

# Division of HIV/AIDS Prevention Strategic Plan 2017 - 2020



**Centers for Disease  
Control and Prevention**  
National Center for HIV/AIDS, Viral  
Hepatitis, STD, and TB Prevention



## Message from Director

The Division of HIV/AIDS Prevention (DHAP) is pleased to present its updated Strategic Plan 2017–2020. This Plan is DHAP’s blueprint for achieving its vision of a future free of HIV. The Plan encompasses the strategic aspects of the Division’s work and will continue to serve as a practical guide to inform the work and to ensure DHAP activities and resources are aligned with its priorities.

The Plan was updated to reflect the important advances made in prevention science, including—but not limited to—the discovery of and increased use of pre-exposure prophylaxis (PrEP) as a highly effective tool in HIV prevention; the identification of new interventions as part of the High-Impact HIV prevention approach; the development and implementation of new testing technologies; and focused efforts to improve outcomes along the HIV care continuum. The Plan emphasizes maximizing DHAP’s impact, increasing internal and external coordination and collaboration, and ensuring strategic allocation of resources. In this Plan, the Division also recognizes the need to remain flexible as prevention science continues to evolve.

At the start of the strategic planning process, the Division updated the following high-level prevention goals designed to guide its HIV prevention efforts:

- Prevent new HIV infections
- Improve health outcomes for persons living with HIV
- Reduce HIV-related disparities and health inequities
- Continually improve effectiveness and efficiency of operations

These goals align with national HIV prevention goals. In addition, the Division identified key objectives and strategies to help in focusing its work on strategic efforts needed to advance these goals and to attain a future free of HIV.

In developing these goals, objectives, and strategies, DHAP acknowledges that a range of social, economic, and demographic factors make some Americans more vulnerable to HIV infection and, once infected, to inadequate care. The Plan underscores the important role of partnerships in both reducing HIV incidence and addressing these disparities that persist among populations and within communities.



To chart progress towards reaching these goals, DHAP has developed quantitative indicators that are ambitious, yet feasible. Tracking these indicators will provide the Division with important data to inform its planning and program activities, inspiring action in areas where improvement is needed. The Division will continue to strive, working closely with its partners, to better use the data available at local, state, and national levels to drive its actions, to inform priority setting, and to direct programmatic and scientific endeavors. DHAP looks forward to collaborating with federal, state, and local organizations to achieve the goals in this plan and mark progress towards a future free of HIV.



## Introduction

CDC has been at the forefront of HIV prevention efforts since the virus first emerged as a health threat, and CDC maintains its leadership role in working towards a future free of HIV in the United States. While the nation has come a long way, HIV continues to affect millions of individuals in the United States. CDC's latest estimates suggest that about 38,000 new infections occur each year and that 1.1 million persons in the United States are now living with HIV. Of those 1.1 million, an estimated 15%, or 1 in 7 persons, remain unaware of their infection. Analysis of surveillance data continues to reveal dramatic disparities in rates of HIV infection—and in achieving key healthcare objectives—among populations and by geographic region.

Since the release of the 2010 DHAP Strategic Plan, more HIV prevention tools have been developed to help reduce new HIV infections and achieve national HIV prevention goals. Making the most out of powerful biomedical prevention options, such as pre-exposure prophylaxis (PrEP) and antiretroviral therapy (ART), requires that DHAP refines its strategies to best promote the use of these options. Recently released HIV prevention modeling suggests that achieving national HIV prevention goals of linkage to care, retention in care, and viral suppression (85%, 90%, and 80%, respectively), in combination with the increased use of PrEP, would avert 185,000 new infections by 2020.

Already, CDC, the U.S. Department of Health and Human Services (HHS), and U.S. Preventive Services Task Force (USPSTF) have produced updated recommendations that incorporate these prevention tools. CDC developed guidelines and released recommendations focused on improved screening of persons' behaviors that could transmit HIV; use of ART for improving health and for preventing HIV transmission; and encouraging providers to inform persons at high risk for HIV infection about the availability of PrEP.



