Community and Government Leading Through Collaboration

UCHAPS supports the CDC HIV Prevention Funding Opportunity Announcement for State and Local Health Departments

Israel Nieves-Rivera
Ex Officio Governmental Co-Chair, UCHAPS

Director of HIV Policy
Manager, Program Collaboration and Service Integration
for Viral Hepatitis, TB, STD, and HIV/AIDS,
Population Health and Prevention
San Francisco Department of Public Health

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UCHAPS supports the Funding Opportunity Announcement (FOA) based on the following principles:

- It is aligned with the National HIV/AIDS Strategy
- It increases the transparency and ensures that resource allocations are based on the most recent HIV epidemiological data
- It requires state and local distribution of funds commensurate with geographic area and populations disproportionately impacted by HIV
- It supports science based public health interventions that can reduce new infections and achieve optimal health outcome for people living with HIV.
- It supports demonstration projects to address structural and system level changes

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Aligned with the NHAS

Recommended Actions:
•Allocate public funding to geographic areas consistent with the epidemic
•Target high-risk populations:
Recommended Actions:
•Abstinence from sex or drug use (or in the case where not possible, limiting the number of partners or other steps to lower risk)
•HIV testing
•Routine Testing In medical setting
•HIV testing in non-clinical settings
•Condom availability and distribution for prioritized populations
•Access to sterile needles and syringes
•HIV treatment (e.g., PEP, retention in care, treatment adherence, etc.)
Recommended Actions:
•Facilitate linkages to care
•Promote collaboration among providers
•Maintain people living with HIV in care
Recommended Actions:
•Ensure that high-risk groups have access to regular viral load and CD4 tests

Source: Office of National AIDS Policy. National HIV/AIDS Strategy

Resource allocations:
- Are based on the most recent HIV epidemiological data to identify and prioritize geographic areas and populations
- State and local distribution of funds commensurate with geographic and population burden of disease

Required Program Components
- Routine Testing In medical setting Components
- HIV testing in non-clinical settings
- Condom availability and distribution for prioritized populations
- Comprehensive Prevention With Positives: Linkage, retention, and engagement in care, as well as partner services, screening for co-morbid conditions, behavioral risk screening, promote the provision of antiretroviral therapy , treatment adherence and access to regular viral load and CD4 tests and referral and linkage to other medical and social services
- Policy Initiatives

Recommended Program Components
- Evidence-based HIV Prevention Interventions,
- Social Marketing, Media, and Mobilization
- PrEP and nPEP

Source: CDC-RFA-PS12-1201

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All federal initiatives are asking for the same thing: expand collaboration within and outside of health departments to implement targeted integrated services and programs that promote positive health outcomes for affected communities.

- The Affordable Care Act- *National Prevention and Health Promotion Strategy.*
- National HIV/AIDS Strategy
- Action Plan for the Prevention, Care, and Treatment of Viral Hepatitis
- US Department of Health and Humans Services 12 Cities Project
- NIH: TNT, TLC+, Mulit-Layered Prevention (etc.)
- Ryan White HIV/AIDS Treatment Extension Act of 2009
- Program Collaboration and Service Integration (PCSI)
- Enhanced Comprehensive HIV Prevention Plans (ECHPP)
- Minority AIDS Initiative Targeted Capacity Expansion (MAI-TCE)
- Integrated HIV/AIDS Housing Plan (IHHP)
- CDC HIV Prevention Funding Opportunity Announcement for State and Local Health Departments

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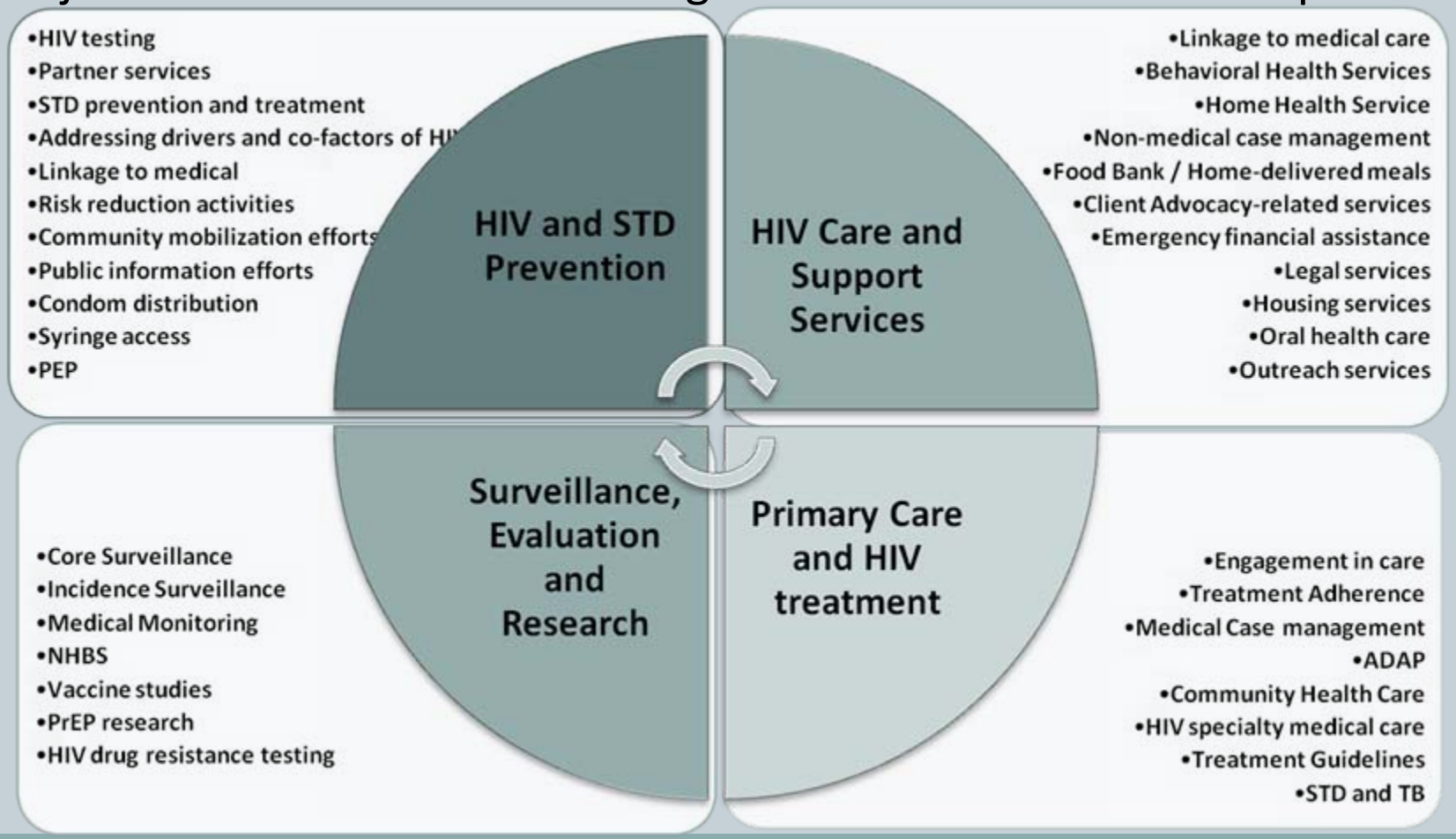
Health jurisdictions have been striving to achieve a coordinated repose to HIV



