



# **Ongoing Implementation of the National HIV/AIDS Strategy**

**Boston**

**May 14, 2013**

**Grant Colfax, MD  
Director, Office of National AIDS Policy  
Domestic Policy Council  
The White House**

# The National HIV/AIDS Strategy Overview

## Goals

1. Reduce the number of people who become infected with HIV
2. Increase access to care and optimize health outcomes for people living with HIV
3. Reduce HIV-related health disparities
4. Achieving a more coordinated national response to the HIV epidemic

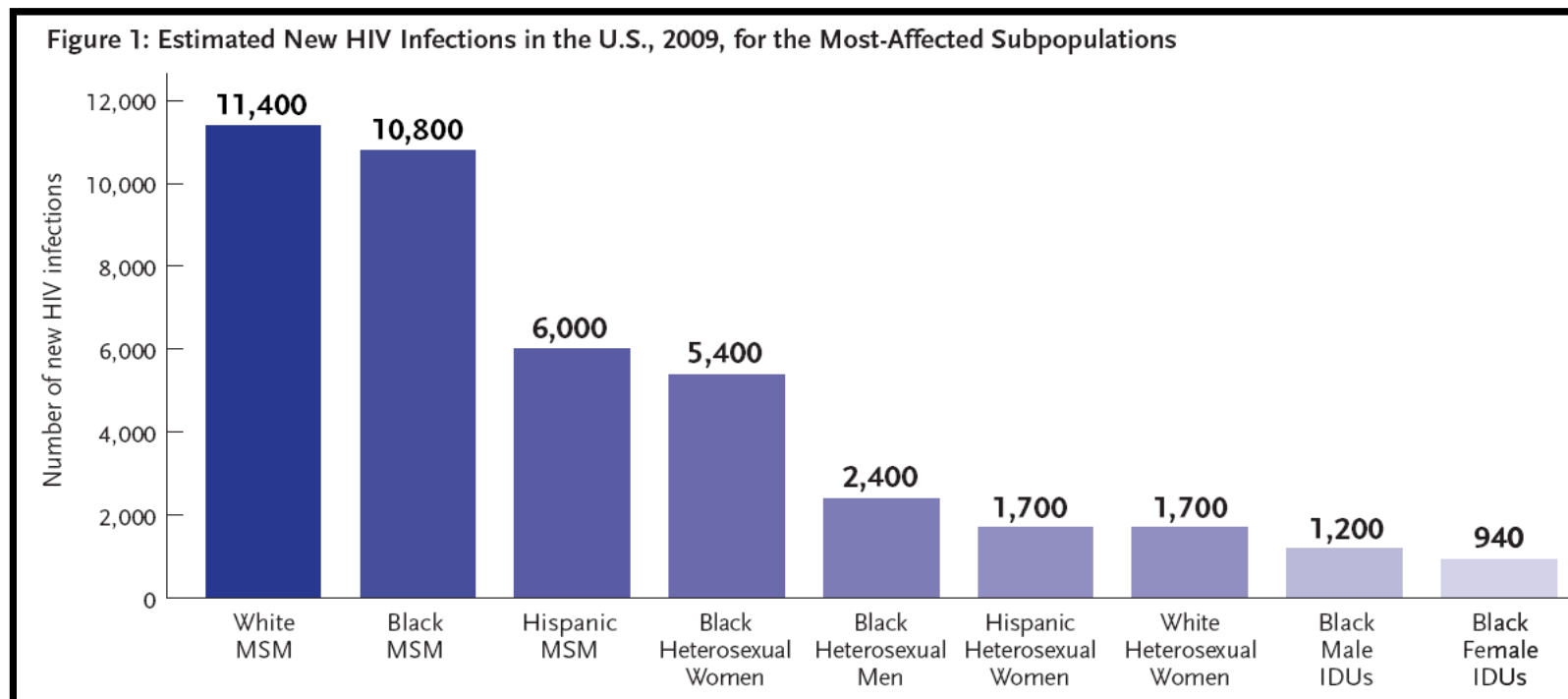
## Facets of the Strategy

- Limited number of action steps
- Sets 5-year quantitative targets to meet
- Emphasis on evidence-based approaches
- Multiple Federal agencies charged with Strategy implementation: HHS, HUD, VA, DOJ, DOL, SSA; HHS lead coordinating agency.
- Roadmap for all public and private stakeholders responding to the domestic epidemic
- Focus on improving coordination and efficiency across and within Federal, state, local and tribal governments
- Emphasis on concentrating efforts where HIV is most concentrated and in populations with greatest disparities, including: gay men, people of color, and transgender individuals.



# New HIV Infections in the U.S.

- Estimated 50,000 new HIV infections annually in U.S.
- MSM 64% of new infections; 48% increase in young black MSM
- HIV prevalence among MSM >40 times higher than other men
- Black women most impacted among all women
- Latinos disproportionately impacted compared to whites
- 2010: Infections among women drop 20%; MSM increase 12%

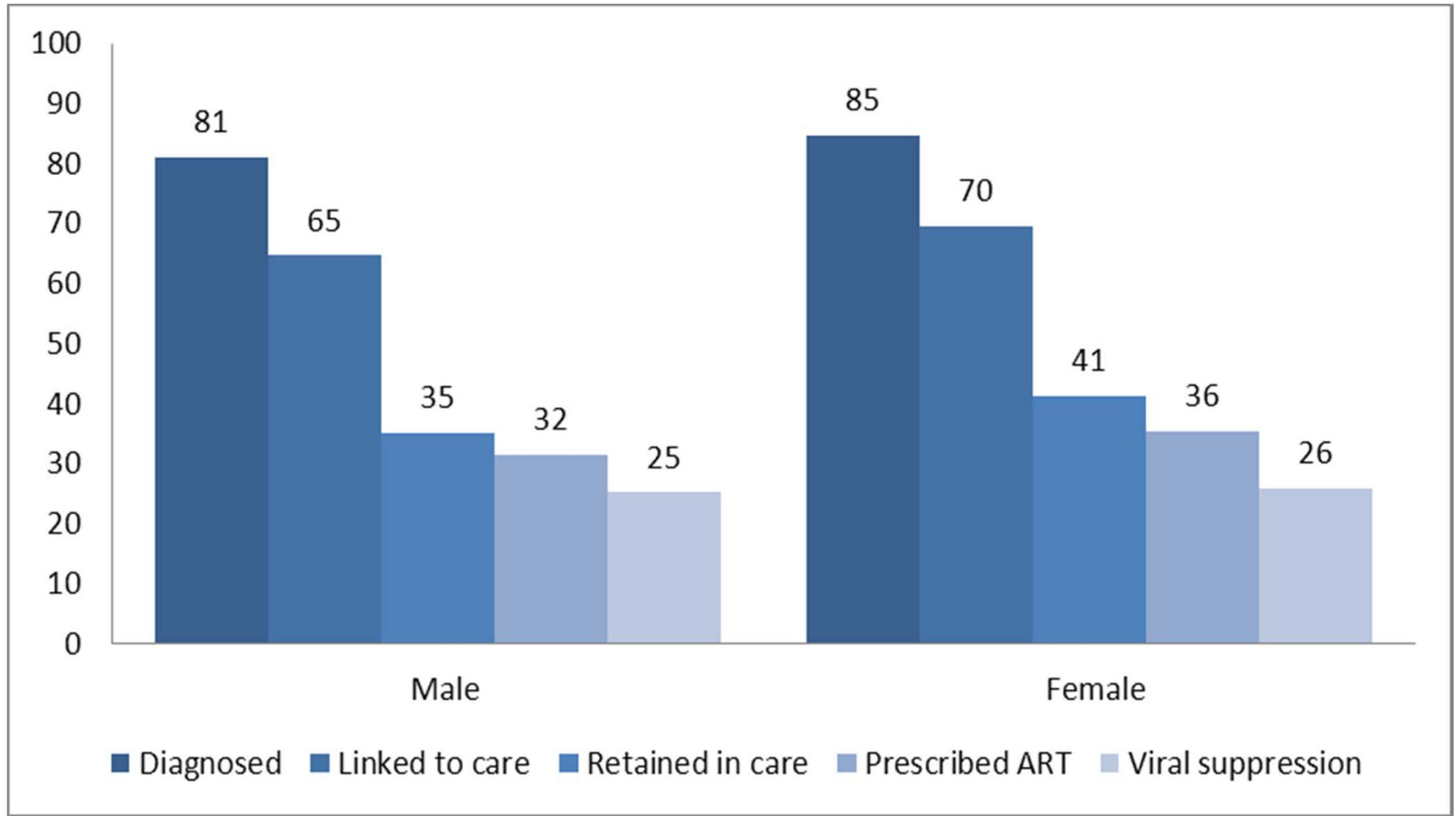


(Prejean et al., 2011)

