NATIONAL HIV/AIDS STRATEGY

Federal Implementation Plan

for the United States | **2022–2025**

THE WHITE HOUSE
WASHINGTON

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Neither the National HIV/AIDS Strategy nor this Federal Implementation Plan are budget documents and do not imply approval for any specific action under Executive Order 12866 or the Paperwork Reduction Act. The Strategy and Federal Implementation Plan will inform the Federal budget and regulatory development processes within the context of the goals articulated in the President's Budget. All activities included in the Strategy and Federal Implementation Plan are subject to budgetary constraints and other approvals, including the weighing of priorities and available resources by the Administration in formulating its annual budget and by Congress in legislating appropriations.

VISION

The United States will be a place where new HIV infections are prevented, every person knows their status, and every person with HIV has high-quality care and treatment and lives free from stigma and discrimination.

This vision includes all people, regardless of age, sex, gender identity, sexual orientation, race, ethnicity, religion, disability, geographic location, or socioeconomic circumstance.

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INTRODUCTION

Released by the White House Office of National AIDS Policy (ONAP) in December 2021, the *National HIV/AIDS Strategy (2022–2025)* (the Strategy or NHAS) provides stakeholders across the nation with a roadmap to accelerate efforts to end the HIV epidemic in the United States by 2030.[1] The Strategy sets bold targets including a 75% reduction in new HIV infections by 2025 and a 90% reduction by 2030. To guide the nation toward realizing these targets, the Strategy focuses on four goals:

Prevent new HIV infections.

Improve HIV-related health outcomes of people with HIV.

Reduce HIV-related disparities and health inequities.

Achieve integrated, coordinated efforts that address the HIV epidemic among all partners and stakeholders.

Achieving these goals will require the engagement of stakeholders from all sectors of society in a coordinated and re-energized national response to end the HIV epidemic and support people with HIV. Utilizing a whole-of-nation approach, the Strategy assumes the active participation of not only federal agencies, but also state, tribal, local, and territorial health departments, health plans and health care providers, schools and other academic institutions, community-based and faith-based organizations, researchers, private industry, and people with and at risk for HIV.

HIV/AIDS is part of a "syndemic" that involves sexually transmitted infections (STIs), viral hepatitis, and substance use and mental health disorders, all of which intersect with stigmatization and social determinants of health.[2] To best address this complex, multifactorial environment, the Strategy was developed to complement the inaugural *STI National Strategic Plan* and the fourth iteration of the *Viral Hepatitis National Strategic Plan*—both released in December 2020.

This document, the National HIV/AIDS Strategy Federal Implementation Plan (Implementation Plan), outlines federal agencies' commitments to programs, policies, research, and activities during fiscal years 2022–2025 to meet the Strategy's goals, pursuant to their respective missions, funding, and resources. To develop the Implementation Plan, ONAP, with support from the Office of Infectious Disease and HIV/AIDS Policy (OIDP) in the Office of the Assistant Secretary for Health (OASH) at the Department of Health and Human Services (HHS), convened the National HIV/AIDS Strategy Federal Implementation Workgroup, composed of representatives of the agencies that contributed to the NHAS and who share responsibility for its implementation. Workgroup members developed agency-specific and collaborative, cross-agency actions. In addition to these discussions, the Workgroup received comments and suggestions from stakeholder groups, such as policy advocacy groups and coalitions of people with HIV.

[1] ONAP, part of the Domestic Policy Council, facilitated development of and published the Strategy, which builds on the 2021 *HIV National Strategic Plan* and the two prior *National HIV/AIDS Strategies* (2010, 2015). Learn more about the prior National Strategic Plan and Strategies.

[2] A syndemic is the clustering and interaction of two or more diseases, as a result of social and structural determinants of health, that lead to excess burden of disease in a population.

Presented in the Actions section below are federal actions, some of which are continuations of current activities and others that are innovations in practice, technology, research, policy, and/or testing, prevention, care and treatment services to address not only HIV, but also other components of the syndemic involving STIs, viral hepatitis, and substance misuse, and the social and structural determinants of health that facilitate the clustering of these conditions among different populations and places. These actions do not comprise an exhaustive inventory of actions by federal agencies in support of the NHAS during the next 4 years. Rather, ONAP and the federal agencies believe these actions will best leverage resources, capacity, and expertise to make an immediate and significant difference in the populations that bear the greatest disease burden.

The disproportionate prevalence of HIV in specific populations increases the risk for HIV transmission with each sexual or injection drug use encounter within those populations. In addition, a range of social, economic, and demographic factors—such as stigma, discrimination, socioeconomic status, income, education, age, and geographic region—affect people's risk for HIV or their ability to access or remain engaged in prevention or care services. The following factors were considered in determining the Strategy's priority populations: (1) incidence of new HIV infections and trends; (2) prevalence of HIV; (3) HIV diagnoses; (4) outcomes along the HIV care continuum; and (5) potential impact of other major public health threats (e.g., opioid epidemic). Based upon this analysis, the Strategy prioritizes efforts to reduce disparities and improve HIV outcomes among

- 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.

Focusing efforts on these five priority populations will reduce the HIV-related disparities they experience, which is essential if the nation is to succeed on the path toward ending the HIV epidemic by 2030.

This Implementation Plan acknowledges that the COVID-19 pandemic in the United States led to disruptions in HIV testing services and access to clinical prevention and care services throughout 2020, 2021, and even into 2022 in some areas. As we continue to navigate the COVID-19 pandemic, it is critical that we continue our work to expand and improve HIV prevention, care, and treatment for the populations and communities most impacted. We should also continue our work to improve access to prevention services for people who inject drugs, a population for whom progress remains threatened by the nation's opioid and stimulant epidemics.

Building on lessons learned and progress made during the past decades, the United States now has the opportunity to end the HIV epidemic. The federal actions detailed in this Implementation Plan outline how we get there. This opportunity has been made possible by tireless advocacy, determined research, and dedicated delivery of diagnostic, prevention, care, treatment, and supportive services. Federal agencies, state, local, and tribal governments, community-based organizations (CBOs), and other stakeholders must share in the responsibility of executing and implementing the Strategy.

KEY ROLES IN IMPLEMENTING THE NHAS

FEDERAL PARTNERS

OFFICE OF NATIONAL AIDS POLICY

ONAP, in consultation with the Office of Management and Budget, is responsible for setting the Administration's domestic HIV priorities and monitoring implementation of the NHAS. Departments will prepare and submit annual progress reports to ONAP. This information, along with data on the Strategy's indicators, will be submitted to the President as the Strategy's annual report. In this way, the Implementation Plan will be used as a framework to monitor implementation of the Strategy and the indicators will be used to chart progress. Taken together, these will be primary ways to ensure accountability across the federal government.

ONAP will convene the Federal Implementation Workgroup (see Appendix A) on a regular basis to foster collaboration across the Administration. ONAP will also continue to highlight important issues by convening meetings at the White House, virtually, and in communities across the United States, and by working with federal and nonfederal partners. Recognizing the role of substance use in HIV prevention and care strategies, ONAP will engage with the Office of National Drug Control Policy, as appropriate, to ensure broad and coordinated approaches and to support federal efforts that span the interests of both Offices.

FEDERAL DEPARTMENTS

Although the Strategy will require a government-wide effort in order to succeed fully, certain agencies have primary responsibilities and competencies in its implementation. As part of their ongoing commitment to end the HIV epidemic in the United States, 10 federal departments have committed to serve on the Federal Interagency Workgroup. The Workgroup will meet regularly to coordinate activities within and across departments and agencies, identify opportunities to better align and accelerate federal efforts, apply lessons learned from epidemiological data and research findings, monitor progress toward the indicator targets, course correct as needed, and report on national progress. As scientific, medical, and public health advances emerge or challenges arise, the Workgroup will confer and develop additional innovative actions to complement the existing Strategy and Implementation Plan.

HHS OFFICE OF THE ASSISTANT SECRETARY FOR HEALTH

Implementation of the Strategy requires continued coordination and collaboration within and across agencies and among federal, state, tribal, and local governments. Central to this coordination is OASH, which will be responsible for

- coordinating operational and programmatic activities for the Strategy within HHS;
- coordinating HIV-related programs with other federal departments;
- establishing regular cross-departmental meetings to coordinate program planning and administration of HIV-related programs and activities; and
- working with health departments, nongovernmental organizations, and other stakeholders to address challenges and opportunities related to Strategy implementation.

Within OASH, OIDP will play a lead role in supporting the implementation of the Strategy by working with ONAP to forge collaborations across HHS and with other federal departments and external stakeholders. In addition, from 2022 to 2025, OIDP will regularly convene a Syndemic Steering Committee, composed of federal leadership with a stake in the intersections of HIV, STIs, viral hepatitis, substance use disorders, mental health, and the social and structural determinants of health that facilitate the clustering of these conditions, and charged with identifying opportunities for cross-departmental collaboration to address these syndemics.

The Strategy and HHS' *Ending the HIV Epidemic in the U.S.* (EHE) initiative are closely aligned and complementary. They have the common goal of reducing new HIV transmissions in the United States by 75% by 2025 and by 90% by 2030. The Strategy is the broader, overarching national plan that extends across many federal departments and encompasses the entire nation. The EHE initiative is a leading equity-driven component of the work by HHS—in collaboration with state, tribal, territorial, and local partners—to implement the Strategy particularly in those jurisdictions with disproportionate levels of HIV. Several of the action items included in this implementation plan reflect EHE activities. Similarly, the NHAS and *Healthy People 2030* are aligned, with the same 2030 goal of reducing new HIV Infections by 90% from a 2017 baseline.

PRESIDENTIAL ADVISORY COUNCIL ON HIV/AIDS

The Presidential Advisory Council on HIV/AIDS will provide, on an ongoing basis, recommendations for effective implementation of the NHAS, as well as monitor progress of its implementation. During at least one of its meetings, the Council will review the progress of federal agencies and nonfederal stakeholders in implementing the NHAS.

NONFEDERAL PARTNERS

Each community and stakeholder brings unique assets and perspectives that play a critical role in preventing and responding to HIV. Over the past several years, many states and localities have engaged in community-wide efforts to develop their own plans to end the HIV epidemic. Stakeholders from all sectors of society are encouraged to use this Strategy to engage with others and build or update their own roadmap to reduce HIV transmission, improve outcomes for people with HIV, and end the HIV epidemic among the populations and communities they serve. Stakeholders should consider adopting the vision and goals of the Strategy; pursuing the objectives and implementing the strategies relevant to their role(s), populations served, and community circumstances; and identifying opportunities to adopt and use the Strategy's indicators and targets to measure their own progress. In doing so, communities and stakeholders can apply other evidence-based strategies that are appropriate for responding to HIV in their area and use all available data to identify where their resources and effort will have the most impact. A data-driven strategy will help stakeholders focus efforts and efficiently and effectively use available resources. Integrating HIV testing, prevention, care, and treatment efforts with other components of the syndemic is also strongly encouraged.

PROGRESS INDICATORS

The actions detailed in this Federal Implementation Plan are ultimately intended to help move the NHAS Indicators of Progress in the right directions.

The NHAS adopted bold targets for ending the HIV epidemic in the United States by 2030, calling for a 75% reduction in new HIV infections by 2025 and a 90% reduction by 2030. Its goals, objectives, and strategies focus on achieving national targets set for 2025, setting the stage to ultimately end the HIV epidemic by 2030.

The NHAS sets forth indicators for measuring progress and quantitative targets to be achieved by 2025 for each indicator. It originally detailed nine[3] core indicators, one of which is stratified to measure progress in addressing HIV disparities in the priority populations (i.e., disparities 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 13.2%.

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%.

Indicator 6a: Increase viral suppression among MSM diagnosed with HIV to 95% from a 2017 baseline of 66.1%.

Indicator 6b: Increase viral suppression among Black MSM diagnosed with HIV to 95% from a 2017 baseline of 58.4%.

Indicator 6c: Increase viral suppression among Latino MSM diagnosed with HIV to 95% from a 2017 baseline of 64.9%.

Indicator 6d: Increase viral suppression among American Indian/Alaska Native MSM diagnosed with HIV to 95% from a 2017 baseline of 67.3%.

Indicator 6e: Increase viral suppression among Black women diagnosed with HIV to 95% from a 2017 baseline of 59.3%.

Indicator 6f: Increase viral suppression among transgender women in HIV medical care to 95% from a 2017 baseline of 80.5%.

Indicator 6g: Increase viral suppression among people who inject drugs diagnosed with HIV to 95% from a 2017 baseline of 54.9%.

Indicator 6h: Increase viral suppression among youth aged 13-24 diagnosed with HIV to 95% from a 2017 baseline of 57.1%.

[3] One of the original indicators, focused on reducing homelessness among people with HIV, is being modified and incorporated in a new measure focused on reducing unstable housing or homelessness among people with HIV and will be reported with the new group of indicators related to quality of life for people with HIV. Therefore, that indicator does not appear in the list below and will no longer be reported as a single indicator.

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: Increase the median percentage of secondary schools that implement at least 4 out of 7 LGBTQ-supportive[4] policies and practices to 65% from a 2018 baseline of 59.8%.

ADDITIONAL INDICATORS FOCUSED ON QUALITY OF LIFE AMONG PEOPLE WITH HIV

In addition, the NHAS committed to developing an additional indicator on quality of life for people with HIV. ONAP convened and tasked a subgroup of the Federal Interagency Workgroup with identifying options for and recommending data sources, measures, and targets for this new indicator. This subgroup included representatives of six agencies from two federal departments and was co-chaired by subject matter experts from the Centers for Disease Control and Prevention and the Health Resources and Services Administration.

To inform its work, the indicator workgroup conferred across agencies, engaged with community members, reviewed common measures of quality of life, and considered features of available federally funded datasets including current availability, timeliness, representativeness, and ability to provide annual estimates for measures among people with HIV. As a result of this process, ONAP has adopted the workgroup's recommendation for additional indicators in more than one domain to reflect the reality that quality of life is a multi-dimensional concept. In addition to the core indicators listed above, the NHAS now includes five additional indicators of progress focused on quality of life among people with HIV that consider physical health, mental/emotional health, and structural/subsistence issues:

Indicator 9: Increase the proportion of people with diagnosed HIV who report good or better health to 95% from a 2018 baseline of 71.5%.

Indicator 10: Decrease by 50% the proportion of people with diagnosed HIV who report an unmet need for services from a mental health professional from a 2017 baseline of 24.2%.

Indicator 11: Decrease by 50% the proportion of people with diagnosed HIV who report ever being hungry and not eating because there wasn't enough money for food from a 2017 baseline of 21.1%.

Indicator 12: Decrease by 50% the proportion of people with diagnosed HIV who report being out of work from a 2017 baseline of 14.9%.

Indicator 13: Decrease by 50% the proportion of people with diagnosed HIV who report being unstably housed or homeless from a 2018 baseline of 21.0%.

Specifications for each new quality-of-life indicator and a discussion of the indicator workgroup's process are included in Appendix B.

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[4] The NHAS authors made a concerted effort to use inclusive and person-first language throughout the Strategy. The Strategy most often used the inclusive term LGBTQI+ when referring to the lesbian, gay, bisexual, transgender, queer, and intersex communities. In this NHAS Federal Implementation Plan, that term continues to be used, though there are some variations on that usage which are intentional and based on factors such a particular agency's data collection or program targeting, or that are otherwise necessary to accurately reflect the language used in an agency's relevant program, policy, or funding.

ACTIONS

The tables that follow list specific actions by the participating federal agencies, organized by the Strategy's goals, objectives, and strategies. The timeframe indicates the fiscal years in which the action begins and ends within the context of the Strategy (2022–2025). Actions that started before fiscal year 2022 or extend beyond fiscal year 2025 only list the years within this timeframe. The actions are ordered chronologically below each strategy, but the order beyond that does not reflect any relative priority or importance. When more than one agency will collaborate on an action, the acronym for the lead agency is listed first in bold, followed by the partner agencies in alphabetical order (see Appendix C for a listing of all acronyms used throughout this document). The actions are described as succinctly as possible. Many actions support more than one strategy; however, most are presented only under the strategy with which they most closely align.

These actions are intended to inform and guide research, policy development, program planning, and service delivery for federal and nonfederal stakeholders. The Implementation Plan does not document every HIV action that each engaged federal agency will undertake between 2022–2025, nor does it in any way limit agencies in evolving these actions or initiating new ones as opportunities arise. In addition, the Implementation Plan is not a budget document and does not imply approval for any specific action under Executive Order 12866 or the Paperwork Reduction Act. All activities included in this document are subject to budgetary constraints and other approvals, including the weighing of priorities and available resources by the Administration in formulating its annual budget and by Congress in legislating appropriations. Finally, our current experience with the COVID-19 pandemic reinforces the need for some degree of flexibility and nimbleness to address emerging challenges to our public health needs through innovation and possible re-prioritization of our actions.

