

How is HIV prevention changing?

In Oregon and across the country, HIV prevention is changing to align with national priorities. In late June 2011, the Centers for Disease Control and Prevention (CDC) released a new HIV prevention funding opportunity announcement (FOA) for state health departments. CDC's new approach to funding includes a national realignment of funds for core HIV prevention activities (Category A) based on HIV/AIDS

CDC Funding in Oregon	
Year	Estimated Funding Range
2012	2.2 to 2.4 million
2013	1.8 to 2.0 million
2014	1.7 to 1.8 million
2015	1.6 to 1.7 million
2016	1.5 to 1.7 million

*2011 CDC funds total nearly 3.0 million

prevalence. This redistribution shifts funds from areas (states and directly funded cities) with a lower prevalence to those with a higher prevalence. As a jurisdiction with a relatively lower prevalence, Oregon's award will be reduced by 20% to 27% in 2012. Funding will continue to decrease each year through 2016.

CDC's new approach focuses on prevention strategies that have demonstrated the greatest potential to reduce new infections and achieve the ambitious goals of the National HIV/AIDS Strategy. The strategies most emphasized are HIV testing, comprehensive prevention with positives, condom distribution, and policy/structural initiatives. Because CDC provides over 80% of the funds for HIV prevention in Oregon, prevention activities funded by OHA HIV Prevention Program must also change.

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CDC Funding Summary		
Core Components (Required) (≥ 75% of funds)	Required Activities	Recommended Components (≤ 25% of funds)
HIV testing ¹	HIV prevention planning	Evidence-based interventions for HIV-negative populations
Comprehensive prevention with positives	Capacity building and technical assistance	Social marketing
Condom distribution	Program planning ²	Community mobilization
Policy/structural initiatives	Monitoring/evaluation and quality assurance	Pre-exposure prophylaxis (PrEP) and non-occupational post-exposure prophylaxis (nPEP) ³

¹Includes integrated screening for STDs, hepatitis, and tuberculosis.

²Includes the development of a Comprehensive Program Plan.

³Grant funds may not be used to purchase medications.

How is local prevention work in Oregon changing?

Unfortunately, with decreased HIV prevention funds available, fewer counties will be funded. Funds will be distributed to local health departments (LHDs) based on a revised formula jointly agreed upon by the Conference of Local Health Officials and the Oregon Health Authority (OHA). The funding formula will continue to be based on HIV/AIDS cases reported by county.

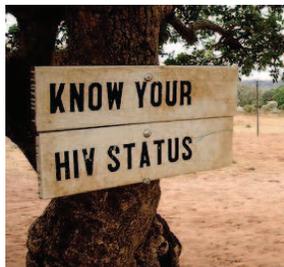
Funds distributed to counties will primarily support 1) HIV testing and 2) comprehensive prevention with positives (defined in a subsequent article). OHA will develop a new program planning process that reflects these activities. LHDs may also choose to conduct some of the recommended program components.

How is local prevention work in Oregon changing? (cont'd)

As it is likely that close to 500 persons living with HIV/AIDS (PLWHA) reside in counties that will not receive HIV prevention funding, OHA plans to implement a competitive solicitation process to provide comprehensive prevention with positives services in cross-county regions not funded through the funding formula.

CDC has placed an increased emphasis on accountability, including programmatic and fiscal monitoring and evaluation at both the state and local level. OHA will be required to report additional information to CDC on both the amount and use of funds allocated to counties representing at least 30% of the state's epidemic. In Oregon, Multnomah County meets this criterion.

HIV testing



The CDC's call for routine HIV testing reflects the underlying principle that HIV testing is important for everyone, regardless of their test result. However, when there are limited public funds for HIV testing, targeted testing among populations at highest risk optimizes their use to benefit public health.

Persons unaware of their infection account for an estimated 54% to 70% of HIV transmissions, and persons testing positive often take steps to reduce their risk behaviors. Thus, identifying persons with undiagnosed infection and linking them to services are among the most powerful tools we have to reduce new infections.

As a state, we have much room to improve regarding case finding. Since 1997, HIV/AIDS diagnoses in Oregon have remained stagnant at approximately 275 each year (including both public and private sector diagnoses). While 92% of the state's HIV/AIDS cases reported from 2005-2009 with a determined mode of infection (N=1,189) were among MSM (68%), IDUs (8%), MSM/IDUs (9%), and persons who had heterosexual contact with an HIV-positive partner (7%), these populations account for less than half (42%) of the 15,510 publicly funded tests conducted from April 2010 to March 2011.

In line with the CDC's work to increase routine HIV screening in healthcare settings, OHA is planning a number of efforts to address barriers to routine HIV testing among private healthcare providers beginning in 2012.