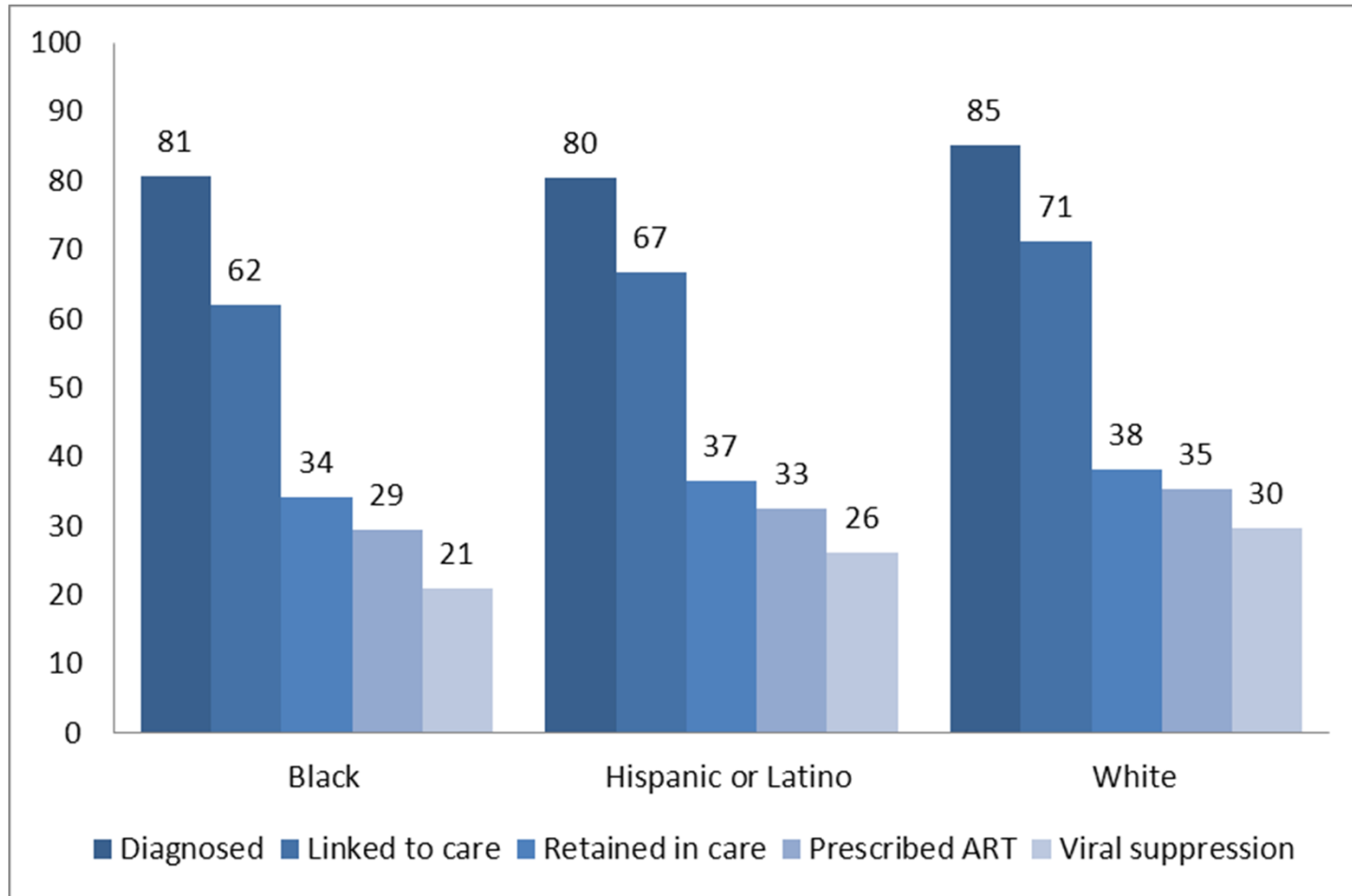
# Making wise investments: the President's 2014 domestic HIV/AIDS budget

- Over \$23 billion for Federal domestic HIV/AIDS efforts
  - HHS domestic spending increases \$1.47 billion
  - Includes increases of \$73 million in discretionary funding to HHS and \$155 million increase to VA
  - NIH HIV research budget is proposed at \$3.12 billion, an increase of \$48 million
  - Focus on evidence-based programs that will have population-level impact
- Increased focus on increasing diagnosis, linkage, and engagement in care

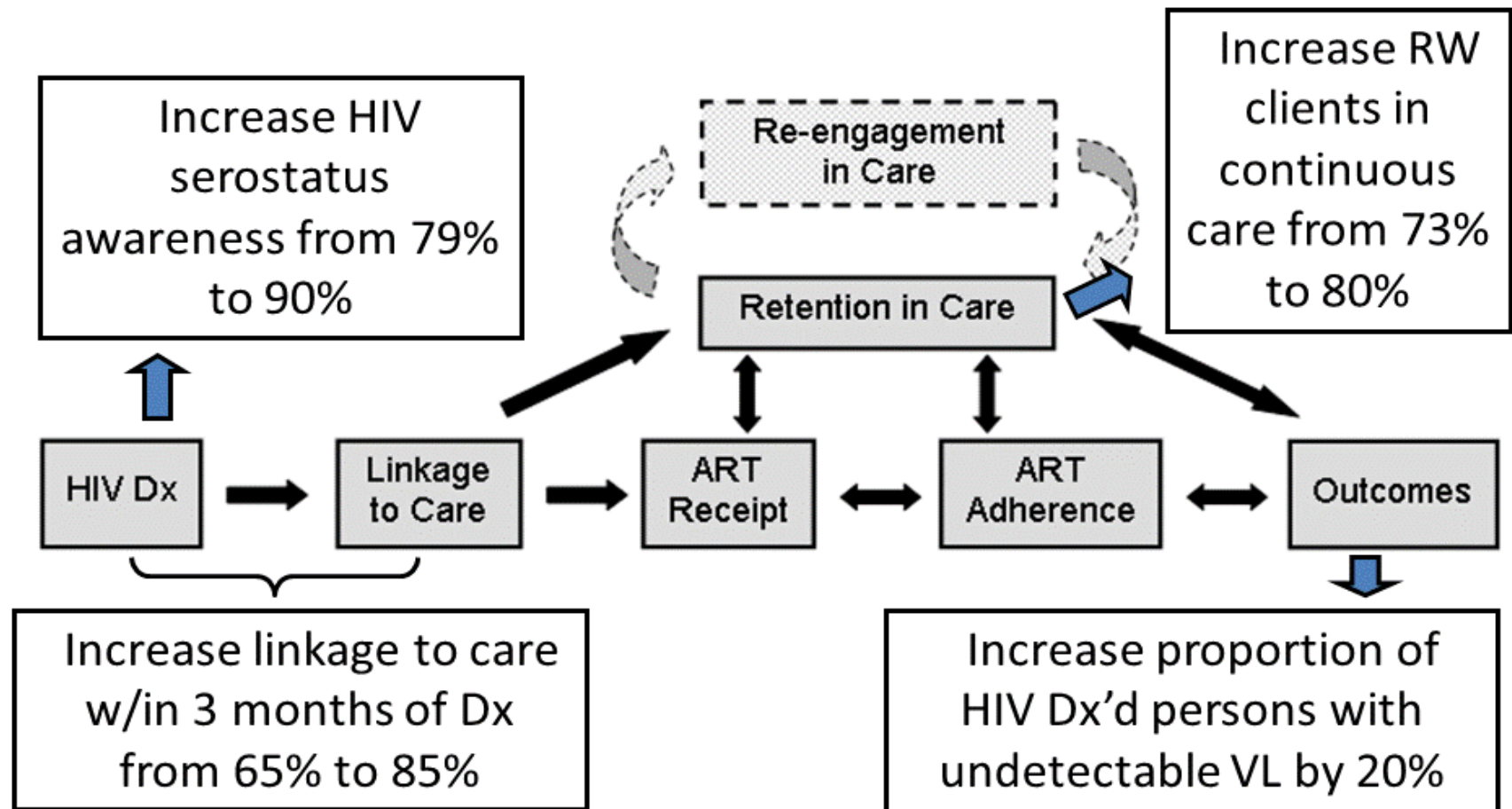
**We must do better:  
Percentage of persons with HIV engaged in stages of the  
continuum of care – United States**



