

HIV Prevention Action Coalition

National HIV/AIDS Strategy Agency Implementation Plan Suggestions

1.1 Allocate public funding to geographic areas consistent with the epidemic:

<u>Lead Agency/ Other Agencies</u>	<u>Actions to be Performed</u>
HHS/CDC, HRSA	These agencies will make financial allocations based on the most recent comprehensive data.
HHS/CDC, SAMHSA, HRSA, HUD	These agencies will meaningfully involve the HIV community in plans to redesign the distribution of resources and models should be vetted with key stakeholders.
CDC	Reveal data sets and algorithms used for determining the existing allocation of HIV prevention funds and ensure greater transparency in decision-making and resource allocation for future allocation models.
HHS OS/CDC, HRSA	Set clear expectations of community involvement in targeted initiatives such as the Enhanced Comprehensive HIV Prevention Planning and Implementation (ECHPP) project being implemented in 12 most highly impacted MSAs (Metropolitan Statistical Areas).
CDC/PGO	Provide and enforce guidance through funding opportunity announcements to ensure that federal resources are distributed in accordance with jurisdiction-level epidemiology.
HHS OS/CDC	Create new mechanisms to ensure that CDC and PGO can effectively monitor and evaluate its HIV prevention grantees to ensure that outcomes are being achieved, and to work with jurisdictions as necessary if funding is not following the epidemic among and within their jurisdictions.
HHS OS/CDC, HRSA	HHS OS and relevant agencies will host consultation with the 6 US affiliated Pacific Island jurisdictions to ensure that the unique needs and challenges of this region are considered when allocating prevention funding to targeted populations and

communities.

1.2 Target high risk populations:

<u>Lead Agency/ Other Agencies</u>	<u>Actions to be Performed</u>
HHS OS/CDC, HRSA	Ensure that community stakeholders are involved in all aspects of prevention and care service planning and policy development. Meaningful engagement extends beyond existing CPG, planning councils and consortia.
CDC	Provide greater transparency in decision-making and resource allocation based on targeted populations.
HHS/ONAP	Work with states to develop statewide plans with input from the high risk populations within the jurisdiction and with the local health departments in these jurisdictions. These plans should include dedicated sections that address the most severely impacted populations and geographical areas within the jurisdiction.
HHS OS/CDC	Create new mechanisms to ensure that CDC and PGO can effectively monitor and evaluate HIV prevention grantees to ensure that outcomes are being achieved, and to work with jurisdictions as necessary if funding is reaching the most at risk populations.
CDC/HRSA, SAMHSA, HHS OS	Develop and implement a plan of recommended action steps for reducing the proportion of HIV-positive AA and NHPI individuals with undiagnosed HIV infection. Currently, CDC estimates that nearly 1/3 of AA and NHPIs living with HIV/AIDS are unaware of their status. This is the highest proportion across all racial/ethnic groups.

1.2.1 Prevent HIV among gay and bisexual men and transgender individuals:

<u>Lead Agency/ Other Agencies</u>	<u>Actions to be Performed</u>
CDC	Review and revise HIV testing guidelines for MSM, bisexual and

	transgender individuals. Revised guidelines should address frequency of testing and focus on behavior rather than identity.
CDC	Broaden the list of approved MSM focused HIV prevention interventions which can be implemented in 2011 and target risk reduction strategies at the level of the individual, their social network, and community.
CDC	Implement multifaceted strategies that reduce social and behavioral risk behaviors.
CDC	Review partner service guidelines and make adjustments as necessary.
CDC	Expand its work evaluating adaptations of specific interventions for gay and bisexual men as well as transgender populations, including AA&NHPIs. An initial starting point would be a report that documents previous and current adaptation efforts for AA&NHPI populations.
CDC	Develop a comprehensive action plan to reduce HIV infections that focus on gay and bisexual men and transgender individuals.
CDC/ HRSA, SAMHSA, VA, CMS, BOP	Revise strategy to promote HIV testing specifically within MSM, bisexual, and transgender communities of color.
CDC/ HRSA, SAMHSA, VA, CMS, BOP	Support research being conducted (or fund research to be conducted) within transgender communities.
CDC/ HRSA, SAMHSA, VA, CMS, BOP	LGBT cultural competency training should be required for all programs receiving funding.
CDC/HRSA, SAMHSA, VA, CMS, BOP	Work with the Congress to end the “no promotion of homosexuality” restrictions.
CDC/NIH	Conduct research on the extent to which the HIV epidemic among AA&NHPI females is perpetuated through unprotected sex with MSM partners. Based on this research, CDC should develop recommendations for essential prevention activities and services.
NIH	Immediately invest resources to research and develop evidence-

