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Subgroup/Office of Origin: National AIDS Policy Office

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Subseries: National AIDS Strategy

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Folder Title:
[Department and Agency Review] [2]

Stack:	Row:	Section:	Shelf:	Position:
S	66	5	10	1

CARE AND SERVICES

Agency: Health Resources and Services Administration

Goal: Increase the number of competent primary care providers willing to care for HIV positive persons.

Objective: To increase the number of health care providers who are effectively educated and motivated to counsel, diagnose, treat, and manage individuals with HIV infection.

Action Steps: Support didactic and clinical training activities for primary health care providers in collaboration with Federal, state, and local HIV care programs;

Disseminate state-of-the art HIV information to providers; and

Develop and coordinate distribution of HIV provider materials.

Descriptions: A significant source of training takes place under the guidance of AIDS Education and Training Centers. In addition there are quarterly interactive conference calls with experts and providers, the National HIV Telephone Consultation Service (Warmline), phone consultation services, newsletters, bulletins, and provider guides for HIV priority areas (i.e., guidance for clinicians regarding the use of AZT for the prevention of perinatal transmission).

FY 95: $16,300,000
FY 96: $16,300,000 ?

Populations Served: Health care providers and people living with HIV disease.

Constituency Involvement: Faculty, staff, advisory committees, training panels, persons living with AIDS, and academic faculty.

Unmet Need: Not enough adequately trained health care providers to meet patients demand, and, inadequate resources to meet provider training needs.

CARE AND SERVICES

Agency: Health Resources and Services Administration

Goal: Reduce barriers to obtaining dental care for HIV positive persons.

Objective: Increase the number of dental practitioners who provide care to HIV positive patients.

Assist dental schools in meeting uncompensated costs associated in providing oral health care to HIV positive patients.

Action Steps: Provide reimbursement to dental schools of uncompensated costs incurred in treating patients with HIV.

Descriptions: The AIDS Dental Reimbursement Program is designed to reimburse accredited dental schools and post doctoral dental programs for the documented uncompensated costs incurred from providing oral health treatments to HIV positive patients.

FY 95: 6,937,000
FY 96: 6,937,000

Populations Served: Children and adults living with HIV.

Constituency Involvement: American Association of Dental Schools, American Association of Hospital Dentists, and American Dental Association. Consumers?

Unmet Need: Uncompensated costs that dental schools and hospitals incur are much more than the dollars available under the AIDS Dental Reimbursement Program.

CARE AND SERVICES

Agency: Health Resources and Services Administration

Goal: Increase access to care and improve quality of life for persons living with HIV and AIDS.

Objectives: Through the Ryan White Comprehensive AIDS Resources Emergency (Care) Act (RWCA), improve accessibility and quality of care for all persons living with HIV.

Develop comprehensive and participatory planning processes at the state and local levels to guide funding allocation decisions.

Increase patient access to clinical research.

Establish quality guidelines and evaluate program effectiveness.

Action Steps: Support comprehensive outpatient, ambulatory health and support services, case management, and inpatient case management services that prevent unnecessary hospitalization or expedite discharge (RWCA Title I);

Support consortia to improve the quality and availability of health care, including home and community-based services, continuation of health insurance, purchase of AIDS drugs, direct provision of care for individuals and families living with HIV and AIDS (RWCA Title II);

Develop a minimum drug formulary for federally-assisted AIDS Drug Assistance Programs (ADAP --RWCA Title II);

Support outpatient early intervention services for low-income medically underserved people in existing primary health care systems (RWCA Title III);

Support comprehensive care services for affected women, infants children, and youth in a comprehensive community-based, family-centered system of care (RWCA Title IV);

Support initial development of care systems linked to research for children, youth and women in 7 new communities;

Enhance linkages between care providers and sites where research is conducted;

Provide leadership, training, and technical assistance;

Convene youth and family leadership conferences and distribute findings;

Develop, distribute, and train providers on quality indicator and quality assurance guidelines for the clinical management of HIV disease;

Develop guidances for grantees in developing local strategies for changes in the standard-of-care; and

Evaluate program effectiveness.

Descriptions: Many individual grantees and service organizations provide RWCA-supported services. In addition to these broad-based efforts there is support for an Adolescent Research and Clinical Network, and a cooperative agreement with Institute of Family-Centered Care to provide training and technical assistance to youth and families.

FY 95: RWCA Title I:
RWCA Title II:
RWCA Title III:
RWCA Title IV:

FY 96: RWCA Title I:
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Populations Served: HIV positive individuals and their family members, low income persons with HIV/AIDS, pregnant women living with HIV/AIDS, neonates and children born to HIV positive women. In addition, RWCA grantees and planning councils receive technical assistance in conducting and evaluating their programs.

Constituency Involvement: The input and guidance of affected communities is gathered through a variety of avenues. RWCA planning councils, with the input of broad-based local representation, guide local prioritization of RWCA funds.

The development of evaluation measures is a participatory process whereby local groups assist in the development of self-assessment tools. Local participants have early and ongoing involvement in all phases of data collection design, planning, and implementation.

In addition, national groups such as the Pediatric AIDS Foundation and the National Positive Youth Alliance provide valuable assistance and input.

Unmet Need: Funds for existing projects are inadequate to meet rapidly growing caseloads and increased demand for care and training. Meeting these will require expanding programs in general and especially for adolescents to provide needed services such as mental health, substance abuse, and family case management services. For the RWCA Title IV, funds were available for only one third of grant applicants in FY 1995.

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CARE AND SERVICES

Agency: Health Resources and Services Administration

Goal: Develop and evaluate innovative models of comprehensive managed care for persons living with HIV.

Objective 1: Develop models of comprehensive managed care networks that enroll a broad spectrum of primary care and psychosocial providers within the HIV continuum of care, and that provide patients and their families access to services.

Action Steps: Develop innovative models and disseminate results of evaluation.

Descriptions: Special Projects of National Significance (SPNS).

FY 95: 2,092,302
FY 96: 4,000,000

Populations Served: Persons living with HIV and their families.

Constituency Involvement: Primary care providers, community-based organizations, state and local health officials, Ryan White planning bodies, and persons living with HIV.

Unmet Need: There is a need for more effective linkages among community providers and financially stable medical sites.

Objective 2: Ensure that services provided under SPNS program are fully evaluated for both utilization and impacts.

Increase the evaluation capacity within community-based providers' organizations.

Action Steps: Increase emphasis on evaluation;

Increase the representation of evaluation researchers on review groups; and

Provide technical support for evaluation activities.

Descriptions: Evaluation of Special Projects of National Significance

FY 95: 2,000,000
FY 96: 4,000,000 Are these SEPARATE funds for the SPNS evaluation?

Populations Served: SPNS grantees.

Constituency Involvement: Health care providers, evaluation researchers, and patient advocates.

Unmet Need: There is a need to develop more effective linkages between providers and evaluation researchers.

PREVENTION

Agency: Health Resources and Services Administration

Goal: Reduce the perinatal transmission of HIV.

Objective: Enhance provider capacity to provide appropriate services for women at the community level.

Improve provider capacity for outreach, counseling, testing and care for women of childbearing age for early identification and linkage to care for pregnant women.

Enhance providers' abilities to provide AZT for HIV positive pregnant women.

Action Steps: Establish the Women's Initiative for HIV Care for Women and Reduction of Perinatal Transmission (WIN);

Establish ongoing WIN Steering Committee;

Provide technical assistance to grantees;

Conduct centralized training for all WIN sites with follow-up local training;

Collaborate with Association of Maternal & Child Health Programs (AMCHP) to develop local guidelines;

Establish MCHB working group to coordinate HIV risk reduction related efforts across programs;

Distribute counseling and testing guidances, AHCPR consumer brochure and video, and other PHS documents to MCHB community; and

Evaluate sites.

Descriptions: Enhance outreach for HIV counseling and testing.

Improve service linkages for women of childbearing age in an ongoing care system and to reduce perinatal HIV transmission.

PHS 076 Implementation Plan.

FY 95: 1,520,000
FY 96: 1,800,000

Populations Served: Adolescent and adult women and their infants, with special attention for pregnant women.

MCH and HIV providers including: outreach, counseling and testing, perinatal and HIV care.

Constituency Involvement: Consumer participation in WIN steering committee and projects' advisory board. Linkage with other HRSA grantees including those from RWCA and SPNS programs.

Unmet Need: Funds needed to provide more services in order to reach more women and enhance evaluation efforts and improve technical assistance and training.

Please elaborate on what services...

CARE AND SERVICES

Agency: Health Resources and Services Administration

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Objective: To increase the number of health care providers who are effectively educated and motivated to counsel, diagnose, treat, and manage individuals with HIV infection.

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Goal: Reduce barriers to obtaining dental care for HIV positive persons.

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Objectives: Through the Ryan White Comprehensive AIDS Resources Emergency (Care) Act (RWCA), improve accessibility and quality of care for all persons living with HIV.

Develop comprehensive and participatory planning processes at the state and local levels to guide funding allocation decisions.

Increase patient access to clinical research.

Establish quality guidelines and evaluate program effectiveness.

Action Steps: Support comprehensive outpatient, ambulatory health and support services, case management, and inpatient case management services that prevent unnecessary hospitalization or expedite discharge (RWCA Title I);

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Develop a minimum drug formulary for federally-assisted AIDS Drug Assistance Programs (ADAP --RWCA Title II);

Support outpatient early intervention services for low-income medically underserved people in existing primary health care systems (RWCA Title III);

Support comprehensive care services for affected women, infants children, and youth in a comprehensive community-based, family-centered system of care (RWCA Title IV);

Support initial development of care systems linked to research for children, youth and women in 7 new communities;

Enhance linkages between care providers and sites where research is conducted;

Provide leadership, training, and technical assistance;

Convene youth and family leadership conferences and distribute findings;

Develop, distribute, and train providers on quality indicator and quality assurance guidelines for the clinical management of HIV disease;

Develop guidances for grantees in developing local strategies for changes in the standard-of-care; and

Evaluate program effectiveness.

Descriptions: Many individual grantees and service organizations provide RWCA-supported services. In addition to these broad-based efforts there is support for an Adolescent Research and Clinical Network, and a cooperative agreement with Institute of Family-Centered Care to provide training and technical assistance to youth and families.

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There is also a lack of adequate funding for technical assistance and a need for increased of collaboration with other Federal agencies. PLEASE EXPAND ON THIS.

CARE AND SERVICES

Agency: Health Resources and Services Administration

Goal: Develop and evaluate innovative models of comprehensive managed care for persons living with HIV.

Objective 1: Develop models of comprehensive managed care networks that enroll a broad spectrum of primary care and psychosocial providers within the HIV continuum of care, and that provide patients and their families access to services.

Action Steps: Develop innovative models and disseminate results of evaluation.

Descriptions: Special Projects of National Significance (SPNS).

FY 95: 2,092,302
FY 96: 4,000,000

Populations Served: Persons living with HIV and their families.

Constituency Involvement: Primary care providers, community-based organizations, state and local health officials, Ryan White planning bodies, and persons living with HIV.

Unmet Need: There is a need for more effective linkages among community providers and financially stable medical sites.

Objective 2: Ensure that services provided under SPNS program are fully evaluated for both utilization and impacts.

Increase the evaluation capacity within community-based providers' organizations.

Action Steps: Increase emphasis on evaluation;

Increase the representation of evaluation researchers on review groups; and

Provide technical support for evaluation activities.

Descriptions: Evaluation of Special Projects of National Significance

FY 95: 2,000,000
FY 96: 4,000,000 Are these SEPARATE funds for the SPNS evaluation?

Populations Served: SPNS grantees.

Constituency Involvement: Health care providers, evaluation researchers, and patient advocates.

Unmet Need: There is a need to develop more effective linkages between providers and evaluation researchers.

PREVENTION

Agency: Health Resources and Services Administration

Goal: Reduce the perinatal transmission of HIV.

Objective: Enhance provider capacity to provide appropriate services for women at the community level.

Improve provider capacity for outreach, counseling, testing and care for women of childbearing age for early identification and linkage to care for pregnant women.

Enhance providers' abilities to provide AZT for HIV positive pregnant women.

Action Steps: Establish the Women's Initiative for HIV Care for Women and Reduction of Perinatal Transmission (WIN);

Establish ongoing WIN Steering Committee;

Provide technical assistance to grantees;

Conduct centralized training for all WIN sites with follow-up local training;

Collaborate with Association of Maternal & Child Health Programs (AMCHP) to develop local guidelines;

Establish MCHB working group to coordinate HIV risk reduction related efforts across programs;

Distribute counseling and testing guidances, AHCPR consumer brochure and video, and other PHS documents to MCHB community; and

Evaluate sites.

Descriptions: Enhance outreach for HIV counseling and testing.

Improve service linkages for women of childbearing age in an ongoing care system and to reduce perinatal HIV transmission.

PHS 076 Implementation Plan.

FY 95: 1,520,000
FY 96: 1,800,000

Populations Served: Adolescent and adult women and their infants, with special attention for pregnant women.

MCH and HIV providers including: outreach, counseling and testing, perinatal and HIV care.

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Please elaborate on what services...

CARE AND SERVICES

Agency: Health Resources and Services Administration

Goal: Increase the number of competent primary care providers willing to care for HIV positive persons.

Objective: To increase the number of health care providers who are effectively educated and motivated to counsel, diagnose, treat, and manage individuals with HIV infection.

Action Steps: Support didactic and clinical training activities for primary health care providers in collaboration with Federal, state, and local HIV care programs;

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Descriptions: A significant source of training takes place under the guidance of AIDS Education and Training Centers. In addition there are quarterly interactive conference calls with experts and providers, the National HIV Telephone Consultation Service (Warmline), phone consultation services, newsletters, bulletins, and provider guides for HIV priority areas (i.e., guidance for clinicians regarding the use of AZT for the prevention of perinatal transmission).

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CARE AND SERVICES

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Goal: Reduce barriers to obtaining dental care for HIV positive persons.

Objective: Increase the number of dental practitioners who provide care to HIV positive patients.

Assist dental schools in meeting uncompensated costs associated in providing oral health care to HIV positive patients.

Action Steps: Provide reimbursement to dental schools of uncompensated costs incurred in treating patients with HIV.

Descriptions: The AIDS Dental Reimbursement Program is designed to reimburse accredited dental schools and post doctoral dental programs for the documented uncompensated costs incurred from providing oral health treatments to HIV positive patients.

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CARE AND SERVICES

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The development of evaluation measures is a participatory process whereby local groups assist in the development of self-assessment tools. Local participants have early and ongoing involvement in all phases of data collection design, planning, and implementation.

In addition, national groups such as the Pediatric AIDS Foundation and the National Positive Youth Alliance provide valuable assistance and input.

Unmet Need: Funds for existing projects are inadequate to meet rapidly growing caseloads and increased demand for care and training. Meeting these will require expanding programs in general and especially for adolescents to provide needed services such as mental health, substance abuse, and family case management services. For the RWCA Title IV, funds were available for only one third of grant applicants in FY 1995.

Moreover, 24 states lack comprehensive care systems for children, youth, women; funding of approximately $1.8 million would support new planning and initial development projects in these states.

There is also a lack of adequate funding for technical assistance and a need for increased of collaboration with other Federal agencies. PLEASE EXPAND ON THIS.

CARE AND SERVICES

Agency: Health Resources and Services Administration

Goal: Develop and evaluate innovative models of comprehensive managed care for persons living with HIV.

Objective 1: Develop models of comprehensive managed care networks that enroll a broad spectrum of primary care and psychosocial providers within the HIV continuum of care, and that provide patients and their families access to services.

Action Steps: Develop innovative models and disseminate results of evaluation.

Descriptions: Special Projects of National Significance (SPNS).

FY 95: 2,092,302
FY 96: 4,000,000

Populations Served: Persons living with HIV and their families.

Constituency Involvement: Primary care providers, community-based organizations, state and local health officials, Ryan White planning bodies, and persons living with HIV.

Unmet Need: There is a need for more effective linkages among community providers and financially stable medical sites.

Objective 2: Ensure that services provided under SPNS program are fully evaluated for both utilization and impacts.

Increase the evaluation capacity within community-based providers' organizations.

Action Steps: Increase emphasis on evaluation;

Increase the representation of evaluation researchers on review groups; and

Provide technical support for evaluation activities.

Descriptions: Evaluation of Special Projects of National Significance

FY 95: 2,000,000
FY 96: 4,000,000 **Are these SEPARATE funds for the SPNS evaluation?**

Populations Served: SPNS grantees.

Constituency Involvement: Health care providers, evaluation researchers, and patient advocates.

Unmet Need: There is a need to develop more effective linkages between providers and evaluation researchers.

PREVENTION

Agency: Health Resources and Services Administration

Goal: Reduce the perinatal transmission of HIV.

Objective: Enhance provider capacity to provide appropriate services for women at the community level.

Improve provider capacity for outreach, counseling, testing and care for women of childbearing age for early identification and linkage to care for pregnant women.

Enhance providers' abilities to provide AZT for HIV positive pregnant women.

Action Steps: Establish the Women's Initiative for HIV Care for Women and Reduction of Perinatal Transmission (WIN);

Establish ongoing WIN Steering Committee;

Provide technical assistance to grantees;

Conduct centralized training for all WIN sites with follow-up local training;

Collaborate with Association of Maternal & Child Health Programs (AMCHP) to develop local guidelines;

Establish MCHB working group to coordinate HIV risk reduction related efforts across programs;

Distribute counseling and testing guidances, AHCPR consumer brochure and video, and other PHS documents to MCHB community; and

Evaluate sites.

Descriptions: Enhance outreach for HIV counseling and testing.

Improve service linkages for women of childbearing age in an ongoing care system and to reduce perinatal HIV transmission.

PHS 076 Implementation Plan.

FY 95: 1,520,000
FY 96: 1,800,000

Populations Served: Adolescent and adult women and their infants, with special attention for pregnant women.

MCH and HIV providers including: outreach, counseling and testing, perinatal and HIV care.

Constituency Involvement: Consumer participation in WIN steering committee and projects' advisory board. Linkage with other HRSA grantees including those from RWCA and SPNS programs.