## Percentage of persons with HIV engaged in selected stages of the continuum of care, by race/ethnicity – United States



# National HIV/AIDS Strategy



Reprinted with permission. Michael J. Mugavero MD, MHSc., University of Alabama at Birmingham, September 2011.

# Achieving the goals of the Strategy

## Guiding Principles

- Align resources with epidemic
- Shared responsibility
- Accountability
- Science-driven

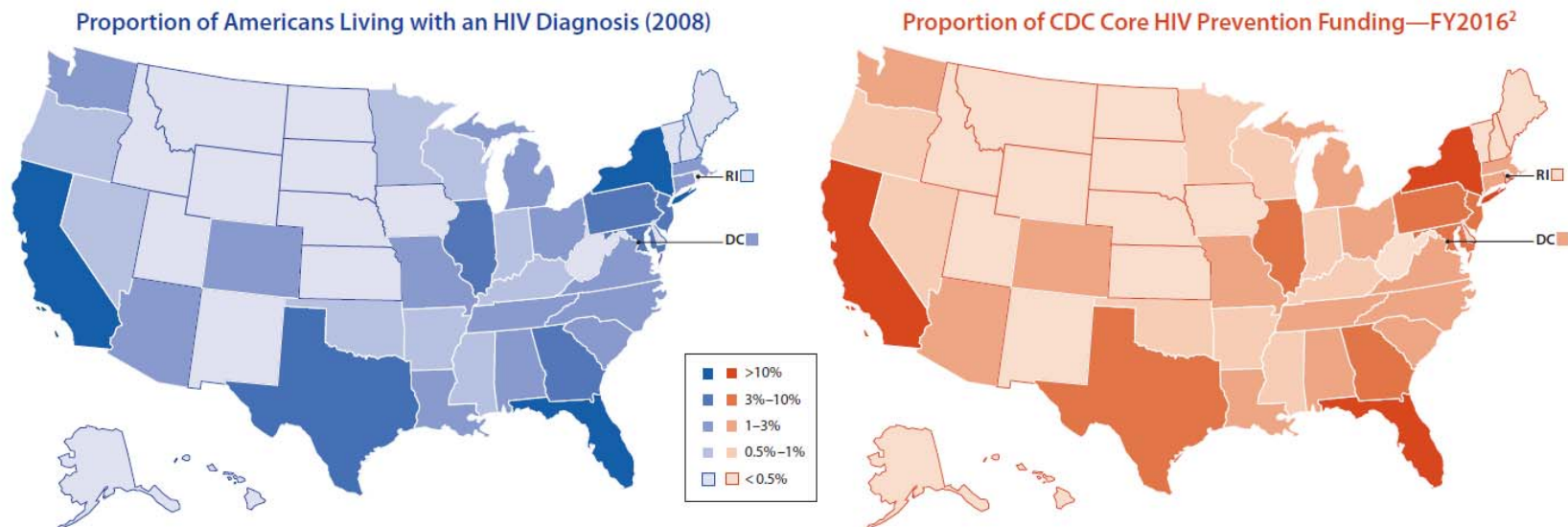




# Aligning Resources with the Epidemic

## Matching Prevention Funds to the Epidemic<sup>1</sup>

When CDC's new approach is fully implemented, HIV prevention resources will closely match the geographic burden of HIV.



<sup>1</sup>Maps do not include U.S. territories receiving CDC HIV prevention funding.

<sup>2</sup> New funding allocation methodology will be fully implemented by FY2016; this breakdown assumes level overall funding.

# Let's Get the Basics Right

- Effective, Evidence-based Approaches We Know Prevent HIV
  - Condom availability
  - Comprehensive drug treatment
  - HIV testing (awareness of status)
  - Circumcision (limited effectiveness in US)
  - Antiretroviral therapy for people living with HIV
  - Antiretroviral therapy for high-risk negatives
  - Serosorting (among positives)
  - Testing pregnant women

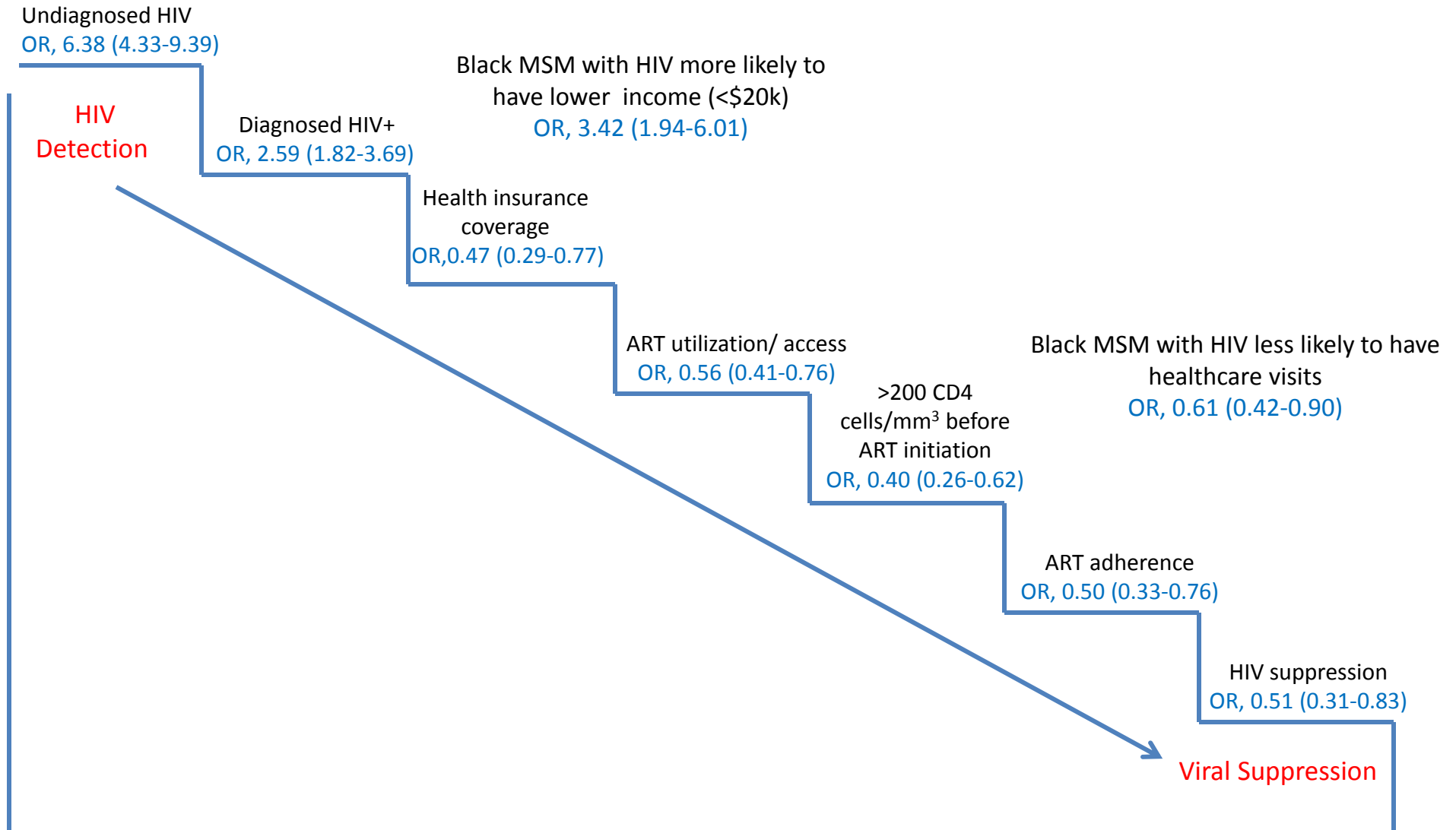
***Best combination of HIV prevention approaches that will have population-level effect for specific populations is unknown***

