



LOS ANGELES COUNTY
COMMISSION ON HIV



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****CHANGE IN VENUE****

Consumer Caucus

Hybrid (In Person & Virtual) Meeting

Thursday, May 11, 2023

1:30PM-3:00PM (PST)

St. Anne's Conference & Event Center

155 N. Occidental Blvd., Los Angeles, CA 90026

****Lunch & Complimentary On-Site Valet Parking Available****

Please indicate to valet that you are attending the Consumer Caucus Meeting

Agenda and meeting materials will be posted on

<http://hiv.lacounty.gov/Meetings> under "Other Meetings"

REGISTRATION NOT REQUIRED + SIMULTANEOUS TRANSLATION IN SPANISH AND OTHER LANGUAGES NOW AVAILABLE VIA CLOSED CAPTION FEATURE WHEN JOINING VIRTUALLY VIA WEBEX. CLICK [HERE](#) FOR MORE INFO.

If you are a person living with or at risk of HIV, we invite you to be a part of a unified effort to help improve HIV prevention & care service delivery in Los Angeles County

TO ATTEND IN PERSON:

St. Anne's Conference & Events Center

155 N. Occidental Blvd., Los Angeles 90026

Lunch & Complimentary Valet Parking Available:

Please let valet know you are attending the Consumer Caucus meeting

TO ATTEND VIRTUALLY:

<https://lacountyboardofsupervisors.webex.com/lacountyboardofsupervisors/j.php?MTID=m82f76ddb76753e3578fbb800691c5936>

MEETING PASSWORD: CONSUMER

TO JOIN BY PHONE: +1-213-306-3065 MEETING #/ACCESS CODE: 2592 767 0708

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CONSUMER CAUCUS (CC)

HYBRID (IN PERSON & VIRTUAL) MEETING AGENDA

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- | | |
|--|-----------------|
| 1. CO-CHAIR WELCOME & INTRODUCTIONS | 1:30PM – 1:35PM |
| 2. COH MEETING DEBRIEF | 1:35PM – 1:45PM |
| 3. ED/STAFF REPORT | 1:45PM – 1:50PM |
| a. County/Commission Operational Updates | |
| 4. CO CHAIR REPORT | 1:50PM – 2:00PM |
| a. 2023 Workplan & Meeting Schedule Review | |
| • Proposed Code of Conduct Review/Feedback | |
| • HRSA Closed Listening Session Follow Up | |
| • Universal Service Standards Overview & Request for Feedback (Public Comment Period: May 2-June 2, 2023) | |
| 5. MEMBER REPORTS (<i>Opportunity for COH Caucus members to provide updates from their assigned COH Committees and related conferences/events attended to better coordinate activities and harness feedback from a consumer perspective.</i>) | 2:00PM – 2:05PM |
| 6. DISCUSSION | 2:05PM – 2:50PM |
| a. Mpox Overview & Updates Presentation Dr. Nava Yeganeh, LAC Department of Public Health | |
| b. Opportunities to Improve Consumer Engagement | |
| 7. AGENDA DEVELOPMENT FOR NEXT MEETING | 2:50PM – 2:55PM |
| a. Long Term Survivors Awareness Day (June 5) | |
| b. National HIV Testing Awareness Day (June 26) | |
| 8. PUBLIC COMMENTS & ANNOUNCEMENTS | 2:55PM – 3:00PM |
| 9. ADJOURNMENT | 3:00PM |



LOS ANGELES COUNTY COMMISSION ON HIV



510 S. Vermont Ave 14th Floor • Los Angeles, CA 90020 • TEL (213) 738-2816 • FAX (213) 637-6748

HIVCOMM@LACHIV.ORG • <http://hiv.lacounty.gov>

CODE OF CONDUCT

We welcome commissioners, guests, and the public into a space where people of all opinions and backgrounds are able to contribute. We create a safe environment that celebrates differences while striving for consensus and is characterized by consistent, professional, and respectful behavior. Our common enemies are HIV and STDs. We strive to be introspective and understand and clarify our assumptions, while appreciating the complex intersectionality of the lives we live. We challenge ourselves to be self-reflective and committed to an ongoing understanding. As a result, the Commission has adopted and is consistently committed to implementing the following guidelines for Commission, committee, and associated meetings.