Unmet Need: Funds needed to provide more services in order to reach more women and enhance evaluation efforts and improve technical assistance and training.

Please elaborate on what services...

CARE AND SERVICES

Agency: Substance Abuse and Mental Health Services Administration

Goal: Reduce the rate of HIV transmission among high-risk substance abusers and their sexual partners.

Objective 1: To provide a range of high quality mental health services to people affected by or living with HIV/AIDS; change risk behaviors and prevent further HIV transmission; evaluate the effectiveness and efficiency of the different approaches or models used for organizing and providing those services, and determine the outcome of those services on the quality of life of the individuals served.

Action Steps: Increase compliance with medical treatment and enhance access to existing services;

Disseminate information about successful service models;

Develop and rigorously evaluate models for replication and integration into HIV/AIDS delivery systems; and

Increase productive work capacity as result of receiving services.

Descriptions: HIV/AIDS Mental Health Services Demonstration Program.

FY 95: $1,500,000 ($1,400,000 NIH and $1,500,000 HRSA)
FY 96: $1,500,000 ($1,400,000 NIH and $1,500,000 HRSA)

Please clarify accounting -- do the 1.4 and 1.5 million go on NIH's and HRSA's accounts?

Populations Served: People living with or affected by HIV/AIDS including injection drug users, sex partners of injection drug users, sex workers, gay or bisexual men, and racial and ethnic minority populations.

Constituency Involvement: Health professionals, consumers, and community service providers.

Unmet Need: This collaborative effort has successfully enhanced the services rendered by providing comprehensive services to the populations served. However, additional financial resources could include other agencies, i.e. HUD, AHCPR in providing the client population with a spectrum of services relating to diverse needs.

Objective 2: To demonstrate the efficacy of outreach as an intervention for facilitating access to substance abuse treatment for high risk and hard to reach substance abusers.

To demonstrate that comprehensive HIV outreach interventions affect behavior changes in diverse populations.

Action Steps: Identify chronic, hardcore, drug users and their sex and/or needle-sharing partners;

Facilitate entry into substance abuse treatment;

Provide a range of services including medical and diagnostic services for HIV, STDs, and TB;

Employ information-sharing, skills and other prophylactic means to affect behavior change; and

Evaluate program effectiveness.

Descriptions: HIV/AIDS Community Outreach Program.

FY 95: $7,500,000
FY 96: $7,500,000

Populations Served: Chronic, hard core substance abusers and their sex and/or needle-sharing partners, including those individuals who have severe drug problems, frequently inject heroin and/or cocaine and/or are poly drug users. There is also emphasis within various racial and ethnic groups, women, residents of public housing projects, and homeless individuals.

Constituency Involvement: Health professionals, consumers, and community service providers.

Unmet Need: Additional resources for medical treatment of HIV/AIDS, STDs, TB and other medical services would provide greater access to care through integration of substance abuse and medical care services.

CARE AND SERVICES

Agency: Substance Abuse and Mental Health Services Administration

Goal: Reduce the transmission of HIV through improved training of clinicians. -- Correct?

Objective 1: Enhance mental health professionals' prevention and treatment efforts by training mental health care providers and other health care workers.

Action Steps: Assess neuropsychiatric/psychosocial aspects of HIV/AIDS to prevent the spread of HIV infection;

Establish linkages with health care providers;

Include alcohol and other drug (AOD) related HIV prevention in all training curriculums;

Train mental health professionals who serve people with serious mental illness;

Provide training about pre and post HIV antibody counseling and testing, physiological aspects of HIV/AIDS, in addition to culturally sensitive, linguistically and gender appropriate interventions and methodologies;

Address managed care and training issues; and

Evaluate the effectiveness of training techniques.

Descriptions: AIDS Health Care Worker Training.

FY 95: $2,930,000
FY 96: $2,930,000

Populations Served: HIV/AIDS mental health care providers whose client population may include gay and bisexual men, women, racial and ethnic minority groups, injecting drug users and their sex partners, sex workers, children, adolescents, and the sex partners of people with HIV/AIDS.

Constituency Involvement: Health professionals, consumers, and community service providers.

Unmet Need: Additional financial resources and increased collaboration with other Federal agencies would broaden the scope of the training to include all health professionals.

Objective 2: Provide training programs for health care professionals, modifying curricula and strengthening training opportunities in comprehensive care for people with or at risk for substance abuse, mental illness and infectious diseases including HIV and TB.

Action Steps: Train health care professionals to provide comprehensive services and care; and

Enhance curricula by including training for diverse populations with multiple risk factors and illnesses.

Descriptions: AIDS Training Grants.

FY 95: $2,800,000
FY 96: $0

Populations Served: People with or at risk for substance abuse, mental illness and/or transmission of HIV.

Constituency Involvement: Health professionals and consumers.

Unmet Need: Additional resources would strengthen the training opportunities for health care professionals and enhance services rendered for people with or at risk for substance abuse, mental illness, HIV, and other STDs.

CARE AND SERVICES

Agency: Substance Abuse and Mental Health Services Administration

Goal: Improve the integration of substance treatment and primary medical care.

Objective: To demonstrate the effectiveness of fostering greater services integration by linking substance abuse treatment, primary medical care, mental health services, and HIV/AIDS, STD and TB services.

Action Steps: Develop and foster linkages among service providers; and

Evaluate the efficiency and effectiveness of linked, integrated services.

Descriptions: The Linkage Initiative.

FY 95: $7,700,000
FY 96: $0 (Funds are subsumed under the new Consolidated Demonstration Program.)

Are these funds still earmarked? Or must this program recompete?

Populations Served: Injecting drug users and other high risk substance abusers and their sexual partners.

Constituency Involvement: ??

Unmet Need: This collaborative effort serves as catalyst for linking AOD treatment, mental health and primary care services, and services for HIV/AIDS, STDs and TB. Additional resources could join this effort with other agencies to enhance the services rendered.

PREVENTION

Agency: Substance Abuse and Mental Health Services Administration

Goal: Reduce the number of new HIV infections.

Objective 1: Reduce the number of new infections by 25 percent among clients served by grantees?.

Demonstrate the differential effectiveness of incorporating HIV/AIDS prevention curricula into ongoing substance prevention programs.

Action Steps: Supplementation of high risk youth grants for alcohol, tobacco and other drugs (ATOD) prevention for the purpose of including HIV/AIDS prevention strategies in their present activities;

Develop program to empower youth with skills, knowledge, and beliefs for HIV prevention;

Demonstrate effective strategies to prevent ATOD use and abuse among high risk youth; and

Include developmentally and culturally appropriate HIV/AIDS education and prevention approaches.

Descriptions: High Risk Youth Demonstration ? Program.

FY 95: $1,000,000
FY 96: $3,000,000

Populations Served: High risk youth or youth at risk for ATOD, adolescent females, and youth at risk for AOD-related violent behavior.

Constituency Involvement: Families of youth, youth service workers, and the communities that support youth at risk for ATOD abuse.

Unmet Need: Presently this initiative reaches only 25 percent of high risk youth grantees. Supplementing all grantees would provide greater opportunity for services integration and evaluation.

Objective 2: Apply a community-designed, community-focused approach to the prevention of HIV/AIDS in a culturally appropriate manner, specifically targeting communities of high seroprevalence.

Reduce ATOD use.

Action Steps: Supplementation of all community partnerships and

community coalitions providing communities with the opportunity to design targeted HIV/AIDS messages emphasizing the direct relationship between the use of ATOD and HIV/AIDS; and

Solicit neighboring communities in program implementation.

Descriptions: Demonstration sites and community training in the use of HIV/AIDS curriculum.

FY 95: $0
FY 96: $5,000,000

Populations Served: American communities. (More information regarding which communities.)

Constituency Involvement: All community members.

Unmet Need: Supplementing all community coalition grantees and partnerships would provide greater opportunity for services integration and evaluation.

Objective 3: Improve prevention training skills of FDP grantees.

What is FDP?

Action Steps: Supplement all FDP grantees for the purpose of improving teaching skills related to integration ATOD and HIV/AIDS prevention; and

Improve training regarding professional/client interaction.

Descriptions: Supplementation of FDP grantees.

FY 95: $0
FY 96: $650,000

Populations Served: All Americans -- secondary to the impact this program will have on all health professionals. (More information regarding location.)

Constituency Involvement: Health professional institutions, consumers, and community service providers.

Unmet Need: Additional resources could provide further education and training and thereby reach more health professionals.

CARE AND SERVICES

Agency: Substance Abuse and Mental Health Services Administration

Goal: Reduce the rate of HIV transmission among high-risk substance abusers and their sexual partners.

Objective 1: To provide a range of high quality mental health services to people affected by or living with HIV/AIDS; change risk behaviors and prevent further HIV transmission; evaluate the effectiveness and efficiency of the different approaches or models used for organizing and providing those services, and determine the outcome of those services on the quality of life of the individuals served.

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Constituency Involvement: Health professionals, consumers, and community service providers.

Unmet Need: Additional resources for medical treatment of HIV/AIDS, STDs, TB and other medical services would provide greater access to care through integration of substance abuse and medical care services.

CARE AND SERVICES

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Constituency Involvement: Health professionals, consumers, and community service providers.

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Action Steps: Train health care professionals to provide comprehensive services and care; and

Enhance curricula by including training for diverse populations with multiple risk factors and illnesses.

Descriptions: AIDS Training Grants.

FY 95: $2,800,000
FY 96: $0

Populations Served: People with or at risk for substance abuse, mental illness and/or transmission of HIV.

Constituency Involvement: Health professionals and consumers.

Unmet Need: Additional resources would strengthen the training opportunities for health care professionals and enhance services rendered for people with or at risk for substance abuse, mental illness, HIV, and other STDs.

CARE AND SERVICES

Agency: Substance Abuse and Mental Health Services Administration

Goal: Improve the integration of substance treatment and primary medical care.

Objective: To demonstrate the effectiveness of fostering greater services integration by linking substance abuse treatment, primary medical care, mental health services, and HIV/AIDS, STD and TB services.

Action Steps: Develop and foster linkages among service providers; and

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Constituency Involvement: ??

Unmet Need: This collaborative effort serves as catalyst for linking AOD treatment, mental health and primary care services, and services for HIV/AIDS, STDs and TB. Additional resources could join this effort with other agencies to enhance the services rendered.

PREVENTION

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Objective 1: Reduce the number of new infections by 25 percent among clients served by grantees?.

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Action Steps: Supplementation of high risk youth grants for alcohol, tobacco and other drugs (ATOD) prevention for the purpose of including HIV/AIDS prevention strategies in their present activities;

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FY 95: $1,000,000
FY 96: $3,000,000

Populations Served: High risk youth or youth at risk for ATOD, adolescent females, and youth at risk for AOD-related violent behavior.

Constituency Involvement: Families of youth, youth service workers, and the communities that support youth at risk for ATOD abuse.

Unmet Need: Presently this initiative reaches only 25 percent of high risk youth grantees. Supplementing all grantees would provide greater opportunity for services integration and evaluation.

Objective 2: Apply a community-designed, community-focused approach to the prevention of HIV/AIDS in a culturally appropriate manner, specifically targeting communities of high seroprevalence.

Reduce ATOD use.

Action Steps: Supplementation of all community partnerships and

community coalitions providing communities with the opportunity to design targeted HIV/AIDS messages emphasizing the direct relationship between the use of ATOD and HIV/AIDS; and

Solicit neighboring communities in program implementation.

Descriptions: Demonstration sites and community training in the use of HIV/AIDS curriculum.

FY 95: $0
FY 96: $5,000,000

Populations Served: American communities. (More information regarding which communities.)

Constituency Involvement: All community members.

Unmet Need: Supplementing all community coalition grantees and partnerships would provide greater opportunity for services integration and evaluation.

Objective 3: Improve prevention training skills of FDP grantees.

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Action Steps: Supplement all FDP grantees for the purpose of improving teaching skills related to integration ATOD and HIV/AIDS prevention; and

Improve training regarding professional/client interaction.

Descriptions: Supplementation of FDP grantees.

FY 95: $0
FY 96: $650,000

Populations Served: All Americans -- secondary to the impact this program will have on all health professionals. (More information regarding location.)

Constituency Involvement: Health professional institutions, consumers, and community service providers.

Unmet Need: Additional resources could provide further education and training and thereby reach more health professionals.

RESEARCH

Agency: Agency for Health Care Policy and Research

Goal: To provide national estimates of the cost and use of HIV-related medical and non-medical services.

Objective 1: To provide comprehensive information on unmet needs for service and barriers to accessing services.

To examine effects of different systems of organizing and delivering care on outcomes such as cost, utilization, survival, patient satisfaction, and quality of life.

To examine effects of patient characteristics (including gender, race/ethnicity, substance abuse, mental health, socioeconomic status, insurance coverage) on outcomes such as service utilization, unmet service needs, and costs.

To provide data on service utilization and costs for a representative sample of rural residents with HIV infection.

To examine patterns of transition between different types of provider (e.g., private physician to public clinic) and the relationship of such transitions to changes in clinical status, employment, and insurance coverage.

Action Steps: This study will be the first to obtain a true national random sample of people with HIV infection receiving treatment. Approximately 3200 adult patients in urban and rural areas, and 400 children (age less than 13) will be enrolled. Study will be conducted in collaboration with HRSA, NIMH, NIDR, NIAAA, and NIDA.

Descriptions: HIV Costs and Service Utilization Study (HCSUS)

FY 95: $4,000,000
FY 96: $4,000,000

Populations Served: HIV-infected individuals receiving treatment.

Constituency Involvement: Community Advisory Board, comprising members of infected and affected groups, has been established.

Unmet Need: Insufficient resources for a national probability sample of pediatric HIV-infected patients. Insufficient resources for a sample of HIV-infected adolescents.

Objective 2: To examine health care utilization among participants in the NIH-sponsored Women's Interagency HIV Study (WIHS).

Action Steps: Supplement the WIHS by adding a health services research component.

Collect and analyze utilization data on women with HIV infection (in addition to the detailed clinical data obtained in the core study.)

Descriptions: Women's Interagency HIV Study (WIHS)

FY 95: 55,000
FY 96: 75,000

Populations Served: Women with HIV infection participating in the WIHS.

Constituency Involvement: A broad representation of researchers and patient advocates had input in the development of the WIHS ??.

Unmet Need: None.

Objective 3: To examine factors affecting health care utilization among participants in the NIH-sponsored Multicenter AIDS Cohort Study (MACS).

Action Steps: Supplement the MACS by adding a health services research component.

Collect and analyze utilization data on men with HIV infection (in addition to the detailed clinical data obtained in the core study.)

Descriptions: Multicenter AIDS Cohort Study (MACS)

FY 95: 75,000
FY 96: 0 -- is the study completed?

Populations Served: Homosexual and bisexual men participating in the MACS in four urban areas.

Constituency Involvement: A broad representation of researchers and patient advocates had input in the development of the MACS -- correct?.

Unmet Need: None

Objective 4: To examine health care utilization among participants in the CDC-sponsored HIV Epidemiological Research Study (HERS).

Action Steps: Supplement the HERS by adding a health services research component.

Collect and analyze utilization data on women with HIV infection (in addition to the detailed clinical data obtained in the core study.)

Descriptions: HIV Epidemiological Research Study (HERS)

FY 95: 50,000
FY 96: 50,000

Populations Served: Women with HIV infection participating in the HERS.

Constituency Involvement: A broad representation of researchers and patient advocates had input in the development of the HERS -- correct?.

Unmet Need: None.

Objective 5: To provide longitudinal data on utilization of inpatient, outpatient, home care, pharmaceutical, and other services, and to estimate their associated costs.

To examine the impact of a Medicaid Home and Community-Based waiver on service utilization, costs, functional status, and survival.

To examine any substitutions of formal for informal home care.

Action Steps: Conduct interviews with participants in New Jersey Medicaid Waiver program.

Abstract data from Medicaid claims.

Descriptions: Health Care Costs and Utilization in AIDS Home Care.

FY 95: 394,557
FY 96: 0 -- is study completed?

Populations Served: Medicaid recipients with AIDS in New Jersey.

Constituency Involvement: ????

Unmet Need: None.

Objective 6: To examine types of ambulatory care providers used to treat HIV infection, patterns of transitions between ambulatory provider types, and service utilization and costs for pediatric HIV patients.

Action Steps: Analyze Medicaid claims and eligibility data from New York State Medicaid.

Descriptions: Ambulatory Care for HIV/AIDS, Models and Outcomes.

FY 95: 392,103 (from FY94 funds).
FY 96: 0 -- is study completed?

Populations Served: New York State Medicaid recipients.

Constituency Involvement: ????

Unmet Need: None.

Objective 7: To assess the impact of antiretroviral, antimicrobial, and prophylactic treatment on the natural history of HIV infection, and the effect of pharmaceutical therapies on service utilization, costs, and clinical outcomes.

Action Steps: Develop clinical database linked to Medicaid claims data.

Descriptions: Outcomes of Pharmaceutical Therapy in HIV Disease.

FY 95: 527,287
FY 96: 420,000

Populations Served: HIV-infected population in Maryland.

Constituency Involvement: ????

Unmet Need: None.

Objective 8: To study issues of costs and quality of care, with a focus on women and children, examine trends and variation in adherence to scientifically-based clinical guidelines, and study predictors of variation in treatment, by patient, physician, and practice setting characteristics.

Action Steps: Analyze Medicaid claims and eligibility data, supplemented with AIDS Registry data.

Descriptions: Quality and Costs of Care for HIV Infected Medicaid Patients.

FY 95: 110,704 (from 1994 funds)
FY 96: 0 -- is study completed?

Populations Served: New Jersey Medicaid recipients.

Constituency Involvement: ???

Unmet Need: None.

Objective 9: To develop an econometric framework for the simultaneous study of health care usage and survival, and synthetic estimates of per-person lifetime costs of HIV disease for various groups of HIV-infected individuals.

Action Steps: Formulate statistical models and associated computer software.

Descriptions: Developing Econometric Models to Estimate AIDS Costs.