# Making Smarter Investments: CDC Modeling for Philadelphia

Untargeted interventions	Cost per new infection averted (rank)		
Testing in clinical settings	51,293 (3)		
Partner services	99,105 (7)		
Linkage to care	114,644 (8)		
Retention in care	75,665 (5)		
Adherence to ART	42,753 (2)		
Targeted interventions	HRH	IDU	MSM
Testing in non-clinical settings	866,272 (12)	53,935 (4)	17,965 (1)
Behavioral intervention for HIV+ people	594,796 (10)	700,005 (11)	97,410 (6)
Behavioral intervention for HIV- people	15,642,127 (14)	2,931,406 (13)	327,210 (9)

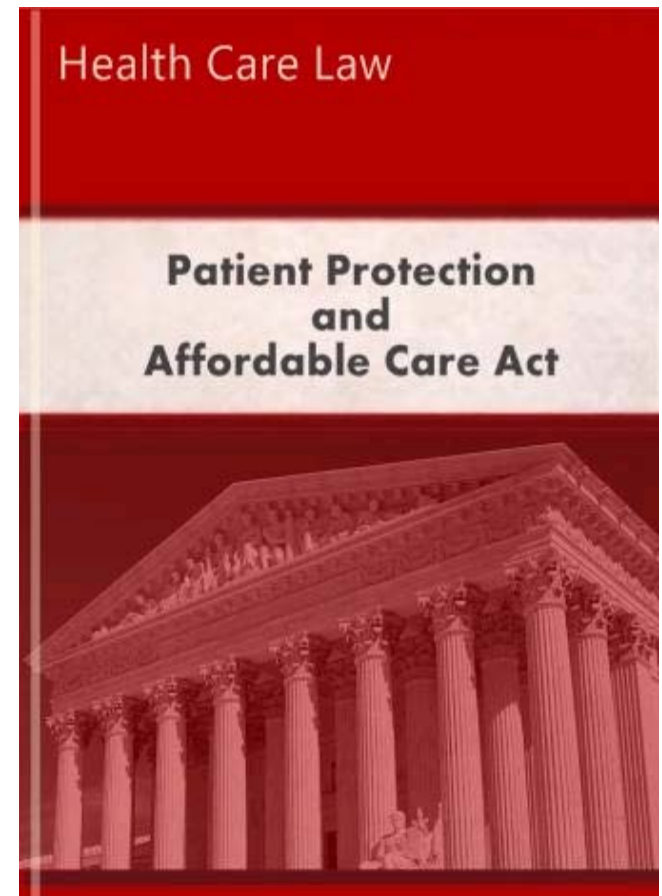
ART, Antiretroviral therapy  
 HRH, High risk heterosexuals  
 IDU, Injection drug users  
 MSM, Men who have sex with men

# Care cascade for black MSM



# Toward Health Equity: The Affordable Care Act

- Expands coverage to about 30 million Americans
  - 9 million uninsured Latinos will have access to coverage
  - 7 million uninsured African-Americans will have access to coverage



# The Affordable Care Act: Meaningful Change Now

- 54 million additional Americans receiving preventive services
- More than 3 million young adults insured by remaining on parent's private insurance
- Eliminated lifetime limits for 105 million Americans
- Hundreds of persons living with HIV now covered under Pre-existing Condition Insurance Plans
- ADAP benefits considered contribution toward true out-of-pocket expenses, helping fill "donut hole"
- Insurers cannot rescind coverage except in cases of fraud or intentional misrepresentation
- Expanded National Health Service Corps
  - 3600 providers (2008) to 10,000 (2011)
  - Increased patients served from 3.7 to 10.5 million

# Affordable Care Act: 2014

- No denial of coverage for pre-existing conditions (includes HIV)
- Expands Medicaid eligibility to 133% of Federal poverty level
- Creates affordable insurance exchanges with a choice of private insurance plans and with tax credits to make coverage affordable
- Increased resources to community health centers (\$11 billion over 5 years)

# Secretary Sebelius announces HIV/AIDS to be included on list of chronic conditions for medical homes...

“Today, I am proud to announce that we will be issuing a rule to explicitly include HIV/AIDS on the list of chronic conditions that every state may target in designing effective Health Homes. This will make it easier for states to provide coordinated care for people living with HIV/AIDS.”

White House World AIDS Day event, November 29, 2012

## MEDICAL HOMES

By Mary Takach

DOI: 10.1377/hlthaff.2012.0447  
HEALTH AFFAIRS 31,  
NO. 11 (2012): 2432-2440  
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The People-to-People Health  
Foundation, Inc.

## About Half Of The States Are Implementing Patient-Centered Medical Homes For Their Medicaid Populations

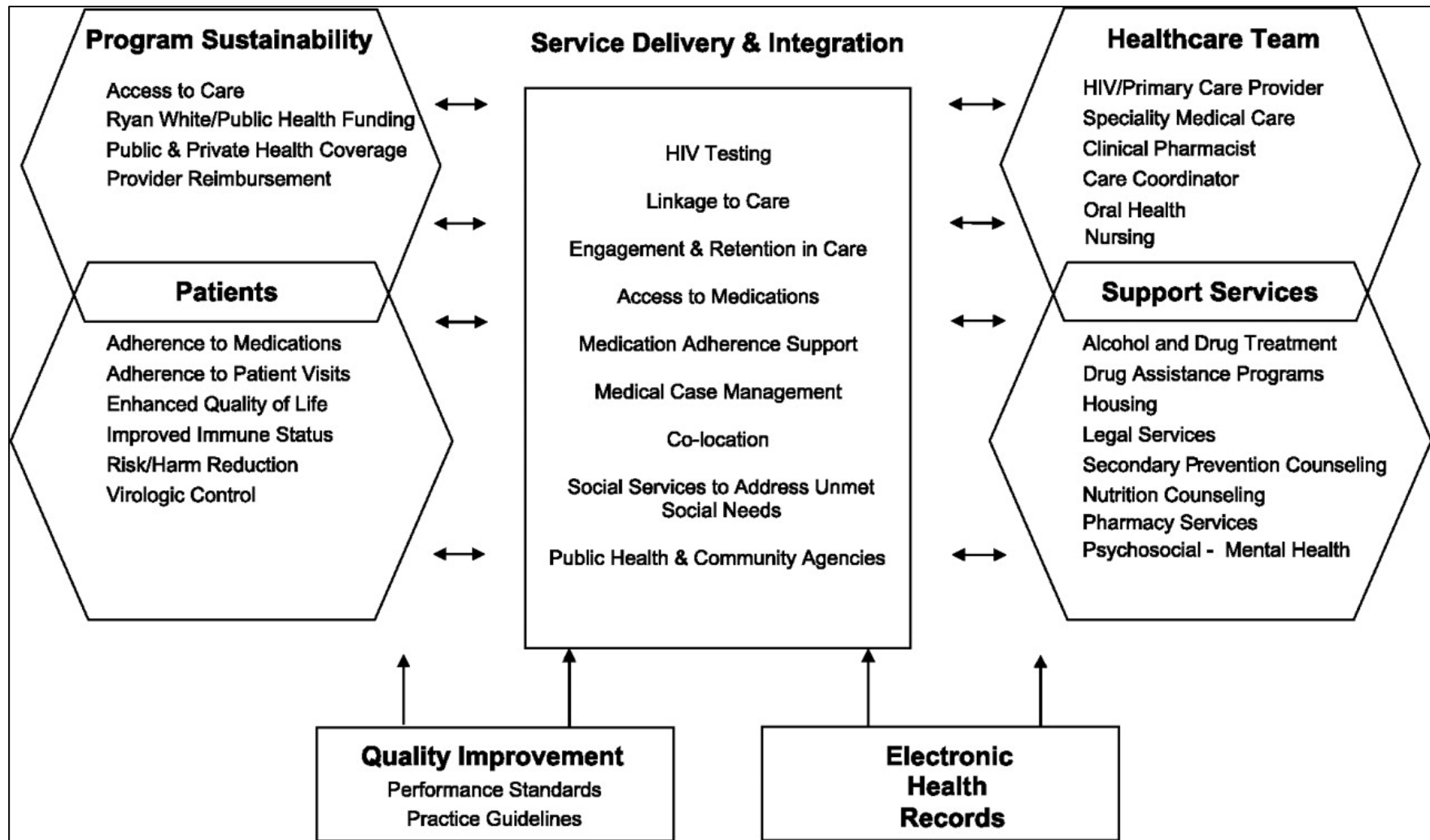
Mary Takach (mtakach@nashp.org) is a program director for the National Academy for State Health Policy, in Portland, Maine.