All participants and stakeholders should adhere to the following:

- 1) We strive for consensus and compassion in all our interactions.**
- 2) We respect others' time by starting and ending meetings on time, being punctual, and staying present.**
- 3) We listen, don't repeat what has already been stated, avoid interrupting others, and allow others to be heard.**
- 4) We encourage all to bring forth ideas for discussion, community planning, and consensus.**
- 5) We focus on the issue, not the person raising the issue.**
- 6) We give and accept respectful and constructive feedback.**
- 7) We keep all issues on the table (no "hidden agendas"), avoid monopolizing discussions and minimize side conversations.**
- 8) We have no place in our deliberations for homophobic, racist, sexist, and other discriminatory statements and "-isms" (including misogyny, transphobia, ableism, and ageism).**
- 9) We give ourselves permission to learn from our mistakes.**

Approved (11/12/1998); Revised (2/10/2005; 9/6/2005); **Revised (4/11/19; 3/3/22)**



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CONSUMER CAUCUS

Thursday, April 13, 2023 | 1:30-3:00PM

MEETING SUMMARY

Meeting packet is available at: <https://hiv.lacounty.gov/meetings/>

**Contact staff for verification of attendance*

1. WELCOME + INTRODUCTIONS + CHECK IN

Co-Chair Alasdair Burton and Damone Thomas welcomed attendees and led introductions.

2. COH Meeting Debrief

- The Caucus engaged in a robust discussion following the COH meeting presentation on unmet needs. Members expressed that due to the non-emergent nature of HIV today, millennials may not have the same level of awareness and sensitivity as their elders who lived through the AIDS crisis of the 80s and 90s. This may lead to a more apathetic response towards HIV prevention among younger people, as some may opt out of using PrEP based on the notion that it is not worth taking a pill to prevent taking another pill; either way, you are still taking a pill so what's the point of taking PrEP? This highlights the need for more nuanced and targeted approaches to HIV education and prevention among different age groups.
- It was noted that current sexual health education tends to prioritize individual autonomy, empowerment, and knowledge, rather than using fear-based tactics, which have proven to be ineffective. Moreover, HIV is now framed more as a sexually transmitted infection (STI) rather than a death sentence, which helps reduce stigma and urgency around the topic. However, there is still a need to improve the quality and accessibility of sexual health education for all, including marginalized communities.
- Another important point raised was the inclusion of stimulants and inhibitors, i.e., Viagra, in the conversation around sexual health. While prevention and protection are essential, it's also important to meet people where they are, acknowledge their desires and needs, and provide them with the tools and information to make informed choices.
- Lastly, some participants expressed concerns about the cultural insensitivity and lack of HIV education among healthcare providers. Stigma and discrimination are still prevalent in many healthcare settings, which can deter individuals from seeking necessary care and support. Therefore, there is a need for more comprehensive and culturally sensitive training for healthcare providers to ensure that they are equipped to provide effective and compassionate care to all patients, regardless of their HIV status.

3. COH Staff Report

- The Health Resources and Services Administration (HRSA) site visit report has not yet been released. DHSP received notice from HRSA acknowledging that the report is late but indicated it is forthcoming. HRSA responded positively to the Consumer Caucus and commented that they are the key strength of the Commission.
- HRSA, in collaboration with the Centers for Disease Control and Prevention (CDC) and the U.S. Department of Housing and Urban Development, released a joint Dear Colleague Letter on HIV outbreaks among people experiencing homelessness and housing instability; letter can be found [here](#) and in the meeting packet.
- The County recently lifted all COVID-19 vaccination requirements for employees and commissioners and therefore, vaccination is not required for membership.

4. Co-Chair/Committee Reports

- Alasdair Burton and Damone Thomas, Caucus Co-Chairs, met with staff to strategize and plan for the upcoming Caucus meetings, and they will continue to meet on a regular basis to ensure that the needs and scope of the Caucus are met and in alignment with those of the Commission.
- Kevin Donnelly reported that the Planning, Priorities & Allocations (PP&A) Committee is defining what status neutral looks like in the context of Commission planning and is seeking other partners to assist in this effort. DThomas suggested reaching out to the Center for HIV Identification, Prevention, and Treatment Services (CHIPTS) as they are performing similar planning.
- Lee Kochems reported that the Public Policy Committee (PPC) is working on their 2023 legislative docket and policy priorities and invited all to participate; next meeting is May 1 @ 1-3PM.

