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Director's Note

For more than 30 years, the Health Resources and Services Administration's (HRSA) Ryan White HIV/AIDS Program (RWHAP) has provided a comprehensive system of HIV medical care, medication and essential support services for low-income people with HIV. Since its passage, the guiding principles of the RWHAP have been achieving health equity, stopping stigma, and reducing health disparities. Although improvements have been made over the years, disparities continue to exist, reflecting inequities in care that must be overcome to achieve this goal. To meet this critical need, the RWHAP develops and implements innovative programs to meet the needs of people we have not yet successfully maintained in care. One such example is the *Using Evidence-Informed Interventions to Improve Health Outcomes Among People Living With HIV (E2i)* initiative. To further address health disparities and inequities, HRSA's RWHAP is supporting the *Ending the HIV Epidemic in the U.S.* initiative by linking people with HIV who are either newly diagnosed or are diagnosed but currently not in care, to essential HIV care and support services in priority jurisdictions.

This issue of CAREAction focuses on efforts to engage and meet the needs of people the RWHAP has not yet successfully maintained in care. "Stories From the Field" highlight two RWHAP E2i recipients and their innovative projects to address HIV disparities.

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INTRODUCTION

The Health Resources and Services Administration (HRSA) Ryan White HIV/AIDS Program (RWHAP), with annual funding of \$2.4 billion, is the largest HIV-specific discretionary grant program in the United States and the third largest source of federal funding for HIV care (behind Medicaid and Medicare).¹ Through its comprehensive system of HIV care, treatment, and support services, the RWHAP works to meet people with HIV where they are and to reduce HIV disparities across the United States by providing HIV treatment and support services to people with HIV, educating HIV care providers to better serve clients experiencing the greatest HIV disparities, and implementing innovative

programs and strategies to reduce HIV disparities in populations and geographic regions most affected by the HIV epidemic.

Currently, more than 73 percent of RWHAP clients are from racial/ethnic minority populations disproportionately affected by HIV and HIV disparities, including 46.6 percent Black/African American clients and 23.3 percent Hispanic/Latino clients. In addition, 60.7 percent of RWHAP clients live below 100 percent of the Federal Poverty Level and 46.8 percent are aged 50 years or older.² During the last decade, the RWHAP has made progress toward improving health outcomes for these important populations. From 2010 to 2019, viral suppression rates increased across populations:

- ▶ Overall viral suppression rates among RWHAP clients receiving HIV medical care increased from 69.5 percent in 2010 to 88.1 percent in 2019.
- ▶ Among Black/African American clients, viral suppression rates increased from 63.3 percent to 85.2 percent.
- ▶ Among Hispanic/Latino clients, viral suppression rates increased from 73.6 percent to 90.1 percent.
- ▶ Among men who have sex with men, viral suppression rates increased from 71.9 percent to 89.1 percent.
- ▶ Among youth aged 13 to 24, viral suppression rates increased from 46.6 percent to 79.4 percent.
- ▶ Among transgender clients, viral suppression rates increased from 61.5 percent to 83.2 percent.²

Nonetheless, barriers to HIV care remain, as demonstrated by viral suppression rates that are lower than the overall rate of 88.1 percent for Black/African American people, transgender people, and youth. In addition, HIV disparities persist in the number of new HIV diagnoses, linkage to care and treatment, and retention in care.^{3,4} Efforts to reduce HIV disparities must address health inequities related to poverty; lack of housing and transportation; mental health and substance use disorders; and incarceration, systemic racism, and stigma.

FEDERAL-LEVEL EFFORTS TO END THE HIV EPIDEMIC BY REDUCING DISPARITIES

In recent years, initiatives have been implemented at the federal level to respond to the HIV epidemic and reduce HIV disparities. One such initiative is the [National HIV/AIDS Strategy](#). Goal 3 of the Plan focuses on reducing HIV-related disparities and health inequities. The federal government also launched the [Ending the HIV Epidemic in the U.S.](#) (EHE) initiative in 2019, which began in 2020 and aims to end the HIV epidemic in the United States by reducing new HIV diagnoses by 90 percent by 2030. The EHE initiative supports the rapid infusion of resources, expertise, and technology into jurisdictions where more than 50 percent of HIV diagnoses occur. For the RWHAP, these resources allow providers in the selected jurisdictions to increase treatment and care of newly diagnosed people with HIV and implement HIV prevention efforts.⁵

HRSA's RWHAP has been supporting the EHE initiative since its inception. In addition to Fiscal Year (FY) 2020 funding, HRSA awarded approximately \$99 million to 61 RWHAP recipients in priority jurisdictions in FY 2021 to link people with HIV who are newly diagnosed—or who have been diagnosed, but currently are not in care—to essential HIV care and treatment and support services and to provide workforce training and technical assistance. RWHAP recipients of EHE funding have been developing and implementing local EHE plans to focus on populations that are affected disproportionately by HIV. For example, the Kentucky Department of Health uses EHE funding to deliver RWHAP services to clients with HIV, including people of color, transgender people, people who inject drugs, and incarcerated people.

