

WISCONSIN AIDS/HIV PROGRAM NOTES

October 2010

National HIV/AIDS Strategy for the United States: Shaping the Future of Wisconsin's HIV Prevention and Care Services

"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."

Vision Statement: National HIV/AIDS Strategy

Introduction

On July 13, 2010, the White House released the nation's first [National HIV/AIDS Strategy for the United States](#) (NAS) and a companion document designated as the [NAS Federal Implementation Plan](#). The NAS is a landmark document that will likely guide future directions of the federal government in addressing domestic HIV epidemic issues, including the development and implementation of public policy and the allocation of resources supporting HIV prevention and care services as well as related research activities.

This issue of Wisconsin AIDS/HIV Program Notes provides an overview of the NAS, outlines key content from the NAS, and highlights some of the implications the NAS has for community planning and HIV prevention and care services in Wisconsin.

Background

For many years, advocacy groups, professional organizations, and HIV community members have called for a stronger coordinated national effort to address the domestic HIV epidemic. The NAS responds to this call for action and addresses a pledge President Obama made for a national HIV strategy during his presidential campaign.

The Office of National AIDS Policy (ONAP), part of the White House Domestic Policy Council, was tasked with coordinating the development of a national HIV strategy directed at addressing three primary goals:

1. reducing the number of people who become infected with HIV;
2. increasing access to care and improving health outcomes for people living with HIV;
and
3. reducing HIV-related health disparities.

As part of the NAS development process, ONAP initiated a series of community input and engagement activities during the summer of 2009. ONAP's outreach efforts included conducting 14 community discussions throughout the nation, reviewing input from the public via the White House website, conducting several expert meetings on HIV-specific topics, and working with other groups committed to the development of a national HIV strategy. An April 2010 report ([Community Ideas for Improving the Response to the](#)

October 2010

[Domestic HIV Epidemic](#)) released by the White House summarizes public input and recommendations for a national HIV strategy.

During the final stage of developing the NAS, ONAP convened a group of federal officials that reviewed public recommendations, assessed scientific evidence that either did or did not support various recommendations, and made their recommendations for the NAS. ONAP also contracted with the Institute of Medicine to examine key policy issues.

Summary of NAS primary goals, steps and recommended actions

The following is a brief overview of the primary goals and recommended actions identified in the NAS, as well as the anticipated NAS results targeted to be achieved by 2015. See the complete [NAS report](#) for a comprehensive examination of the following summary content.

NAS Goal 1: Reducing New HIV Infections

Steps Directed at NAS Goal 1:

1. Intensify HIV prevention efforts in communities where HIV is most heavily concentrated.

Recommended actions:

- Allocate public funding to geographic areas consistent with the epidemic.
- Target prevention efforts to high-risk populations, including:
 - gay and bisexual men and transgender individuals,
 - Black Americans,
 - Latino Americans, and
 - substance users.
- Address HIV prevention in Asian American and Pacific Islander and American Indian and Alaska Native populations.
- Enhance program accountability.

2. Expand targeted efforts to prevent HIV infection using a combination of effective, evidence-based approaches.

Recommended actions:

- Design and evaluate innovative prevention strategies and combination approaches for preventing HIV in high risk communities.
- Support and strengthen HIV screening and surveillance activities.
- Expand access to effective prevention services.
- Expand prevention with HIV-positive individuals.

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

Recommended actions:

- Utilize evidence-based social marketing and education campaigns.
- Promote age-appropriate HIV and sexually transmitted infections (STI) prevention education for all Americans.

October 2010

Anticipated Results for NAS Goal 1

By 2015:

- Lower the annual number of new infections by 25 percent (from 56,300 to 42,225).
- Reduce the HIV transmission rate, which is a measure of annual transmissions in relation to the number of people living with HIV, by 30 percent (from 5 persons infected each year per 100 people with HIV to 3.5 persons infected each year per 100 people with HIV).
- Increase from 79 percent to 90 percent the percentage of people living with HIV who know their serostatus (from 948,000 to 1,080,000 people).

NAS Goal 2: Increasing Access to Care and Improving Health Outcomes for People Living with HIV

Steps Directed at NAS Goal 2:

1. Establish a seamless system to immediately link people to continuous and coordinated quality care when they are diagnosed with HIV.

Recommended Actions:

- Facilitate linkages to care.
- Promote collaboration among providers.
- Maintain people living with HIV in care.

2. Take deliberate steps to increase the number and diversity of available providers of clinical care and related services for people living with HIV.

Recommended Actions:

- Increase the number of available providers of HIV care.
- Strengthen the current provider workforce to improve quality of HIV care and health outcomes for people living with HIV.

3. Support people living with HIV with co-occurring health conditions and those who have challenges meeting their basic needs, such as housing.

Recommended Actions:

- Enhance client assessment tools and measurement of health outcomes.
- Address policies to promote access to housing and supportive services for people living with HIV.