GOAL 1: PREVENT NEW HIV INFECTIONS

Objective 1.1: Increase awareness of HIV

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

Action	Agency	Timeframe
Continue to implement interventions, testing, education, and training on the prevention of transmission of HIV infection as described in DOD Instruction (DODI) 6485.01, "Human Immunodeficiency Virus (HIV) in Military Service Members," Defense Health Agency (DHA) - Procedural Instruction (PI) 6025.29, "Provision of Human Immunodeficiency Virus (HIV) Pre-Exposure Prophylaxis (PrEP) for Persons at High Risk of Acquiring HIV Infection," and DHA-PI 6485.01, "Guidance for the Identification, Treatment, and Care of Human Immunodeficiency Virus (HIV) among Persons Infected with HIV."	DOD	2022

Action	Agency	Timeframe
Produce and distribute public-facing educational campaigns aimed at early detection and treatment of HIV and related syndemic work for both community and clinicians.	IHS	2022-2025
Collaborate between DOI/BIE, IHS, CDC/DASH, and other agencies as appropriate to identify opportunities to incorporate medically accurate, developmentally appropriate, affirming, culturally relevant HIV prevention and comprehensive sexuality education into BIE-funded schools and Tribal Colleges and Universities.	**DOI**, CDC, IHS	2022-2025
Expand implementation of the *Let's Stop HIV Together* campaign to reduce stigma and increase uptake of HIV prevention, testing, and treatment. Amplify this campaign through the Partnering and Communicating Together (PACT) partnerships and clinical and community ambassadors.	CDC	2022-2025
Encourage schools to implement quality, culturally sensitive, and age-appropriate sexual health education in a funded program model through CDC/DASH.	**CDC**, ED	2022-2025
Distribute HIV prevention information to people who administer and people who receive HUD-assisted housing programs.	**CDC**, HUD	2022-2025
Produce and distribute public-facing educational campaigns aimed at raising awareness, early detection, and treatment of HIV for both community and clinicians.	VA	2022-2025
Provide health education, risk assessment, and screening for pregnant women served by HRSA's Healthy Start grant program to improve early diagnosis and treatment for HIV.	HRSA	2022-2025
Encourage SAMHSA's Minority AIDS Initiative (MAI) grant recipients to implement outreach strategies that effectively reach the populations in need of these services to inform individuals of available behavioral health services, HIV and hepatitis primary care, and prevention services.	SAMHSA	2022-2025
Support the National Coalition for Sexual Health to promote a wellness framework (comprehensive sexual health including HIV testing) to the public through the development of resources and materials and their promotion through the media and to specific target audiences such as health care providers with clinical tools and support.	CDC	2022-2025

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

Action	Agency	Timeframe
Implement teleECHO clinics for the IHS/Tribal/Urban health workforce to address HIV prevention.	IHS	2022-2025
Support the National Network of STD Prevention Training Centers to increase the sexual and reproductive health knowledge and skills of health professionals, including provider education on HIV prevention services.	CDC	2022-2025
Fund and support health departments and CBOs in the implementation of HIV prevention programming, including efforts to increase knowledge of HIV among people, communities, and the health workforce, and focused on geographic areas disproportionately affected by HIV.	CDC	2022-2025
Increase awareness of the *Let's Stop HIV Together* campaign across CDC and other agencies as a ready-to-use, easy-to-adapt campaign to integrate into national- and local-level efforts to diagnose, prevent, treat, and respond to HIV. Disseminate *Let's Stop HIV Together* campaign materials to consumers and providers to stop stigma and to promote HIV testing, prevention, and treatment.	CDC	2022-2025
Continue outreach efforts related to HIV non-discrimination, with a particular focus on southern states and other communities with high rates of HIV.	DOJ	2022-2025
Increase knowledge of HIV such as providing education regarding alternative HIV prevention practices and health education programs to prevent the transmission of HIV.	DOD	2022-2025
Produce and distribute public-facing educational campaigns aimed at raising awareness, early detection, and treatment of HIV for both communities and clinicians.	VA	2022-2025
Collaborate between HRSA/HAB and HRSA/BPHC to fund targeted awards for HIV testing and linkage for entities in communities most impacted by HIV through the Health Center Program and Ryan White HIV/AIDS Program (RWHAP) Part C.	HRSA	2022-2025

Strategy 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, as well as in primary care and general wellness, and as part of annual reproductive health visits and wellness visits.

Action	Agency	Timeframe
Work with other agencies to encourage incorporation of non-discrimination messaging into existing campaigns and educational materials pertaining to other parts of the syndemic, such as STIs, viral hepatitis, and substance use and mental health disorders, as well as in primary care and general wellness.	**DOJ**, ACL, CDC, DOL, HHS/OCR, HRSA, HUD, SAMHSA, VA	2022-2025
Develop policy support documents and technical assistance (TA) materials for educators serving American Indian/Alaskan Native populations to support local-level delivery of age-appropriate HIV and STI prevention education.	IHS	2022-2025
Create an inmate disease education program within the federal Bureau of Prisons (BOP) to include chronic infectious diseases and preventive health through internal communication networks.	**DOJ**, CDC	2022-2025
Broaden messaging and behavior change communication to providers and consumers to focus beyond just HIV, including sexual health, mental health, and substance use; expand resources specifically addressing STIs, viral hepatitis, and substance use; and work closely with other branches and divisions to integrate more syndemic language into the *Let's Stop HIV Together* campaign efforts.	CDC	2022-2025
Continue to screen for individuals at risk for acquiring HIV during annual periodic health assessments and primary care visits and provide clinical evaluations and preventive medicine counseling.	DOD	2022-2025
Conduct targeted educational campaigns toward women's health, intimate partner violence (IPV), LGBTQ+ populations, and academic detailing to address gaps in HIV services among existing programs.	VA	2022-2025
Integrate HIV messaging into existing social media campaigns and other activities pertaining to other parts of the syndemic, such as STIs, viral hepatitis, and substance use and mental health disorders.	SAMHSA	2022-2025

Objective 1.2: Increase knowledge of HIV status

Strategy 1.2.1 Test all people for HIV according to the most current USPSTF recommendations and CDC guidelines.

Action	Agency	Timeframe
Continue to screen all U.S. military service members for laboratory evidence of HIV infection.	DOD	2022
Offer HIV testing to at least 95% of all incarcerated persons in BOP through automation of opt-out testing ordered on intake.	DOJ	2022-2025
Improve and monitor HIV screening efforts using internal IHS data (i.e., Government Performance and Results Act).	IHS	2022-2025
Use evidence-based and innovative strategies to market and deliver 100,000 direct-to-consumer HIV self-tests to priority populations in the United States or Puerto Rico at no charge for program participants in 2022. Distribute at least 175,000 tests annually over 5 years.	CDC	2022-2025
Fund and support health departments and CBOs in the implementation of HIV prevention programming in their communities, including efforts to test all people for HIV according to the most current U.S. Preventive Services Task Force (USPSTF) recommendation and CDC guidelines.	CDC	2022-2025
Conduct HIV testing for all participants in the prevention program and treat all individuals who test positive for HIV.	SAMHSA	2022-2025

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

Action	Agency	Timeframe
Expand the existing HIV self-test distribution program to distribute at least 175,000 tests per year to persons disproportionately affected by HIV in the United States. This includes effectively marketing the program to priority populations in key EHE jurisdictions.	CDC	2022-2025
Fund implementation science and demonstration projects to develop effective, evidence-based, or evidence-informed models for HIV testing that improve convenience and access. This could include projects on self-testing, HIV testing in nontraditional or non-clinical settings (syringe services programs [SSPs], etc.), and implementing status-neutral approaches.	CDC	2022-2025

Action	Agency	Timeframe
Fund and support health departments and CBOs in the implementation of HIV prevention programming in their communities, including developing new and expanding implementation of effective, evidence-based, or evidence-informed models for HIV testing that improve convenience and access.	CDC	2022-2025
Share findings of evidence-based, evidence-informed models for HIV testing through VA Affinity group meetings and disseminate best models through national communications and publications to other partners.	VA	2022-2025

Strategy 1.2.3 Incorporate a status-neutral approach to HIV testing, offering linkage to prevention services for people who test negative and immediate linkage to HIV care and treatment for those who test positive.

Action	Agency	Timeframe
Continue to screen and treat all U.S. military service members for laboratory evidence of HIV infection and provide Infectious Disease Specialists or other qualified HIV providers to manage U.S. military service and beneficiaries with HIV.	DOD	2022
Develop and conduct new training for the implementation of a status-neutral approach to HIV testing and linkage to prevention, treatment, and care services. Provide tailored TA to address challenges in local implementation.	CDC	2022-2024
Strengthen the infrastructure of STD specialty clinics serving a high proportion of racial, ethnic, and sexual and gender minorities to integrate HIV services using a status-neutral approach (EHE investment).	CDC	2022-2025
Fund organizations to work in transgender clinics and partner with CBOs serving the transgender community to develop community-to-clinic models for integrated status-neutral HIV prevention and care services.	CDC	2022-2025
Offer HIV testing to every Veteran enrolled in care with the Veterans Health Administration (VHA) at least once in their lifetime and more often based on risk factors. Educate about pre-exposure prophylaxis (PrEP) and rapid start antiretroviral treatment (ART, e.g., HIV Test and Treat).	VA	2023-2025

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

Action	Agency	Timeframe
Support expanded partner services in STD specialty clinics for patients who are diagnosed with HIV, syphilis, rectal gonorrhea, and chlamydia and their sexual partners. Fund and support health departments and CBOs in the implementation of partner services.	CDC	2022-2025
Establish a VA workgroup to examine the expansion of services to non-beneficiaries and partners of VA benefit recipients, including STI treatment to non-VA partners.	VA	2022-2025

Objective 1.3: Expand and improve implementation of safe, effective prevention interventions, including treatment as prevention, PrEP, PEP, and SSPs, and develop new options

Strategy 1.3.1 Engage people who experience risk for HIV in traditional public health and health care delivery systems, as well as in nontraditional community settings.

Action	Agency	Timeframe
Fund and support health departments and CBOs in the implementation of status-neutral HIV prevention programming in their communities, including engaging people in traditional public health and health care delivery systems and in nontraditional community settings who experience risk for HIV.	CDC	2022
Create an electronic health record template for pre-release risk assessments across the BOP and offer PrEP to any person who requests it or has a risk factor prior to release.	DOJ	2022-2024
Develop a dashboard to evaluate PrEP implementation in the BOP.	DOJ	2022-2024
Collaborate with Public Health Nursing and Community Health Representative programs to expand use of Native-developed, culturally and age-appropriate school health curriculums such as Native Stand, Healthy Native Youth, and other modules.	IHS	2022-2025
Support through DOI/BIA, in collaboration with IHS and CDC/DHP, a review and possible refinement of pre-release HIV risk assessment for all individuals in custody of a BIA-managed detention facility; and, prior to release, offer PrEP to any person who has a risk factor or who requests it and link them to a provider in the community for ongoing prevention care.	**DOI**, CDC, IHS	2022-2025

Action	Agency	Timeframe
Conduct a demonstration project with support from the HHS Minority HIV/AIDS Fund to expand the reach of HIV/STI diagnosis and prevention services, including PrEP and rapid point-of-care testing for STIs, for disproportionately affected communities by incorporating Retail Health Clinics into existing networks of HIV/STI care services.	**CDC**, OASH	2022-2025
Continue to screen for individuals at increased risk for acquiring HIV during annual periodic health assessments and primary care visits and provide resources and counseling associated with PrEP for individuals at high risk per DOD policy.	DOD	2022-2025
Conduct outreach to racial and ethnic minorities at risk for HIV infection to get them into care and treatment services, including HIV testing in traditional and nontraditional settings such as parks, bars, and shelters. Also conduct outreach via opioid treatment programs, substance use prevention and treatment programs, community mental health centers, and community-based behavioral health clinics. Make referrals for support services as necessary.	SAMHSA	2022-2025
Fund through SAMHSA/CSAP community-based substance use prevention programs, SSPs, and other harm reduction services, including provision of HIV, STI, and viral hepatitis education and screening.	**SAMHSA**, CDC	2022-2025
Support grant programs that reduce HIV/STI risk for LGBTQ+ youth through evidence-based behavioral health screening and treatment, case management, and peer support services; increase the availability, accessibility, and utilization of culturally appropriate, woman-centered, and trauma-informed substance use disorders/co-occurring disorders treatment services and HIV/hepatitis screening and testing for Latina or African American women experiencing IPV among other services.	SAMHSA	2022-2025
Engage with community partners to expand beyond the traditional health care settings such as homeless shelters to provide HIV prevention services.	VA	2022-2025

Strategy 1.3.2 Scale-up treatment as prevention (i.e., U=U) by diagnosing all people with HIV, as early as possible, and engaging them in care and treatment to achieve and maintain viral suppression.

Action	Agency	Timeframe
Fund and support health departments and CBOs in the implementation of HIV prevention programming in their communities, including scaling up treatment as prevention (i.e., U=U) efforts by diagnosing all people with HIV, as early as possible, and rapidly engaging them in care and treatment to achieve and maintain viral suppression.	CDC	2022-2025

Action	Agency	Timeframe
Continue to screen all Service members for laboratory evidence of HIV infection and rapidly link those who test positive to medical care/ treatment to achieve viral suppression.	DOD	2022-2025
Organize affinity groups to increase HIV testing and viral suppression rates.	VA	2022-2025
Continue ongoing monitoring of HIV screening coverage and improvement via standardized national measures and implement teleECHO clinics for IHS/Tribal/Urban health workforce to address HIV prevention.	IHS	2022-2025

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

Action	Agency	Timeframe
Distribute community and provider education on PEP and PrEP, including the dissemination of toolkits for reducing barriers to medication access.	IHS	2022
Supplement three STD specialty clinics to pilot the expansion of field-based sexual health services provided by disease intervention specialists (DIS) to contacts initiated for partner services to increase access to and uptake of same-day HIV treatment and PrEP.	CDC	2022
Fund and support health departments and CBOs in the implementation of HIV prevention programming in their communities, including making HIV prevention services (e.g., condoms, PrEP, PEP, and SSPs) easier to access and supporting their continued use.	CDC	2022
Continue collaboration between HRSA/HAB and HRSA/BPHC through the RWHAP AIDS Education and Training Center Programs and health centers to support implementation or integration of PrEP services.	HRSA	2022
Continue to enable access to HIV prevention services such as providing education regarding HIV prevention practices (e.g., condom use), access to PrEP medications at all medical treatment facilities, and training opportunities for primary care providers to improve knowledge on prescribing PrEP.	DOD	2022-2025
Organize affinity groups to increase HIV testing, SSPs, and viral suppression rates.	VA	2022-2025
Support grant recipients in conducting outreach activities to disseminate HIV, viral hepatitis, STI prevention, and PrEP messaging; select potential testing locations; distribute prevention materials; and link clients to HIV prevention, treatment, and primary care services.	SAMHSA	2022-2025

Action	Agency	Timeframe
Continue to support the expansion of therapeutics for the prevention of HIV infection. Through all stages of drug development, FDA provides valuable advice to facilitate the advancement of new safe and effective products. FDA reviews available data to assess the benefits and risks for products and to determine whether products meet the regulatory safety and effectiveness standards for approval. For approved products, FDA independently continues to review any new data and update product labeling, when warranted.	FDA	2022-2025

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

Action	Agency	Timeframe
Increase capacity of sexually transmitted disease (STD) specialty clinics to provide culturally sensitive HIV preventive clinical services and linkage to HIV medical care.	CDC	2022-2023
Develop and conduct new regional communities of practice and TA to support the status-neutral, gender-affirming delivery of HIV testing, prevention, treatment, and care services for transgender persons.	**CDC**, HRSA	2022-2023
Provide messaging and behavior change advice for the general public and priority populations that focuses on reducing HIV-related stigma and promoting HIV testing, prevention, and treatment, and that includes culturally appropriate and empowering messaging to reach disproportionately affected populations.	CDC	2022-2025
Continue to implement elements of an optimal HIV PrEP program such as including clinic staff and providers who can provide HIV PrEP adherence and risk reduction counseling and who are culturally competent to provide care to LGBTQI+ patients.	DOD	2022-2025
Work with national and local leaders for input and consensus building to extend reach of HIV prevention services to underserved and LGBTQI+ communities within VHA and VHA community partners.	VA	2022-2025
Require all SAMHSA grantees that target the syndemics of HIV, viral hepatitis, substance use, and mental health disorders to provide culturally informed, evidence-based treatment and practices for individuals with substance use disorders, mental health disorders, or co-occurring disorders that are trauma-informed, recovery-oriented, and culturally appropriate.	SAMHSA	2022-2025
Implement SAMHSA's Strategic Prevention Framework for delivering culturally competent and linguistically appropriate services to target populations.	SAMHSA	2022-2025

Action	Agency	Timeframe
Distribute information showing data for the HIV care continuum among American Indian/Alaska Native people to IHS employees and the public to assist communities with identifying local-level priorities for HIV care needs and tailoring services accordingly.	**IHS**, CDC	2023-2025

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

Action	Agency	Timeframe
Continue to support DOD HIV research including the U.S. Military HIV Research Program.	DOD	2022-2024
Establish a prevention confidence team to identify psychosocial constructs related to prevention behaviors and identify movable middle populations.	CDC	2022-2025
Conduct preclinical research to advance clinical development of novel PrEP regimens that better address user desirability and maximize adherence including ultra-long-acting, on-demand, and multipurpose HIV/STI prevention products.	**CDC**, USAID	2022-2025
Support ongoing research on novel HIV prevention strategies for key populations disproportionately impacted by HIV such as racial/ethnic minority populations, sexual and gender minority populations, young people, people with alcohol and/or substance use disorders and/or mental health disorders, and people in regions with the highest HIV rates.	NIH	2022-2025
Refine existing data tools such as STI and PrEP dashboards to target populations in an equitable manner.	VA	2023-2025

Strategy 1.3.6 Expand implementation research to successfully adapt evidence-based interventions to local environments to maximize potential for uptake and sustainability.

