



The Health Resources and Services Administration's and Centers for Disease Control and Prevention's Joint 2023 Community Engagement Listening Sessions

Executive Summary



Background

The Health Resources and Services Administration's (HRSA) HIV/AIDS Bureau (HAB) implements the Ryan White HIV/AIDS Program (RWHAP) and has a leading role in the Ending the HIV Epidemic in the U.S. (EHE) initiative. Community engagement has been fundamental to HRSA's success since the beginning of RWHAP.

The Centers for Disease Control and Prevention (CDC) collaborates with local and state partners to engage their communities in developing tailored, community-driven plans for scaling up the EHE initiative's key strategies to meet local needs and optimize HIV prevention efforts.

In 2023, HRSA HAB collaborated with CDC's Division of HIV Prevention (DHP) to co-host 14 listening sessions in U.S. Department of Health and Human Services regions. For each region, HRSA and CDC held two sessions: (1) a public health leader roundtable and (2) a community member listening session. These jointly coordinated sessions gathered insights on the opportunities for, facilitators in, and barriers to reaching the goals of the Ending the HIV Epidemic in the U.S. (EHE) initiative.

Participants included HIV community members, community-based organizations, people with HIV, Ryan White HIV/AIDS Program (RWHAP) and EHE initiative recipients and subrecipients, and CDC-funded HIV recipients. In total, nearly 2,050 participants attended at least one of the sessions.¹

Participants in the 2023 HRSA and CDC Virtual Listening Sessions

Listening session participants included:

- Community-based organizations, including organizations focused on housing, mental and behavioral health, and aging support
- State and local health departments
- Federal agencies
- HRSA-funded community health centers and look-alikes
- Faith-based organizations
- CDC-funded HIV prevention organizations
- People with HIV and clients served by RWHAP and HAB EHE recipients
- RWHAP AIDS Education and Training Center Programs
- Other RWHAP organizations

Leaders from the HRSA Bureau of Primary Health Care, HRSA Office of Intergovernmental and External Affairs, Indian Health Service, Substance Abuse and Mental Health Services Administration, and U.S. Department of Housing and Urban Development also attended, along with other individuals not captured in the categories above.

Listening Session Topics

The listening sessions were guided by questions on the following topics: (1) innovative approaches to enhance HIV prevention and treatment; (2) barriers to and opportunities for effective HIV prevention and treatment; (3) supporting a patient-centered approach to HIV care, treatment, support, and prevention; and (4) partnership and collaboration efforts.

Key Themes

Several key cross-jurisdictional themes emerged during the listening sessions:

Workforce recruitment and capacity building are essential for HIV care, treatment, and prevention. Participants discussed how shortages in the infectious disease workforce are affecting their ability to provide HIV care and treatment and called for federal efforts focused on increasing

¹ Please note, this document is a high-level summary of the feedback and suggestions offered during the 14 listening sessions and does not include all the comments and ideas shared during the sessions.

recruitment and retention of HIV providers and staff. Many shared that the shortages are resulting from provider burnout and retirement. Additionally, participants discussed the invaluable role that peer navigators and community health workers have in building trust among people with HIV.

“Support curricula development in family medicine residencies—no other specialty answers the call to ‘whole-person’ care than family medicine providers.”

Key elements that impact health and stigma continue to be factors for access to health care. Participants highlighted how stigma is a universal barrier to HIV prevention, care, and treatment. Other key elements noted that impact people with HIV include stable housing, mental health care, and substance use treatment. Additionally, participants emphasized the continued need for HRSA and CDC to collaborate on comprehensive strategies that address key elements that impact health.

“You can’t separate the mind from the body. [We need to] address stigma as a mental health issue on an individual level and community education and education and outreach on a macro level.”

Technical assistance is needed to address administrative burden when using braided funding for prevention and treatment. Participants discussed that federal silos continue to be a barrier to HIV prevention, care, and treatment. Additionally, many participants shared that additional guidance is needed on how best to strengthen braided funding and collaboration efforts. They noted that HRSA and CDC funding each have unique requirements, resulting in increased administrative burden and barriers to implementation.

“The braided funding approach has been exhausting because the prevention funding from CDC and the care/treatment funding from RWHAP Part B come with strict guidelines regarding what areas they can be applied to, which causes barriers and administrative burdens.”

HIV testing expansion and integrated HIV treatment rapid start protocols would enhance HIV prevention and care efforts. Participants discussed how to reach people with HIV who are not currently in care or who have fallen out of care. Participants highlighted that self-testing and at-home testing have been important tools and emphasized increasing access by providing HIV testing through nontraditional modes and locations (e.g., dental clinics and mobile health units). Participants shared that HIV testing should be routine in all health care settings. Additionally, participants emphasized HIV treatment rapid start protocols and the importance of integrating these protocols into routine HIV services to ensure that a person who is diagnosed with HIV can quickly be linked to care and provided access to medication.

“Having a champion in the clinic for the adoption of RAPID Start protocol is helpful.”

People aging with HIV have additional needs. Participants shared that people with HIV have unique needs as they age and described efforts that federal agencies should consider to best support this growing population. Such efforts include increasing provider education around aging and chronic conditions and enhancing patient and client



education. Additionally, participants noted that HRSA needs to consider the service delivery system supporting people as they age, including nursing home staff and home health aides, and make sure those professions have resources about the unique needs of people aging with HIV and can have informed discussions.

