

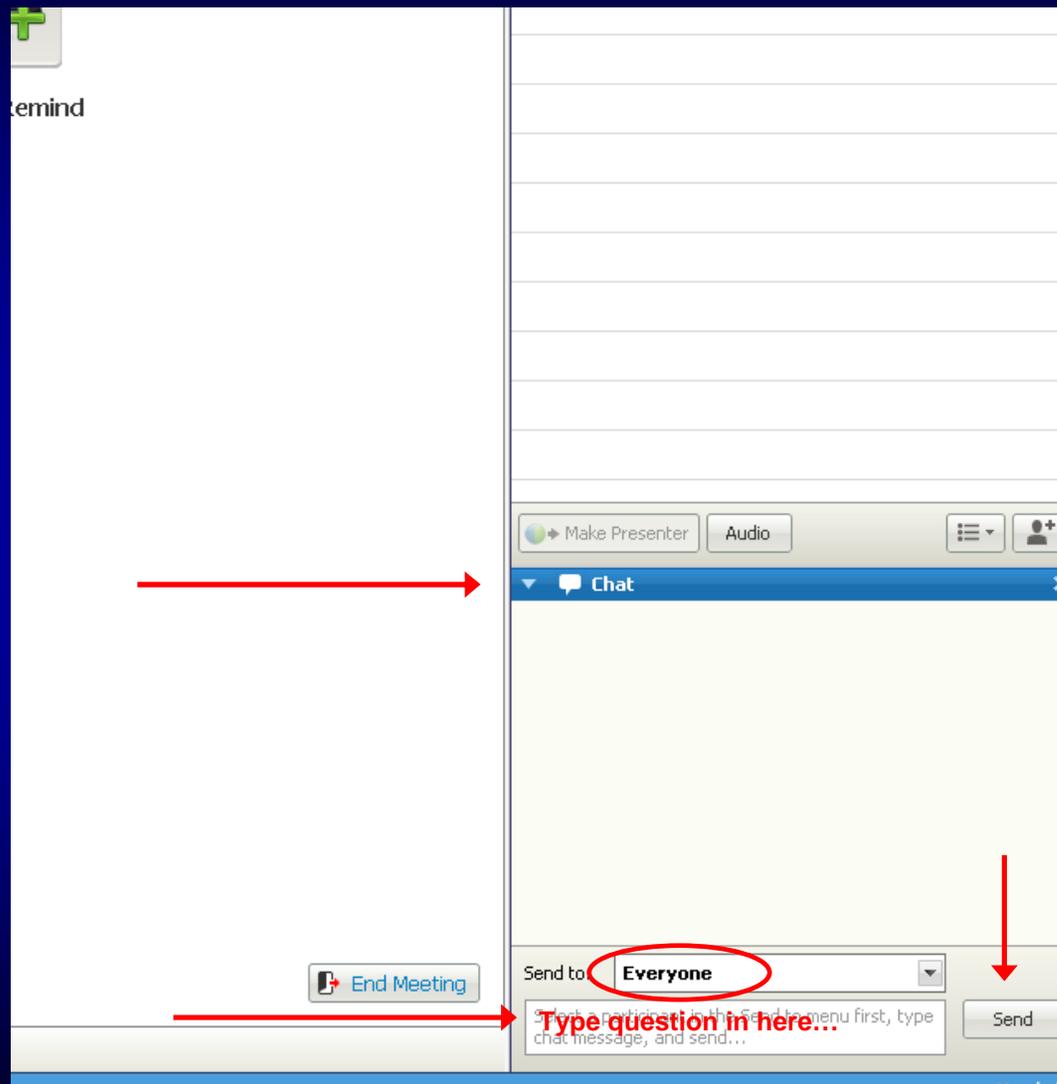


# **High-Impact Prevention**

## **A New Approach to Reducing HIV Infections in the U.S.**

HIV Prevention Section  
Bureau of HIV/AIDS

# Typing a Question in the Chat Box



# Completing the Webinar Evaluation (opened at end of webinar)

Make Presenter Audio

Chat

Send to: **Everyone**

Select a participant in the Send to menu first, type chat message, and send...