Action	Agency	Timeframe
Develop a new toolkit to support the implementation of TelePrEP and provide tailored TA to address challenges in implementing TelePrEP.	CDC	2022-2024
Develop and conduct a new training for implementation of SSPs. Provide tailored TA to address challenges in implementing local SSPs.	CDC	2022-2025
Support implementation and demonstration projects that leverage existing modalities such as VA Video Connect to expand HIV prevention services to underserved Veterans.	VA	2022-2025

Action	Agency	Timeframe
Conduct implementation research to develop strategies to translate evidence-based prevention interventions into real-world settings to sustainably promote uptake among priority populations and localities with disproportionate HIV burden.	NIH	2022-2025

Objective 1.4: Increase the diversity and capacity of health care delivery systems, community health, public health, and the health workforce to prevent and diagnose HIV

Strategy 1.4.1 Provide resources, incentives, training, and technical assistance to expand workforce and systems capacity to provide or link clients to culturally competent, linguistically appropriate, and accessible HIV testing, prevention, and supportive services especially in areas with shortages that are geographic, population, or facility based.

Action	Agency	Timeframe
Require recipients of SAMSHA/CSAP grants to administer HIV testing on site and in nontraditional settings, including mobile units with annual reporting.	SAMHSA	2022
Conclude and share findings from a study on HIV testing linkage to treatment and prevention services across the Title X Family Program, along with STI screening, to identify factors associated with successful screening efforts, existing barriers to or missed opportunities for screenings, TA and training necessary for expanding screenings, and other factors essential to a clinic's decision-making around expanding screenings and offering/linking to prevention and treatment services. Based on results, explore possible opportunities to support clinics to move to the next level of providing PrEP and PEP in their service areas, based on funding and grantee interest.	**OASH**, CDC	2022-2023
Award supplemental funding to HRSA-supported health centers to expand HIV prevention with a focus on PrEP prescribing, as well as testing, treatment, outreach, and care coordination in the EHE initiative's defined priority areas.	HRSA	2022-2023
Provide specialized training and TA through Primary Care Associations and National Training and Technical Assistance Partners to health centers with needs regarding HIV PrEP, patient serostatus awareness, and data integration and collection of EHE indicators in areas with the highest HIV burden.	HRSA	2022-2024
Supplement the National Network of Prevention Training Centers to strengthen the clinical/laboratory infrastructure and health delivery systems of STD specialty clinics serving a high proportion of racial, ethnic, and sexual and gender minority populations in EHE Phase I jurisdictions to scale up and enhance culturally competent and linguistically appropriate HIV and STI prevention services.	**CDC**, OASH	2022-2025

Action	Agency	Timeframe
Develop a comprehensive toolkit tailored for local implementation of rapid HIV testing and initiation of HIV treatment or PrEP. Develop protocols, training materials, and evaluation metrics that can be used by other sites to develop their own contextually relevant rapid ART models.	CDC	2022-2025
Partner with HUD to identify and disseminate best practices and expand local coordination in HIV clusters and outbreaks where homelessness or unstable housing is an identified factor.	**CDC**, HRSA, HUD	2022-2025
Allow grant recipients funded under specific notices of funding opportunity to expend grant funds to provide training/workforce development to help staff or other providers address community mental health or substance abuse issues or provide effective services consistent with the purpose of the grant program.	SAMHSA	2022-2025
Enhance IHS provider workforce HIV services capacity by implementing teleECHO clinics for the IHS/Tribal/Urban health workforce to address HIV prevention, offering a teleconsultation line with academic partners, and providing onsite preceptorship program with a teaching hospital.	IHS	2022-2025
Provide training through the National Network of Disease Intervention Training Centers (NNDITC) to develop and enhance HIV and STI prevention knowledge and skills of DIS and other public health staff providing disease intervention services to racial, ethnic, and sexual and gender minority populations in EHE Phase I jurisdictions.	CDC	2024-2025

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

Action	Agency	Timeframe
Support DIS and DIS-related training and retention, including hiring and training a diverse workforce who are representative of, and have language competence for, the local communities they serve (DIS Workforce Development Funding).	CDC	2022
Provide educational support to health care professional, undergraduate, and graduate programs throughout the United States in their efforts to expand and diversify the HIV provider workforce through the RWHAP AIDS Education and Training Center National HIV Curriculum program.	HRSA	2022-2025

Action	Agency	Timeframe
Continue to support SAMHSA's Minority Fellowship Program (MFP), which aims to reduce health disparities and improve behavioral health care outcomes for racial and ethnic populations. MFP fellowships are open to people pursuing master's or doctoral degrees in various fields of behavioral health. Through seven national behavioral health organizations selected by Congress to administer the program, some 200 MFP fellows are awarded educational scholarships and receive training each year under the program.	SAMHSA	2022-2025

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

Action	Agency	Timeframe
Support capacity of STD programs to enhance disease intervention services provided by DIS to people diagnosed with and exposed to HIV to increase access to and uptake of same-day HIV treatment, PrEP, and PEP.	CDC	2022-2025
Support MAI grant recipients to provide peer support services for individuals with mental health disorders or co-occurring disorders.	SAMHSA	2022-2025
Develop community health representative, community health worker, community health aide, and healthtech workforce's ability to discuss HIV. Create flip charts for use for both HIV and PrEP.	IHS	2022-2025
Provide training through the NNDITC to develop and enhance knowledge and skills of the DIS workforce in providing HIV preventive services and linkage to HIV medical care.	CDC	2024

Strategy 1.4.4 Include comprehensive sexual health and substance use prevention and treatment information in curricula of medical and other health workforce education and training programs.

Action	Agency	Timeframe
Integrate comprehensive sexual health and substance use prevention and treatment information in curriculum of trainings provided by the NNDITC to develop and enhance knowledge and skills of DIS and other public health staff providing HIV and STI prevention services.	CDC	2022-2024
Develop and conduct a new training for local DIS titled "Principles, Practices and Pathways to Disease Intervention."	CDC	2022-2025

Action	Agency	Timeframe
Produce educational toolkits and other resources to the VA workforce and share resources with the VA HIV Affinity Group Program, national conference reviews, and national VHA provider webinars.	VA	2022-2025
Integrate sexual health and substance use prevention teleECHOs with NHAS goals and objectives.	IHS	2022-2025

GOAL 2: IMPROVE HIV-RELATED HEALTH OUTCOMES OF PEOPLE WITH HIV

Objective 2.1: Link people to care immediately after diagnosis and provide low-barrier access to HIV treatment

Strategy 2.1.1 Provide same-day or rapid (within 7 days) start of antiretroviral therapy for persons who are able to take it; increase linkage to HIV health care within 30 days for all persons that test positive for HIV.

Action	Agency	Timeframe
Ensure that Veterans diagnosed with HIV are connected to care as soon as possible (within 30 days). Develop, maintain, and enhance functionality of data tools (dashboards, cubes) to assist with tracking performance and support populations health-based clinical care.	VA	2022-2023
Develop a new toolkit to highlight how health departments and CBOs can support rapid start ART across a variety of models and a toolkit for organizations to implement TelePrEP.	CDC	2022-2024
Increase knowledge and skill of DIS staff to link clients to HIV medical care (either clients newly diagnosed or clients with HIV and not in care found through STD outreach) through high-quality, standardized training provided by the NNDITC.	CDC	2022-2024
Increase capacity of EHE-funded STD specialty clinics to offer same-day or rapid (within 7 days) start ART in the clinic.	CDC	2022-2025
Fund and support health departments and CBOs in implementation of HIV prevention programming in their communities, including providing same-day or rapid (within 7 days) start of ART therapy for persons who can take it and increasing linkage to HIV health care within 30 days for all persons who test positive for HIV.	CDC	2022-2025
Continue to provide a pathway for HIV prevention services, including HIV PrEP and PEP, as well as access to health care and the opportunity for rapid initiation of ART for persons with diagnosed HIV.	DOD	2022-2025

Action	Agency	Timeframe
Fund initiatives to support the implementation and evaluation of rapid start programs that accelerate entry into HIV medical care and rapid initiation of ART for people with HIV who are newly diagnosed, new to care, or out of care.	HRSA	2022-2025

Strategy 2.1.2 Increase the number of schools providing on-site, age-appropriate, sexual health services through school-based health centers and school nurses, and linkages to HIV testing and medical care through youth-friendly providers in the community.

Action	Agency	Timeframe
Fund local education agencies to expand age-appropriate, onsite sexual health services to include HIV/STI testing and referrals to youth-friendly providers in each jurisdiction/district.	CDC	2022-2025

Objective 2.2: Identify, engage, or reengage people with HIV who are not in care or not virally suppressed

Strategy 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.

Action	Agency	Timeframe
Strengthen ability of STD specialty clinics to identify patients who are not virally suppressed and facilitate linkage to or re-engagement in HIV medical care.	CDC	2022-2025
Support close coordination and collaboration between CDC-funded HIV and STD surveillance and prevention programs operating in their project areas.	CDC	2022-2025
Work with health departments to increase and implement data-to-care activities.	CDC	2022-2025
Address on-demand individualized clinical questions from any health care professional on ART selection and best practices for initiating (or re-initiating) immediate/rapid ART for persons with HIV, and share information on best practices regarding linkage to HIV care after diagnosis through the RWHAP AIDS Education and Training Center Program's National Clinician Consultation Center.	HRSA	2022-2025
Support research using real-time prescription and insurance claims data, among other data sources, to support HIV care continuum outcomes and facilitate dissemination findings into practice to accelerate HIV service delivery.	NIH	2022-2025

Action	Agency	Timeframe
Utilize data integration approaches with cohort and surveillance data to support adolescents/young adults with perinatal HIV to inform HIV prevention and treatment resources.	NIH	2022-2025
Expand BOP Pharmacy Clinical Consultants roles to telehealth and charting directly into the medical record to enable efficient and timely interventions.	DOJ	2023-2025

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

Action	Agency	Timeframe
Launch and support rollout of public awareness campaign focused on the health and prevention benefits of sustained HIV care and viral suppression.	**OIDP**, ODPHP, OMH, OPA	2022-2023
Engage VA affinity groups of providers to identify and address barriers to HIV testing and care, as well as offering PrEP and other harm reduction interventions to Veterans at high risk of acquiring HIV and engage Veterans who have fallen out of care.	VA	2022-2023
Provide TA to facilitate and accelerate the implementation of recent guidance to RWHAP recipients on determining and confirming RWHAP eligibility in a manner that avoids unnecessary interruptions in medical care and prescription drug coverage and that reduces client and administrative burden.	HRSA	2022-2024
Disseminate models of innovative service delivery that have grown out of the EHE initiative and provide TA and systems coordination to jurisdictions HRSA-funded in order to maximize the success in developing, implementing, coordinating, and integrating strategies, interventions, approaches, and core medical and support services to link and re-engage people with HIV who are not in care or virally suppressed.	HRSA	2022-2025
Support syndemics (synergistic epidemic) research approaches to uncover the role of social-behavioral, economic, and environmental factors in the development and/or exacerbation of HIV-associated comorbidities, coinfections, and complications.	NIH	2022-2025
Support ongoing research to determine novel strategies to improve HIV care engagement and re-engagement, including among priority populations such as racial/ethnic minority populations, sexual and gender minority populations, young people, people with alcohol and/or substance use and/or mental health disorders, and people in regions with the highest HIV rates.	NIH	2022-2025

Action	Agency	Timeframe
Participate in ongoing communication with PEPFAR and other collaborators to identify service delivery and research gaps for re-engagement in HIV care.	NIH	2022-2025
Fund and support health departments and CBOs in the implementation of HIV prevention programming in their communities, including identifying and addressing barriers for people who have never engaged in care or who have fallen out of care.	CDC	2022-2025
Analyze data from the Medical Monitoring Project (MMP), a nationally representative surveillance system conducted annually by 16 states, Puerto Rico, and 6 cities, to understand barriers to and disparities in care in people with HIV and to identify potential solutions and resource needs.	**CDC**, HRSA	2022-2025

Objective 2.3: Increase retention in care and adherence to HIV treatment to achieve and maintain long-term viral suppression and provide integrative HIV services for HIV-associated comorbidities, coinfections, and complications, including STIs

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

Action	Agency	Timeframe
Build the capacity of providers in the provision of HIV prevention, care, and treatment using *Let's Stop HIV Together* for Clinicians HIV Nexus website.	CDC	2022-2025

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

Action	Agency	Timeframe
Actively engage with federal partners and with tribal entities at the regional, state, and local levels on calculating and disseminating data pertaining to American Indian/Alaska Native populations on HIV incidence and prevalence, linkage to care, representation in the AIDS Drug Assistance Program, and other related metrics with bearing on access to HIV care. Use these data to inform development and implementation of effective interventions along the HIV care continuum.	IHS	2022-2025
Fund and support health departments and CBOs in the implementation of HIV prevention programming in their communities, including developing and implementing effective, evidence-based, or evidence-informed interventions and supportive services that improve retention in care.	CDC	2022-2025

Action	Agency	Timeframe
Develop, implement, and evaluate effective, sustainable, and replicable program models and trainings that support continuity of HIV medical care for people with HIV.	CDC	2022-2025
Continue to enable consistent provision of standards-based care for beneficiaries with HIV per DHA-PI 6485.01, working toward goals of ensuring high clinical standards for HIV treatment and prevention, aligning clinical care policy and procedures across the military Services, and harmonizing administrative processes and procedures related to care of Service members with HIV.	DOD	2022-2025
Call on affinity groups to develop and implement effective local/regional models of care. Pilot use of telehealth hubs to improve HIV care and increase PrEP uptake in areas with highest incidence of HIV infection to include rural settings and design strategies for shifting operational control to individual Veterans Integrated Service Networks.	VA	2022-2025
Support the coordination, dissemination, and replication of innovative HIV care strategies through the development and dissemination of implementation tools and resources, peer-to-peer TA, and resources from innovative interventions and strategies that will assist HIV primary care providers and CBOs to address needs and gaps in the delivery of HIV care and treatment.	HRSA	2022-2025

Strategy 2.3.3 Expand implementation research to successfully adapt effective evidence-based interventions such as HIV telemedicine, accessible pharmacy services, community health workers, and others, to local environments to facilitate uptake and retention to priority populations.

