

# National HIV/AIDS Strategy Implementation



**Judy Norton**  
Office Chief and  
State AIDS Director,  
Arizona Department of  
Health Services



*Leadership for a Healthy Arizona*

**A National View:  
from a NASTAD slide set...**



Bridging Science, Policy and Public Health

**National HIV/AIDS Strategy for the United States**  
**Role of States in Implementation**

# Vision of the National HIV/AIDS Strategy (NHAS)

*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.*

# Federal Players

- **The White House Office of National AIDS Policy (ONAP)**
  - **Setting the domestic HIV/AIDS agenda**
  - **Oversight, coordination, and annual reporting**
- **The Office of Management and Budget (OMB)**
- **The Presidential Advisory Council on HIV/AIDS (PACHA)**
  - **Three working groups making recommendations**

# Federal Players

- **Federal Department Lead Agencies**
  - **Health and Human Services (HHS)**
    - **Office of the Assistant Secretary for Health (ASH), Dr. Howard Koh**
      - **Deputy Assistant Secretary for Health, Infectious Diseases, Dr. Ron Valdiserri**
      - **HHS National HIV/AIDS Strategy Implementation Group**
  - **Justice (DOJ)**
  - **Labor (DOL)**
  - **Housing and Urban Development (HUD)**
  - **Veterans Affairs (VA)**
  - **Social Security Administration (SSA)**

# NHAS: Three Overall Goals

- **Reduce HIV incidence**
- **Increase access to care and optimizing health outcomes**
- **Reduce HIV-related health disparities**

# Targets for 2015

- **Reducing HIV Incidence**

- Lower the annual number of new HIV infections by **25 percent**
- Reduce the HIV transmission rate by **30 percent**
- Increase the percentage of people living with HIV who know their serostatus from **79 to 90 percent**

# Targets for 2015

- **Increasing Access to Care and Improving Health Outcomes of People Living with HIV**
  - Increase the proportion of patients linked to care within 3 months of HIV diagnosis from **65 to 85 percent**
  - Increase the proportion of Ryan White HIV/AIDS Program clients in continuous care from **73 to 80 percent**
  - Increase the number of Ryan White clients with permanent housing from **82 to 86 percent**

# Targets for 2015

- **Reduce HIV-Related Health Disparities**

- Increase the proportion of HIV diagnosed gay and bisexual men with undetectable viral load by **20 percent**
- Increase the proportion of HIV diagnosed blacks with undetectable viral load by **20 percent**
- Increase the proportion of HIV diagnosed Latinos with undetectable viral load by **20 percent**

# Role of States: Reducing HIV Incidence

**Step 1: Ensure prevention efforts and resources are concentrated in communities with the highest prevalence.**

**Step 2: Use a combination of approaches to expand targeted efforts in HIV prevention.**

**Step 3: Educate all Americans about the threat of HIV and how to prevent it.**

# Reducing HIV Incidence: Step 1

- **By the end of 2011**

- **CDC** will work with states to:

- Establish new standards for reviewing state and local prevention plans
    - Increase capacity of STD surveillance systems
    - Ensure plans direct needed proportion of resources to gay male and transgender populations
    - Implement the best combination of approaches to address HIV and STD prevention among communities of color

# Reducing HIV Incidence: Step 1

- **By the end of 2011**

- **CDC** will

- Report suggestions for border states to improve HIV surveillance and prevention interventions
    - Work with states with greater concentrations of Asian American/Pacific Islander or American Indian and Alaska Native populations on effective HIV surveillance activities

- **SAMHSA**: Work with states to integrate substance abuse and mental health screening in HIV programs

- **HHS agencies**: Work with states to develop standard performance measures and provide guidance

# Reducing HIV Incidence: Step 2

- **By the end of 2011**
  - **CDC, HRSA, SAMHSA:** Collaborate with states on pilot initiatives that integrate HIV testing, outreach, linkage and retention in care

# Reducing HIV Incidence: Step 3

- **By the end of 2011**

- **CDC**

- Work with states to expand public-private partnerships to reach high-risk communities and/or prevent HIV/STI infection
    - Develop a toolkit and work with states and school boards to implement age-appropriate HIV health education programs

# **Role of States: Increasing Access to Care and Improving Health Outcomes**

**Step 1: Seamless Linkage to Care**

**Step 2: Adopt policies that increase diversity of health care and related providers**

**Step 3: Support people living with HIV with co-occurring health conditions**

# Increasing Access to Care and Improving Health Outcomes: Step 1

- By the end of 2011
  - CDC, HRSA, SAMHSA, HHS agencies: Work with states to promote co-location of providers of HIV screening
  - HHS agencies: Work with states to implement training opportunities for health care providers

# Increasing Access to Care and Improving Health Outcomes: Steps 2 and 3

- **By the end of 2011**
  - **Step 2:** Partner agencies will coordinate with **HHS OS** to work with states to implement their recommendations to strengthen the HIV/AIDS provider workforce
  - **Step 3:** Partner agencies, in coordination with **HHS OS**, will work with states to encourage the adoption of clinical performance measures to monitor the quality of HIV care

