National HIV/AIDS Strategy (2021-2025)

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Introduction

- HIV Epidemic US and NJ
- RoadMap
- Priority Populations
- Key Focus Areas

Comparison of United States and New Jersey, 2018

United States

- 1.2 million PLWH
- Decreased Infections - 36,400
- New infections - 38,000 (Black, Latinx, White MSM (70%), aged 13-34 (21%), IDU and Latinx increasing
- 57 jurisdictions (EHE)

New Jersey

- 34,981 PLWH
- Decreased infections
- New infections -1,025 (Male (77%, Black (38%), LatinX (36%)
- 2 jurisdictions - Hudson and Essex

How/when/where/who do we test to **diagnose**?

Toolboxes

Prevention

Testing, NPEP/PrEP/SSP

TASP, Microbicides, Condoms

STI Treatment

Male Circumcision

PMTCT

SUD/Behavioral Modification

Blood Supply Screening

Care

Antiretroviral therapy

Treating co-infections, -STI, Hepatitis

Single tablet regimens

Prevalence based continuum United States and Essex County, PLWH

United States

- Diagnosed - 86%
- Ever In care - 65%
- Retained in Care - 50%
- Viral Suppression- 56%

Essex County

- Diagnosed- 90%
- Ever In Care - 89%
- Retained -57%
- Viral Suppression - 50%

2018-> 2025

- **Incidence -220->80**
- **New Dx - 272->78**
- **Link - 68->95% in 3 months**
- **VS- 49-> 95%**
- **PrEP -> 32-50%**
- **Homelessness- 77->38 persons**

Transmission of HIV

- 23% know that they have HIV - not in care
- 11% In-Care not virally suppressed

% of new diagnosis

- **43%**
- **20%**

How can we intervene to **prevent** transmission?

PrEP, 2019

United States

- At risk 1.2 million
- On PrEP - 18%

New Jersey

- At risk ??
- On PrEP - 6,142

- ***The 2019 PrEP-to-Need Ratio (PNR) is the ratio of the number of PrEP users in 2019 to the number of people newly diagnosed with HIV in 2018.***
- ***PNR serves as a measurement for whether PrEP use appropriately reflects the need for HIV prevention.***
- ***A lower PNR indicates more unmet need.***

New Jersey: **5.99**, **Essex: 2.48**,

How can we help patients who test negative access PrEP?

How accessible is nPEP?

Social Determinants of Health/SVI

- Racism
- Discrimination
- Unable to take time off from work
- Language barriers
- Transport
- Childcare

- **NJ-** 0.44
- Essex - 0.84

- **Social Vulnerabilty of Index: the potential negative effects on communities caused by external stresses on human health.**
- **Uses 15 U.S. census variables to help local officials identify communities that may need support before, during, or after disasters.**

How can we intervene to prevent transmission?

Syndemics

- Substance Use Disorders- Opioids, methamphetamines
- Infectious diseases- HPV, Hepatitis A, B, C
- STI- Chlamydia, gonorrhea, Syphilis
- Mental health
- Trauma
- Covid-19 - Infection and death occurred in same census tracts as HIV,

Are we screening to intervene?

The Road Map 2021-2025

- HIV Plan, updated for 2021–2025, builds on lessons learned and progress of previous iterations x 2
- Continuing the coordinated response to HIV and puts the country on the path to end the HIV epidemic in the United States by 2030.
- 75% reduction in new HIV infections by 2025 and a 90% reduction by 2030.
- The HIV Plan's vision, goals, objectives, strategies, indicators, and quantitative targets align with the EHE, and Healthy People 2030.
- Federal Implementation Plan: actions that federal agencies across the government will undertake from 2021 to 2025 to achieve the HIV Plan's goals and objectives

Priority populations

United States

- Gay, bisexual, and other men who have sex with men, in particular Black, Latino, and American Indian/Alaska Native men;
- Black women;
- Transgender women;
- Youth aged 13–24 years; and
- People who inject drugs.

New Jersey

- Gay, bisexual, and other men who have sex with men, in particular Black, Latino,
- Black women;
- Transgender women;
- Youth aged 13–24 years; and
- People who inject drugs.

