

October 2012 update



Who Moved My DEBI?:

Preparing Your Agency to Fit the New High Impact HIV Prevention Priorities

Stephen J. Fallon, PhD



WARNING: This presentation includes some charging at windmills.

For today's slide handouts: www.skills4.org

1. Scroll down to **Free Handouts for Professionals**
2. Then click **Adapting to High Impact Prevention**



Learning Objectives



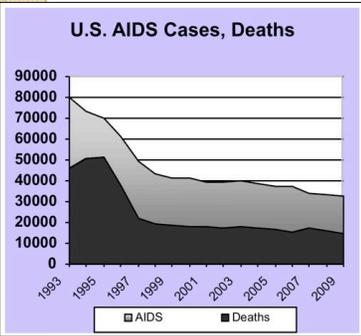
- This seminar will leave you better adapt your agency in order to sustain programs and community impact.
- By the end, you will be able to

1. Describe the rationale and goals behind the CDC's High Impact Prevention approach.
2. Plan strategies to adopt best practices for effectively focusing HIV prevention efforts on communities at risk
3. Discuss two strategies to improve staff readiness for program change, expansion or consolidation.

(c) 2012 Stephen Fallon, Skills4 www.skills4.org



We're Not Done Yet



- Tremendous declines in AIDS cases and deaths in mid-1990s (HAART).
- Then ... +/- plateau.
- But new HIV ↑ MSM (only group ↑ since 2000).

Hall HI, Song R, Rhodes P, Prejean J, An Q, Lee LM, et al. Estimation of HIV incidence in the United States. JAMA 2008; 300:520-529.

- MSM = 2% of population, but 61% of new HIV.

CDC. "High Impact HIV Prevention: CDC's Approach to Reducing HIV Infections in the United States." August 2011.

(c) 2012 Skills4, Inc



History of Major Strategy Changes



- 1994** CDC launches Community Planning
- 1999** CDC publishes Compendium of Best Practices (but not required)
- 2001** Advancing HIV Prevention (testing in medical settings, new HIV testing models, PwP, decreasing perinatal transmission)
- 2003** EBIs / PHS required for any funding
- 2011** High Impact Prevention (based on Nat'l HIV/AIDS Strategy, and driving efforts towards TasP)

(c) 2012 Skills4, Inc



Overview of High Impact Prevention

Follows National HIV/AIDS Strategy directives.

- Prioritizes high-incidence (not cumulative) regions.
- Focuses on “proven HIV prevention interventions”:

- ✓ HIV testing and linkage to care
- ✓ Antiretroviral therapy
- ✓ Access to condoms and sterile syringes
- ✓ Prevention programs for PLWH and their partners
- ✓ Prevention programs for people at high risk of HIV
- ✓ Substance abuse treatment
- ✓ Screening and treatment for other STIs.

CDC. High Impact Prevention, August 2011, p. 3-4.
(c) 2012 Skills4, Inc




HIP Geographic Distribution HIV \$

In the South, health department FOA 12-201 =

- ✓ More \$ to AL, FL, GA, MS, NC, TN, VA.
- ✓ Less \$ to AR, DC, DE, KY, MD, WV.

Per CDC: “During each year of the transition, no grantee will be reduced by more than 25% of their previous year’s budget.”

“AIDS Agencies Scramble for Funds: Federal Cutbacks Force Urgent Appeal to Donors.” *Boston Globe* (08.22.11): Kay Lazar.

- **Example:** Florida consistently ~10% of new U.S. AIDS cases, and ~14% of new HIV cases.
- ✓ Historically, gets 5% to 6% of HIV/AIDS funding.
- ✓ Now rising to 8%. Others losing \$ (i.e. MA).



(c) 2012 Skills4, Inc



Old vs. New Effective Interventions



DEBI
Diffusion of Effective Behavioral Interventions

contact | more info | and.org

About DEBI | Training Waitlist | Training Calendar | Related Links

Science-based interventions that work

Interventions: Healthy Relationships, Multi-Health Recovery Program, Many Men, Many Voices, Recruitment, Popular Opinion Leader, PROMISE, RAPP, Safety Counts, SISTA, Street Smart, Toms Linked to Care, VOICES/VOICES

Welcome
The Diffusion of Effective Behavioral Interventions (DEBI) project was designed to bring science-based, community- and group-level HIV prevention interventions to community-based service providers and state and local health departments. The goal is to implement effective interventions to implement effective

PROJECT UPDATES
New training dates added to the calendar
DEBI web site gets a brand new look!

More information

Center on AIDS & Community...
Academy for Educational Development (AED) offers training and helps to coordinate technical assistance on twelve science-based, effective interventions for HIV prevention.