Send

**Polling**

Poll Questions:

1. The content was relevant to my needs.

- a. strongly agree
- b. agree
- c. not sure
- d. disagree
- e. strongly disagree

2. The web conference technology was easy to use and an effective way for me to receive training.

Question

Type:  Multiple choice  Short answer

Single Answer

New Change Type

Answer

Add

# Background

- National HIV/AIDS Strategy released by White House July 2010.
  - Called for the HIV prevention community to restructure the approach:
    1. Refocus CDC-funded prevention programs for maximum effect on reducing new HIV infections
    2. Address historical misalignment of HIV prevention resource allocations
- As a result, the focus shifted to **High Impact HIV Prevention**

# Why a new direction?

- To ensure prevention funding follows the epidemic
- HD resources must support the geographic burden within the state/jurisdiction
- HDs must prioritize the **most effective prevention interventions and strategies** that will have the greatest impact on the epidemic

# What is High Impact Prevention??

Using combinations of scientifically proven, cost-effective and scalable\* interventions targeted towards the highest risk populations in the right geographic areas to reduce new HIV infections

\* = on a large enough scale

# High Impact Prevention (HIP)

## Scientifically proven HIV prevention interventions

This DOES NOT mean *only* DEBIs. What it *does* mean is the following:

- **HIV testing and linkage to care**
- **Antiretroviral therapy**
- **Access to condoms and sterile syringes\***
- **Prevention programs for people living with HIV and their partners**
- **Prevention programs for people at high risk of HIV infection**
- **Substance abuse treatment**
- **Screening and treatment for other STIs**

\*Syringe exchange is currently prohibited in FL due to certain paraphernalia laws.

# High Impact Prevention (HIP)

## Populations at highest risk

- **Gay and bisexual men of all races and ethnicities**
- **Blacks/African Americans**
- **Hispanics/Latinos**
- **Injection Drug Users**
- **Transgender Individuals**

# High Impact Prevention (HIP)

## Resources follow the epidemic

- **Employing a new method for allocating core HIV prevention resources to better match the geographic burden of the U.S. HIV epidemic**
- **Funding apportioned to each state, territory, or directly funded city based on the number of people living with HIV diagnosis in 2008**
- **Improves on prior funding allocations that were based on AIDS cases earlier in the epidemic**

# Components of High Impact Prevention

Within High Impact Prevention, HIV prevention efforts are guided by FIVE major considerations:

- Effectiveness and cost
- Feasibility of full-scale implementation
- Coverage in the target populations
- Interaction and targeting
- Prioritization

*“More must be done to ensure that new prevention methods are identified and that prevention resources are more strategically concentrated in specific communities at high risk for HIV infection.”*

