

Attachment 5
Bureau of HIV Ambulatory Care RFA Guiding Principles

**Advancing Health Equity through Comprehensive Community-Based HIV
Ambulatory Care Services – Centers for Young Adults - Reissue
RFA #20559
Internal RFA #23-0012**

1. Priority Populations - LGBTQ, Young MSM, BIPOC, and disparately impacted communities

The HIV/AIDS epidemic disproportionately affects BIPOC communities and other at-risk populations (i.e., men who have sex with men, people living with mental illness, substance users, and women of color). Therefore, the AIDS Institute is committed to improving access to prevention and health care services and reducing HIV disparities experienced among these communities. Successful applicants will demonstrate the disparate outcome(s) experienced and how proposed program activities will result in access to a full continuum of high-quality HIV services and a reduction in the number of social determinants of health experienced by the priority population(s) served through the proposed program.

2. Social Determinants of Health and Health Equity

Successful applicants will incorporate the principles outlined in the [Health Equity Competencies for Health Care Providers¹](#) and [Health Care Organization Considerations in Support of Health Equity²](#) resource tools in the program models proposed. Applicants will also apply a [health equity lens³](#) to develop organizational responses that reduce the social determinants of health experienced by health center patients and actively improve the health outcomes of the priority population(s) to be served through the funding. Applicants can access additional health equity resources at the AIDS Institute [Health Equity Corner⁴](#).

3. Development of Referral Service Agreements

Clearly defined referral agreements focused on specific services needed by the priority population(s), which are not available at the funded location, will enhance access to patient care. These clinical community partnerships should be tailored and meet the needs of the priority population(s). Best practice suggests a Memorandum or Letter of Agreement between two entities to establish a formal mechanism for patient referral, service provision, and tracking of referral outcomes and delineate the responsibilities of each party.

4. Hepatitis Screening, Diagnosis, and Care in HIV Primary Care Settings

Persons with HIV infection are disproportionately affected by viral hepatitis; about one-third of HIV-infected persons are co-infected with hepatitis B or hepatitis C, which can cause long-term (chronic) illness and death. Therefore, integrating HCV screening, diagnosis, and treatment into primary care settings will increase the capacity to serve and improve health outcomes for PLWH/A.

5. Cultural and Linguistic Competency

Program models should reflect the intrinsic differences derived from preferred language, culture, race/ethnicity, health literacy, religion, and developmental characteristics. The provision of culturally and linguistically appropriate services (CLAS) is a way to improve the quality of services provided to all individuals, which will ultimately help reduce health

1 https://www.health.ny.gov/diseases/aids/ending_the_epidemic/docs/health_equity_providers.pdf

2 https://www.health.ny.gov/diseases/aids/ending_the_epidemic/docs/organization_considerations.pdf

3 https://www.hivtrainingny.org/Uploads/Guidance_for_Applying_a_Health_Equity_Lens_to_HIV.pdf

4 https://www.hivtrainingny.org/Uploads/Guidance_for_Applying_a_Health_Equity_Lens_to_HIV.pdf

disparities and achieve health equity. Program models and services provided ensure accordance with current [National Standards for Culturally and Linguistically Appropriate Services in Health and Health Care \(CLAS\) Standards](#)⁵.

6. Trauma-Informed Care

The experience of trauma is widespread, especially among those in the highest need of health services, social services, and prevention services. Adverse life experiences are a risk factor for severe health conditions and likely contribute to an individual's avoidance of and discomfort with medical procedures. Trauma-informed care recognizes the presence of trauma in society, acknowledges the role of trauma, avoids re-traumatization, and incorporates strategies to promote an individual's comfort and engagement with primary care.

7. Consumer Involvement

Consumer participation in program development enhances services and contributes to the quality of care. Consumer advisory groups, focus groups, and quality improvement committees are mechanisms to obtain consumer input. Peers can also be utilized as advocates, providing health education, risk reduction interventions, and support to other patients, specifically newly diagnosed patients. In addition, grant-funded programs are encouraged to facilitate patient involvement in the city, county, and statewide planning groups and statewide consumer-oriented conferences sponsored by the AIDS Institute.

8. Integration of HIV/STD/HCV Prevention and Treatment

The AIDS Institute supports a continuum of care inclusive of HIV/STD/HCV prevention and treatment. Integrate prevention and support services to improve the health and well-being of persons living with STDs and viral hepatitis into HIV primary care. In general, primary care, routine prevention, and testing contribute to early diagnoses, improved health outcomes, and reduced transmission to others.