Source: Nieves-Rivera, 2010

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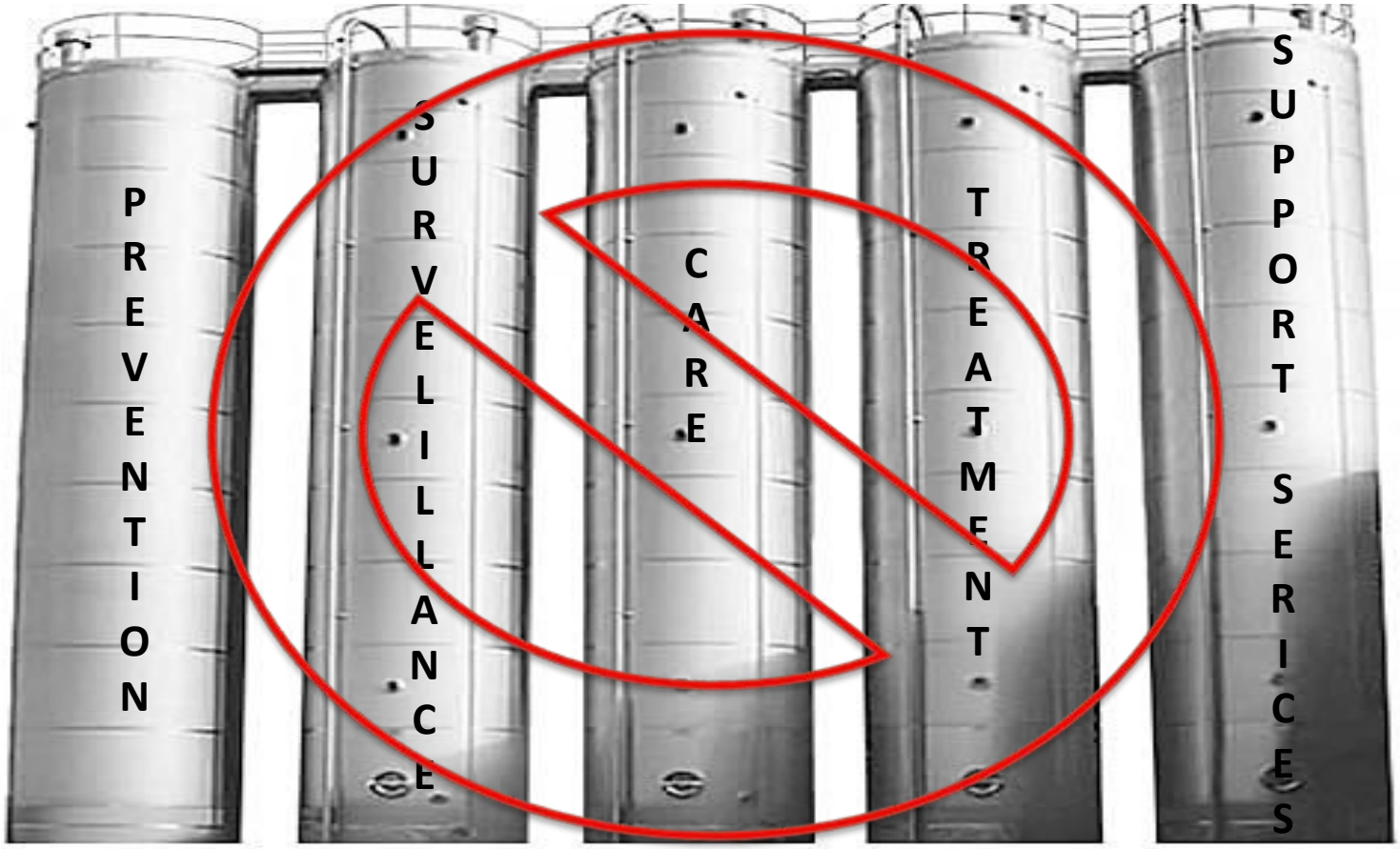
The FOA aims to support coordination to facilitate integrated services at the client level and achieve maximum impact.



Source: Nieves-Rivera, 2010

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Creates one FOA and provides transparency for resource allocations

Category A: A minimum funding level ("floor") was established to preserve basic program infrastructure in all areas with 75% going to required program components and 25% for recommended components:

- $250,000 for the Pacific Islands
- $750,000 - $1mil for all other areas

Beyond the eligible minimum floor, funding ranges are based on 2008 living HIV cases in the jurisdiction. 10 eligible Metropolitan Statistical Areas (MSAs) or specified Metropolitan Divisions (MDs) were identified and each developed letter or agreements with State health departments to identify what geographic areas and programmatic activities would be provided by each state and local partner. Health departments are also required to target geographic areas and target population at highest risk within their jurisdiction.

Category B: State, local and territorial health department jurisdictions with at least 3,000 Black/African American and Hispanic/Latino adults and adolescents (unadjusted number) living with a diagnosis of HIV infection as of year-end 2008.

Category C: Competitive process available to all 69 jurisdictions and CDC will ensure geographic distribution of resources.

- Up to 4 awards ($1 mil - $2 mil)
- Up to 8 awards ($500k - $1 mil)
- Up to 24 awards (Up to $500k)

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The FOA ensures that the distribution of funds are commensurate with geographic and population burden of HIV disease.

Current historical trends show that our highest areas of HIV diagnosis in the United States are our highest prevalence areas.

HIV in MSAs with over 500,000 population in 40 States and 5 US dependent areas at the end of 2008*:

- 79% of the estimated number of persons living with a diagnosis of HIV
- 77% of the estimated number of new diagnoses of HIV infection

AIDS in MSAs with over 500,000 population in all 50 States and 5 US dependent areas at the end of 2008:

