FOIA Number: 2018-0755-F

FOIA MARKER

This is not a textual record. This is used as an administrative marker by the William J. Clinton Presidential Library Staff.

Collection/Record Group: Clinton Presidential Records

Subgroup/Office of Origin: National AIDS Policy Office

Series/Staff Member: Patsy Fleming

Subseries: National AIDS Strategy

OA/ID Number: 9002

FolderID:

Folder Title:
National Plan Meeting of 6/15 E. Massuri

Stack:	Row:	Section:	Shelf:	Position:
S	66	5	10	2

Subject National Plan for Combatting AIDS

To Acting Director
Office of HIV/AIDS Policy

Attached please find information on programs and projects dealing with HIV/AIDS at the Agency for Health Care Policy and Research. This information is being provided in response to memoranda from Dr. Lee and from Ms. Fleming requesting summary information concerning Federal HIV-related activities, planned or in progress, to serve as a basis for developing the Administration's National Plan to combat AIDS.

The original memorandum suggested a format for reporting AIDS-related activities. This format seemed somewhat inappropriate for AHCPR's activities. After discussions with Ms. Messore, we have developed an alternative format, which is similar to what was requested but better represents the Agency's programs.

If you have further questions, please contact John Fleishman, Ph.D., at (301) 594-1354.

Donald Schneider, D.D.S., M.P.H.

Attachment (for) John A Fleishman P.L.N.

HHS
ACF
HCFA

AHCPR — messeng

IHS
O Population Affairs

Agency for Health Care Policy and Research

Current HIV-Related Projects

This document summarizes current projects that are supported by the Agency for Health Care Policy and Research and that have a primary focus on HIV-related issues. Projects have been placed in three major areas:

- Health Services Research
- Prevention Research
- Services: Information Dissemination

Note that many of the projects are grants awarded in response to investigator-initiated proposals. The focus of unsolicited proposals, as well as the results of the scientific and technical review of each proposal, are difficult to predict. Therefore, we anticipate that new projects will be funded in FY 96, but the specific nature of these projects is not known at present. FY96 projects will most likely deal with policy-relevant issues in cost, quality, and access to HIV-related health services, as projected in the AHCPR sections of the DHHS HIV Research Plan.

DRAFT

AREA: Health Services Research

1. **HIV Costs and Service Utilization Study (HCSUS)**

A. Objectives: (1) To provide national estimates of the cost and use of HIV-related medical and non-medical services.

(2) To provide comprehensive information on unmet needs for service and barriers to accessing services.

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

(4) 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.

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

(6) 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.

B. Description: 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 areas, 500 adult patients living in rural areas, and 400 children (age less than 13) will be enrolled. Patients will be interviewed four times over an 18-month period; data will also be abstracted from medical and billing records.

C. FY95 Resources: $4,000,000.

D. FY96 resources: $4,000,000.

E. Populations Covered: HIV-infected individuals receiving treatment.

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

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

H. Collaborative Relationships: HRSA and NIMH have contributed funds to expand the scope of the core HCSUS project. In addition, proposals for further elaborations are under review at NIDR, NIAAA, and NIDA.

2. **Women's Interagency HIV Study**
A. Objectives: To examine health care utilization among participants in the NIH-sponsored Women's Interagency HIV Study (WIHS).
B. Description: This project supplements the WIHS by adding a health services research component. Utilization data on women with HIV infection will be collected, in addition to the detailed clinical data obtained in the core study.
C. FY95 Resources: $55,000.
D. FY96 Resources: $75,000.
E. Populations Covered: Women with HIV infection participating in the WIHS.
F. Constituency Involvement: NA (A research grant).
G. Unmet Needs: NA.

3. **Multicenter AIDS Cohort Study**
A. Objectives: (1) To examine factors affecting health care utilization among participants in the NIH-sponsored Multicenter AIDS Cohort Study (MACS).
(2) To assess quality of life among participants in the MACS and to relate utilization to quality of life measures.
B. Description: This project supplements the MACS by adding a health services research component. Utilization data on men with HIV infection will be collected, in addition to the detailed clinical data obtained in the core study.
C. FY95 Resources: $75,000.
D. FY96 Resources: $0.
E. Populations Covered: Homosexual/bisexual men participating in the MACS in four urban areas.
F. Constituency Involvement: NA (A research grant).
G. Unmet Needs: NA.

4. **HIV Epidemiological Research Study**
A. Objectives: To examine health care utilization among participants in the CDC-sponsored HIV Epidemiological Research Study (HERS).
B. Description: This project supplements the HERS by adding a health services research component. Utilization data on women with HIV infection will be collected, in addition to the detailed clinical data obtained in the core study.
C. FY95 Resources: $50,000.
D. FY96 Resources: $50,000.
E. Populations Covered: Women with HIV infection participating in the HERS.
F. Constituency Involvement: NA (A research grant).
G. Unmet Needs: NA.

5. **Health Care Costs and Utilization in AIDS Home Care**
A. Objectives: (1) To provide longitudinal data on utilization of inpatient, outpatient, home care, pharmaceutical, and other services, and to estimate their associated costs.
(2) To examine the impact of a Medicaid Home and Community-Based waiver on service utilization, costs, functional status, and survival.
(3) To examine any substitutions of formal for informal home care.
B. Description: Interviews conducted with participants in New Jersey Medicaid Waiver program. Data abstracted from Medicaid claims.
C. FY95 Resources: $394,557.
D. FY96 Resources: $0
E. Population Covered: Medicaid recipients with AIDS in New Jersey.
F. Constituency Involvement: NA (A research grant).
G. Unmet Needs: NA.

6. **Ambulatory Care for HIV/AIDS: Models and Outcomes:**
A. Objectives: (1) To examine types of ambulatory care providers used to treat HIV infection.
(2) To examine patterns of transitions between ambulatory provider types.
(3) To examine service utilization and costs for pediatric HIV patients.
B. Description: Analysis of Medicaid claims and eligibility data from New York State Medicaid.
C. FY95 Resources: $392,103 (from FY94 funds).
D. FY96 Resources: $0.
E. Populations Covered: New York State Medicaid recipients.
F. Constituency Involvement: NA (A research grant).
G. Unmet Needs: NA.

