

# Ending the HIV Epidemic: Exploring the HCH Role

NATIONAL  
HEALTH CARE  
*for the*  
HOMELESS  
COUNCIL

# Presenters

---

Dr. Laura Cheever

- Associate Administrator, HIV/AIDS Bureau, Health Resources and Services Administration

Celeste Roell, LCSW

- Licensed Clinical Social Worker, Catholic Charities of Greater New Orleans & City of New Orleans Healthcare for the Homeless

# Ending the HIV Epidemic – Exploring the Health Care for the Homeless Clinics' Role

**May 23, 2019**

**Laura W. Cheever, MD, ScM**  
**Associate Administrator**  
**HIV/AIDS Bureau**  
**Health Resources and Services Administration**



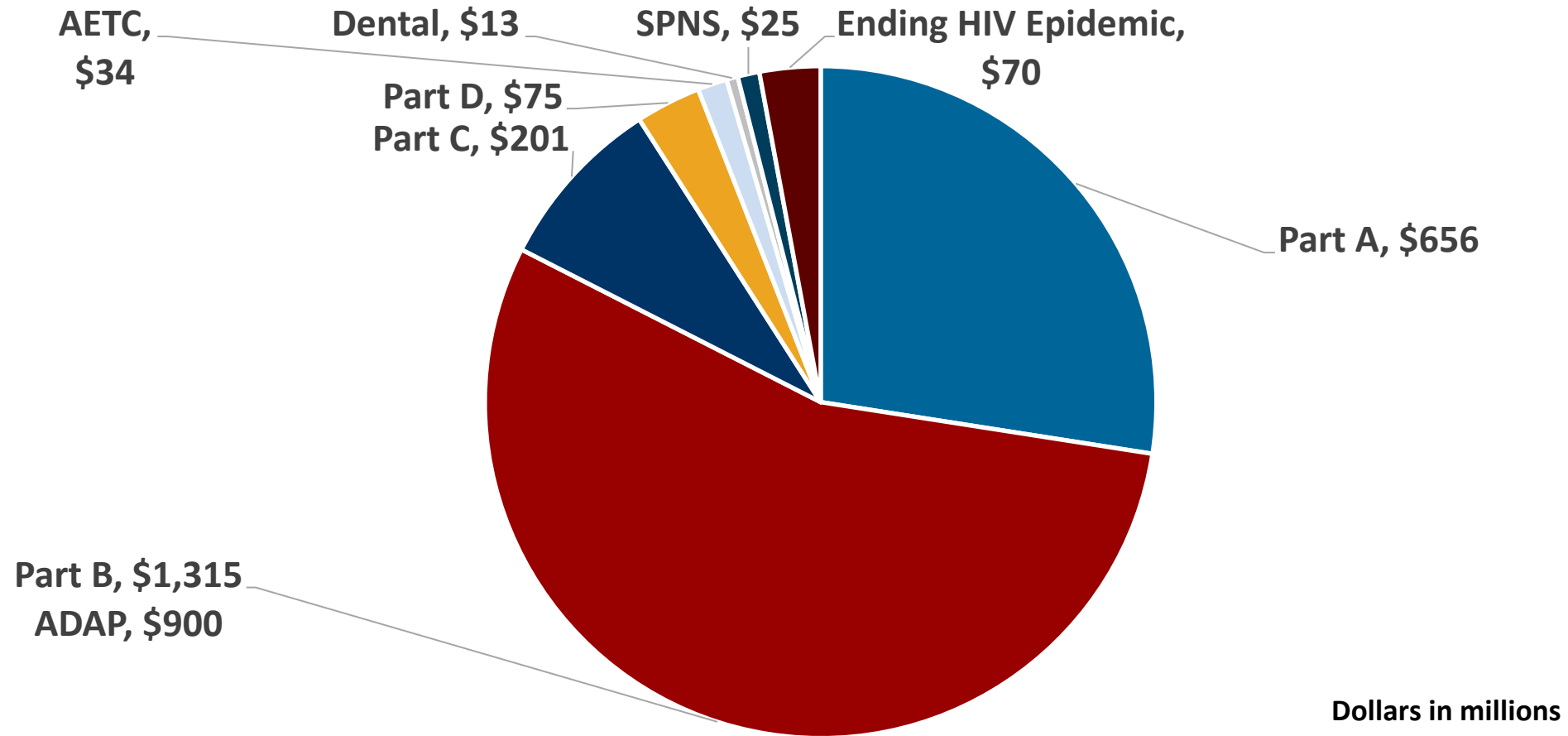
# HRSA's Ryan White HIV/AIDS Program (RWHAP)