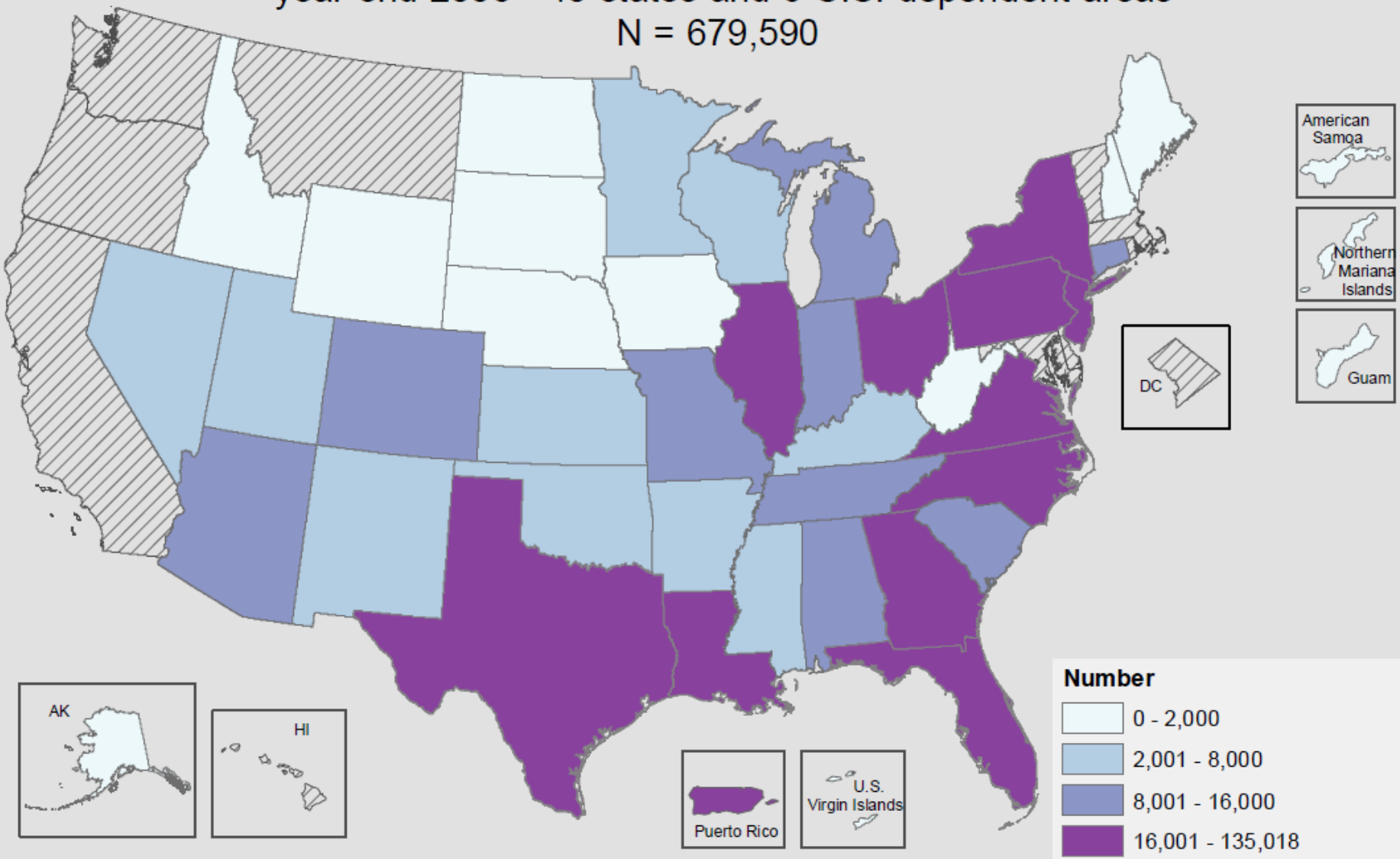
- 84% of the estimated number of adults and adolescents living with an AIDS diagnosis
- 84% of estimated cumulative number of AIDS diagnoses

*areas with confidential name-based HIV infection reporting since at least January 2006

Source: CDC. HIV/AIDS Surveillance Report

Adults and adolescents living with a diagnosis of HIV infection, year-end 2008 - 40 states and 5 U.S. dependent areas

N = 679,590

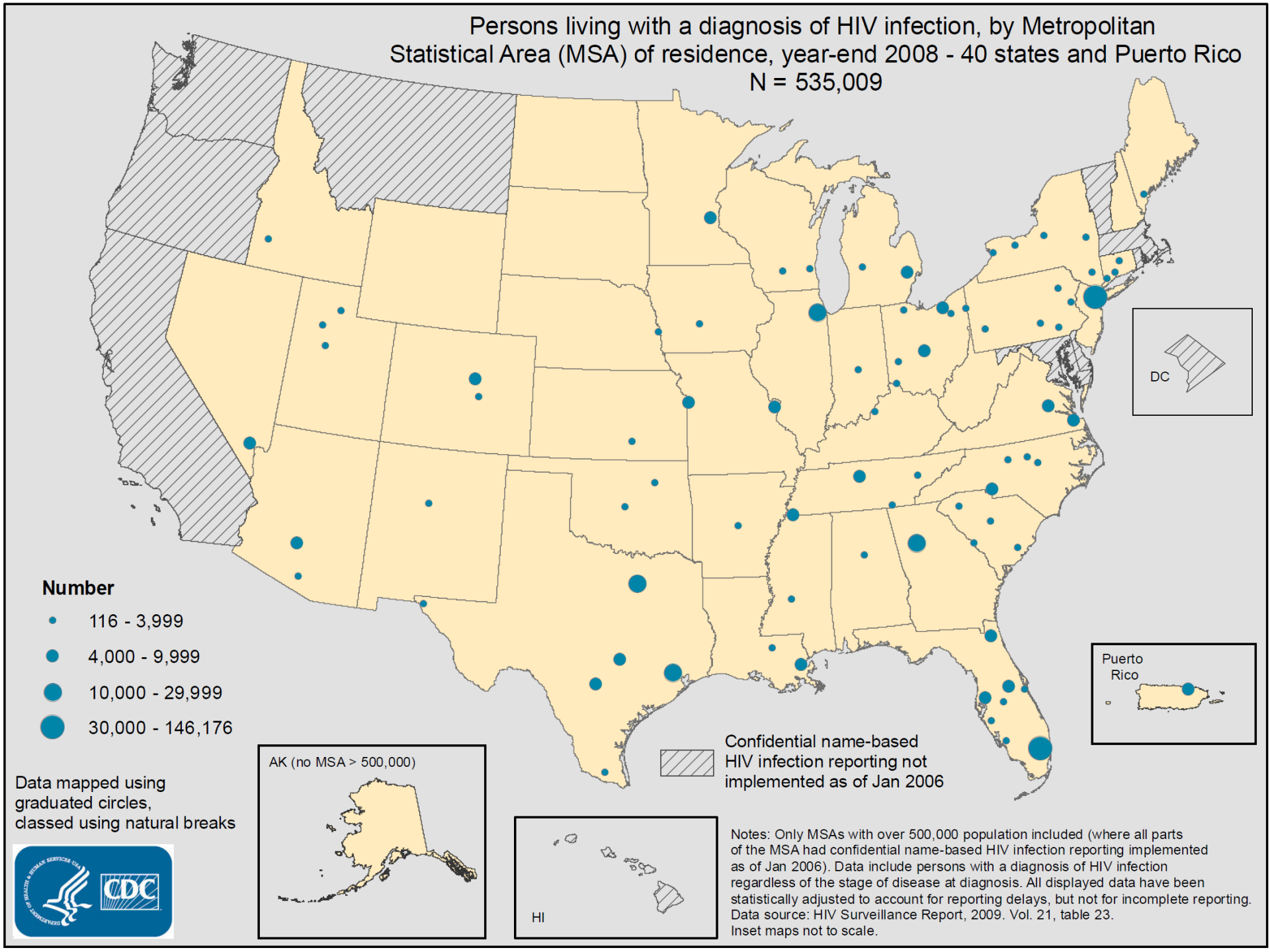


Data classed using quartiles

Notes. Data include persons with a diagnosis of HIV infection regardless of the stage of disease at diagnosis. All displayed data have been statistically adjusted to account for reporting delays, but not for incomplete reporting.
Data source: HIV Surveillance Report, 2009. Vol. 21, table 21.
Inset maps not to scale. Map colors based on www.colorbrewer2.org.