7. **Outcomes of Pharmaceutical Therapy in HIV Disease.**
A. Objectives: (1) To assess the impact of antiretroviral, antimicrobial, and prophylactic treatment on the natural history of HIV infection.
(2) To assess the effect of pharmaceutical therapies on service utilization, costs, and clinical outcomes.
B. Description: Develop clinical database linked to Medicaid claims data.
C. FY95 Resources: $527,287.
D. FY96 Resources: $420,000.
E. Populations Covered: HIV-infected population in Maryland.
F. Constituency Involvement: NA (A research grant).
G. Unmet Needs: NA.

8. **Quality and Costs of Care for HIV Infected Medicaid Patients.**
   A. Objectives: (1) To study issues of costs and quality of care, with a focus on women and children.
   (2) To examine trends and variation in adherence to scientifically-based clinical guidelines.
   (3) To study predictors of variation in treatment, by patient, physician, and practice setting characteristics.
   B. Description: Analyses of Medicaid claims and eligibility data, supplemented with AIDS Registry data.
   C. FY95 Resources: $110,704 (from 1994 funds).
   D. FY96 Resources: $0.
   E. Populations Covered: New Jersey Medicaid recipients.
   F. Constituency Involvement: NA (A research grant).
   G. Unmet Needs: NA.

9. **Developing Econometric Models to Estimate AIDS Costs.**
   A. Objectives: (1) Develop an econometric framework for the simultaneous study of health care usage and survival.
   (2) Develop synthetic estimates of per-person lifetime costs of HIV disease for various groups of HIV-infected individuals.
   B. Description: Formulation of statistical models and associated computer software.
   C. FY95 Resources: $188,136.
   D. FY96 Resources: $80,000.
   E. Populations Covered: Participants in the AIDS Costs and Service Utilization Survey, with potential extensions to all persons with HIV disease.
   F. Constituency Involvement: NA (A research grant).
   G. Unmet Needs: NA.

10. **Determinants of Physicians' AIDS-Related Practice Behavior**
   A. Objectives: To identify personal and institutional factors that shape physicians' willingness to care for HIV-infected patients.
   B. Description: Conduct the third in a series of interviews with physicians, who are currently in their sixth post-graduate year.
   C. FY95 Resources: $216,054 (from 1994 funds).
   D. FY96 Resources: $0.
   E. Populations Covered: Physicians who graduated from six New York State medical schools in 1989.
   F. Constituency Involvement: NA (A research grant).
   G. Unmet Needs: NA.

11. **Outcomes of Hospital Dedicated AIDS Units**
A. Objectives: To compare outcomes of inpatient care for AIDS provided by dedicated AIDS units versus scattered-bed approaches.
B. Description: Comparative multi-site observational study of 23 hospitals.
C. FY95 Resources: $137,538 (from 1994 funds).
D. FY96 Resources: $0.
E. Populations Covered: 1500 patients receiving services in study hospitals.
F. Constituency Involvement: NA (A research grant).
G. Unmet Needs: NA.

12. **Hospital Cost and Utilization Project**
A. Objectives: Obtain and analyze data on inpatient hospital utilization by people with HIV infection.
B. Description: Assemble database of hospital discharge data from all hospitals in 12 States.
C. FY95 Resources: $500,000.
D. FY96 Resources: $500,000.
E. Populations Covered: Patients with AIDS receiving inpatient care in hospitals in 12 states.
F. Constituency Involvement: NA (A research grant).
G. Unmet Needs: NA.

AREA: Prevention

1. **Demonstrating Computer Support Impact on AIDS Patients**
A. Objectives: To examine the effects of an in-home computer information and support system on health care costs and quality of life.
B. Description: 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.
C. FY95 Resources: $430,440.
D. FY96 Resources: $390,000.
E. Populations Covered: Study volunteers.
F. Constituency Involvement: NA (A research grant).
G. Unmet Needs: NA.

2. **Cost-Effectiveness of Preventing AIDS Complications.**
A. Objectives: Evaluate the cost-effectiveness of alternative strategies for preventing HIV-related opportunistic infections.
B. Description: Embed clinical and cost data from randomized trials and observational cohorts into a comprehensive decision-analytic, cost-effectiveness model.
C. FY95 Resources: $198,541.
D. FY96 Resources: $225,000.
E. Populations Covered: AIDS Patients.
F. Constituency Involvement: NA (A research grant).
G. Unmet Needs: NA.

AREA: Information Dissemination

1. **AIDS Treatment Information Service**
   A. Objective: To provide Federally approved and accurate information concerning current and appropriate treatments for HIV-related conditions.
   B. Description: Reference specialists will use NLM's database of AHCPR guidelines, and NIH, CDC and other Federal agency guidelines and consensus statements to respond to specific requests and to provide appropriate treatment information to callers.
   C. FY95 Resources: $41,300.
   D. FY96 Resources: $53,326.
   E. Populations Covered: Primary care practitioners, case managers, allied health professionals, and HIV-positive individuals.
   F. Constituency Involvement: This PHS interagency project incorporates HIV-positive individuals and advocacy groups.
   G. Unmet needs: NA.

2. **Dissemination of AHCPR's HIV-Related Clinical Guidelines.**
   A. Objective: To provide accurate information to service providers and consumers concerning management of early HIV infection.
   B: Description: 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.
   C. FY95 Resources: $30,000 (to AIDS clearinghouse).
   D. FY96 Resources: $30,000 (to AIDS clearinghouse; proposed).
   E. Populations Covered: Clinical practitioners and individuals with HIV infection.
   F. Constituency Involvement: NA.
   G. Unmet Needs: NA.

3. **Effective Strategies of AIDS Programs in San Francisco**
   A. Objectives: To assess effective and ineffective dissemination strategies employed by community-based HIV education programs.
   B. Description: Examine organizational strategies used by several community-based HIV education agencies.
   C. FY95 Resources: $198,883 (from 994 funds).
   D. FY96 Resources: $0.
   E. Population Covered: Community-based HIV education agencies in San Francisco
   F. Constituency Involvement: NA (A research grant).
   G. Unmet Needs: NA.

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

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

B. Description: The guide 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. The information will be provided in a format and at a reading level that consumers can comprehend.

C. FY95 Resources: $75,000.

D. FY96 Resources: $0.

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

F. 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.

G. Unmet Needs: NA.

Centers for Disease Control and Prevention

DRAFT

DRAFT

Area Prevention

Goal 1 Strengthen existing systems and develop new systems to accurately monitor the HIV epidemic as a basis for assessing and directing prevention programs.