# Role of States: Reducing HIV-Related Health Disparities

- Step 1: Reduce mortality in high-risk communities by ensuring that African Americans, Latinos, and gay and bisexual men have access to regular viral load and CD4 tests.**
- Step 2: Develop innovative solutions at the community level to reduce HIV infection in high-risk communities.**
- Step 3: Reduce discrimination and stigma against people living with HIV.**

# Reducing HIV-Related Health Disparities

- **By the end of 2011**
  - **CDC**, in consultation with States, will provide technical assistance to localities, particularly those with a heavy disease burden, to collect necessary data to calculate community viral load
  - **DOJ** and **HHS OS** will identify a departmental point of contact and provide technical assistance resources to States considering changes to HIV criminal statutes

# Role of States: Achieving a More Coordinated National Response

**Step 1: Federal government should ensure coordinated planning across agencies, resources are distributed to the states with the greatest need, and data collection is standardized and streamlined for HIV programs.**

**Step 2: Provide an annual report on the NHAS's progress and encourage states to provide regular progress reports.**



# National Resources

- [www.aids.gov/federal-resources/policies/national-hiv-aids-strategy/](http://www.aids.gov/federal-resources/policies/national-hiv-aids-strategy/)
- [www.whitehouse.gov/administration/eop/onap/nhas](http://www.whitehouse.gov/administration/eop/onap/nhas)
- [www.nastad.org](http://www.nastad.org)

**Local Actions (as presented to stakeholder/planning groups)**

## **Some (seven) Directional Points for HIV Prevention Programming**

This slide set is material from our CDC Project Officer. These directional points are attributed to Dr. Jonathan Mermin, MD, January 24, 2011.

For the following slides...

**Title = topic area**

- Left side of the slides: what we received; the content/concepts on a national level



- Right side of the slides: starting thoughts about how to relate each national theme to our work here in AZ

# 1. Targeting Resources

- Use of HIV Prevention resources where the impact is greatest
- Targeting resources with feasibility for large scale-up (e.g., condom distribution)
- Arizona is already doing well in this regard
- We have access to strong epi data
- What can we do to support projects that can reach more (without duplicating services)

## 2. Useful Program Reports

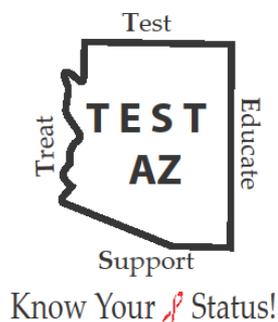
### Real-time Accountability

- Geo-locating HIV infection, targeting resources to high impact populations in locations
- Measure the slow-down of HIV transmission and acquisition via scalable interventions
- Most services (and HIV+'s) already geo-located; mapping this would not show where infected but where currently living
- How to prepare for interventions that allow for this type of evaluation

# 3. scientific basis for services

- Increased operations research on prevention interventions
- Scientific use of scalable, feasible interventions
- National focus is on research into existing methods and combinations of approaches
- Be alert to national best practices
- We can help match and tailor for AZ (next slide)

# Example: be on the lookout for...



- “TEST AZ” = Test, Educate, Support, Treat
- Basic message: “Know Your Status!”

# 4. HIV Testing [Know Your Status]

- Increases in knowledge of HIV status, PEP and PrEP for HIV- and early diagnosis for HIV+ with aggressive linkage to and retention in care
- Learning one's HIV status in as cost-efficient a way as possible, integration of testing in hospitals and community-based clinics
- How can ADHS support community groups, task forces and other stakeholders to emphasize testing
- ADHS is reaching out to community health centers

# 4. HIV Testing

## [Know Your Status] continued

- Sustainability: reimbursement for HIV testing, health care reform opportunity
- Targeted testing to LGBTQ, Black/AA, Latino/a: social mobilization strategies
- The first point reflects national reform movements
- How to boost sustainability locally
- Local groups will be key resources for social mobilization efforts

# 5. Prevention for Positives

## [Keep Viral Load Low]

- Comprehensive behavioral, biomedical and structural services for HIV+ individuals
- Partner services
- Treatment/medication adherence, retention, re-engagement in care
- Promote increased access to partner services
- How could we use social networks within HIV+ community
- How to enhance linkages between prevention and care

# 6. Policy and Structural Interventions

## real-time interventions/prevention

- Tools resulting in sustainability of HIV prevention services
- Name based reporting is now the standard – statute/legal revisions resulting in shared epi and surveillance data
- We are well-positioned in this arena
- Arizona has always had named reporting
- We quickly changed statute to align with national HIV testing recommendations
- Access to good epi and work on sharing data across programs

# 7. Reduce Health Inequities

- Redistribute and target resources to reduce disproportionate impact
- The greatest areas of emphasis/impact here will be:
  - Testing
  - Social mobilization
- How can we address these issues...
  - as ADHS
  - with stakeholders

**Thank you  
for your time!**

**Questions?**



Judy Norton: [judy.norton@azdhs.gov](mailto:judy.norton@azdhs.gov)

602.364.3610

[www.azdhs.gov/phs/hiv/index.htm](http://www.azdhs.gov/phs/hiv/index.htm)