Action	Agency	Timeframe
Develop a new toolkit to support the implementation of TelePrEP.	CDC	2022-2024
Design, implement, and evaluate tailored implementation strategies for rapid HIV testing and linkage to HIV treatment and PrEP and identify mechanisms for implementation of evidence-based rapid ART initiation.	CDC	2022-2025
Support demonstration projects that leverage existing data tools such as the HIV Data cube to strengthen the care continuum across VA using telehealth technologies.	VA	2022-2025
Identify and maximize the use of telehealth strategies that are most effective in improving linkage to care, retention in care, and health outcomes, including viral suppression, for people with HIV who receive services through the RWHAP.	HRSA	2022-2025
Expand implementation research to successfully adapt effective evidence-based interventions to include pharmacy-based interventions, harm reduction interventions, integrated services for people with opioid use disorder and HIV, and community health worker–led services.	NIH	2022-2025

Action	Agency	Timeframe
Fund Peer Recovery Support Services (PRSS) for MAI grantees. PRSS are designed and delivered by individuals who have lived experience with substance use disorders and recovery, as well as who are living with HIV/AIDS and taking ART and are adherent to their treatment or individuals who are HIV-negative but have lived experience with HIV prevention methodologies such as taking or have taken PrEP or other HIV risk reduction behaviors.	SAMHSA	2022-2025
Continue partnership between National Institute on Drug Abuse and National Institute of Mental Health in an initiative, "Implementation Research in HRSA Ryan White Sites: Screening and Treatment for Mental and Substance Use Disorders to Further the National Ending the HIV Epidemic Goals" to inform implementation strategies in real-world settings, including in HIV community-based organizations that are essential to HIV care.	HRSA, NIH	2022-2025

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

Action	Agency	Timeframe
Conduct implementation research on telehealth strategies to support retention in care and treatment among people on ART or PrEP.	CDC	2022-2025
Implement National HIV Behavioral Surveillance in 20 U.S. cities with high burden of new HIV diagnoses. Conduct rotating annual surveillance and HIV testing focused on MSM, people who inject drugs, transgender people, and heterosexually active men and women with a total target sample size of 10,000 interviews and HIV tests per year.	CDC	2022-2025
Use data from the MMP to understand barriers to and disparities in care in people with HIV and to identify potential solutions and resource needs.	**CDC**, HRSA	2022-2025
Continue to support DOD HIV research including the U.S. Military HIV Research Program.	DOD	2022-2025

Objective 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

Strategy 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 especially in areas with shortages that are geographic, population, or facility based.

Action	Agency	Timeframe
Develop and conduct new regional communities of practice and TA to support the status-neutral, gender-affirming delivery of HIV testing, prevention, treatment, and care services for transgender persons.	CDC	2022-2023

Action	Agency	Timeframe
Continue to implement elements of an optimal HIV PrEP program as described in DHA-PI 6025.29, such as including clinic staff and providers who can provide HIV PrEP adherence and risk reduction counseling and who are culturally competent to provide care to patients in the LBGT community.	DOD	2022-2023
Provide HIV oral health care and provider education and clinical training to RWHAP Part F Community-Based Dental Partnership Programs, especially to those practicing in community-based settings, to care for persons with HIV.	HRSA	2022-2023
Ensure that MAI grantees are availing themselves of the availability to spend up to 15% of grant awards to provide training/workforce development to help staff or other providers to address community mental health or substance abuse issues or provide effective services consistent with the purpose of the grant program.	SAMHSA	2022-2023
Expand capacity of physicians (and other health care providers) through expert consultation with monthly virtual teleECHO clinics and provide customized and ongoing in-person and virtual training for physicians and members of their teams to support them in delivering HIV care.	IHS	2022-2024
Scale up HIV treatment capacity throughout IHS, tribal, and urban Indian health systems via virtual clinical trainings, telehealth clinics, and teleconsultation support. Continue development of algorithm to see where people stand in HIV care.	IHS	2022-2024
Continue ECHO initiative on providing transgender and gender-affirming care in IHS clinics and facilities.	IHS	2022-2024
Provide funding, programmatic oversight, TA, and performance monitoring for the Capacity Building Assistance Provider Network to develop, deliver, and market national training, regional TA, and the National Learning Community for HIV CBO Leadership.	CDC	2022-2024
Initiate a RWHAP Part D Community of Practice to increase the delivery of evidenced-informed, emerging interventions and best practices that enhance client outcomes, increase the skill level of the HIV workforce providing care and treatment to women, infants, children, and youth, and involve partner collaboration for dissemination of best practices.	HRSA	2022-2025
Continue partnership between HRSA/HAB and HRSA/BHW to disseminate TA tools and resources to address provider burnout and promote provider resiliency by disseminating education materials and evidence-informed or evidence-based strategies to RWHAP providers, recipients, and stakeholders.	HRSA	2022-2025

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

Action	Agency	Timeframe
Fund and support health departments and CBOs in the implementation of HIV prevention programming in their communities, including increasing the diversity of the workforce of providers who deliver HIV care and supportive services.	CDC	2022-2025
Increase the number of Native providers in the health care system and the number of Native non-licensed paraprofessionals in HIV prevention and linkage to care.	IHS	2022-2025

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

Action	Agency	Timeframe
Implement national certification for the DIS workforce to validate the knowledge, skills, and abilities of DIS. Improve public health services provided to communities by DIS through a high-quality, standardized approach to the professional development of this workforce.	CDC	2022-2025
Support grant recipients funded under the MAI program to include peer recovery support services as part of the bundle of services offered to clients. Examples of peer recovery support services include peer mentors, recovery coaches, or recovery support specialists.	SAMHSA	2022-2025
Collaborate with paraprofessionals to support HIV care with education, home visits, and other case management support through the Healthtech program in Navajo Nation. Train community health representatives/aides on PrEP and HIV care navigation.	IHS	2022-2025

Objective 2.5: Expand capacity to provide whole-person care to older adults with HIV and long-term survivors

Strategy 2.5.1 Identify, implement, and evaluate models of care that meet the needs of people with HIV who are aging and ensure quality of care across services.

Action	Agency	Timeframe
Assess the current capacity of the aging network to serve older adults with HIV/AIDS and report on identified areas for enhancement and improvement.	ACL	2022

Action	Agency	Timeframe
Identify opportunities to strengthen the capacity of the aging services network to meet the needs of older adults with HIV/AIDS through coordination across its multiple TA resource centers.	ACL	2022-2025
Continue to provide Disease Prevention and Health Promotion Programs to support people aging with HIV.	ACL	2022-2025
Fund RWHAP Special Projects of National Significance to implement, evaluate, and disseminate emerging strategies that comprehensively screen and manage comorbidities, geriatric conditions, behavioral health, and psychosocial needs of people 50 years and older with HIV.	HRSA	2022-2025

Strategy 2.5.2 Identify and implement best practices related to addressing psychosocial and behavioral health needs of older people with HIV and long-term survivors including substance use treatment and programs designed to decrease social isolation.

Action	Agency	Timeframe
Assist states in the implementation of the 2021 State Plan Guidance provisions related to equity and older adults with HIV.	ACL	2022-2025
Work with VA HIV affinity groups to identify, collect, and disseminate information about implementation strategies to highlight promising practices and to scale these practices for people with HIV.	VA	2022-2025
Conduct and report on meta-analyses and modeling research to measure the effectiveness of interventions focused on the socio-behavioral health needs and long-term survival of people with HIV.	**NIH**, VA	2022-2025

Strategy 2.5.3 Increase HIV awareness, capability, and collaboration of service providers to support older people with HIV, including in settings such as aging services, senior housing, substance use treatment, and disability and other medical services.

Action	Agency	Timeframe
Adapt and distribute HIV educational materials for older adults developed by CDC and HRSA for use by HUD housing providers.	HUD	2022-2023
Identify opportunities to strengthen the capacity of the aging services network to meet the needs of older adults with HIV/AIDS through coordination across multiple TA resource centers.	ACL	2022-2025
Produce and distribute public-facing educational campaigns aimed at raising awareness about aging and HIV in VA health care settings.	VA	2022-2025

Action	Agency	Timeframe
Provide TA to RWHAP providers through the Access, Care, and Engagement Technical Assistance Center to provide education and training on Medicare eligibility pathways for people with HIV.	HRSA	2022-2025

Strategy 2.5.4 Promote research, cross-agency collaborations, and sharing of research discoveries that address specific aging-related conditions in people with HIV, and other comorbidities and coinfections that can impact people with HIV of all ages.

Action	Agency	Timeframe
Continue to work through the DOD HIV/AIDS Prevention Program, implementing the President's Emergency Plan For AIDS Relief (PEPFAR) in coordination with the Department of State, U.S. Agency for International Development, HHS, and the Peace Corps to stop the spread of the AIDS virus and reach sustainable epidemic control of the HIV/AIDS epidemic.	DOD	2022-2025
Promote research, cross-agency collaborations, and sharing of research discoveries specific to HIV and aging.	NIH	2022-2025
Support the publication of select HIV Clinical Guidelines related to HIV across the lifespan.	NIH	2022-2025
Support data repositories, conduct analyses, and expand information dissemination efforts across NIH-funded HIV and aging research related to aging, comorbidities, and coinfections to monitor the coverage of this topic within the research portfolios of NIH Institutes, Centers, and Offices.	NIH	2022-2025
Support ongoing information and specimen repositories, cohort data and dissemination platforms to promote the sharing of HIV research, including populations with substance use disorders, HIV-related comorbidities, and aging-related health conditions.	NIH	2022-2025
Continue collaboration between VA and NIH on the Veteran's Aging Cohort Study, which studies Veterans over the age of 50 with HIV and compares health outcomes to Veterans without HIV as a control group to better define the HIV-related and HIV-unrelated morbidity in aging populations with HIV.	VA	2022-2025

Strategy 2.5.5 Develop and optimize collaborative multi-agency and multi-sectoral approaches and strategies to address emergent and evolving challenges facing people living with HIV at various life stages.

Action	Agency	Timeframe
Continue partnership between HRSA and ACL to increase awareness of, and coordination among, federal and state services that improve the psychosocial and health outcomes of older adults who are aging with HIV in the RWHAP and ACL aging services network.	**HRSA**, ACL	2022-2024
Collaborate among ACL, CDC, HRSA, NIH, and SAMHSA to develop and monitor indicators to measure quality of life for people with HIV in the NHAS.	ACL, CDC, HRSA, NIH, SAMHSA	2022-2025

Objective 2.6: Advance the development of next-generation HIV therapies and accelerate research for HIV cure

Strategy 2.6.1 Promote research and encourage public-private partnerships to accelerate new therapies to achieve sustained viral suppression and to address drug toxicity, viral resistance, adherence, and retention in care and stigma associated with ART use.

Action	Agency	Timeframe
Support research on the various forms of stigma and their impact on HIV prevention and treatment, especially among priority populations.	NIH	2022-2025
Continue support for research through the clinical trials networks focused on HIV therapeutics including long-acting injectables, broadly neutralizing antibodies, tri-specific antibodies, subdermal implants, drug resistance, medication side effects; evaluate point-of-care modalities for determination of viral load and ARV-level testing to monitor and support treatment adherence.	NIH	2022-2025
Continue to support the expansion of therapeutics for the treatment of HIV, including HIV cure. Through all stages of drug development, FDA independently provides valuable advice to facilitate the advancement of new safe and effective products. FDA independently reviews available data to assess the benefits and risks for products and to determine whether products meet the regulatory safety and effectiveness standards for approval. For approved products, FDA continues to review any new data and update product labeling, when warranted.	FDA	2022-2025

Strategy 2.6.2 Increase investment in innovative basic and clinical research to inform and accelerate a research agenda to discover how to sustain viral suppression, achieve ART-free remission, reduce and eliminate viral reservoirs, and achieve HIV cure.

Action	Agency	Timeframe
Invest in innovative basic and clinical research to achieve an HIV cure, including development of in vivo delivery of gene therapeutics and biologics for sustained HIV remission to achieve sustained viral suppression, and reduce and eliminate viral reservoirs, and achieve an HIV cure.	NIH	2022-2024
Support research on sex differences in HIV latency and impact on the immune system.	NIH	2022-2025
Develop protocols and identify models to advance the use of long-acting injectable ART in the RWHAP to maximize health outcomes and mitigate disparities among people with HIV.	HRSA	2022-2025

GOAL 3: REDUCE HIV-RELATED DISPARITIES AND HEALTH INEQUITIES

Objective 3.1: Reduce HIV-related stigma and discrimination

Strategy 3.1.1 Promote compliance with civil rights laws (including language access services and disability rights), promote reform of 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, substance use, and sexism.

Action	Agency	Timeframe
Lead the HHS implementation of EO 13988: Preventing and Combating Discrimination on the Basis of Gender Identity or Sexual Orientation; and revise the HHS/OCR Complaint and Assurance of Compliance Forms.	HHS/OCR	2022-2024
Continue to implement federal laws prohibiting employment discrimination on the basis of a person's race, color, religion, sex (including pregnancy, gender identity, and sexual orientation), national origin, age (40 and older), disability, or genetic information, including discrimination associated with HIV status.	EEOC	2022-2024
Reach and educate more stakeholders about the employment nondiscrimination rights of applicants and employees with HIV/AIDS by translating into additional languages the agency's technical assistance publications on HIV/AIDS protections under Title I of the ADA.	EEOC	2022-2024
Engage in continuing outreach and education presentations regarding rights and responsibilities under Title I of the ADA.	EEOC	2022-2024

Action	Agency	Timeframe
Improve language access services through the translation of documents and materials related to race, color, national origin, age, disability, sex (including pregnancy, sexual orientation, and gender identity) discrimination and harassment; the provision of in-person and telephonic interpreter services; and the distribution of program information and public outreach materials in other languages.	ED/OCR, HHS/OCR	2022-2024
Develop research to understand HIV stigma in the American Indian/Alaska Native community.	**IHS**, NIH	2022-2024
Track, assess, and publish data on statutes used to criminalize HIV exposure in the 50 states, District of Columbia, and Puerto Rico, and their alignment with current scientific evidence on HIV prevention, treatment, and transmission, with a focus on those within state and local criminal justice systems, legislative systems, and law enforcement.	CDC	2022-2025
Work with partners to develop and disseminate a tool for policymakers to assess intersections of their HIV criminalization and data privacy laws to determine alignment with science.	CDC	2022-2025
Continue robust enforcement of all civil rights laws over which DOJ/CRD has jurisdiction, including those that protect people from violence, retaliation, and discrimination associated with HIV status, homophobia, transphobia, xenophobia, racism, substance use, and sexism.	DOJ	2022-2025
Improve health care access and reduce HIV-related stigma and discrimination in the U.S. health care system. HHS/OCR is also engaged in rulemaking efforts to implement Section 504 of the Rehabilitation Act, which prohibits discrimination on the basis of disability (including HIV) in programs or activities receiving federal financial assistance, and Section 1557 of the Affordable Care Act, which prohibits discrimination on the basis of race, color, national origin, disability, age, and sex in covered health programs or activities.	**HHS/OCR**, DOJ	2022-2025

Strategy 3.1.2 Ensure that health care professionals and front-line staff complete education and training on stigma, discrimination, and unrecognized bias toward populations with or who experience risk for HIV, including LGBTQ people, immigrants, people who use drugs, and people involved in sex work.

Action	Agency	Timeframe
Work on reduction of paraphernalia laws and increase in drug user health access.	IHS	2022
Provide training to RWHAP recipients to facilitate and accelerate the implementation of recent guidance that outlines how the RWHAP can be used to provide gender-affirming care to address the unique care and treatment needs of people with HIV.	HRSA	2022-2023
Develop new resources to address stigma and promote inclusive HIV prevention, treatment, and care among health care providers.	CDC	2022-2025
Develop a presentation for use in BOP training programs on stigma and effective communication.	DOJ	2022-2025

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

Action	Agency	Timeframe
Develop an anti-stigmatization campaign based on stigma survey research.	IHS	2022-2023
Develop a training and TA program to reduce stigmatization of people with HIV on multiple levels throughout the health care delivery system, including on an individual client level, which focuses on implementing various stigma-reducing approaches with an emphasis on cultural humility.	HRSA	2022-2024
Reach the general public and priority populations with communication messages and tools that are focused on reducing stigmatization and basic HIV education and awareness; support partnership outreach efforts to extend the reach of the *Let's Stop HIV Together* campaign.	CDC	2022-2025
Conclude the HIV Challenge to identify innovative and practical community-generated approaches to engaging and mobilizing communities to reduce HIV stigmatization and disparities and increase prevention and treatment among racial and ethnic minority communities. Support successful participants in disseminating their approaches, share lessons learned in conducting the challenge, and explore opportunities to adapt the approach for other priority HIV topics or audiences, funding permitting.	OIDP	2022-2025

Action	Agency	Timeframe
Distribute a plain language, user-friendly fact sheet on HIV discrimination under the ADA at applicable conferences and other outreach opportunities, in both English and Spanish. Encourage other federal agencies to disseminate the fact sheet through their networks, websites, and other relevant outlets.	**DOJ**, ACL, CDC, DOL, HHS/OCR, HRSA, HUD, SAMHSA, VA	2022-2025
Continue to improve online resources and TA documents pertaining to HIV discrimination that are provided through DOJ webpages and ensure that they are culturally competent, linguistically appropriate, and accessible. Encourage widespread dissemination and copying of those resources.	DOJ	2022-2025
Identify and share successful strategies for community engagement in planning, development, and implementation of HIV care and treatment strategies among RWHAP and EHE initiative recipients.	HRSA	2022-2025

Strategy 3.1.4 Ensure resources are focused on the communities and populations where the need is greatest, including Black, Latino, and American Indian/Alaska Native and other people of color, particularly those who are also gay and bisexual men, transgender people, people who use substances, sex workers, and immigrants.

