BHPr Implementation of the National HIV/AIDS Strategy
FAQs for BHPr Grantees

BASIC TERMS & DEFINITIONS

What does the acronym HIV stand for?
HIV stands for Human Immunodeficiency Virus. HIV is the virus that causes AIDS; this virus weakens the body's immune system and if left untreated may develop into AIDS.

What does the acronym AIDS stand for?
AIDS stands for Acquired Immune Deficiency Syndrome. AIDS is a range of medical conditions that occurs when a person's immune system is seriously weakened by HIV to the point where the person develops any number of life-threatening infections and cancers.

PREVALENCE *(Total Living with HIV/AIDS)* & INCIDENCE *(New Infections)*

Approximately how many people in the world are living with HIV?
According to the Global UNAIDS/WHO AIDS Epidemic Update of December 2009:

- In 2008, some 33.4 million people were living with HIV; this includes approximately 2.7 million new infections and around 2 million AIDS-related deaths.
- In 2008, around 430,000 children were born with HIV, bringing to 2.1 million the total number of children under 15 living with HIV.
- Young people account for around 40% of all new adult (15+) HIV infections worldwide.

TRANSMISSION, CARE & TREATMENT

What is the most common mode of HIV transmission worldwide?
The most common mode of HIV transmission in the world today is through unprotected heterosexual sex.

True or False - Everyone exposed to HIV is infected with the virus.
False.

True or False - A person living with HIV who is not sick and has no symptoms can transmit the virus to someone else.
True.

True or False - If a person has HIV, they will always develop AIDS.
False.

Which statement best summarizes CDC recommendations for who should be tested for HIV?
The CDC recommends that ALL persons ages 13-64 presenting at health centers, Emergency Rooms, and private physician's offices be offered HIV antibody testing.

NATIONAL HIV/AIDS STRATEGY

What is the National HIV/AIDS Strategy?
The National Strategy was released by the White House on July 13, 2010 as the nation's first-ever comprehensive coordinated national response to the HIV/AIDS epidemic. The strategy envisions the commitment of governments at all levels, businesses, faith communities, philanthropy, the

scientific and medical communities, educational institutions, people living with HIV, and others in order to be successful. The strategy describes the areas that require the most immediate change, the specific action steps that must be taken by the Federal Government and its stakeholders, and specific targets for measuring progress toward achieving the President's goals of reducing infections, increasing access to care and improving health outcomes , and reducing HIV-related health disparities.

How was the National Strategy developed?

Steps taken to engage Americans in the development of the National Strategy included:

- 14 community discussions across the United States;
- Reviewing suggestions from the public through the White House website: http://www.WhiteHouse.gov;
- Conducting a series of 'expert' meetings on HIV-specific topics; and
- Working with Federal and community partners in meetings to develop the strategy.

What is the Vision for the National HIV/AIDS Strategy?

"The United States will become a place where new HIV infections are rare and when they do occur, every person regardless of age, gender, race/ethnicity, sexual orientation, gender identity or socio-economic circumstance, will have unfettered access to high quality, life-extending care, free from stigma and discrimination."

What are the Goals of the National HIV/AIDS Strategy?

1) **Reducing New HIV Infections**

   To successfully reduce the number of new HIV infections, there must be a concerted effort by the public and private sectors, including government at all levels, individuals, and communities, to:

   - Intensify HIV prevention efforts in communities where HIV is most heavily concentrated;
   - Expand targeted efforts to prevent HIV infection using a combination of effective, evidence-based approaches; and
   - Educate all Americans about the threat of HIV and how to prevent it.

2) **Increasing Access to Care and Improving Health Outcomes for People Living with HIV**

   Both public and private sector entities must take the following steps to improve service delivery for people living with HIV:

   - Establish a seamless system to immediately link people to continuous and coordinated quality care when they are diagnosed with HIV;
   - Take deliberate steps to increase the number and diversity of available providers of clinical care and related services for people living with HIV; and
   - Support people living with HIV with co–occurring health conditions and those who have challenges meeting their basic needs, such as housing.

3) **Reducing HIV-Related Health Disparities**

   Key steps for the public and private sector to take to reduce HIV-related health disparities are:

   - Reduce HIV-related mortality in communities at high risk for HIV infection;
   - Adopt community-level approaches to reduce HIV infection in high-risk communities; and
   - Reduce stigma and discrimination against people living with HIV.

What Can I Do to Help?

- Read the Strategy and accompanying Federal Implementation Plan available online at the Office of National AIDS Policy website, at http://www.whitehouse.gov/administration/eop/onap/nhas/;
- Follow updates on the Strategy on the Office of National AIDS Policy website, which features posts from the Office of National AIDS Policy, HHS Officials, and others;
- Inform others about the Strategy and encourage their engagement in activities that help achieve its goals;
- Discuss what your agency or organization can do in new or different ways to better serve your constituents and align your efforts with the Strategy;
- Participate in state and local discussions about how HIV prevention, care and treatment efforts can be fine-tuned to better serve vulnerable populations and contribute to realizing the Strategy's goals; and
- Engage new partners in HIV prevention, care, treatment and stigma-reduction efforts to strengthen our collective efforts and reach more people.