Persons living with a diagnosis of HIV infection, by Metropolitan Statistical Area (MSA) of residence, year-end 2008 - 40 states and Puerto Rico

N = 535,009



Notes: Only MSAs with over 500,000 population included (where all parts of the MSA had confidential name-based HIV infection reporting implemented as of Jan 2006). Data include persons with a diagnosis of HIV infection regardless of the stage of disease at diagnosis. All displayed data have been statistically adjusted to account for reporting delays, but not for incomplete reporting.
Data source: HIV Surveillance Report, 2009. Vol. 21, table 23.
Inset maps not to scale.

Diagnoses of HIV infection by Metropolitan Statistical Area (MSA) of residence, 2009 - 40 states and Puerto Rico

N = 33,255

Number

- 8 - 299
- 300 - 599
- 600 - 1,999
- 2,000 - 6,513

Data mapped using graduated circles, classed using natural breaks

Confidential name-based HIV infection reporting not implemented as of Jan 2006

DC

Puerto Rico

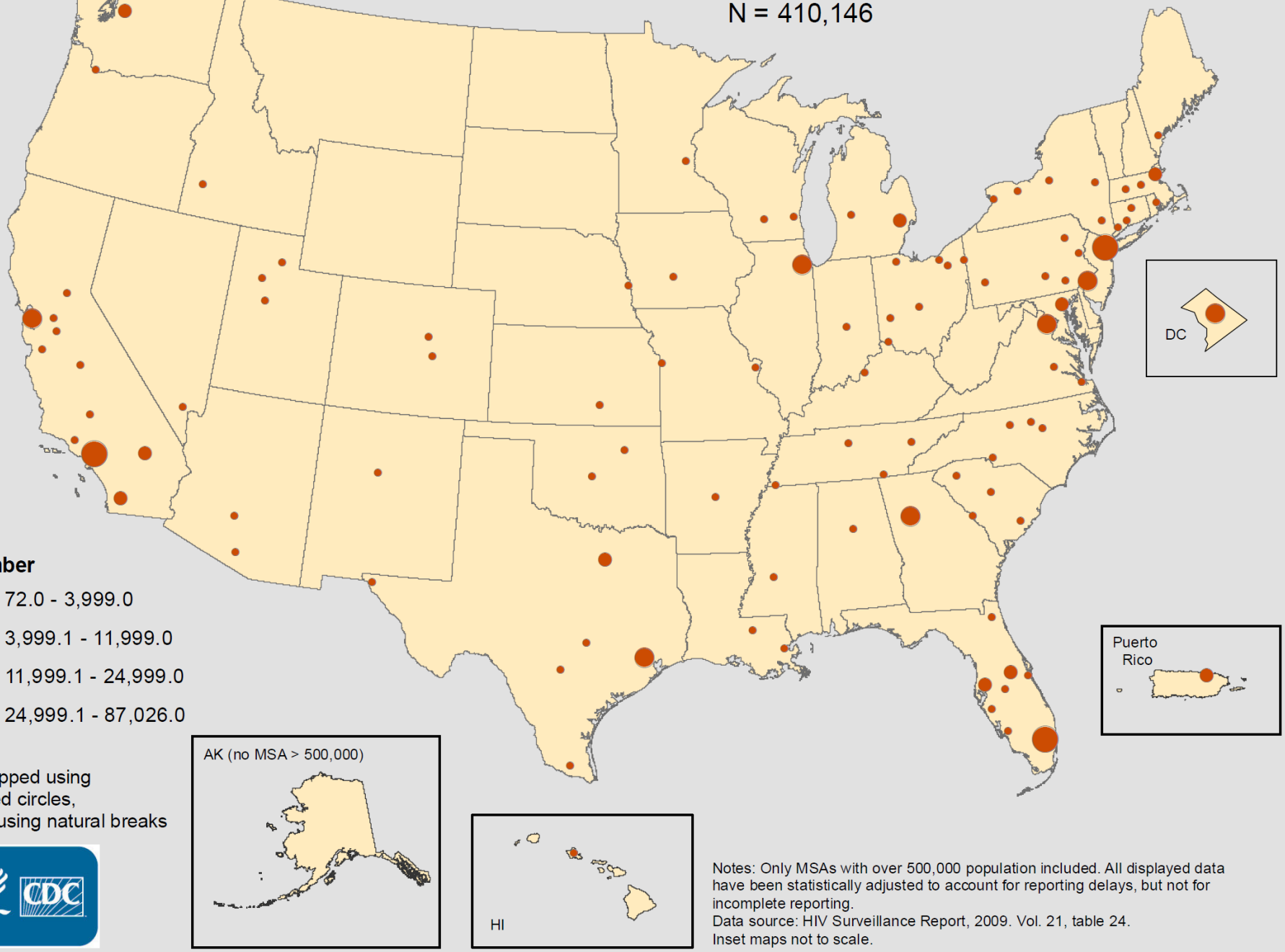
AK (no MSA > 500,000)

HI

Notes: Only MSAs with over 500,000 population included (where all parts of the MSA had confidential name-based HIV infection reporting implemented as of Jan 2006). Data include persons with a diagnosis of HIV infection regardless of the stage of disease at diagnosis. All displayed data have been statistically adjusted to account for reporting delays, but not for incomplete reporting. Data source: HIV Surveillance Report, 2009. Vol. 21, table 23. Inset maps not to scale.