Adapting and Tailoring Evidence-based Interventions for STI/HIV prevention

Discussion: what are the goals of these Interventions?



Old vs. New Effective Interventions



Effective Interventions
HIV PREVENTION THAT WORKS

More Information Search

High Impact Prevention | Related Resources | What's New | Training Calendar & Registration | Contact Us | Lang

Top 4
1 Medication Adherence 2 ARTAS 3 Diffusion of Effective Behavioral Interventions (DEBI) 4 Condom D

Biomedical Interventions
Public Health Strategies
Behavioral Interventions
Structural Interventions
Social Marketing

HIV prevention that works

Note: behavioral ↓ to 3rd place. For HIV-, much lower (less than 20%?)

Read More



Is the Sky Falling on Prevention?

- \$339M awarded to HDs: “For the first time ... required to direct at least 75% of CDC funds ... to four key areas:
 1. HIV testing;
 2. comprehensive PwP and partners;
 3. condom distribution; and
 4. efforts to align policies ... eliminate external barriers to ... testing.

Under Category B ... (highly impacted areas) ... to expand access to HIV testing ... in healthcare settings,”

CDC. Organizations Funded Under CDC’s New Awards for 12-1201. January 4, 2012.
<http://www.cdc.gov/hiv/topics/funding/PS12-1201/awardees.htm>



(c) 2012 Skills4, Inc



Will Your EBI Be Squeezed Out?

2012 FOA* funding: \$100,000 - \$175,000 /year

Required Activities:

1. HIV testing
2. Structural condom distribution with strategic plan and annual survey
3. PwP, with proven medical linkages

Optional activities:

- ~ EBIs for HIV-negative (prove risk via intake before entry to program)
- ~ social marketing for anti-stigma
- ~ community mobilization

* DOH FA11-017, January 2012.

• **Group activity:** *Let’s place your HIV- EBI.*



(c) 2012 Skills4, Inc



HIV- EBIs Squeezed Out? (cont’ d)

Newer FOA* HIP: \$100,000 - \$300,000

- Required components for all grantees:
 - 1) HIV Counseling & Testing
 - 2) Comprehensive Prevention with Positives
 - 3) Structural Level Condom Distribution
 - 4) Outreach (street and virtual, esp to PLWH)

Optional Activities (cannot exceed 20% of total budget).

- i. Interventions for high-risk HIV-negatives
- ii. Community mobilization
- iii. Integrated Partner Services (notification with health department)

• **Group activity:** *Let’s build a budget.* * DOH FA 12-006, July 2012.



(c) 2012 Skills4, Inc



New Funding Priorities



Rick Scott, Governor | John H. Armstrong, MD, State Surgeon General

NOTICE OF GRANT AWARD
RFA# 12-006

DIVISION OF DISEASE CONTROL AND HEALTH PROTECTION
BUREAU OF COMMUNICABLE DISEASES-HIV/AIDS and HEPATITIS PROGRAM
HIGH-IMPACT PREVENTION (HIP)

September 7, 2012

The following agencies have been awarded grant funding under RFA# 12-006. Awards are subject to the availability of funds. The awarded agencies will be contacted by their local county health departments in preparation of the individual contracts governing this award.

- Okaloosa AIDS Support and Informational Services (OASIS)
- BASIC NWFL, Inc.
- Big Bend Care, Inc.
- WellFlorida Council, Inc.
- Jacksonville Area Sexual Minority Youth Network, Inc. (JASMYN)
- AIDS Healthcare Foundation
- AIDS Service Association of Pinellas, Inc. (ASAP)
- Metropolitan Charities, Inc. d/b/a Metro Wellness & Community Centers
- Drug Abuse Comprehensive Coordinating Office (DACCOO)
- Miracle of Love, Inc.
- Hope and Help Center of Central Florida, Inc.
- Community AIDS Network, Inc.
- Compass, Inc.
- Comprehensive AIDS Program of Palm Beach County, Inc.
- Gay and Lesbian Community Center of Greater Fort Lauderdale, Inc.
- North Broward Hospital District, d/b/a Broward Health
- Community AIDS Resource, Inc. d/b/a Care Resource
- Lorraine Sakel, Inc.
- Minority Development and Empowerment, Inc.
- Westcare Florida/The Village
- Community Health of South Florida, Inc.
- Boniquan Health Care, Inc.

• Several legacy CBOs and ASOs were passed over this round.

• First-time funded grantees now include several clinics.

(c) 2012 Skills4, Inc

Skills4
Developing Skills For Healthier Communities

Why Did Priorities Δ So Much?