Anticipated Results for NAS Goal 2

By 2015:

- Increase the proportion of newly diagnosed patients linked to clinical care within three months of their HIV diagnosis from 65 percent to 85 percent.
- Increase the proportion of Ryan White HIV/ AIDS Program clients who are in continuous care (at least 2 visits for routine HIV medical care in 12 months at least 3 months apart) from 73 percent to 80 percent.
- Increase the percentage of Ryan White HIV/ AIDS Program clients with permanent housing from 82 percent to 86 percent.

October 2010

NAS Goal 3: Reducing HIV-Related Disparities and Health Inequities

Steps Directed at NAS Goal 3:

1. Reducing HIV-related mortality in communities at high risk for HIV infection.

Recommended Actions:

- Ensure that high-risk groups have access to regular viral load and CD4 tests.

2. Adopting community-level approaches to reduce HIV infection in high-risk communities.

Recommended Actions:

- Establish pilot programs that utilize community models.
- Measure and utilize community viral load.
- Promote a more holistic approach to health.

3. Reducing stigma and discrimination against people living with HIV.

Recommended Actions:

- Engage communities to affirm support for people living with HIV.
- Promote public leadership of people living with HIV.
- Promote public health approaches to HIV prevention and care.
- Strengthen enforcement of civil rights laws.

Anticipated Results for NAS Goal 3

By 2015:

- 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.

NAS central focus: achieving a coordinated response

A recurrent theme in the NAS report is the need for a more coordinated, collective response to the HIV epidemic. The NAS calls for an intensified focus on coordinating efforts across a variety of sectors, especially across federal agencies and all levels of government but also at state and local levels. The NAS highlights the need for clearer understanding of roles and responsibilities across all agencies and the need for greater accountability.

The NAS identifies the following critical steps to achieve a more coordinated response to HIV:

1. Increase the coordination of HIV programs across the federal government and between federal agencies and state, territorial, tribal, and local government.
2. Develop and implement mechanisms to monitor and report on progress toward achieving national goals.

October 2010

The [Federal Implementation Plan](#) accompanying the NAS details the action the federal government will take to implement its part of the NAS. Federal agencies are required to submit their operational plans for NAS implementation to the White House Office of National AIDS Policy and the federal Office of Management and Budget by December 9, 2010.

Implications for Wisconsin: HIV Community Planning

The Statewide Action Planning Group (SAPG), part of the [Wisconsin HIV Community Planning Network](#), is responsible for developing the [Wisconsin HIV Comprehensive Plan](#) and advising the Wisconsin AIDS/HIV Program on the development, implementation, and prioritization of HIV prevention and care services in Wisconsin. As part of its September 2010 meeting, the SAPG began to initially examine how Wisconsin's Comprehensive Plan relates to the NAS.

While much of Wisconsin's current directions in programming for HIV prevention and care services are congruent with the NAS, SAPG members recognize the importance of communicating and aligning Wisconsin's prevention and care strategies with that of national directions emerging from the NAS. The SAPG will be following NAS developments as the next stage of detailed federal operational plans for NAS are rolled out in December 2010. Concurrently, SAPG members will be working with Wisconsin AIDS/HIV Program staff to ensure that updates to the Wisconsin HIV Comprehensive Plan also align with the national strategies.

Implications for Wisconsin: HIV Prevention Services

Wisconsin's long-standing commitment to progressive HIV prevention services are consistent with directions addressed in the NAS. Examples include:

- Implementing social networks strategies for HIV testing in order to increase the number of persons tested who are at high risk for HIV and to increase the number of persons who are aware of their HIV serostatus.
- Providing support for wide access to rapid HIV testing, especially in communities experiencing health disparities related to HIV.
- Developing and providing financial support for enhanced HIV Partner Services by consolidating and providing advanced training to providers and utilizing the internet, social networking websites and other technologies to reach persons at risk for HIV.
- Increasing health education, information, and risk reduction services targeting gay & bisexual men, youth, African Americans, and other populations disproportionately impacted by HIV infection.
- Continuing to use state funds to support HIV prevention and treatment referral services for injection drug users, including syringe exchange programs (SEPs) for injectors awaiting treatment or not in treatment.
- Engaging community-based organizations, minority organizations, community planning processes, and other partners in the planning of HIV prevention efforts across the state.

October 2010

Examples of additional HIV prevention programming to be emphasized and implemented in the future and that will further support the vision of the NAS include:

- Increasing attention to HIV prevention efforts in the Milwaukee area, particularly efforts targeting young African American men who have sex with other men, and efforts to address stigma around HIV status and MSM behaviors. These activities will engage Milwaukee's African American organizations and institutions in identifying culturally-competent approaches to reduce new HIV infections in their community.
- Increasing collaboration with AIDS service organizations, local health departments, and community agencies to improve HIV prevention efforts targeting gay and bisexual men in the greater Madison area and in medium-sized cities throughout Wisconsin. This will include evaluation of factors which impede the reduction of new infections and the development of community-level efforts to address them.
- Revising the AIDS/HIV Program's strategy for supporting HIV prevention efforts for HIV-positive persons. This includes evaluation of current efforts and research into clinic-based and behavioral interventions for HIV positive persons (including youth who were infected with HIV at birth but are now entering adolescence and who could potentially benefit from prevention services directed at healthy sexual behaviors across their lifespan).
- Reviewing and considering new strategies to reduce HIV infection and ensure that more persons are aware of their HIV serostatus. Examples include new clinical strategies (pre-exposure prophylaxis and emerging HIV testing methods) and improved behavioral approaches (social marketing campaigns and adaptations of effective behavioral interventions).