	based interventions for gay, bisexual, and transgendered individuals which provide strategies that will support life-long HIV prevention behaviors.
DOJ	Ensure greater enforcement of employment and housing discrimination protections to increase economic security among gay, bisexual, and transgendered individuals.
DOL	Work with health care and social support service providers to better integrate vocational education programs to enable HIV-positive MSM to build economic security.
HHS	Fully implement and provide adequate resources for an Office of LGBT Health Policy and Programs.
HHS OS	In convening consultations to address HIV prevention among gay and bisexual men, HHS OS and related agencies should ensure representation from AA and NHPI communities.
ONAP	Conduct a consultation with MSM, bisexual, and transgender communities.
SAMSHA	Invest in further research to better understand how substance use affects HIV vulnerability among gay, bisexual, and transgendered persons.

1.2.2 Prevent HIV among Black men and women:

Lead Agency/ Other Agencies	<u>Actions to be Performed</u>
CDC	Include cases averted, decreasing stigma, and how education has increased in the evaluation of Act Against AIDS.
CDC	Expand its work evaluating adaptations of specific interventions that involve faith communities.
CDC	Expand its work evaluating adaptations of specific interventions that focus on women directed prevention.
CDC	Enhance prevention and testing activities of HIV/AIDS and sexually transmitted infections (STIs) targeted to the African American community, including homeless youth.

CDC	Work with state and local health departments to support a surveillance system that captures HIV incidence and prevalence for black women. The system should also be able to delineate age groups, and modes of transmission to allow for greater access to women centered programs and care across all federal agencies.
DOL	Provide new professional development opportunities to increase the number and skills of service providers for enhanced awareness of Community Defined Evidence-Based Interventions (aka “Homegrown”) and improve upon culturally competent curricula in a way that better serves diverse African Americans.
NIH	Initiate culturally competent research to develop behavioral strategies to reduce the transmission of HIV/AIDS within the African American community.
NIH	Increase funding to conduct culturally competent vaccine research by and for African Americans.
ONAP	Conduct a consultation with black heterosexual men.
HHS/ONAP	Coordinate social marketing plans and outreach with black media.

1.2.3 Prevent HIV among Latinos and Latinas:

Lead Agency/ Other Agencies	<u>Actions to be Performed</u>
HHS/ HUD	Declare a heightened national response to address the epidemic among Latinos.
CDC/HRSA, SAMHSA, VA, CMS, BOP, OPM, ONAP	Assure access to culturally competent and linguistically appropriate quality care and prevention.
CDC	Assist Latino prevention providers in the development, implementation and evaluation of local solutions and home grown interventions.
CDC/ NIH	Improve the understanding of factors that contribute to HIV risk among

	Latinos.
CDC	Work with state and local health departments to support a surveillance system that captures HIV incidence and prevalence for Latinos. The system should also be able to delineate age groups, and modes of transmission to allow for greater access to programs and care across all federal agencies.
CDC	Increase HIV prevention resources targeted toward Latinos.
CDC/NIH, HRSA	Develop strategies for combating stigma.

1.2.4 Prevent HIV among substance users:

<u>Lead Agency/ Other Agencies</u>	<u>Actions to be Performed</u>
HHS/ SAMHSA	Fast track development of guidance for requiring federally funded mental health and substance abuse service providers to implement routine screening for HIV and should identify resources to fund demonstration projects which target high risk populations and geographic areas with HIV rates of substance use and significant HIV prevalence.
SAMHSA	Clarify its funding streams and programs which impact HIV transmission, and include the HIV prevention, mental health and substance use communities in resource allocation deliberations.
HHS OS	Create opportunities for dialogue among community mental health and substance abuse providers, community health centers, HIV/AIDS service organizations and non-governmental organizations across each of these sectors in order to identify potential strategies and collaborative initiatives to reduce HIV transmission among substance users.
HHS OS	Work with Congress to allow for use of Ryan White funds for syringe exchange.
HHS OS	Expedite development of guidance for the use of federal funds for syringe services programs in FY 2011 and beyond and seek opportunities to ensure that eligible locations are able to use funding in 2011.