Persons living with an AIDS diagnosis, by Metropolitan Statistical Area (MSA) of residence, year-end 2008 - United States and Puerto Rico

N = 410,146



Number

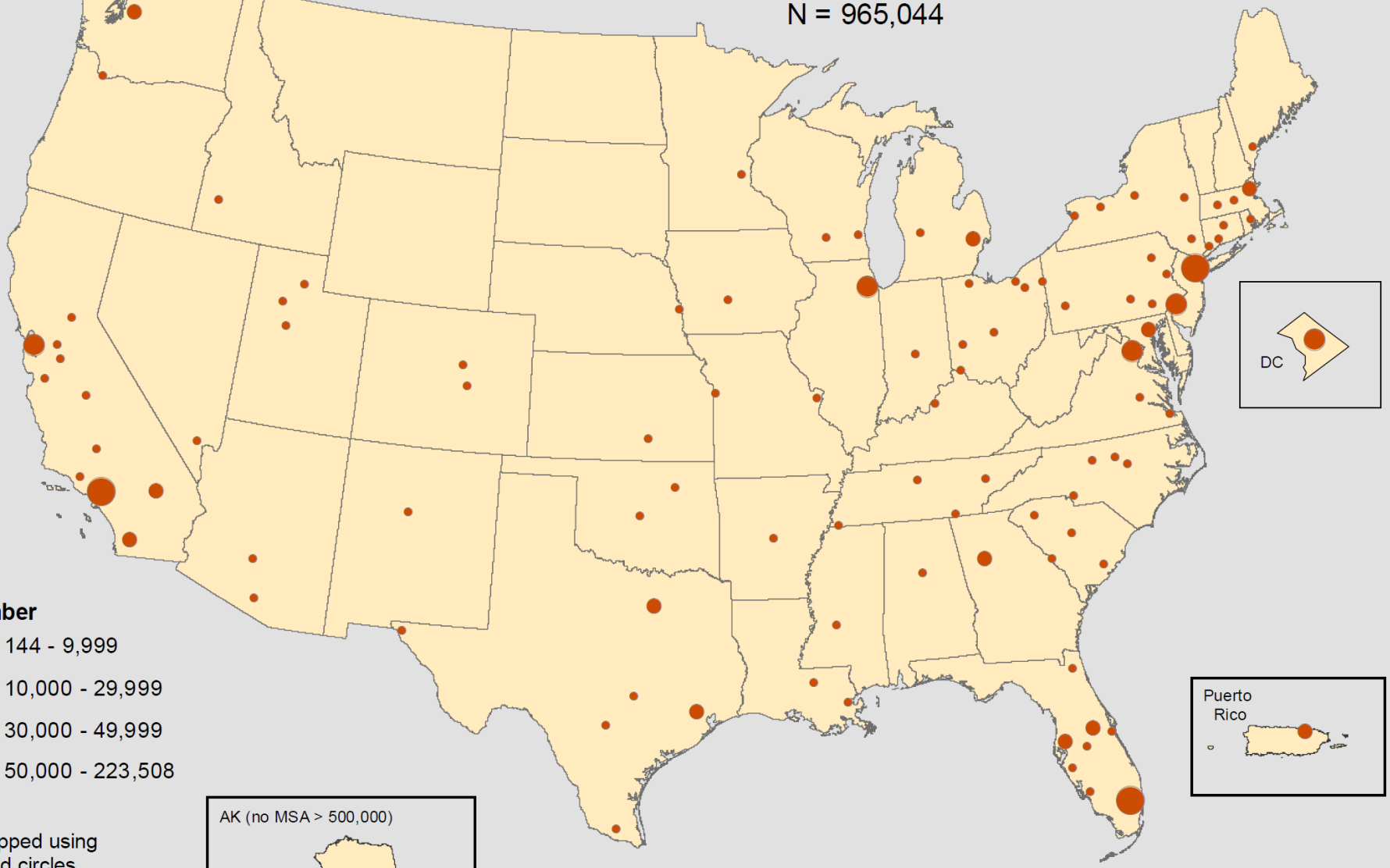
- 72.0 - 3,999.0
- 3,999.1 - 11,999.0
- 11,999.1 - 24,999.0
- 24,999.1 - 87,026.0

Data mapped using graduated circles, classed using natural breaks

Notes: Only MSAs with over 500,000 population included. All displayed data have been statistically adjusted to account for reporting delays, but not for incomplete reporting.
Data source: HIV Surveillance Report, 2009. Vol. 21, table 24.
Inset maps not to scale.

Cumulative AIDS diagnoses, by Metropolitan Statistical Area (MSA) of residence, through 2009 - United States and Puerto Rico

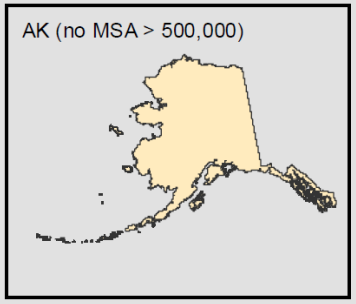
N = 965,044

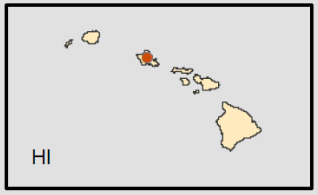


Number

- 144 - 9,999
- 10,000 - 29,999
- 30,000 - 49,999
- 50,000 - 223,508

Data mapped using graduated circles, classed using natural breaks





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Data source: HIV Surveillance Report, 2009. Vol. 21, table 24.
Inset maps not to scale.

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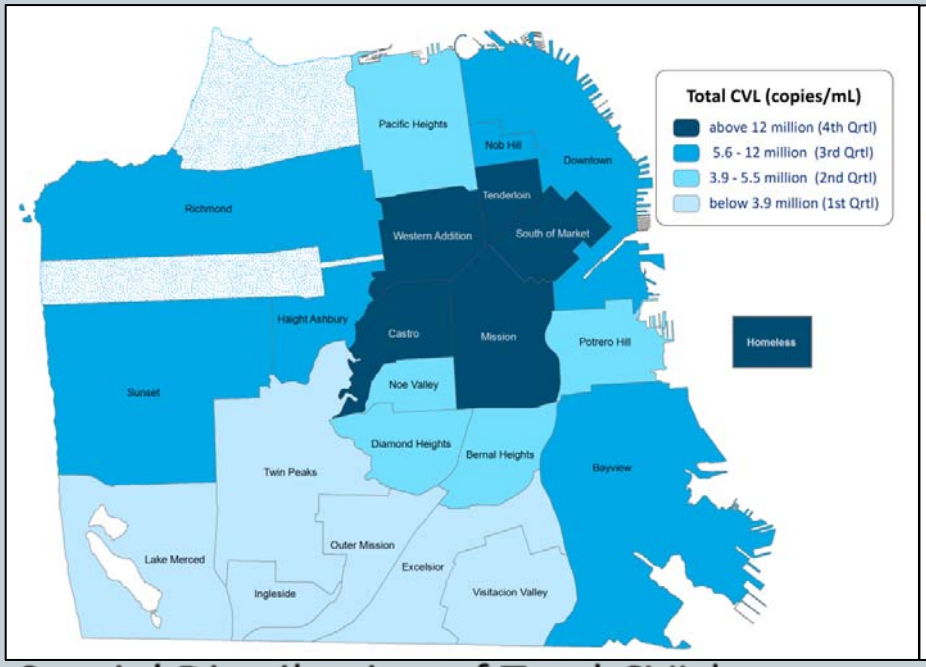
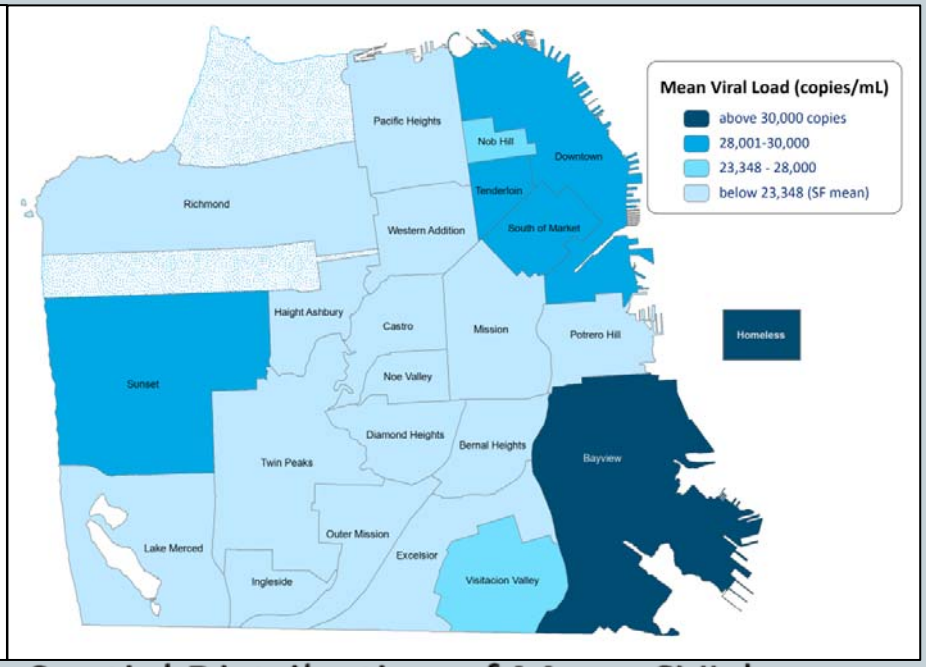
We must also focus our efforts to reduce the viral burden of communities heavily impacted by HIV