Implications for Wisconsin: HIV Care Services

Wisconsin has a strong history of supporting comprehensive HIV-related services that address critical care and support services of persons living with HIV. Many of these services and initiatives complement those identified in the NAS. Examples include:

- Utilizing Minority AIDS Initiative (MAI) funds, with a special focus on the African American and Hispanic communities, to link individuals to ADAP and other care services.
- Maintaining access to life-saving antiretroviral medications for low-income persons with HIV disease through a strong ADAP, free from restrictive measures such as waiting lists or caps on service.
- Maintaining access to reimbursed health care for eligible low-income persons with HIV disease by paying health insurance premiums on their behalf.
- Supporting early intervention services:
 - to identify persons newly diagnosed with HIV infection, and
 - to engage persons in ongoing care and support services who are aware of their HIV infection but who are not currently in care.
- Committing significant Ryan White and Life Care Services funds to target support services like case management which facilitates linkage to care.
- Requiring housing assessments for all case management clients to ensure that basic needs are being met and that major barriers to care are reduced.
- Continuing monitoring by AIDS/HIV Program staff of:

October 2010

- agency referrals made and related follow-up,
- linkage to necessary support services, and
- health outcomes for clinic services.

Examples of additional HIV care and support programming to be emphasized and implemented in the future and that will further support the vision of the NAS include:

- Enhancing systems and mechanisms to link to and retain in care persons living with HIV.
- Developing an HIV medical home initiative that will coordinate the full spectrum of client care including HIV care, primary care, specialty care and support services with a focus on quality of care and retention to care.
- Developing a medical case management model that will support health care providers' efforts to monitor client adherence to care.
- Working with agencies to develop additional capacity to provide core health services, including
 - AIDS Network developing dental capacity in the southern region,
 - AIDS Resource Center of Wisconsin developing clinical care in the northeastern region, and
 - University of Wisconsin Hospital and Clinics developing mental health services in the southern region.
- Working with providers to improve access to mental health services to address significant disparities in health outcomes among persons who are both HIV positive and have mental illness.
- Analyzing newly reported client level data and enhanced laboratory data to develop strategies to reduce HIV-related morbidity and mortality and to better assess and monitor linkage to care.

Commitment for ongoing collaboration and coordination

The NAS calls for a heightened commitment to collaboration across diverse federal agencies and entities. In Wisconsin, the AIDS/HIV Program will continue to strengthen collaboration and a coordinated response to the HIV epidemic. Examples include:

- Continuing collaboration with the Wisconsin Sexually Transmitted Disease (STD) Program to coordinate joint HIV-STD Partner Services follow-up and development of policy and protocols for expanded use of the internet for the delivery of partner services.
- Expanding collaboration between HIV prevention agencies serving injection drug users and MSM and the Wisconsin DHS Adult Hepatitis Program to provide access to hepatitis testing and vaccination for persons at high risk.
- Expanding collaboration between HIV prevention and care agencies and the Wisconsin Department of Corrections, including providing support for voluntary HIV testing for all inmates and coordination of health care services for inmates living with HIV infection.
- Continuing support of the Primary Care Network which coordinates activities with multiple agencies to ensure the health of infants, children, youth, and women who are HIV positive or at risk for HIV infection.

October 2010

- Jointly developing plans with the Black Health Coalition of Wisconsin to collaborate with other African American health agencies, specifically targeting the mental health and substance abuse needs of the African American community.
- Facilitating regular meetings of minority community-based organizations to share information and strategize on best practices to address HIV-related community needs.
- Enhancing coordination and integration of prevention and care initiatives and services at state and community levels (e.g., integrated prevention and care services for HIV positive persons).
- Supporting the Wisconsin site of the Midwest AIDS Training and Education Center (MATEC) to coordinate treaters meetings that serve as a statewide forum for HIV clinicians to jointly consult and share information.
- Ongoing support of the Wisconsin HIV/AIDS Training System at the University of Wisconsin – Madison to tailor trainings and to promote richer, more productive collaboration and linkages among prevention and care service providers.

For more information

For additional information about the NAS, the NAS Federal Implementation Plan, and a summary of the community input regarding the development of the NAS, visit the website of the White House Office of National AIDS Policy at www.whitehouse.gov/onap.

For additional information on the Wisconsin AIDS/HIV Program, visit the web at <http://www.dhs.wisconsin.gov/aids-hiv/>.

For information about HIV community planning in Wisconsin, visit the website of the Wisconsin HIV Community Planning Network at <http://www.wihiv.wisc.edu/communityplanning/>.