

MODULE 2

FLORIDA DEPARTMENT OF HEALTH

STUDY GUIDE

HIV/AIDS: 101

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HIGH-IMPACT PREVENTION

What is it?

In the last decade, CDC and its partners have used a “combination prevention” approach to reducing HIV infections, involving an increasingly comprehensive mix of proven interventions. But simply combining interventions is not enough – to maximize reductions in new infections, prevention strategies need to be combined in the smartest and most efficient ways possible for each of the populations affected by the epidemic.

In July 2010, the White House released the National HIV/AIDS Strategy (NHAS). This document called for the Centers for Disease Control and Prevention (CDC) funded prevention programs to pursue High-Impact Prevention (HIP). Why this new direction? The goal is to ensure prevention funding follows the epidemic, health department resources must support the geographic burden within the state/jurisdiction; and finally, the health departments must prioritize the most effective prevention interventions and strategies that will have the greatest impact on the epidemic.

Today, the need to do more with existing resources is greater than ever. The global economic crisis has led to major reductions in HIV prevention resources at the state and local levels, and federal financing is severely constrained. HIP addresses this reality by achieving a higher level of impact with every federal prevention dollar.

Simply put, HIP is: 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.

GOALS OF HIGH-IMPACT PREVENTION

This approach guides the broad allocation of prevention resources as well as the development of specific prevention strategies for all populations at risk, including gay and bisexual men, communities of color, women, injection drug users, transgender women and men, youth and others.

CORE COMPONENTS

Nationally, within HIP, 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; and, prioritization. Other key factors also include accountability at both the federal and state level.

In Florida, we’ve clarified our core components to be: HIV testing; prevention with positives; condom distribution; targeted outreach; and policy development.

HIV Testing: Includes routine, opt-out testing of patients ages 13-64 in healthcare settings; targeted testing programs in non-healthcare settings, particularly venues most likely to reach individuals with undiagnosed infections; routine, early HIV screening for all pregnant women; and screening for other STDs, hepatitis, and tuberculosis in conjunction with HIV testing.

Comprehensive Prevention with Positives: Includes linkages to care and treatment, and interventions to improve retention in care and treatment for people living with HIV. It also includes behavioral interventions and other risk-reduction services for HIV-positive individuals and their sexual or needle-sharing partners. Lastly, it includes interventions to prevent mother-to-child HIV transmission, along with referrals to other medical and social services, such as substance abuse and mental health services.

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Linkage to care is vital. We seek to link new positives to medical care and treatment as well as identify and link persons who have fallen out of care back into the care system. We encourage empowerment of individuals to become their own medical advocate to help them stay in care.

Condom Distribution: Under HIP, condom distribution is viewed as a structural-level intervention. Condom distribution programs serve to increase the availability, accessibility and acceptability of condoms.

In Florida, we have a wide-scale condom distribution program in place which includes free condoms available to the general population. We also work to make condoms readily available at specific venues more frequented by HIV-infected individuals, individuals at high risk of HIV infection and within areas with a high HIV incidence.

Targeted Outreach: Delivered to populations and communities most heavily impacted by HIV/STDs for the purposes of: recruitment (referrals and linkages) into HIV/STD screening and treatment services; risk reduction and/or behavioral interventions; providing HIV/STD risk reduction messages; education and awareness; and awareness of local services/resources available.

Policy Initiatives: Efforts to align structures, policies and regulations to enable optimal HIV prevention care, and treatment (e.g. addressing structural barriers to routine opt-out testing, or updating policies to facilitate sharing of surveillance data across health department programs).

SUPPORTING ACTIVITIES

The following HIV activities have proved effective when used to support the core HIP components:

Evidence-based interventions for high-risk populations: These activities include individual- and group-level interventions for extremely high-risk HIV-negative people; community-level interventions to reduce high-risk behaviors; and syringe service programs (where allowable) in accordance with state and local laws.

Social Marketing, Media and Mobilization: Tactics include marketing campaigns to educate and inform high-risk populations, healthcare providers and other relevant audiences about HIV; use of current technology (e.g., social networking sites, texting and web applications) to reach the highest risk populations; and community mobilization to raise awareness, fight stigma and encourage safe behaviors.

PrEP and nPEP: An initiative that includes planning, education, personnel, and other support for pre-exposure prophylaxis (PrEP) for men who have sex with men (MSM); and non-occupational post-exposure prophylaxis (nPEP) for high-risk groups.

What is HIV prevention outreach? An HIV prevention intervention designed to meet potential clients in their own communities and in settings where they live, work and socialize in order to link them to prevention, testing and treatment services. Today we consider HIV prevention outreach to include traditional face-to-face encounters as well as connecting through the Internet.