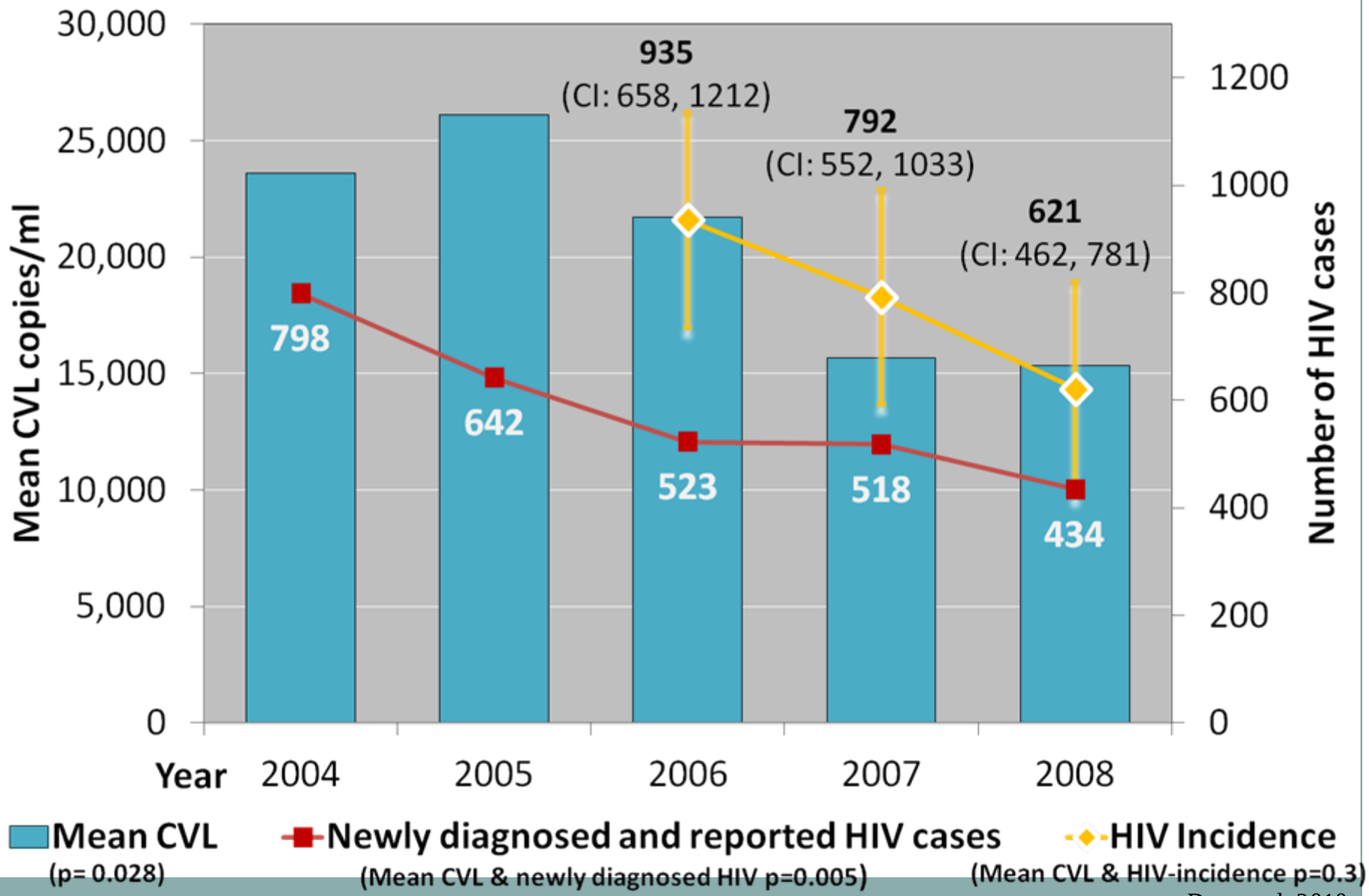
Spatial Distribution of Total CVL by SF Neighborhood