**ABSTRACT** Public and private payers are testing the patient-centered medical home model by shifting resources to enhance primary care as an important component of improving the quality and cost-effectiveness of the US health care delivery system. Medicaid has been at the forefront of this movement. Since 2006 twenty-five states have implemented new payment systems or revised existing ones so that primary care providers can function as patient-centered medical homes. State Medicaid programs are taking a variety of approaches. For example, Minnesota’s reforms focus on chronically ill populations, while in Missouri a 90 percent federal match under the Affordable Care Act is helping integrate primary and behavioral health care and address issues of long-term services and supports. These reforms have led to better alignment of payments with performance metrics that emphasize health outcomes, patient satisfaction, and cost containment. This article focuses on trends in Medicaid patient-centered medical home payment that can inform public and private payment strategies more broadly.

Takach, Mary. "About Half Of The States Are Implementing Patient-Centered Medical Homes For Their Medicaid Populations." *Health Affairs* 31.11 (2012): 2432-440.



# Maximizing the Care Cascade: Components of Comprehensive HIV Care



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Vol. 55, No. 9

# Clinical Infectious Diseases

## Improvement in the Health of HIV-Infected Persons in Care: Reducing Disparities

RD Moore, JC Keruly & JG Bartlett

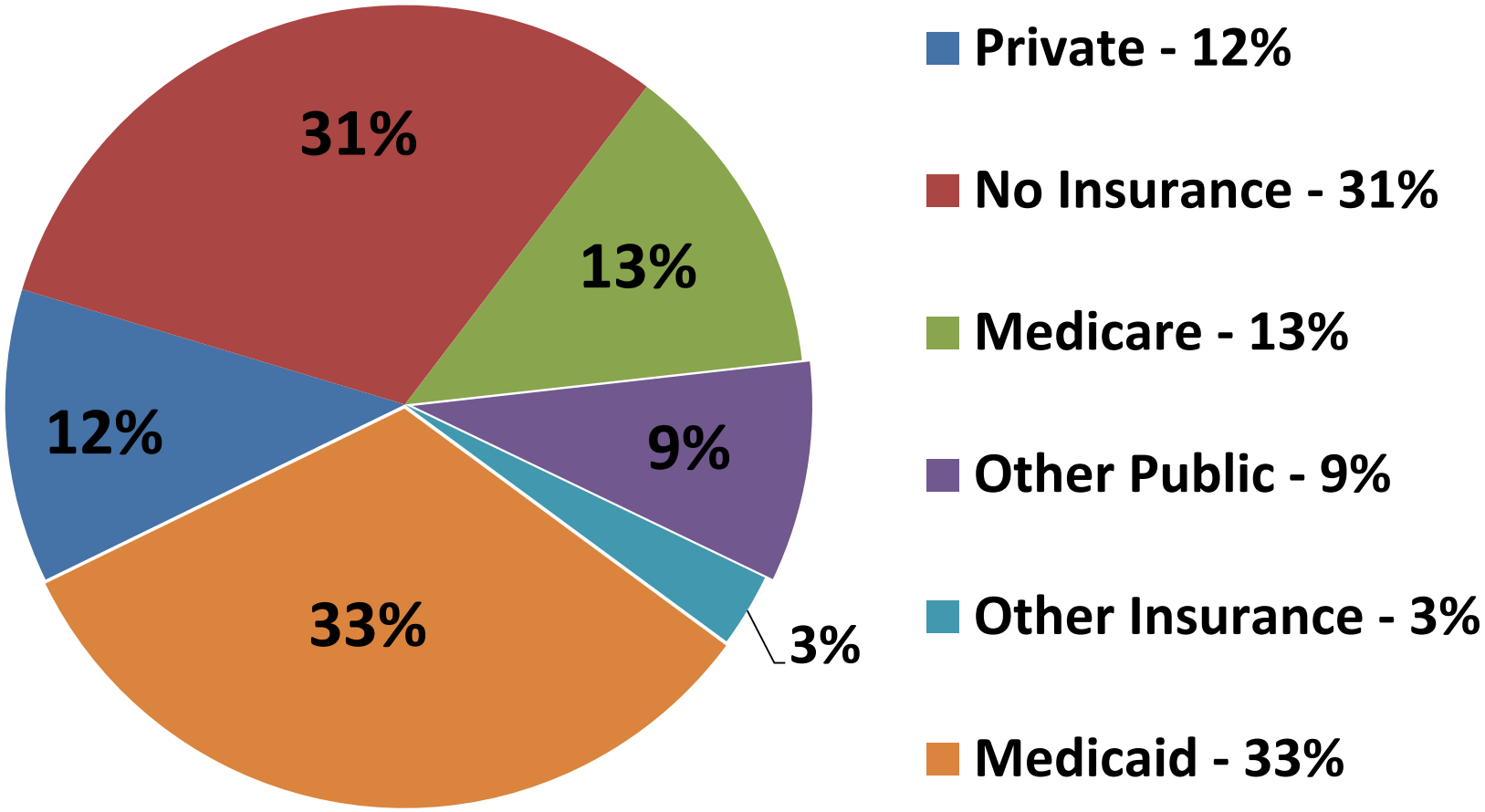
■ 6,366 patients followed in clinical HIV cohort in Baltimore, 1995-2010

■ ~28,000 person-years of follow-up

■ Projected longevity for a 28-year-old patient, regardless of sex, risk group, or race: >73 years of age