5. HOPWA Quarterly Update

- Chuy Orozco provided HOPWA updates on its various HOPWA programs; see attached HOPWA flyer.
- HOPWA received a 5% increase in funding, the majority of which will be allocated to the scattered site lease program.
- All monetary caps were lifted for HOPWA programs funded via the CARE Act; the average client receives at or around \$6,000 of assistance
- HOPWA contracts with Inner City Law Center to assist PLWH with legal questions and covers legal services for those facing eviction or harassment.
- HOPWA programs and contacts are provided in the attached flyer and in the meeting packet.
- Chuy will provide the next quarterly update in July.

6. February 16, 2023 HRSA Closed Listening Session Follow Up & Next Steps

- ABurton received Monique Hitch's (HRSA) contact information and will be compiling all of the Caucus members' summary notes from the 2/16 closed listening session to develop one comprehensive document to submit to HRSA. ABurton will present final draft to Caucus for review prior to submission to HRSA.

7. Agenda Development for Next Meeting

- ABurton reported that he was able to secure a speaker, courtesy of Mario Perez (DHSP), to provide an educational presentation on mpox for the May 12 Caucus meeting. ABurton acknowledged that holding a mpox vaccination clinic at the Caucus meeting was not the best use of resources and opted for a presentation instead. Staff will follow up with Mario to coordinate the presentation.
- Contingent upon the Executive Committee's decision at its April 27th meeting on whether to cancel the COH May meeting will determine whether the May Caucus meeting will be held 100% virtually or via a hybrid model. Should the May COH meeting be cancelled, the Caucus will meet 100% virtually. Should the May COH meeting move forward, the Caucus meeting will be hybrid.
- ABurton & DThomas will work with staff to plan ahead for the June-August Caucus meetings.

8. PUBLIC COMMENTS/ANNOUNCEMENTS

9. ADJOURNMENT

Consumer Caucus Workplan 2023

Adopted 1/12/23

PURPOSE OF THIS DOCUMENT: To identify activities and priorities the Consumer Caucus will lead and advance throughout 2023.

CRITERIA: Select activities that 1) represent the core functions of the COH and Caucus, 2) advance the goals of the 2023 Comprehensive HIV Plan (CHP), and 3) align with COH staff and member capacities and time commitment.

CAUCUS RESPONSIBILITIES: 1) Facilitate dialogue among caucus members, 2) develop caucus voice at the Commission and in the community, 3) provide the caucus perspective on various Commission issues, and 4) cultivate leadership within the caucus membership and consumer community.

#	GOAL/ACTIVITY	ACTION STEPS/TASKS	TIMELINE/ DUE DATE	STATUS/COMMENTS
1	Create a safe environment for consumers (<i>people in need of HIV care and prevention services</i>)	Motivate members to challenge their environment Increase awareness of the caucus in the community	Ongoing	Develop a meeting schedule for 2023 inclusive of community engagement activities, evaluating HIV-related programs and services, educational presentations, and capacity building activities; refer to Co-Chairs for recommendations.
2	Advocacy: <i>Work with the Public Policy Committee to identify opportunities for consumer involvement to support HIV-related legislation</i>	Advocate for items the Caucus prioritizes	Ongoing	<u>Suggestion:</u> In response to DHSP's request to reassess COH activities to be more responsive and action oriented in meeting the needs of the community, coordinate a series of listening sessions as part of the CC meetings to evaluate and provide feedback on RWP services. Invite topical SMEs to present. Draft letter to HRSA based on closed listening session outcome?
3	Comprehensive HIV Plan (CHP): <i>Participate in advancing the goals of the CHP to ensure the consumer voice is prioritized</i>	Participation in CHP implementation	Ongoing	
4	Leadership and Capacity Building Training: <i>Identify training opportunities that foster and nurture (PLWH & HIV-neg) consumer leadership and empowerment in COH and community.</i>	Continue soliciting ideas from consumers for training topics	Ongoing	CC was invited to participate in the January 23 OPS Committee meeting discussion re: the development of the 2023 training plan. The plan will be finalized for presentation at the February 23 OPS meeting and will be made available to the CC and entire membership. The 2023 Training Schedule has been finalized and is now available on the COH's website; click here to access.