		Programs					
			Resources (in thousands)				
Objectives	**Action Steps**	**Descriptions**	**FY 1995**	**FY 1996 (proposed)**	**Populations Served**	**Constituency Involvement**	**Unmet Needs**
By 1997, implement projects that evaluate and expand the uses of HIV infection and AIDS case surveillance, and seroprevalence data so that these data systems can more effectively guide public health policy and provide relevant information necessary to direct and evaluate prevention activities. By 1997, improved understanding of the natural history of HIV infection as well as the risk factors and protective factors for sexual, drug-related, health-care worker-related perinatal HIV transmission will have contributed to more effective prevention strategies for all affected populations.	• Evaluate HIV infection reporting systems (named, anonymous, unique identifier) used nationally for their ability to monitor the epidemic, provide linkages to medical and social services, and to assess their impact on a person's decision to be tested. • Characterize high risk behaviors of persons with evidence of recent HIV infection such as persons with documented HIV seroconversion, high CD4+ counts, or diagnosis of HIV infection in adolescents. • Assess the impact of public health guidelines and recommendations and prevention efforts. • Characterize persons co-infected with TB and HIV. • Evaluate ways to improve the completeness and quality of risk ascertainment on persons reported with HIV and AIDS. • Identify and characterize previously unreported AIDS cases among deaths investigated by local medical examiners to assess the impact of under-diagnosis of AIDS cases on AIDS surveillance among disadvantaged populations that often do not receive adequate health care. • Test the efficiency of new techniques for reporting HIV and AIDS surveillance data from health care providers and laboratories to health departments. • Collect additional data on persons reported through HIV/AIDS surveillance which may be important for the planning and evaluation of prevention and care programs, such as social/economic status, levels of disabilities, drug use history, sex behavior history, utilization of HIV testing and medical care services, and reproductive history in women. • Assess the interrelationship of behaviors, HIV markers and surrogates, and their potential role in surveillance systems. • Assess the interaction of sociocconomic, behavioral, and biologic factors in HIV transmission. • Determine the role of female-specific biological factors that are linked to acquisition and transmission of HIV infection and that influence the course of HIV disease. • Determine factors contributing to the efficiency of sexual transmission of HIV. • Assess the risk of transmission of HIV and TB from HIV-infected health-care worker to patient and vice versa. • Develop systems to monitor the emergence of multidrug-resistant TB in the HIV infected. • Continue to develop improved methods for projecting or modeling the HIV epidemic.	• Evaluation of HIV Infection Reporting Systems Project • Recent HIV Infection Projects • Surveillance to evaluate prevention projects • Adult spectrum of disease project • TB project • Mode of transmission validation project • The medical examiner study • Enhancement of AIDS surveillance efficiency project • Supplement to HIV/AIDS surveillance • Natural History and Epidemiology studies • Pediatric and perinatal studies • Unusual case investigations • Domestic blood safety • Surveillance of strain variation • HIV/AIDS case reporting • Health care worker surveillance	$141,076 (appropriated)	$140,917	All major racial/ethnic categories and major risk groups	Regular consultation with national, state, and local public health officials and many other relevant organizations.	• Surveillance of risk behaviors that contribute to HIV transmission. • Monitoring HIV incidence.

DRAFT: This has not received full CDC clearance

June 12, 1995

		Programs					
			Resources (in thousands)				
Objectives	**Action Steps**	**Descriptions**	**FY 1995**	**FY 1996 (proposed)**	**Populations Served**	**Constituency Involvement**	**Unmet Needs**
	• Develop methods to differentiate HIV-specific antibodies generated in participants in HIV vaccine trials from those generated in response to HIV infection. • Develop methods to identify potential cases of HCW-to-patient transmission. • Expand HIV reporting systems to collect information about primary & secondary HIV prevention services needed and received by HIV-positive clients (working w/ HRSA). • Work with providers and users of lab services to develop & implement systems which provide assurance that the capacity and quality requirements for HIV testing are met. • Work with international partners to study TB, implement vaccine trials, enhance clinical management, assess prevention efficacy, and improve program management of HIV/AIDS. • Share with prevention partners information on the need for and benefits of HIV reporting. • Develop methods to integrate various sources of data and to describe progress in HIV prevention. • Develop methods to evaluate the use of HIV infection and AIDS surveillance systems to assess early intervention strategies.	• Opportunistic infection surveillance studies • NIR case investigations • HIV seroincidence surveys • HIV seroprevalence surveys					

Centers for Disease Control and Prevention

Area Prevention **DRAFT**

Goal 2 Increase the public understanding of, involvement in, and support for HIV prevention.

		Programs					
			Resources (in thousands)				
Objectives	**Action Steps**	**Descriptions**	**FY 1995**	**FY 1996 (proposed)**	**Populations Served**	**Constituency Involvement**	**Unmet Needs**
By 1997, provide leadership in HIV & STD prevention by (1) establishing a national agenda through the media; (2) promoting credible messages based on science through credible channels; and (3) encouraging and supporting prevention efforts at the local level. By 1997, establish a collaboration of partners composed of national, State, and local organizations to facilitate (1) diffusing social marketing principles applied to HIV/STD prevention at the local level; (2) identifying and promoting mechanisms to exchange technology and information; and (3) developing guidelines for applying social marketing principles to local HIV/STD prevention.	• Monitor changes in public knowledge about how HIV is and is not transmitted. • Develop methodologies to measure community mobilization or changes in institutional behavior in relation to mass media public information and education programs. • Develop new mass media messages, in collaboration with the public health systems and with international, national, state, and local private sector organizations and agencies. • Expand the relationship between CDC and the entertainment industry to improve messages and role modeling for HIV prevention. • Develop communication interventions with appropriate organizations to ensure that consistent, accurate HIV prevention information is provided to the public. • Develop community coalitions for HIV prevention. • Coordinate and disseminate information messages through the media that explain new scientific findings and policies concurrent with the release of new scientific information. • Develop leadership of health/education officials to effectively deliver HIV prevention messages through partnerships. • Evaluate the role of communications in changing individual knowledge, community norms, and individual behavior through establishment of model programs. • Expand the relationship between CDC and academic experts in mass communications to develop methods for measuring the impact of mass media on individual and community behaviors. • Develop ways of measuring the mobilization of community groups, i.e., changes in community norms, capacity. • Monitor business policies and employee education programs regarding HIV/AIDS. • Implement a BRTA initiative to develop HIV prevention and service programs for the workplace and the community. • Sponsor and participate in national meetings of businesses and religious, civic, medical, social, and voluntary agencies which conduct HIV prevention and service programs.	• National Health Communications • Prevention Collaborative Partners • Local demonstration sites • Coordination with community planning • CDC National AIDS Clearinghouse • CDC National AIDS Hotline • Business Responds to AIDS • Labor Responds to AIDS -HIV/AIDS workplace policies -Supervisor/labor leader training -Employee education -Employee family education -Community service and volunteerism • National Organizations/Partnerships including business, labor, religious, voluntary, & media • National/Regional Minority Organizations	$45,970 (appropriated)	$46,869	All major racial/ethnic categories Young persons (18-25) Persons engaging in behaviors that place themselves at risk for HIV infection. All population segments Business & labor leaders, employees, and families	Regular consultation with over 200 prevention collaborative partners composed of national, state, & local organizations Regular consultation with over 50 business & labor partners Regular consultation with influential leaders	More effective use of social marketing principles in HIV prevention programs Further implementation of strategies to promote adoption of BRTA & LRTA comprehensive programs Family education materials More effective materials to encourage abstinence and other prevention behaviors HIV prevention materials for use by religious communities