In the updated DHAP Strategic Plan, DHAP will work closely with national, state, and local partners to ensure that 1) HIV testing is simple, available, and routine; 2) persons living with HIV have their infection diagnosed, are linked to care, and have access to the support services they need to stay virally suppressed; and 3) persons at high risk for HIV infection have the prevention information and tools needed to protect themselves from infection.

DHAP also knows that it must prioritize efforts to reduce HIV-related health disparities and inequities. To address these disparities requires that DHAP focus prevention efforts on disproportionately affected populations and work towards reducing stigma and discrimination associated with HIV infection. DHAP must work collaboratively with federal agencies, including the Health Resources and Services Administration (HRSA), the Substance Abuse and Mental Health Services Administration (SAMHSA), the U.S. Department of Housing and Urban Development (HUD), and others, to support structural approaches to HIV prevention and care. Specifically, DHAP will support efforts to link persons at high risk of transmitting HIV to support services designed to address structural barriers that impact HIV prevention and care, including unstable housing, lack of education or employment, and lack of adequate food to eat. These collaborations can maximize the effectiveness of HIV prevention services and support optimal health outcomes.

Finally, in this plan, DHAP recognizes the need to remain flexible as prevention science continues to evolve, and acknowledges the need to be prepared to integrate new strategies and implement new tools, to further advance the public health response to HIV in the United States.



## Mission and Vision

**Vision:** A future free of HIV

**Mission:** To promote health and quality of life by preventing HIV infection and reducing HIV-related illness and death in the United States



**Core Values**

**Collaboration**

Ensure cross-branch, office, and division, federal inter-agency, and external partner interactions (e.g., science, activities, knowledge sharing).

**Diversity**

Recruit and maintain an inclusive and multi-disciplinary workforce

**Equity**

Work to achieve optimal health for the populations we serve

**Excellence**

Achieve the highest standard of performance in science, program, and policy

**Innovation**

Create an environment that encourages and values new ideas

**Integrity**

Be accurate, consistent, honest, and accountable for decisions and actions

**Respect**

Treat persons with professionalism and dignity; value diversity and differences of opinion

**Stewardship**

Be a diligent steward of the use of resources to achieve DHAP's public health mission