5	<p>Consumer Recruitment & Participation in COH: <i>Identify activities to increase consumer participation at Consumer Caucus/COH meetings, especially individuals from the Black/African American, Latinx, youth, and indigenous communities.</i></p>	<ul style="list-style-type: none"> -Identify mechanism for retaining Caucus members -Recruit members that are not part of Ryan White contracted agencies or consumers of Ryan White services -Recruit members that need HIV care and prevention services -Develop an award ceremony to recognize individuals that volunteer their time to serve/participate in the Caucus 	Ongoing	<p>Question:</p> <ul style="list-style-type: none"> -Why would anyone come to Caucus meetings? -Why won't providers recruit? -How can we get providers to encourage their clients/patients to attend? -What is the incentive for unaffiliated consumers to attend meetings?
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Equity Lens for Decision Making

Below are the current equity lens questions for use in planning, decision-making and implementation for policies, practices, and programs. These are a guide only, and there may be other factors to consider. The Lens is an ever-evolving tool for decision making, that changes as our constructs and understandings change.

SECTION 1: Basic Racial Equity Lens

1. What is the policy, program or decision under review?
2. What racial, cultural and/or ethnic group(s) experience disparities related to this policy, program or decision? Are they at the table? (If not, why?)
3. How might the policy, program or decision affect the group(s)? How might it be perceived by the group(s)?
4. Does the policy, program or decision improve, worsen, or make no change to existing disparities? Please elaborate. Does it result in systemic change that addresses institutional racism?
5. Does the policy, program, or decision produce any intentional benefits or unintended consequences for the affected group(s)?
6. Based on the above responses, what are the possible revisions to the policy, program, or decision under review?
7. What next step is recommended and how will it be advanced?

Adapted from: Portland State University Equity Lens Assessment Tool

SECTION 2: Multi-Dimension Equity Lens

(Broad inclusion of multiple as well as intersecting historically marginalized groups and underserved populations) These questions provide more global considerations and speak to macro issues such as policy as well as individual project, program or micro issue decision making, action and implementation.

People

- How have we adequately ensured that our operational processes are inclusive and that elements of the process have not created barriers to meaningful participation?
- Which stakeholder groups would we like to have included but were unable to facilitate?
- Who is affected—positively, negatively, or not at all—by this decision, process, and actions? List positives and negatives.
- What are the specific ways this decision, process, or action, etc. is expected to reduce disparities and advance social justice?
- How have you intentionally involved stakeholders who are also members of the communities affected by the strategic investment or resource allocation? How do you validate your assessment?

Place

- On the basis of Harvard Chan School of Public Health's social, physical and cultural location, how does this process compensate for access limitations of various stakeholder groups?
- How have we modified our process to support access by marginalized community stakeholders?

Process

- How are our processes supporting the empowerment of communities historically most affected by inequities?
- How are processes ensuring that participants' emotional and physical safety needs are addressed?
- How are processes supporting participants' need to be productive and feel valued?
- How are our processes building ongoing community capacity for involvement with Harvard Chan School of Public Health by those communities historically most affected by inequities?
- How are we using this opportunity to contribute to the leadership development of those from marginalized communities?
- What types of biases have influenced the work of your group and how have these been identified and addressed?
- What improvements to team processes can you support for naming and identifying unaddressed bias?
- What have we learned about effective practices that we can recommend being continued by other offices and departments?
- What are the barriers to more equitable outcomes? (e.g. mandated, political, financial, programmatic, or managerial)

April 12, 2023



Dear Recipients:

In recent years, numerous HIV outbreaks among people experiencing homelessness and housing instability have been identifiedⁱ. Housing status is a social determinant of health that has a significant impact on HIV prevention and care outcomes. The experiences of homelessness and housing instability are linked to higher viral loads and failure to attain or sustain viral suppressionⁱⁱ among people with HIV. The Health Resources and Services Administration's (HRSA) [Ryan White HIV/AIDS Program](#) (RWHAP) clients with unstable or temporary housing have lower levels of viral suppression than those with stable housing (77.3% clients versus 90.8%) clientsⁱⁱⁱ. Homelessness and housing instability are also associated with increased vulnerability for HIV acquisition. Stable housing provides a foundation from which people can participate in HIV prevention services and is associated with reductions in behaviors associated with getting or transmitting HIV^{iv}.