---

- **\$2.3 billion annual federal investment to provide HIV care and treatment for low income people**
- **Funds grants to states, cities/counties, and local community based organizations**
- **Provides comprehensive system of HIV primary medical care, medications, and essential support services for low-income people with HIV**



# FY 2020 Ryan White HIV/AIDS Program Budget Request

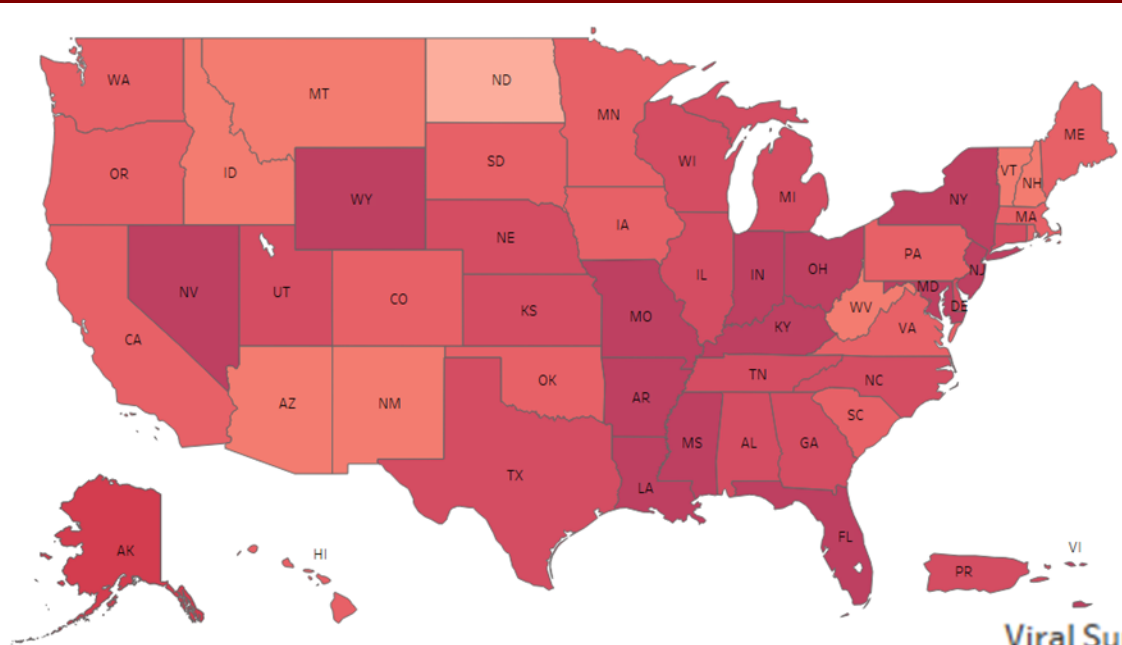


# HRSA Ryan White HIV/AIDS Program System of Care

- **Public health approach with integrated medical care and support services**
  - Recipients determine service delivery and funding priorities based on local needs and planning process
  - People with HIV are integral to the planning process
  - Quality management is required
- **Payor of last resort statutory provision: RWHAP funds may not be used for services if another state or federal payer is available**