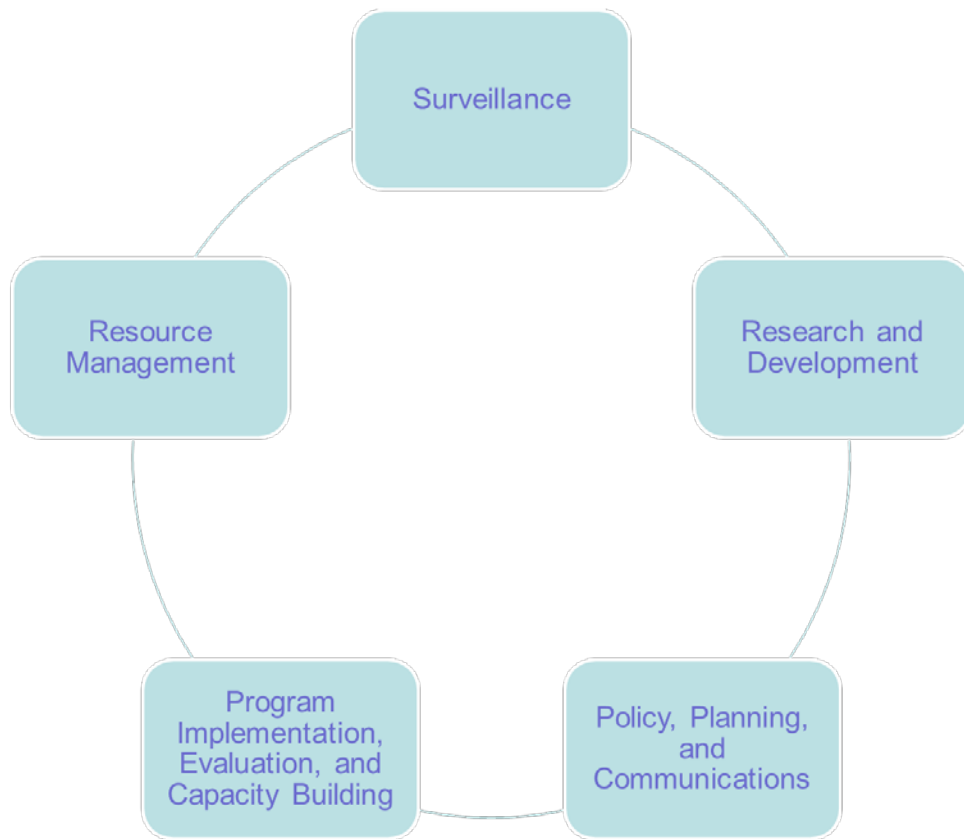
**Transparency**

Effectively and appropriately communicate to staff, partners, and the public about our programs, policy, and science



## Core Functions

Core functions are essential, foundational activities that DHAP engages in to monitor the trends in HIV; implement and evaluate prevention programs; communicate priorities, information, and guidance to stakeholders and external partners; and support efficiency in the management and operations of the Division. DHAP core functions are as follows:





## Goal 1: Prevent New HIV Infections

Over the past 5 years, advances in HIV testing services—such as delivery of couples' counseling and testing for gay, bisexual, and other men who have sex with men (MSM); increased routine screening in clinical settings; and promotion of repeat testing for persons at ongoing risk for infection—have been associated with increased uptake of testing in the United States (CDC, 2013). From 2008 to 2014, the proportion of persons with undiagnosed HIV infection decreased by an estimated 3.4% per year. In 2014, 15% of persons living with HIV (PLWH) did not know they were infected. CDC will continue to prioritize identifying all PLWH who do not know they are infected and ensuring that persons at high risk of acquiring HIV have the biomedical and behavioral tools they need to protect themselves from acquiring HIV infection.

The estimated annual HIV infections in the United States declined 18% from 2008 to 2014, in large part because of federal HIV prevention and care efforts. CDC will continue this work to increase provision and uptake of comprehensive HIV prevention services, including high-impact behavioral and biomedical interventions, for all Americans and with a particular focus on persons at high risk of acquiring HIV. CDC will also provide resources to health care providers to facilitate access to these critical prevention tools. CDC will continue to develop communication campaigns and partnerships to ensure that everyone knows the facts about acquisition and transmission of HIV, is aware of their HIV status, and has access to tailored information and HIV prevention interventions to protect themselves and their partners. CDC will also continue to conduct research on, and implementation of, highly effective behavioral interventions.

To work towards achieving the goal of preventing new HIV infections, DHAP will prioritize the following primary prevention efforts:

- Diagnosing HIV infections by making HIV testing easy, accessible, and routine, including increasing adherence to 2006 HIV screening recommendations.
- Increasing knowledge of, use of, support for, and adherence to PrEP and non-occupational post-exposure prophylaxis (nPEP) for persons who could benefit from these regimens.
- Working to prevent HIV infections in communities experiencing increased injection drug use and related risk of HIV transmission.



*Note.* Recent policy changes, likely due to national trends in opioid and heroin misuse, may result in greater use of syringe services programs.

- Ensuring persons have access to condoms and effective behavioral interventions, so they have the tools needed to protect themselves from becoming infected with HIV.
- Increasing awareness of HIV, reducing HIV-related stigma, and promoting HIV testing and proven HIV prevention strategies through key communication campaigns and messaging among populations most affected by HIV.
- Conducting research designed to identify innovative, cost-effective, and high-impact prevention strategies needed to protect persons most at risk of HIV infection.

Goal 1 and its corresponding objectives and strategies will help ensure that all PLWH know their status and that those persons at high risk of acquiring HIV have access to the key risk-reduction tools that they need to stay healthy.