FY 95: 188,136
FY 96: 80,000

Populations Served: Participants in the AIDS Costs and Service Utilization Survey, with potential extensions to all persons with HIV disease.

Constituency Involvement: ????

Unmet Need: None.

Objective 10: To identify personal and institutional factors that shape physicians' willingness to care for HIV-infected patients.

Action Steps: Conduct the third in a series of interviews with physicians, who are currently in their sixth post-graduate year.

Descriptions: Determinants of Physicians' AIDS-Related Practice Behavior

FY 95: 216,054 (from 1994 funds)
FY 96: 0 -- is study completed?

Populations Served: Physicians who graduated from six New York State medical schools in 1989.

Constituency Involvement: ????

Unmet Need: None.

Objective 11: To compare outcomes of inpatient care for AIDS provided by dedicated AIDS units versus scattered-bed approaches.

Action Steps: Conduct comparative multi-site observational study of 23 hospitals.

Descriptions: Outcomes of Hospital Dedicated AIDS Units

FY 95: 137,538 (from 1994 funds)
FY 96: 0 -- is study completed?

Populations Served: 1500 patients receiving services in study hospitals.

Constituency Involvement: ????

Unmet Need: None.

Objective 12: Obtain and analyze data on inpatient hospital utilization by people with HIV infection.

Action Steps: Assemble database of hospital discharge data from all hospitals in 12 States.

Descriptions: Hospital Cost and Utilization Project

FY 95: 500,000
FY 96: 500,000

Populations Served: Patients with AIDS receiving inpatient care in hospitals in 12 states.

Constituency Involvement: ????

Unmet Need: None.

PREVENTION

Agency: Agency for Health Care Policy and Research

Goal: To provide national estimates of the cost and use of HIV-related prevention services.

Objective 1: To examine the effects of an in-home computer information and support system on health care costs and quality of life.

Action Steps: Half of three hundred patients with advanced HIV infection are provided with in-home computer system; the other half receive no intervention. Effects of this system are assessed with respect use of prophylactic treatments, early detection of infections, and quality of life.

Descriptions: Demonstrating Computer Support Impact on AIDS Patients

FY 95: 430,440
FY 96: 390,000

Populations Served: Study volunteers.

Constituency Involvement: No HIV positive persons were included in the design or analysis of the study?

Unmet Need: None.

Objective 2: Evaluate the cost-effectiveness of alternative strategies for preventing HIV-related opportunistic infections.

Action Steps: Embed clinical and cost data from randomized trials and observational cohorts into a comprehensive decision-analytic, cost-effectiveness model.

Descriptions: Cost-Effectiveness of Preventing AIDS Complications.

FY 95: 198,541
FY 96: 225,000

Populations Served: Study volunteers.

Constituency Involvement: ????

Unmet Need: None.

TRANSLATION OF SCIENCE INTO PRACTICE

Agency: Agency for Health Care Policy and Research

Goal: To expedite the incorporation of data from research advances into clinical practice.

Objective 1: To provide Federally approved and accurate information concerning current and appropriate treatments for HIV-related conditions.

Action Steps: Through the use of reference specialists, provide appropriate treatment information to callers, drawing on NLM's database of AHCPR guidelines, in addition to NIH, CDC and other Federal agency guidelines and consensus statements.

Descriptions: AIDS Treatment Information Service

FY 95: 41,300
FY 96: 53,326

Populations Served: Primary care practitioners, case managers, allied health professionals, and HIV-positive individuals.

Constituency Involvement: This PHS interagency project incorporates HIV-positive individuals and advocacy groups.

Unmet Need: ???

Objective 2: To provide accurate information to service providers and consumers concerning management of early HIV infection.

Action Steps: A panel of experts reviewed relevant literature and summarized findings into specific clinical practice guidelines, which stress the importance of preventing HIV-related opportunistic infections and the link between prevention and early diagnosis. 1.5 million copies of guidelines have been distributed.

Descriptions: Dissemination of AHCPR's HIV-Related Clinical Guidelines.

FY 95: 30,000 (to AIDS clearinghouse)
FY 96: 30,000 (to AIDS clearinghouse, proposed)

Populations Served: Clinical practitioners and individuals with HIV infection.

Constituency Involvement: Clinicians? HIV positive persons?

Unmet Need: NA

Objective 3: To assess effective and ineffective dissemination strategies employed by community-based HIV education programs.

Action Steps: Examine organizational strategies used by several community-based HIV education agencies.

Descriptions: Effective Strategies of AIDS Programs in San Francisco.

FY 95: 198,883 (from 1994 funds)
FY 96: 0 - is this completed?

Populations Served: Community-based HIV education agencies in San Francisco

Constituency Involvement: ????

Unmet Need: NA

Objective 4: This guide will inform HIV-infected pregnant women about the use of zidovudine (AZT) for the prevention of perinatal HIV infection.

Action Steps: Develop guide which will describe the recommendations of the PHS Task Force on the Use of Zidovudine to Reduce Perinatal Transmission of HIV, based on results of AIDS Clinical Trials Group 076. Provide the information in a format and reading level that consumers can comprehend.

Descriptions: Development of Consumer Guide on Use of Zidovudine for the Prevention of Perinatal HIV Infection (076 Guide).

FY 95: 75,000
FY 96: 0

Populations Served: Pregnant women with HIV infection and women of child-bearing age with HIV infection.

Constituency Involvement: HIV infected individuals and advocacy groups are involved in the development and review of the guide. The guide is cosponsored by multiple Federal and non-Federal agencies.

Unmet Need: NA

RESEARCH

Agency: Agency for Health Care Policy and Research

Goal: To provide national estimates of the cost and use of HIV-related medical and non-medical services.

Objective 1: To provide comprehensive information on unmet needs for service and barriers to accessing services.

To examine effects of different systems of organizing and delivering care on outcomes such as cost, utilization, survival, patient satisfaction, and quality of life.

To examine effects of patient characteristics (including gender, race/ethnicity, substance abuse, mental health, socioeconomic status, insurance coverage) on outcomes such as service utilization, unmet service needs, and costs.

To provide data on service utilization and costs for a representative sample of rural residents with HIV infection.

To examine patterns of transition between different types of provider (e.g., private physician to public clinic) and the relationship of such transitions to changes in clinical status, employment, and insurance coverage.

Action Steps: This study will be the first to obtain a true national random sample of people with HIV infection receiving treatment. Approximately 3200 adult patients in urban and rural areas, and 400 children (age less than 13) will be enrolled. Study will be conducted in collaboration with HRSA, NIMH, NIDR, NIAAA, and NIDA.

Descriptions: HIV Costs and Service Utilization Study (HCSUS)

FY 95: $4,000,000
FY 96: $4,000,000

Populations Served: HIV-infected individuals receiving treatment.

Constituency Involvement: Community Advisory Board, comprising members of infected and affected groups, has been established.

Unmet Need: Insufficient resources for a national probability sample of pediatric HIV-infected patients. Insufficient resources for a sample of HIV-infected adolescents.

Objective 2: To examine health care utilization among participants in the NIH-sponsored Women's Interagency HIV Study (WIHS).

Action Steps: Supplement the WIHS by adding a health services research component.

Collect and analyze utilization data on women with HIV infection (in addition to the detailed clinical data obtained in the core study.)

Descriptions: Women's Interagency HIV Study (WIHS)

FY 95: 55,000
FY 96: 75,000

Populations Served: Women with HIV infection participating in the WIHS.

Constituency Involvement: A broad representation of researchers and patient advocates had input in the development of the WIHS ??.

Unmet Need: None.

Objective 3: To examine factors affecting health care utilization among participants in the NIH-sponsored Multicenter AIDS Cohort Study (MACS).

Action Steps: Supplement the MACS by adding a health services research component.

Collect and analyze utilization data on men with HIV infection (in addition to the detailed clinical data obtained in the core study.)

Descriptions: Multicenter AIDS Cohort Study (MACS)

FY 95: 75,000
FY 96: 0 -- is the study completed?

Populations Served: Homosexual and bisexual men participating in the MACS in four urban areas.

Constituency Involvement: A broad representation of researchers and patient advocates had input in the development of the MACS -- correct?.

Unmet Need: None

Objective 4: To examine health care utilization among participants in the CDC-sponsored HIV Epidemiological Research Study (HERS).

Action Steps: Supplement the HERS by adding a health services research component.

Collect and analyze utilization data on women with HIV infection (in addition to the detailed clinical data obtained in the core study.)

Descriptions: HIV Epidemiological Research Study (HERS)

FY 95: 50,000
FY 96: 50,000

Populations Served: Women with HIV infection participating in the HERS.

Constituency Involvement: A broad representation of researchers and patient advocates had input in the development of the HERS -- correct?.

Unmet Need: None.

Objective 5: To provide longitudinal data on utilization of inpatient, outpatient, home care, pharmaceutical, and other services, and to estimate their associated costs.

To examine the impact of a Medicaid Home and Community-Based waiver on service utilization, costs, functional status, and survival.

To examine any substitutions of formal for informal home care.

Action Steps: Conduct interviews with participants in New Jersey Medicaid Waiver program.

Abstract data from Medicaid claims.

Descriptions: Health Care Costs and Utilization in AIDS Home Care.

FY 95: 394,557
FY 96: 0 -- is study completed?

Populations Served: Medicaid recipients with AIDS in New Jersey.

Constituency Involvement: ????

Unmet Need: None.

Objective 6: To examine types of ambulatory care providers used to treat HIV infection, patterns of transitions between ambulatory provider types, and service utilization and costs for pediatric HIV patients.

Action Steps: Analyze Medicaid claims and eligibility data from New York State Medicaid.

Descriptions: Ambulatory Care for HIV/AIDS, Models and Outcomes.

FY 95: 392,103 (from FY94 funds).
FY 96: 0 -- is study completed?

Populations Served: New York State Medicaid recipients.

Constituency Involvement: ????

Unmet Need: None.

Objective 7: To assess the impact of antiretroviral, antimicrobial, and prophylactic treatment on the natural history of HIV infection, and the effect of pharmaceutical therapies on service utilization, costs, and clinical outcomes.

Action Steps: Develop clinical database linked to Medicaid claims data.

Descriptions: Outcomes of Pharmaceutical Therapy in HIV Disease.

FY 95: 527,287
FY 96: 420,000

Populations Served: HIV-infected population in Maryland.

Constituency Involvement: ????

Unmet Need: None.

Objective 8: To study issues of costs and quality of care, with a focus on women and children, examine trends and variation in adherence to scientifically-based clinical guidelines, and study predictors of variation in treatment, by patient, physician, and practice setting characteristics.

Action Steps: Analyze Medicaid claims and eligibility data, supplemented with AIDS Registry data.

Descriptions: Quality and Costs of Care for HIV Infected Medicaid Patients.

FY 95: 110,704 (from 1994 funds)
FY 96: 0 -- is study completed?

Populations Served: New Jersey Medicaid recipients.

Constituency Involvement: ???

Unmet Need: None.

Objective 9: To develop an econometric framework for the simultaneous study of health care usage and survival, and synthetic estimates of per-person lifetime costs of HIV disease for various groups of HIV-infected individuals.

Action Steps: Formulate statistical models and associated computer software.

Descriptions: Developing Econometric Models to Estimate AIDS Costs.

FY 95: 188,136
FY 96: 80,000

Populations Served: Participants in the AIDS Costs and Service Utilization Survey, with potential extensions to all persons with HIV disease.

Constituency Involvement: ????

Unmet Need: None.

Objective 10: To identify personal and institutional factors that shape physicians' willingness to care for HIV-infected patients.

Action Steps: Conduct the third in a series of interviews with physicians, who are currently in their sixth post-graduate year.

Descriptions: Determinants of Physicians' AIDS-Related Practice Behavior

FY 95: 216,054 (from 1994 funds)
FY 96: 0 -- is study completed?

Populations Served: Physicians who graduated from six New York State medical schools in 1989.

Constituency Involvement: ????

Unmet Need: None.

Objective 11: To compare outcomes of inpatient care for AIDS provided by dedicated AIDS units versus scattered-bed approaches.

Action Steps: Conduct comparative multi-site observational study of 23 hospitals.

Descriptions: Outcomes of Hospital Dedicated AIDS Units

FY 95: 137,538 (from 1994 funds)
FY 96: 0 -- is study completed?

Populations Served: 1500 patients receiving services in study hospitals.

Constituency Involvement: ????

Unmet Need: None.

Objective 12: Obtain and analyze data on inpatient hospital utilization by people with HIV infection.

Action Steps: Assemble database of hospital discharge data from all hospitals in 12 States.

Descriptions: Hospital Cost and Utilization Project

FY 95: 500,000
FY 96: 500,000

Populations Served: Patients with AIDS receiving inpatient care in hospitals in 12 states.

Constituency Involvement: ????

Unmet Need: None.

PREVENTION

Agency: Agency for Health Care Policy and Research

Goal: To provide national estimates of the cost and use of HIV-related prevention services.

Objective 1: To examine the effects of an in-home computer information and support system on health care costs and quality of life.

Action Steps: Half of three hundred patients with advanced HIV infection are provided with in-home computer system; the other half receive no intervention. Effects of this system are assessed with respect use of prophylactic treatments, early detection of infections, and quality of life.

Descriptions: Demonstrating Computer Support Impact on AIDS Patients

FY 95: 430,440
FY 96: 390,000

Populations Served: Study volunteers.

Constituency Involvement: No HIV positive persons were included in the design or analysis of the study?

Unmet Need: None.

Objective 2: Evaluate the cost-effectiveness of alternative strategies for preventing HIV-related opportunistic infections.

Action Steps: Embed clinical and cost data from randomized trials and observational cohorts into a comprehensive decision-analytic, cost-effectiveness model.

Descriptions: Cost-Effectiveness of Preventing AIDS Complications.

FY 95: 198,541
FY 96: 225,000

Populations Served: Study volunteers.

Constituency Involvement: ????

Unmet Need: None.

TRANSLATION OF SCIENCE INTO PRACTICE

Agency: Agency for Health Care Policy and Research

Goal: To expedite the incorporation of data from research advances into clinical practice.

Objective 1: To provide Federally approved and accurate information concerning current and appropriate treatments for HIV-related conditions.

Action Steps: Through the use of reference specialists, provide appropriate treatment information to callers, drawing on NLM's database of AHCPR guidelines, in addition to NIH, CDC and other Federal agency guidelines and consensus statements.

Descriptions: AIDS Treatment Information Service

FY 95: 41,300
FY 96: 53,326

Populations Served: Primary care practitioners, case managers, allied health professionals, and HIV-positive individuals.

Constituency Involvement: This PHS interagency project incorporates HIV-positive individuals and advocacy groups.

Unmet Need: ???

Objective 2: To provide accurate information to service providers and consumers concerning management of early HIV infection.

Action Steps: A panel of experts reviewed relevant literature and summarized findings into specific clinical practice guidelines, which stress the importance of preventing HIV-related opportunistic infections and the link between prevention and early diagnosis. 1.5 million copies of guidelines have been distributed.

Descriptions: Dissemination of AHCPR's HIV-Related Clinical Guidelines.

FY 95: 30,000 (to AIDS clearinghouse)
FY 96: 30,000 (to AIDS clearinghouse, proposed)

Populations Served: Clinical practitioners and individuals with HIV infection.

Constituency Involvement: Clinicians? HIV positive persons?

Unmet Need: NA

Objective 3: To assess effective and ineffective dissemination strategies employed by community-based HIV education programs.

Action Steps: Examine organizational strategies used by several community-based HIV education agencies.

Descriptions: Effective Strategies of AIDS Programs in San Francisco.

FY 95: 198,883 (from 1994 funds)
FY 96: 0 - is this completed?

Populations Served: Community-based HIV education agencies in San Francisco

Constituency Involvement: ????

Unmet Need: NA

Objective 4: This guide will inform HIV-infected pregnant women about the use of zidovudine (AZT) for the prevention of perinatal HIV infection.

Action Steps: Develop guide which will describe the recommendations of the PHS Task Force on the Use of Zidovudine to Reduce Perinatal Transmission of HIV, based on results of AIDS Clinical Trials Group 076. Provide the information in a format and reading level that consumers can comprehend.

Descriptions: Development of Consumer Guide on Use of Zidovudine for the Prevention of Perinatal HIV Infection (076 Guide).

FY 95: 75,000
FY 96: 0

Populations Served: Pregnant women with HIV infection and women of child-bearing age with HIV infection.

Constituency Involvement: HIV infected individuals and advocacy groups are involved in the development and review of the guide. The guide is cosponsored by multiple Federal and non-Federal agencies.

Unmet Need: NA

RESEARCH

Agency: Food and Drug Administration

Goal: Ensure the safety and effectiveness of HIV-related therapeutic agents.

Objective: Expedite access and approval of safe and effective drugs and biologics.

Action Steps: Encourage quality applications and data submissions to review division to ensure timely and efficient pre- and postmarket review.

Descriptions: Conduct meetings with sponsors to discuss drug development plans, expanded access programs, and accelerated approval options.

Facilitate scientific review of drugs and biologics by FDA advisory committees.

FY 95: $25,235,000
FY 96: $25,536,000

Populations Served: All persons who may benefit from approved therapeutic agents.

Constituency Involvement: Advisory committees have representatives from academia, government, in addition to patient advocates. The pharmaceutical and biotechnology industries.

Unmet Need: More staff and resources would permit even greater responsiveness to industry and expedite more applications.

RESEARCH

Agency: Food and Drug Administration

Goal: Ensure the safety and effectiveness of HIV-related preventive and therapeutic vaccines.

Objective: Expedite regulatory review of promising products for preventive and therapeutic vaccines.

Action Steps: Expand partnership between FDA and its counterparts from outside organizations involved in vaccine development.

Descriptions: Encourage early consultation with sponsoring companies, develop guidance documents, exchange information, and work with other agencies and international organizations.

Facilitate scientific review by FDA advisory committees.

FY 95: $11,863,000
FY 96: $12,005,000

Populations Served: All persons who may benefit from approved preventive and therapeutic vaccines.

Constituency Involvement: Advisory committees have representatives from academia, government, in addition to patient advocates. The pharmaceutical and biotechnology industries.