# High Impact Prevention in Action

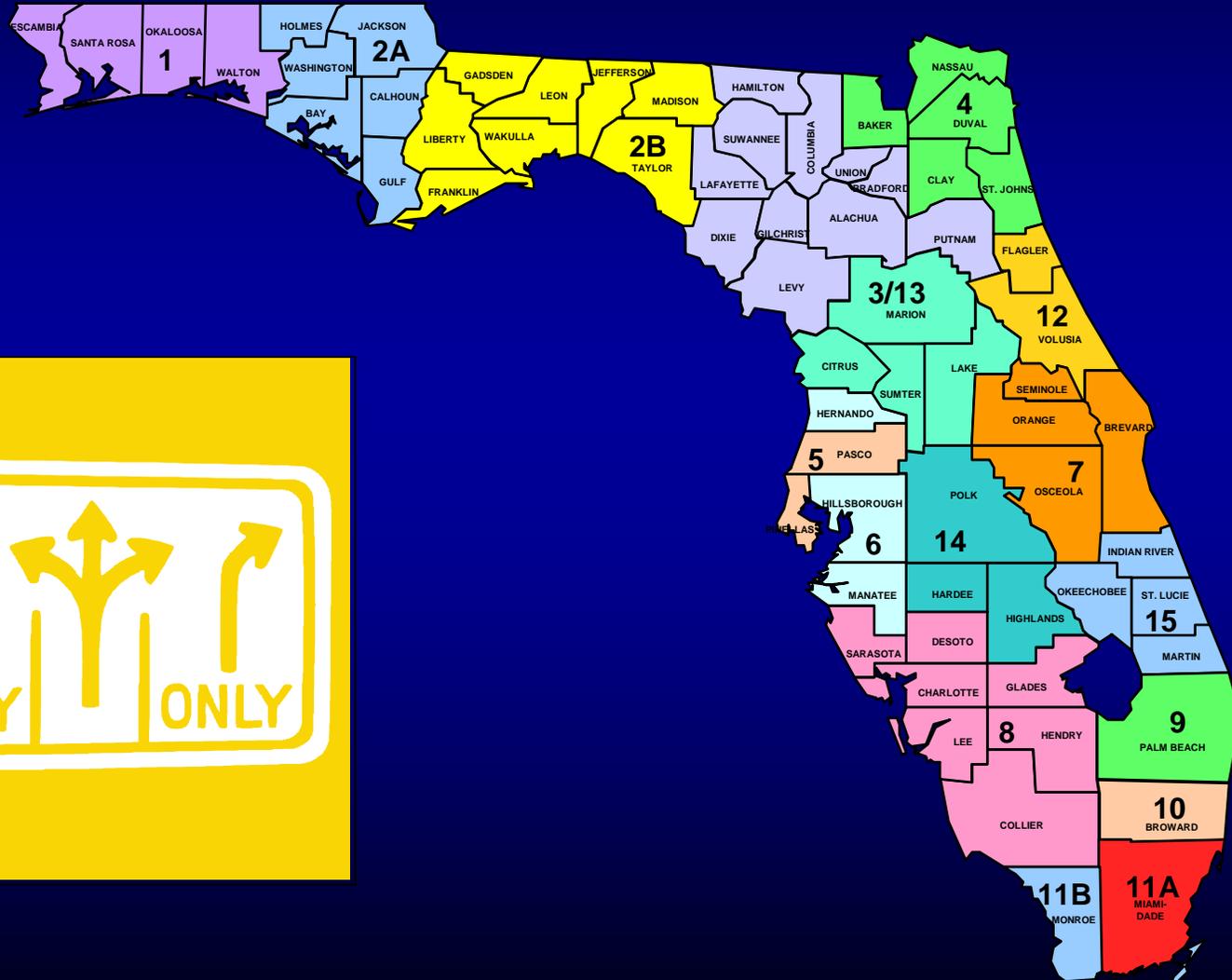
## Enhanced Comprehensive HIV Prevention Planning (ECHPP)

- Innovative demonstration projects implementing combination prevention in 12 cities with the highest AIDS burden
- Miami, FL is ECHPP city

### Goals of ECHPP consistent with goals of NHAS:

- Reduce new HIV infections
- Increase access to care and improve health outcomes for PLWH
  - Linkage, retention & adherence to care
- Reduce HIV-related disparities
  - Community viral load among MSM, Blacks, and Latinos
- More coordinated national response

# Practical Implications for High Impact Prevention



# Low-Prevalence Areas

## Focus on:

### ❖ **HIV-infected people**

- Linkage to care and treatment, interventions to improve retention and adherence, and behavioral, structural, and/or risk reduction interventions

### ❖ **Highest risk populations based on epidemiologic data**

- Testing, community and structural-level interventions for high-risk negatives

# High Prevalence Areas

## Focus on:

### ❖ **HIV-infected people**

- Linkage to care and treatment, interventions to improve retention and adherence, and behavioral, structural, and/or risk reduction interventions

### ❖ **At-risk populations**

- Testing, community and structural-level interventions
- Individual and group-level behavioral interventions but must be highest impact, scalable, and cost-effective

# A New Day for Prevention in Florida



# New CDC Prevention Funding Structure

The Bureau of HIV/AIDS, Prevention Section received funding through the PS 12-1201 CDC Funding Opportunity Announcement and the following categories represent our new funding structure.

## Category A: Prevention for HDs

- **Required Core Components:** HIV Testing, Comprehensive Prevention with Positives, Condom Distribution, and Policy Initiatives
- **Required Programmatic Activities:** Prevention Planning, Capacity Building and TA, Program Planning, M&E, Quality Assurance
- **Recommended Program Components (Optional):** Evidence-based HIV Prevention Interventions, Social Marketing, Media, and Mobilization, and PrEP and nPEP.