Goal 1: Prevent New Infections		
Objectives	Increase the percentage of persons living with HIV who know their serostatus to at least 90%	Increase the number of persons who are using PrEP by 500%
Strategies	Increase use of high-impact prevention strategies for communities that are at highest risk for HIV infection	
	Support development of new—and the use of existing—technologies that will enhance early diagnosis and identify networks to target testing and prevention interventions to reduce risk of HIV transmission	
	Improve HIV screening in clinical settings, particularly in hospitals and hospital emergency rooms	
	Collaborate with partners to identify and address structural barriers to implementing routine opt-out HIV screening in clinical settings	
	Develop and evaluate behavioral and structural interventions that support biomedical prevention strategies	
	Expand availability, access, and uptake of—and improve adherence to—behavioral and biomedical interventions (e.g., PrEP, PEP, treatment)	
	Increase the proportion of providers who are aware of and prescribe PrEP	
	Strengthen collaboration with and leverage governmental and nongovernmental partnerships and establish new partnerships to increase testing and improve PrEP uptake	
Develop and use evidence-based social marketing and education campaigns, and leverage digital tools and new technologies to reach gay, bisexual, and other MSM, particularly MSM of color and young MSM, and transgender persons		



## Goal 1: Indicators of Progress

- Aware of HIV status:** Increase the percentage of persons living with HIV who know their serostatus to 90%. [National-level indicator #1]
- Number of new diagnoses:** Decrease the number of new HIV diagnoses by 25% among persons of all ages during the calendar year reported to CDC within 18 months of the diagnosis year. [National-level indicator #2; HP2020]
- Use of PrEP (National-level developmental indicator):** Increase the number of adults prescribed PrEP by at least 500%.
- Late stage diagnosis:** Decrease the percentage of persons aged  $\geq 13$  years with HIV diagnosed at stage 3 (AIDS) within 3 months after initial HIV diagnosis in a calendar year by 25%. [HP2020]
- Nonsterile injection:** Decrease the percentage of persons who inject drugs, are at risk for HIV, and use nonsterile injection equipment by 25%.
- High-risk sex among HIV negative MSM:** Decrease the percentage of MSM who engage in high-risk behaviors by 25%.
- High-risk behaviors among young MSM:** Reduce the percentage of young gay and bisexual males in grades 9–12 who have engaged in HIV risk behaviors by at least 10%. [National-level indicator #3]



## Goal 2: Improve Health Outcomes for Persons Living with HIV

Since 2003, reducing the transmission of HIV and improving health outcomes for PLWH has been a cornerstone of DHAP's prevention efforts. A growing body of evidence shows that the majority of HIV infections in the United States could be averted by increasing the percentage of PLWH whose infection has been detected and diagnosed and by ensuring they receive early, ongoing care and treatment to become virally suppressed. Specifically, persons who had undiagnosed HIV infection and persons with diagnosed HIV but not retained in medical care were responsible for 91.5% of the estimated 45,000 HIV transmissions in 2009 (Skarbinski et al., 2015).

Early linkage to care and treatment, especially when viral suppression is attained and sustained, is positively correlated with better health outcomes, thus helping PLWH live longer, healthier lives and lowering their risk of transmission of HIV to others. In the United States, the percentage of persons with newly diagnosed HIV infection who were linked to medical care within one month of diagnosis increased to 75% in 2015 (up from 70.2% in 2010). Viral suppression rates are improving. In 2014, 57.9% of persons with diagnosed HIV infection were virally suppressed (up from 46.0% in 2010). The viral suppression rates for persons in medical care are higher. The annual rate of deaths per 1,000 persons living with diagnosed HIV infection has decreased from 19.4 in 2010 to 15.2 in 2014.

To work towards achieving the goal of improving health outcomes for PLWH, DHAP will prioritize the following prevention efforts:

- Working with health departments and community-based organizations (CBOs) to improve linkages to care and increase viral suppression rates in communities most affected by HIV.
- Examining new approaches, including studies of clinical, behavioral and structural interventions, to help persons with HIV stay in care and adhere to their medications.
- Developing guidelines and launching educational campaigns to help health care providers better support HIV testing, care, treatment, and prevention.
- Working with states to improve the completeness of their laboratory data and reporting of viral suppression information.