Action	Agency	Timeframe
Develop stigma reduction messaging for American Indian/Alaskan Native men who have sex with men to promote and increase participation, access, and treatment for HIV, STI, hepatitis C virus (HCV), and substance use disorders. IHS will emphasize inclusion of Native men who have sex with men populations in the design and dissemination of educational and prevention materials.	**SAMHSA**, IHS, NIH	2022-2024
Fund and support health departments and CBOs in the implementation of HIV prevention programming in their communities, including ensuring resources are focused on the communities and populations where the need is greatest in the community.	CDC	2022-2025
Provide data to CDC, HRSA, and HUD for funding allocation. Use health disparity measures, equity distribution index/social vulnerability index, and factors for special consideration to address health disparities.	CDC	2022-2025
Co-create outreach and engagement strategies with existing collaborators (tribal health boards, IHS National Committee on Heroin, Opioids and Pain Efforts, and others) to increase participation in, and access to treatment for American Indian/Alaska Native people at risk for HIV, as well as STIs, HCV, and substance use disorders.	IHS	2022-2025

Action	Agency	Timeframe
Create Notices of Funding Opportunity that target the syndemic of HIV, viral hepatitis, mental illness, and substance use disorders and provide additional points for applicants in EHE priority jurisdictions.	SAMHSA	2022-2025
Encourage each SAMHSA grant recipient to submit a Disparity Impact Statement, which ensures that SAMHSA grants are inclusive of underserved racial and ethnic minority populations in their services, infrastructure, prevention, and training grants. The Statement creates a structured checkpoint in discussions between grant recipients and SAMHSA staff. By tracking grant progress toward meeting the goals set in the Statement, SAMHSA staff can determine what quality improvement responses are necessary to better serve underserved subpopulations.	SAMHSA	2022-2025
Create Notices of Funding Opportunities that target the syndemic of HIV, viral hepatitis, mental illness, and substance use disorders that reserve grant awards set aside for American Indian/Alaskan Native tribes and tribal organizations.	**SAMHSA**, IHS, NIH	2022-2025

Strategy 3.1.5 Create funding opportunities that specifically address social and structural drivers of health as they relate to communities and persons experiencing most risk, including Black, Latino, and American Indian/Alaska Native and other people of color.

Action	Agency	Timeframe
Support new and innovative observational and interventional HIV-centered research on factors associated with substance use disorders, alcohol use disorder, mental health disorders and other co-occurring conditions experienced by communities heavily impacted by HIV.	NIH	2022-2025
Support mentored, community-based research projects co-led by trainees, who may belong to underrepresented minority populations, to engage in HIV science and to help develop pathways for successful careers in science and medicine through partnerships with Historically Black Colleges and Universities and other Minority-Serving Institutions.	NIH	2022-2025
Stimulate new observational and intervention research on structural factors, episodic and long-term substance use with associated behavioral and biological risks, organizational practices, policies, and other influences that lead to inequities among racial/ethnic underserved populations affected by persistent HIV disparities.	NIH	2022-2025
Produce the Stigma and Discrimination Toolkit to form a collection of theories, models, frameworks, measures, methods, and interventions that can be applied across populations and conditions to help reduce the impact of stigma and discrimination.	NIH	2022-2025

Action	Agency	Timeframe
Support HIV-related projects on health inequities among women of color in the United States.	NIH	2022-2025
Fund CBOs to deliver HIV prevention activities for communities heavily impacted by HIV, including young gay and bisexual men of color and transgender people of color.	CDC	2022-2025
Provide training and TA to support CDC-funded activities with health departments and CBOs on implementation of interventions and strategies for communities heavily impacted by HIV.	CDC	2022-2025
Create systems and programs that address social and structural drivers of HIV through EHE Funding Opportunities.	IHS	2022-2025

Objective 3.2: Reduce disparities in new HIV infections, in knowledge of status, and along the HIV care continuum

Strategy 3.2.1 Increase awareness of HIV-related disparities through data collection, analysis, and dissemination of findings.

Action	Agency	Timeframe
Integrate social determinants of health into HIV-related data reports.	VA	2022-2024
Continue to support several ongoing projects involving HIV research data repositories and dissemination.	NIH	2022-2025
Support several platforms through various data repositories and other mechanisms to disseminate HIV research findings relevant to populations disproportionately impacted by HIV.	NIH	2022-2025
Conduct analyses of scientific literature, surveillance data, and other national datasets to develop and publish manuscripts addressing social and structural barriers related to HIV and the goals of the EHE initiative.	CDC	2022-2025
Implement the CDC/DHP Equity Plan, which addresses a range of activities including, but not limited to (1) integrating health equity data measurements into the HIV surveillance systems, (2) conducting modeling analysis to identify strategies for reducing racial/ethnic disparities, (3) updating health equity communication content, and (4) adopting a priority populations list.	CDC	2022-2025
Use data from the MMP, a nationally representative surveillance system conducted annually by 16 states, Puerto Rico, and 6 cities, to understand barriers to and disparities in care in people with HIV and to identify potential solutions and resource needs.	CDC	2022-2025

Action	Agency	Timeframe
Provide regularly updated HIV testing and HIV continuum of care reports at the national, Veterans Integrated Services Network, and facility levels, with data organized by gender, race, and ethnicity.	VA	2022-2025
Maintain and update VHA's national HIV database, accessible to all VHA employees.	VA	2022-2025

Strategy 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.

Action	Agency	Timeframe
Adapt a facilitation manual to work with low-adopting sites in the geographic South of the United States to increase PrEP prescribing with a focus on reaching historically underserved populations and improving equity of prescribing and outreach. Four VA Medical Centers will receive 6 months of intensive intervention through this project.	VA	2022
Disseminate evidence-informed interventions that reduce HIV-related health disparities and improve health outcomes, including increasing retention in care, improving treatment adherence, and improving viral suppression among transgender women and Black men who have sex with men who have HIV.	HRSA	2022-2024
Implement evidence-based strategies in high-risk communities that address the risk factors of the targeted population.	SAMHSA	2022-2024
Support and expand research in NIH-funded institutions and research centers to enhance the implementation science knowledge base needed for EHE, particularly for communities disproportionately impacted by HIV.	NIH	2022-2025
Conduct research for the development of effective solutions through principle-driven behavioral and biomedical interventions, programs, or practices for priority populations that experience disparities.	NIH	2022-2025
Partner with early-career investigators to address pertinent implementation science and research questions related to HIV prevention and care services in disproportionately impacted communities.	CDC	2022-2025
Continue the standards-based clinical management of HIV to optimize care for Service members with HIV, prevent secondary transmission, and reduce variability in the provision of clinical care for HIV in the Military Health System according to DOD policies.	DOD	2022-2025

Objective 3.3: Engage, employ, and provide public leadership opportunities at all levels for people with or who experience risk for HIV

Strategy 3.3.1 Create and promote public leadership opportunities for people with or who experience risk for HIV.

Action	Agency	Timeframe
Support leadership development and enhance community engagement for people with HIV in health care planning and programs, while focusing on improving organizational readiness and strengthening the capacity of RWHAP recipients to employ people with HIV.	HRSA	2022-2024
Conduct the National Learning Community for HIV CBO Leadership. This distance-learning program helps program managers at CDC-funded CBOs improve the quality of their HIV prevention programs and the sustainability of their organizations and includes expert instruction, mentoring, resource sharing, and peer-to-peer learning and support for managing people, programs, and organizations.	CDC	2022-2025
Support community leaders and clinicians (i.e., Community and Clinical Ambassadors) who represent and/or serve communities disproportionately impacted by HIV.	CDC	2022-2025
Partner with IHS to ensure engagement of American Indian/Alaska Native participation in leadership development and stigma-related TA.	**HRSA**, IHS	2022-2025
Undertake efforts to ensure racial and LGBTQ+ equity in access to Housing Opportunities for Persons With AIDS housing and services.	HUD	2022-2025
Incentivize communities using points when establishing the score on a Notice of Funding Opportunity to appropriately address inequities to achieve positive service and housing outcomes for Black, Indigenous, Hispanic (non-white), and LGBTQ+ individuals and increase engagement of people with lived experience in program planning.	HUD	2022-2025
Increase the number of Equal Access Rule and Fair Housing Act trainings to Office of Special Needs housing programs to increase safety and inclusive housing for Black, Indigenous, Hispanic (non-white), and LGBT individuals.	HUD	2022-2025
Hire Peers as outreach workers and evaluators on federally funded HIV programs to conduct case management and follow-up activities in high-risk communities.	SAMHSA	2022-2025

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

Action	Agency	Timeframe
Support organizations in the implementation of status-neutral HIV prevention programming	CDC	2022-2025
Partner with service delivery agencies and programs (e.g., CDC, HRSA, SAMHSA, DOL, VA, ACL, and Social Security Administration) to inform those agencies' staff and grant recipients about federal civil rights protections for people with HIV.	**DOJ**, ACL, CDC, DOL, HRSA, HUD, SAMHSA, VA	2022-2025

Objective 3.4: Address social determinants of health and co-occurring conditions that impede access to HIV services and exacerbate HIV-related disparities

Strategy 3.4.1 Develop whole-person systems of care and wellness that address co-occurring conditions for people with or who experience risk for HIV.

Action	Agency	Timeframe
Implement a new system of care focused on whole health.	VA	2022
Fund and support health departments and CBOs in the implementation of HIV prevention programming in their communities, including developing whole-person systems of care and wellness that address co-occurring conditions for people with or who experience risk for HIV.	CDC	2022-2025
Continue the clinical management of HIV to optimize care for Service members with HIV, prevent secondary transmission, and reduce variability in the provision of clinical care for HIV in the Military Health System according to DHA-PI 6485.01.	DOD	2022-2025
Fund states, cities, and CBOs to provide access to a comprehensive system of care that includes targeted HIV testing and linkage to care and treatment services in order to continue to drive improvements in health outcomes and quality of life among people with HIV.	HRSA	2022-2025

Strategy 3.4.2 Adopt policies that reduce cost, payment, and coverage barriers to improve the delivery and receipt of services for people with or who experience risk for HIV.

Action	Agency	Timeframe
Partner with HUD and CDC to explore opportunities to expand HIV education, testing, and training to address stigma and other access barriers for people at risk for and with HIV in HUD-assisted housing.	**HRSA**, CDC, HUD	2022

Action	Agency	Timeframe
Take steps to promote food and nutrition security, dismantle access barriers, and reduce nutrition disparities that negatively impact health for LGBTQI+ people. Equitable and consistent access to safe, healthy, affordable food is essential to optimal health and well-being. USDA will share information related to any related policy and/or program changes with federal partners working to implement the NHAS.	USDA	2022
Fund and support health departments and CBOs in the implementation of HIV prevention programming in their communities, including adopting and evaluating policies that reduce cost, payment, coverage, and/or access barriers to improve the delivery and receipt of services for people with or who experience risk for HIV.	CDC	2022-2025

Strategy 3.4.3 Improve screening and linkage to services for people with or who experience risk for HIV who are diagnosed with and/or are receiving services for co-occurring conditions.

Action	Agency	Timeframe
Fund and support health departments and CBOs in the implementation of HIV prevention programming in their communities, including improving screening and linkage to services for people with or who experience risk for HIV who are diagnosed with and/or are receiving services for co-occurring conditions.	CDC	2022-2025
Incorporate HIV testing and PrEP into SSPs to improve linkage for people who inject drugs.	**VA**, SAMHSA	2022-2025
Pursue opportunities to integrate consideration of HIV prevention, care, and common comorbidities/co-occurring conditions in ongoing work to improve preventive health services access, address social determinants of health and a whole-of-government federal plan for equitable long-term recovery and resilience that is aligned with the Seven Vital Conditions for Health and Well-Being framework. Promote alignment of the *Healthy People 2030* HIV and related objectives and resources with the NHAS.	OASH	2022-2025
Support grant recipients that serve people with or who experience risk for HIV who are diagnosed with and/or are receiving services for co-occurring conditions such as mental disorders or substance use disorders to ensure that clients are tested for HIV and receive linkage to prevention or treatment services as appropriate.	SAMHSA	2022-2025

Strategy 3.4.4 Develop and implement effective, evidence-based and evidence-informed interventions that address social and structural determinants of health among people with or who experience risk for HIV including 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.

Action	Agency	Timeframe
Coordinate on a targeted initiative for youth in HUD-assisted housing programs to increase access to age-appropriate information regarding HIV, STI, and unplanned pregnancy prevention tools and to resources to increase participants' (1) awareness of personal risk and prevention options and (2) motivation for and skills to implement prevention behaviors.	**HUD**, CDC	2022
Partner to identify best practices and explore opportunities to expand HIV education and training around trauma-informed practices to address stigma and other access barriers for people with HIV and priority populations seeking HUD-assisted housing.	**HUD**, CDC, HRSA, SAMHSA	2022
Review and update DOL's Job Accommodation Network (AskJAN) resource "Accommodation and Compliance Series: Employees with Human Immunodeficiency Virus (HIV)." Explore opportunities to update and align other information on the AskJAN website and raise awareness of this resource via a blog post.	DOL	2022-2023
Fund and support health departments and CBOs in the implementation of HIV prevention programming in their communities, including developing and implementing effective, evidence-based and evidence-informed interventions that address social and structural determinants of health among people with or who experience risk for HIV.	CDC	2022-2025
Expand local coordination in HIV clusters and outbreaks where social and structural determinants of health are identified factors, including homelessness or unstable housing.	CDC	2022-2025
Promote compliance with disability discrimination law to address stigma in public health and health care systems, benefits administration, housing, transportation, and corrections.	DOJ	2022-2025
Continue to support research on approaches to address socio-structural determinants of HIV and delineate how factors such as substance use, food insecurity, housing, stigma, discrimination, involvement with the justice system, and medical misinformation impact health and HIV outcomes.	NIH	2022-2025
Address HIV stigmatization by implementing information and training strategies, utilizing interagency partners' curriculum under development. This work will include adapting materials to target public housing agencies and public child welfare agencies.	HUD	2022-2025
Increase opportunities for subject matter experts to provide feedback on Office of Special Needs guidance and supporting materials at every stage of planning and implementation.	HUD	2023-2025

Strategy 3.4.5 Increase the number of schools that have implemented age-appropriate LGBTQ-supportive policies and practices, including (1) having a Gay/Straight Alliance (GSA), Gender Sexuality Alliance, or similar clubs, (2) identifying safe spaces, (3) adopting policies expressly prohibiting discrimination and harassment based on sexual orientation or gender identity, (4) encouraging staff to attend professional development, (5) facilitating access to out-of-school health service providers, (6) facilitating access to out-of-school social and psychological service providers, and (7) providing LGBTQ-relevant curricula or supplementary materials.

Action	Agency	Timeframe
Encourage schools to foster safe, supportive school environments by adopting and implementing age-appropriate LGBTQ-inclusive policies and practices in funded program model through CDC/DASH.	CDC	2022-2025
Distribute DOJ's and ED/OCR's joint resource guide for students and families on confronting anti-LGBTQI+ harassment in schools at applicable conferences and other outreach opportunities. Encourage other federal agencies to disseminate the resource guide through their networks, websites, and other relevant outlets.	**DOJ**, ED/OCR	2022-2025
Continue robust enforcement of Title IX of the Education Amendments of 1972 and Title IV of the Civil Rights Act of 1964, which prohibit sex discrimination, as well as the ADA and other civil rights laws that protect LGBTQI+ students. Continue to investigate allegations of sex discrimination and harassment in schools, including policies and practices that discriminate against LGBTQI+ students.	**DOJ**, ED/OCR	2022-2025

Strategy 3.4.6 Develop new and scale up effective, evidence-based or evidence-informed interventions that address intersecting factors of HIV, homelessness or housing instability, mental health and violence, substance use, and gender especially among cis- and transgender women and gay and bisexual men.