Key focus areas

- **Diagnose** people with HIV as early as possible and promptly link them to care and treatment. - Rapid Start , PrEP, ART

- **Viral suppression,** improve health-related quality of life . **Durable viral suppression**, PLWH live and age with HIV healthy

- **Scale-up PrEP awareness** and access efforts, Black and Latino communities, and support medication adherence and continued use.

- **Address stigma, discrimination, and other social and structural determinants of** health that inhibit HIV prevention, testing, and care.

- Support development and implementation of innovative approaches to mitigate past and present trauma . New **partnerships** as a part of an integrated approach

Goals

- Prevent new infections
- Improve health outcomes
- Reduce disparities
- Achieve coordination

Goal 1
Prevent new infections

Goal and Objectives

- **Prevent New Infections**
  - **1.1** Increase awareness of HIV
  - **1.2** Increase knowledge of HIV status
  - **1.3** Expand and improve implementation of effective prevention interventions, including treatment as prevention, PrEP, PEP, and SSPs, and develop new options
  - **1.4** Increase the capacity of health care delivery systems, public health, and the health workforce to prevent and diagnose HIV

Strategies to increase awareness of HIV

1.1.1 Develop and implement campaigns to provide education about comprehensive sexual health; HIV risks; prevention, testing, care, and treatment; and HIV-related stigma reduction.

1.1.2 Increase awareness of HIV among people, communities, and the health workforce in areas disproportionately affected.

1.1.3 Integrate HIV messaging into existing campaigns and other activities pertaining to other parts of the syndemic, such as STIs, viral hepatitis, and substance use and mental health disorders.

Strategies to increase knowledge of HIV

1.2.1 Test all people for HIV according to the most current USPSTF recommendations and CDC guidelines. **Routine opt-out**

1.2.2 Develop new and expand implementation of effective, evidence-based, or evidence-informed models for HIV testing that improve convenience and access. Self testing

1.2.3 Incorporate a **status neutral approach** to HIV testing,

1.2.4 Provide partner services to people diagnosed with HIV or other STIs and their sexual or needle-sharing partners.

Prevention Strategies

1.3.1 Engage people at risk for HIV in traditional public health and health care systems, as well as in nontraditional community settings

1.3.2 Scale-up treatment as prevention/U=U n.

1.3.3 Make HIV prevention services, including condoms, PrEP, nPEP, and SSPs, easier to access and support continued use.

1.3.4 Implement culturally competent and **linguistically** appropriate models and other innovative approaches for delivering HIV prevention services.

1.3.5 Support research into the development and evaluation of new HIV prevention modalities and interventions for preventing HIV transmissions in priority populations.

Increase capacity of healthcare system

1.4.1 Provide resources, incentives, training, and technical assistance to expand workforce and systems capacity to provide or link clients to **culturally competent and linguistically appropriate HIV testing, p**revention, and supportive services

1.4.2 Increase **the diversity of the** workforce of providers who deliver HIV prevention, testing, and supportive services.

1.4.3 Increase the inclusion of **paraprofessionals on prevention teams** by advancing training, certification, supervision, financing, and team-based care service delivery.

1.4.4 Include comprehensive sexual health information in curricula of medical and other health workforce education and training programs.

Indicators

Indicator 1: Increase knowledge of status to 95% from a 2017 baseline of 85.8%

Indicator 2: Reduce new HIV infections by 75% from a 2017 baseline of 37,000

Indicator 3:Reduce new HIV diagnoses by 75% from a 2017 baseline of 38,351

Indicator 4: Increase PrEP coverage to 50% from a 2017 baseline of 12.6%

Goal 2
Improve Health Outcomes

Goal and Objectives
Improve Health Outcomes

- **2.1** Link people to care immediately after diagnosis and provide low-barrier access to HIV treatment
- **2.2** Identify, engage, or re-engage people with HIV not in care or virally suppressed
- **2.3** Increase retention in care and adherence to HIV treatment to achieve and maintain long-term viral suppression
- **2.4** Increase the capacity of the public health, health care delivery systems, and the health care workforce to effectively identify, diagnose, and provide holistic care and treatment for people with HIV.

Strategies for Linkage

2.1.1 Increase linkage to HIV medical care within 30 days of diagnosis, as early as the same day.

2.1.2 Provide same-day initiation or rapid start (within 7 days) of antiretroviral therapy for those who are able to take it.