Spatial Distribution of Mean CVL by SF Neighborhood

Source: Das, et al. 2010

Mean CVL and New HIV Infections, 2004-2008



Das, et al. 2010

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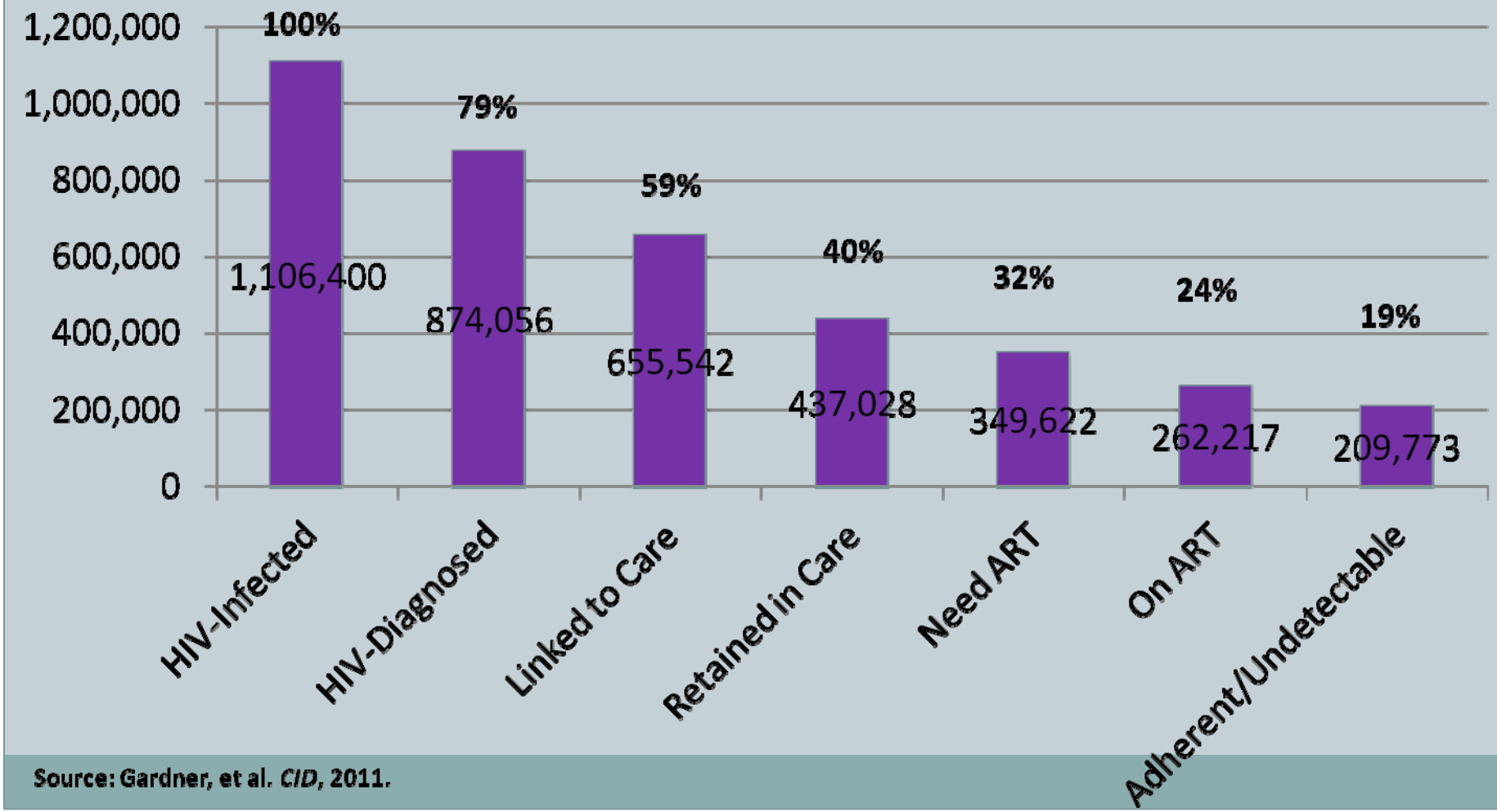
Major Gaps in the Implementation Cascade



Source: Gardner, et al. *CID*, 2011.

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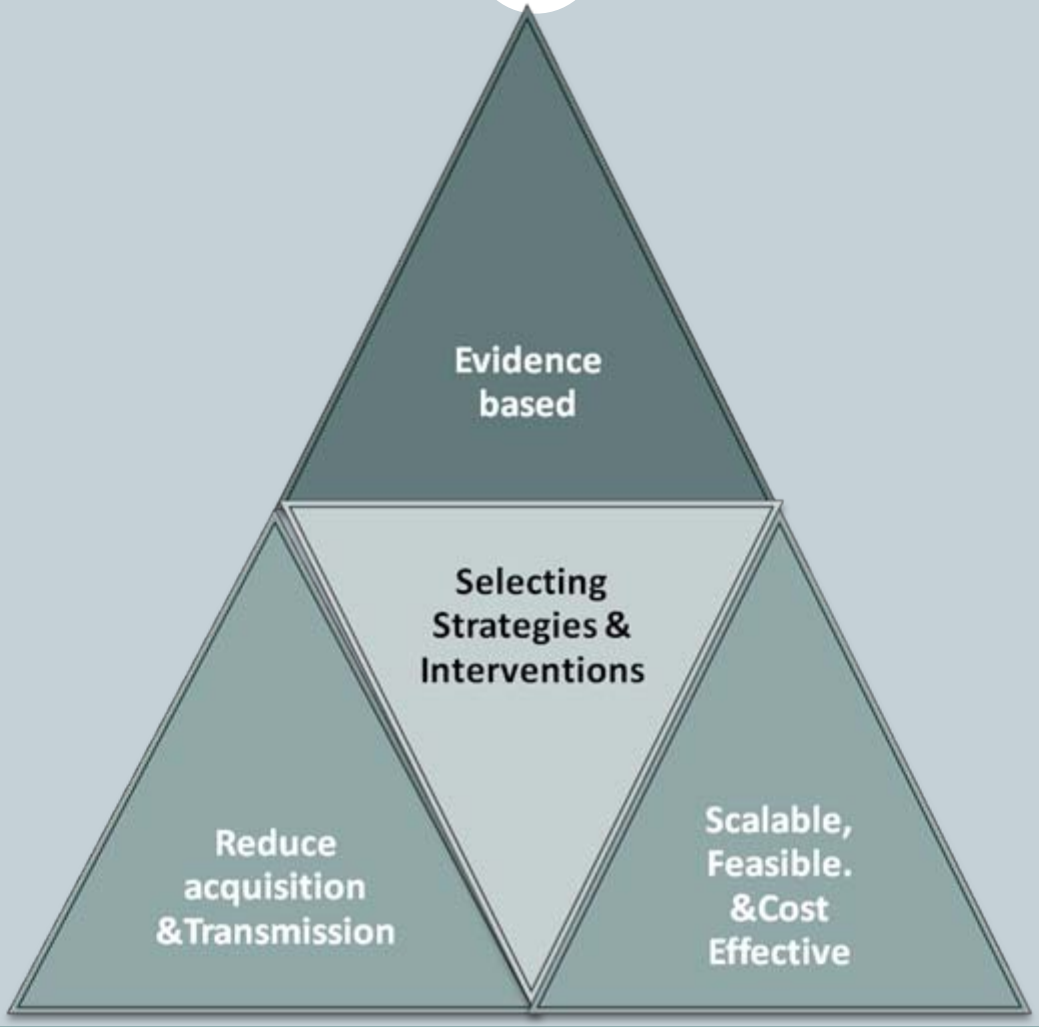