Overview of HPTN 052

- 1,700 couples studied, some started HAART early, some per standard guidelines for initiation.
- 27 infections in delayed HAART couples, only 1 in early.

CONDOM IN A PILL BOTTLE?
A significant study finds that treatment protects HIV-negative partners—among straight couples. Will gay couples stop using condoms?
BY STEPHEN FALLON, PHD

- Conclusion: “earlier initiation of (HAART) led to a 96% reduction in HIV transmission to the HIV-uninfected partner.”

Cohen, MS., Chen, YQ, McCauley, M, Gamble, T, Hosseinipour, MC., et al. Prevention of HIV-1 Infection with Early Antiretroviral Therapy. *N Engl J Med* 2011;365:p. 499.

(c) 2012 Skills4, Inc

Skills4
Developing Skills For Healthier Communities

Behavioral vs. Medical Containment

| | |
|---|---|
| <p>MDR Tuberculosis</p> <p>Efficient casual transmission Rx = 100% \downarrow contagion Rx cycle: 18 months – 2 yrs</p> | <p>HIV</p> <p>Intimate contact transmission HAART \approx 96% \downarrow contagion HAART duration: decades</p> |
|---|---|

Community risk disinhibition?

✖ No.

✔ Already occurring!

(c) 2012 Skills4, Inc

Skills4
Developing Skills For Healthier Communities

Tested = Treated = End of AIDS?

- Acutely infected are 12x more contagious.

Wawer M. “Rates of HIV-1 Transmission per Coital Act, by Stage of HIV-1 Infection, in Rakai, Uganda. *The Journal of Infectious Diseases.*” *JAIDS* 2005;191:1391-1393,1403-1409

- Acute spread 9% all HIV.

Pinkerton S. How many sexually-acquired HIV infections in the USA are due to acute-phase HIV transmission? *AIDS.* 2007; 21(12): 1625–1629.

“Our third main finding was that ... failing to achieve sufficiently high coverage levels (with Test and Treat) or failing to test frequently enough, could just lead to a dramatic spiraling of treatment costs.”

Dodd PJ, Garnett GP, Hallett TB. Examining the Promise of HIV Elimination by “Test and Treat” in Hyper-Endemic Settings. *AIDS.* 2010 March 13; 24(5): 729–735.

(c) 2012 Skills4, Inc

Skills4
Developing Skills For Healthier Communities

Challenges to Exporting TasP

- “Difficulties enrolling (U.S.) participants into the study.”
- 98% were from low-to middle income nations: Botswana, Brazil, India, Kenya, Malawi, South Africa, Thailand, and Zimbabwe.
- ½ of participants were women. 97% of study couples were heterosexual.
- 94% of participants were married; 96% to 97% of HIV- were monogamous.
- *This study’s model and outcomes apply to predominately MSM-based, U.S. epidemic?*

(c) 2012 Skills4, Inc



Where Do We Go with HIP?

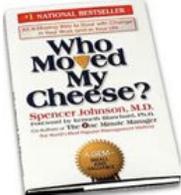


- Despite cautionary notes, *HIP is the new reality.*
- Agencies must adapt ... or fade away.
- Is your agency ready?
- The standard proposal composition (2 EBIs + a little testing) probably won't be fundable next CDC round.
- ✓ EBIs must primarily target PwP.
- ✓ Testing must yield high seropositivity and linkage.
- ✓ Condom distribution ≠ outreach alone.

(c) 2012 Stephen Fallon, Skills4 www.skills4.org



Change Management



- First: Vent. Too much focus on testing? Not enough community education?
- Because something is *an* effective tool does not mean it is *the only* effective tool.

Next: Choices:

1. Be “right” ... and become de-funded. Paraphrasing Darwin: “It’s not always the strongest species that survives; it’s the most adaptable.”
2. Adapt to provide newly prioritized services *and* try to influence the dialogue.

Innovate and justify! *The days of “copy and paste” grant applications are over.*

(c) 2012 Skills4, Inc



Which Path for Your Staff?



- Most agencies won't be able to support “prevention-program only” staff.
- ALL staff must be test counselors.
- Just saying you made referrals also will not “count” any longer. Must have documented referral outcomes.
- (Still unanswered: self report OK? Documentation needed?)
- BIG push for biomedical: PrEP, PEP, TasP.

(c) 2012 Stephen Fallon, Skills4 www.skills4.org



Emphasized and De-Emphasized



Emphasis on

- ✓ EBIs for PwP
- ✓ EBIs for MSM
- ✓ EBIs for community level (scalable)
- ✓ Single session interventions, especially in clinical settings.

