

Secretary's Minority AIDS Initiative Fund (SMAIF): Implications for Loss of Funding in the FY 16 Budget

Background

The Minority AIDS Initiative (MAI) was established in 1999 in response to growing concern about the impact of HIV/AIDS on racial and ethnic minorities in the United States. The principal goals of the MAI are to improve HIV-related health outcomes for racial and ethnic minority communities disproportionately affected by HIV/AIDS and reduce HIV related health disparities. The resources provided through MAI supplement, rather than replace, other Federal HIV/AIDS funding and programs and are particularly designed to encourage capacity building, innovation, collaboration and the integration of best practices and strategies and emerging models.

MAI allocates resources to Centers for Disease Control and Prevention (CDC), Health Resources and Services Administration (HRSA), and Substance Abuse and Mental Health Services Administration (SAMHSA) and the Office of the Secretary MAI Fund (SMAIF). The Office of HIV/AIDS and Infectious Disease Policy (OHAIDP) administers the Secretary's Fund (SMAIF) (also known as HIV/AIDS in Minority Communities) on behalf of the Office of the Assistant Secretary for Health (OASH). SMAIF funds are used to support cross-agency demonstration initiatives and are competitively awarded to HHS agencies and offices to fund innovative HIV prevention, care and treatment, outreach and education, technical assistance activities serving racial/ethnic minorities. The awards are approved and made by the Assistant Secretary for Health. The FY 15 SMAIF funding level was \$52,224,000.

The National HIV/AIDS Strategy, Demonstration Projects, and Cross-Agency Collaboration

Following the release of the National HIV/AIDS Strategy (NHAS) in 2010 and its specific request for the Office of the Secretary to enhance the effectiveness of the MAI, OHAIDP restructured the SMAIF to better align with the goals, objectives, and priorities of the NHAS including working with HHS agencies and offices to enhance the targeting and the effectiveness of SMAIF funds. In addition, OHAIDP has elevated the importance of meaningful cross-department collaboration by including collaboration as one of the four project proposal review criteria and through the development of innovative, cross-agency demonstration projects. For example, **Care and Prevention of HIV in the U.S. (CAPUS)**, supported through the SMAIF, was a three-year cross agency demonstration project (FYs12-14) to reduce HIV/AIDS-related morbidity and mortality by building capacity of non-governmental organizations and health departments to increase HIV diagnoses and optimize linkage to, retention in, and re-engagement with care and prevention services by addressing social, economic, clinical and structural factors influencing HIV health outcomes. Six of the eight funded jurisdictions were in the southern United States where HIV disease and AIDS-related mortality specifically, have disproportionately affected this region of the country.

Another example of ongoing innovation and critical targeting involves the SMAIF funded, three-year demonstration project (FY14—FY16), **Partnerships 4 Care (P4C)** which was initiated, in part, as a response to the 2013 Office of the Inspector General Report on federally-funded health center sites which concluded that federal health centers had not fully adopted CDC recommended practices on routine HIV testing. The P4C initiative includes CDC, HRSA-Bureau of Primary HealthCare and HRSA-HIV/AIDS Bureau in a collaborative effort to expand the capacity of Community Health Centers (CHCs), Health Departments (HDs), and their respective grantees to develop and implement effective, replicable and sustainable service delivery models that improve the identification of undiagnosed HIV infection, establish new access points for HIV care and treatment, and improve HIV outcomes along the continuum of care for underserved people living with HIV (PLWH), especially disproportionately impacted racial and ethnic minority populations. Four states, New York, Maryland, Florida, and Massachusetts participate in this demonstration initiative, as well as 22 health centers within these states.

Most recently, The CDC released a new SMAIF-funded funding opportunity announcement, *PS15-1509, Health Department Demonstration Projects for Comprehensive Prevention, Care, Behavioral health, and Social Services for Men Who Have Sex with Men of Color at Risk for and Living with HIV Infection*, which is designed to address the high rates of new HIV infections among MSM of color and the poor outcomes and gaps present along the HIV Care Continuum for these vulnerable populations. (FY15 – FY18) Recent data from the CDC shows that there has been a 12% increase in HIV incidence among all MSM between 2008 and 2010 which is the only group that has seen an increase in the rate new infections. In 2010, among MSM, blacks and Hispanics comprised 58% of all new infections with 55% occurring among young black MSM (13-24 yrs). MSM of color are also disproportionately represented in critical gaps along the HIV Care Continuum where one recent study found just 24 percent of Black MSM stay in care and only 16 percent achieve viral suppression, compared with 43 percent and 34 percent respectively for White MSM.