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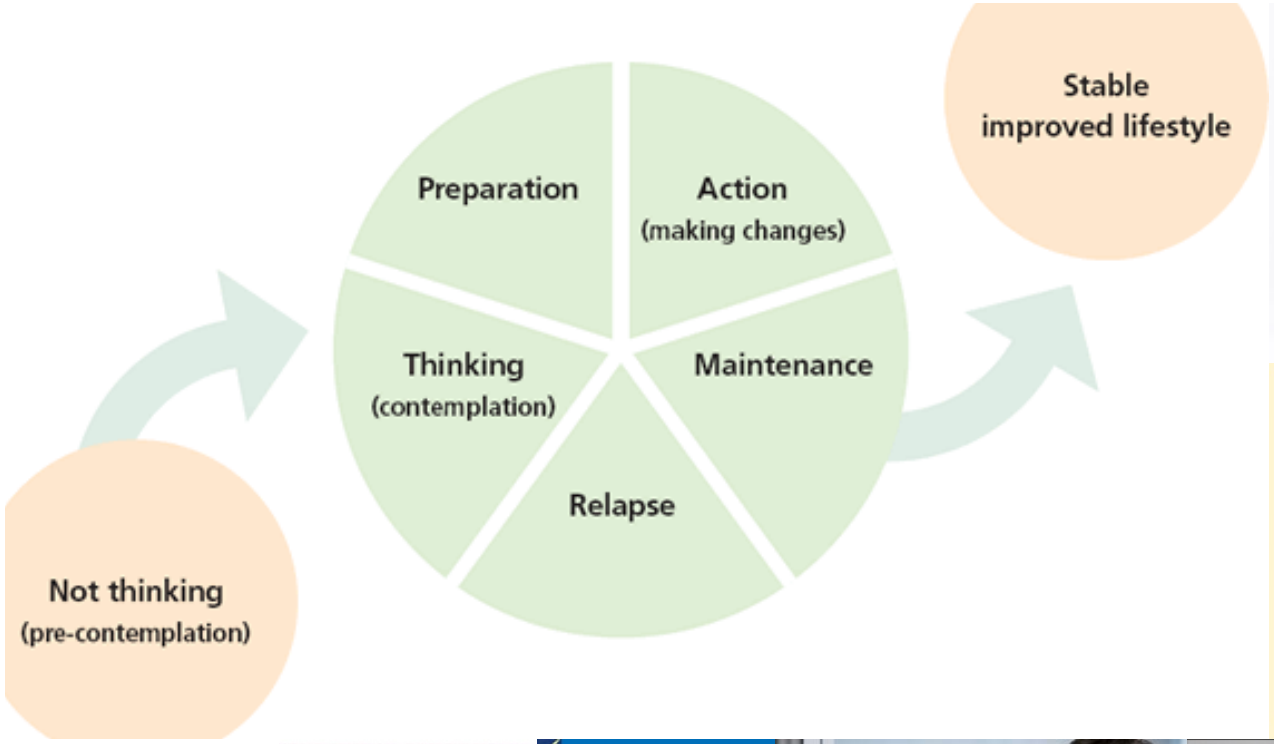
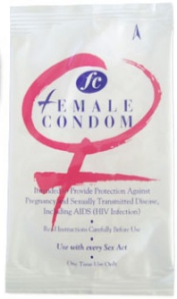
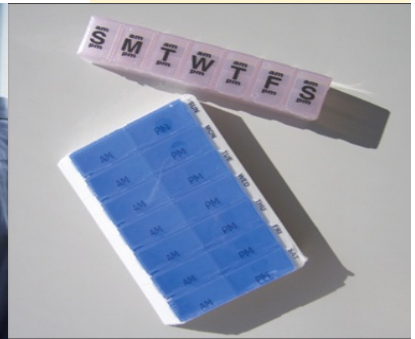
The FOA supports science based public health interventions that can reduce new infections and achieve optimal health outcome for people living with HIV.







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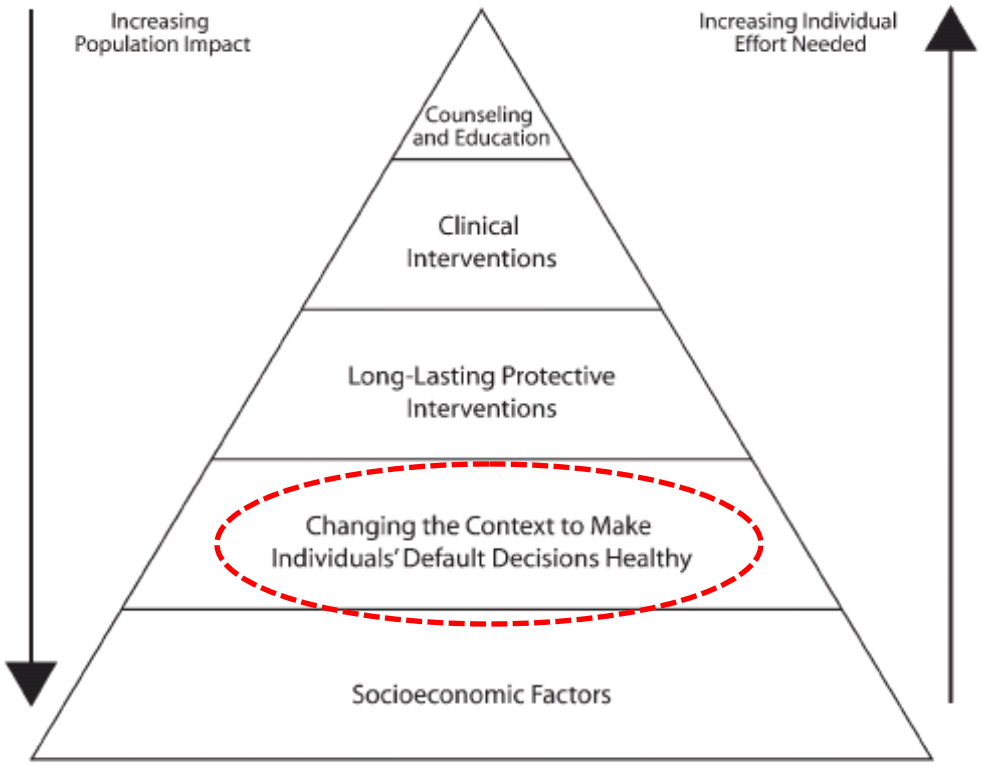
The FOA supports addressing structural changes across the health impact pyramid



Reducing CVL make a health jurisdiction Safer for Sex

Source: Frieden AJPH April 2010

Spotlight

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"This is not a fantasy exercise"

- Bold and candid conversations are needed at all levels
- You are going to have to make tough choices
- This is not simply about how much more money a jurisdiction will need. If you scale one activity up, another must be scaled down
- This is not about implementing the same interventions. You will need to identify new models of services (e.g., testing services with and without pre-test counseling)
- Cost must be minimized at all levels (e.g., reduce administrative burden)
- You're going to have to maximize the use of your surveillance data

Community and Government Leading Through Collaboration

UCHAPS Supports CDC's New Direction in HIV Prevention Funding

Coalition of Community and Health Department HIV Prevention Leaders Committed to facilitating Dialogue to Ensure Successful Implementation

Learn More.

www.UCHAPS.org