Area Prevention
Goal 2 Continued

DRAFT

		Programs					
			Resources (in thousands)				
Objectives	**Action Steps**	**Descriptions**	**FY 1995**	**FY 1996 (proposed)**	**Populations Served**	**Constituency Involvement**	**Unmet Needs**
By 1997, apply social marketing principles at the local level for the purpose of (1) demonstrating the participatory social marketing process--skills and resources need to effectively engage the com- y, (2) measuring the effects of behavior-based social marketing interven-tions; and, (3) documenting the lessons learned. By 1997, facilitate the application of prevention marketing principles in CDC-funded community planning efforts by (1) promoting guidelines for consideration of these principles at the local level for prevention interventions and (2) providing interactive technical assistance on social marketing technology principles (or prevention marketing) to public h agencies as well as HIV Prevention Community Planning Groups.							

DRAFT

Area Prevention
Goal 2 Continued

		Programs					
			Resources (in thousands)				
Objectives	**Action Steps**	**Descriptions**	**FY 1995**	**FY 1996 (proposed)**	**Populations Served**	**Constituency Involvement**	**Unmet Needs**
By 1997, promote HIV prevention as a relevant issue in business settings. By 1997, provide and promote a network of resources and referrals to assist in implementing the Business Responds to AIDS (BRTA) Comprehensive HIV/AIDS Workplace Program. By 1997, market the comprehensive workplace HIV/AIDS program to business. By 1997, establish and execute a research agenda to formulate assess strategies and resources to advance the knowledge of effective workplace HIV programs.							

Centers for Disease Control and Prevention

Area Prevention **DRAFT**

Goal 3 Implement comprehensive school health education programs to prevent risk behaviors that cause HIV infection and related health problems.

		Programs					
			Resources (in thousands)				
Objectives	**Action Steps**	**Descriptions**	**FY 1995**	**FY 1996 (proposed)**	**Populations Served**	**Constituency Involvement**	**Unmet Needs**
By 1997, increase by 15% the proportion of school districts that require age-appropriate HIV education at each grade level, K-12, especially at grades 9-12, preferably as part of a comprehensive school health education program. By 1997, increase by 15% the proportion of colleges and universities that provide HIV education for students and staff, preferably as part of an institution-wide health promotion program. By 1997, decrease by 10% at each grade level the proportion of 9th-12th grade students who report they have engaged in sexual intercourse.	• Monitor state-level policy and program requirements that support effective HIV education within comprehensive school health education programs (CSHEPs). • Monitor district-level policy and program requirements that support effective HIV education within comprehensive school health education programs. • Monitor the prevalence of behaviors that cause HIV infection and related health problems among school and college students. • Implement and revise as necessary, CDC guidelines for effective school health education to prevent the spread of HIV infection. • Enhance the capacity of state and local educational agencies to develop and implement effective HIV education within CSHEPs • Enhance the capacity of colleges and universities to provide HIV education for students and staff, preferably as part of an institution-wide health promotion program. • Ensure the integration of education to prevent HIV infection, other STDs and the use of alcohol and other drugs among youth. • Strengthen the capabilities of state and local departments of education and health to collaboratively help schools, colleges and universities implement effective HIV education programs for youth. • Increase the effectiveness of HIV education for youth served by state and local departments of education and college and universities through the efforts of selected national organizations. • Enhance the capacity of state and local agencies to help prevent HIV infection and HIV-related problems among youth through the efforts of training and demo centers established for state & local departments of education and colleges & universities. • Establish teacher training coordinators in every interested state to help teachers provide effective HIV education within a CSHEP. • Identify and disseminate, through training and demonstration centers and through teacher training coordinators, HIV education programs that have been shown to the be effective in reducing behaviors that cause HIV infection and related health problems. • Synthesize and apply the results of research to increase the effectiveness of HIV prevention education for youth.	• Support for state and local educational agencies • National organizations • Colleges & universities • Teacher training sites •Youth surveys • Projects to reach out-of-school youth	$48,215 (appropriated)	$48,162	All major racial/ethnic categories; Young persons engaging in behaviors that place them at risk for acquiring HIV through sexual exposure All school-and college-aged youth regardless of school enrollment status	Met with a wide range of constituency groups to: 1) improve existing programmatic efforts; 2) improve assistance and resources provided by CDC; and, 3) explore strategies that the nation might take to improve the health status of young people. These groups include representatives from: (1) every state education agency & 18 local education agencies; 2) national nongovernmental health or education organizations, 3) colleges & universities, 4) state public health departments, as well as young people themselves. Meetings included an annual constituency meeting, quarterly training programs, & communication through an electronic bulletin board/network.	• Not all youth are accessible through existing institutional-based efforts • Not all states monitor youth health-risk behaviors

