



Health Resources and Services Administration's 2025 Community Engagement Listening Sessions Themes

Executive Summary



Background

Community engagement is required by the Health Resources and Services Administration's (HRSA) HIV/AIDS Bureau (HAB) Ryan White HIV/AIDS Program (RWHAP) statute and has been fundamental to the program's success since it was enacted in 1990. Additionally, engaging community remains a core component of ongoing program efforts, including broader initiatives to sustain high-quality care for people receiving RWHAP services to better identify and engage individuals with HIV in the United States who are undiagnosed or out of care. These efforts emphasize strengthening partnerships, prioritizing community engagement, and implementing focused interventions to end the HIV epidemic.

In 2025, HRSA HAB hosted a series of 10 virtual and in-person community engagement listening sessions throughout the United States. Seven sessions were held virtually, and three sessions were hosted in-person in Atlanta, Georgia; Dallas, Texas; and Philadelphia, Pennsylvania. The 10 community engagement listening sessions gathered insights about the successes with and barriers to engaging people with HIV who are out of care or undiagnosed. Participants included RWHAP Part A and Part B Planning Body and Planning Council chairs and members who are involved in the planning, development, and implementation of HIV care and treatment strategies. In total, nearly 800 participants attended at least one of the sessions.

The 2025 listening session series built on prior HRSA-led virtual and in-person listening sessions, including those conducted in partnership with the Centers for Disease Control and Prevention (CDC).¹

Participants in the 2025 Community Engagement Listening Sessions

Listening session participants represented RWHAP Part A and Part B Planning Body and Planning Council members and chairs, which include:

- State, city, and local health departments
- Community-based organizations, such as those focused on the aging HIV population, mental and behavioral health, and housing
- Faith-based organizations
- People with HIV and clients served by the RWHAP and HAB Ending the HIV Epidemic in the U.S. (EHE)
- RWHAP Part F AIDS Education and Training Center Program
- HRSA-funded community health centers

HRSA HAB thanks HRSA's Office of Intergovernmental and External Affairs, RWHAP Part A and Part B recipients, and Planning Body and Planning Council chairs and members for their support in coordinating the three in-person listening sessions.

Listening Session Topics

The listening sessions were guided by questions on the following topics: (1) innovative approaches to enhance HIV care and treatment, (2) outreach and engagement strategies for people who are out of care or undiagnosed, (3) challenges and barriers to effective HIV care and treatment, (4) partnership and collaboration efforts, (5) Priority Setting and Resource Allocation (PSRA), and (6) tools and resources to support Planning Bodies and Planning Councils.

Key Themes

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

1. Cross-Sector Partnerships to Close HIV Care Gaps

Participants discussed how strengthening coordination across health care, public health, and community organizations is critical to re-engage people with HIV who are out of care or undiagnosed. Many participants shared that collaborations with hospitals, pharmacies, community

¹ Please note, this document is a high-level summary of the feedback and suggestions offered during the 10 listening sessions and does not include all the comments and ideas shared during the sessions.



health centers, jails, AIDS Drug Assistance Programs, and Housing Opportunities for Persons with AIDS programs are essential for improved testing, linkage to rapid antiretroviral therapy, and retention in care. Meaningfully engaging with faith-based groups and community organizations and building partnerships with organizations addressing key issues—including substance use disorder, aging services, housing, food access, and transportation—are all critical to reduce stigma, normalize HIV testing and treatment, and improve HIV health outcomes.

2. Low-Barrier, Whole-Person HIV Care to Improve Engagement

Many participants shared that delivering HIV testing and care through flexible and accessible methods—including extended hours, mobile units, street medicine, and walk-in services—improves engagement and re-engagement in care. Participants also noted that integrating HIV treatment with broader support services—such as housing, food, substance use disorder services, and aging-related services—supports whole-person care.

3. Meaningful Community Engagement in HIV Decision-Making

Participants emphasized the importance of engaging people with HIV in RWHAP Part A PSRA processes. They discussed how listening sessions, focus groups, and surveys provide meaningful opportunities to inform funding decisions. Participants also highlighted the valuable role community health workers and peer navigators have in reducing barriers and increasing access to HIV care and treatment.

4. Sustainable HIV Workforce and Training Infrastructure

Participants shared how infectious disease workforce shortages and provider burnout directly affect providers' ability to support patient engagement in HIV

care. They also highlighted the need for training strategies for HIV clinicians and other care team members. Participants noted a continued need for leadership development programs for people with HIV.

5. Data Utilization to Reach People with HIV Who Are Out of Care or Undiagnosed

Participants shared that limited access to timely, actionable data to support reaching people with HIV who are out of care and undiagnosed hinders effective planning. Additionally, participants noted the need to use integrated data systems and communication approaches, such as AI tools, apps, and texting, to support increased engagement.

6. Funding Flexibility and Administrative Alignment to Increase Access to Care

Participants discussed how administrative complexity and rigid funding structures are barriers to engagement in HIV care efforts. They highlighted how streamlined enrollment and recertification across RWHAP Parts A, B, and C has reduced administrative burden and noted improved coordination between HRSA, CDC, and other federal agencies. Participants also emphasized the need for flexibility to support primary care models, including telehealth, rural services, and nontraditional hours.

HRSA HAB staff are integrating the feedback garnered during the 2025 Community Engagement Listening Sessions into future RWHAP implementation plans and incorporating broader initiatives to sustain high-quality care for people receiving RWHAP services to better identify and engage individuals with HIV in the United States who are undiagnosed or out of care.

Acknowledgment

HRSA HAB would like to acknowledge the important work that RWHAP Part A and Part B Planning Council and Planning Body chairs and members, RWHAP and EHE recipients and subrecipients, community leaders, people with HIV, and organizations involved in HIV care and treatment have been doing in support of ending the HIV epidemic in their jurisdictions and communities. HRSA is thankful for their participation and input during the 2025 Community Engagement Listening Sessions.