# Viral Suppression among HRSA RWHAP Clients, by State, 2010 and 2017—United States and 2 Territories<sup>a</sup>

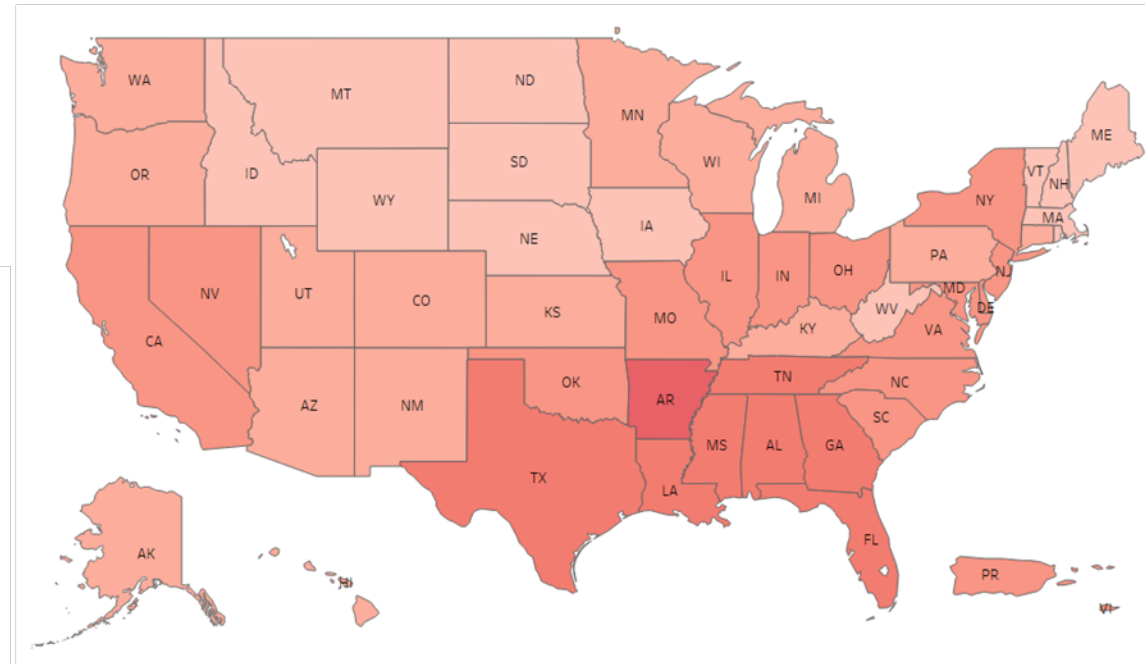


**IN 2010**  
**69.5%**  
**VIRALLY SUPPRESSED**

Viral Suppression (%)

- 52.9-66.8
- 66.9-72.8
- 72.9-79.9
- 80.4-85.0
- 85.4-87.7
- 88.1-90.0
- 90.3-97.2

