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

Type your question in the chat box.
Completing the Webinar Evaluation
(opened at end of webinar)
Background

  - 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.

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.”

-National HIV/AIDS Strategy
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.
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

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
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 healthcare 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
Community-based organizations

Hospitals, clinics, physicians

Faith-based organizations

Community Health Centers

Family planning, women’s health

State & local education (HCBUs, school boards, etc)

Mental health (state and local)

HIV Prevention

Care & Treatment

Juvenile & adult criminal justice

Substance abuse prevention & treatment

STD

Hepatitis

Collaboration & Coordination
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)

*DEBI = Diffusion of Effective Behavioral Interventions*
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 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

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

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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