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RESEARCH

Agency: Food and Drug Administration

Goal: Ensure the effectiveness of test methodologies for HIV detection and measurement.

Objective: Expedite improved test methodologies (such as diagnostic reagents and test kits) for HIV detection, confirmation, and viral load measurement.

Action Steps: Ensure timely and efficient pre- and postmarket review.

Descriptions: Encourage early consultation with sponsor and develop guidance documents.

Facilitate scientific review of drugs and biologics by FDA advisory committees.

FY 95: $8,732,000
FY 96: $8,836,000

Populations Served: All persons who may benefit from approved test methodologies for HIV detection and measurement.

Constituency Involvement: Advisory committees have representatives from academia, government, in addition to patient advocates. The pharmaceutical and biotechnology industries.

Unmet Need: More staff and resources would permit even greater responsiveness to industry and expedite more applications.

PREVENTION

Agency: Food and Drug Administration

Goal: Reduce transfusion-transmitted HIV infection.

Objective: Ensure supply and safety of the national blood supply.

Action Steps: Establish policies, expedite review of product applications, conduct approval inspections, oversee surveillance, and support enforcement activities.

Descriptions: Encourage high risk donors to exclude themselves; update list of unsuitable donors; quarantine and test blood; investigate incidents to identify, and rectify common errors in blood banks.

FY 95: $17,458,000
FY 96: $17,667,000

Populations Served: All persons who may receive blood or blood products.

Constituency Involvement: Patient advocate and representatives from the blood-banking industry.

Unmet Need: More staff and resources would permit even greater responsiveness and oversight.

RESEARCH

Agency: Food and Drug Administration

Goal: Ensure the safety and effectiveness of HIV-related medical devices.

Objective: Expedited access and approval of safe and effective medical devices.

Action Steps: Encourage quality application and data submissions to ensure timely and efficient pre- and postmarket review.

Descriptions: Conduct meetings with sponsors on study design; produce guidance documents.

Facilitate scientific review of drugs and biologics by FDA advisory committees.

FY 95: $9,457,000
FY 96: $9,570,000

Populations Served: All persons who may benefit from approved HIV-related medical devices.

Constituency Involvement: Advisory committees have representatives from academia, government, in addition to patient advocates. The pharmaceutical and biotechnology industries.

Unmet Need: More staff and resources would permit even greater responsiveness to industry and expedite even more applications.

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Action Steps: Expand partnership between FDA and its counterparts from outside organizations involved in vaccine development.

Descriptions: Encourage early consultation with sponsoring companies, develop guidance documents, exchange information, and work with other agencies and international organizations.

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Unmet Need: More staff and resources would permit even greater responsiveness to industry and expedite even more applications.

PREVENTION

Agency: Indian Health Service

Goal: Reduce the number of new infections among Federally recognized American Indians and Alaska Natives.

Objective 1: Maintain surveillance of HIV infection in American Indians and Alaska Natives.

Action Steps: Maintain timely and complete case reporting to appropriate local, state and national entities and the Indian Health Service (IHS) AIDS Prevention Activities Office.

Descriptions: Area AIDS Coordinators will be responsible for reporting.

FY 95: 912,000
FY 96: 912,000

Populations Served: Federally recognized American Indians and Alaska Natives.

Constituency Involvement: Local and National Indian Health Advisory Boards.

Unmet Need: ???

Objective 2: Maintain training and information activates to provide health education and risk reduction messages.

Action Steps: Teach empowerment skills at the individual and community level that will enhance the individual's ability to actualize assimilated knowledge as behavior change.

Descriptions: The changed behavior includes adjustments of beliefs and the formation of AIDS community-based task forces at the local level.

FY 95: 2,321,000
FY 96: 2,321,000

Populations Served: American Indians and Alaska Natives population, tribal leaders, women, youth, individuals practicing high risk behavior, and IHS/tribal health care workers

Constituency Involvement: Local and National Indian Health Advisory Boards

Unmet Need: ???

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Constituency Involvement: Local and National Indian Health Advisory Boards

Unmet Need: ???

INTERNATIONAL ACTIVITIES

Agency: Office of International Affairs, Department of Health and Human Services

Goal: Support U.S. interests globally by serving as a policy and coordinating body for international activities supported by HHS, a liaison with other U.S. departments and agencies supporting international activities, and a liaison with foreign governments working with U.S.

Objective: Improve coordination among HHS and other Federally-supported international activities.

Action Steps: Establish and maintain communications with other departments and agencies supporting international activities.

Develop mechanism for tracking HHS-related international activities.

Descriptions: International activities mapping project.

FY 95: NA
FY 96: NA

Populations Served: Program planners and policy makers.

Constituency Involvement: ????

Unmet Need: Staff to initiate and complete project.

INTERNATIONAL ACTIVITIES

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FY 95: NA
FY 96: NA

Populations Served: Program planners and policy makers.

Constituency Involvement: ????

Unmet Need: Staff to initiate and complete project.

OPA/HHS

PREVENTION

Agency: Office of Population Affairs

Goal: Reduce the number of new infections.

Objective: Provide counseling, education, and HIV testing as needed to Title X program clinics.

Action Steps: Include HIV/AIDS education in all clinic education programs.

Include HIV/AIDS prevention in STD screening programs.

Provide HIV testing or referral for testing to all Title X clients who request testing.

Descriptions: Title X Program

FY 95: NA -- HIV services integrated into overall budget.
FY 96: NA -- HIV services integrated into overall budget.

Populations Served: The Title X program provides family planning and related reproductive health services to approximately 4.5 million clients annually through a network of 4,500 clinics. Clients are predominantly young women; most are members of low-income families, and 30 percent are adolescents and 2/3 are below age 25.

Constituency Involvement: For non-profit grantees, clients participate on boards of directors. For all grantees, clients participate on committees approving all information and education materials.

Unmet Need: The Title X program reaches an estimated 50 percent of potential clients. Expansion of program would provide a concomitant expansion in HIV/AIDS prevention activities, since these are provided as an integral part of the reproductive health services in Title X programs.

PREVENTION

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CARE AND SERVICES

Agency: Agency for Children and Families

Goal: To meet the crisis needs of infants, children, and youth at risk for HIV.

Objective 1: Stabilize crisis situation and provide needed services.

Action Steps: Provide shelter and immediate services including diagnostic medical services and education and prevention related to HIV/AIDS.

Descriptions: Runaway and Homeless Youth Program.

FY 95: NA -- HIV services integrated into overall budget.
FY 96: NA -- HIV services integrated into overall budget.

Populations Served: Runaway and homeless youth at risk for HIV.

Constituency Involvement: Advocacy Groups? Service Organizations?

Unmet Need: ???

Objective 2: Provide foster care and adoption services to abused, neglected, or otherwise needy children including those with HIV/AIDS.

Action Steps: Provide diagnostic and treatment services, counseling for children, parents, extended family, foster and adoptive parents, and others relevant to HIV/AIDS.

Descriptions: Child Welfare Services Program.

FY 95: NA -- HIV services integrated into overall budget.
FY 96: NA -- HIV services integrated into overall budget.

Populations Served: Children in foster care.

Constituency Involvement: Advocacy Groups? Service Organizations?

Unmet Need: ???

Objective 3: Provide health and social services for abandoned infants and young children who have been drug-exposed and/or have HIV/AIDS.

Action Steps: Provide foster care, health services, counseling and other social services, and recruitment and interdisciplinary training.

Descriptions: Abandoned Infants Assistance Program.

FY 95: NA -- HIV services integrated into overall budget.
FY 96: NA -- HIV services integrated into overall budget.

Populations Served: Abandoned infants and young children who have been drug-exposed and/or have HIV/AIDS.

Constituency Involvement: Advocacy Groups? Service Organizations?

Unmet Need: ???

Objective 4: Provide comprehensive services to children, including those with HIV/AIDS, their parents, and families.

Action Steps: Services to Head Start families may include prevention and education, identification, and intervention related to HIV/AIDS; children with HIV/AIDS are enrolled in the on-going Head Start program.

Descriptions: Head Start Program.

FY 95: NA -- HIV services integrated into overall budget.
FY 96: NA -- HIV services integrated into overall budget.

Populations Served: Low income pre-schoolers and their families, including pregnant women.

Constituency Involvement: Advocacy Groups? Service Organizations?

Unmet Need: ???

Objective 5: Provide assistance and services to increase and support the independence, productivity, and integration into the community of persons with developmental disabilities.

Action Steps: Support the twenty-seven of the current 51 grantees operating pediatric HIV/AIDS clinics.

Descriptions: University Affiliated Program

FY 95: NA -- HIV services integrated into overall budget.
FY 96: NA -- HIV services integrated into overall budget.

Populations Served: Developmentally disabled persons.

Constituency Involvement: Advocacy Groups? Service Organizations?

Unmet Need: ???

INTERNATIONAL ACTIVITIES

Agency: Office of International Affairs, Department of Health and Human Services

Goal: Support U.S. interests globally by serving as a policy and coordinating body for international activities supported by HHS, a liaison with other U.S. departments and agencies supporting international activities, and a liaison with foreign governments working with U.S.

Objective: Improve coordination among HHS and other Federally-supported international activities.

Action Steps: Establish and maintain communications with other departments and agencies supporting international activities.

Develop mechanism for tracking HHS-related international activities.

Descriptions: International activities mapping project.

FY 95: NA
FY 96: NA

Populations Served: Program planners and policy makers.

Constituency Involvement: ????

Unmet Need: Staff to initiate and complete project.

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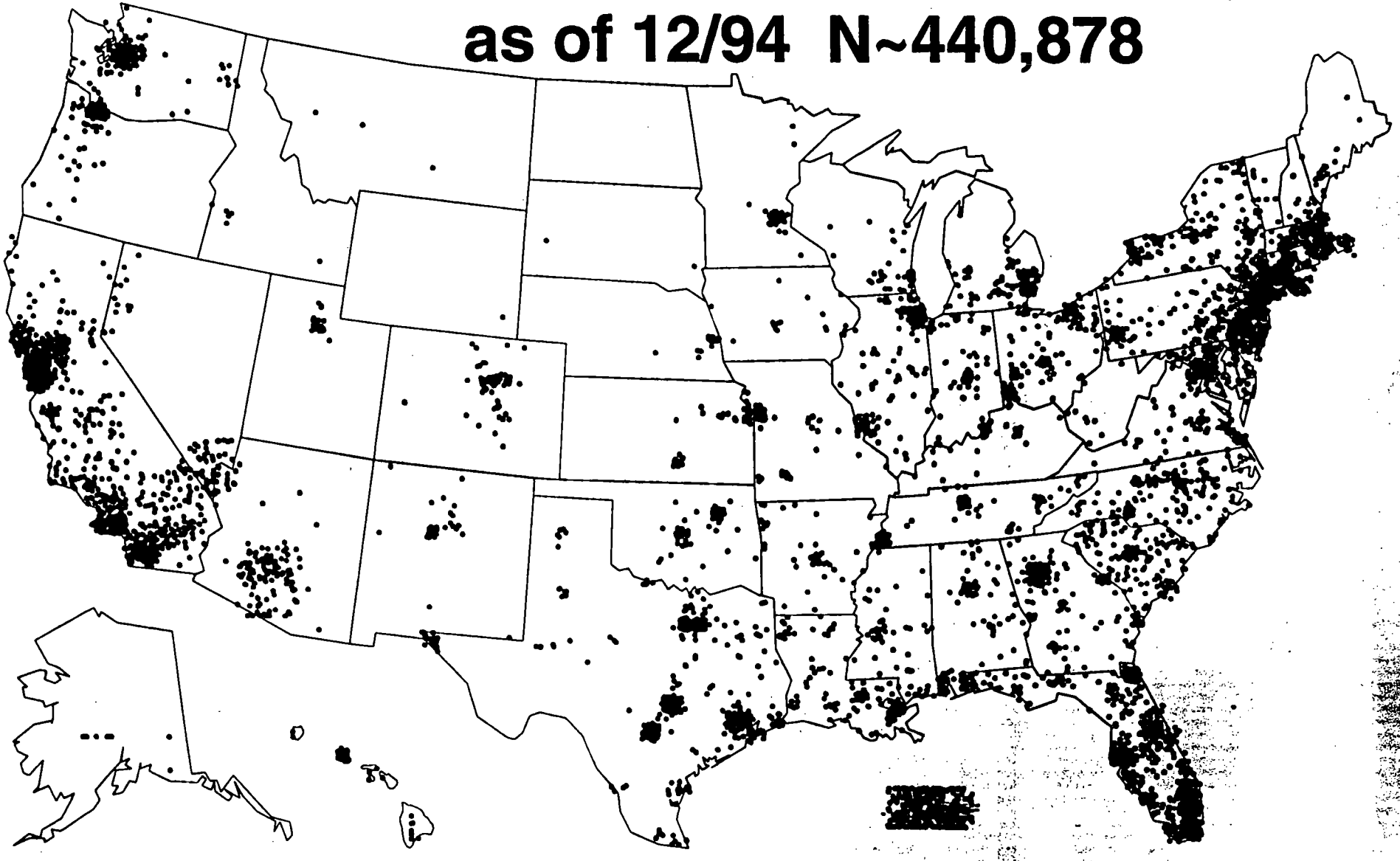
Unmet Need: Staff to initiate and complete project.

CHART #2

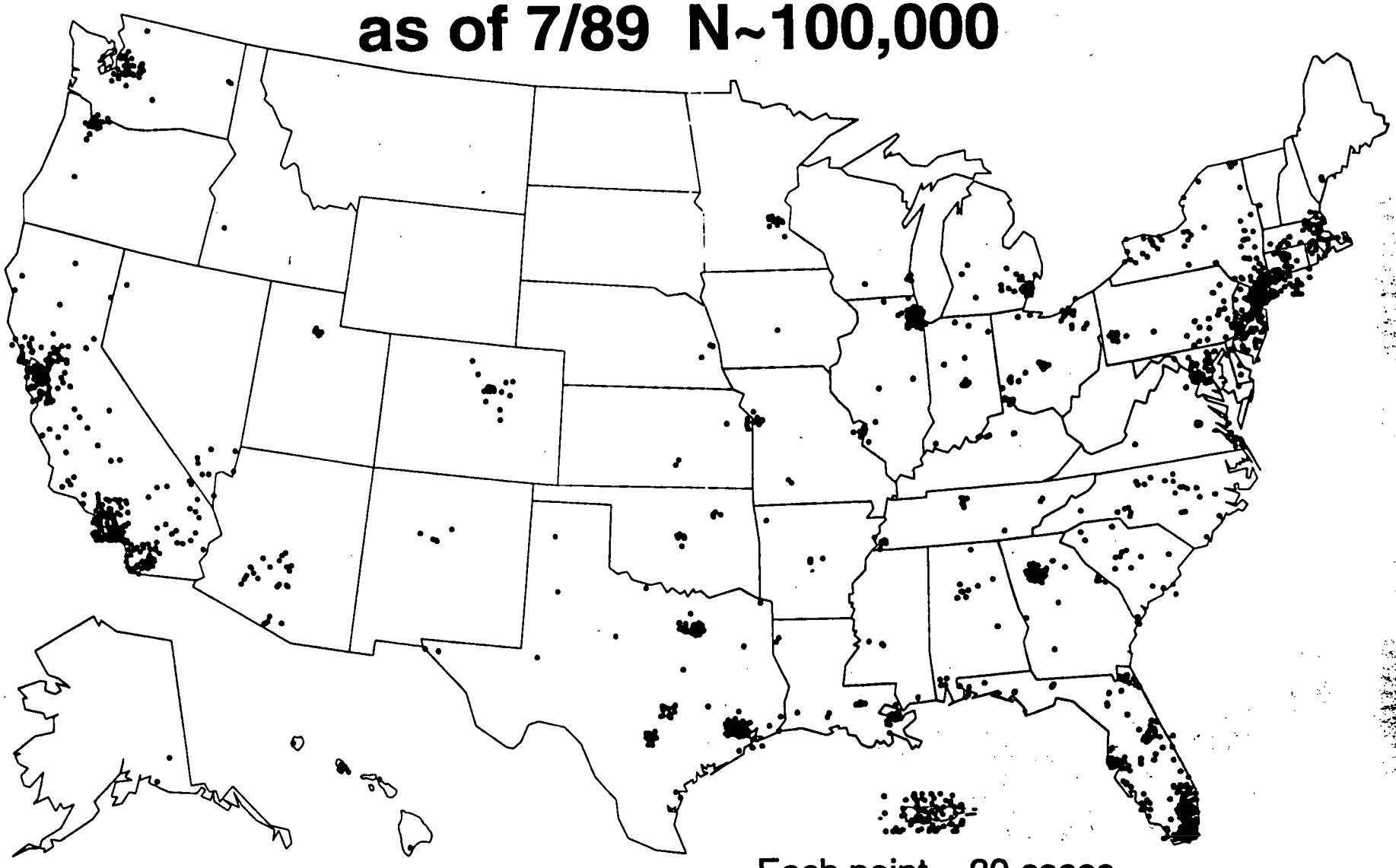
Cumulative U. S. AIDS Cases as of 12/94 N~440,878