**IN 2017**  
**85.9%**  
**VIRALLY SUPPRESSED**

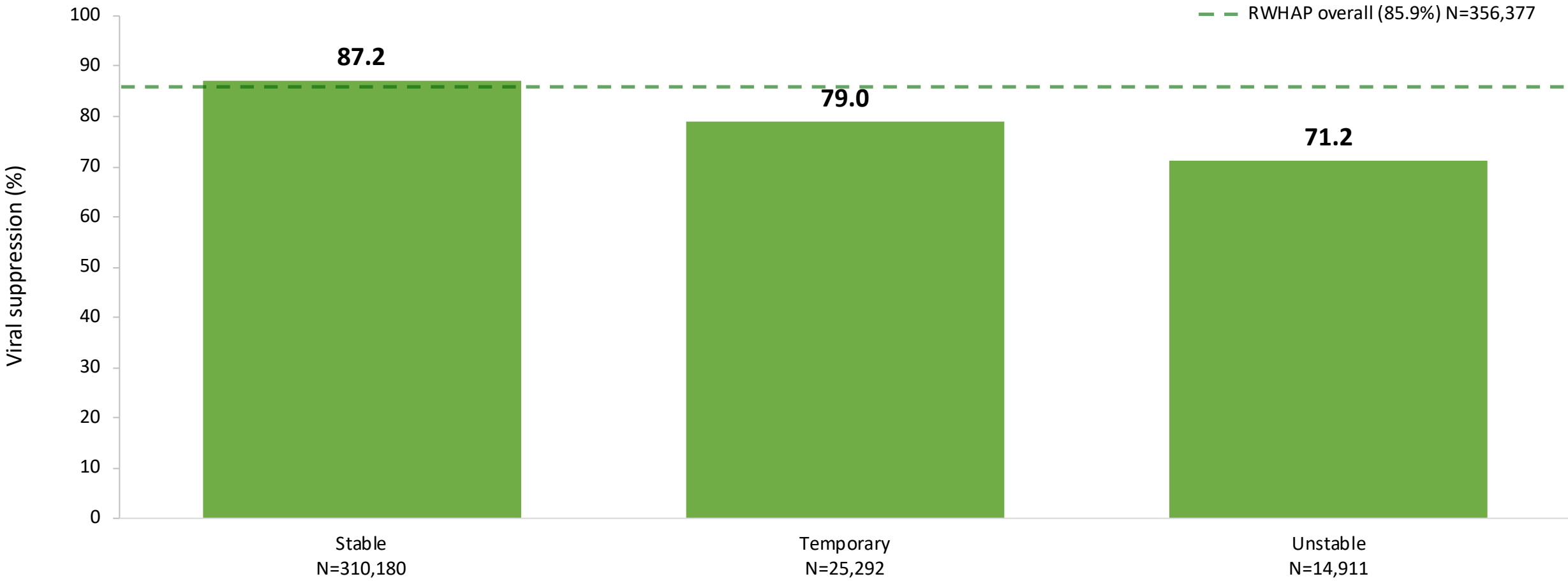


Viral suppression:  $\geq 1$  OAHS visit during the calendar year and  $\geq 1$  viral load reported, with the last viral load result  $< 200$  copies/mL.

<sup>a</sup> Puerto Rico and the U.S. Virgin Islands.



# Viral Suppression among Clients Served by the Ryan White HIV/AIDS Program, by Housing Status, 2017—United States and 3 Territories<sup>a</sup>

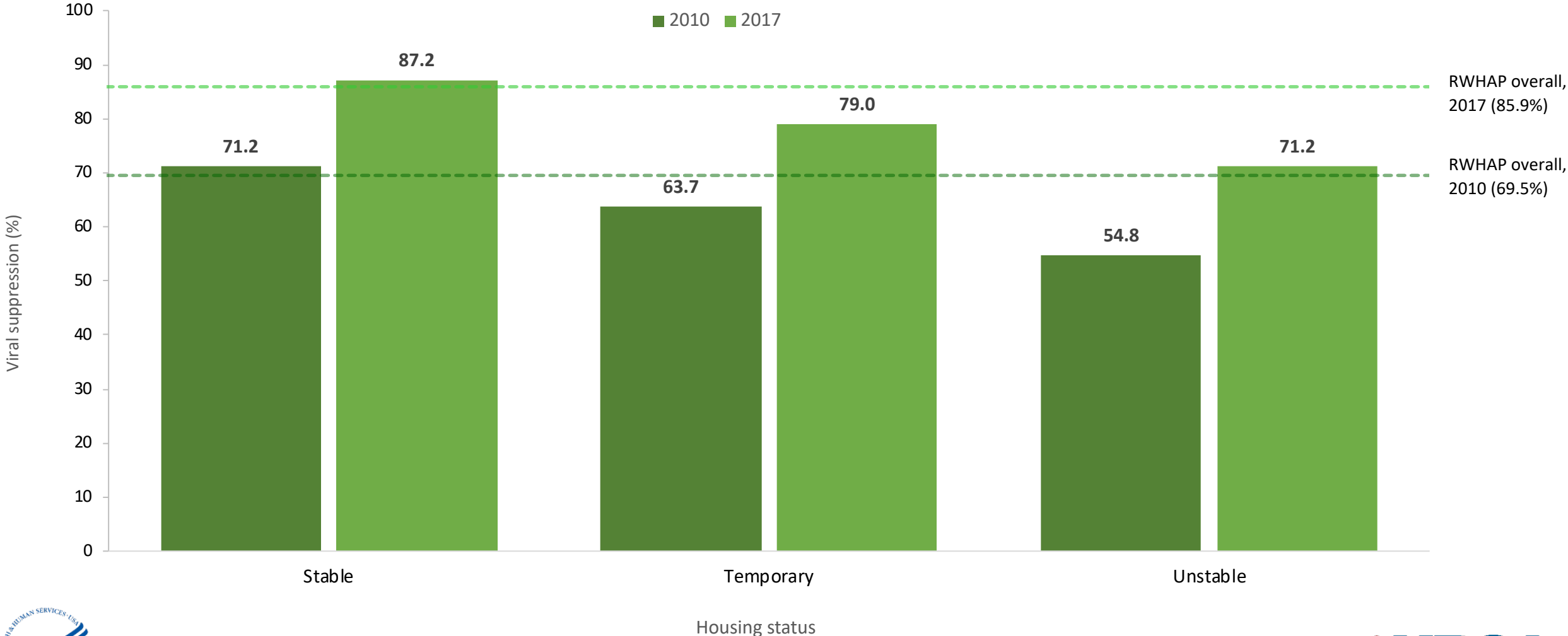


N represents the total number of clients in the specific population.  
*Viral suppression*: ≥1 OAHS visit during the calendar year and ≥1 viral load reported, with the last viral load result <200 copies/mL.  
<sup>a</sup> Guam, Puerto Rico, and the U.S. Virgin Islands.





