Secretary's Minority AIDS Initiative Fund (SMAIF)
A Catalyst for Change

HIV is still a major problem in the US, and racial and ethnic minorities bear the greatest burden. According to CDC:

- There are **1.1 million** people living with HIV in the US.

- Nearly **40,000** people are newly diagnosed with HIV each year.

- Almost **3 out of 4** of these diagnoses are among racial and ethnic minorities.

- **Blacks and Hispanics have a higher risk** of contracting HIV in their lifetime.

- **50%** of people newly diagnosed with HIV reside in the Deep South.

- All people living with HIV should be on treatment that suppresses their viral load, only **54%** of racial and ethnic minorities have a suppressed viral load.
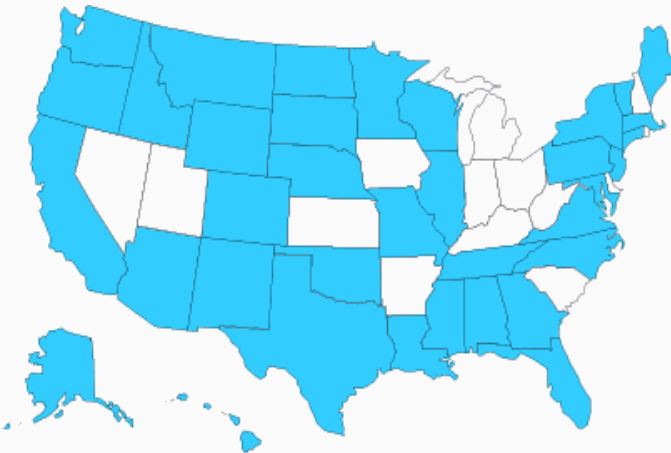
FY 2016 Snapshot

SMAIF funds **33** projects totaling $54 Million.

SMAIF funds more than **130** community partners.

SMAIF funds projects in **37** states, D.C., Puerto Rico, and Guam.

SMAIF improves prevention, care, and treatment for racial and ethnic minorities through:

1. Innovation
SMAIF designs and tests innovative programs and strategies to improve efficiency, effectiveness, and impact of HIV programs in racial and ethnic minority communities.

2. Systems Change
Successes generated by SMAIF are integrated into existing efforts creating lasting changes across the Federal HIV prevention, care, and treatment portfolio.

3. Strategic Partnerships and Collaboration
SMAIF breaks down program silos and develops new ways for federal, state, and local agencies to work together in the community to improve outcomes for racial and ethnic minorities.

90% The CAPUS LA Links program connected 90% of patients diagnosed with HIV to medical care.

78% The HIRE project retained 78% of patients in HIV medical care.

6,064 Partnerships for Care provided clinical HIV management to 6,064 HIV positive patients in the first year.

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HIV.gov/smaif

Transforming Healthcare Systems

In just one year, *Partnerships for Care* (P4C) health centers **tested 75,500 patients** for HIV and achieved **viral suppression for 64% of HIV positive patients**. This was done by leveraging existing infrastructure in primary care clinics that had not previously provided HIV treatment and care. The system was transformed by:

- Changing procedures and protocols in health centers
- Developing partnerships between health departments and clinics allowing them to better serve and engage people living with HIV in medical care.

Learn About All 33 Programs

HIV.gov/SMAIF

Look out for more information in our annual report this fall and in depth coverage on our new and continuing projects.

Expanding Care Through Technology

Telehealth centers trained 351 providers working primarily in the rural south on the importance of hepatitis C screening for HIV-positive patients. After training, **91%** of HIV-positive patients seen by these providers were screened for hepatitis C.

Transforming Care in Indian Country

Indian Health Service (IHS) projects have **expanded HIV testing and improve prevention, care, and treatment outcomes** among American Indian and Alaska Natives. Approximately 99% of IHS HIV funding comes from SMAIF. As a result of SMAIF funding:

- Prenatal screening increased **67%** (2006-2016)
- HIV screening increased by **63%** for 13-64 year olds (2012–2016)
- HCV screening increased **450%** among baby boomers (2012-2016)

Improving Viral Suppression

The three clinics in the CAPUS Health Models program in Louisiana **improved viral suppression** rates among people in care in the <u>first year</u> of the program:
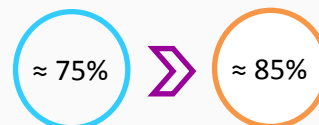
Crescent Care Clinic	Priority Clinic	Caring Clinic
< 80% ⟫ ≈ 86%	≈ 69% ⟫ ≈ 78%	≈ 75% ⟫ ≈ 85%

Pre ● Post ●

Finding and Implementing Solutions

79% of patients were re-linked to HIV medical care after the New York *Partnerships for Care* site **assessed patient needs and barriers to care** on:

- Reasons patients may be falling-out-of care
- Steps to retain patients in care
- Recommended services to assist patients in keeping appointments (e.g. transportation, health insurance)

July 7, 2017