Cumulative U.S. AIDS Cases as of 2/83 N~1,000

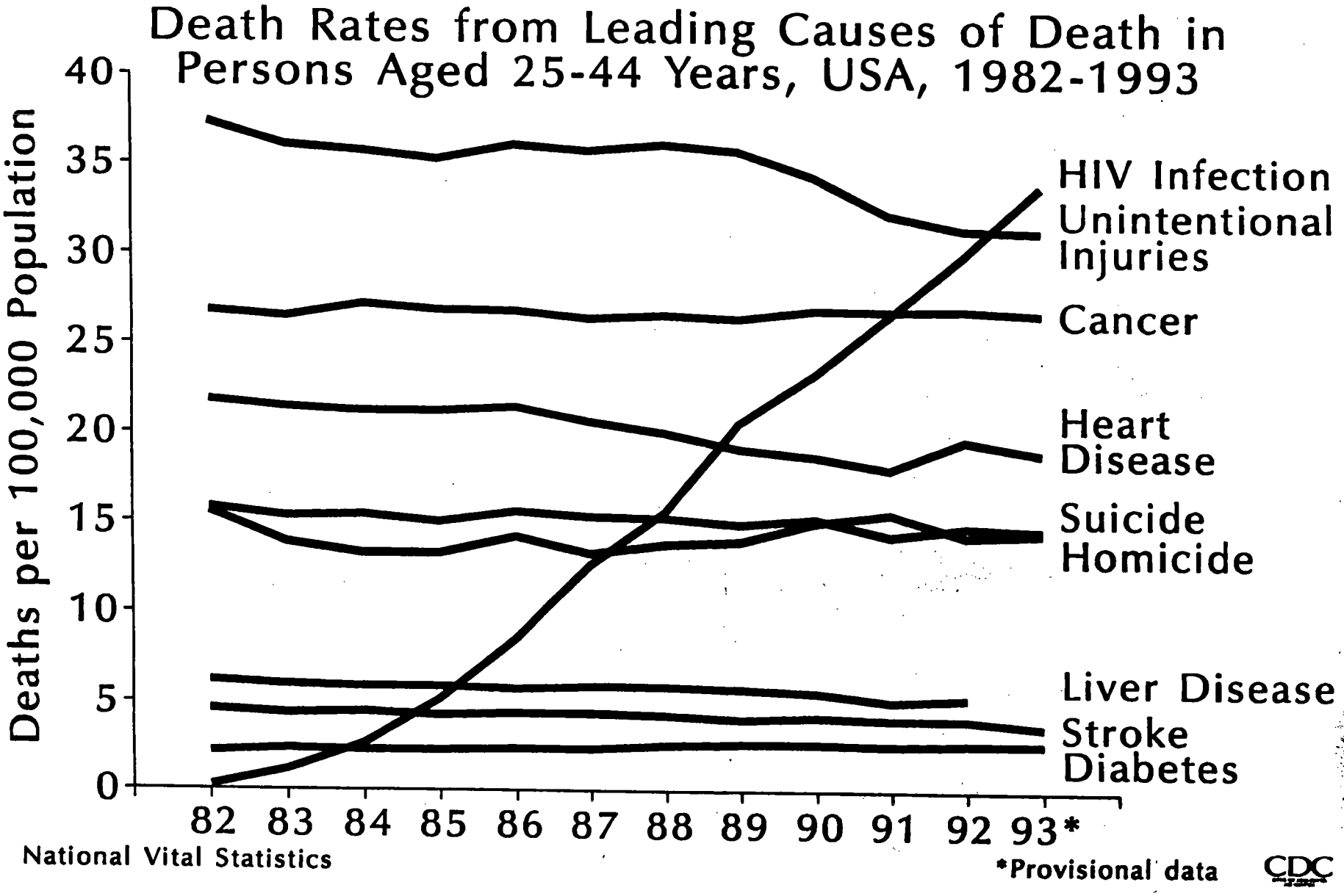
Cumulative U. S. AIDS Cases as of 5/85 N~10,000

Cumulative U.S. AIDS Cases as of 7/89 N~100,000



Each point = 30 cases

CHART #1


Death Rates from Leading Causes of Death in Persons Aged 25-44 Years, USA, 1982-1993
Deaths per 100,000 Population
40
35
30
25
20
15
10
5
0
82 83 84 85 86 87 88 89 90 91 92 93*
HIV Infection
Unintentional Injuries
Cancer
Heart Disease
Suicide
Homicide
Liver Disease
Stroke
Diabetes
National Vital Statistics
*Provisional data
CDC

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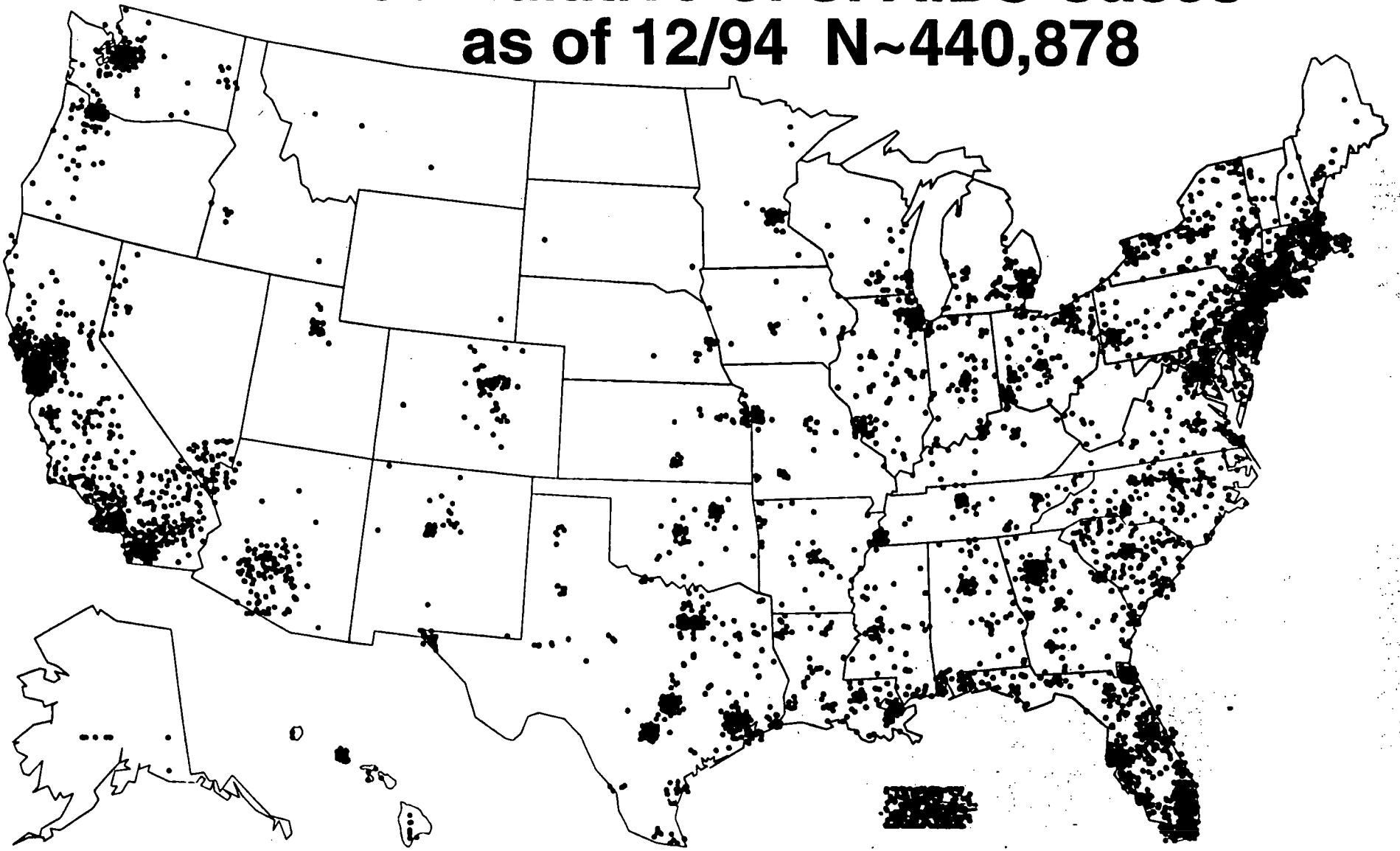
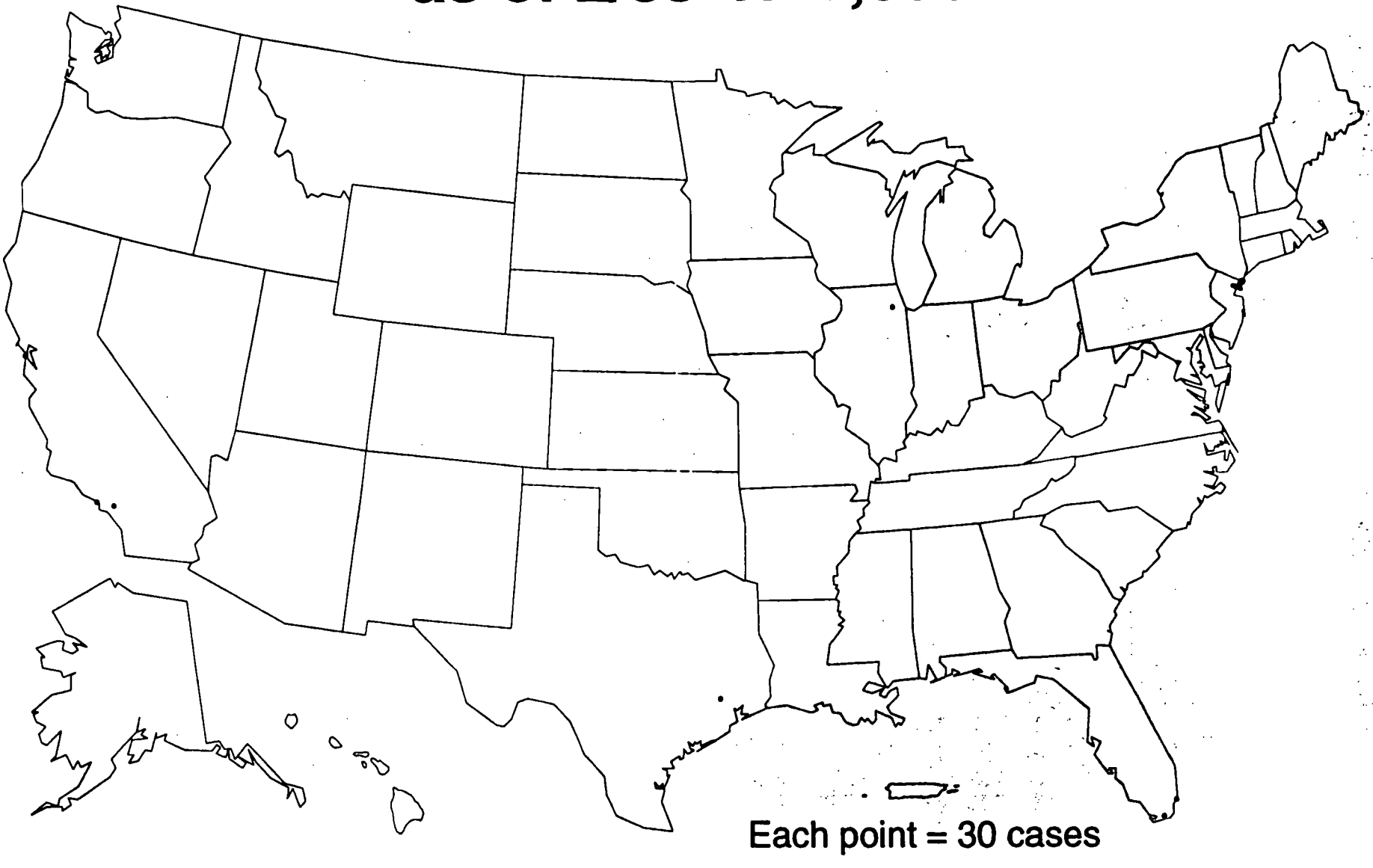


Each point = 30 cases

Cumulative U.S. AIDS Cases as of 2/83 N~1,000



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Each point = 30 cases

Cumulative U.S. AIDS Cases as of 7/89 N~100,000

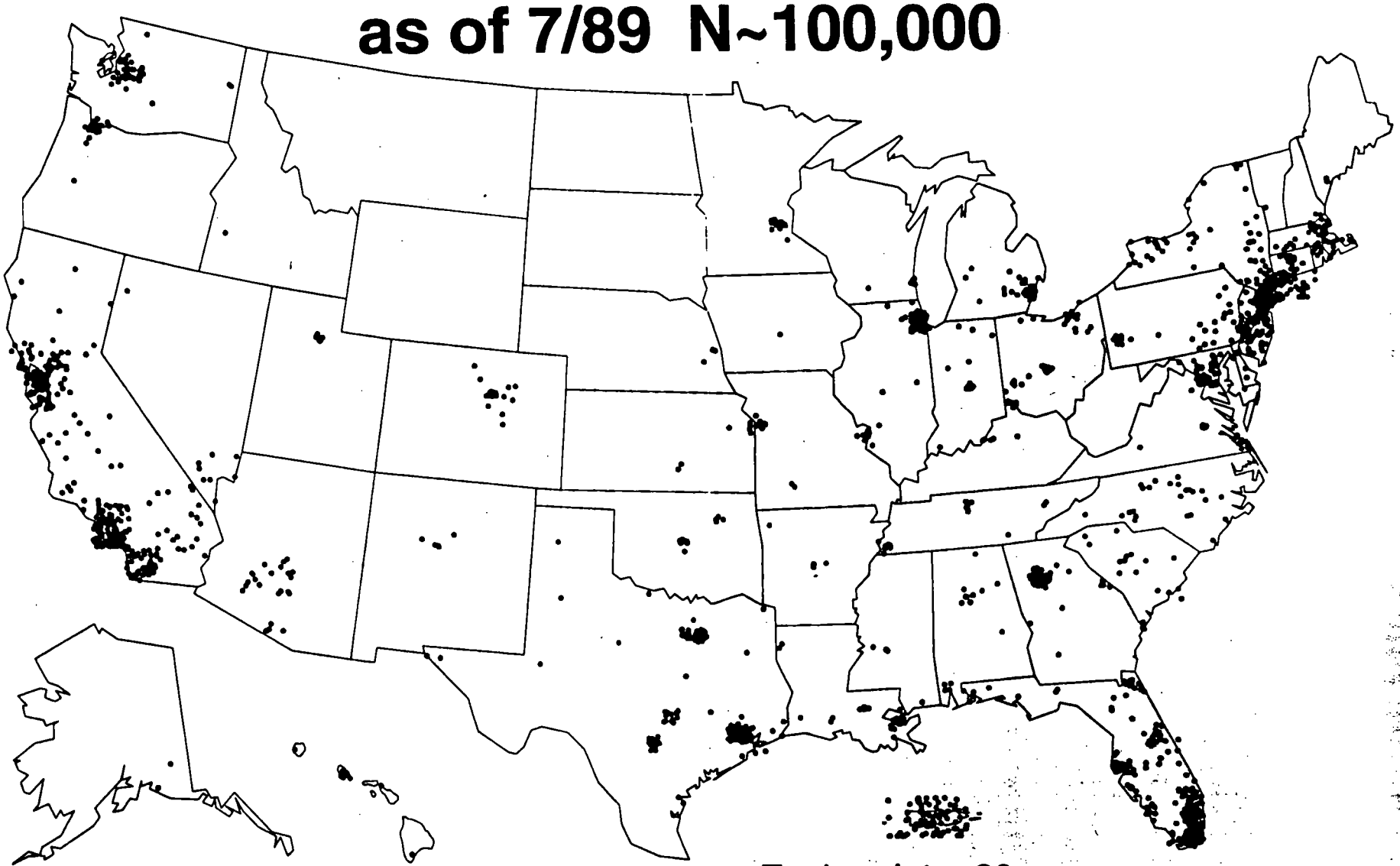
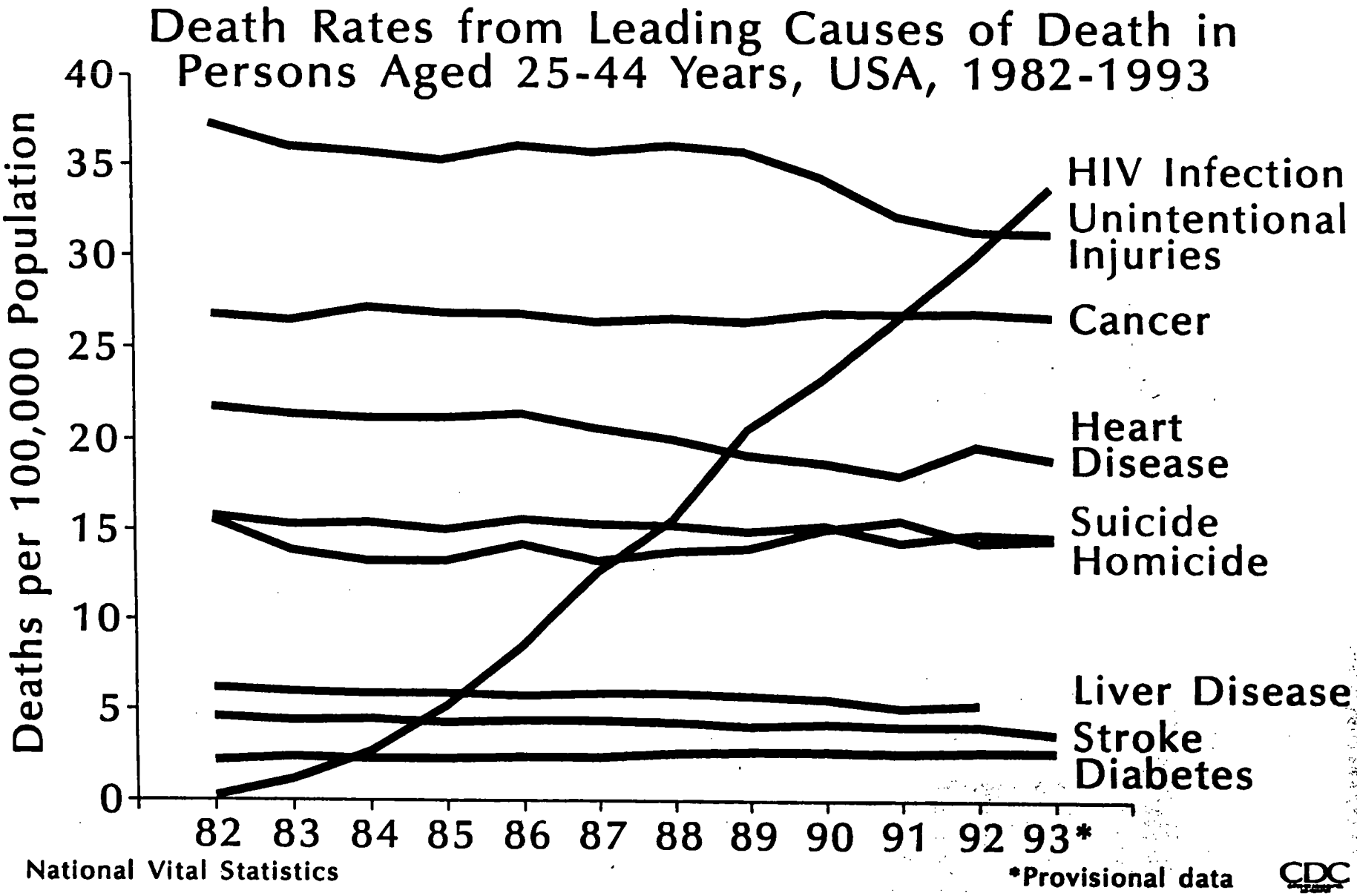


