



PARTNERSHIP PROJECT

HIV ADVOCACY & SERVICES SINCE 1995

The Network
News
2015
July Issue #181

OREGON HIV / AIDS CASE MANAGEMENT

NATIONAL HIV/AIDS STRATEGY for the UNITED STATES:

UPDATED TO 2020

JULY 2015

Next Meeting
June

No Meeting in August

Next Meeting
September 8th

In July the National HIV/AIDS Strategy was updated to reflect treatment advances, new interventions in testing and prevention efforts such as PrEP.

<https://aids.gov/federal-resources/national-hiv-aids-strategy/nhas-update-5-things.pdf>

NATIONAL HIV/AIDS STRATEGY: UPDATED TO 2020

5 MAJOR CHANGES SINCE 2010

Since the first National HIV/AIDS Strategy was released in 2010, major advances have transformed how we respond to HIV, provided new tools to prevent new infections, and improved access to care. With a vision for the next five years, our National HIV/AIDS Strategy has been updated to leverage these achievements and look ahead to 2020.

<p>Our prevention toolkit has expanded.</p> <p>Pre-Exposure Prophylaxis (PrEP) A daily pill to prevent HIV. When taken consistently, can reduce the risk of HIV by up to 92%</p>	<p>The Affordable Care Act has transformed health care access.</p> <p>Millions more individuals now have affordable, quality health coverage.</p>	<p>HIV testing and treatment are recommended.</p> <p>Federal Guidelines now recommend routine HIV screening for people aged 15 TO 65</p> <p>CDC updated recommendations for HIV testing to help labs detect infections earlier.</p>	<p>Improving HIV Care Continuum outcomes is a priority.</p> <p>President Obama's HIV Care Continuum Initiative directed Federal departments to increase the number of individuals who are:</p> <ul style="list-style-type: none"> diagnosed with HIV linked to HIV care retained in HIV care prescribed HIV treatment virally suppressed (having very low levels of HIV in their body). 	<p>Research is unlocking new knowledge and tools.</p> <ul style="list-style-type: none"> Evidence that starting HIV treatment early lowers the risk of developing AIDS or other serious illnesses New HIV testing technologies, including new diagnostic tests New HIV medications with fewer side effects, less frequent dosing, and a lower risk of drug resistance Continued investigation of long-acting drugs for HIV treatment and prevention, an HIV vaccine, and, ultimately, a cure.
<p>Treatment as Prevention The risk of HIV is reduced by 96% in those who have achieved viral suppression (they have very low levels of HIV in the body).</p> <p>Protections against sex or disability discrimination in health care.</p>	<p>There is no denial of coverage for pre-existing conditions, like HIV.</p> <p>Preventive services are covered without co-pays, including HIV testing.</p>		<p>Federal HIV treatment guidelines now recommend antiretroviral therapy for all HIV-infected individuals.</p>	

Learn more about the National HIV/AIDS Strategy: Updated to 2020 at [AIDS.gov/2020](https://aids.gov/2020) #HIV2020

You can find this infographic at <https://aids.gov/federal-resources/national-hiv-aids-strategy/nhas-update-what-you-need-to-know.pdf>

NATIONAL HIV/AIDS STRATEGY: UPDATED TO 2020

WHAT YOU NEED TO KNOW

THE VISION

The United States will become a place where new HIV infections are rare, and when they do occur, every person, regardless of age, gender, race/ethnicity, sexual orientation, gender identity, or socio-economic circumstance will have unfettered access to high quality, life-extending care, free from stigma and discrimination.

THE GOALS



Reducing new HIV infections



Improving access to care and health outcomes



Reducing HIV-related health disparities



Achieving a more coordinated national response



OUR STRATEGY

This is a national Strategy, not just a Federal one. Everyone is needed to put this Strategy into action and end the HIV epidemic. The updated Strategy calls for coordinated efforts from all sectors of society. The many Federal agencies and offices engaged in HIV activities will develop a Federal Action Plan to guide implementation of the Strategy across the U.S. government.

THE UPDATED STRATEGY DETAILS **11 STEPS AND 37 ACTIONS** THAT FOCUS ON

RIGHT PEOPLE, RIGHT PLACES, RIGHT PRACTICES

RIGHT PEOPLE

KEY POPULATIONS

- **Gay, bisexual, and other men who have sex with men of all races and ethnicities** (noting the particularly high burden of HIV among Black gay and bisexual men)
- **Black women and men**
- **Latino men and women**
- **People who inject drugs**
- **Youth aged 13 to 24 years** (noting the particularly high burden of HIV among young Black gay and bisexual men)
- **People in the Southern United States**
- **Transgender women** (noting the particularly high burden of HIV among Black transgender women)

RIGHT PLACES

PRIORITY AREAS

- **Major metropolitan areas** have higher rates of HIV than other areas of the country.
- **Southern United States:** more than 1/3 of the population lives in southern states, but the region accounts for more than 1/2 of all HIV diagnoses.



RIGHT PRACTICES



Widespread HIV testing and linkage to care enabling people living with HIV to access treatment early.



Full access to PrEP services for those whom it is appropriate and desired, with support for medication adherence for those using PrEP.



Broad support for people living with HIV to remain engaged in comprehensive care, including support for treatment adherence.



Universal viral suppression among people living with HIV.

THE OUTCOMES BY 2020



Increase the percentage of people living with HIV who know their serostatus to at least **90 percent**.



Reduce the number of new diagnoses by at least **25 percent**.



Reduce the percentage of young gay and bisexual men who have engaged in HIV-risk behaviors by at least **10 percent**.