Action Steps

Reducing New HIV Infections

- Intensify HIV prevention efforts in the communities where HIV is most heavily concentrated;
- Expand targeted efforts to prevent HIV infection using a combination of effective, evidence-based approaches; and
- Educate all Americans about the threat of HIV and how to prevent it.

Increasing Access to Care and Improving Health Outcomes for People Living with HIV

- Establish a seamless system to immediately link people to continuous and coordinated quality care when they learn they are infected with HIV;
- Take deliberate steps to increase the number and diversity of available providers of clinical care and related services for people living with HIV; and
- Support people living with HIV with co-occurring health conditions and those who have challenges meeting their basic needs, such as housing.

Reducing HIV-Related Disparities and Health Inequities

- Reduce HIV-related mortality in communities at high risk for HIV infection;
- Adopt community-level approaches to reduce HIV infection in high-risk communities; and
- Reduce stigma and discrimination against people living with HIV.

Achieving a More Coordinated National Response to the HIV Epidemic

- Increase the coordination of HIV programs across the Federal government and between Federal agencies and state, territorial, tribal, and local governments; and
- Develop improved mechanisms to monitor and report on progress toward achieving national goals.

Q & A FROM THE WEBCAST

Q: But I am not a health service provider; I am a school that trains providers. What kinds of activities could I be participating in?

A: There are lots of things you could be doing. For example:

- Medical, dental, pharmacy, physician assistant, nurse practitioner, social work, and nursing schools are encouraged to implement curricula that include HIV-specific training.
- Consider collaborating with community health centers to foster clinical training in HIV management and care.
- Contact your health professions associations and collaborate on workforce training efforts to increase the number of health providers who are culturally competent.
- Work with States, local governments, and state health professions associations to implement their recommendations and guidance to strengthen the current HIV/AIDS provider workforce.

Q: How will BHPR know what I am doing?

A: There are several ways:

- New applicants will be asked to address the NHAS in their competitive applications. Ensure that you read each funding opportunity announcement carefully for further information.
- Project Officers will work with grantees to determine the reporting mechanism for their grant program(s).

Q: You mentioned on the webinar that the strategy is included in all of the BHPR funding opportunity announcements. If grantees are currently doing HIV/AIDS-related activities or propose to include HIV-AIDS activities in a competitive application, will that increase their score during the grant application review process?

A: Applications that pass the initial HRSA eligibility screening are reviewed and rated by a panel based on the program elements and review criteria presented in relevant sections of the funding opportunity announcement. The review criteria are designed to enable the review panel to assess the quality of a proposed project and determine the likelihood of its success. Only the specified review criteria are used by the panel in evaluating and scoring applications, so the implementation of HIV/AIDS-related activities would only increase scoring in cases where those activities are specified in the review criteria.

Q: I heard someone mention AETCs on the webinar. What is an AETC, and how can it help me?

A: AETC stands for AIDS Education and Training Center, a group of grantees throughout the country that conduct targeted, multidisciplinary education and training programs for health care providers treating persons living with HIV/AIDS. HRSA will be working with its AETCs to expand training for HIV clinicians and provider organizations to address provider-associated factors (e.g., cultural competency, provider continuity) that affect treatment adherence. You can find more specific information about AETCs, their locations, and other possible resources at the AETC National Resource Center website, at http://www.aidsetc.org/.

Q: What if I have questions about how my institution or organization could incorporate the National HIV/AIDS Strategy into our current activities?

A: Contact your BHPr Project Officer.

RESOURCE WEBSITE LINKS

- **HHS Fact Sheet on National HIV/AIDS Strategy**--http://aids.gov/federal-resources/policies/national-hiv-aids-strategy/nhas-fact-sheet.pdf

- **White House Office of National AIDS Policy** provides information on the National HIV/AIDS Strategy's release and supporting documents--http://www.whitehouse.gov/administration/eop/onap/nhas/

- **AIDS Info** provides up-to-date guidelines for HIV/AIDS clinical care--http://aidsinfo.nih.gov

- **HRSA HIV/AIDS Bureau** administers the Ryan White HIV/AIDS Program--http://hab.hrsa.gov/

- **AIDS Education and Training Centers (AETC)-National Resource Center** (funded by the HRSA HIV/AIDS Bureau) provides information on AETC locations and HIV/AIDS training materials for the health professions--http://www.aidsetc.org

- **AIDS Education and Training Centers (AETC)-Multicultural Center** (funded by the HRSA HIV/AIDS Bureau) offers visibility/accessibility of training/TA opportunities to improve the cultural competency of providers practicing in underserved areas that do not have access to training resources for HIV clinical care-- http://www.aetcnmc.org/

- **AIDS.gov** provides federal-related HIV/AIDS resources: http://www.AIDS.gov

- **TARGET** web site (funded by the HRSA HIV/AIDS Bureau) provides technical assistance and resources for the Ryan White community--http://careacttarget.org/