Brown Health Center, Chicago, IL

PAGE 19: Clinic front door, Howard Brown Health Center, Chicago, IL

PAGE 20: In-house pharmacist, Howard Brown Health Center, Chicago IL

PAGE 20: Informational poster, Howard Brown Health Center, Chicago, IL

PAGE 21: Broadway Health Center promotional flyer, Howard Brown Health Center, Chicago, IL

PAGE 22: Judith Collins showcasing the AIDS Education and Training Center National Resource Center's (AETC NRC) mobile website, AIDS Education and Training Center National Resource Center of the Francois-Xavier Bagnoud Center at Rutgers University School of Nursing, New Jersey

PAGE 24: (Left to right) Judith Collins, Renée Powell, Andrea Norberg, Jenna Kah Bardwell, and John Nelson of the AETC NRC, New Jersey

PAGE 25: Andrea Norberg, Principal Investigator of the AETC NRC, New Jersey

PAGE 25: AETC's *Ask, Screen, Intervene* campaign promotional material, AETC NRC, New Jersey

PAGE 26: *Guide for HIV/AIDS Clinical Care* on display at AETC NRC, New Jersey

PAGE 26: Jenna Kah Bardwell in a video chat, AETC NRC, New Jersey

PAGE 27: "Transforming HIV Care" promotional material, AETC NRC, New Jersey

PAGE 27: "Head and Neck Exams for Health Care Providers" video still from AETC's training resource channel on YouTube. Accessed on 11/14/2014.

All photographs of providers and consumers were taken expressly for this report and permission was granted to HRSA's HIV/AIDS Bureau. Infographic and other graphic visual designs were developed for HRSA's HIV/AIDS Bureau for this report by Impact Marketing + Communications under contract number #HHSH250200900041C.



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