Strategies for engagement/reengagement

2.2.1 Expand uptake of data-to-care models using **data sharing agreements**, integration and use of surveillance, clinical services, pharmacy, and social/support services data to identify and engage people not in care or not virally suppressed.

2.2.2 Identify and address barriers for people who have never engaged in care or who have fallen out of care.

Strategies for retention, viral suppression

2.3.1 Support the transition of health care systems, organizations, and clients to become more **health literate** in the provision services.

2.3.2 Develop and implement effective, evidence-based, or evidence-informed interventions and supportive services that improve **retention in care**.

2.3.3 Develop and implement effective, evidence-based, or evidence-informed treatment interventions, such as HIV telemedicine, accessible pharmacy services, community health workers and peer navigators, and others, that improve convenience and access, facilitate adherence, and increase achievement and maintenance of viral suppression.

2.3.4 Support ongoing clinical, behavioral, and other research to support retention in care, medication adherence, and durable viral suppression.

Strategies for increasing capacity of healthcare system

2.4.1 Provide resources, value-based and other **incentives, training, and technical assistance to expand workforce and systems capacity to** provide or link clients to culturally competent and linguistically appropriate care, treatment, and supportive services

2.4.2 Increase the diversity of the workforce of providers who deliver HIV and supportive services.

2.4.3 Increase inclusion of paraprofessionals on teams by **advancing training, certification, supervision, reimbursement, and team functioning t**o assist with screening/management of HIV, STIs, viral hepatitis, and substance use disorder and other behavioral health conditions.

Indicators

Indicator 5 Increase linkage to care within 1 month of diagnosis to 95% from a 2017 baseline of 77.8%

Indicator 6 Increase viral suppression among people with diagnosed HIV to 95% from a 2017 baseline of 63.1%

Goal 3
Reduce disparities

Goal and Objectives
Reducing HIV-related disparities and health inequities

- **3.1** Reduce HIV-related stigma and discrimination
- **3.2** Reduce disparities in new HIV infections, in knowledge of status, and along the HIV care continuum
- **3.3** Engage, employ, and provide public leadership opportunities at all levels for people with or at risk for HIV
- **3.4** Address social determinants of health and co-occurring conditions

Strategies to Reduce HIV-related stigma and discrimination

3.1.1 Strengthen enforcement **of civil rights laws** (including language access services and disability rights), reform state HIV **criminalization laws**, and assist states in protecting people with HIV from **violence,** retaliation, and discrimination associated with HIV status, homophobia, transphobia, xenophobia, racism, and sexism.

3.1.2 Ensure that health care professionals and front-line staff complete **education and training o**n stigma, discrimination, and **unrecognized bias** toward populations with or at risk for HIV.

3.1.3 Support communities in efforts to **address misconceptions** and reduce HIV-related stigma and other stigmas that negatively affect HIV outcomes.

Strategies to reduce disparities along the care continuum

3.2.1 Increase awareness of HIV-related disparities through data collection, analysis, and dissemination of findings. (EPI DATA)

3.2.2 Develop new and scale up **effective, evidence-based or evidence-informed interventions** to improve health outcomes among priority populations and other populations or geographic areas experiencing disparities

Public leadership opportunities at all levels

3.3.1 Create and promote public leadership opportunities for people with or at risk for HIV. EMA, NJPG

3.3.2 Work with communities to reframe HIV services and HIV-related messaging so they do not stigmatize people or behaviors.

Address social determinants of health for PLWH or at risk

3.4.1 Develop **whole-person systems of care** that address co-occurring conditions

3.4.2 Adopt policies that **reduce cost, payment, and coverage barriers** to improve the delivery and receipt of services

3.4.3 Improve screening and linkage to services for people with **co-occurring conditions.**

3.4.4 Develop and implement effective, evidence-based, or evidence-informed interventions that address social and structural determinants of health (**lack of continuous health care coverage, HIV-related stigma and discrimination in public health and health care systems, medical mistrust, inadequate housing and transportation, food insecurity, unemployment, low health literacy, and involvement with the justice system)**

Address social determinants of health (continued)

3.4.5 Develop new and scale up **effective, evidence-based or evidence-informed interventions to improve** health outcomes and quality of life for people across the lifespan including **youth** and **people over age 50 with or at risk for HIV, and long-term survivors.**

3.4.6 Develop new and scale up effective, **evidence-based or evidence-informed interventions** that address **intersecting factors** of HIV, trauma and violence, and gender especially among cis- and transgender women and gay and bisexual men.