Slide courtesy of Dr. Fauci, NIAID

# Insurance Status of Clients Receiving Ryan White Services 2008



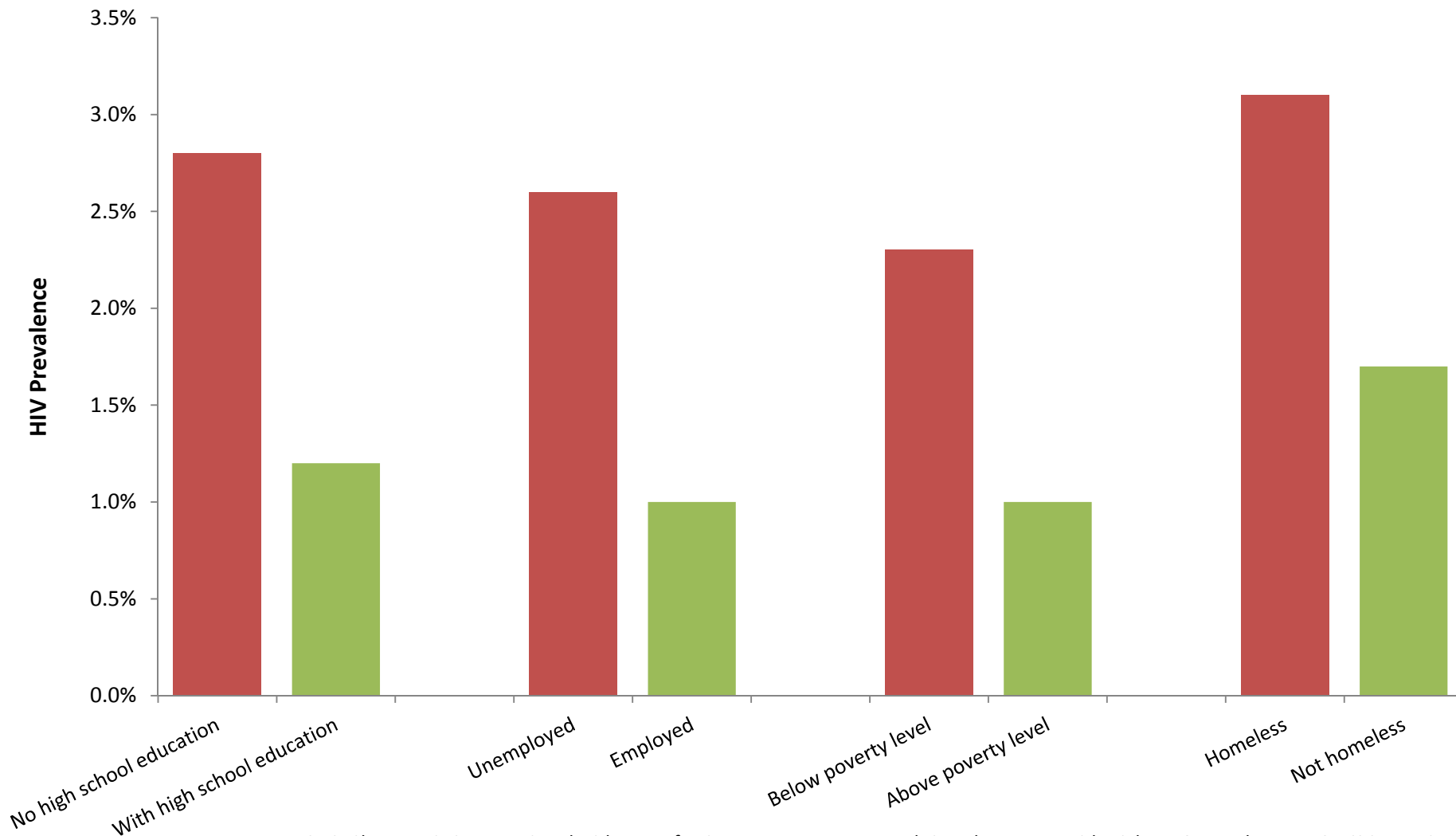
Source: HRSA

# The future of Ryan White

- Administration recognizes and supports need for Ryan White program
- 2014 POTUS budget includes \$2.4 billion for the program, an increase of \$20 million
- RW role will continue to evolve with implementation of Affordable Care Act
- Focus on improving care cascade outcomes

# HIV Tracks with Social and Economic Disparities

## HIV Infection Among Heterosexuals in Urban Areas, by Socio-Economic Indicators



CDC. Characteristics Associated with HIV Infection Among Heterosexuals in Urban Areas with High AIDS Prevalence --- 24 Cities, United States, 2006--2007. MMWR 2011;60:1045-1049.



# U.S. Department of Justice Civil Rights Division



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*"It is critical that we continue to work to eradicate discriminatory and stigmatizing treatment towards individuals with HIV based on unfounded fears and stereotypes. The ADA clearly protects individuals with HIV and other disabilities from this kind of exclusion or marginalization."*

--Assistant Attorney General  
Thomas E. Perez

## Fighting Discrimination Against People with HIV/AIDS

The Americans with Disabilities Act (ADA) gives Federal civil rights protections to individuals with disabilities similar to those provided to individuals on the basis of race, color, sex, national origin, age, and religion. It guarantees equal opportunity for individuals with disabilities in public accommodations, employment, transportation, State and local government services, and telecommunications.

An individual is considered to have a "disability" if he or she has a physical or mental impairment that substantially limits one or more major life activities, has a record of such impairment, or is regarded as having such impairment. Persons with HIV disease, either symptomatic or asymptomatic, have physical impairments that substantially limit one or more major life activities and thus are protected by the ADA.

Persons who are discriminated against because they are regarded as being HIV-positive are also protected. For example, the ADA would protect a person who is denied an occupational license or admission to a school on the basis of a rumor or assumption that he has HIV or AIDS, even if he does not.

### What's New?

blog.AIDS.gov:

[It is a Civil Right to Live Free from Discrimination on the Basis of HIV/AIDS Status](#)

[American Laser Settlement Agreement](#)

Resolving laser hair removal company's denial based on HIV status of the full array of services provides to others who seek hair removal treatment

blog.AIDS.gov:

[Justice Department Issues Letter Regarding Illegal Exclusion of Individuals with HIV/AIDS from Occupational Training and State Licensing](#)

press release

[Justice Department Issues Letter Regarding Illegal Exclusion of Individuals with HIV/AIDS from Occupational Training and State Licensing](#)

blog.AIDS.gov:

[Department of Justice Settles with Cosmetology School in Puerto Rico on Allegations of HIV Discrimination](#)

# The Department of Labor and The National HIV/AIDS Strategy

- DOL continually enforces workplace rights and protections with regard to people living with HIV/AIDS
- DOL recently launched an HIV/ AIDS and employment eWorkgroup, a collaborative workspace to exchange ideas and effective practices to connect PLWHA to employment services
- In collaboration with the National Working Positive Coalition, DOL convened an Institute on HIV/AIDS and Employment

# Trauma associated with risk of treatment failure and mortality

- Meta-analysis of 29 studies of women with HIV/AIDS in the United States:
  - 30% PTSD (5x times national rate)
  - 55.3% intimate partner violence (> 2x the national rate)
- Recent trauma had 4x the odds of antiretroviral failure
- Domestic violence doubles risk of death from HIV





## Working Group on the Intersection of HIV/AIDS, Violence Against Women and Girls and Gender-related Health Disparities

- Membership: Co-chaired by White House Advisor on Violence Against Women and the Director of the Office of National AIDS Policy. Representatives from DOJ, DOI, DHHS, DOE, DOH, VA, HUD, OMB
- The Working Group has
  - Met regularly since March 2012
  - Completed an inventory of each member agency's programs that touch on HIV/AIDS and violence against women
  - Conducted three research focused workshops with Federal partners and leading scientists (PACHA representation)
  - Hosted two webinars with community stakeholders receiving 200 comments
  - Sought stakeholder input through the ONAP website
  - Identified specific target areas for focus and action

# Obama, Marriage Equality, and the Health of Gay Men

As a young gay man in my early 20s witnessing the devastation of the AIDS epidemic in my community, I noted to a friend one night, "If gay men were allowed to get married, this disease would go away." At the time, this statement was one that resonated with me, although I could not effectively articulate why I was convinced of the proposition. In fact, only recently have I come to truly understand the truth and power of my words, and how the AIDS crisis and the other numerous health disparities experienced by gay men<sup>1</sup> may, in fact, be ameliorated or possibly eliminated through the enactment of marriage equality.