1.3 Address HIV prevention in Asian American and Pacific Islander (AAPI) and American Indian and Alaska Native (AI/AN) populations:

<u>Lead Agency/ Other Agencies</u>	<u>Actions to be Performed</u>
CDC	Convene an external working group consisting of health department and CBO representatives to identify recommendations on effective HIV surveillance activities. In particular, this working group should identify strategies to 1) ensure that Asian American, Native Hawaiian, and Pacific Islander (AA & NHPI) and AI/AN data is reported in tables, charts, and graphs related to racial/ethnic level HIV/AIDS data; 2) discourage the practice of lumping AA & NHPI and AI/AN data into an “Other” category when racial/ethnic level HIV/AIDS data is reported; and 3) disaggregate AA & NHPI data by ethnic subgroup.
CDC	Incorporate these recommendations into future HIV surveillance cooperative agreement and technical guidance for health departments. Monitor and provide capacity building assistance related to these recommendations.
CDC/ HRSA	Ensure that there are multiple AA & NHPI representatives on the CDC/HRSA Advisory Committee on HIV and STD Prevention and Treatment. These representatives should have personal or professional experience with domestic HIV prevention and/or care efforts with AA & NHPI communities.
CDC/SAMHSA, NIH	Convene a joint consultation and/or external working group with state health department and CBO representatives from the states with the largest AA & NHPI communities with the purpose of identifying the best combination of approaches to prevent HIV that reach AA & NHPis at greatest risk for infection. Additionally, the agencies will prioritize research gaps for AA & NHPI communities (including the dearth of evidence based interventions) and identify strategies/funding opportunities to fill these gaps.
CDC	Support state health departments in increasing AA & NHPI representation on state community planning groups and increasing the awareness and attention of CPGs to the growing HIV epidemic among AA and NHPI communities.
CDC/ SAMHSA	Increase HIV prevention resources to CBOs and health departments to address the epidemic among AA & NHPI communities. This is inclusive of efforts to prevent HIV in the 6 US Affiliated Pacific Island jurisdictions.

1.4 Enhance program accountability:

HPAC supports the proposed implementation plan for this recommendation but suggests that the Office of Women’s Health and Office of Minority Health be included as “Other agencies” that should be involved.

2.1 Design and evaluate innovative prevention strategies and combination approaches for preventing HIV in high risk communities:

HPAC does not have any additional agency implementation steps for this item.

2.2 Support and strengthen HIV screening and surveillance activities:

<u>Lead Agency/ Other Agencies</u>	<u>Actions to be Performed</u>
CDC/AHRQ	Lead an effort to support an improved grade for routine testing by the US. Preventive Services Task Force (USPSTF).
CDC/HRSA, SAMHSA, VA, CMS, BOP, OPM	Work with other federal agencies and state and local health departments to review their current testing programs and policies, identify barriers to increased testing and implement necessary changes.
CDC	Develop and implement a plan to ensure CDC routine testing recommendations are utilized; release guidance for the various health care settings that have not yet been released; work with professional medical and nursing organizations; conduct social marketing campaigns.
CDC	Issue testing recommendations for non-clinical settings.
CDC	Update testing algorithms for rapid tests at point of care.
CMS/CDC	Work with states to develop model programs and guides, and conduct cost effectiveness studies to share with states on coverage of routine testing in state Medicaid programs. These agencies will offer technical assistance to states.
CMS	Update coverage determination for testing those who are at risk for HIV to match USPSTF recommendation.
CMS	Encourage Medicare providers to conduct testing in accordance with current coverage determination and include HIV testing in

	annual wellness visit; review coverage determination to include routine HIV testing.
CDC	Continue to fund testing programs and ensure they are targeted to areas where the most undiagnosed number of people are located.
CDC/CMS, HRSA	Identify how HIV testing can be increased through the implementation of health reform.
HRSA/CDC	Implement testing provisions of the Ryan White HIV/AIDS Treatment Extension Act of 2009 and develop both a national estimate of the number of individuals who may initiate antiretroviral therapy under the new treatment guidelines as well as provide a methodology/model for estimating that jurisdictions could use to generate local estimates.
HRSA	Ensure that Community Health Centers and Title X clinics implement CDC routine testing recommendations.
SAMHSA	Ensure that SAMHSA funded clinics implement CDC routine testing recommendations.
BOP	Ensure that federally run and funded prisons implement CDC routine testing recommendations.
VA	Ensure that all Veterans Affairs facilities implement CDC routine testing recommendations.
OPM	Include coverage of routine HIV testing in the Federal Employee Health Benefits Program.
CDC/CMS	Work with the Congress on legislation to increase the federal matching rate for state Medicaid programs for routine HIV testing.
HRSA	Include routine HIV testing as it determines which prevention programs will be covered by private insurers for women.
CDC	Work with professional medical organizations to develop a code for routine HIV testing, counseling and prevention services, and new testing technologies.
CDC	Take appropriate steps (including financial and capacity building

resources) to strengthen core state/local HIV surveillance systems and for expanding them nationwide to generate the additional data needed for measuring progress in meeting the Strategy's goals.

CDC Provide technical assistance to state and local health departments on the extended back calculation model of measuring incidence and methodologies for assessing community viral load.