Action	Agency	Timeframe
Support collaboration between housing, health care, and other critical NHAS partners to identify housing and service performance indicators that will allow for greater specificity in local and national homelessness planning and response efforts and the identification of effective strategies.	HUD	2022-2023
Fund and support health departments and CBOs in the implementation of HIV prevention programming in their communities, including developing new and scaling up effective, evidence-based or evidence-informed interventions that address intersecting factors of HIV, homelessness or housing instability, mental health and violence, substance use, and gender especially among cis- and transgender women and gay and bisexual men.	CDC	2022-2025

Action	Agency	Timeframe
Fund initiatives that address socio-cultural health determinants, expand the delivery and utilization of comprehensive HIV care and treatment services, support continuous engagement in care, and reduce disparities in health outcomes for Black women with HIV in a culturally sensitive and responsive manner.	HRSA	2022-2025
Establish partnerships that will co-create educational materials with NHAS partners that promote effective interventions to address the intersecting factors of HIV, homelessness or housing instability, mental health and violence, substance use, and gender.	HUD	2022-2025

Objective 3.5: Train and expand a diverse HIV workforce by further developing and promoting opportunities to support the next generation of HIV providers including healthcare workers, researchers, and community partners, particularly from underrepresented populations

Strategy 3.5.1 Promote the expansion of existing programs and initiatives designed to strengthen the network of non-white research and health professionals.

Action	Agency	Timeframe
Support internship opportunities for eligible undergraduate and graduate students enrolled in the CDC Undergraduate Public Health Scholars (CUPS) Program to increase student interest in minority health and other health professions and the Minority HIV/AIDS Research Initiative (MARI).	CDC	2022-2023
Continue to support highly meritorious HIV research conducted by investigators at research centers, including in Minority-Serving Institutions.	NIH	2022-2024
Support programs for early-career HIV investigators, including groups underrepresented in biomedical, behavioral, clinical, and social sciences research, in for scientific exchanges, networking, and collaborations to sustain and expand the HIV research workforce.	NIH	2022-2025

Strategy 3.5.2 Increase support for the implementation of mentoring programs for individuals who represent communities disproportionately impacted by HIV to expand the pool of HIV research and health professionals.

Action	Agency	Timeframe
Conduct the National Learning Community for HIV CBO Leadership. This distance-learning program, developed in response to input from CBOs, helps senior- and mid-level program managers at CDC-funded CBOs improve the quality of their HIV prevention programs and the sustainability of their organizations. The program includes expert instruction, mentoring, and resource sharing as well as peer-to-peer learning and support opportunities for managing people, programs, and organizations.	CDC	2022-2024

Action	Agency	Timeframe
Recruit, mentor, and train participants enrolled in the CDC HIV Prevention in Communities of Color Postdoctoral Fellowship program to conduct domestic HIV prevention research in communities disproportionately impacted by HIV.	CDC	2022-2025
Recruit and support community leaders and clinicians (i.e., Community and Clinical Ambassadors) who represent and/or serve communities disproportionately impacted by HIV.	CDC	2022-2025
Continue support for mentorship programs that provide multidisciplinary training, guidance, and funding to early-career investigators, including those from Historically Black Colleges and Universities and other Minority-Serving Institutions, who focus their research on high-priority HIV science.	NIH	2022-2025

Strategy 3.5.3 Encourage the implementation of effective recruitment of community partners through community-based participatory research and social networking approaches.

Action	Agency	Timeframe
Target training efforts of the RWHAP AIDS Education and Training Center in areas of high HIV incidence or areas identified as having a shortage of needed HIV care workforce.	HRSA	2022-2024
Ensure that the principles of community involvement are the foundation for all community engagement activities in NIH HIV research to facilitate community participation throughout the research process. Continue to promote the active engagement of community members and young adults in HIV research, including clinical trials networks, through community advisory boards and working groups.	NIH	2022-2025
Continue to conduct listening sessions and site visits, to increase engagement with community members from various backgrounds to inform HIV research priorities.	NIH	2022-2025
Provide resources that include information on effective community engagement strategies for research.	NIH	2022-2025
Develop an issue brief and disseminate findings to support rural organizations to effectively develop an integrated rural HIV health network to provide HIV care and treatment services to people with HIV.	HRSA	2022-2025

Objective 3.6: Advance HIV-related communications to achieve improved messaging and uptake, as well as to address misinformation and health care mistrust

Strategy 3.6.1 Develop and test strategies to promote accurate creation, dissemination, and uptake of information and to counter associated misinformation and disinformation.

Action	Agency	Timeframe
Support research that seeks to understand underlying mechanisms of misinformation and disinformation as well as develop interventions to counter misinformation of science.	NIH	2022-2025
Convene a CDC/DHP working group to direct strategies that increase confidence and stimulate demand for key prevention interventions.	CDC	2022-2025
Continue to implement interventions, testing, education, and training on the prevention of transmission of HIV infection as described in DODI 485.01, DHA-PI 6025.29, and DHA-PI 6485.01.	DOD	2022-2025

Strategy 3.6.2 Increase diversity and cultural competence in health communication research, training, and policy.

Action	Agency	Timeframe
Establish and sustain a fellowship program recruiting a diverse group of recent graduates to train in the areas of HIV communication research and implementation.	CDC	2022-2025

Strategy 3.6.3 Expand community engagement in health communication initiatives and research.

Action	Agency	Timeframe
Host community listening sessions and seek input from community partners (funded and unfunded) to build reciprocal channels of communication for development and dissemination of campaign resources and activities, with the goal of reducing health disparities and building self-and community-efficacy.	CDC	2022
Identify and support partners (e.g., Partnering and Communicating Together partners) and trusted leaders (i.e., Community and Clinical Ambassadors) who represent and/or serve African Americans, Latinos, LGBT individuals, and other communities disproportionately impacted by HIV to extend the reach of the *Let's Stop HIV Together* campaign and other HIV prevention messaging and resources.	CDC	2022-2025

Action	Agency	Timeframe
Conduct community engagement activities to directly engage RWHAP stakeholders, recipients, and nontraditional organizations in order to share key messages about HIV care and support and the RWHAP in order to better engage those out of care.	HRSA	2022-2025
Continue to provide updates to RWHAP grant recipients and stakeholders on program updates, new resources, federal policy updates, and grant recipient spotlights through the HAB You Heard webinar series.	HRSA	2022-2025

Strategy 3.6.4 Include critical analysis and health communication skills in HIV programs to provide participants with the tools to seek and identify accurate health information and to advocate for themselves and their communities.

Action	Agency	Timeframe
Provide TA and capacity-building assistance to partners (e.g., PACT) and trusted leaders (i.e., Community and Clinical Ambassadors) who represent and/or serve African Americans, Latinos, LGBT individuals, and other communities disproportionately impacted by HIV.	CDC	2022-2025

Strategy 3.6.5 Expand effective communication strategies between providers and consumers to build trust, optimize collaborative decision-making, and promote success of evidence-based prevention and treatment strategies.

Action	Agency	Timeframe
Continue to disseminate knowledge of HIV per DODI 6485.01, DHA-PI 6025.29, and DHA-PI 6485.01, such as providing education regarding alternative HIV prevention practices and health education programs to prevent the transmission of HIV.	DOD	2022-2023
Create and distribute resources for health care providers regarding taking sexual histories of patients in order to improve communications between providers and Veterans.	VA	2022-2024
Continue to plan and host the biennial National Ryan White Conference to deliver program and policy updates, share innovative models of care, and provide training and TA to RWHAP recipients; federal, national, state, and local stakeholders; health care and service delivery providers; and people with HIV.	HRSA	2022-2024
Provide publicly accessible HIV information, prevention and treatment resources, community engagement resources, clinical trial information, funding opportunities, clinical guidelines, and HIV research policy information.	NIH	2022-2025

Action	Agency	Timeframe
Provide partnerships with providers and educate them on effective evidence-based prevention and treatment strategies, and establish a memorandum of understanding/memorandum of agreement for referral opportunities of mutual interest.	CDC	2022-2025
Include messaging and outreach to both providers and consumers through the *Let's Stop HIV Together* campaign, aimed at increasing competence in discussing prevention and treatment strategies and in building trust and collaboration between providers and patients.	CDC	2022-2025
Evaluate the GOALS Approach to Sexual Health as an implementation strategy with four core components: (1) initiating sexual health conversations with open-ended, client-centered questions; (2) providing universal, opt-out, HIV and STI screening; (3) offering universal, rather than risk-based, PrEP education and access; and (4) using gender-affirming, non-discriminating, anti-stigmatizing, and trauma-informed language in all HIV prevention conversations with clients/patients. (PS21-002)	CDC	2022-2025

GOAL 4: ACHIEVE INTEGRATED, COORDINATED EFFORTS THAT ADDRESS THE HIV EPIDEMIC AMONG ALL PARTNERS AND STAKEHOLDERS

Objective 4.1: Integrate programs to address the syndemic of HIV, STIs, viral hepatitis, and substance use and mental health disorders in the context of social and structural/institutional factors including stigma, discrimination, and violence

Strategy 4.1.1 Integrate HIV awareness and services into outreach and services for issues that intersect with HIV such as intimate partner violence, homelessness or housing instability, STIs, viral hepatitis, and substance use and mental health disorders.

Action	Agency	Timeframe
Work with VA's IPV program to develop and disseminate educational resources on IPV and HIV for Veterans.	VA	2022
Support HIV care innovation to RWHAP Part D recipients across several areas including IPV screening and counseling, transitioning youth into adult HIV care, and youth stable housing collaboration.	HRSA	2022-2023
Continue collaboration between HRSA/HAB and HRSA/OWH to disseminate effective interventions through webinars and other communication channels that address IPV experienced by women with HIV.	HRSA	2022-2023

Action	Agency	Timeframe
Develop the National Indigi-HAS (Indigenous National HIV/AIDS Strategy) strategy that encompasses HIV/AIDS, STI, HCV, social determinants of health, mental health, substance use disorders, and socio/economic factors.	IHS	2022-2023
Identify and promote successful models for ensuring access to housing, employment, and supportive services for people with HIV exiting jails and prisons.	HUD	2022-2025
Promote, through the Office of Public and Indian Housing and Office of Special Needs, the availability of and increase awareness of the Foster Youth to Independence vouchers among HIV/AIDS service providers to serve clients.	HUD	2022-2025
Utilize the Domestic Violence Housing Technical Assistance Consortium to provide training for homeless services and housing providers on serving survivors of domestic violence, sexual assault, and stalking who are living with HIV.	HUD	2022-2025
Encourage recipients of funding under the Continuum of Care Program to incorporate HIV/AIDS service organizations in local planning efforts to prevent and end homelessness.	HUD	2022-2025
Integrate HIV awareness and HIV, hepatitis C, STD, and testing services into outreach for persons experiencing homelessness served by grant recipients and provide wrap-around support services and case management as well as psychological screening and support.	SAMHSA	2022-2025
Provide training and TA to develop and enhance knowledge and skills of DIS and other public health staff providing disease intervention services to link people with or who are experiencing risk for HIV to supportive services relative to social and structural determinants such as IPV, homelessness or housing stability, STIs, viral hepatitis, and substance use and mental health disorders.	CDC	2022-2025
Fund and support health departments and CBOs in the implementation of HIV prevention programming in their communities, including integrating programs to address the syndemic of HIV, STIs, viral hepatitis, and substance use and mental health disorders in the context of social and structural/institutional factors including stigma, discrimination, and violence.	CDC	2022-2025
Continue to require grant recipients under SAMHSA's MAI grant programs in SAMHSA/CMHS, SAMHSA/CSAT, and SAMHSA/CSAP to integrate screening and linkage to services for HIV, viral hepatitis, substance use, and mental health disorders.	SAMHSA	2022-2025

Action	Agency	Timeframe
Conduct outreach, as appropriate (including at appropriate conferences), on the Fair Housing Act, the ADA, Section 504 of the Rehabilitation Act, Section 1557 of the Affordable Care Act, and other civil rights laws that prohibit housing, human services, and health care discrimination, and disability-based discrimination against individuals with HIV, viral hepatitis, and substance use and mental health disorders.	DOJ	2022-2025

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

Action	Agency	Timeframe
Continue to provide clinical evaluations, preventive medicine counseling, and screening according to DODI 6485.01, DHA-PI 6485.01, DHA-PI 6025.29, Service-specific guidance, and CDC guidelines.	DOD	2022
Fund demonstration projects that link people with HIV and HCV within the RWHAP to care by leveraging existing public health surveillance with clinical data systems and focusing on improving existing collaboration between HCV surveillance systems and RWHAP care providers.	HRSA	2022
Create guidance, as part of National TA and Capacity Building and Indigi-HAS, on access to screening for HIV/STI/HCV harm reduction and tele-mental health services. Programs will emphasize outreach and methods for ways to reach patients who cannot or will not access health care at the health facility.	IHS	2022-2025
Strengthen capacity of STD specialty clinics to link clients to HIV medical care and services for co-occurring conditions through collaborative efforts between CDC/DHP and CDC/DSTDP.	CDC	2022-2025
Support organizations in the implementation of status-neutral HIV prevention and care services.	**CDC**, HRSA	2022-2025
Fund organizations to work in transgender clinics and partner with transgender-serving CBOs to develop community-to-clinic models for integrated status-neutral HIV prevention and care services.	CDC	2022-2025
Screen and link Veterans to services across the integrated VA health care system.	VA	2022-2025

Action	Agency	Timeframe
Require grant recipients funded under the MAI to provide easily accessible HIV and viral hepatitis prevention and/or treatment services within a behavioral health care setting either in house or by referral to partner organizations. If services are offered by referral, grant recipients are required to develop memoranda of agreement with the following services as appropriate given grant activities: primary HIV treatment and care providers, including Ryan White providers, to strengthen integration of care through case management; treatment providers for referrals and linkages to follow-up care and treatment for individuals with hepatitis B or C; health care providers for referrals and linkages to PrEP; and health care providers for referrals and linkages to primary care services.	SAMHSA	2022-2025

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

Action	Agency	Timeframe
Fund and support health departments and CBOs to identify and address funding, policy, data, workforce capacity, and programmatic barriers to effectively address the syndemic.	CDC	2022-2025

Strategy 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.

Action	Agency	Timeframe
Coordinate through the National HIV Program to align strategic planning efforts on HCV, HIV, STIs, and substance use disorders and mental health across IHS and tribal partners, and national, state, and local partners when appropriate.	IHS	2022-2025
Fund and support health departments in the coordination and alignment of strategic planning efforts on HIV, STIs, viral hepatitis, substance use disorders, and mental health care across national, state, and local partners.	CDC	2022-2025
Coordinate across CDC (DHP, DVH, DSTDP, and NCIPC/DOP) and with other federal agencies, including HRSA, to support comprehensive cluster detection and response (CDR) activities that address HIV, STIs, viral hepatitis, and substance use and mental health disorders.	**CDC**, HRSA	2022-2025
Coordinate across NIH and SAMSHA HIV programs officers to align efforts where feasible and productive.	**NIH**, SAMHSA	2022-2025

Action	Agency	Timeframe
Require grant recipients funded under the MAI to provide easily accessible HIV and viral hepatitis prevention and/or treatment services within a behavioral health care setting either in house or by referral to partner organizations. If services are offered by referral, grant recipients are required to develop memoranda of agreement with the following services as appropriate given grant activities: primary HIV treatment and care providers, including Ryan White providers, to strengthen integration of care through case management; treatment providers for referrals and linkages to follow-up care and treatment for individuals with hepatitis B or C; health care providers for referrals and linkages to PrEP; and healthcare providers for referrals and linkages to primary care services.	SAMHSA	2022-2025
Collaborate across agencies to promote efforts that address topics such as HIV health disparities research and capacity building.	NIH	2022-2025
Participate in agency-wide coordinating committees centered on HIV and women's health, communities disproportionately impacted by HIV, data science, and research infrastructure to promote developments in these areas.	NIH	2022-2025
Refresh the DHP strategic plan to include a deepened emphasis on status neutral service delivery and syndemics.	CDC	2022-2025

Strategy 4.1.5 Enhance the ability of the HIV workforce to provide naloxone and educate people on the existence of fentanyl in the drug supply to prevent overdose and deaths and facilitate linkage to substance use disorder treatment and harm reduction programs.