CHART #1



YMWC93.IMA/Selik

CHART #2

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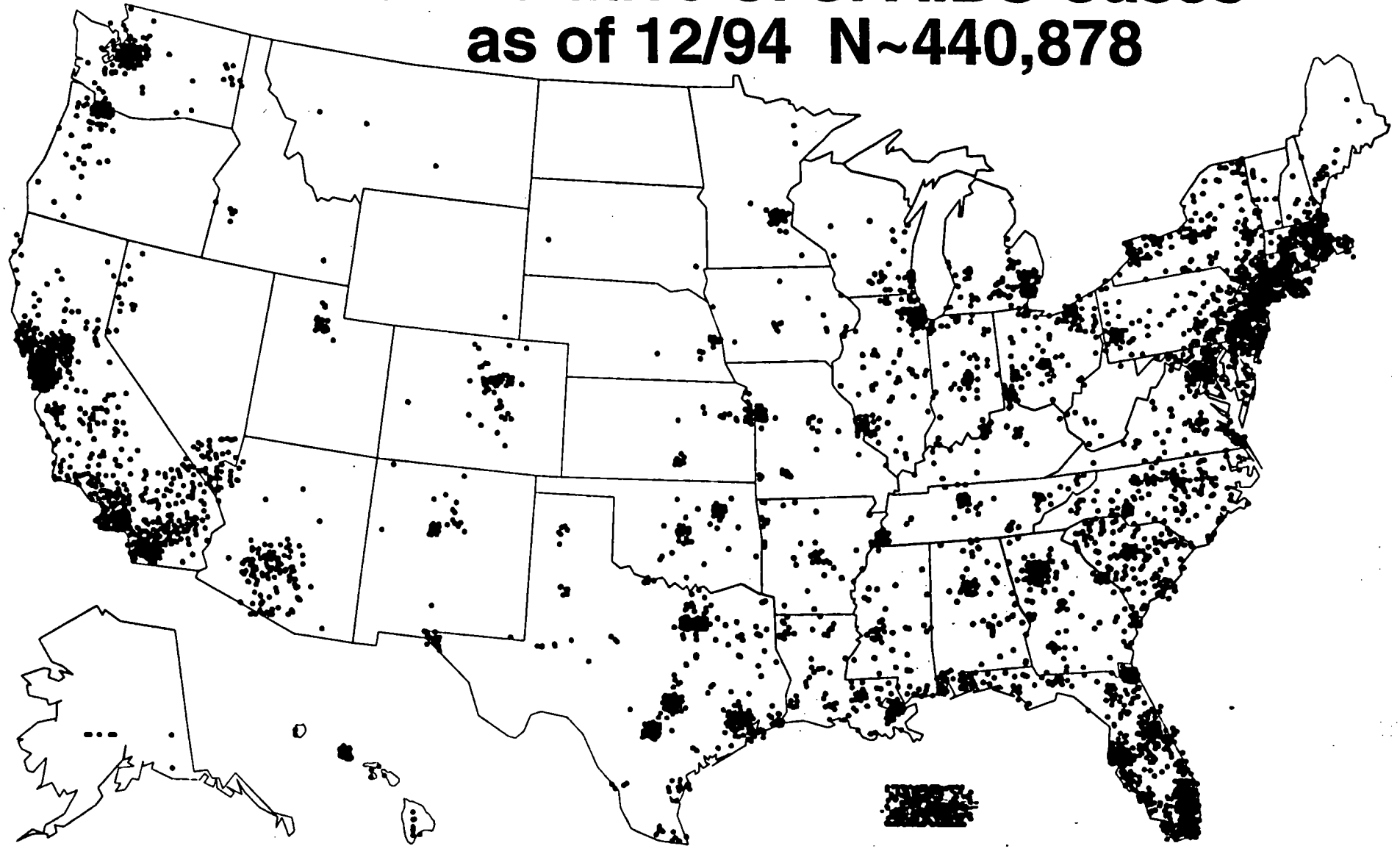

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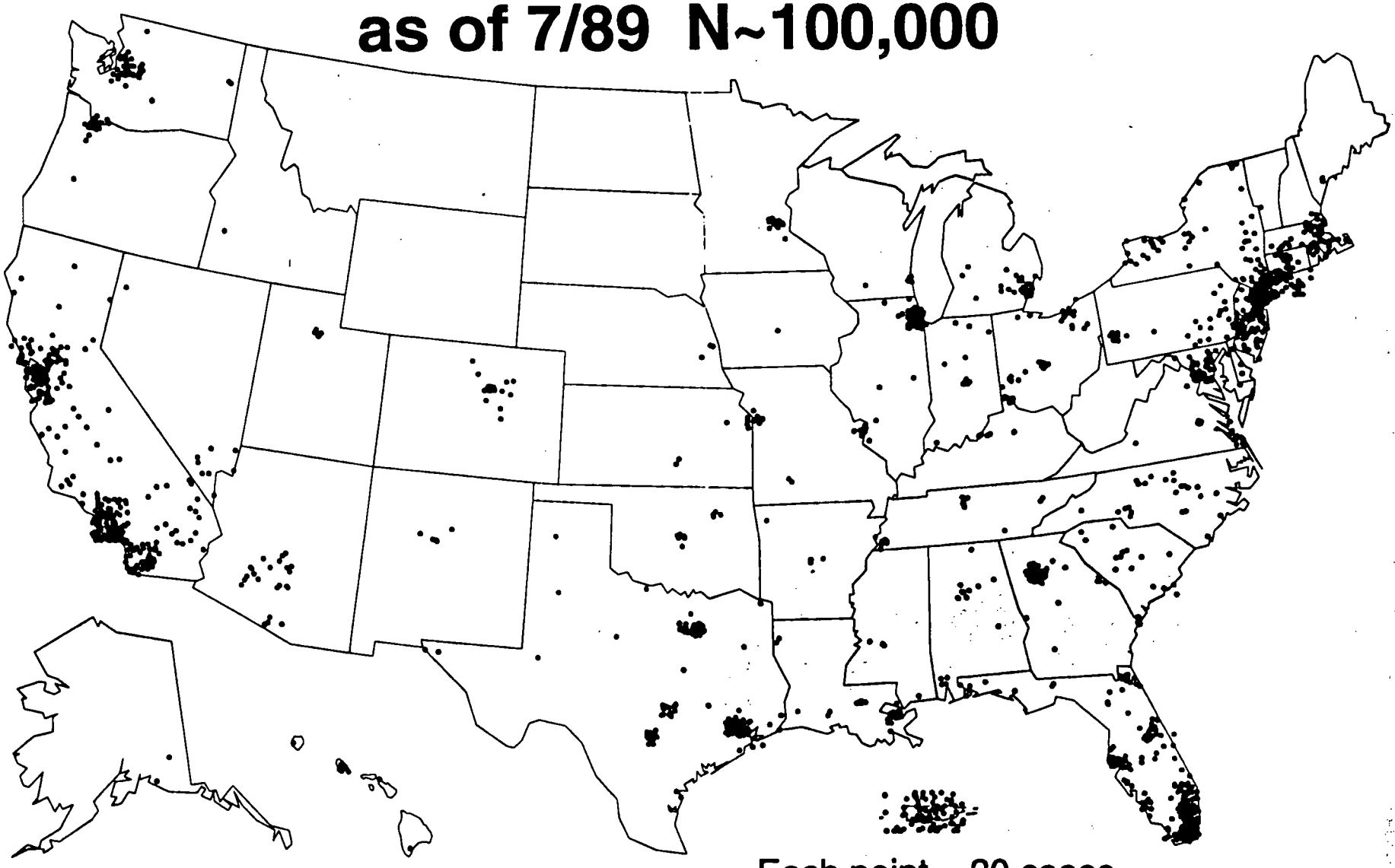

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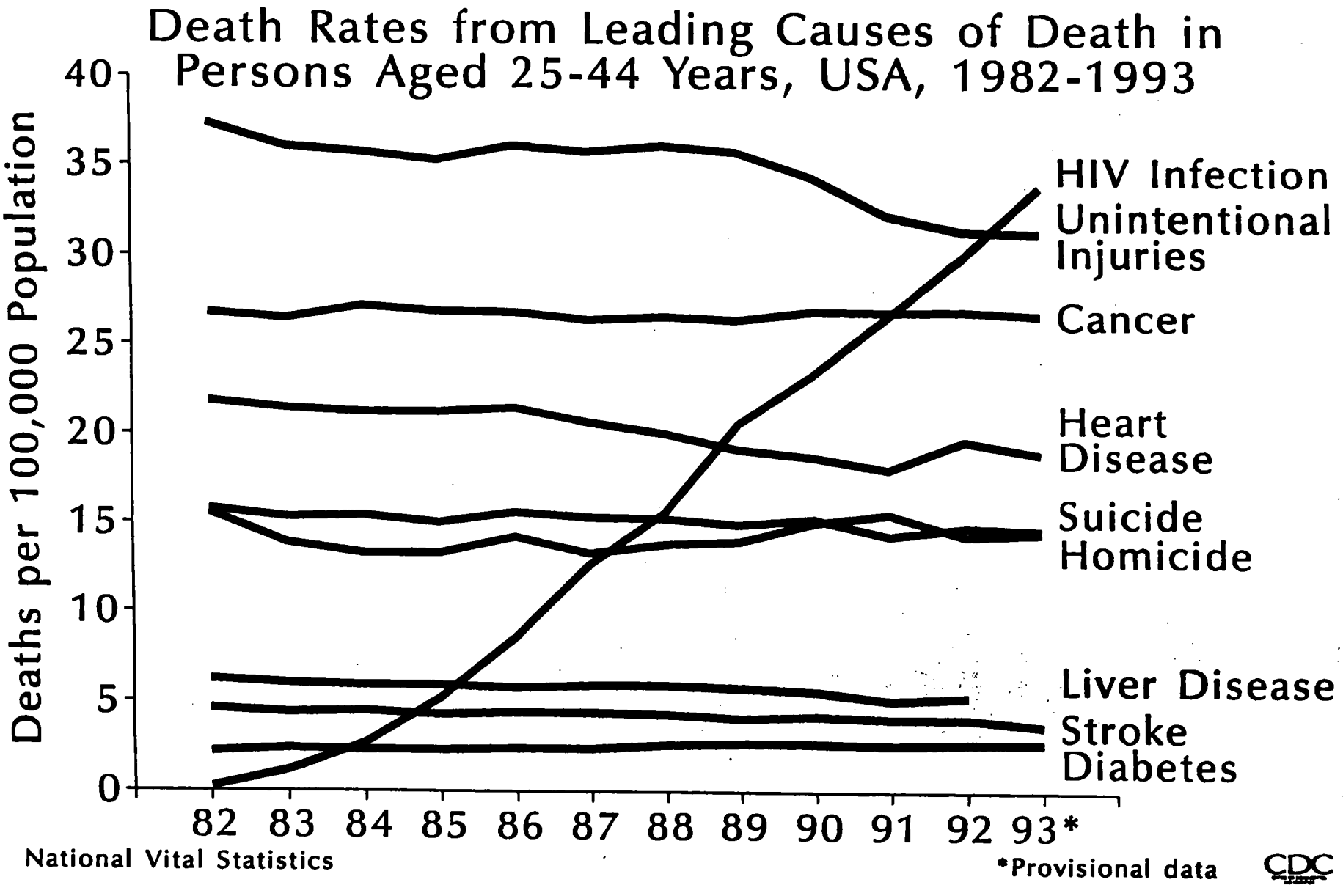

YMWC93 IMA/Solik

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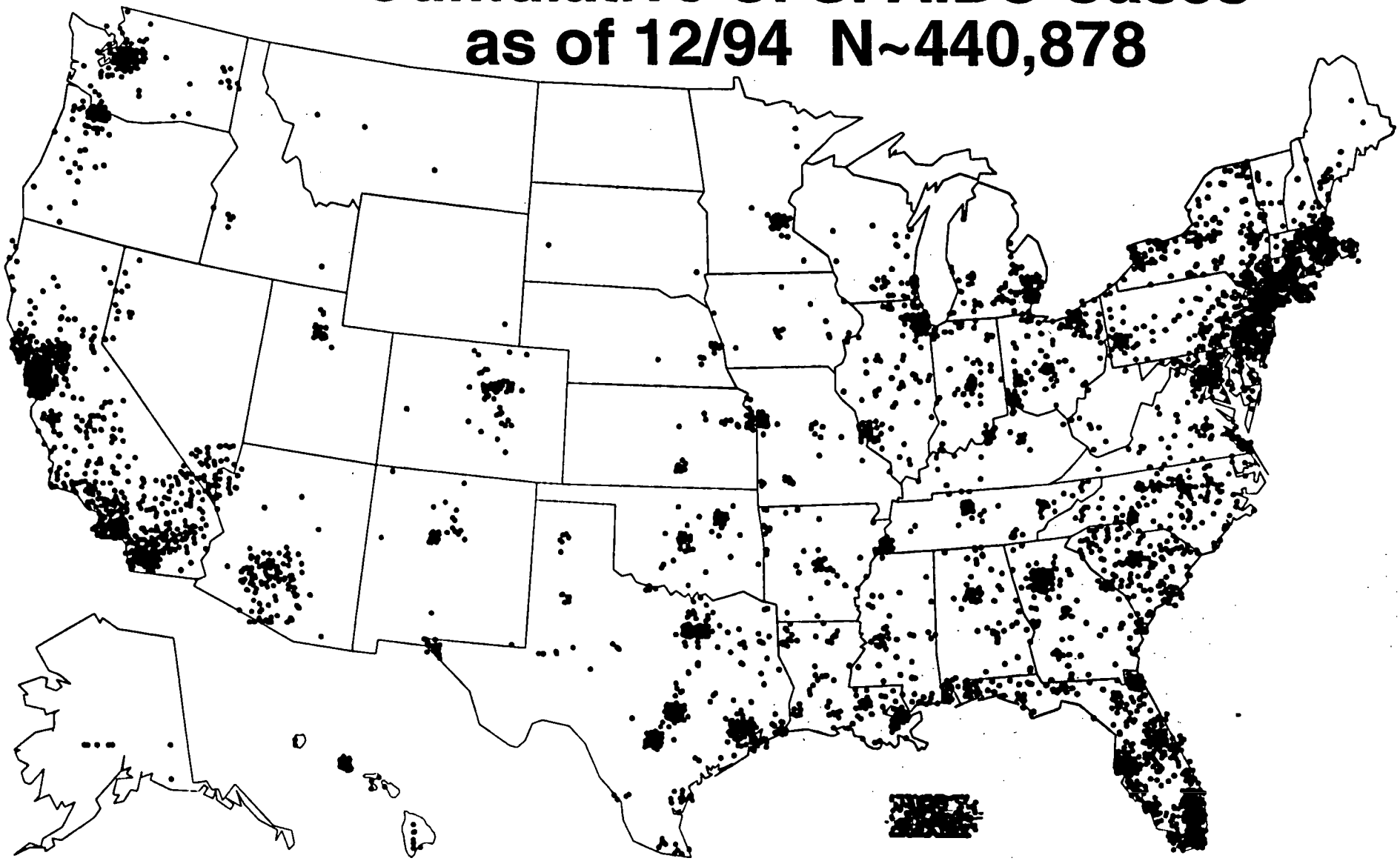

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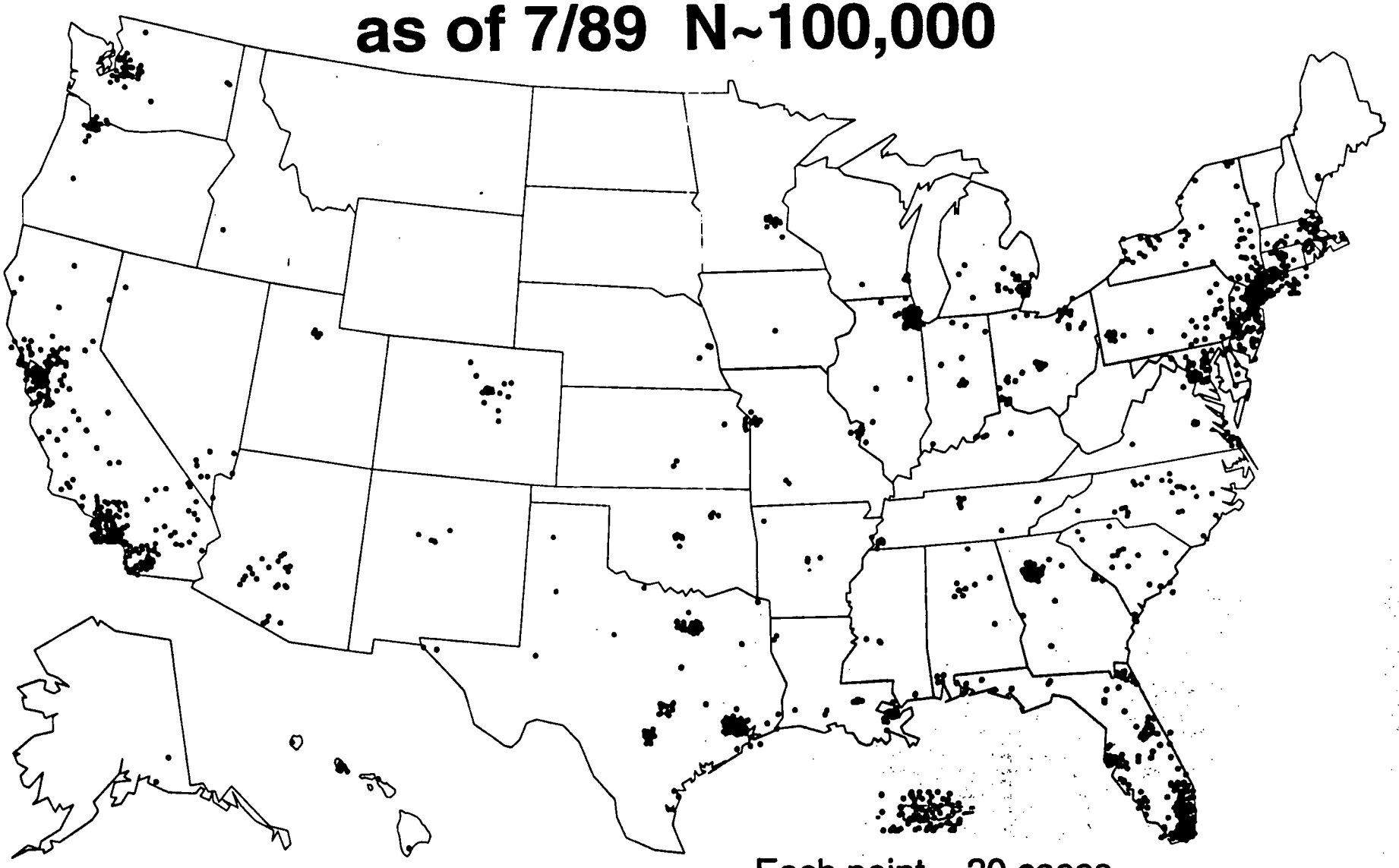

