

12 Cities Project

Overview

The 12 Cities Project will serve as a proving ground to demonstrate how the broad range of Federally-supported HIV prevention, care, and treatment activities can work together more effectively across organizational and program boundaries. This effort will result in better identification of and response to service gaps and unmet needs, scaled-up activities that will have a greater “payoff” in terms of achieving the goals of the National HIV/AIDS Strategy (NHAS), enhanced integration of local service delivery, and – where appropriate – realigned resources from lower priority to higher priority activities. This U.S. Department of Health and Human Services (HHS) project supports and accelerates comprehensive HIV/AIDS planning and cross-agency response in the 12 U.S. jurisdictions that bear the highest AIDS burden in the country.

This demonstration project is a significant component of the HHS National HIV/AIDS Strategy Operational Plan and embodies many of the key principles of the NHAS:

- Concentrate resources where the epidemic is most severe,
- Coordinate Federal resources and actions across categorical program lines,
- Scale-up effective HIV prevention, care and treatment strategies, and
- Innovate.

Acting on the Strategy’s imperative for a more coordinated response to the epidemic across all levels of government, the project is actively engaging agencies from across HHS in collaborative efforts with one another and with the State and local health departments and other local agencies and organizations in the 12 participating jurisdictions.

Benefits

Actively coordinating Federally funded programs at the local level in the 12 jurisdictions that represent 44% of the nation’s AIDS cases can have huge payoffs and propel progress toward the Strategy’s goals of reducing HIV incidence, increasing access to care and improving outcomes for people diagnosed with HIV, and reducing HIV-related health disparities. But the impact of this project is not limited to these communities. Lessons from this project will be shared widely to benefit all communities across the nation by informing future Federal policies, funding opportunities, technical assistance activities, and operational research agendas.

Foundation

The 12 Cities Project purposely builds upon a strong platform created by the Centers for Disease Control and Prevention’s (CDC) grants for Enhanced Comprehensive HIV Prevention Plans (ECHPP) awarded in September 2010 to each of these jurisdictions. With funds made available through the Affordable Care Act’s Prevention and Public Health Fund, the CDC supports these communities in undertaking intensive and enhanced HIV prevention planning so as to reduce HIV risk and incidence in those areas. Each jurisdiction is working with CDC to determine what mix of HIV prevention approaches can have the greatest impact in the local area – at the individual, population, and community level – based on the local profile of the epidemic and by assessing and identifying current gaps in HIV prevention portfolios.

While the exact combination of approaches will vary by area, reflecting differences in local epidemiology and circumstance, efforts funded under this program will follow a basic approach of:

- Intensifying prevention for individuals at greatest risk – especially gay and bisexual men, transgender persons, Black Americans, Latino Americans, and substance users – along with testing those individuals to reduce undiagnosed HIV infection;

The 12 Cities	
<u>Metropolitan Area</u>	<u>Est. AIDS Cases (Dec. 2007)</u>
New York City, NY	66,426
Los Angeles, CA	24,727
Washington, DC	15,696
Chicago, IL	14,175
Atlanta, GA	13,105
Miami, FL	12,732
Philadelphia, PA	12,469
Houston, TX	11,277
San Francisco, CA	11,026
Baltimore, MD	10,301
Dallas, TX	7,993
San Juan, PR	7,858
	44%
	of U.S. total



- Prioritizing prevention and linkage to care for people living with HIV; and
- Directing these intensified efforts to communities with the highest burden of HIV.

Expanding HHS Participation

The 12 Cities Project – with broader goals, scope and collaborative oversight – substantially expands the foundation established by CDC and ECHHP to include other Federal partners who are essential to the success of NHAS, moving beyond prevention to include the continuum of HIV treatment and care. The project, under the direction of the Office of the Assistant Secretary for Health (OASH), actively engages HHS agencies whose work addresses different dimensions of HIV/AIDS in collective efforts to leverage departmental resources and assets to support public health and other partners in the 12 cities. In addition to the Centers for Disease Control and Prevention (CDC), participating HHS agencies include the Centers for Medicare and Medicaid Services (CMS), Health Resources and Services Administration (HRSA) – both the HIV/AIDS Bureau and the Bureau of Primary Health Care, Indian Health Service (IHS), National Institutes of Health (NIH), and Substance Abuse and Mental Health Services Administration (SAMHSA). By challenging HHS agencies and offices to better coordinate their planning, implementation, delivery and evaluation of HIV/AIDS services in each of these 12 jurisdictions, HHS seeks to reduce new HIV infections, promptly diagnose those who are infected with HIV and ensure that persons with HIV/AIDS have access to continuous, quality care, so as to reduce current disparities. Other specific actions to be undertaken in this demonstration project, as outlined in the HHS Operational Plan, include:

- Provide a complete mapping of Federally funded HIV/AIDS resources in each jurisdiction including Ryan White Care Act-supported services; Community Health Centers; IHS and tribal health care facilities; CDC-supported HIV prevention activities; SAMHSA mental health, substance abuse prevention, and substance abuse treatment grantees; and Centers for AIDS Research activities.
- Provide demographic data on Medicare and Medicaid clients who are receiving HIV/AIDS services in each of the 12 jurisdictions.
- Share data and information from across the range of HHS HIV/AIDS grantees in each jurisdiction to inform better locally coordinated planning for HIV prevention, care and treatment.
- Identify opportunities to harmonize and streamline Federal reporting and other grants requirements.
- Identify and address local barriers to coordination across HHS grantees.

- Develop cross-agency strategies for addressing gaps in coverage and scale of necessary HIV prevention, care, and treatment services.
- Coordinate the implementation of and develop the capacity to deliver strategies and interventions addressing HIV prevention, care and treatment.
- Develop common measures and evaluation strategies to assess processes and outcomes as they relate to the goals of the NHAS.
- Actively promote opportunities to blend services and, where appropriate, funding streams across Federal programs.
- Develop and apply lessons learned in these 12 jurisdictions to Federally funded activities in other jurisdictions, including creating technical guidance on the development of statewide HIV/AIDS plans, as called for in the Strategy.

The participating HHS agencies are mobilizing their respective program officers, grantees and other stakeholders in these 12 jurisdictions. Program officers are also pursuing ways to coordinate Federal technical assistance to these jurisdictions in ways that help to diminish program “silos” and, instead, encourage the local integration of HIV/AIDS prevention, care, and treatment efforts.

Partnerships

Although this overview focuses on critical activities taking place at the HHS level, the success of the 12 Cities Project – like the success of the Strategy itself – will depend upon on the active participation and support of many different voices and sectors, including other Federal departments, state and local government, community advocates, faith and business leaders, and persons living with HIV/AIDS. Each must share in the responsibility of working with their respective communities to achieve the vision of the National HIV/AIDS Strategy.

Timeline

Phase I of this project (October 2010–April 2011) focuses on data collection and planning, with an explicit focus on identifying gaps in coverage in terms of populations, interventions, and services. The second phase of this project (May 2011–September 2011 and beyond) will focus on responding to the results of the enhanced planning process, including making recommendations about redirecting resources in order to optimize outcomes.

The contributions of each HHS agency planned for 2010 and 2011 are detailed in the [HHS NHAS Operational Plan](#). To learn more about and follow the progress of the 12 Cities Project, visit the [AIDS.gov blog](#) and click on the “12 Cities Project” topic tag to see all the related posts.

Vision for the National HIV/AIDS Strategy

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.