# Viral Suppression among Clients Served by the Ryan White HIV/AIDS Program, by Housing Status, 2010 and 2017—United States and 3 Territories<sup>a</sup>



*Viral suppression:* ≥1 OAHS visit during the calendar year and ≥1 viral load reported, with the last viral load result <200 copies/mL.  
<sup>a</sup> Guam, Puerto Rico, and the U.S. Virgin Islands.



# Four Pillars of Ending the HIV Epidemic Initiative

**75%**  
reduction in  
new HIV  
diagnoses  
in 5 years  
and a  
**90%**  
reduction  
in 10 years.



## Diagnose

All people living with HIV (PLWH) as early as possible after transmission



## Treat

HIV rapidly and effectively to achieve sustained viral suppression



## Prevent

HIV transmission among people at highest risk with PrEP and prevention education



## Respond

Rapidly to detect and respond to HIV clusters and prevent new HIV infections

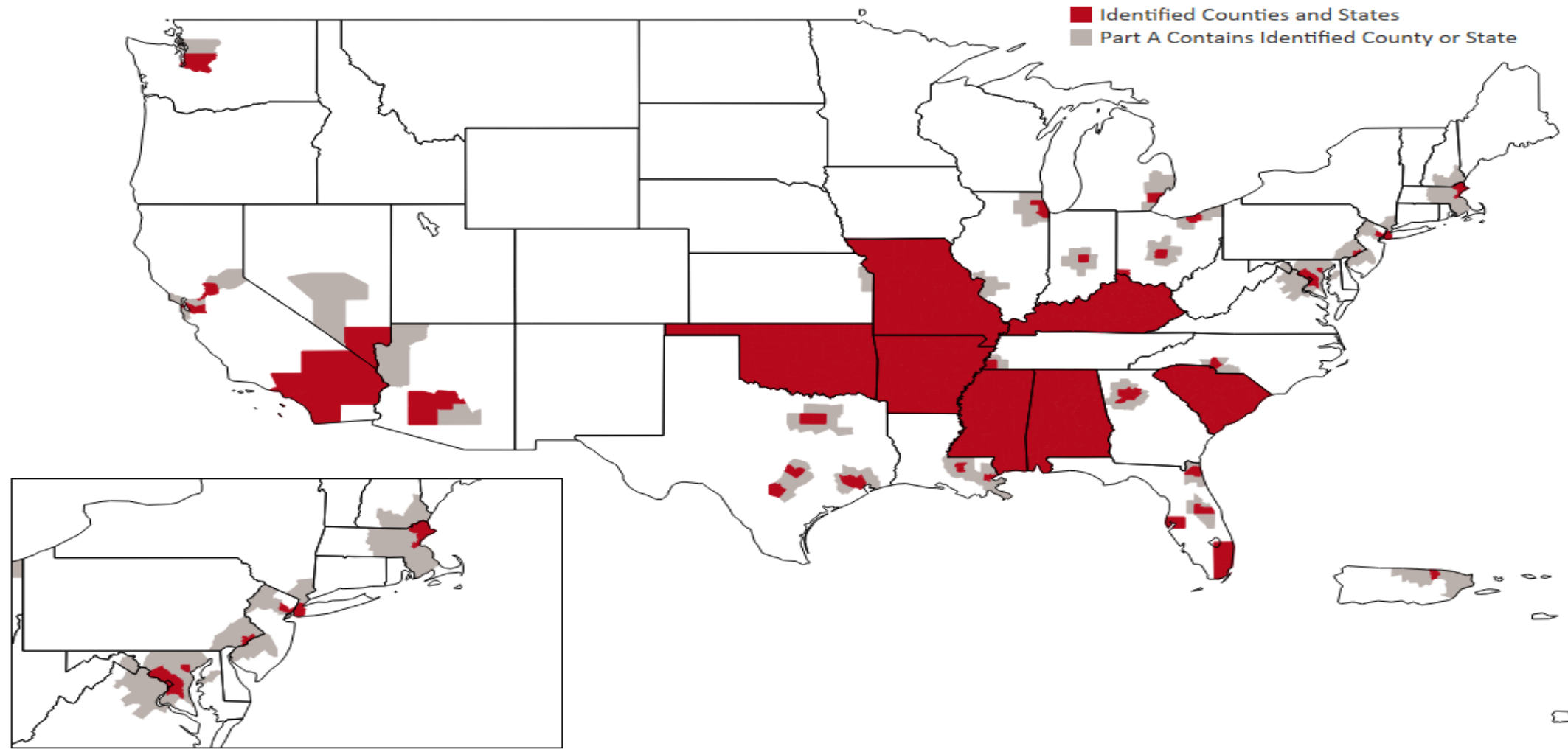


# Pillar Two: HIV Care and Treatment

- **People with HIV who take medication daily as prescribed and get and keep an undetectable viral load have effectively no risk of sexually transmitting the virus to their HIV negative partner.**
- **If HRSA's Ryan White HIV/AIDS Program receives funding and the flexibility to direct the funding to the identified jurisdictions for the initiative, HRSA will focus on linking people with HIV who are either newly diagnosed, or diagnosed but not in care, to essential HIV care and treatment and to support services so they reach an undetectable viral load.**
- **To do this, HRSA will:**
  - Increase capacity by funding RWHAP Parts A and B in the identified jurisdictions
  - Encourage initiation of rapid HIV care and treatment to achieve viral suppression and stop transmission
  - Provide technical assistance to the identified jurisdictions



# Ending the HIV Epidemic – Overlap of RWHAP Parts A and B and Identified Counties & States



Source: HRSA. Ryan White HIV/AIDS Program Services Report (RSR) 2017. Does not include AIDS Drug Assistance Program data.



# Pillar Three: Prevent

- **Many health centers provide HIV prevention services, including Pre-exposure Prophylaxis (PrEP) for people at high risk for acquiring HIV.**
