

Part E: Implementation Plan

Chapter 9

Prevention Recommendations and Conclusions



HIV PREVENTION GOALS

This chapter contains recommendations for a mix of prevention activities and interventions that are science-based and appropriate for each prioritized target population. The recommendations support the following HIV prevention goals:

1. **Increase the number of HIV-infected persons who know their HIV status.** Strategies for doing so include offering HIV testing in conjunction with partner notification services to persons potentially exposed to HIV; providing HIV testing services in sites reaching persons at increased risk; encouraging HIV testing, when indicated, as part of routine medical care; and supporting use of testing technologies acceptable to patients and appropriate to settings.
2. **Reduce HIV transmission to prevent new infection.** Strategies for doing so include early case identification through providing notification, testing, and prevention counseling for sex and needle-sharing partners of infected persons; facilitating diagnoses and treatment of STDs in persons with HIV infection; providing targeted behavior change interventions for persons with HIV infection and their partners; facilitating infected persons' participation in medical care and supportive services; and encouraging routine incorporation of prevention into medical care for HIV-positive persons.
3. **Reduce HIV risk behavior and co-factors** by providing targeted behavior change interventions for HIV-negative persons and persons of unknown HIV status who have behavioral risk factors for HIV infection, promoting community norms for adopting safer behaviors, and providing STD partner services.
4. **Reduce the number of HIV-positive persons that progress to AIDS** by linking persons with HIV infection to medical care and support services.

RECOMMENDATIONS FOR HIV PREVENTION SERVICES

Activities and strategies outlined in the sections that follow focus on reinforcing the infrastructure necessary for supporting prevention interventions, refining activities to address unmet priority needs among defined populations, and focusing resources on activities most likely to reduce new HIV infections.

Counseling, Testing, Referral (CTR)

The major functions of CTR programs are to provide clients with:

- A convenient opportunity to learn their current HIV serostatus;
- A means to receive counseling to help initiate behavior change to avoid infection or if already infected, to prevent transmission to others; and
- Referrals to additional prevention, medical care, and other needed services.

Recommendation 1: The HIV/AIDS/Hepatitis Program should strive for greater uniformity of service delivery among all IDPH-contracted CTR sites.

- 1.1 Counselors conducting HIV risk reduction counseling and testing at HIV prevention funded sites should attend the IDPH-sponsored *Fundamentals of HIV Prevention Counseling* workshop before delivering CTR services.
- 1.2 CTR standards should be developed and published by IDPH.
- 1.3 The program should provide site visits at least annually and report the results of those visits to the CTR supervisors at each site. Site visit protocol should follow directly from the standards.

Recommendation 2: IDPH-contracted CTR sites should target those populations prioritized in Chapter 7.

- 2.1 Performance standards should be established that reward sites for reaching the prioritized populations.
- 2.2 Sites should be encouraged to use innovative techniques (e.g., social networks, outreach, use of Internet, etc.) to recruit and locate hard-to-reach populations that may not access traditional health care settings on their own.
- 2.3 Non-traditional settings of service delivery should be investigated.
- 2.4 A broader base of agencies should be recruited to deliver CTR services. Substance abuse agencies, minority-based agencies, faith-based organizations, county jails and emergency departments that serve under-represented populations should be encouraged to become service providers.
- 2.5 Data should be available to CTR sites to monitor program performance.

Recommendation 3: CTR service providers should deliver integrated services that include STD testing, hepatitis B and C testing, immunizations for hepatitis A and B, TB testing, and referrals for substance abuse and mental health evaluation, housing opportunities, or other support services.

- 3.1 The program should disseminate a request for proposal that incorporates hepatitis C testing and immunizations for hepatitis A and B into provision of CTR services.
- 3.2 The department should include testing for hepatitis B as a full complement of services available at CTR sites.

Recommendation 4: A rapid testing program should be developed and implemented in the state.

- 4.1 All IDPH-funded CTR sites should have the ability to offer rapid testing to their clients.
- 4.2 The department should work with major hospitals in higher prevalence areas of the state to offer rapid testing in emergency departments.

Partner Counseling and Referral Services (PCRS)

The major functions of PCRS programs are to:

- Assist HIV/STD-infected persons in identifying sex and needle-sharing partners;
- Confidentially inform sex and needle-sharing partners of their possible exposure to HIV or other STDS, or assist infected persons in informing their partners directly;
- Provide partners with client-centered prevention counseling that assists and supports them in efforts to reduce HIV/STD risk or, if infected, of transmitting HIV or STDs; and
- Minimize or delay disease progression by identifying HIV/STD-infected partners as early as possible in the course of infection and assisting them in obtaining appropriate preventive, medical, and other support services.

Recommendation 1: Iowa should strive for greater uniformity of service delivery of PCRS.

- 1.1 IDPH should develop, publish, and enforce statewide standards and protocols for traditional and Internet partner notification.
- 1.2 IDPH should require that PCRS investigators attend an initial PCRS training and annual PCRS updates.
- 1.3 IDPH should enhance its analysis of PCRS data, looking for patterns of concern (i.e., social networks, race, ethnicity, and risk factors).
- 1.4 Monthly PCRS investigator reports should be provided to ensure that standards and protocols are met or exceeded.
- 1.5 Reports should be used to implement continuous quality improvement.