De-emphasis on

- ✗ EBIs for lower risk populations
- ✗ Group level EBIs with high number of sessions (SISTA, AIM, Focus on Youth, SiHLE, NIA, Cuidaté).

PwP?

(c) 2012 Stephen J. Fallon, Skills4

Skills4
Developing Skills For Healthier Communities

Anything for Sustainability?

A Pyrrhic victory is a victory with devastating cost to the victor. From: King Pyrrhus of Epirus, who defeated the Romans at Heraclea in 280 BC and Asculum in 279 BC ... but lost nearly all of his soldiers in the process.

Healthy Relationships

- ✓ 5 group sessions
- ✓ 2 hours each

← goes here?

(c) 2012 Stephen Fallon, Skills4 www.skills4.org

Skills4
Developing Skills For Healthier Communities

What is Structural Level CD

A **structural level** intervention

- ✓ More than just handing out condoms during recruitment into existing EBIs.
- ✓ Also different than condom promotion (teaching proper condom use skills).
- ✓ Common outcomes of CD are: increased condom use, condom acquisition/carrying, delayed sexual initiation/abstinence (youth), decreased number of sex partners, reduced STD incidence.

(c) 2012 Stephen Fallon, Skills4 www.skills4.org

Skills4
Developing Skills For Healthier Communities

Levels for CD

| Individual target | Structural distribution methodology (examples) |
|-------------------|---|
| Availability | Condom machines; Condom bowls; Providing condoms at a cost; Providing coupons for condoms |
| Acceptability | Distributing promotional items (e.g., flyers promoting condom use) |
| Accessibility | Massive distribution of free condoms |
| Organizational | Structural distribution methodology (examples) |
| Availability | 100% condom-use policies (e.g., in brothels); Making condoms available in prisons |
| Acceptability | Television programming; PSAs; Media campaigns; Community mobilization |
| Accessibility | Developing and producing female condoms; Expanding of publicly funded condom distribution centers/posts (e.g., mobile vans) |
| Environmental | Structural distribution methodology (examples) |
| Availability | Condom machines; Condom bowls; Providing condoms at a cost; Providing coupons for condoms |
| Acceptability | Distributing promotional items (e.g., flyers promoting condom use) |
| Accessibility | Massive distribution of free condoms |

Adapted from Blankenship KM. AIDS. 2000;14(Suppl 1) in Charania MR, et al. AIDS Behav (2011) 15:1283–1297. (c) 2012 Stephen Fallon, Skills4 www.skills4.org

Why is Change Hard?

Can you read this? **CAT**

- “Neural attractors” help us to recognize unfamiliar things, by relating to the familiar.

Thomas Lewis, MD et al. "A General Theory of Love." New York: Vintage Books, 2000.

Accodnmg to rscheearch, it deosn't mttair in waht oredr the ltteers in a wrod are, the olny iprmoatnt tihng is taht the frist and lsat ltteer be at the rghit pclae. The rset can be a toatl mses and you can raed it wouthit porbelm. Tihs is bcuseae the huamn mnid deos not raed evey lteer by istlef, but the wrod as a wlohe.

- Staff--or even entire agencies--naturally resist change.
- Help your board, your staff, yourself see that the work is “readable” even in a new arrangement.

(c) 2012 Stephen Fallon, Skills4



Ready for the New Day?

- Build consensus (through agreement with methods, or at least necessity).
- Get staff trained *before* next funding round.
- Hold “teach back” and “role play” trainings in house.
- Assess current evaluation tools, and build needed additions.
- If unable to afford / manage change, reach out to neighbor agencies, to consider merger.



(c) 2012 Stephen Fallon, Skills4 www.skills4.org



Planning Your Next Move

- At a minimum, integrate HIV testing into high-risk HIV- prevention.
- Target prevention programs to PLWH, and ensure referral outcomes.
- Agency able to bring Ryan White services in-house for immediate referrals?
- Able to add medical services some days (visitation, extension)?
- The crucible: become an FHQ, and seek Health Navigator funding through HRSA.



(c) 2012 Stephen Fallon, Skills4 www.skills4.org



OK to Admit You Need Help

- CBA is available, sometimes at no cost to agency.
- C.R.I.S. request: board development, program design and implementation, staff training and supervision, program monitoring and evaluation, marketing and IT.
- An effective CBA consultant will use inductive methods, creating ownership of the new paradigm.



(c) 2012 Stephen Fallon, Skills4 www.skills4.org

Stephen J. Fallon, Ph.D.
President, Skills4, Inc.
1712 N. Victoria Park Road
Ft. Lauderdale, FL 33305
Sfallon@skills4.org