- Advancing efforts to use state and local public health information to identify persons living with HIV who have fallen out of HIV medical care and work to link, engage, re-engage, and retain them in care.
- Expanding Data to Care programs, targeting persons who have fallen out of care or never entered care following an HIV diagnosis, and working to improve viral suppression among those with a diagnosis of HIV infection.
- Expanding experience and developing guidance on investigating and intervening in growing clusters of HIV infection.
- Expanding capacity to collect and analyze molecular data to all jurisdictions.

Goal 2 and its corresponding objectives and strategies will help in assuring that all persons with diagnosed HIV are rapidly linked to, and remain engaged in, care to improve HIV-related health outcomes, to reduce the impact of related comorbidities, and to reduce transmission of HIV to uninfected persons. DHAP will also work closely with partners to ensure public health staff and providers are working together to achieve viral suppression goals and to ensure PLWH are protected from other infectious comorbidities.

Goal 2: Improve Health Outcomes for Persons Living with HIV		
Objectives	Increase the percentage of persons with diagnosed HIV who are linked to care within one month of diagnosis	Increase the proportion of PLWH with sustained viral suppression
Strategies	Expand uptake of behavioral and structural interventions for PLWH to improve outcomes along the care continuum, particularly for engagement and re-engagement in care	
	Identify and support approaches to link newly identified HIV-infected persons to immediate treatment	
	Collaborate with partners and build strategic alliances between public health and clinical care sectors to optimize clinical care and prevention services for PLWH	
	Support integrated screening, prevention, and treatment programs for STD, viral hepatitis, and tuberculosis comorbidities that affect the health of PLWH	



## Goal 2: Indicators of Progress

**Linked to care:** Increase the percentage of persons newly diagnosed linked to HIV medical care within 1 month of diagnosis to at least 85%. [National-level indicator #4]

**Retention in care:** Increase the percentage of persons with diagnosed HIV infection who are retained in HIV medical care to at least 90%. [National-level indicator # 5]

**Viral suppression among persons living with diagnosed HIV infection:** Increase the percentage of persons with diagnosed HIV infection who are virally suppressed to at least 80%. [National-level indicator #6]

**Deaths:** Reduce the rate of deaths among persons with diagnosed HIV infection by at least 33%. [National-level indicator #8]

**High-risk sex among HIV-positive persons:** Reduce the percentage of persons with diagnosed HIV infection who are engaging in HIV risk behaviors by 25%.

**Homelessness:** Reduce the percentage of persons with HIV medical care who are homeless to no more than 5%. [National-level indicator #7].



### Goal 3: Reduce HIV-related Disparities and Health Inequities

Despite intensive prevention efforts, DHAP's HIV surveillance data show that certain populations and geographical areas in the United States continue to be disproportionately affected by HIV. While there are an expanding number of biomedical options for HIV prevention, certain populations will continue to be at greater risk of HIV infection, because of disparate access to and use of medical care.

Because biomedical prevention options are delivered through a medical system that at risk persons may not trust, be able to access, and/or be able to afford, they might not realize the full prevention benefits of these tools. DHAP is committed to achieving health equity for all Americans affected by HIV, by reducing HIV-related disparities and health inequities.

In 2015, despite representing only 2% of the population, MSM accounted for 67% of HIV diagnoses. While annual HIV diagnoses among MSM and black MSM stabilized from 2010–2014, black MSM remain disproportionately affected by HIV compared to MSM of other races/ethnicities and diagnoses of HIV among Hispanic/Latino MSM increased. Although DHAP's expanded and targeted testing efforts have increased the number of persons who know their HIV status, far too many young people are still unaware of their status. In 2014, the highest percentage of undiagnosed infections (44.4%) was among persons aged 13–24 years. Regarding outcomes for persons living with HIV, 57.9% of persons with diagnosed HIV were virally suppressed in 2014. However, young people (aged 13–24 years) compared to other age groups and blacks compared to other racial and ethnic groups had lower rates of viral suppression. HIV was the 8th leading cause of death for persons aged 25–34 years.

