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## HRSA'S RWHAP STRUCTURE AND COMMUNITY ENGAGEMENT ACTIVITIES

The Health Resources and Services Administration's (HRSA) Ryan White HIV/AIDS Program (RWHAP) provides a comprehensive system of HIV primary medical care, essential support services, and

medications for low-income people with HIV who are uninsured and underserved, including racial and ethnic minorities; members of the lesbian, gay, bisexual, and transgender (LGBTQ) communities; women; and young people. People with HIV often face disparities in health care and health outcomes. Because of these disparities, community engagement activities play a critical role in engaging and retaining people with HIV in care.

### Director's Note

During the State of the Union in February 2019, the Administration announced a 10-year plan to reduce new HIV infections to less than 3,000 per year by 2030. The initiative, *Ending the HIV Epidemic: A Plan for America*, will focus its Phase I efforts in 48 counties; Washington, D.C.; San Juan, Puerto Rico; and seven states with a substantial rural HIV burden.<sup>1</sup>

As one of the principal agencies implementing this plan, the Health Resources and Services Administration (HRSA) will play a leading role in helping to diagnose, treat, prevent, and respond to the HIV epidemic through the Ryan White HIV/AIDS Program (RWHAP) and the HRSA-funded Health Center Program. For 29 years, RWHAP's many initiatives have prioritized and fostered community engagement to increase involvement and retention in care for people with HIV, reduce stigma, improve viral suppression for the hardest-to-reach individuals, and—ultimately—end the HIV epidemic.

This issue of *CAREAction* focuses on several of the HRSA RWHAP's community engagement activities: developing clinical quality management, providing HIV/AIDS technical assistance and training, strengthening leadership among minorities, ensuring health literacy, supporting youth with HIV, and promoting community health workers. Through these activities, RWHAP is better able to mobilize people with HIV, health care providers, and communities in striving for the ultimate goal of ending the HIV epidemic.

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The RWHAP funds grants through five Parts to states, cities/counties, and local community-based organizations to provide care and treatment services that improve health outcomes and reduce HIV transmission among HRSA's hard-to-reach populations. These Parts support different components of HIV care and the needs of the communities served by the program and are described at [hab.hrsa.gov/about-ryan-white-hiv-aids-program/about-ryan-white-hiv-aids-program](http://hab.hrsa.gov/about-ryan-white-hiv-aids-program/about-ryan-white-hiv-aids-program).

HRSA's RWHAP recipients and providers—supported by one or more Parts of RWHAP—have been longtime leaders in implementing community engagement activities to meet the needs of hard-to-reach and underserved populations. By including people with HIV in planning and coordinating HIV care, these integrative efforts result in improved health outcomes, such as sustained linkage to care and increased viral suppression rates among people with HIV who receive medical care through HRSA's RWHAP.

The following community engagement activities have contributed to the success of RWHAP's many initiatives.

### BUILDING FUTURES: SUPPORTING YOUTH LIVING WITH HIV

The Building Futures: Supporting Youth Living with HIV project was initiated to develop best practices for enhancing care and treatment services to youth with HIV (aged 13–24 years).<sup>2</sup> To identify best practices, site visits with 20 youth-serving, RWHAP-funded providers were conducted, along with focus groups and one-on-one interviews with young people with HIV and interviews with site staff. Insights gained

## Areas of Focus for Planning CHATT include —

- ♣ Promoting practices that could improve planning council and planning body functions and operations and achieve legislative responsibilities
- ♣ Developing and updating easy-to-understand planning tools and training materials
- ♣ Delivering informational webinars to discuss practical approaches to common challenges
- ♣ Sharing existing resources via a searchable, comprehensive library
- ♣ Supporting the exchange of practical knowledge in a community of planning council and planning body members, staff, and recipients

through these activities resulted in the development of a toolkit and other technical assistance tools. RWHAP recipients can access the toolkit, webinar series, and other to help engage youth who have HIV and improve their health outcomes, such as retention in care and viral suppression. The resources can be found at: [targethiv.org/library/hrsa-hab-building-futures-supporting-youthliving-hiv](http://targethiv.org/library/hrsa-hab-building-futures-supporting-youthliving-hiv).

## BUILDING LEADERS OF COLOR

The [Building Leaders of Color \(BLOC\)](#) project offers training opportunities to people of color with HIV to increase their participation in and engagement with planning bodies, medical and support care teams, and boards of directors, as well as other efforts to address and reach the goals of the *National HIV/AIDS Strategy for the United States*. BLOC hosts training events each year, including one national training for transgender women of color with HIV, regional trainings for people of color with HIV, tailored trainings for youth of color with HIV between the ages of 18 and 24 years, and a train-the-trainer session for individuals who have graduated from regional and national trainings.

## CLINICAL QUALITY MANAGEMENT

Clinical Quality Management (CQM) focuses on improving patient care, health outcomes, and patient satisfaction.<sup>3</sup> Through a cooperative



agreement with recipients, HRSA offers training for people with HIV and staff on quality improvement through the [Center for Quality Improvement and Innovation \(CQII\)](#) Training of Consumers on Quality (TCQ) Program. The purpose of the CQII TCQ Program is to build the capacity of people with HIV to be active partners in planning, implementing, and evaluating quality improvement efforts at both the clinical and system levels. The program focuses on people with HIV who seek to be effective advocates for their communities, with the goal of improving the quality of HIV care. The technical assistance and training services encompass the dissemination of resources, training, consultation and coaching from quality improvement experts, and a national quality improvement collaborative with engagement among RWHAP recipients. The training program features three components of good quality management: infrastructure, performance measurement, and quality improvement.