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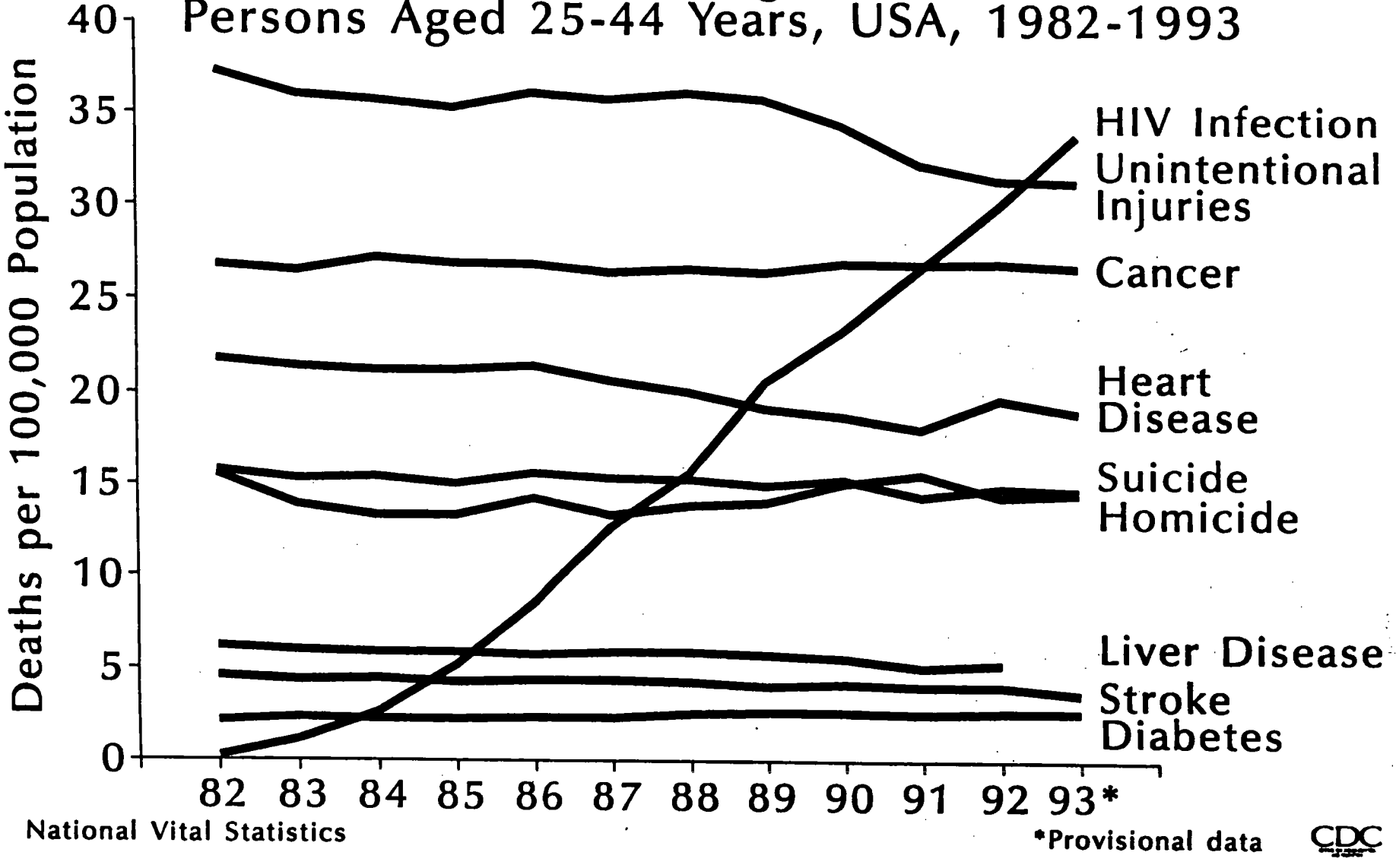
CHART #1

Death Rates from Leading Causes of Death in Persons Aged 25-44 Years, USA, 1982-1993



National Vital Statistics

*Provisional data

CDC

YMWC93 IMA/Solik

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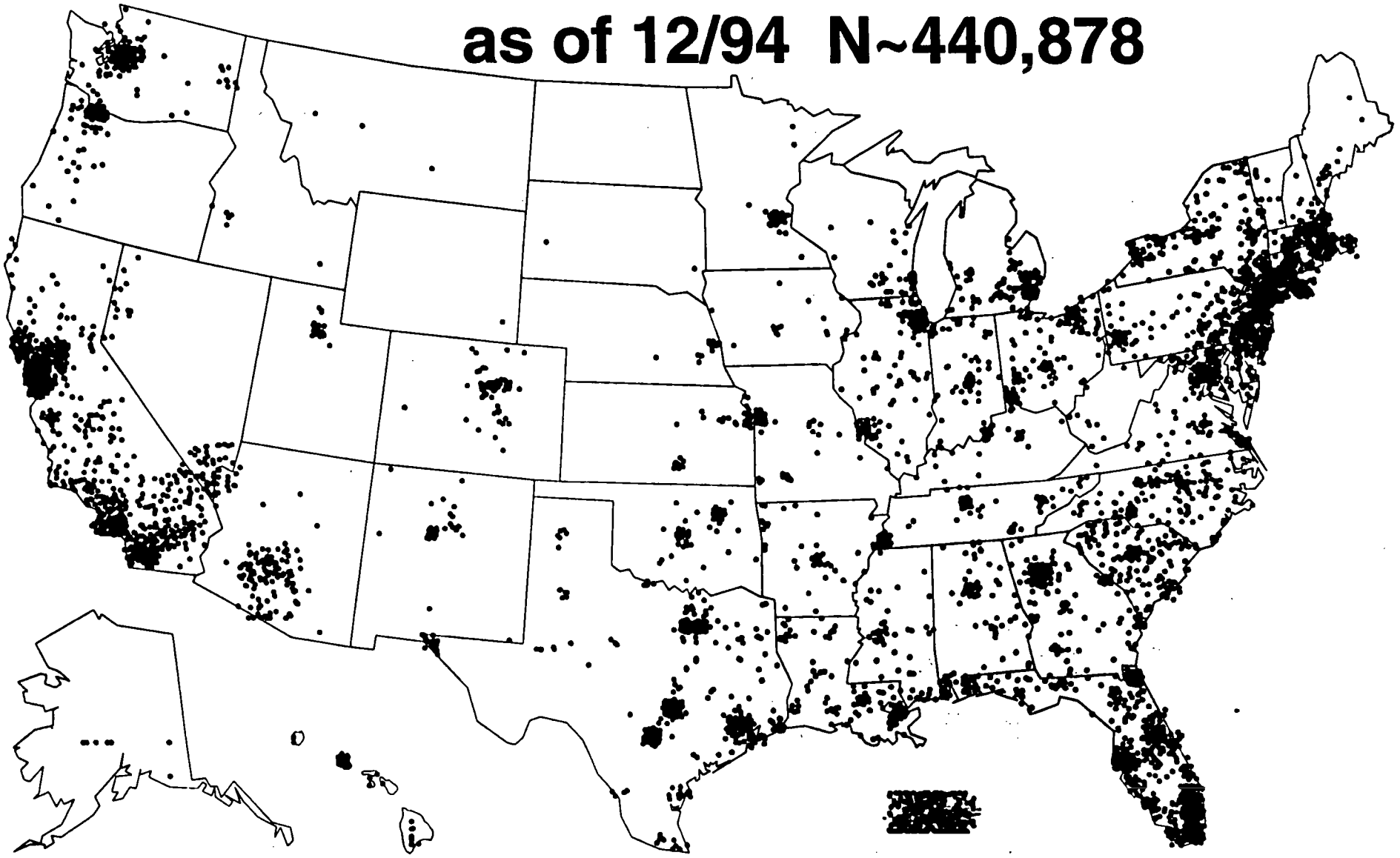

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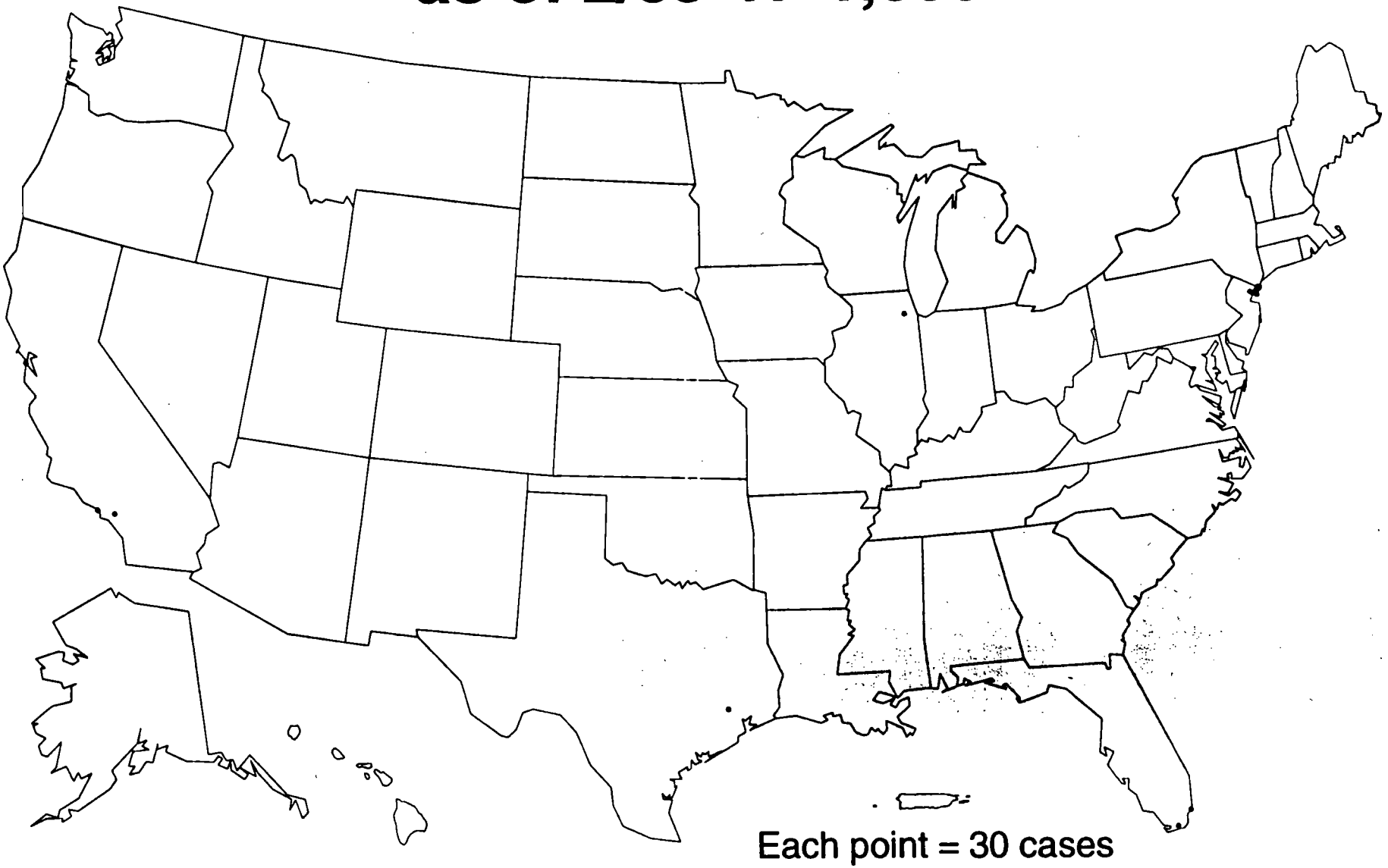

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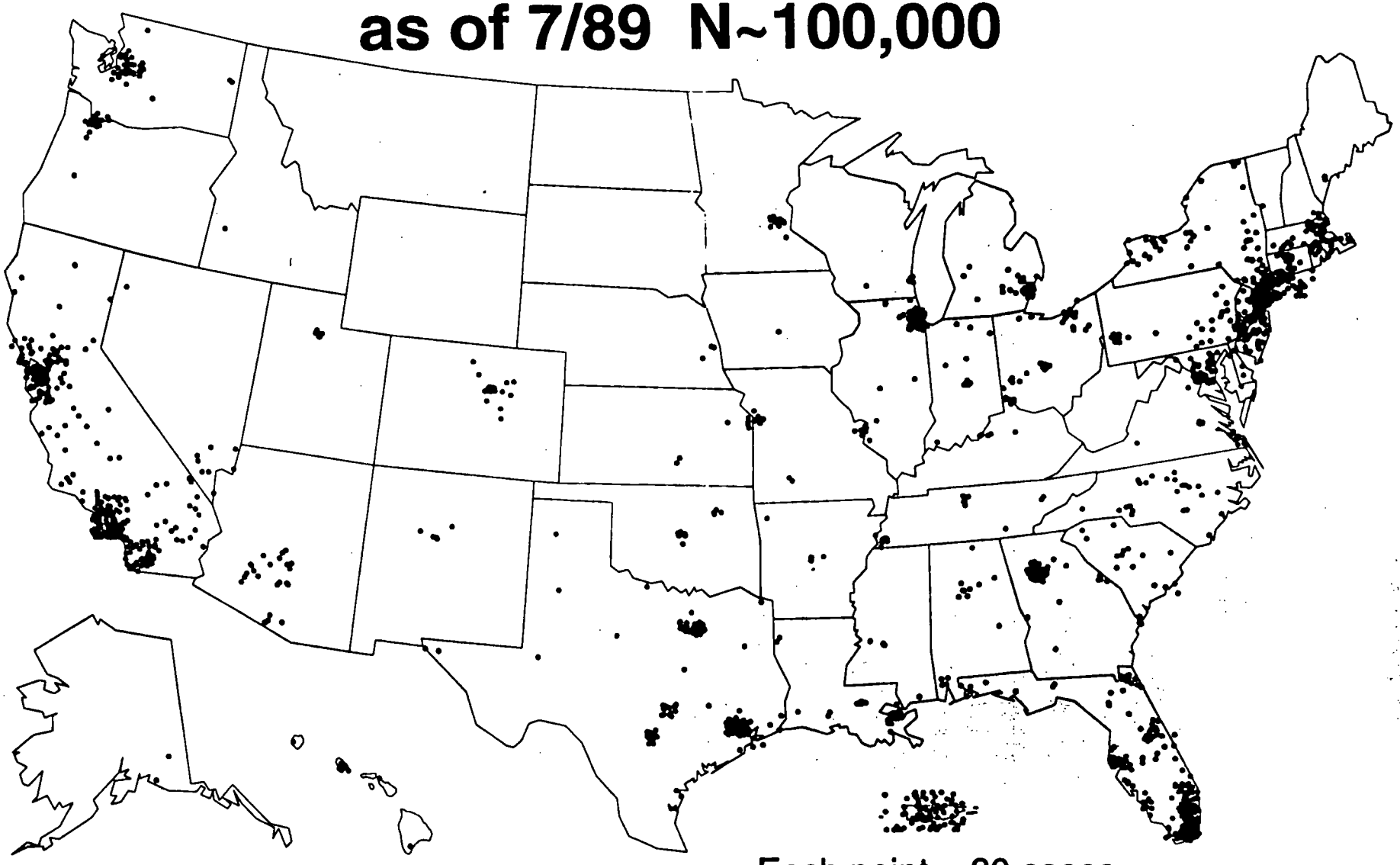