Indicators for reduced disparity - based on Indicator 6 to increase viral suppression to 95%, by priority population

- **Indicator 6a MSM** : from a 2017 baseline of **66.1%**
- **Indicator 6b Black MSM** from a 2017 baseline of **58.4%**
- **Indicator 6c Latino MSM** from a 2017 baseline of **64.9%**
- **Indicator 6d American Indian/Alaska Native** MSM from a 2017 baseline of **67.3%**
- **Indicator 6e Black women** from a 2017 baseline of **59.3%**
- **Indicator 6f Transgender women** from a 2017 baseline of **80.5%**
- **Indicator 6g Inject drugs** from a 2017 baseline of **54.9%**
- **Indicator 6h Youth aged 13-24** from a 2017 baseline of **57.1%**

Indicators

- **Indicator 7** Decrease **stigma** among people with diagnosed HIV by 50% from a 2018 baseline median score of 31.2 on a 10-item questionnaire
- **Indicator 8** Reduce **homelessnes**s among people with diagnosed HIV by 50% from a 2017 baseline of 9.1%

Goal 4
Achieve coordination

Goal and Objectives

- **Achieve Coordination**
  - **4.1 Integrate programs to address the syndemic** of HIV, STIs, hepatitis, and SUD and mental health disorders.
  - **4.2** Increase **coordination of HIV programs** all levels
  - **4.3** Enhance quality, accessibility, sharing, and use of **data**
  - **4.4** Identify, evaluate, and scale up best practices
  - **4.5** Improve mechanisms to measure, monitor, evaluate, and use the information to report progress and course correct as needed in order to achieve the HIV Plan goals.

Strategies for addressing syndemics

4.11 Expand **outreach and education eff**orts for issues that intersect HIV (IPV violence, STIs, viral hepatitis, and substance use and mental health disorders).

4.1.2 Implement a **no-wrong-door ap**proach to screening and linkage to services for HIV, STIs, viral hepatitis, and substance use and mental health disorders across programs.

4.1.3 Identify and address funding, policy, data, workforce capacity, and programmatic **barriers to effectively address the syndemic.**

4.1.4 Coordinate and align strategic planning efforts on HIV, STIs, viral hepatitis, substance use disorders, and mental health care across national, state, and local partners. Page 46-47

Strategies for increased coordination

4.2.1 Focus resources in the geographic areas and priority populations disproportionately affected by HIV.

4.2.2 Enhance collaboration among local, state, tribal, national, and federal partners and the community to address that contribute to persistent HIV-related disparities and implement policies that foster improved health outcomes.

4.2.3 Coordinate across partners to quickly detect and respond to HIV outbreaks.

4.2.4 Support collaborations between community-based organizations, public health organizations, education agencies and schools, and health care delivery systems to provide linkage to and delivery of HIV testing, prevention, care, and treatment services as well as supportive services

–Strategies ~~for changing practice in real time~~

4.5.1 Streamline and harmonize reporting and data systems to reduce burden and improve the timeliness, availability, and usefulness of data.

4.5.2 Monitor, review, evaluate, and regularly communicate progress on the NHAS.

4.5.3 Ensure that NHAS goals are included in cross-sector federal funding requirements.

4.5.4 Strengthen monitoring and accountability for adherence to requirements, targets, and goals by funded partners.

4.5.5 Identify and address barriers and challenges that hinder achievement of goals by funded partners and other stakeholders.

Strategies for enhanced data sharing

4.3.1 Promote the collection,sharing, and use of HIV risk, prevention, and care and treatment data using interoperable data standards, including data from electronic health records. (EHR)

4.3.2 Use interoperable health information technology, EHR and health information exchange networks, to improve HIV prevention efforts and care outcomes.

4.3.3 Encourage and support patient access to and use of individual health information, including patient-generated health information and consumer health technology.

Discussion, Next steps

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