Action	Agency	Timeframe
Create an electronic health record template for pre-release risk assessments across the BOP and offer nasal naloxone to any person who requests it or has a risk factor prior to release.	DOJ	2022
Continue to safeguard that naloxone is available in the pharmacy according to the Basic Core Formulary determination by the DOD Pharmacy and Therapeutics Committee according to DHA-PI 6025.07, "Naloxone Prescribing and Dispensing by Pharmacists in Medical Treatment Facilities (MTFs)."	DOD	2022
Authorize recipients of funding under SAMHSA/CSAT's MAI High Risk Populations grant program to use up to 5% of the total grant award to pay for FDA-approved medications for the treatment of substance use disorders in order to reduce drug use and risk for HIV transmission (e.g., methadone, buprenorphine products including buprenorphine/naloxone combination formulations and buprenorphine mono-product formulations, naltrexone products including extended-release and oral formulations, disulfiram, and acamprosate calcium, etc.) as part of a comprehensive treatment plan when the client has no other source of funds to do so (payer-of-last resort).	SAMHSA	2022-2024

Action	Agency	Timeframe
Develop patient education for populations incarcerated in BOP facilities on the risks of fentanyl/carfentanil.	DOJ	2022-2024
Provide education on overdose prevention through the SSP Affinity Group. Provide education and resources for VA providers and patients on overdose prevention through the opioid overdose education Naloxone distribution (OEND) program.	VA	2022-2025

Objective 4.2: Increase coordination among and sharing of best practices from HIV programs across all levels of government (federal, state, tribal, local, and territorial) and with public and private health care payers, faith-based and community-based organizations, the private sector, academic partners, and the community

Strategy 4.2.1 Focus resources including evidence-based and evidence-informed interventions in the geographic areas and priority populations disproportionately affected by HIV.

Action	Agency	Timeframe
Continue CDR outreach efforts related to HIV non-discrimination, with a particular focus on southern states and other communities with high rates of HIV.	CDC	2022-2024
Develop and conduct training and TA to support implementation of HIV prevention interventions and strategies by CDC-funded organizations within geographic areas and among populations with high HIV burden.	CDC	2022-2024
Provide messaging and behavior change communication resources to reach priority populations in key geographic locations, focused on reducing HIV-related stigmatization and promoting HIV testing, prevention, and treatment, that includes culturally appropriate and empowering messaging to reach disproportionately affected populations.	CDC	2022-2025
Collaborate and communicate across agencies on the development of new initiatives that use implementation science to discover, adapt, and scale up effective evidence-based interventions to improve HIV outcomes and address health disparities. Collaborative efforts will be supported and leveraged through regular cross-agency discussions and focused meetings to ensure that implementation research aligns across federal agencies and enhances institutional capacity.	**CDC**, HRSA, NIH, SAMHSA	2022-2025
Fund and support health departments and CBOs in the implementation of HIV prevention programming in their communities and focus resources, including evidence-based and evidence-informed interventions, in the geographic areas and priority populations disproportionately affected by HIV.	CDC	2022-2025

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

Action	Agency	Timeframe
Provide recurring funding opportunities to the 12 Tribal Epidemiology Centers to increase their capacity to investigate new HIV infections, respond to outbreaks, and capture data related to HCV, STIs, and other comorbidities, in their respective jurisdictions, focusing on tribal capacity building and tribal community planning and ensuring American Indian/Alaska Native community-specific social norms.	IHS	2022-2025
Fund and support health departments in strengthening collaborations across local, state, tribal, territorial, national, and federal partners and the community to address policy and structural barriers that contribute to persistent HIV-related disparities and implement policies that foster improved health outcomes.	CDC	2022-2025
Continue to jointly convene the CDC/HRSA Advisory Committee on HIV, Viral Hepatitis and STD Prevention and Treatment to advise the HHS Secretary, CDC Director, and the HRSA Administrator regarding objectives, strategies, policies, and priorities for HIV, viral hepatitis, and STD prevention and treatment efforts.	**CDC**, HRSA	2022-2025

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

Action	Agency	Timeframe
Develop and conduct regional TA webinars to support implementation of local cluster detection and response plans.	CDC	2022-2024
Expand state and local expertise to engage with communities with HIV and those who could benefit from prevention, cultivate real-world best practices, pilot new approaches to CDR, disseminate information about response interventions, and evaluate the impact of CDR, including by funding health department centers of excellence for CDR.	CDC	2022-2025
Continue to collaborate with CDC and other federal partners, in addition to state and local health departments, to formalize a more comprehensive, coordinated approach to respond to HIV clusters and outbreaks, provide trainings to health care providers, and address more upstream social determinants of health.	**HRSA**, CDC, HUD	2022-2025

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

Action	Agency	Timeframe
Expand current program to standardize process for BOP social worker evaluation for all inmates with HIV releasing within 6 months to link to care upon release.	DOJ	2022-2025
Support through DOI/BIA, in collaboration with IHS, a review and possible refinement of pre-release planning for all individuals with HIV in custody of a BIA-managed detention facility releasing within 6 months to link them to HIV care and treatment upon release.	**DOI**, IHS	2022-2025
Fund and support health departments in strengthening collaborations between CBOs, public health organizations, education agencies and schools, housing providers, and health care delivery systems to provide linkage to and delivery of HIV testing, prevention, care, and treatment services as well as supportive services.	CDC	2022-2025
Fund Housing Opportunities for Persons With AIDS (HOPWA) projects that foster collaboration between housing, health care, and other critical services to improve housing stability and health outcomes for people with HIV.	HUD	2022-2025
Support local partnerships that increase information on preventative health care and treatment among grantees programs administered by HUD's Office of Public and Indian Housing and Office of Special Needs Assistance Programs.	HUD	2022-2025

Objective 4.3: Enhance the quality, accessibility, sharing, and use of data, including HIV prevention and care continuum data and social determinants of health data

Strategy 4.3.1 Promote the collection, electronic sharing, and use of HIV risk, prevention, and care and treatment data using interoperable data standards, including data from electronic health records, in accordance with applicable law.

Action	Agency	Timeframe
Authorize funding recipients of selected HIV-focused programs to use a portion of grant award for adopting and/or enhancing computer systems, management information system, electronic health records, etc., to document and manage client needs, care process, integration with related support services, and outcomes.	SAMHSA	2022-2023
Host a technical session with national HIV implementing partners that describes and demonstrates PEPFAR's near real-time approach and benefits of transparency of data processing and use for program decisions to inform the implementation of domestic HIV programs and improve the quality, accessibility, sharing, and use of data across the HIV care continuum.	HRSA	2022-2024

Action	Agency	Timeframe
Provide access to a user-friendly, interactive data tool to visualize the reach, impact, and outcomes of the RWHAP in order to increase the use of data in decision-making to help reduce health disparities.	HRSA	2022-2024
Implement a multilayered approach to sharing HIV, HCV, and STI data within the agency among its partners: The IHS National HIV program will share screening data; the IHS Division of Epidemiology will share surveillance data; and the Tribal Epidemiology Centers will share local data as appropriate with decision-makers, health care providers, and community leaders.	IHS	2022-2025
Modernize HIV surveillance to support interoperability of CDC/DHP data and facilitate syndemic approaches at state and local health departments.	CDC	2022-2025
Maintain and update VHA's national HIV database, accessible to all VHA employees.	VA	2022-2025
Provide regularly updated reports on HIV testing, HIV PrEP, and the HIV continuum of care at the national, Veterans Integrated Services Network, and facility levels, with data disaggregated by gender, race, and ethnicity.	VA	2022-2025
Develop strategies to build capacity among HIV surveillance, HIV services programs, and Medicaid programs for reporting high-quality HIV viral suppression data to comply with reporting of the HIV Viral Load Suppression measure on the CMS Medicaid Adult Core Set.	**HRSA**, CDC, CMS	2022-2025
Demonstrate how HRSA uses data to guide program decisions and prioritize populations to be served by geography, age, and sex disaggregation.	HRSA	2022-2025

Strategy 4.3.2 Use interoperable health information technology, including application programming interfaces (APIs), clinical decision support tools, electronic health records and health IT products certified by the Office of the National Coordinator's Health IT Certification Program, and health information exchange networks, to improve HIV prevention efforts and care outcomes.

Action	Agency	Timeframe
Evaluate current and future clinical decision support tools for BOP patients with HIV.	DOJ	2022-2023
Continue support and implement clinical reminders in the electronic patient health record for HIV/HCV/STI screening, and patient panels for case management.	IHS	2022-2025

Action	Agency	Timeframe
Advance care coordination opportunities by expanding the U.S. Core Data for Interoperability to include additional social determinants of health data elements.	ONC	2022-2025
Advance ONC initiatives to develop and disseminate educational resources focused on the exchange of social determinants of health data.	ONC	2022-2025

Strategy 4.3.3 Encourage and support patient access to and use of their individual health information, including use of their patient-generated health information and use of consumer health technologies in a secure and privacy supportive manner.

Action	Agency	Timeframe
Conduct multi-site pilot test in tribal health facilities of patient-facing software to improve patient access, including among people experiencing risk for or with HIV, to health information and updates.	IHS	2022
Promote compliance with the Health Insurance Portability and Accountability Act (HIPAA) Privacy Rule right of access, which ensures that individuals (including individuals with HIV) can review, request changes, and get copies of their medical records from their health plans and HIPAA-covered health care providers, within 30 days (or 60 days with an applicable extension) after the initial request for copies. HHS/OCR will also consider appropriate actions in response to complaints that a covered entity or business associate violated an individual's health information privacy rights, or committed another violation of the Privacy, Security or Breach Notification Rules.	HHS/OCR	2022-2024
Update the existing NCHHSTP Data and Security Confidentiality Guidelines and strengthen language for securing and protecting data.	CDC	2022-2025

Objective 4.4: Foster private-public-community research partnerships to identify and scale up best practices and accelerate HIV advances

Strategy 4.4.1 Adopt approaches that incentivize the scale up of effective interventions among academic centers, health departments, community-based organizations, allied health professionals, people with HIV and their advocates, the private sector, and other partners.

Action	Agency	Timeframe
Fund and support health departments and CBOs in the scale-up of effective HIV interventions.	CDC	2022-2025

Strategy 4.4.2 Expand opportunities and mechanisms for information sharing and peer technical assistance within and across jurisdictions to move effective interventions into practice more swiftly.

Action	Agency	Timeframe
Strengthen implementation of CDR and expand engagement of community partners regarding CDR, including by establishing a national community of practice that will include CDC and other federal partners, health departments, capacity-building assistance providers, community members, and others.	**CDC**, HRSA	2022-2023
Engage VHA's affinity group program to allow providers across the VA system to share effective HIV practices and tools with their peers.	VA	2022-2024
Support National Network of STD Prevention Training Centers–led regional learning collaboratives focused on enhancing HIV preventive services in the STD specialty clinic setting.	CDC	2022-2025
Support efforts to provide TA and peer-to-peer exchange for health departments implementing STD/HIV disease investigation and response.	CDC	2022-2025
Participate in an Implementation Science Research Consortium that serves as a mechanism for information sharing and peer TA within and across jurisdictions.	CDC	2022-2025
Develop and conduct new regional communities of practice and TA to support the status-neutral, gender-affirming delivery of HIV testing, prevention, treatment, and care services for transgender persons.	CDC	2022-2025
Support EHE-related regional and national implementation science coordination and consultation hubs.	NIH	2022-2025

Strategy 4.4.3 Develop and optimize collaborative multi-agency and multi-sectoral approaches and strategies to address emergent and evolving challenges facing persons of all ages living with HIV.

Action	Agency	Timeframe
Collaborate to sponsor a national competition through Challenge.gov to identify innovative and effective community-generated projects and activities addressing nonclinical needs of persons aging with HIV and long-term survivors, particularly among populations disproportionately affected by HIV.	**ACL**, OIDP	2022-2023

Objective 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 Strategy's goals

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

Action	Agency	Timeframe
Create, distribute, and publicize data reports, data cubes, and HIV dashboards (HIV testing, HIV care, STI screening, PrEP) for use across the VA system.	VA	2022-2023
Establish a data collection strategy to analyze de-identified patient-level data through "UDS+" to better understand the associations that patient characteristics have on HIV-related and other clinical outcomes in health center patient populations, and to inform care delivery, targeted TA, quality improvement, and research to accelerate improvements in health and to advance health equity.	HRSA	2022-2024
Partner to provide RWHAP data reports by state to support increased knowledge of RWHAP clients accessing services and their HIV outcomes. IHS will provide trainings to RWHAP providers on strategies for collecting American Indian/Alaskan Native demographic data.	**HRSA**, IHS	2022-2025
Implement dashboard enhancements to quickly identify BOP patients with HIV not at goal (i.e., detectable viral load, poor refill compliance, past-due immunizations, etc.)	DOJ	2022-2025
Continue to improve the timeliness, availability, and usefulness of HIV and related data through a future, modernized HIV surveillance system deployed at lower cost that improves efficiencies and interoperability, reduces reporting burden, and provides CDC and stakeholders with more timely and higher-quality HIV surveillance data.	CDC	2022-2025

Strategy 4.5.2 Monitor, review, evaluate, and regularly communicate progress on the National HIV/AIDS Strategy.

Action	Agency	Timeframe
Collect and report BOP National Performance Measures for HIV screening and viral load suppression to both institution and Central Office Health Services leadership.	DOJ	2022-2025
Use National HIV Surveillance System products to assess the NHAS.	CDC	2022-2025

Action	Agency	Timeframe
Collect, through national surveys of mental health and substance use disorders treatment services administered by the Center for Behavioral Health Statistics and Quality, information on testing offered for HIV, hepatitis B, hepatitis C, and other STIs; education and counseling services (collected only for substance use facilities); early intervention services for HIV (collected for substance use facilities only); and pharmacotherapies provided to patients, including medications for HIV and hepatitis C treatment. Also collect information on whether the facility has a program or group specifically tailored for clients with HIV or AIDS.	SAMHSA	2022-2025

Strategy 4.5.3 Ensure that the National HIV/AIDS Strategy's goals and priorities are included in cross-sector federal funding requirements.

Action	Agency	Timeframe
Support CDC/DSTDP's EHE-funded component focuses on scaling up HIV prevention services in STD specialty clinics.	CDC	2022-2025

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

Action	Agency	Timeframe
Prioritize engagement with recipients of Component C of CDC's *Integrated HIV Programs for Health Departments to Support Ending the HIV Epidemic in the United States* cooperative agreement and their participating STD clinics to monitor progress, require biannual data reporting, and hold recipients accountable by engaging division leadership and implementing performance improvement plans if non-adherence is identified.	CDC	2022-2025
Develop approach and conduct Jurisdiction Reviews that would enhance performance and improve accountability of DHP Prevention Programs. DHP branches will work with funded recipients to assess, and where needed, improve recipient performance.	CDC	2022-2025

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

Action	Agency	Timeframe
Maintain regular communication with CDC/DSTDP's EHE-funded recipients to identify barriers to their progress, and coordinate training and technical assistance support with the National Network of STD Clinical Prevention Training Centers and CDC/DHP, including CDC/DHP-funded TA providers.	CDC	2022-2024
Conduct community engagement sessions where the community provides insights to better understand and address the longstanding HIV-related disparities.	**CDC**, HRSA, SAMHSA	2022-2024

CALL TO ACTION

HIV is a complex epidemic and critical national public health concern that requires contributions from all of us to end by 2030. Building on the progress of the past decade, our goal of ending the HIV epidemic is within our grasp. This Implementation Plan details federal actions supporting the priorities outlined in the NHAS. This approach reflects a commitment to accelerate and focus efforts on the populations, places, and actions that will have the greatest impact in achieving that goal. While striving to take the steps described in this plan, Federal agencies also will work collaboratively across the federal government and with nonfederal partners to capitalize on new opportunities that may arise and respond to unanticipated obstacles.

The federal government, however, is only one component of the broad effort needed to evolve and enhance our work to end the domestic HIV epidemic. That is why the Strategy is a national one, not just a federal one. Contributions from stakeholders from all sectors of society are needed. Fresh approaches, new partnerships, and shared commitments to equity, better coordination, and following the science will help us move forward. This Implementation Plan can provide inspiration to nonfederal stakeholders, supporting their own efforts to identify and implement complementary actions that accelerate our efforts to end the HIV epidemic in the United States.

With governments at the local, state, tribal, and federal levels doing their parts, innovation from health care providers and systems, engaged community-based and faith-based organizations, a committed private sector, and leadership from people with or who experience risk for HIV and affected communities, the United States can re-energize and strengthen a whole-of-society response to the epidemic that ends new HIV transmissions while supporting people with HIV and reducing HIV-associated morbidity and mortality.