[The National HIV/AIDS Strategy for the United States \(2022-2025\)](#) sets a bold target to decrease homelessness and housing instability for people with HIV by 50 percent. The Strategy also calls for improved coordination among federal, state, and local governments and community-based organizations to quickly detect and respond to HIV outbreaks^v. As such, the [Centers for Disease Control and Prevention](#) (CDC) [Division of HIV Prevention](#), the [U.S. Department of Housing and Urban Development](#) (HUD) [Office of HIV/AIDS Housing](#) (OHH), and HRSA's [HIV/AIDS Bureau](#) (HAB) have partnered on recent responses to HIV outbreaks among people experiencing homelessness and housing instability.

Based on the lessons learned through our joint outbreak response efforts, CDC, HUD, and HRSA encourage communities to take the following actions to effectively prepare for and respond to these outbreaks:

- Health departments and housing providers should integrate and assess HIV prevention, care, and housing data on individuals impacted by outbreaks to

determine the extent to which they are experiencing homelessness or housing instability and to identify gaps and coordinate service delivery to improve housing stability and health outcomes.

- Personnel involved with outbreak response should assess HIV prevention, care, and treatment needs and leverage all available resources to establish integrated models of service delivery that meet people where they are.
- Individuals engaged in local outbreak response efforts should identify and leverage housing resources to assist people experiencing homelessness and housing instability in their community in addition to those available through HUD's Housing Opportunities for Persons With AIDS ([HOPWA](#)) program. Although HOPWA is a critical housing program for people with HIV, current funding does not meet the need for housing services for this population. In addition, HOPWA is unable to serve people who do not have HIV. Information on non-HOPWA housing resources can be found in the attached [APPENDIX Federal Support for Housing Services and HIV Outbreak Response](#).
- Housing providers should implement [Housing First](#) and other low-barrier housing models that offer flexibility, individualized support, and client choice in the provision of housing assistance and supportive services, including integration with substance use disorder services.
- Housing providers should explore shared housing arrangements to foster social connection, decrease housing costs, and expand available units to people with HIV and those without HIV who need prevention services.
- Housing providers should use grant funds for housing navigator positions to partner with HIV prevention and care outreach workers to provide linkage and referrals to housing programs and resources for people experiencing homelessness or housing instability.

These recommendations are based on experiences in communities with HIV outbreaks among people experiencing homelessness and housing instability. In these communities, people with HIV may also experience a variety of additional challenges, including substance use, mental health disorders, other infectious and non-infectious diseases, incarceration, food insecurity, unemployment, trauma and loss, and stigma^{vi}. Some communities experienced difficulties in responding to these outbreaks due to a lack of low-barrier or Housing First housing options, including insufficient options for people with a history of incarceration or people who actively use injection drugs. Another barrier to HIV prevention efforts was limited capacity for substance use disorder services. In addition, the jurisdictions reported a need for flexible housing assistance models to serve those at different

stages of homelessness or housing instability, regardless of their HIV status, to transition to safe, stable housing with social support.

The lessons learned from these recent outbreak response efforts underscore the need for ongoing collaboration among state and local public health, healthcare, housing, and social services providers to prepare for and respond to HIV outbreaks, reduce HIV transmission, and improve HIV care and viral suppression outcomes. In at least two of these communities, [Homeless Management Information System](#) (HMIS) data provided important insights to HIV surveillance staff in identifying needs and guiding efforts to determine eligibility for and link people to appropriate housing and services as available.