EXAMPLES OF FOCUSED RWHAP EFFORTS TO REDUCE HIV DISPARITIES

In addition to providing HIV treatment and support services to low-income populations, the RWHAP is dedicated to eliminating HIV disparities through needs assessment, community engagement, quality improvement efforts, and focused programs, such as the RWHAP Part F Special Projects of National Significance (SPNS). The RWHAP supports other efforts, as well:

- › [Building Futures: Supporting Youth Living With HIV](#) identified best practices for enhancing services to youth with HIV, aged 13 to 24 years, to improve outcomes in retention and viral suppression. Project activities resulted in the development of a toolkit and four-part webinar series to help RWHAP recipients improve outcomes in this population.
- › [Building Leaders of Color Living With HIV \(BLOC\)](#) trains people of color with HIV to be engaged fully as participants on planning bodies, medical and support care teams, boards of directors, and other efforts to achieve goals of the HIV National Strategic Plan. BLOC hosts annual training events, such as a national training for transgender women of color with HIV and tailored trainings for youth of color with HIV aged 18 to 24 years.

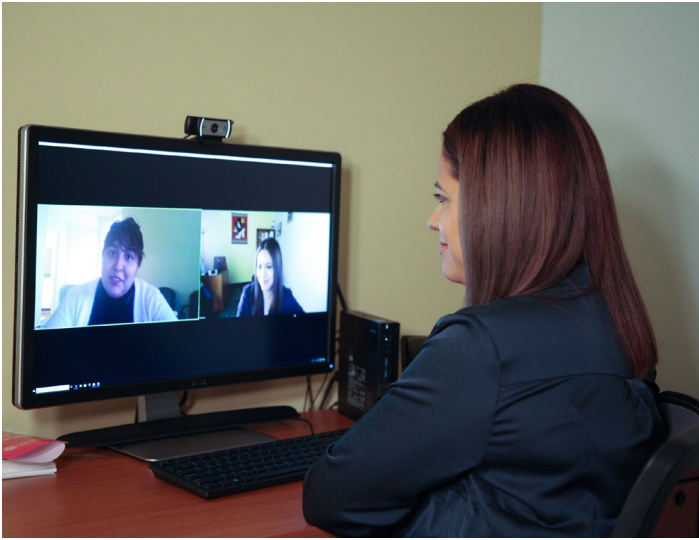
- › [Using Evidence-Informed Interventions to Improve Health Outcomes Among People Living With HIV \(E2i\)](#) is a SPNS initiative that provides support for the implementation of evidence-informed interventions to reduce HIV-related health disparities and improve outcomes, including retention in care, treatment adherence, and viral suppression. The Stories From the Field feature two E2i RWHAP SPNS implementation sites.

The RWHAP also has developed resources for providing care to people with HIV aged 50 and older, including [fact sheets and technical expert panel summaries](#) and [reference guides](#). In addition, the RWHAP Part F AIDS Education & Training Center National Coordinating Resource Center has a collection of [resources for adults over 50](#).

STORIES FROM THE FIELD: LA CLÍNICA DEL PUEBLO

La Clínica del Pueblo, a community-based health organization and Federally Qualified Health Center, serves a diverse Latino community in Washington, D.C., and Prince George's County, Maryland. An RWHAP SPNS implementation site, La Clínica del Pueblo offers integrated HIV services to approximately 4,500 to 5,000 clients each year, including medical care; medical case management; mental health and substance use disorder services; and linguistic services. According to Ana Catalina Garcia, Lead Grants and Contracts Specialist, "La Clínica del Pueblo was founded in response to the health needs of immigrants from El Salvador, Honduras, and Guatemala who arrived after fleeing the civil war in Central America in the 1980s." La Clínica del Pueblo continues to serve Central American immigrants, a population affected by health disparities and social determinants of health, such as poverty, discrimination, trauma from violence and persecution in the clients' home countries and during immigration, and high rates of depression.

Because behavioral health issues can affect adherence to HIV care and treatment negatively, La Clínica del Pueblo implemented the Collaborative Care Model (CoCM) intervention to increase access to mental health services for their clients with HIV. HRSA's RWHAP funded this intervention through its Part F SPNS program, *Using Evidence-Informed Interventions to Improve Health Outcomes Among People Living With HIV* initiative. The main goal of the intervention was to improve adherence, engagement, and retention in care by integrating behavioral health services in a primary care setting in which three key bilingual providers—the primary care provider, a behavioral health care manager, and a psychiatric consultant—work together to serve a shared caseload of clients. According to Oscar Flores, Lead Behavioral Therapist, allowing clients to access mental health services in a primary care setting is important because "our population carries a lot of stigma toward behavioral health and mental health. They don't want to see a therapist because it's not viewed well in the community; they prefer to access behavioral health services through their primary care provider because there is a more trusting relationship." During the three-year intervention, Flores managed a caseload of 45 HIV patients and developed care plans to address and reduce depression through cognitive behavioral therapy sessions. Flores explained, "It's very



La Clínica del Pueblo staff Belen Saravia, Mental Health Program Coordinator, and Johanna Arias, Mental Health Therapist, conduct a virtual meeting to discuss patients.

hands on. We administer the PHQ-9 [Patient Health Questionnaire-9] to evaluate whether the patient's [depression] symptoms are reduced. If not, the team will meet and figure out what's getting in the way. The psychiatrist can also recommend psychotropic [medications] if the behavioral health intervention is not enough."



