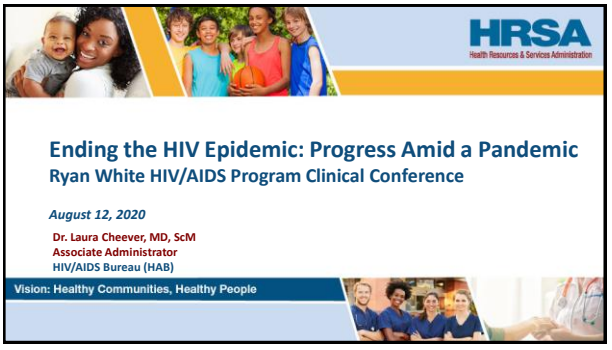


Session Outline

- EHE Plan Overview and the HRSA Contribution
  - Laura W. Cheever, MD, Assoc. Administrator, HIV/AIDS Bureau, HRSA
- CDC's Part of the EHE Plan
  - Eugene McCray, MD, Director, Division of HIV Prevention, CDC
- Getting to Zero^{+}: A View from Baltimore
  - Victoria Cargill, MD, Assistant Commissioner, HIV Services, Baltimore City Health Department
- Telehealth: Lessons from COVID with Implications for EHE
  - Magda Houlberg, MD, Chief Clinical Officer, Howard Brown Health

Four Pillars of Ending the HIV Epidemic

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

Diagnose
All people with HIV as early as possible.

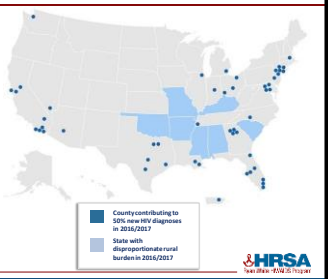
Treat
People with HIV rapidly and effectively to reach sustained viral suppression.

Prevent
New HIV transmissions by using proven interventions, including pre-exposure prophylaxis (PrEP) and syringe services programs (SSPs).

Respond
Quickly to potential HIV outbreaks to get needed prevention and treatment services to people who need them.

Geographic Locations of Ending the HIV Epidemic Initiative

Efforts focused in 48 counties, Washington, DC, and San Juan, PR, where more than 50% of HIV diagnoses occurred in 2016 and 2017, and seven states with substantial rural HIV burden.



Identifying the Challenges Ahead

People with HIV in care	People newly diagnosed with HIV	People with HIV out of care
• Improve viral suppression rates • Decrease disparities	• Enhance linkage to care • Enhance engagement in care	• Expand re-engagement in care • Improve retention in care

HRSA HAB Ending the HIV Epidemic (EHE) Resources

- JURISDICTIONS
- COMMUNITY ENGAGEMENT
- SYSTEMS COORDINATION
- TA AND CAPACITY BUILDING

- FY 2020 $70 million
- Ryan White HIV/AIDS Program Parts A and B
- Technical Assistance Provider
- Systems Coordination Provider
- AIDS Education and Training Center (AETC) Program for workforce capacity development

HRSA's Health Center Program Funding Overview

- **Primary Care HIV Prevention (PCHP) Supplemental Funding**
  - $54 million awarded to 195 HRSA-funded health centers with service delivery sites in the geographic locations identified by the EHE.
  - Recipients: dually-funded (HRSA's Bureau of Primary Health Care and RWHAP) health centers or health centers with MOUs with RWHAP sites

Engage new and existing patients to identify those at risk for HIV	Increase patients tested for HIV	Increase patients who receive prevention education and clinically-indicated PrEP
Increase linkage to HIV treatment	Enhance/Establish partnerships to support HIV prevention activities	Within 8 months of award, add staff to support HIV prevention services and PrEP

COVID-19 Lessons to Accelerate EHE Response

- **Adoption of telemedicine**
  - Reaching those out of care
  - Improving retention rates
  - Concerns about the "digital divide"
- **Extension of medication refills**
  - 90 day fills
  - Increased home delivery
- **Self Testing**
  - HIV, STIs
- **Reassessing processes**
  - Eligibility and recertification



HRSA EHE Listening Sessions – Locations



April
- Baltimore, MD

July
- Jackson, MS
- Houston, TX
- Austin, TX
- Phoenix, AZ
- Los Angeles, CA
- Oakland, CA
- Sacramento, CA
- San Francisco, CA
- Columbia, SC
- Atlanta, GA

August
- Cincinnati, OH
- Indianapolis, IN
- Kansas City, MO
- Birmingham, AL
- Miami, FL

September
- Philadelphia, PA
- Louisville, KY
- Frankfort, KY

October
- Oklahoma City, OK

November
- Little Rock, AR
- Memphis, TN

HRSA EHE Listening Sessions – Key Themes



- Addressing **mental health, substance use, incarceration, transportation, and homelessness** is critical to reach people not in care
- Planning for EHE needs to **include community-based organizations, community health centers, people with HIV, and new partners**
- Supporting **training for clinic staff** to ensure that **culturally responsive** and supportive experiences happen for clients (for testing, care, and PrEP)
- Addressing **stigma, health education, and criminalization laws**

HRSA EHE Listening Sessions – Key Themes (cont.)



- Addressing **workforce shortages** for medical providers, and mental health and substance use providers
- Leveraging **community strengths** by hiring community health workers, peer navigators, peer specialists, etc.
- Assessing **eligibility** and **intake** processes and forms for testing and care
- Allowing jurisdictions to **be innovative** and to adapt and adjust as they learn

Contact Information

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