## COMMUNITY HEALTH WORKERS

Fostering relationships with well-informed, relatable individuals can help engage hard-to-reach populations.<sup>4</sup> Using [community health workers \(CHWs\)](#) within a multidisciplinary HIV care team is a well-documented program model that facilitates increased linkage to and retention in care among people with HIV. Depending on their communities, CHWs often have diverse roles, but they typically share race/ethnicity, language, socioeconomic status, values, and life experiences with their community members. This peer relationship provides opportunities to receive honest feedback from patients, which informs and helps shape the CHW program. CHWs offer services that focus on addressing barriers that prevent people with HIV from receiving treatment and staying in care. Because CHWs understand and often come from the communities they serve, they can build trusting relationships and credibility with people with HIV.

## COMMUNITY HIV/AIDS TECHNICAL ASSISTANCE AND TRAINING

Through focused areas of training and technical assistance (see text box), [Community HIV/AIDS Technical Assistance and Training \(Planning CHATT\)](#) builds the capacity of RWHAP Part A planning councils and planning bodies across the United States to help them strengthen engagement of people with HIV and people at risk for HIV and increase the involvement of community providers in HIV service delivery planning.

## HEALTH LITERACY

The [In it Together Health Literacy Project](#) is a training initiative designed to incorporate health literacy strategies into services for people with HIV, with the goal of improving engagement and retention in HIV care and treatment.<sup>5</sup> This adaptable program trains individuals who live in communities highly affected by HIV to become health literacy trainers and eventually provide in-person training to health professionals and organizations that serve people with HIV.

## Story From the Field: Boston University Community Health Worker Initiative

Funded through the Minority HIV/AIDS Fund of the Secretary of Health and Human Services and administered by the HRSA HIV/AIDS Bureau,

the cooperative agreement with Boston University (BU) is designed to provide support to the RWHAP medical provider sites that are integrating community health workers into HIV care teams.

The goals of this community health worker project are to—

- Increase the use of CHWs to strengthen the health care workforce and improve access to health care and health outcomes for people of racial and ethnic minorities with HIV.
- Assist RWHAP-funded medical provider sites in integrating CHWs into an HIV multidisciplinary team model.
- Develop tools, materials, and resources to facilitate implementation and use of CHWs in HIV primary care teams.
- Evaluate the effectiveness of CHWs on linkage to and retention in care for people with HIV and assess the effectiveness of technical assistance activities in the quality of CHW providers.

According to Brian Fitzsimmons, Senior Program Advisor for HRSA's HIV/AIDS Bureau's Division of Community HIV/AIDS Programs, "The project is intended to determine what an HIV care program would need to successfully integrate CHWs into treatment sites, what the challenges and barriers are, and what trainings and resources supervisors and CHWs would need" to effectively implement a CHW model. For example, "A training and professional development program for CHWs will need to address things such as boundary setting and navigating peer-professional interactions," Mr. Fitzsimmons said.

To determine the necessary factors for success, BU implemented CHW programs at 10 treatment sites across the United States with low rates of viral suppression and large ethnic/minority populations. "BU assembled a coaching, facilitation, and training team; provided 80 hours of training to CHWs on HIV topics and CHW core competencies, provided training to CHW supervisors to build skills in supervision; provided monthly coaching to each project site; and created spaces to engage in facilitated peer-to-peer learning for CHWs and supervisors, separately," explained Allyson Baughman, Project Director of the CHW project.

In addition to consistent check-ins, in-person meetings to evaluate the program, and training materials for CHWs and supervisors, BU is producing a curriculum for CHW training, which has two main parts. The first part is an HIV 101 training session that helps CHWs educate clients on how to communicate with providers, the biological mechanism behind HIV, and treatment options and adherence. The second part is built on the [Community Health Worker Core Consensus Project](#). The project identifies core roles of CHWs, such as providing coaching and social support to clients, and core skills they should possess, such as communication and outreach. The project also identifies CHW core qualities, such as compassion, patience, dependability, and motivation. The final BU curriculum will include case studies from the current RWHAP medical provider sites that identify challenges of implementing this model and solutions to help mitigate those challenges.

The BU program focuses on the role of CHWs as peers who can build relationships with people with HIV and engage them in care.

"The curricula and support emphasize the importance of relationship building and integrating cultural humility with the patient and with the health care team," said Ms. Baughman.

Ultimately, this program strives to meet a need in the community by increasing the use of CHWs to improve health outcomes for people with HIV of racial/ethnic minority populations. Preliminary outcomes as a result of the CHW program implementation indicate it has met its goal. "CHWs became known, valued, and respected in the agency and the community," Ms. Baughman said. In fact, "eight out of 10 sites have established plans to sustain the CHW program." In terms of health outcomes, "among people with HIV who participated in a CHW program, the proportion with an undetectable viral load doubled from 22 percent at baseline to 46 percent at the 12-month follow-up," Ms. Baughman explained. "Among people with HIV who participated in a CHW program, the proportion with an active ART (anti-retroviral therapy) prescription increased from 67 percent at baseline to 86 percent at the 12-month follow-up."

Although the program has faced challenges, such as underestimated time commitments, integration of evaluation activities into workflows, and specific trainings based on CHW experience, Ms. Baughman and her colleagues say, "the results are worth the effort!"

## References

- 1 HRSA. 2019. "Ending the HIV Epidemic: A Plan for America." U.S. Department of Health and Human Services. [www.hrsa.gov/ending-hiv-epidemic](http://www.hrsa.gov/ending-hiv-epidemic). Accessed July 19, 2019.
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- 5 Target HIV. 2019. "Using Community Health Workers to Improve Linkage and Retention in Care." [targethiv.org/chw](http://targethiv.org/chw). Accessed July 19, 2019.

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For more information on the HRSA's Ryan White HIV/AIDS Program, please visit: [hab.hrsa.gov](http://hab.hrsa.gov).