"La Clínica del Pueblo launched the It's Okay/Se Vale campaign to communicate that it is okay to feel depressed, and it is also okay to seek help."



To strengthen the CoCM, La Clínica del Pueblo expanded the intervention's core team with bilingual registered nurses, health navigators, and care coordinators. These staff provided additional layers of supportive care and HIV navigation services to respond to the unique social determinants of health and barriers to care affecting the community, such as cultural stigma around mental health. To further address stigma and demystify the issues of depression, substance use disorder, trauma, and HIV status, La Clínica del Pueblo launched the *It's Okay/Se Vale* campaign to communicate that it is okay to feel depressed, and it is also okay to seek help. La Clínica del Pueblo also responded to health literacy challenges experienced by many clients. For example, Angela Suarez, Program Evaluation Manager, noted, "We modified the PHQ-9, and staff administered a Spanish version to address varying levels of literacy among our patients."

According to Suarez, although the intervention evaluation is still underway, preliminary data analyses demonstrate improved HIV Continuum of Care among participants, as measured by engagement and retention in care, number of prescriptions for HIV medications, and viral suppression rates. Staff attributed these successes to the

culturally competent services they offered to clients. Garcia concluded that the intervention "definitely improved access to quality specialized and linguistically competent psychiatric care, which are extremely hard to find."

STORIES FROM THE FIELD: BIRMINGHAM AIDS OUTREACH

Birmingham AIDS Outreach (BAO), located in Birmingham, Alabama, enhances the quality of life for people with HIV or at-risk for HIV and for the LGBTQ+ community through outreach, age-appropriate prevention education, and supportive services. BAO primarily serves clients in Jefferson County and six additional counties in the Birmingham–Hoover metropolitan area. As a HRSA RWHAP Part F SPNS implementation site, BAO recently completed its *Transgender Health Education and Affirmation Learning (T-HEAL)* project, focused on improving health outcomes for transgender women with HIV enrolled in the Healthy Divas intervention. The goals of the Healthy Divas intervention were to link (or re-engage) and retain transgender women with HIV in care and help them reach and maintain viral suppression through achievement of the clients' gender and health and wellness goals. The intervention also aimed to provide transgender women with tools and services that promote accessing gender-affirming health care, such as hormone replacement therapy (HRT). According to Christa Brown, Director of Prevention and Outreach Programs at BAO, "We know that transgender individuals are at higher risk for acquiring HIV in their lifetime and face disparities and stigma within the health care system, but before T-HEAL, BAO never had a program that was designed to address this population. By making the transgender population the focus of this project, we are helping to reduce health care inequities."

Recruitment to the T-HEAL project consisted of referrals from BAO staff, the Magic City Wellness Center, and community partners. T-HEAL staff also promoted the intervention through flyers that were placed in the community, posts to BAO's Facebook page, and word-of-mouth at local HIV events. In addition, participants were a significant source of peer referrals and helped to build community trust. When COVID-19 lockdowns were put in place, the team focused on recruitment and client engagement through telephone sessions and drive-through services. As a result of these efforts, 43 transgender women were recruited into the project. Once enrolled, staff worked with participants to identify and address their needs and barriers to care, including such issues as domestic violence, unstable housing, unemployment, and food insecurity.

The Healthy Divas intervention included education, support group sessions, counseling, HIV and HRT medical care, case management services, employment skills-building, housing assistance, and other activities. As described by Brown, "The intervention consisted of six individual sessions led by peer navigators and one group session led by a peer navigator and a physician who answered questions about HIV care and gender-affirming care." Brown added that because "sex work is a reality for many clients, we educated them on how to engage in safe sex, and how to prevent STIs and HIV coinfection." To eliminate

financial barriers to medical care, clients were offered incentives, such as no co-pays. To help clients find employment, particularly when they are discriminated against in many work settings, T-HEAL staff put together a trans-friendly job fair. According to Brown, “We were able to help make those [job] connections and help some of our clients move to safer ways to provide for themselves financially.”

Although the intervention currently is undergoing evaluation, Brown attributes its success in part to its facilitation by peer navigator staff. Brown stated, “Our frontline staff who identify as trans women are key members of the community and have helped us to successfully connect with the individuals [in the intervention] and re-engage them into medical care.”

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