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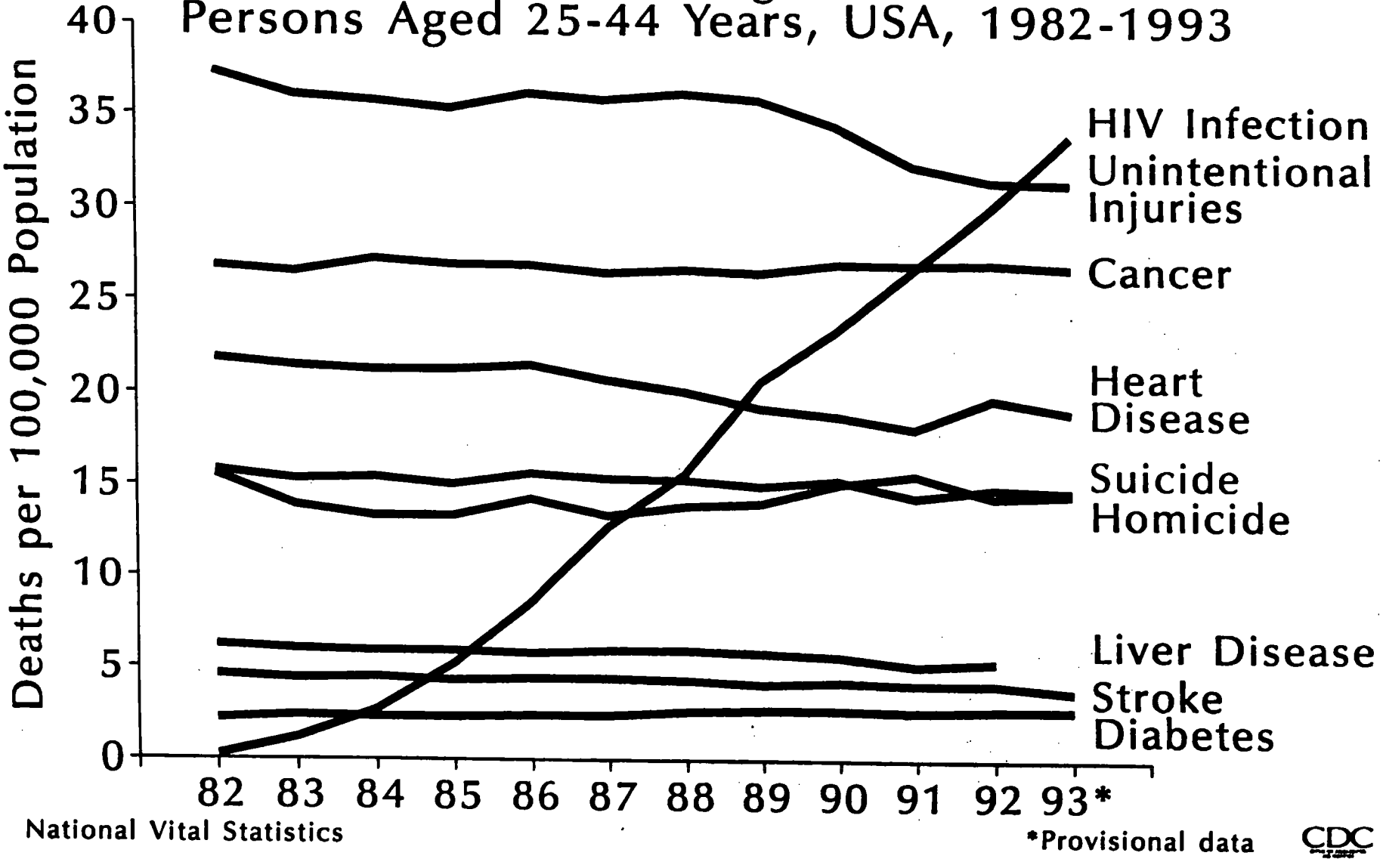

National Vital Statistics

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CDC

YMWC93.IMA/Selik

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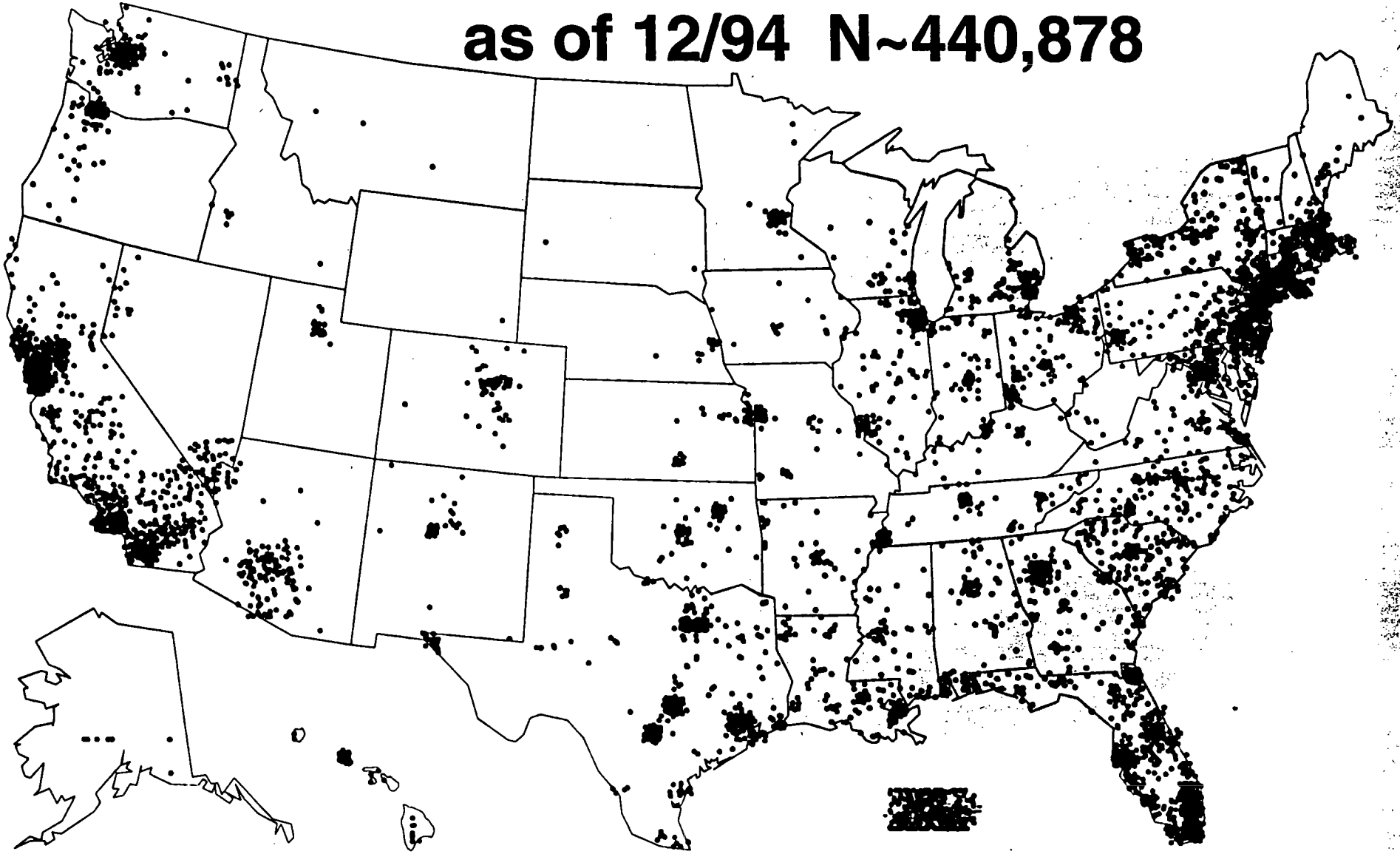

Each point = 30 cases

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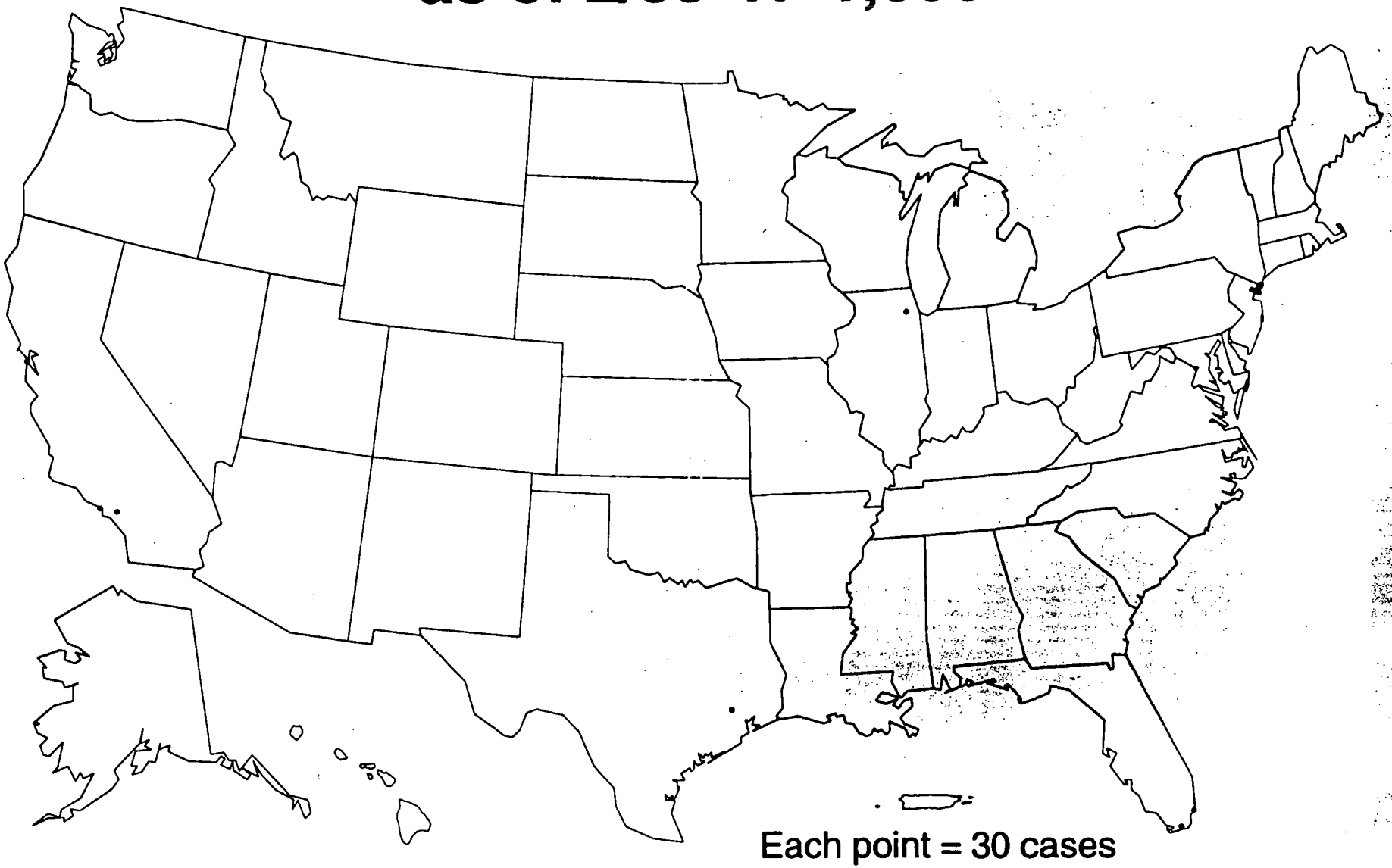

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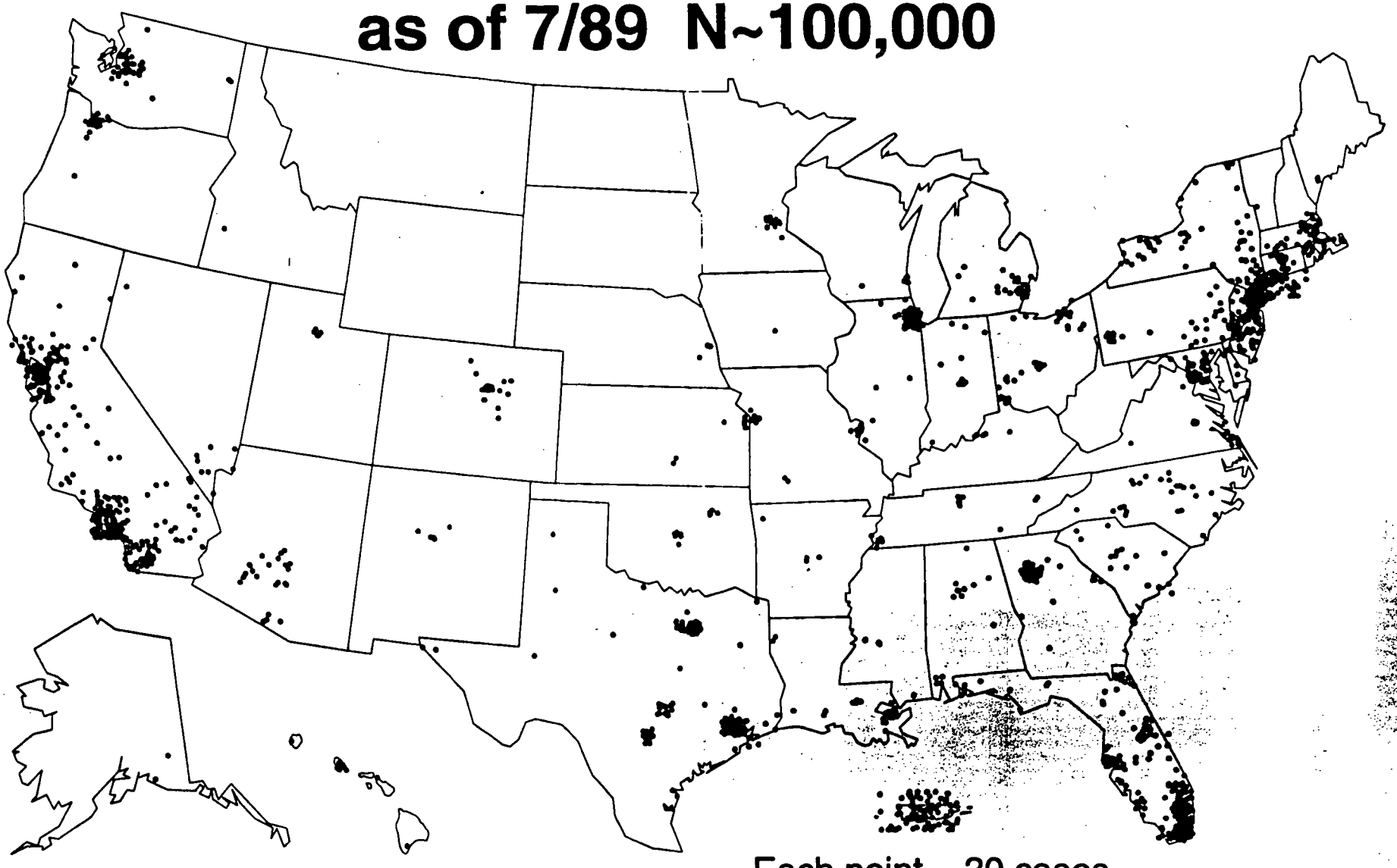

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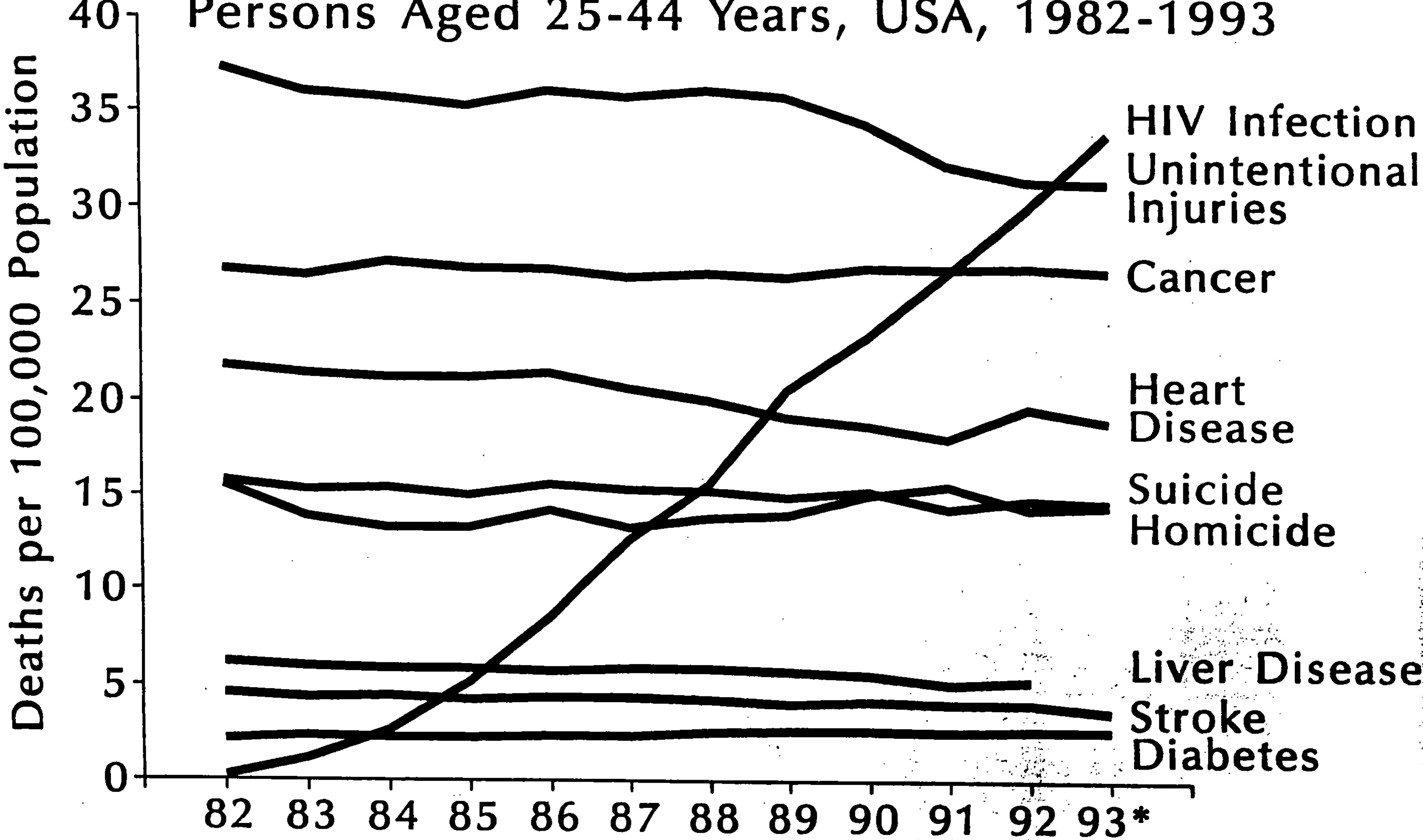

National Vital Statistics

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