## RECENT ADVANCES

Monumental steps have been taken toward marriage equality in

support for marriage equality, leading journalist Andrew Sullivan to describe Barack Obama, in his *Newsweek* article, as "the first gay president."<sup>2</sup> The icing on the cake came within weeks of those statements when the 1st US Circuit Court of Appeals in Boston ruled that the Defense of Marriage Act was unconstitutional, setting up an inevitable challenge in the Supreme Court, which in my heart I believe will uphold this appellate court decision.

## MARRIAGE EQUALITY IS A STRUCTURAL DETERMINANT OF HEALTH

I came of age in the early 1980s, a decade after the Stonewall Riots and ensuing gay rights movement, which ensured that I could live my life openly in New York City. I am also a man approaching middle age who has

to enhance our social resources and strengthen our social capital.

It is this improvement in social capital that will ultimately improve our collective health, helping both ourselves and our society at large to more effectively address the physical and mental health challenges that we face. This is why I also believe that marriage equality will help to reduce the burden of AIDS for future generations of gay men. Marriage will prove to be as powerful a weapon in the prevention of this disease and should garner as much excitement as the new wave in biomedical approaches to HIV prevention, including preexposure prophylaxis (i.e., PrEP),<sup>3</sup> which while powerful tools, falsely and dangerously have been heralded as the antidote to the AIDS crisis for the gay population.

The field of Public Health has

# Ongoing National HIV/AIDS Strategy Implementation Needs

- Continued collaboration among Federal, State, local government, and private partners
- Flexibility at local level while maintaining alignment with NHAS principles
- Prioritize maximizing the continuum of care
- Research to determine best ways to move forward among multiple options
- Technical assistance to prepare HIV workforce for ongoing changes in environment
- Shift from process-oriented to outcome-oriented metrics
- More rapid analyses of surveillance data and use of data for public health purposes
- Ongoing support for basic and clinical research



# NATIONAL HIV/AIDS STRATEGY FOR THE UNITED STATES



## Vision for the National HIV/AIDS Strategy

“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”



# Acknowledgements

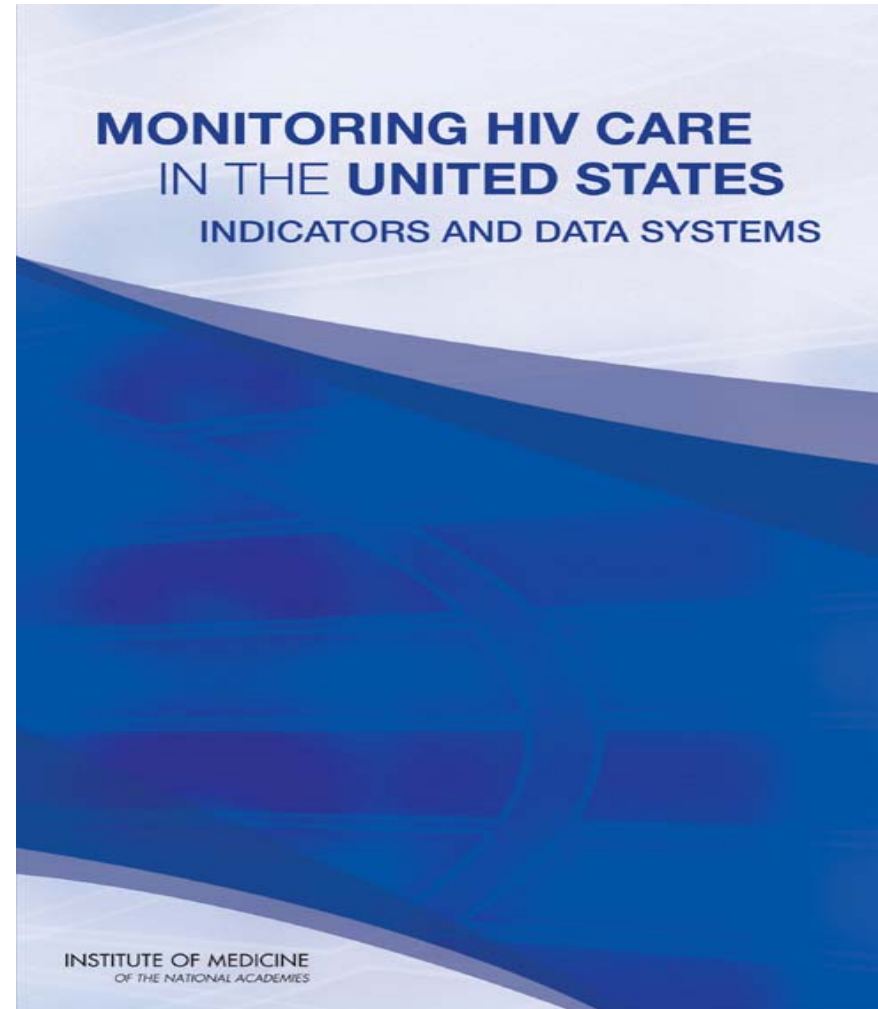
- HHS: Howard Koh, Ron Valdiserri, Andrew Forsyth, Tim Harrison, Vera Yakovchenko, Greg Millet
- ONAP: James Albino, Aaron Lopata, Alicia Williams
- OMB: Aaron Lopata