Area Prevention
Goal 3 Continued

		Programs					
			Resources				
Objectives	**Action Steps**	**Descriptions**	**FY 1995**	**FY 1996 (proposed)**	**Populations Served**	**Constituency Involvement**	**Unmet Needs**
By 1997, among 9th-12th grade students who report they have engaged in sexual intercourse, decrease by 10% the proportion who report they have engaged in sexual intercourse during the past 3 months. By 1997, among 9th-12th grade students who report they have engaged in sexual intercourse during the past 3 months, increase by 10% the proportion who report they used a condom at last intercourse. By 1997, decrease by 10% the proportion of 9th-12th grade students who report they have injected illicit drugs.	• Conduct formative evaluations of state and local departments of education policies, curricula, teacher training, and school efforts to prevent behaviors that cause HIV infection and related health problems. • Develop a standardized report for each state to profile the nature of priority health problems and risk behaviors among youth in that state and school efforts to prevent these problems and behaviors. • Conduct evaluations of the effectiveness of existing school-based interventions to reduce behaviors that result in HIV infection and related health problems. • Develop state-of-the-art school-based interventions and evaluate their effectiveness in reducing behaviors that result in HIV and related health problems. • Conduct and apply meta-evaluations of existing research data about the effectiveness of school-based interventions in reducing health risks behaviors among adolescents.						

Centers for Disease Control and Prevention

DRAFT

Area Prevention

Goal 4 Prevent or reduce behaviors or practices which place individuals at risk of HIV infection, or if infected, place others at risk.

		Programs					
			Resources (in thousands)				
Objectives	**Action Steps**	**Descriptions**	**FY 1995**	**FY 1996 (proposed)**	**Populations Served**	**Constituency Involvement**	**Unmet Needs**
By 1997, at least 90% of individuals with known HIV infection will be abstinent or will have used a condom at last sexual intercourse, and at least 50% of individuals who have engaged in high-risk sexual behaviors within the past 12 months will be abstinent, in a mutually monogamous relationship, or have used a condom at last sexual intercourse. By 1997, at least 75% of injecting drug users will have stopped injecting drugs or used sterile or decontaminated injection equipment at last injection. By 1997, at least 80% of the health care and public safety workplaces will implement programs and procedures for preventing HIV transmission at work sites.	• Collaborate with prevention partners to assess risk behaviors and practices in selected communities. • Identify barriers to implementation of HIV prevention programs at community, state, and national levels. • Collaborate with selected communities in developing and implementing a model behavioral intervention program that comprehensively addresses community needs and uses available community resources and prevention partners in selected sites. • Design, develop, and test effective community-level interventions to change risk behaviors through altering community norms and values to support healthy behaviors. • Expand the community's capacity to plan, implement, and evaluate culturally competent and linguistically specific HIV prevention guidelines and programs tailored to the needs of specific populations. • Enhance the capacity of CDC staff to plan, administer, and evaluate behavioral change strategies and community-based interventions to provide public health leadership and assist our prevention partners in designing and managing effective strategies for HIV prevention programs. • Enhance the capacity of local health departments and other relevant community agencies to collaboratively provide effective HIV education for youth in high-risk situations. • Establish scientifically-based evaluation components for HIV prevention activities. • Use evaluation of components to design or refine HIV prevention programs and/or redirect HIV prevention resources.	• Cooperative agreements for HIV prevention • Directly funded CBOs • National organizations • National Minority Organizations • HIV intervention research studies	$185,666 (appropriated)	$209,764	All major racial/ethnic categories and persons engaging in behaviors that place them at risk for acquiring HIV	HIV Prevention Community Planning--state & local health departments formed community planning groups to assist in developing HIV prevention plans Regular & extensive consultation with representatives from state & local health departments, community planning groups, and national organizations	Lack of behavioral risk surveillance data for program planning and evaluation purposes More effective application of behavioral science to HIV prevention programs Need to develop maintain prevention capacity for high risk women, youth and gay men of color

Centers for Disease Control and Prevention

DRAFT

Area Prevention
Goal 4 Continued

		Programs					
			Resources				
Objectives	**Action Steps**	**Descriptions**	**FY 1995**	**FY 1996 (proposed)**	**Populations Served**	**Constituency Involvement**	**Unmet Needs**
By 1997, reduce [illegible]nded pregnancies to no more than 40% of pregnancies among women with or at risk for HIV infection. By 1997, the number of individuals donating blood and found to be infected with HIV at the time of donation will decrease by 50% through self-deferral. By 1997, among selected populations of youth in high-risk [illegible]tions, increase by 10% the proportion who report they used a condom at last sexual intercourse.							

DRAFT

Area Prevention

Goal 5 Increase individual knowledge of serostatus and strengthen systems for successful referral for early intervention services.

		Programs					
			Resources (in thousands)				
Objectives	**Action Steps**	**Descriptions**	**FY 1995**	**FY 1996 (proposed)**	**Populations Served**	**Constituency Involvement**	**Unmet Needs**
By 1997, at least 85% of the estimated 1,000,000 HIV-infected individuals will know their HIV serostatus. By 1997, at least 90% of health care sites receiving public funds and serving at-risk persons will provide appropriate HIV counseling and testing services. By 1997, at least 80% of known HIV infected individuals, either directly or through referral, will receive primary and secondary prevention services.	• In collaboration with governmental & non-governmental partners, enhance community-level assessments of needed primary & secondary HIV prevention services. • Identify opportunities for common HIV prevention data collection & development of uniform data sets. • Integrate HIV prevention services into standards of care for the diagnosis and treatment of HIV disease. • In collaboration with the FDA, develop, test, & implement rapid HIV testing procedures. • Strengthen the capacity of state, and local health departments to provide partner notification services to private health care providers offering HIV counseling & testing. • Develop alternative methods to provide HIV counseling & testing services. • Work with professional groups, hospitals, and state health departments to ensure that health care workers receive adequate training on primary and secondary HIV prevention (in collaboration with HRSA). • Study the impact of discrimination as a barrier to prevention services. • Assist publicly funded counseling & testing sites to establish selection criteria and systems for monitoring the quality of referral laboratories. • Interview persons newly diagnosed with HIV infection to identify missed opportunities for earlier diagnosis and CD4+ testing. • Conduct a study of incident AIDS cases to determine what services HIV-positive clients are receiving over time to identify service gaps (in collaboration with HRSA). • Provide guidelines and training to HIV counselors to improve the quality of counseling.	• Counseling, testing, referral & partner notification programs	$169,035 (appropriated)	$179,006	All major racial/ethnic categories and persons engaging in behaviors that place them at risk for acquiring HIV.	HIV Prevention Community Planning–state & local health departments formed community planning groups to assist in developing HIV prevention plans Regular & extensive consultation with representatives from state & local health departments, community planning groups, and national organizations	More effective long term intervention programs for HIV positive individuals Determination of the best balance of CTRPN programs with other HIV prevention strategies Lack of resources to support comprehensive referral and data monitoring systems