To work towards reducing HIV-related disparities and health inequities, DHAP will prioritize the following prevention efforts:

- Collecting and reporting data on HIV-related disparities;
- Developing interventions, partnerships, and communication efforts that increase capacity to effectively deliver critical services to disproportionately affected key populations.
- Addressing the social and structural factors that can influence health outcomes.





DHAP will target efforts to address HIV-related health disparities to the following populations: MSM, especially young black and Hispanic MSM; persons who inject drugs; transgender persons; and persons living in the southern United States.

Goal 3 and its corresponding objectives and strategies are designed to help DHAP in achieving its health equity goals. Success in this area is contingent upon building key partnerships with government partners, educational institutes, employment agencies, harm reduction organizations, mental health services and substance use disorder treatment, and other social service agencies that are primarily charged with addressing social and structural factors that lead to health inequities and disparities.

Goal 3: Reduce HIV-related Disparities and Health Inequities			
<b>Objectives</b>	Reduce disparities in the rate of diagnoses among (1) gay, bisexual men; (2) young black gay and bisexual men; (3) black women; and (4) persons living in the South	Increase the percentage of youth and persons who inject drugs who are virally suppressed	Reduce stigma and discrimination associated with the acquisition and transmission of HIV
<b>Strategies</b>	<p>Increase the number of interventions available and trainings given to improve the capacity and cultural competency of providers and programs that deliver services to the most disproportionately affected populations, especially in the South</p> <p>Develop, implement, and evaluate evidence-based interventions designed to reduce disparities in diagnosis, viral suppression, and access to PrEP, especially for MSM, young black and Latino MSM, black women, persons living in the South, and transgender persons</p> <p>Establish and enhance partnerships to address misconceptions, stigma, and discrimination that impede HIV prevention and care for the most disproportionately affected populations, especially MSM of color and transgender persons</p>		



**Goal 3: Indicators of Progress**

- Disparity MSM:** Reduce the disparity in the rate of new diagnoses in gay and bisexual men by at least 15%. [National-level indicator #9]
- Disparity young black MSM:** Reduce the disparity in the rate of new diagnoses in young black gay and bisexual men by at least 15%. [National-level indicator #9]
- Disparity black women:** Reduce the disparity in the rate of new diagnoses in black women by at least 15%. [National-level indicator #9]
- Disparity South:** Reduce the disparity in the rate of new diagnoses in the southern United States by at least 15%. [National-level indicator #9]
- Viral suppression—Youth:** Increase the percentage of youth with diagnosed HIV infection who are virally suppressed to at least 80%. [National-level indicator #10]
- Viral suppression—PWID:** Increase the percentage of persons who inject drugs with diagnosed HIV infection who are virally suppressed to at least 80%. [National-level indicator #10]
- Viral suppression –Transgender (National-level developmental indicator):** Increase the percentage of transgender women in HIV medical care who are virally suppressed to at least 90%.
- Stigma (National-level developmental indicator):** Decrease stigma among persons with diagnosed HIV infection by at least 25%.



#### **Goal 4: Continually Improve Effectiveness and Efficiency of Operations**

DHAP recognizes that ensuring the efficiency and effectiveness of its programs is more than just allocating resources and is committed to continually improving the systems and performance management practices, and to strengthening the workforce and infrastructure needed for continued success in reducing HIV infection in the United States.

To achieve the goal of continually improving effectiveness and efficiency of operations, DHAP will prioritize the following efforts:

- Maximizing the efficiency and effectiveness of its processes.
- Creating a work environment that ensures a skilled and motivated workforce.
- Promoting employee satisfaction, growth, and retention.
- Continuing to implement strategies to effectively recruit, employ, and promote qualified members of the workforce for DHAP positions that reflect the populations most affected by HIV.

Goal 4 and its corresponding objectives and strategies are designed to make sure that the DHAP workforce is trained and empowered to best address urgent threats to the public's health and to ensure DHAP administrative and management processes maximize the effectiveness and impact of the Division.