Increase the percentage of newly diagnosed persons linked to HIV medical care within one month of their HIV diagnosis to at least **85 percent**.



Increase the percentage of persons with diagnosed HIV infection who are retained in HIV medical care to at least **90 percent**.



Increase the percentage of persons with diagnosed HIV infection who are virally suppressed to at least **90 percent**.



Reduce the percentage of persons in HIV medical care who are homeless to no more than **5 percent**.



Reduce the death rate among persons with diagnosed HIV infection by at least **33 percent**.



Reduce disparities in the rate of new diagnoses by at least **15 percent** in the following groups: gay and bisexual men, young Black gay and bisexual men, Black females, and persons living in the Southern United States.



Increase the percentage of youth and persons who inject drugs with diagnosed HIV infection who are virally suppressed to at least **90 percent**.

Learn more about the National HIV/AIDS Strategy: Updated to 2020 at [AIDS.gov/2020](https://aids.gov/2020) #HIV2020

SOCIAL SECURITY MATTERS

By Alan Edwards, Social Security Public Affairs

Social Security recently launched its new blog, *Social Security Matters*. This is our new location for engaging with you by answering questions and concerns in a more sharable and interactive way. This is where you'll see the latest Social Security news, like added features to *my Social Security*, helpful tips about retirement and other benefits, and much more.

Think of the blog as a dashboard for the latest news and updates that affect retirement, survivors and disability benefits, veterans, the chronically ill, and anyone entitled to our broad range of services. We already communicate with you using Facebook and Twitter. This new blog is a meaningful enhancement to our social media outreach. *Social Security Matters* is easy-to-navigate and user-friendly — tags categorize the topics you care about into organized sections. This way you will always find the answers you are looking for.

Social Security Matters allows us to speak to a broad audience in articles that explain how our programs and services affect you. And the blog lets you provide meaningful feedback that can help us serve the public more effectively. The blog will also be a platform for interviews with experts and a way to spotlight the important work we do.

You know how much we matter to our beneficiaries. We'd like you to share that news. *Social Security Matters* lets you share our posts on social media with a click of a button. Additionally, you can subscribe to our blog and get Social Security news as it happens. Simply select the blue button titled "Get blog updates."

You matter to us, and with *Social Security Matters*, we think of you with every new post. Our comment section allows you to voice your thoughts and ask questions of us to address. The conversation is growing every day. No matter what, we want to know that we are doing our absolute best to serve you, and a big part of that is listening to what you have to say. Come see what matters to you at blog.socialsecurity.gov.

80 YEARS OF SOCIAL SECURITY

By Alan Edwards, Social Security Public Affairs

Social Security has provided critical financial help to people of all ages for the last 80 years, and despite our age, we're far from retiring! As the Social Security program celebrates its historic birthday this August, we're reflecting on our diverse history, our current strengths, and ways we can continue to improve our services to you.

On August 14, 1935, President Franklin D. Roosevelt signed the Social Security Act into law. In doing so, he promised the law would protect "the average citizen and his family against the loss of a job and against poverty-ridden old age." Today, we continue to provide financial security for our country's most vulnerable citizens. In fact, Social Security provides world-class service to millions of people every day — online, on the phone, and in our network of field offices across the country.

As we celebrate 80 years, we're proud to present our "Celebrating the Past and Building the Future" anniversary website. There, you can read 80 interesting facts about an agency that touches everyone's life at some point or another! For example, did you know the original name of the Social Security Act was the Economic Security Act?

The anniversary website also includes a timeline of our history. It begins with the signing of the Act in 1935 and ends with this year's announcement of *Vision 2025*, our bold vision that will guide the agency as we work to meet the future customer service needs of the public. A memorable spot on the timeline is November 2, 2000, the date when we started taking retirement claims online.

Since our agency's beginning, we've relied on our passionate and hard-working employees to face challenges and provide exceptional service. Throughout the 80 days leading up to our anniversary, we've been posting employee testimonials that answer the question, "Why do you serve?" We also invited you to share your story with us. You can tell us how Social Security has made a difference in your life and/or the lives of your family and friends. We would love to hear from you, the people we serve every day.

When the Social Security program started 80 years ago, our goal was to provide an economic lifeline for people in need. Today, Social Security continues to protect millions of people. Join us in commemorating this significant milestone! Visit www.socialsecurity.gov/80thanniversary.

[Join Partnership Project at AIDS Walk 2015](#)



OHSU PARTNERSHIP PROJECT



ON SEPTEMBER 12TH, PARTNERSHIP PROJECT IS PARTICIPATING IN AIDS WALK PORTLAND, AND WE NEED YOUR HELP!

Partnership Project is looking forward to joining Cascade AIDS Project at AIDS Walk again this year to raise funds and awareness about HIV/AIDS. The funds raised support crucial programs for Persons Living with HIV/AIDS both at Cascade AIDS Project and Partnership Project, as well as increasing awareness of HIV/AIDS. Partnership Project receives 40% of the funds our team raises and CAP receives 60%! We hope that you will join us in whatever way works best for you, and thank you in advance for your support. We love having a large group of walkers participating, but of course also appreciate donations! Hope to see you on September 12th!

This newsletter is published by
[OHSU/ Partnership Project](#).

Our thanks to OHA HIV Care and Treatment Program for website posting distribution of the newsletter.

The editor is Julia Lager-Mesulam.

Comments/questions about this publication should be directed to:

Julia Lager-Mesulam at lagermes@ohsu.edu,
 or call (503) 230-1202, FAX (503) 230-1213,
 5525 SE Milwaukie Ave. Portland, OR 97202

This issue, and issues from January 2011 on, can be found electronically [here](#)