Centers for Disease Control and Prevention

National Plan for Combating AIDS

DRAFT

June 12, 1995

DEPARTMENT OF HEALTH & HUMAN SERVICES

Public Health Service

Food and Drug Administration
Rockville MD 20857

Date: June 7, 1995

From: Deputy Director,
Office of AIDS and Special Health Issues

Subject: FDA Plan for Combatting AIDS

To: Arthur J. Lawrence, Ph.D., Acting Director,
Office of HIV/AIDS Policy

In a March 31, 1995 memorandum, Dr. Lee requested a summation of the Food and Drug Administration's (FDA) current efforts toward combatting the HIV epidemic. This summation will be used to develop a national plan outlining the goals and objectives of the Federal Government for combatting the HIV epidemic. FDA's efforts are described in our five budget categories; therapeutics, vaccines, diagnostic reagents and test kits, blood and blood products, and medical devices.

We used the recommended chart to summarize FDA's activities and the information is attached. The information is also contained on the attached computer disk under the name FDAPLAN.

Please call me or Donald Pohl at 301-443-0104, if you have any questions.

Theresa A. Toigo

Theresa A. Toigo

Attachment

FDA

Area: Therapeutic Agents
Goal: Ensure the safety and effectiveness of therapeutic agents

Objective	Action Steps	Programs					Unmet Needs
		Description	Resources ($000)		Pop. Served	Constit Involvement	
			FY 1995	FY 1996 (proposed)			
Expedite access and approval of safe and effective drugs and biologics	Encourage quality applications and data submissions to review division to ensure timely and efficient pre- and postmarket review	Conduct meetings with sponsors to discuss drug development plans; expanded access programs; accelerated approval	25,235	25,536	All	All	N/A

Area: Blood and Blood Products
Goal: Reduce transfusion-transmitted HIV infection

Objective	Action Steps	Programs					Unmet Needs
		Description	Resources ($000)		Pop. Served	Constit. Involve-ment	
			FY 1995	FY 1996 (proposed)			
Ensure supply and safety of the national blood supply	Establish policies, expedite review of product applications, conduct approval inspections, establishment surveillance, and enforcement activities	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	17,458	17,667	All	All	N/A

Area: Vaccines
Goal: Ensure the safety and effectiveness of immunization and therapeutic vaccines

Objective	Action Steps	Programs					Unmet Needs
		Description	Resources ($000)		Pop. Served	Constit Involve-ment	
			FY 1995	FY 1996 (proposed)			
Expedite regulatory review of promising products for immunization and therapeutic vaccines	Expand partnership between FDA and its counterparts from outside organizations involved in vaccine development	Encourage early consultation; develop guidance documents; exchange information; and work with other agencies and international organizations	11,863	12,005	All	All	N/A

Area: Diagnostic Reagents/Test Kits
Goal: Ensure the effectiveness of test methodologies for HIV detection

Objective	Action Steps	Programs					Unmet Needs
		Description	Resources ($000)		Pop. Served	Constituency Involvement	
			FY 1995	FY 1996 (proposed)			
Expedite improved test methodologies for HIV detection, confirmation, and viral load	Ensure timely and efficient pre- and postmarket review	Encourage early consultation with sponsor and develop guidance documents	8,732	8,836	All	All	N/A

Area: Medical Devices
Goal: Ensure the safety and effectiveness of HIV-related medical devices

Objective	Action Steps	Programs					Unmet Needs
		Description	Resources ($000)		Pop. Served	Constit. Involvement	
			FY 1995	FY 1996 (proposed)			
Expedited access and approval of safe and effective medical devices	Encourage quality application and data submissions to ensure timely and efficient pre- and postmarket review	Conduct meetings with sponsors on study design; produce guidance documents	9,457	9,570	All	All	N/A

National HIV/AIDS Plan

Area: Demonstrations

GOAL: TO REDUCE THE RATE OF TRANSMISSION OF HIV AMONG HIGH RISK SUBSTANCE ABUSERS AND THEIR SEXUAL PARTNERS.

Objective	Action Steps	Programs					Unmet needs
		Descriptions	Resources		Populations Served	Constituency Involvement	
			FY 1995	FY 1996 (proposed)			
To demonstrate the effectiveness of Outreach to high risk and hard to reach substance abusers		The HIV/AIDS Outreach Demonstration Program is a community-based initiative intended to help communities establish outreach and intervention services, organize existing resources, and add basic components for substance abusers and other target populations who are at risk for HIV/AIDS, TB and other STDs.	$7.5 million	$7.5 million	Communities	N/A	N/A
To demonstrate the effectiveness of fostering greater services integration by linking substance abuse treatment, primary medical care, mental health and HIV/AIDS, STD and TB services		The AIDS Linkage Demonstration Program is a collaboration with the HRSA/BPHC, designed to support activities to create comprehensive, community-based and linked model programs to better serve the needs of injecting drug users, other high risk substance abusers and their sexual partners.	$7.7 million	$0 (Funds for FY 1996 are subsumed under the new Consolidated Demonstration Program)	Injecting drug users, other high risk substance abusers and their sexual partners	N/A	N/A

Smith SA

Apply a community designed, community focused approach to the prevention of HIV/AIDS in a culturally appropriate manner, specifically targeting communities of high seroprevalence	*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. This would afford communities the opportunity to personalize the concept that "we are all either infected or affected by HIV disease."*		*None*	*$5 million*	*American communities*	*All aspects of the community*	*All community coalitions and partnerships should be supplemented*
Supplement all FDP grantees so that faculty are skilled in teaching ATOD prevention strategies coupled with HIV/AIDS prevention strategies promoting and augmented response from their patients/clients	*Supplementation of the FDP grantees*		*None*	*$650,000*	*All Americans- secondary to the impact this program will have on all health professionals*	*Health professional institutions, consumers and communities services*	*Program needs to impact on a large component of the population*