**Goal 4: Continually Improve Effectiveness and Efficiency of Operations**

<p><b>Objectives</b></p>	<p>Recruit and retain a highly qualified, satisfied, and motivated workforce</p>	<p>Ensure effective use of intramural and extramural resources through robust resource and program management</p>	<p>Maximize the efficiency of administrative processes</p>
<p><b>Strategies</b></p>	<p>Regularly review and identify opportunities to improve scientific, policy, and communication clearance processes</p>		
	<p>Actively support an effective learning environment that promotes sharing critical knowledge across DHAP and other NCHHSTP divisions and prioritizes educational opportunities, training, and mentorship for staff</p>		
	<p>Foster a work environment that promotes a healthy work-life balance and a culture of recognition for employee contribution and achievement</p>		
	<p>Align resources to—and regularly track and report progress on—the DHAP strategic plan</p>		



**Goal 4: Indicators of Progress**

By 2020, the Best Places to Work index score from the Federal Employee Viewpoint Survey (EVS), an internal tool used by the Federal government to assess employee satisfaction, will meet or exceed the CDC agency score.

By 2020, the Employee Engagement Index score from the Federal Employee Viewpoint Survey (EVS), an internal tool used by the Federal government to assess whether employees feel engaged and motivated to accomplish the mission, will meet or exceed the CDC agency score.

By 2020, at least 89% of document submitted to CDC's electronic clearance system for scientific documents will be cleared by DHAP within 30 days.



Appendix 1: Key Indicators

Goal	Objective	Indicator
Prevent New Infections	1) Increase the percentage of persons living with HIV who know their serostatus to at least 90%	1. <b>Aware of HIV status:</b> Increase the percentage of persons living with HIV who know their serostatus to 90%. [National-level indicator #1] 2. <b>Number of new diagnoses:</b> Decrease the number of new HIV diagnoses by 25% among persons of all ages during the calendar year reported to CDC within 18 months of the diagnosis year. [National-level indicator #2; HP2020]
	2) Increase the number of persons who are using PrEP	3. <b>Use of PrEP (National-level developmental indicator):</b> Increase the number of adults prescribed PrEP by at least 500%. 4. <b>Late-stage diagnosis:</b> Decrease the percentage of persons aged ≥13 years with HIV diagnosed at stage 3 (AIDS) within 3 months after initial HIV diagnosis in a calendar year by 25%. [HP2020] 5. <b>Nonsterile injection:</b> Decrease the percentage of persons who inject drugs, are at risk for HIV, and use nonsterile injection equipment by 25%. 6. <b>High-risk sex among HIV negative MSM:</b> Decrease the percentage of MSM who engage in high-risk behaviors by 25%. 7. <b>High-risk behaviors among young MSM:</b> Reduce the percentage of young gay and bisexual males in grades 9–12 who have engaged in HIV risk behaviors by at least 10%. [National-level indicator #3]
Improve Health Outcomes for Persons Living with HIV	1) Increase the percentage of persons diagnosed with HIV who are linked to care within one month of diagnosis	1. <b>Linked to care:</b> Increase the percentage of persons with newly diagnosed HIV infection linked to HIV medical care within 1 month of diagnosis to at least 85%. [National-level indicator #4] 2. <b>Retention in care:</b> Increase the percentage of persons with diagnosed HIV infection who are retained in HIV medical care to at least 90%. [National-level indicator # 5]