## Category B: Expanded Testing Initiative (ETI, formerly AATI)

- **Required:** HIV Testing in Healthcare Settings
- **Optional:** HIV Testing in Non-healthcare Settings
- **Optional:** Service Integration

# Core Prevention Components

## HIV Testing

- Targeted testing programs in non-healthcare settings, particularly venues most likely to reach individuals with undiagnosed infections (e.g., partners in serodiscordant relationships)
- Routine, early HIV screening for all pregnant women
- Screening for other STDs, hepatitis, and TB in conjunction with HIV testing

# Core Prevention Components

## Comprehensive Prevention with Positives

- Linkages to care and treatment, and interventions to improve retention in care and treatment
- Behavioral interventions and other risk-reduction services for HIV-positive individuals and their sexual or needle-sharing partners
- Interventions to prevent mother-to-child HIV transmission
- Referral to other medical and social services

# Core Prevention Components

## Linkage to Care is Vital

- Linking new positives to medical care and treatment is the final step in HIV testing
- Linking persons who have fallen out of care back into the care system is an important aspect of High Impact Prevention
- Empowering individuals to become their own medical advocates helps to retain them in care and reduces the need for ongoing case management
- Utilizing PEERS is often the most effective way to promote linkage and retention to care



# Core Prevention Components

## Condom Distribution

- Seen as a structural-level intervention\* (i.e., increases the availability, accessibility, and acceptability of condoms; leads to increased condom use, thereby reducing HIV/STD acquisition and transmission)
- Free of charge, wide-scale distribution to:
  - 1) HIV-infected individuals
  - 2) Individuals at highest risk for HIV infection
  - 3) Venues frequented by high-risk individuals
  - 4) Communities at greatest risk for HIV infection
  - 5) The general population in areas with high HIV incidence

\* Condom Distribution as a Structural-level Intervention. (October 2010). CDC, Atlanta, GA.  
[http://www.cdc.gov/hiv/resources/factsheets/PDF/condom\\_distribution.pdf](http://www.cdc.gov/hiv/resources/factsheets/PDF/condom_distribution.pdf)

# Core Prevention Components

## Policy Initiatives

- Efforts to align structures, policies, and regulations to enable optimal HIV prevention, care, and treatment
- *Examples include:* addressing barriers to routine opt-out testing, or updating policies to facilitate sharing of surveillance data across HD programs
- Currently preparing Policy ITN to contract with an agency to conduct policy work on our behalf

# Supporting Activities for Core Components

## **Jurisdictional HIV Prevention Planning**

- All health departments are required to have in place a prevention planning process, including an HIV prevention planning group
- CDC developed new HIV prevention planning guidelines to help strengthen and streamline the HIV planning process

# Supporting Activities for Core Components

## Capacity Building and Technical Assistance

- Capacity building assistance for local HIV prevention service providers
- Training for health department and healthcare facility staff, CBOs, and other partners
- Peer-to-peer consultation and technical assistance

# Supporting Activities for Core Components

## **Program Planning, Monitoring and Evaluation, and Quality Assurance**

- Employing the most current epidemiologic and surveillance data to guide planning
- Developing a comprehensive monitoring, evaluation, and quality assurance plan

# Recommended or Additional Prevention Activities

## Evidence-based interventions for high-risk populations

- Individual and group-level interventions for HIV-negative people at highest risk of acquiring HIV (e.g., Mpowerment, CRCS, RESPECT)
- Community-level interventions to reduce risk behaviors (e.g., PROMISE, RAPP)

# Recommended or Additional Prevention Activities

## **Social Marketing, Media, and Mobilization**

- Marketing campaigns to educate and inform high-risk populations, healthcare providers, and other relevant audiences about HIV
- Using current technology (e.g., social networking sites, texting, and web applications) to reach the highest risk populations
- Community mobilization to raise awareness, fight stigma, and encourage safe behaviors

# Recommended or Additional Prevention Activities

## PrEP and nPEP

- Education and other support for pre-exposure prophylaxis (PrEP) for men who have sex with men (MSM)\*
- Non-occupational post-exposure prophylaxis (nPEP) for high-risk groups
- For more details on PrEP for MSM, see CDC's interim guidance at [www.cdc.gov/hiv/prep/](http://www.cdc.gov/hiv/prep/)