National HIV/AIDS Plan

Area: Prevention

GOAL: TO REDUCE THE NUMBER OF NEW INFECTIONS

Objective	*Action Steps*	*Programs*					*Unmet needs*
		Descriptions	*Resources*		*Populations Served*	*Constituency Involvement*	
			FY 1995	*FY 1996 (proposed)*			
Reduce the number of new infections by 25%	*Supplementation of high risk youth grants for ATOD prevention so for the purpose of including HIV/AIDS prevention strategies in their present activities*		*$1 million*	*$3 million*	*Youth at risk for ATOD*	*Families of youth service, youth service workers, the communities that support them and youth at risk for ATOD*	*Presently, only reaches a 25% of high risk youth grantees. All grantees should be supplemented for the incorporation of HIV/AIDS prevention strategies*

National HIV/AIDS Plan

Area: Services

GOAL: TO REDUCE THE RATE OF TRANSMISSION OF HIV AMONG HIGH RISK SUBSTANCE ABUSERS AND THEIR SEXUAL PARTNERS.

Objective	Action Steps	Programs					Unmet needs
		Descriptions	Resources		Populations Served	Constituency Involvement	
			FY 1995	FY 1996 (proposed)			
Demonstrate HIV/AIDS Services Models	11 Services Projects and 1 Coordination Center	Evaluates models of HIV/AIDS Services and Delivery	$1.5 million-CMHS $1.4 million-NIMH $1.5 million-BHRD	$1.5 million-CMHS $1.4 million-NIMH $1.5 million-BHRD	People living with or affected by HIV/AIDS	In planning and meeting phase	Program targets very small group of people
Demonstrate HIV/AIDS Education Models	13 Grantees and 4 Contractors	Educates Mental Health Care Providers	$2.93 million	$2.93 million	HIV/AIDS Mental Health Care Providers Clients	In planning and meeting phase	Program targets very small group of people

DEPARTMENT OF HEALTH & HUMAN SERVICES

Public Health Service

Memorandum

Date APR 26 1995

From Acting Deputy Assistant Secretary for Minority Health

Subject National Plan for Combatting AIDS

To Acting Director, Office of HIV/AIDS Policy

In response to Dr. Lee's memo dated March 31, the Office of Minority Health is submitting relevant materials related to a national AIDS plan.

It must be noted that OMH does not have a written "minority AIDS plan." OMH's function is to coordinate minority health issues for the Department and thus work across agency/office lines to ensure that minority issues are addressed at the agency/office level. However, OMH does implement several activities related specifically to minority HIV issues. Summaries of these projects are included in this response. Where possible, goals and objectives have been included.

OMH has included in its response a DHHS-wide activity which will be coordinated by OMH -- follow-up activities related to the 1994 national minority HIV conference. Both financial and staff support for this activity will be Department-wide.

If there are any questions, please contact Mr. Matthew Murguia, 301-443-9923.

Clay E. Simpson, Jr., Ph.D.

Attachment

OMH

Area: Prevention
Goal: Provide Support to Improve the Effectiveness of Existing OMH Minority Community Health Coalitions to Address HIV/AIDS Issues Impacting Minority Populations

OBJECTIVE	ACTION STEPS	PROGRAMS					UNMET NEEDS
		Descriptions	Resources (in thousands)		Populations Served	Constituency Involvement	
			FY 1995 (estimate)	FY 1996 (proposed)			
Increase access and awareness to HIV treatment and services utilizing local community coalitions	Fund existing projects to provide specific interventions	Provide support for existing minority community health projects to coordinate and link community-based outreach treatment and services	$600	$600	Racial/ethnic minorities	Target population designs and implements specific intervention activities	Limited funds--only four projects can be supported

Area: Prevention/Services/Research
Goal: Promote Development of HIV Prevention/Services/Research Policies

OBJECTIVE	ACTION STEPS	PROGRAMS					UNMET NEEDS
		Descriptions	Resources (in thousands)		Populations Served	Constituency Involvement	
			FY 1995 (estimate)	FY 1996 (proposed)			
Increase minority participation in policy development process	Follow up activities related to 1994 National Minority AIDS Congress: (1) 4 to 6 regional conferences in FY 95-96 and (2) one national conference in FY 96	DHHS will conduct follow up activities related to the 1994 National Minority AIDS Congress	To be determined--HHS funding	To be determined--HHS funding	Racial/ethnic minorities	Target population included in design of all aspects of the Congress	None

Area: Prevention
Goal: Provide General HIV Education/Prevention Information to Racial/Ethnic Communities

OBJECTIVE	ACTION STEPS	PROGRAMS					UNMET NEEDS
		Descriptions	Resources (in thousands)		Populations Served	Constituency Involvement	
			FY 1995 (estimate)	FY 1996 (proposed)			
Increase HIV-related information provided to racial/ethnic minority communities	Implementation of HIV-related activities conducted by the Office of Minority Health Resource Center	Designed to disseminate information on health-related issues, provide conference exhibits and other health-related materials to racial/ethnic minority populations			Racial/ethnic minorities in rural areas	Target population included in design of intervention activities	None

Area: Education/Prevention
Goal: Provide HIV Education/Prevention Information to Racial/Ethnic Communities in Public Housing Projects and Rural Communities

OBJECTIVE	ACTION STEPS	PROGRAMS					UNMET NEEDS
		Descriptions	Resources (in thousands)		Populations Served	Constituency Involvement	
			FY 1995 (estimate)	FY 1996 (proposed)			
To develop and implement minority community health coalitions for HIV/AIDS Centered Education/Prevention in Public Housing Projects	Developing and linking minority health coalitions with public housing primary health care groups to do AIDS education/prevention	Designed to support community-based health care organizations to develop and implement HIV/AIDS education programs in public housing projects	$400	$400	Racial/ethnic minorities in public housing	Target population included in design of intervention/ implementation activities	Limited funds-- only four projects have been supported
To develop and implement minority community health coalitions for HIV/AIDS Centered Education/Prevention in Rural Communities	Developing and linking minority health coalitions in rural communities to do AIDS education/prevention	Designed to support community-based health care organizations to develop and implement HIV/AIDS education programs in rural communities	$500	$500	Racial/ethnic minorities in rural areas	Target population included in design of intervention/ implementation activities	Limited funds-- only five projects have been supported