What makes this MSM of Color initiative unique and forward thinking is the requirement that the state and local health departments develop and implement comprehensive HIV prevention and care services for MSM of color by creating a care collaborative to include the active participation of CBOs, clinics and other health care providers (including those who will deliver PrEP for high-risk HIV seronegative MSM), behavioral health providers (i.e. those who deliver needed mental health and substance use treatment) and social service providers (e.g., housing and employment counseling) in their jurisdiction. This type of innovative, comprehensive, cross-cutting response within a demonstration initiative targeting MSM of color is largely unprecedented (\$16.5M/yr. for 4 years) and carries great hopes that all participants--federal staff included--will learn valuable lessons about what it will take to end the HIV epidemic among MSM of color. Along with *CAPUS* and *P4C*, the new MSM of Color demonstration initiative reflects a direct responsiveness to the goals and objectives of the NHAS while integrating the kind of innovation, collaboration, enhanced targeting and results oriented HIV programming envisioned for the Secretary's Minority AIDS Initiative Fund.

Specific Implications of the Elimination of SMAIF in the FY 16 Budget

The loss of SMAIF resources in FY 16 would be significant a far-reaching, among the consequences would be:

- Elimination of the third year of three funding for **Partnerships 4 Care (P4C)** demonstration initiative in four states (New York, Massachusetts, Maryland and Florida) and involving 22 community health centers within the four states which will discontinue a critical and innovative partnership among health departments and community health centers who are serving communities that are often poor, medically vulnerable, under-resourced, and disproportionately affected by HIV.
- Elimination of the second year of four funding for the **MSM of Color** demonstration initiative in 6 – 8 jurisdictions with significant HIV-related health disparities which are to be selected this summer but may be preempted if we can't in good faith expect a second year funding. The loss of this holistic and comprehensive initiative and its critical targeting in jurisdictions where MSM of color face a heavy burden of HIV disease would be a devastating blow just when we should be redoubling our efforts to address these pernicious HIV-related health disparities.
- Elimination of the sole HIV/AIDS funding for **AIDS.gov** which has become an invaluable digital, technical assistance program and information conduit for HIV/AIDS, viral hepatitis and the Affordable Care Act. Provides basic HIV information to at least 1 million people (a conservative estimate) each year and links people to HIV testing sites and care services through our Locator, which is used by our Federal, state, and local partners all across the nation. **AIDS.gov** reaches large numbers of leaders in communities of color with information on effective ways of using digital tools and technologies to enhance the U.S. public health response to HIV and other health issues. A recent example of **AIDS.gov's** innovative use of SMAIF funds is *Positive Spin*, a digital storytelling tool which provides the personal stories of how 5 black, gay HIV (+) men successfully navigated the continuum of HIV care. In the first two weeks following its launch, *Positive Spin* received nearly 5,000 page views and more than 1,500 video views.
- Elimination of the principal HIV/AIDS funding for the **Indian Health Service** and their continued efforts to conduct HIV testing and assist urban and tribal Indians to navigate the HIV Care Continuum.
- Elimination of the principal HIV/AIDS funding in the ten **Regional Health Administrators** Public Health Service regions across the country responsible for coordination, information dissemination and technical assistance for the implementation of the National HIV/AIDS Strategy, the Viral Hepatitis Action Plan, and the Affordable Care Act.
- Elimination of the HIV/AIDS funding for the **Office of Population Affairs** and their efforts to integrate HIV testing and linkage to care in family planning clinics providing care for underserved women.
- Elimination of critical HIV/AIDS funding for the **Office of Minority Health** and the **Office on Women's Health** and their efforts to fund innovative HIV prevention, testing and linkage to care services to sub-populations hard hit by the HIV/AIDS epidemic but often overlooked by "core" HIV funding streams, including ex-offenders transitioning out of incarceration and HIV-positive women in Puerto Rico and the US Virgin Islands who are navigating the HIV Care Continuum.