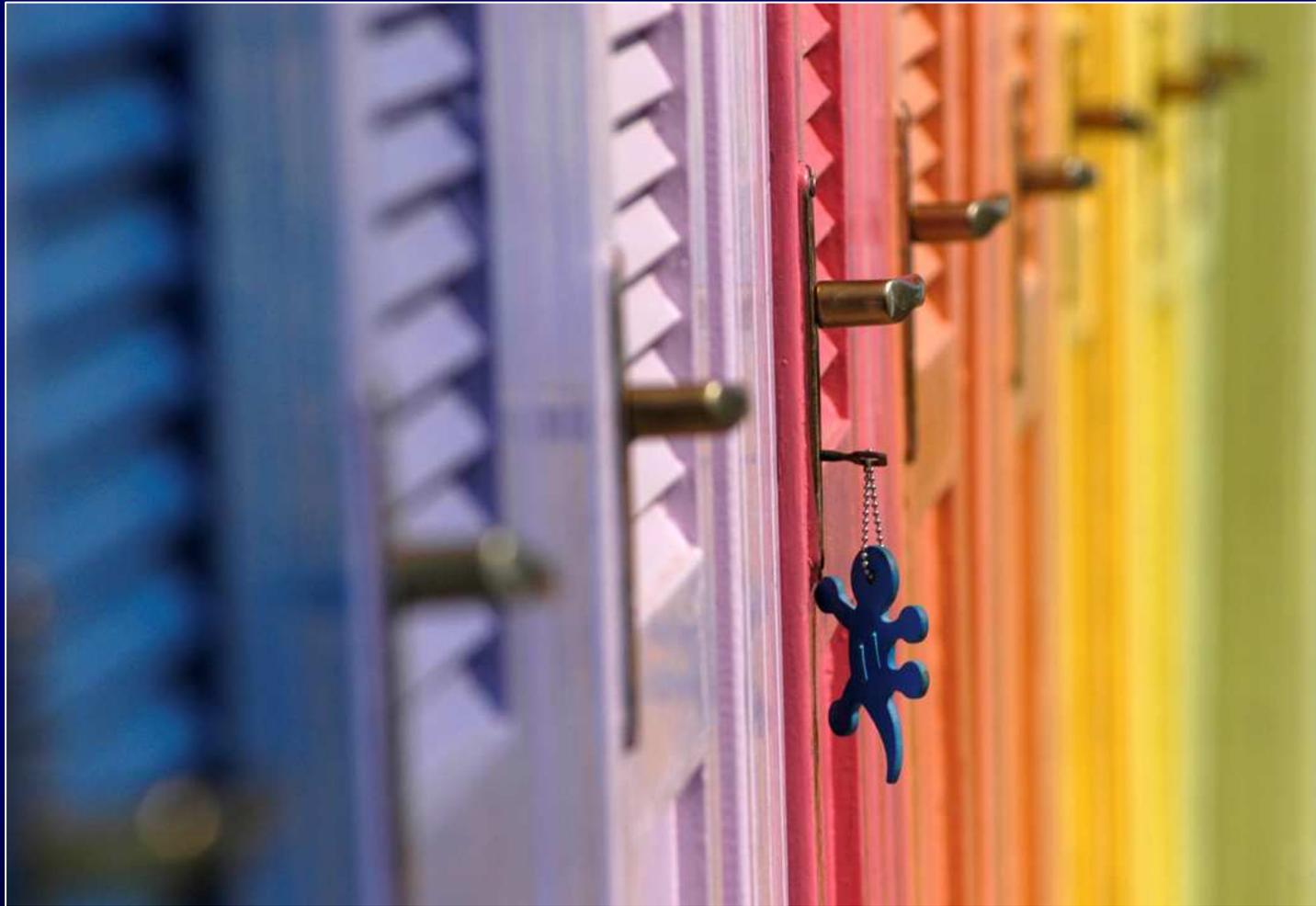
\* CDC funds may not be used for the purchase of PrEP medications.

