



Getting in Sync on HIV, Hep C, and LGBT Health

May 8, 2017 By Richard Wolitski

Last week, along with other federal leaders, I had the opportunity to address the 2017 Synchronicity Conference. It is a national conference organized by [HealthHIV](#) that focuses on HIV and hepatitis C (HCV). This year, for the first time, the conference also addressed LGBT health. The conference gathered over 700 participants from across the country in Arlington, Virginia, including clinicians, service providers, advocates, and others working in health centers, AIDS services organizations (ASOs), community-based organizations (CBOs), health departments, and elsewhere.

The conference provided an important opportunity to more closely examine the interconnections between HIV, HCV, and LGBT health and how to best to respond to them. This is different from how most of us spend our time working. Somehow, it seems to be much easier for us to focus on one issue at a time, which causes us to miss opportunities to work across programs, to do a better job serving our clients' needs, and reduce the burden on them to schedule, travel to and from, and attend appointments with multiple providers in different locations.

When we look beyond the silos, we can see the big picture and solutions to some of the challenges. We can better understand the full range of the needs, strengths, and abilities of the people we serve, and envision new ways of working that are more efficient, effective, and sustainable. Participating in the opening plenary session was energizing. It gave me an opportunity to look past the defeats and challenges, and to reflect on the synchronicity that I see all around lately. I see these meaningful coincidences in the scientific advances in HIV prevention and care, in our ability to cure HCV, and in the growing scientific literature on LGBT health that has helped us identify, understand, and work to address health disparities affecting sexual and gender minorities.

Our panel session focused on how federal agencies and national strategies are syncing to improve HIV, HCV, and LGBT health outcomes. It was an impressive group of federal leaders from across HHS that included:

- Dr. Gail Bolan, Director, CDC's Division of STD Prevention (CDC/DSTD)
- Dr. Laura Cheever, HRSA's Associate Administrator and Chief Medical Officer for the HIV/AIDS Bureau (HRSA/HAB)

- Dr. Anita Everett, Chief Medical Officer, Substance Abuse and Mental Health Administration (SAMHSA)
- Dr. Eugene McCray, Director, CDC's Division of HIV/AIDS Prevention (CDC/DHAP)
- Dr. Judith Steinberg, Chief Medical Officer, HRSA's Bureau of Primary Health Care (HRSA/BPHC)
- And, via a video message, Dr. Jonathan Mermin, Assistant Surgeon General and Director, CDC's National Center for HIV, Viral Hepatitis, STD and TB Prevention.

Each of the panelists addressed progress that was being made and the challenges that remain. They brought their agency's perspective on the issues as well as their own experience working on these issues in careers that have spanned decades. It was especially good to hear from most of the presenters about the ways that they are integrating these lessons learned in ongoing training, service delivery, and other work. Some of the points that stood out to me were:

- Major scientific advances that have fundamentally changed how we think about prevention and treatment of HIV and HCV. Using HIV medications to stop disease progression and prevent transmission, and new HCV treatments that can cure HCV infection, have lifted the fear that so many people with these infections have lived with for so long. They are likely the keys to ending new infection and they are effective tools that, if they are used effectively, can bring us closer to making new HIV and HCV infections and deaths a distant memory.
- Our nation's efforts to prevent and treat HIV are have been incredibly successful. The [number of annual new infections fell 18% between 2008 and 2014, and reductions were observed in all states and most subgroups](#). The least improvement was seen among gay, bisexual, and other men who have sex with men (MSM). New infections decreased among white MSM, they remained stable among African American MSM, and increased 20 percent among Latino MSM.
- Concerns over rising numbers of hepatitis C (HCV) infections, the fact that only about half of those living with HCV are aware of their status, and the corresponding need to identify additional opportunities at which HCV testing can be provided to those at risk including in primary care, drug treatment, syringe services programs, STD or sexual health clinics, and elsewhere.
- Opportunities to better leverage electronic medical records (EMRs) to improve screening for HCV, HIV, and STDs.

- Efforts underway in the Ryan White HIV/AIDS Program, led by Dr. Cheever, to cure hepatitis C in all coinfecting patients.
- Concern about [rising rates of some sexually transmitted diseases among MSM](#), research indicating that the risk of acquiring HIV within the next year among MSM who present with some STDs is relatively high, and the under-leveraged opportunities to link those clients with HIV pre-exposure prophylaxis (PrEP).
- The continued importance of the [National HIV/AIDS Strategy](#) and the newly released [National Viral Hepatitis Action Plan](#) as roadmaps for our national responses to these significant health issues.
- After adding two questions on sexual orientation for the first time, findings from SAMHSA's [2015 National Survey on Drug Use and Health](#) suggest that sexual minorities (i.e., members of the LGBT community) experience higher rates of substance use and mental health issues compared to heterosexuals.
- Opportunities across systems – primary care, HIV, STD, behavioral health – to identify and link clients in need of other services. For example, in STD or sexual health clinics there is significant potential to identify new HIV infections especially among those with acute STDs or provide information about HIV pre-exposure prophylaxis (PrEP) to those who test negative. Or opportunities for health centers to expand provision of PrEP using their own resources as well as leveraging assistance available from the RWHAP and the 340B program.

Finally, some of the speakers' remarks underscored the vital role of partnerships among federal agencies and programs as well as with state and local partners. This discussion focused on the federal responses to HIV, HCV, and LGBT health and echoing a conference theme of finding innovative ways to collaborate to address those issues, my colleagues pointed to a number of current cross-agency and even cross-departmental activities underway to drive improvements in the conference's health issues of focus:

- Collaboration between CDC and HRSA to support and encourage integrated prevention and care planning at the state and local levels.
- A CDC, HRSA, and OHAIDP [collaboration with the Centers for Medicare and Medicaid Services](#) (CMS) to support 19 states in their efforts to improve rates of sustained virologic suppression

among Medicaid and Children’s Health Insurance Program (CHIP) enrollees who are living with HIV.

- HRSA/HAB [demonstrations](#) that are fostering local collaborations between RWHAP grantees and recipients of Housing Opportunities for People with AIDS (HOPWA) funds to improve both housing and health outcomes for unstably housed or homeless clients.
- A new collaboration beginning this year among HRSA and the U.S. Departments of Education and Labor to better leverage employment services and other community opportunities for people living with HIV.
- CDC/DHAP and HRSA/BPHC are co-leading the [Partnerships for Care](#) demonstration project which is supporting collaborations between state health departments’ HIV/AIDS programs and multiple community health centers to support expanded HIV service delivery in communities highly affected by HIV. A key element of the collaborations deploying “[data to care](#)” approaches that use state HIV surveillance data and relevant health center EMR data to identify people living with HIV who were not linked to care or who have left care and work to re-engage them.

It is important to note that the latter three of those collaborative activities, as well as parts of the RWHAP hepatitis C activity, are supported by investments from the [Secretary’s Minority AIDS Initiative Fund](#) (SMAIF), underscoring the Fund’s important roles in promoting innovation, addressing critical emerging issues, and fostering collaborations across Federal agencies and programs. As our presentations highlighted, science has created new opportunities to prevent and treat HIV and to cure viral hepatitis through collecting and sharing the best available data and collaborating to leverage the strengths and reach of various programs, we can improve our responses to HIV, HCV, and LGBT health at the local, state, and federal levels.

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