The White House, World AIDS Day, December 1, 2012

# Measuring HIV-related Outcomes: Towards a National Consensus

- Parsimony
- Harmony
- Achievable
- Sustainable
- Usable
- Shareable



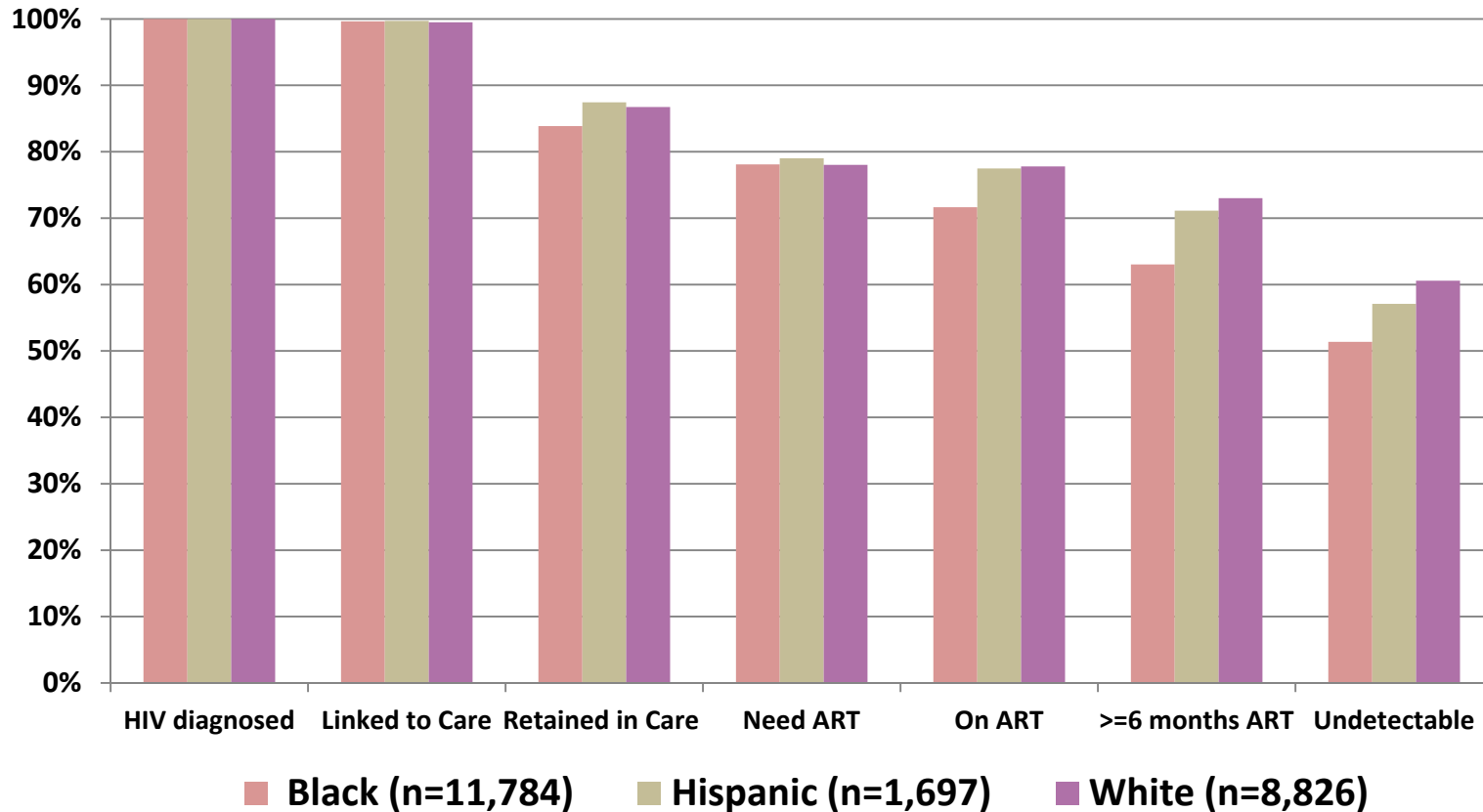
## Adoption of HHS Core Indicators

Core Indicators	CDC (7)	HAB (6)	BPHC (2)	IHS (5)	SAMHSA (2)	OPA (2)	OMH (7)	OWH (4)
HIV positivity rate (8)	✓	✓	✓	✓	✓	✓	✓	✓
Late diagnosis (3)	✓			✓			✓	
Linkage (7)	✓	✓	✓	✓		✓	✓	✓
Retention (5)	✓	✓		✓			✓	✓
Initiation of ART (3)	✓	✓					✓	
Viral Load suppress. (4)	✓	✓		✓			✓	
Housing status PLH (5)	✓	✓			✓		✓	✓

✓ = Relevant service supported and appropriate core indicator to be deployed.



# Engagement in Care by Race/Ethnicity





# Secretary's Minority AIDS Initiative Fund for Care and Prevention in the United States (CAPUS)

- Among people of color living with HIV, increase the proportion who are:
  - diagnosed
  - linked and retained in care
- Interventions include addressing social, economic and structural barriers to HIV testing, linkage to, retention in, and re-engagement with care
- Grantees: Georgia, Illinois, Louisiana , Mississippi, Missouri, North Carolina Tennessee, Virginia

# Highlights of 2010 CDC incidence data

- Overall, new infections remained stable
- Disparities continue: blacks 44% of new infections, whites 31%, Latinos 21%
- MSM infections increased by 12%
- Infections among heterosexual females, including black females, decreased slightly (18% and 21%, respectively)
- Majority of new infections among women remain among Black and Latina women

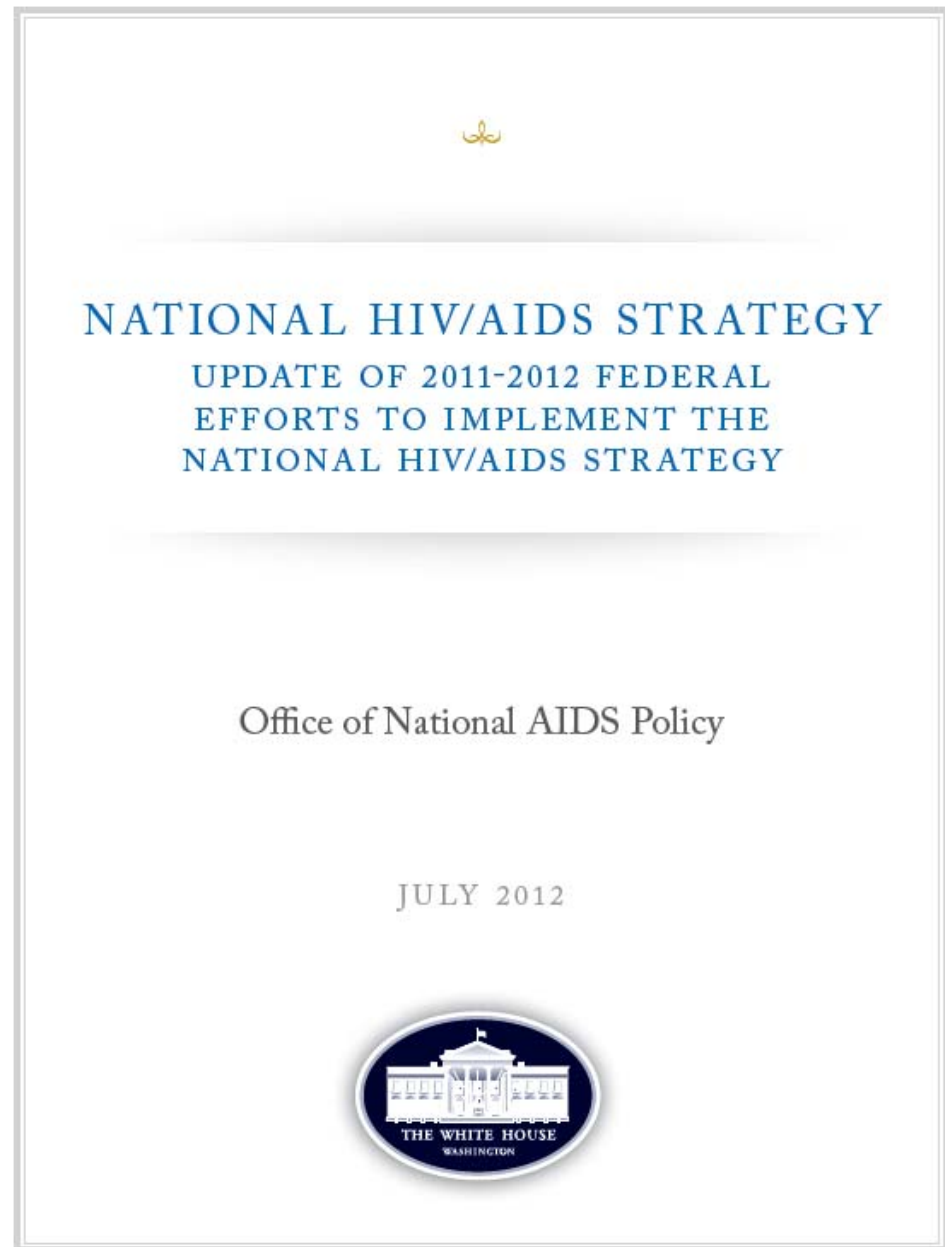
# National HIV/AIDS Strategy 2015 Targets

- **Reducing new infections**
  - Lower annual number of new infections by 25%
  - Reduce transmission rate by 30%
  - Increase from 79% to 90% the percentage of people living with HIV who know their status
- **Increasing access to care and improving health outcomes**
  - Increase the proportion of newly diagnosed patients linked to care within 3 months of diagnosis from 65% to 85%
  - Increase proportion of Ryan White clients who are engaged in care from 73% to 80%
  - Increase number of Ryan White clients with permanent housing from 82% to 86%
- **Reducing HIV-related health disparities and health inequities**
  - Increase the proportion of diagnosed gay and bisexual men with undetectable viral load by 20%
  - Increase the proportion of Black Americans with undetectable viral load by 20%
  - Increase the proportion of Latinos with undetectable viral load by 20%

# Moving Forward...

## Report details:

- Update on ongoing Federal efforts
- New Federal initiatives



# Mistrust and HIV Prevention and Care

HIV/AIDS Conspiracy Belief	Black MSM (n=239)	Latino MSM (n=152)	White MSM (n=111) %
Pharmaceutical companies are hiding cure for HIV because of profits			42
HIV/AIDS drugs help more than help you			41
HIV does not cause AIDS	<b>54*</b>	<b>48*</b>	27
HIV is a man-made virus	<b>50*</b>	<b>41*</b>	35

High levels of mistrust is associated with not testing for HIV, not taking HIV medication and missing routine clinical care visits.

(Hutchinson, 2007)

\*P<.05 versus White MSM