## **B. Expanded Testing Initiative (ETI)**

CDC has provided additional funding to expand access to HIV testing for populations disproportionately affected by HIV, including African Americans, Hispanics, MSM, and injection drug users (IDU).

- **Routine, opt-out HIV screening in health care settings serving these populations (at least 70% of funding)**
- **Targeted HIV testing in non-healthcare venues frequented by high-risk individuals (up to 30% of funding)**

# Other Key Factors



# Accountability

## Federal Level

- Account for the use of public health dollars
- Increase CDC's transparency about HIV prevention work
- New HIV testing data requirement
- Increases in program monitoring and evaluation activities
- Increased monitoring of PS12-1201 grantees via project officers

# Accountability

## State Level

- Account for the use of Department funds (whether coming from Federal grants or state general revenue)
- Increase scrutiny of all contracted providers, monthly invoices, contract monitoring reports
- Increase in agency audits conducted by Contract Administrative Monitoring (CAM) Unit
- Increased scrutiny of financial practices for agencies with DOH contracts
- Increased emphasis on holding funded providers accountable for unmet deliverables (in the form of monetary remedies)

# Collaboration & Coordination

- Increased coordination and transparency between state and local agencies (headquarters and local health depts.)
- Increased collaboration between CBOs and other community partners (e.g., substance abuse, mental health, jails/prisons, historically black colleges & universities [HBCUs], community health centers, etc.)
- Thinking outside the box in terms of new collaborations is KEY to reaching the highest risk populations



# Emphasis/De-emphasis of Behavioral Interventions

## Emphasis on:

- DEBIs\* for people living with HIV (e.g., CLEAR, Partnership for Health, Healthy Relationships)
- DEBIs for MSM of all races/ethnicities (e.g., Mpowerment, 3MV, POL)
- DEBIs that are community-level and can scale up to reach large numbers (e.g., PROMISE, RAPP)
- Single-session interventions, particularly those which can be implemented in **clinic settings** (e.g., RESPECT, VOICES/VOCES)

# Emphasis/De-emphasis of Behavioral Interventions

## De-Emphasis on:

- Interventions that serve populations at lower risk for HIV infection
- Interventions with large number of sessions
- *Examples:* SISTA, SiHLE, Focus on Youth, AIM, NIA, Cuidaté

# Emphasis/De-emphasis of Behavioral Interventions

## In 2013...

- Interventions identified for de-emphasis will no longer have CDC-sponsored training (i.e., from CDC-funded training providers)
- Materials will still be available on [www.effectiveinterventions.org](http://www.effectiveinterventions.org) and technical assistance will still be available through the Capacity Building Branch and Bureau of HIV/AIDS, Prevention Section

## In Closing...

**“Only with everyone working together  
can we end this epidemic.”**

- Marlene LaLota, MPH, Prevention Program Director, Bureau of HIV/AIDS

# Webinar Evaluation

- Before you leave the webinar, please take a moment to complete the evaluation in the polling section (to the right of your screen)
- Your feedback is extremely important to us and will help improve on current and future trainings
- The more feedback the better!

# Resources

**High Impact Prevention: CDC's Approach to Reducing HIV Infections in the United States**

<http://www.cdc.gov/hiv/strategy/>

**National HIV/AIDS Strategy**

<http://www.cdc.gov/hiv/strategy/>

**Condom Distribution as a Structural Level Intervention**

[http://www.cdc.gov/hiv/resources/factsheets/condom\\_distribution.htm](http://www.cdc.gov/hiv/resources/factsheets/condom_distribution.htm)

**Guidelines for Traditional and Internet-based HIV Prevention Outreach (Bureau of HIV/AIDS, Prevention)**

[http://www.preventhivflorida.org/Interventions/Outreach\\_Guidance\\_FINAL\\_01\\_2012.pdf](http://www.preventhivflorida.org/Interventions/Outreach_Guidance_FINAL_01_2012.pdf)

**HIV Prevention Section Website (slides from today's webinar will be available here, under Resources & Materials)**

<http://www.preventhivflorida.org/>

**Bureau of HIV/AIDS and Hepatitis Website**

<http://www.floridaaids.org/>

# Questions/Comments



# Contact Information

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