In all the communities that experienced outbreaks, the assessment of service gaps played a critical role in addressing both immediate and long-term service needs. State and local health departments worked with service providers to expand service delivery, including co-location of services, training and capacity development at sites, and the establishment of new partnerships with trusted providers in the community. Many of these activities can be done before an outbreak occurs, as identifying gaps and developing new models of service delivery strengthen the overall system of care for all people regardless of HIV status.

As we work to end the HIV epidemic, collaboration among public health, healthcare, housing, and social services providers is critical for effective detection and response to outbreaks and the prevention of future outbreaks among people experiencing homelessness or housing instability. Community efforts to provide safe and stable housing, reduce new HIV infections, and increase access to care and support for people with HIV, are necessary in order to achieve the goals of the National HIV/AIDS Strategy and the [Ending the HIV Epidemic in the U.S. \(EHE\) Initiative](#). We look forward to our continued federal collaboration and work with our state and local partners to take actions to end the HIV epidemic in the United States.

Sincerely,

/Jonathan Mermin/

Jonathan H. Mermin, MD, MPH

Rear Admiral and Assistant Surgeon General, USPHS

Director

National Center for HIV, Viral Hepatitis, STD, and TB Prevention
Centers for Disease Control and Prevention

/Jemine A. Bryon/
Jemine A. Bryon
Deputy Assistant Secretary
Office of Special Needs
Housing and Urban Development

/Laura Cheever/
Laura Cheever, MD, ScM
Associate Administrator
HIV/AIDS Bureau
Health Resources and Services Administration

APPENDIX

Federal Support for Housing Services and HIV Outbreak Response

HUD

It is especially important that HUD-funded organizations engage in HIV outbreak response efforts to house and stabilize people with HIV and people who do not have HIV but would benefit from prevention services. Grant funding under HUD's [Housing Opportunities for Persons With AIDS](#) (HOPWA) program can be used to support a range of housing assistance types and supportive services for low-income people with HIV and their families. Grant funding under HUD's [Continuum of Care](#) (CoC) and [Emergency Solutions Grants](#) (ESG) programs can be used to provide emergency, transitional, and permanent housing, outreach, and supportive services to individuals and families experiencing homelessness who are either HIV-positive or those who need HIV prevention services. In addition, these programs can fund housing search activities for eligible individuals and families.

The HOPWA, CoC, and ESG programs allow for shared housing arrangements where one or more individuals or households agree to share the space and cost of a permanent rental housing unit. The benefits of shared housing models include increased social connection and decreased isolation, reduced housing costs, and opportunity to access better housing options. These programs also promote the adoption of [Housing First](#) principles by funded housing providers, which include having few programmatic prerequisites, low-barrier admission policies, quick and successful connection to permanent housing, proactively offered but voluntary supportive services, and a focus on housing stability.

HUD staff and technical assistance (TA) providers can offer guidance and support to communities encountering an HIV outbreak among people experiencing homelessness or housing instability. Individuals engaged in outbreak detection and response efforts should contact their local HUD [Office of Community Planning and Development](#) (CPD), which can provide information and facilitate connections to local housing and service providers and can coordinate with Office of HIV/AIDS Housing and other HUD staff to provide guidance and technical assistance to assist with outbreak response efforts on the [HUD Exchange TA portal](#). [HMIS Privacy and Security Standards: Emergency Data Sharing for Public Health or Disaster Purposes](#) includes information for communities covered under HMIS Privacy and Security Standards of the capabilities and limitations of sharing client information during public health or disaster emergencies.

As people of color are overrepresented in both the HIV epidemic and in the numbers of people experiencing homelessness, HUD recognizes the need for communities to better understand and address these issues. The [Racial Equity page](#) on the HUD Exchange website includes resources, data toolkits, and research reports related to identifying disparities and implementing responses to address the overrepresentation of people of color in the homeless system.

Congress appropriated significant additional resources to HUD to help communities respond to COVID-19 and the resulting economic crisis, including funding under the [Coronavirus Aid, Relief, and Economic Security \(CARES\) Act](#) and the [American Rescue Plan](#) (ARP) that are being utilized to address homelessness and housing instability. The HOPWA and ESG programs were allocated supplemental grant funds under the CARES Act that communities may use for COVID-19 preparedness and response activities, including rental assistance, homelessness prevention, and supportive services for people with HIV and people experiencing homelessness. ARP funding is being administered through HUD's [HOME Investment Partnerships](#) (HOME) program and has the purpose of assisting individuals or households who are homeless or at risk of homelessness and other vulnerable populations by providing housing, rental assistance, supportive services, and non-congregate shelter, to reduce homelessness and increase housing stability.