“In [RWHAP Part B recipient], we have a People Aging with HIV pilot. It is a promising initiative, but we need more programs to support the community.... Sites provide age-specific care management, psychosocial support, cognitive screenings, peer support, linkages, and innovative services to the aging HIV population.”

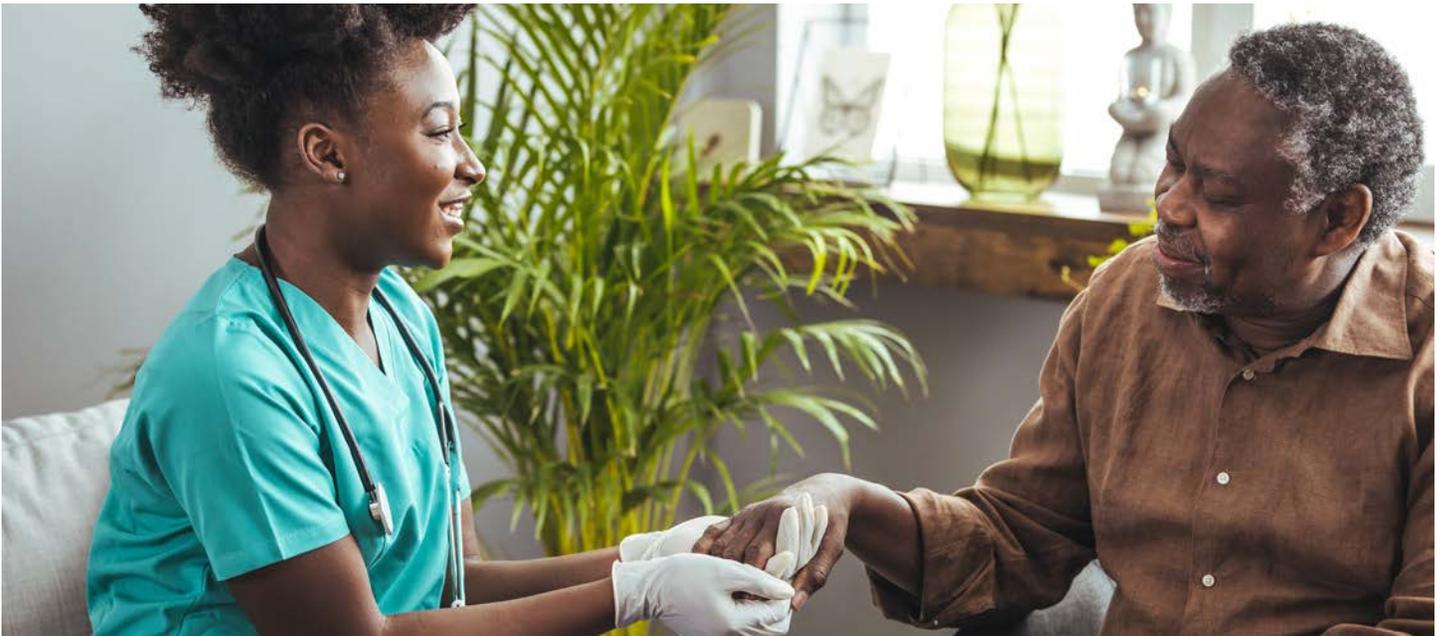
Additional Noteworthy Themes

During many of the listening sessions, additional topics were discussed at length, but not at the level of the key themes. Participants discussed the need for **increased adoption of telehealth**, especially in rural areas, and to provide a greater understanding of community needs and priorities.

HRSA HAB Moving Forward

RWHAP community members provided substantial ideas and suggestions throughout the HRSA and CDC jointly hosted listening sessions, many of which touched on activities already underway. HRSA HAB has implemented policies, projects, and initiatives to address many of these key themes, including the following:

- Announced [Ryan White Program 2030 \(RWP 2030\)](#), which calls on the HIV community to continue to care for those in RWHAP while also prioritizing efforts to reach people with HIV who are out of care or undiagnosed. [As highlighted in a new RWP 2030 briefer](#), by leveraging partnerships, focusing interventions, and engaging communities, RWP 2030 will bring more people into care to ultimately end the HIV epidemic.
- Encouraged RWHAP recipients to leverage resources to support older adults, long-term survivors, and life-term survivors with HIV in [a new program letter](#).
- Continued collaborations with federal partners, including CDC, the U.S. Department of Housing and Urban Development, the Substance Abuse and Mental Health Services Administration, and the Administration for Community Living.



- Developed a *Quality of Life* framework based on guidance received during listening sessions with the RWHAP community. The framework conveys that HRSA HAB recognizes quality of life as a multidimensional, self-determined construct that includes, but is not limited to, the physical, mental, and emotional health and well-being of an individual. People with HIV are represented at the center of the framework.
- Released several notices of funding opportunity to address HIV workforce capacity building and leadership capacity among people with HIV.

HRSA HAB staff continue to integrate the feedback garnered during the Public Health Leader and Community Listening Sessions while preparing the HAB EHE notice of funding opportunity, conducting implementation planning for the national HIV goals, and planning future policy and program implementation.

Acknowledgments

HRSA HAB and CDC DHP would like to acknowledge the important work that RWHAP and EHE recipients and subrecipients, CDC-funded HIV recipients, community leaders, health care providers, people with HIV, and organizations involved in HIV prevention, care, and treatment have been doing in support of ending the HIV epidemic in their jurisdictions and communities. HRSA and CDC are thankful for their participation and contributions during the 2023 Virtual Public Health Leader and Community Listening Sessions.