Goal	Objective	Indicator
	<p>2) Increase the proportion of PLWH with sustained viral suppression</p>	<p>3. <b>Viral suppression among persons living with diagnosed HIV infection:</b> Increase the percentage of persons with diagnosed HIV infection who are virally suppressed to at least 80%. [National-level indicator #6]</p> <p>4. <b>Deaths:</b> Reduce the rate of deaths among persons with diagnosed HIV infection by at least 33%. [National-level indicator #8]</p> <p>5. <b>High-risk sex among HIV-positive persons:</b> Reduce the percentage of persons with diagnosed HIV infection who are engaging in HIV risk behaviors by 25%.</p> <p>6. <b>Homelessness:</b> Reduce the percentage of persons in HIV medical care who are homeless to no more than 5%. [National-level indicator #7]</p>
<p><b>Reduce HIV-related Disparities and Health Inequities</b></p>	<p>1) Reduce disparities in the rate of new diagnoses among (a) gay, bisexual men; (b) young black gay and bisexual men; (c) black women; and (d) persons living in the South</p> <p>2) Increase the percentage of youth and persons who inject drugs who are virally suppressed</p> <p>3) Reduce stigma and discrimination associated with the acquisition and transmission of HIV</p> <p>4) Ensure effective use of intramural and extramural resources through robust resource and program management</p>	<p>1. <b>Disparity MSM:</b> Reduce the disparity in the rate of new diagnoses in gay and bisexual men by at least 15%. [National-level indicator #9]</p> <p>2. <b>Disparity young black MSM:</b> Reduce the disparity in the rate of new diagnoses in young black gay and bisexual men by at least 15%. [National-level indicator #9]</p> <p>3. <b>Disparity black women:</b> Reduce the disparity in the rate of new diagnoses in black women by at least 15%. [National-level indicator #9]</p> <p>4. <b>Disparity South:</b> Reduce the disparity in the rate of new diagnoses in the southern United States by at least 15%. [National-level indicator #9]</p> <p>5. <b>Viral suppression—Youth:</b> Increase the percentage of youth with diagnosed HIV infection who are virally suppressed to at least 80%. [National-level indicator #10]</p> <p>6. <b>Viral suppression—PWID:</b> Increase the percentage of persons who inject drugs with</p>



Goal	Objective	Indicator
	<p>5) Maximize the efficiency of administrative processes</p>	<p>diagnosed HIV infection who are virally suppressed to at least 80%. [National-level indicator #10]</p> <p>7. <b>Viral suppression—Transgender (National-level developmental indicator):</b> Increase the percentage of transgender women in HIV medical care who are virally suppressed to at least 90%.</p> <p>8. <b>Stigma (National-level developmental indicator):</b> Decrease stigma among persons with diagnosed HIV infection by at least 25%.</p>
<p><b>Continually Improve Effectiveness and Efficiency of Operations</b></p>	<p>1) Recruit and retain a highly qualified, satisfied, and motivated workforce</p> <p>2) Ensure effective use of intramural and extramural resources through robust resource and program management</p> <p>3) Maximize the efficiency of administrative processes</p>	<p>1. By 2020, the Best Places to Work index score from the Federal Employee Viewpoint Survey (EVS), an internal tool used by the Federal government to assess employee satisfaction, will meet or exceed the CDC agency score.</p> <p>2. By, 2020, the Employee Engagement Index score from the Federal Employee Viewpoint Survey (EVS), an internal tool used by the Federal government to assess whether employees feel engaged and motivated to accomplish the mission, will meet or exceed the CDC agency score.</p> <p>3. By 2020, at least 89% of document submitted to CDC’s electronic clearance system for scientific documents will be cleared by DHAP within 30 days.</p>





## Appendix 2: Definitions

- 1) **Vision:** A short statement of DHAP's aspirations for the future.
- 2) **Mission:** A succinct description of the fundamental purpose of the organization.
- 3) **Goals:** Broadly defined outcomes.
- 4) **Objectives:** The specific, measurable, achievable, and realistic results to be achieved within 5 years.
- 5) **Strategies:** Plans or methods to achieve the objectives.
- 6) **Guiding Principles:** Factors that guide senior leadership decision making.
- 7) **Core Functions:** Key areas that represent DHAP's essential body of work funded by the federal government to carry out its public health mission. These include the following 5 areas: Surveillance; Resource Management; Program Implementation, Evaluation, and Capacity Building; Policy, Planning, and Communications; and Research and Development.
- 8) **Core Values:** Principles that guide how an organization thinks and works together, and how they serve their communities.
- 9) **Indicators:** Ambitious, feasible, and measurable targets that chart progress towards successful implementation of the strategic plan and the impact of strategic plan efforts.
- 10) **Core Activities:** Routine, foundational efforts necessary to maintain steady progress towards realizing DHAP's vision.
- 11) **Strategic Activities:** Prioritized, targeted efforts that are essential to accelerate progress towards achieving the specific objectives and goals laid out in the DHAP strategic plan.