HRSA

RWHAP funding can be used for a variety of support services, including housing, that help people with HIV stay in HIV care and treatment. RWHAP recipients determine which services to fund depending on community needs and resources. The allowable support services, such as housing, can help bridge gaps that exist in the current services and help limited resources stretch further.

The RWHAP [AIDS Education and Training Center \(AETC\) Program](#) provides training that is critical to capacity development in areas experiencing an HIV outbreak or at risk for an outbreak. Available training includes HIV testing, preexposure prophylaxis (PrEP), HIV treatment, and integrating mental health and substance use treatment into HIV care, as well as other topics that can help address service needs. Communities have been able to successfully expand HIV care and treatment in non-traditional settings that have resulted in integrated models, such as one-stop shops.

In 2017, HRSA and HUD released a [joint statement](#) to funded organizations encouraging the sharing of data across systems to better coordinate and integrate

medical and housing services for people with HIV. In 2019, the agencies released a [toolkit](#) for service providers with best practices for sharing data and improving service coordination.

The Bureau of Primary Health Care's (BPHC) [National Health Care for the Homeless Program](#) supports community-based organizations to provide high-quality, accessible health care, including HIV prevention services, to people experiencing homelessness.

CDC

CDC's Division of HIV Prevention provides technical assistance and support for responding to HIV [clusters and outbreaks](#). CDC support can include assistance with epidemiologic analysis and interpretation, connection with peers across the country doing similar work, identification of promising best practices and innovative delivery of prevention activities, and assistance with planning and implementing response activities for specific clusters or outbreaks. Organizations with needs or interests related to HIV outbreak response in their community should contact their state or local health department, who can facilitate collaboration with CDC as needed.

CDC also funds a Capacity Building Assistance (CBA) Provider Network to provide free CBA services to state and local health departments, community-based organizations, and healthcare organizations to support their implementation of high-impact HIV prevention initiatives. Providers can provide support in several areas, including addressing social determinants of health, HIV services for disproportionately impacted populations, such as those experiencing homelessness or unstable housing, and cluster detection and response. More information on each organization funded can be found in the [CBA Provider Service Directory](#). Additionally, [online, virtual, and in-person trainings](#) are available, including a [training on homelessness for public health providers](#).

CDC funds state and local health departments to implement evidence-based, high-impact programs to improve access to HIV and other health and social services; this includes a range of activities related to detecting and responding to HIV clusters and outbreaks. CDC also prioritizes hearing from and collaborating with people with HIV through roundtables, town halls, and ongoing community listening sessions focused on issues that intersect with HIV and affect health outcomes, including housing.

Through the Ending the HIV Epidemic in the U.S. Initiative (EHE), CDC funds 32 state and local health departments to implement locally tailored and integrated solutions to meet the unique needs of their communities, including flexibilities to use funds to support housing. CDC also funds over 100 community-based organizations and their clinical partners to deliver comprehensive HIV services to communities disproportionately affected by HIV. In addition, CDC supports the Housing Learning Collaborative, a virtual learning community to build capacity of EHE jurisdictions to develop and implement innovative programs to respond to housing-related needs. CDC published an [issue brief](#) on the role of housing in Ending the HIV Epidemic and federal efforts to address housing and HIV more broadly.

ⁱ Lyss S, Buchacz K, McClung RP, Asher A, Oster AM. Responding to Clusters and Outbreaks of Human Immunodeficiency Virus Among People Who Inject Drugs: Recent Experience and Lessons Learned. *J Infect Dis.* 2020 Sep 2;222(Supplement_5): S239-S249.

ⁱⁱ Aidala, A. A., Wilson, M. G., Shubert, V., Gogolishvili, D., Globerman, J., Rueda, S., Bozack, A. K., Caban, M., & Rourke, S. B. Housing Status, Medical Care, and Health Outcomes Among People Living With HIV/AIDS: A Systematic Review. *American Journal of Public Health*, 106(1), e1–e23. 2016.