2.3 Expand access to effective prevention services:

<u>Lead Agency/ Other Agencies</u>	<u>Actions to be Performed</u>
BOP	Conduct testing upon admittance and exit from prisons.
BOP	Educate within the BOP on prevention for both HIV positive and negative people.
BOP	Develop strategies to ensure confidentiality for HIV positive people in prisons.
BOP	Eliminate isolation within prisons for HIV positive people.
BOP	Distribute condoms within prisons and upon release.
BOP	Coordinate care upon release with a community health center or care center.
BOP	Issue a 30 day med supply to all HIV positive people upon release from prison.
BOP	Ensure continuity of care for those admitted to prisons who have HIV.
CDC/ DOJ	Develop specific interventions, targeted at both incarcerated and re-entry populations. They should address the undiagnosed and untreated upon re-entry into the community.
BOP	Remove current voluntary HIV testing policy that limits inmate requests for tests to no more than 1 per 12 month period

BOP	Ensure timely treatment follows HIV/STD/viral hepatitis screening and diagnosis
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2.4 Expand prevention with HIV-positive individuals:

Lead Agency/ Other Agencies	Actions to be Performed
HRSA/CDC	Work with Ryan White grantees to encourage providers to offer prevention messages to all clients, and include sexual health as part of care and treatment. Clients should also be provided mental health and substance abuse services along with treatment adherence counseling.
CDC/CMS	Ensure that HIV beneficiaries who obtain care through Medicaid and Medicare receive prevention messages.
CDC	Allocate funding and ensure grantees allocate adequate funding for prevention with HIV-positive individuals.
CDC	Explore coverage of prevention for positive interventions through health reform implementation.
CDC/NIH	Conduct research on effective prevention interventions for people who are HIV positive and on how providers can better carry out these interventions.
HRSA/CMS	Ensure that people who are HIV-positive receive counseling and testing for STDs.
HRSA/CMS/CDC/SAMHSA	Ensure that people who are HIV-positive are offered testing for hepatitis B and C and vaccination for hepatitis A and B.
CDC/HRSA,CMS,VA	Develop and disseminate information on the positive impacts of HIV treatment.
SAMHSA	Integrate mental health and substance abuse services in the service provision continuum for HIV positive people.

3.1 Utilize social marketing and education campaigns:

<u>Lead Agency/ Other Agencies</u>	<u>Actions to be Performed</u>
ONAP	Lead a national testing initiative, with public service announcements with the President and First Lady. The President, First Lady, and cabinet members will also be tested.
OPM	Support testing for all federal employees through a federal workplace initiative.
HHS	Create materials for social marketing and education on the community level, that can be implemented by community based organizations and/or local health departments with a toolkit created to target specific audience of the community.
HHS	Create a better evaluation system for campaigns to ensure effectiveness. Measurable and effective standards should be created to measure result of campaign.
HHS	Create tools to support local health departments on how to engage local media leaders.
HHS	Create tools to support local health departments on how to target local business leaders.
HHS/ONAP, CDC	Build upon World AIDS Day and National HIV Testing Day, by extending campaigns beyond these two days, adapting programs to local communities to get local advocates, media, and business leaders to better reach target audiences year-long and targeting communities based on local days of significance to both HIV/AIDS and their communities.

3.2 Promote age-appropriate HIV and STI prevention education for all Americans:

<u>Lead Agency/ Other Agencies</u>	<u>Actions to be Performed</u>
HHS/ONAP, DOE	Work with ONAP and DOE to include health education, including comprehensive sex education, in the reauthorization of the Elementary and Secondary Education Act as its role in implementing the NHAS.

HHS/DOI	Work with the Department of the Interior to include Native American school-age children in comprehensive sex education.
HHS/CDC	Develop resources so that comprehensive sex education can be provided in juvenile detention centers, foster care facilities, etc.
CDC	Require within the Division of Adolescent and School Health (DASH) that state education agencies and the local education agencies they fund must work together with their state or local departments of health.
HHS/CDC/DOE	Develop and disseminate tools and resources, including supporting comprehensive sexuality curricula, which includes positive images of LGBT individuals and addresses homophobia and stigma.
HHS/CDC/DOE	Create tools to increase prevention resources for women and girls. The comprehensive sex education provided to women and girls should specifically address healthy relationships, self-esteem, and raising awareness of their own risk, among other topics.
HHS/CDC	Develop and implement prevention strategies for older Americans who are potentially at risk for HIV infection. These strategies will include age-appropriate and culturally sensitive information and education to increase awareness and knowledge about HIV among older Americans and skills-based education to help them negotiate risk-reduction behaviors, such as condom use.
HHS/DOE	Ensure condoms are available in schools.

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