Comprehensive prevention with positives

Traditionally, many people have thought of "prevention with positives" as interventions that address risk behaviors and disclosure of one's HIV-positive status. While this understanding is still relevant, CDC is now emphasizing "comprehensive prevention with positives." This expanded focus reflects a wealth of research indicating that infectiousness, risk behaviors, and ultimately HIV transmission may be reduced by a variety of other efforts. Comprehensive prevention with positives includes:

- Linkage to HIV care, treatment, and prevention services
- Retention or re-engagement in care
- Referral and linkage to other medical/social services (e.g., mental health, substance abuse, housing)
- Risk screening followed by risk reduction
- Interventions for HIV-positive persons and HIV-discordant couples
 - Behavioral interventions (addressing treatment adherence, risk behaviors and/or disclosure)
 - Structural interventions
 - Biomedical interventions
- Integrated hepatitis, TB, and STD screening for HIV-positive persons
- Ongoing HIV Partner Services (not limited to newly diagnosed persons)



Comprehensive prevention with positives (cont'd)

Funded LHDs may choose to implement a combination of these services. These activities should be examined and prioritized based on local needs. The selected activities should enhance and build upon the existing efforts of care programs.

We encourage providers to learn more about interventions for PLWHA addressing linkage to and retention in care (visit <http://1.usa.gov/CDCartas>), treatment adherence (visit <http://1.usa.gov/txadhere>), and risk reduction (visit <http://bit.ly/DEBIpage>), as well as HIV Partner Services (visit <http://1.usa.gov/HIVPS>) and hepatitis, TB, and STD screening for HIV-positive

persons (<http://www.slideshare.net/CDCNPIN/pcsi>).

In addition to the activities listed above, it is important to note that comprehensive prevention with positives includes assuring that HIV-positive pregnant women receive the necessary treatment and interventions to prevent perinatal transmission. In 2006, Oregon implemented opt-out HIV screening for pregnant women so that those who test positive may be identified early and linked to appropriate services. Since this time, no perinatal transmissions have been reported.

Condom distribution



Condom distribution (CD) is recognized as a structural intervention with many benefits to public health. While CD has long been an important component

of HIV and STD prevention in Oregon, we plan to further advance CD in collaboration with community partners. OHA will use its buying power to purchase a variety of condoms and lubricants at reduced prices and distribute them free to LHDs and other partners who request them. We are tasked with further integrating CD with existing HIV prevention and care services and expanding CD via new partnerships

with venues serving HIV-positive and high-risk persons. Our statewide goal is to have at least 400 CD locations in 2012. Providers are encouraged to assess existing condom distribution locations, strategies, and needs locally.

Are you wondering why CDC has increased its emphasis on condom distribution? A recent meta-analysis found that CD is effective in 1) increasing condom use, 2) increasing condom acquisition or condom carrying, 3) delaying sexual initiation (increasing abstinence) among youth, and 4) reducing incident STDs. For more information, visit <http://1.usa.gov/CDinfosheet>.

Policy/structural initiatives

On a statewide level, OHA plans to support and implement a variety of changes to structures, policies, and regulations. These initiatives will address:

- Condom availability
- Training requirements for HIV case managers
- The HIV test consent process
- OHA access to HIV testing data
- Billing procedures for HIV testing
- Infrastructure for implementing Internet-based Partner Services
- Guidance and information available to pharmacy staffs on selling syringes and interacting with people who inject drugs

These efforts are further described in our CDC grant application (available at <http://1.usa.gov/ORGrantApp>).



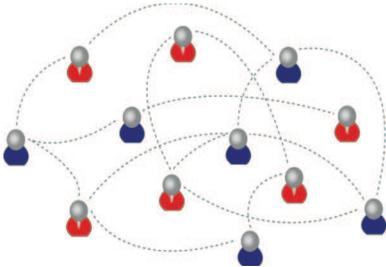
What activities will not be funded?

The use of CDC HIV prevention grant funds will be limited to activities that support the core and recommended program components outlined on page one. The core components must account for at least 75% of expenditures, while recommended components may not exceed 25% of expenditures.

CDC prevention grant funds to LHDs may no longer be used to support activities that serve the general public or low-risk populations. All HIV testing must be targeted to high-risk persons. Funds supporting recommended components must also target Oregon's priority populations.

Demonstration project proposals

We are hopeful that Oregon will receive additional funding to support enhanced Social Networks Strategy projects, as well as technology-based prevention projects.



Funding for enhanced Social Networks Strategy demonstration projects would enable OHA to support projects

around the state. Our proposed models include options for care providers, adult business staff, and peers within the target population to support recruitment and implementation. Other innovative options for implementation include a dual rapid test algorithm and the use of new technologies for training and communication with recruiters.

Funding for technology-based demonstration projects would support four programs: 1) a text/email HIV test reminder service to promote routine testing, 2) a Ryan White client text/email intervention on treatment adherence and sexual health, 3) online behavioral interventions, and 4) structural changes supporting HIV prevention on websites and mobile applications that serve high-risk populations (e.g., Craigslist.com, websites of gay bars or substance abuse treatment agencies). If awarded, LHDs and CBOs would be able to apply for funding to support each or a combination of these initiatives.



If Oregon receives funding under Category C, the anticipated project period for this funding is 2 to 4 years.

What has OHA done to contain costs?

The OHA HIV Prevention Program has reduced expenditures at the state level. These reductions include cuts to budget categories and staff positions, providing in-kind staff contributions and state employee furloughs.

OHA is reducing budgeted costs for workshops, meetings, and travel. Positions funded by the CDC HIV prevention grant have been reduced from the 9.25 currently funded full-time equivalent (FTE) positions to 8.25 FTE positions, representing an 11% cut in staff positions alone. Further reductions in positions are being considered pending internal system procedures.