Providers are encouraged to use existing infrastructure to sustain activities supporting early identification and diagnosis of HIV infection through routine HIV testing as required by Chapter 308 of the Laws of 2010 HIV Testing in New York State.

9. HIV Clinical Expertise

The AIDS Institute's Office of the Medical Director encourages facilities providing HIV clinical care to employ physicians with significant expertise in HIV medicine. In addition, when needed, providers are encouraged to develop formal relationships with an HIV clinician to co-manage or consult with complex clinical cases.

10. Quality of Care Standards

All HIV prevention and health care programs must develop and maintain continuous quality improvement programs which meet the AIDS Institute's standards of care. These standards include agency leadership and commitment, staff development and training, participation of staff from all levels and various disciplines, and systematic selection and review of performance criteria, including consumer satisfaction.

All funded health facilities under this RFA will be required to submit annually the Ryan White HIV/AIDS Program Services Report (RSR) and facilitate data collection and analysis of HIV clinical data to assess and improve the quality of care.

11. Use of Behavioral Science-Based Prevention Strategies

⁵ <https://thinkculturalhealth.hhs.gov/assets/pdfs/EnhancedNationalCLASStandards.pdf>

Programs may incorporate interventions designed to prevent primary and secondary transmission of HIV based on empirically proven strategies with a foundation in the behavioral sciences. Behavioral science-based approaches have proven effective in disease prevention and behavior change and are effective in HIV prevention. They include specific constructs for understanding how behavior change works and strategies for facilitating and maintaining the reduction and elimination of unwanted high-risk behaviors. If used in the program model, staff should be trained and competent in utilizing behavior change theories in service delivery. Examples of behavior change theories include but are not limited to the Theory of Reasoned Action, Social Cognitive Theory, and Transtheoretical Model of Behavior Change.

12. **Health Literacy Universal Precautions⁶**

Health literacy universal precautions is an approach that 1) assumes everyone could use help understanding health information, 2) considers it the responsibility of the health care system to make sure patients understand health information, 3) focuses on making health care environments more literacy friendly and ensures training for providers to communicate more effectively. Health literacy impacts all levels of the health care delivery system. Therefore, a universal precautions approach to health literacy is essential to improve health outcomes, reduce disparities and reduce costs. In addition, health literacy universal precautions aim to simplify communication and confirm patient comprehension, minimize the risk of miscommunication, make the health care system easier to navigate, and support patients' efforts to improve their health.

The AIDS Institute recognizes the importance of health literacy universal precautions to improve quality, reduce costs, and reduce health disparities. Funded providers will integrate health literacy universal precautions into their funded program policies, staff training requirements, care models, and quality improvement activities to ensure patient understanding at all points of contact. Best practice recommendations for health literacy universal precautions include expanding these guiding principles agency-wide.

13. **Harm Reduction Approach Strategies**

The NYS Department of Health encourages using a harm reduction approach by programs funded to provide HIV/STD/Hepatitis prevention services. Harm reduction is a perspective and a set of practical strategies to reduce the negative consequences of behaviors. In addition, a harm reduction approach recognizes the importance of working with a patient's level of acceptance of services.

14. **Undetectable=Untransmittable (U=U)**

The NYSDOH supports the clinical evidence that people who take antiretroviral therapy (ART) as prescribed and have achieved and maintained an undetectable viral load for six months or greater have a negligible risk of sexually transmitting the virus. PLWH who are engaged in ongoing clinical care may rely on antiretroviral therapy as a strategy to prevent sexual transmission to an HIV-negative partner, provided there are no active sexually transmitted infections (STIs)

15. **Development of Medical Self-Management**

Research supports self-management interventions, such as self-monitoring and informed decision making, that lead to improvements in health outcomes and health status and increase patient empowerment. Medical self-management support transforms the patient-provider relationship into a more collaborative partnership and organizes the health care team around the pivotal role of the patient in their care. The process engages patients and providers to

⁶ <https://www.ahrq.gov/health-literacy/improve/precautions/index.html>

identify health goals, choose specific actions, acquire needed information, and monitor progress.

16. Affiliation with Medicaid Managed Care (MMC), Medicaid Health Homes, and SNPS for NYC Medicaid Beneficiaries

Enrollees in managed care with chronic illnesses or co-morbidities have access to specialists and plan disease management staff for care and benefits coordination if needed. Agencies must be committed to maximizing patient participation in health insurance programs. Eligible enrollees for the health benefits marketplace should be encouraged by Article 28 facilities to select an appropriate coverage plan responsive to the enrollee's medical needs. Access to care coverage maximizes available resources and supports continued engagement in care.