Area: Education/Prevention
Goal: Provide Bilingual HIV Education/Prevention Activities to Limited English-Speaking Minority Populations

OBJECTIVE	ACTION STEPS	PROGRAMS					UNMET NEEDS
		Descriptions	Resources (in thousands)		Populations Served	Constituency Involvement	
			FY 1995 (estimate)	FY 1996 (proposed)			
Increase community awareness through translation and interpretation of HIV education information utilizing language-specific intervention projects	Funding of minority community-based organizations giving language-specific intervention	Designed to specifically address the barriers that affect limited English-speaking populations when accessing information related to HIV/AIDS	$300	$300	Limited English-speaking minority populations	Target population included in design of intervention activities	Limited funds--only three projects have been supported

DEPARTMENT OF HEALTH & HUMAN SERVICES

Public Health Service

Memorandum

Date April 11, 1995

From Director
Office of International Health
OASH

OIH

Subject National Plan for Combatting AIDS

To Arthur J. Lawrence, Ph.D.
Acting Director
Office of HIV/AIDS Policy

This responds to Dr. Lee's memorandum of March 31 in which he requested input for development of a national plan to outline the goals and objectives of the Federal Government for combatting the HIV epidemic.

I assume that the PHS agencies will respond directly on the international involvements for which they have primary responsibility. If you believe, upon receipt of materials from the PHS agencies, that they are deficient in this regard, please do not hesitate to let me know. In any case, I would expect their international initiatives to be consistent with the "U.S. International Strategy on HIV/AIDS," which PHS has worked on, in cooperation with other agencies, under the direction of Tim Wirth, Under Secretary of State for Global Affairs.

As you know, OIH as a staff office does not, with very limited exceptions (foreign currency accounts) have program-funds; and our work is largely policy, coordination and facilitation.

The following is a summary of Office of International Health involvement in HIV/AIDS issues internationally:

1. Preparation of the "U.S. International Strategy on HIV/AIDS" in cooperation with the Department of State and others. This strategy focuses on three action areas:

    - o Prevention of new infections
    - o Reducing personal and social impact
    - o Mobilization and unification of national and international efforts

2. Influencing U.S. and international policies and actions for the new UN Joint and Co-sponsored Program on HIV/AIDS. This is done through consultations with the Department of State to

influence decisions/actions at UN ECOSOC and development of official U.S. positions on issues before the governing bodies of WHO and UNICEF.

3. As a part of development/pursuit of bilateral cooperation with other countries, inclusion of HIV/AIDS in the relationship. In this regard, OIH has played a particularly strong role in promotion of cooperation with India on HIV/AIDS. This has included the inclusion of AIDS as a priority area under the Indo-U.S. Vaccine Action Program, which has provided the umbrella for a range of HIV/AIDS related work, including an NIH/NIAID PAVE award, participation by Indians in meetings on AIDS Vaccine Development in the U.S., and sponsorship of a workshop in India in April 1995 on Behavioral Aspects of AIDS. We have drawn upon our Indian rupee account to support these activities at a level of about $50,000 equivalent in rupees for each of the past 3-4 years. We endeavor to include HIV/AIDS, when appropriate, in our health cooperation dialogue with other countries as well.

Because of the unique nature of our activities, I have not filled out a chart in the format attached to the March 31 memorandum. Please let me know if you believe we need to respond in a different format.

Linda A. Vogel

DRAFT

Date:

TO: Arthur J. Lawrence, Ph.D.
Acting Director, Office of HIV/AIDS Policy

FROM: Sam Shekar, M.D.
HCFA AIDS Coordinator

SUBJECT: May 4 letter on the National Plan on HIV/AIDS--REPLY

We are responding to your May 4 request that HCFA list AIDS-related activities that could be included in the Department's compilation for the draft National Plan on HIV/AIDS. We have attached our initial response in the format you have requested. As discussed, we are also developing further information to submit to your office shortly. If you have any questions, please call me at (202) 260-5463, or Rachel Block in the Medicaid Bureau at (410) 966-1285.

Attachment

HCFA

DRAFT

HCFA HIV-RELATED PROJECTS
FOR DHHS RESPONSE ON NATIONAL HIV/AIDS ACTION PLAN

Project one:

AREA:	Prevention
GOAL:	Reduce HIV transmission from Medicaid-eligible pregnant women to their infants
Objective:	Establish a consumer-oriented educational campaign in key states with high female HIV seroprevalence rates and small overall populations to encourage Medicaid-eligible pregnant women to make an informed choice with regard to using AZT, in consultation with their provider.
Description:	Develop/obtain and distribute brochures and other informational materials describing the 076 trial, its implications, and Medicaid eligibility and coverage policy to Medicaid-eligible women in Rhode Island, Delaware and South Carolina, in consultation with state Medicaid officials, providers and community groups.
Resources:	Federal contribution to be determined.
Population:	HIV-infected, Medicaid-eligible pregnant women.
Constituency Involvement:	Significant consultation expected in project development.
Unmet needs:	The activity will not focus on women of unknown or negative HIV serostatus, those who are not eligible for Medicaid coverage or those who are obtaining non-maternal care.

Project two:

Area:	Care and Services
Goal:	Improve quality of care for HIV-infected Medicare and Medicaid beneficiaries who utilize home health services.
Objective:	Develop and implement quality standards for appropriate home health care access and treatment of HIV-infected beneficiaries, in partnership with the private sector.
Description:	Partner with Kaiser Family Foundation and other public and private sector organizations (including the Public Health Service) and community groups to develop an HIV-focused home health care initiative. Elements of the initiative include: Identification of current home health care practices through a literature review and a survey of best practices; Conducting an invitational mid-project meeting (July 1995) to review the above documents and obtain input from selected members of the home care industry and community representatives on standards development; Hosting a large conference (October 1995) to present final project guidelines on HIV home health care standards to the home care industry, public sector organizations, academia, etc.; Develop regulations/directives on implementation of these guidelines through each respective health care system (Medicare/Medicaid, private home health care, PHS and state health grantees, etc.).
Resources:	Federal contribution to be determined.
Population:	HIV-infected, Medicare/Medicaid eligible beneficiaries receiving home health care services.
Constituency Involvement:	Significant consultation expected in project development.
Unmet Needs:	Implementation of guidelines from this initiative may vary, depending on the direction and resources of each project partner.