ⁱⁱⁱ Health Resources and Services Administration. Ryan White HIV/AIDS Program Annual Client-Level Data Report 2021. ryanwhite.hrsa.gov/data/reports. Published December 2022.

^{iv} Aidala, et al. 2016.

^v The White House. National HIV/AIDS Strategy for the United States 2022–2025. Washington, DC. 2021.

^{vi} Lyss, et. al. 2020



April 26, 2023

Dear Ryan White HIV/AIDS Program Colleagues:

As sexually transmitted infections (STIs), including the recent mpox outbreak, continue to have a disproportionate impact on people with HIV, the Health Resources and Services Administration's (HRSA) HIV/AIDS Bureau's (HAB) Ryan White HIV/AIDS Program (RWHAP) plays a critical role in addressing STIs for people with HIV. This includes access to treatment for STIs through RWHAP AIDS Drug Assistance Program (ADAP) formularies.

ADAPs ensure that eligible people with HIV can access medications that improve individual health outcomes and reduce HIV transmission. Similarly, affordable access to STI treatment decreases the potential for STI transmission. While many ADAP formularies may already provide access to medications used to treat STIs, ADAPs are encouraged to review their formulary to ensure that all preferred and second line medications recommended in the STI treatment guidelines are included, especially in jurisdictions with higher STI prevalence.

The [2022-2025 National HIV/AIDS Strategy \(NHAS\)](#)¹ identifies HIV and STIs as syndemic conditions that adversely interact with each other and contribute to a greater impact of disease and ongoing health disparities and inequities. Rates of STIs are higher among people with HIV than people without HIV, and people with HIV who have one or more STI are more likely to transmit HIV to a partner. Furthermore, people without HIV with one or more STIs are more likely to contract HIV.² Overall, STI rates have increased across the U.S. since 2017, posing an alarming risk both for people with HIV and for new HIV infections,³ especially impacting NHAS priority populations including communities of color, men who have sex with men (MSM), heterosexual women, and youth.⁴

Per the RWHAP statute, RWHAP recipients and subrecipients are required to follow the federally approved HIV clinical practice guidelines, including the [Guidelines for the Prevention and Treatment of Opportunistic Infections in Adults and Adolescents with HIV](#), which cover the treatment of STIs. In addition, the [2021 STI Treatment Guidelines](#)⁵ from the Centers for Disease Control and Prevention (CDC) include updated treatment recommendations and expanded risk factor-based testing for select STIs. When implemented as recommended, the revised guidelines can reduce barriers to STI treatment, decrease transmission rates, and improve cure rates.

¹ [National HIV/AIDS Strategy for the United States 2022-2025](#)

² [Sexually transmitted infections and HIV in the era of antiretroviral treatment and prevention: the biologic basis for epidemiologic synergy.](#)

³ <https://www.cdc.gov/std/hiv/stdfact-std-hiv-detailed.htm>

⁴ [National HIV/AIDS Strategy for the United States 2022-2025](#)

⁵ [CDC Releases 2021 STI Treatment Guidelines](#)

During the recent mpox outbreak, the infection was primarily spread through sexual contact. Although an effective response that included vaccination has led to a decrease in new cases and the expiration of the mpox public health emergency,⁶ low-level mpox transmission is still occurring and could lead to another outbreak, especially among individuals engaging in sex while attending large community gatherings. Therefore, it is important to remain aware of current mpox vaccination and testing recommendations, particularly for people with HIV who are immunocompromised, as they are more likely to have severe mpox disease. New resources are now available on the CDC's website about how individuals [can stay healthy throughout the summer](#).⁷ Please also visit the [HRSA HAB mpox webpage](#)⁸ for more information, including how RWHAP services can support mpox vaccination.

Please contact your HRSA HAB project officer if you have questions. Thank you for working with us to support the health and safety of people with HIV.

Sincerely,

/Laura W. Cheever/

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⁶ [Statement From HHS Secretary Becerra on mpox](#)

⁷ <https://www.cdc.gov/lgbthealth/summer/index.html>

⁸ <https://ryanwhite.hrsa.gov/resources/mpox>