  - 1.2 million Americans are at high risk for HIV infection and would benefit from PrEP; however, in 2016, fewer than 10% used PrEP.
- **Increase access to HIV Prevention interventions including:**
  - PrEP and Post Exposure Prophylaxis (PEP)
  - Syringe Service Programs (SSPs)
  - HIV prevention education



## Pillar Three: Prevent (cont.)

- **HRSA will focus on key geographic areas and expand access to PrEP for health center patients who are at highest risk of acquiring HIV. This will include:**
  - Receiving referrals from community-based programs
  - Providing PrEP for those who are at high risk with a focus on the uninsured
- **HRSA-funded health centers will focus on:**
  - Expanding outreach, testing, care coordination, and access to PrEP to those populations at the greatest risk of acquiring HIV infection in selected Health Centers in the focus jurisdictions
- **HRSA RWHAP will focus on:**
  - Supporting workforce capacity training and clinical consultation for providers



# RWHAP: Meeting the Challenges Ahead

- **Improve viral suppression and decrease disparities among patients who are in care**
- **Enhance linkage to and engagement in HIV care of the newly diagnosed**
- **Expand re-engagement and retention for those diagnosed but out of HIV care**



# Thank You!

---

**Laura Cheever, MD, ScM**

**Associate Administrator**

**HIV/AIDS Bureau (HAB)**

**Health Resources and Services Administration (HRSA)**

**Email: [lccheever@hrsa.gov](mailto:lccheever@hrsa.gov)**

**Web: [hab.hrsa.gov](http://hab.hrsa.gov)**

**Twitter: [twitter.com/HRSAgov](https://twitter.com/HRSAgov)**

**Facebook: [facebook.com/HHS.HRSA](https://facebook.com/HHS.HRSA)**







## Connect with HRSA

To learn more about our agency, visit

[www.HRSA.gov](http://www.HRSA.gov)



Sign up for the HRSA *eNews*

FOLLOW US:



# Introduction

---

## Case Management & Team Based Care

Celeste Roell, LCSW

# Discussion Questions

---

1. What are the challenges you have faced in your community to addressing HIV prevention/treatment?
2. How have you worked to overcome these challenges? Has anyone had similar experience?
3. What do you view as the role of HCHs in addressing the HIV epidemic?
4. Are there subpopulations in your community that you are reaching out to?