APPENDIX A: NHAS FEDERAL IMPLEMENTATION WORKGROUP

The National HIV/AIDS Strategy Federal Implementation Workgroup that developed this Implementation Plan and will collaborate to monitor its implementation and progress toward national targets is composed of representatives from the following federal departments and agencies.

Department of Agriculture
Food and Nutrition Service

Department of Defense
Defense Health Agency

Department of Education
Office of Elementary and Secondary Education

Department of Health and Human Services
Administration for Community Living
- *Administration on Aging*

Agency for Healthcare Research and Quality
Centers for Disease Control and Prevention
- *Division of Adolescent and School Health*
- *Division of HIV Prevention*
- *Division of STD Prevention*
- *Division of Viral Hepatitis*

Centers for Medicare & Medicaid Services
Food and Drug Administration
Health Resources and Services Administration
- *Bureau of Primary Health Care*
- *HIV/AIDS Bureau*

Indian Health Service
National Institutes of Health
- *Office of AIDS Research*
- *National Institute of Allergy and Infectious Diseases*
- *National Institute of Mental Health*
- *National Institute on Drug Abuse*

Office for Civil Rights
Office of the Assistant Secretary for Health
- *Office of Infectious Disease and HIV/AIDS Policy*
- *Office of Minority Health*
- *Office of Population Affairs*
- *Office of Disease Prevention and Health Promotion*

Office of the National Coordinator for Health Information Technology
Substance Abuse and Mental Health Services Administration
- *Center for Mental Health Services*
- *Center for Substance Abuse Prevention*
- *Center for Substance Abuse Treatment*

Department of Housing and Urban Development
Office of Public and Indian Housing
Office of Special Needs Housing

Department of Interior
Bureau of Indian Affairs
Bureau of Indian Education

Department of Justice
Bureau of Prisons
Civil Rights Division

Department of Labor
Office of Disability Employment Policy

Department of Veterans Affairs
Veterans Health Administration

Equal Employment Opportunity Commission

APPENDIX B: QUALITY OF LIFE INDICATOR SPECIFICATIONS

DEVELOPING AN INDICATOR ON QUALITY OF LIFE AMONG PEOPLE WITH HIV

The Office of National AIDS Policy (ONAP) convened a subgroup of the National HIV/AIDS Strategy (NHAS) Federal Implementation Workgroup in February 2022 and charged it with identifying an additional NHAS indicator focused on quality of life among people with HIV for inclusion in the NHAS Federal Implementation Plan. The agencies represented on this workgroup are the Administration for Community Living (HHS), Centers for Disease Control and Prevention (HHS), Civil Rights Division (DOJ), Health Resources and Services Administration (HHS), National Institutes of Health (HHS), and Substance Abuse and Mental Health Services Administration (HHS).

The Quality of Life indicator workgroup first reviewed and inventoried common measures of quality of life and existing large federally funded databases containing such measures in the United States, including those that contain data for people with HIV. Features of these data sources were catalogued, including timeliness, representativeness, and ability to provide annual estimates for measures among people with HIV.

As part of the process, ONAP hosted a community engagement meeting during which the Quality of Life indicator workgroup presented the possible quality-of-life data sources and measures. During the meeting, community members expressed a strong desire for ONAP to consider other factors that influence quality of life, including social determinants of health (e.g., unemployment, food insecurity, housing instability), and not solely focus on health-related quality of life.

The indicator workgroup members concurred that quality of life should be considered and assessed as a multi-dimensional concept that includes physical, mental/emotional, social, and structural/subsistence domains, and organized the data sources and variables into these domains. They also agreed on the importance of including more than one indicator to reflect the different quality-of-life aspects or domains, while remaining parsimonious (i.e., selecting a few most suitable indicators).

The indicator workgroup considered advantages and disadvantages of various single-item measures and scales, reviewed baseline data to assess whether room existed for improvement in the measure, and considered which data source(s) would enable establishing these new indicators sooner rather than later. The indicator workgroup ultimately recommended using CDC's Medical Monitoring Project (MMP) as the data source for several new quality-of-life measures. MMP data are readily available for the NHAS, national in scope, and available annually, include a geographically diverse group of people with HIV, and provide jurisdiction-level estimates for participating areas. MMP is a cross-sectional, nationally representative, two-stage sample survey that assesses the behavioral and clinical characteristics of adults with diagnosed HIV infection in the United States. MMP also provides information on behaviors and clinical outcomes affecting the risk of HIV transmission, morbidity, and mortality. In 2015, MMP sampling and weighting methods were revised to include adults with diagnosed HIV infection regardless of HIV care status. Data are weighted to represent all adults with diagnosed HIV in the United States (Beer, 2019). In addition, local estimates that are weighted to represent all adults with diagnosed HIV in participating jurisdictions are available, which enables the use of local data to assess whether tailored implementation of interventions has assisted in meeting NHAS goals.

The indicator workgroup recommended MMP measures that are associated with the following domains:

- Physical/Health: Self-rated health (good or better)
- Mental/Emotional: Unmet need for services from a mental health professional
- Structural/Subsistence: Food insecurity, unemployment, and unstable housing or homelessness

The indicator workgroup also set targets for each indicator, using the same methodology that was used to set targets for existing NHAS indicators.

The Quality of Life indicator workgroup, the larger NHAS Federal Implementation Workgroup, and ONAP will continue to explore possible additional, alternative, or complementary measures or data sources that could be used to assess other aspects of quality of life.

QUALITY OF LIFE INDICATOR SPECIFICATIONS

Indicator 9: Increase self-rated health (good or better)

Rationale: Self-rated health, assessed by a single question, captures respondent's perceived overall health in a non-threatening or stigmatizing way. Among people with HIV, good or better self-rated health is associated with medication adherence and viral suppression, two important HIV-related outcomes that lead to reductions in new HIV infections (CDC, unpublished data). MMP is the only nationally representative survey of people with diagnosed HIV that provides data on overall health. This measure is also used in several national surveys (i.e., Healthy People 2030, National Health and Nutrition Examination Survey [NHANES], Behavioral Risk Factor Surveillance System [BRFSS]). Therefore, results of self-perceived overall health among people with diagnosed HIV can be compared to those from populations included in other national surveys.

Definition:

- Numerator: Number of people ≥18 years with diagnosed HIV in the measurement year who report good or better health at the time of interview
- Denominator: A sample of people ≥18 years with diagnosed HIV in the measurement year

Baseline year: 2018

Baseline result: 71.5%

Target: 95%

Data source: Medical Monitoring Project.

Data availability: Data are published annually.

Data limitations/caveats: During the 2018 to 2020 MMP cycles, the self-rated health question had the following introduction to the section in which this question was asked: "Now I'm going to ask about your health and visits to the emergency room or hospital." In 2021 and beyond, there is no introductory statement to that section of the survey questionnaire. The effect of this change on responses is unknown, but it is not expected that this change would result in large differences in responses.

Indicator 10: Reduce unmet need for mental health services from a mental health professional

Rationale: Mental health services, in addition to other ancillary services, were among those services with the greatest unmet need for people with HIV. In addition, unmet need for mental health services was associated with poor clinical outcomes such as not being retained in HIV care, non-adherence to antiretroviral therapy, and not being virally suppressed (Dasgupta, 2021). Including an indicator that reflects unmet need may prompt medical care providers to start screening or be more diligent about screening for depression and other mental health conditions and facilitate referrals to mental health services, as well as spur growth in the number of mental health providers available to provide mental health services. Screening for mental health conditions may also include screening for and referrals to treatment for substance use disorders. This proposed indicator is well aligned with a syndemic approach for coordinating care for HIV, mental health, and substance use that is outlined in the NHAS.

Definition:

- Numerator: Number of people ≥18 years with diagnosed HIV in the measurement year who report an unmet need for services from a mental health professional in the past 12 months
- Denominator: A sample of people ≥18 years with diagnosed HIV in the measurement year and who report an unmet or met need for services from a mental health professional in the past 12 months. The denominator includes people who received services from a mental health professional (met need) and people who reported they needed but did not receive services from a mental health professional (unmet need).

Baseline year: 2017

Baseline result: 24.2%

Target: Reduce by 50%

Data source: Medical Monitoring Project.

Data availability: Data are published annually.

Data limitations/caveats: The measure categorizes all people who reported receiving mental health services from a mental health professional over the past 12 months as having a met need for services. Therefore, this indicator does not measure partially met needs.

Indicator 11: Reduce hunger/food insecurity

Rationale: Unmet need for subsistence services, which include food, is associated with poor clinical outcomes among people with HIV (Dasgupta, 2021). Although the measure of unmet needs for subsistence services differs from that for food insecurity, the concepts are related and address the need to focus on food insecurity along with other social determinants of health to improve clinical outcomes among people with HIV. The community expressed that food insecurity has negative effects on physical, mental, and emotional well-being and should be considered an important aspect of quality of life.

Definition:

- Numerator: Number of people ≥18 years with diagnosed HIV in the measurement year and report being hungry and not eating because there wasn't enough money for food in the past 12 months
- Denominator: A sample of people ≥18 years with diagnosed HIV in the measurement year

Baseline year: 2017

Baseline result: 21.1%

Target: Reduce by 50%

Data source: Medical Monitoring Project.

Data availability: Data are published annually.

Data limitations/caveats: None noted

Indicator 12: Reduce unemployment

Rationale: Unemployment has been found to be associated with outcomes across the HIV care continuum (Maulsby, 2020). Despite the use of different measures, unemployment among people with HIV is higher than that for the total U.S. population.

Definition:

- Numerator: Number of people ≥18 years with diagnosed HIV in the measurement year and report being out of work at the time of interview
- Denominator: A sample of people ≥18 years with diagnosed HIV in the measurement year

Baseline year: 2017

Baseline result: 14.9%

Target: Reduce by 50%

Data source: Medical Monitoring Project.

Data availability: Data are published annually.

Data limitations/caveats: A strength of the measure is that it provides results for people who report being out of work. The indicator does not measure being unable to work, which may be related to having a disability or illness. It also does not capture under-employment (i.e., working part time or at a job that underutilizes one's skills).

Indicator 13: Reduce unstable housing or homelessness

Rationale: Unstable housing, an expanded measure that includes homelessness or other forms of unstable housing, is associated with poor clinical outcomes among people with HIV such as poorer retention in HIV medical care, poorer antiretroviral therapy medication adherence, and decreased likelihood of being virally suppressed (Marcus, 2021). During the community engagement meeting on quality of life, the community vocalized concerns about various forms of housing instability and insecurity and their detrimental effects on physical, social, and mental wellbeing. Homelessness is a current NHAS indicator, and MMP data for people with diagnosed HIV are available starting in 2015. Homelessness is defined as living on the street, living in a shelter, living in a single-room-occupancy hotel, or living in a car. In consultation with the Department of Housing and Urban Development's Housing Opportunities for Persons With AIDS program, MMP added questions to capture housing instability beginning in the 2018 cycle. Specifically, housing instability in the MMP is ascertained by asking questions about moving in with others due to financial issues (also known as doubling up), moving two or more times, or being evicted at any time during the 12 months. When CDC reviewed the literature in 2016 to develop the 2018 MMP questionnaire, no standard definition of homelessness or housing stability existed. *Healthy People 2030* also notes that lack of a standard definition. Measures were added to MMP based on common elements identified in the literature at that time. With the current ability to measure a fuller spectrum of unstable housing, the Quality of Life indicator workgroup recommended removing homelessness, a narrow measure of housing instability, and adding a broader definition that includes unstable housing or homelessness.

Definition:

- Numerator: Number of people ≥18 years with diagnosed HIV in the measurement year and report being unstably housed in the past 12 months. Unstable housing is defined as being evicted, moving two or more times, moving in with others because of financial problems (also known as doubling up), or being homeless (defined as living on the street, in a shelter, a single room occupancy hotel, or a car). People are included in the numerator if they experience homelessness or any other form of unstable housing.
- Denominator: A sample of people ≥18 years with diagnosed HIV in the measurement year

Baseline year: 2018

Baseline result: 21.0%

Target: Reduce by 50%

Data source: Medical Monitoring Project.

Data availability: Data are published annually.

Limitations/caveats: Data for homelessness among people diagnosed with HIV have been available since 2015. Data for the unstable housing measure became available starting in 2018. Starting in 2018, MMP participants were asked questions related to homelessness and unstable housing. The current NHAS homelessness indicator does not capture other forms of unstable housing. There is a substantial proportion of people who report being unstably housed but not homeless, which is not captured in the homelessness indicator. The new broader indicator for unstable housing encompasses any form of unstable housing, including homelessness, in the past 12 months.

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APPENDIX C: ACRONYMS

ACL	Administration for Community Living (HHS)
ADA	Americans with Disabilities Act
AIDS	acquired immune deficiency syndrome
ART	antiretroviral therapy
BHW	Bureau of Health Workforce (HRSA)
BIA	Bureau of Indian Affairs (DOI)
BIE	Bureau of Indian Education (DOI)
BOP	Federal Bureau of Prisons (DOJ)
BPHC	Bureau of Primary Health Care (HRSA)
CBO	community-based organization
CDR	cluster detection and response
CDC	Centers for Disease Control and Prevention (HHS)
CMHS	Center for Mental Health Services (SAMHSA)
CMS	Centers for Medicare & Medicaid Services
COVID-19	coronavirus disease 2019
CRD	Civil Rights Division (DOJ)
CSAP	Center for Substance Abuse Prevention (SAMHSA)
CSAT	Center for Substance Abuse Treatment (SAMHSA)
DASH	Division of Adolescent and School Health (CDC)
DHA	Defense Health Agency (DoD)
DHP	Division of HIV Prevention (CDC)
DIS	disease intervention specialists
DOD	U.S. Department of Defense
DODI	Department of Defense Instruction
DOI	U.S. Department of the Interior
DOJ	U.S. Department of Justice
DOL	U.S. Department of Labor
DSTDP	Division of STD Prevention (CDC)
DVH	Division of Viral Hepatitis (CDC)
ED	U.S. Department of Education
EEOC	Equal Employment Opportunity Commission
EHE	Ending the HIV Epidemic in the U.S.

EOP	Executive Office of the President
FDA	Food and Drug Administration (HHS)
HAB	HIV/AIDS Bureau (HRSA)
HCV	hepatitis C virus
HHS	U.S. Department of Health and Human Services
HIV	human immunodeficiency virus
HRSA	Health Resources and Services Administration (HHS)
HUD	U.S. Department of Housing and Urban Development
IHS	Indian Health Service (HHS)
IPV	intimate partner violence
LGBTQI+	lesbian, gay, bisexual, transgender, queer, and intersex
MAI	Minority AIDS Initiative
MMP	Medical Monitoring Project
MSM	men who have sex with men
NCHHSTP	National Center for HIV, Viral Hepatitis, STD, and TB Prevention (CDC)
NCICP/DOP	National Center for Injury Prevention and Control/ Division of Overdose Prevention (CDC)
NHAS	National HIV/AIDS Strategy
NIA	National Institute on Aging (NIH)
NIAID	National Institute of Allergy and Infectious Diseases (NIH)
NIDA	National Institute on Drug Abuse (NIH)
NIH	National Institutes of Health (HHS)
NIMH	National Institute of Mental Health (NIH)
NNDITC	National Network of Disease Intervention Training Centers
OASH	Office of the Assistant Secretary for Health (HHS)
OCR	Office for Civil Rights (HHS)
ODPHP	Office of Disease Prevention and Health Promotion (HHS)
OIDP	Office of Infectious Disease and HIV/AIDS Policy (HHS)
OMH	Office of Minority Health (HHS)
ONAP	Office of National AIDS Policy (White House)
ONC	Office of the National Coordinator for Health Information Technology (HHS)
OPA	Office of Population Affairs (HHS)
OWH	Office of Women's Health (HRSA)
PEP	HIV post-exposure prophylaxis

PrEP	HIV pre-exposure prophylaxis
RWHAP	Ryan White HIV/AIDS Program (HRSA)
SAMHSA	Substance Abuse and Mental Health Services Administration (HHS)
SSP	syringe services program
STD	sexually transmitted disease
STI	sexually transmitted infection
TA	technical assistance
U=U	Undetectable = Untransmittable
USAID	U.S. Agency for International Development
USDA	U.S. Department of Agriculture
USPSTF	U.S. Preventive Services Task Force
VA	U.S. Department of Veterans Affairs
VHA	Veterans Health Administration

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