Recommendation 2: All persons who have been exposed to HIV should receive PCRS.

- 2.1 IDPH should strive to ensure that 100 percent of those individuals receiving HIV-positive test results are offered public health agency assistance for partner counseling and referral.
- 2.2 IDPH should strive to ensure notification of 100 percent of named partners utilizing traditional methods and new technologies, such as Internet partner notification, Internet outreach, and text messaging.

Recommendation 3: A PCRS investigator should be used to ensure linkage to care services.

- 3.1 IDPH should strive to assure that 100 percent of the individuals with newly identified HIV infection receive access to appropriate primary and secondary prevention services (e.g., syphilis testing, TB testing, immunizations, substance abuse treatment, mental health services).
- 3.2 A PCRS investigator should revisit an HIV-infected person after 6 months if that person has not accessed care, as evidenced by the report to the department of a viral load or CD4+ cell count.
- 3.3 The department should investigate the development of a program to visit people who have been out of care for more than one year to reconnect them to care services.

Health Education/Risk Reduction (HE/RR)

Evidence-based interventions will be used to help target populations reduce the risk of becoming HIV-infected or, if already infected, of transmitting the virus to others.

Recommendation 1: Agencies contracted by IDPH to provide HE/RR activities should target the priority populations identified in Chapter 7 and select interventions defined by the CPG, as described in Chapter 11.

- 1.1 Agencies should be allowed to tailor interventions to meet the needs of the populations they are serving.
- 1.2 The department should provide opportunities for training on selecting, providing, and adapting interventions.
- 1.3 The department should conduct a cost analysis of funded prevention interventions to assist agencies in selecting interventions that would be most appropriate for their capacity and setting.

Recommendation 2: Racial and ethnic health disparities in diagnoses of STDs, HIV, TB, and hepatitis should be addressed through a specific and well-defined initiative.

- 2.1 Conduct a needs assessment to determine the capacity of minority-based organizations and IDPH contactors to deliver programs to minority populations; the best methods for prevention service delivery among minority populations; unmet need for other services among minority populations; the ability and interest of faith-based organizations to take a leadership role on health issues; and the capacity-building requirements of IDPH to

- address disease prevention needs of minority populations in the state.
- 2.2 Facilitate the development of a statewide strategic plan that incorporates the results of the needs assessment.
- 2.3 Establish an *ad hoc* committee to the CPG to focus on racial and ethnic health disparities.

Recommendation 3: Increase the capacity of community-based organizations to implement research-based, effective behavioral interventions.

- 3.1 The department should provide at least three educational opportunities annually for HIV prevention providers to improve the implementation of evidence-based interventions.

Recommendation 4: A broader base of agencies should be recruited to deliver HE/RR services. Substance abuse agencies, minority-based agencies, and faith-based organizations that serve under-represented populations should be encouraged to become service providers.

Recommendation 5: An HIV prevention program should be established in all state correctional facilities.

- 5.1 The department, in collaboration with the Iowa Department of Corrections, should support an HIV prevention peer education program within all state correctional facilities.
- 5.2 The department, in collaboration with the Iowa Department of Corrections, should support a pre-release HIV prevention program for all offenders.

Perinatal Transmission Prevention

Recommendation 1: IDPH should improve the percentage of women who are tested for HIV as part of their routine prenatal care.

- 1.1 The department should introduce legislation to implement CDC’s *Revised Recommendations for HIV Testing of Adults, Adolescents, and Pregnant Women in Health-Care Settings*, which call for mandatory opt-out testing of pregnant women.
- 1.2 The department should develop a program to educate all health care providers on the new CDC recommendations.

Public Information Programs, Social Marketing, Media

Recommendation 1: A clearinghouse should be maintained to distribute free information to health care providers and the public on prevention of STDs, HIV, and viral hepatitis.

Recommendation 2: Educate all health care providers in the state on the recommendations for routine HIV testing in CDC’s *Revised Recommendations for HIV Testing of Adults, Adolescents, and Pregnant Women in Health-Care Settings*.

Recommendation 3: The department should support a statewide prevention marketing campaign to address STDs, HIV, and viral hepatitis.

Systems Capacity, Capacity Building, Technical Assistance

Recommendation 1: Develop an annual plan to provide opportunities for HIV prevention and care providers to receive training or technical assistance in selected prevention areas, as determined by the department, its contractors, and the community planning group.

1.1 The department should provide educational opportunities annually for HIV prevention providers to improve the capacity of providers to deliver services.

Recommendation 2: The department should work with the Department of Education and the University of Iowa Hospitals and Clinics to ensure that a comprehensive statewide HIV conference occurs annually.

Recommendation 3: Strengthen activities to evaluate HIV prevention activities in community-based and governmental organizations, and conduct annual evaluations of all HIV prevention interventions funded by the HIV/AIDS/Hepatitis Program.

Recommendation 4: Introduce legislation to update Iowa Code 141A so that CDC’s *Revised Recommendations for HIV Testing of Adults, Adolescents, and Pregnant Women in Health-Care Settings* can be implemented throughout the state.

- 4.1 Allow for general or oral consent to be used for HIV testing.
- 4.2 Remove the requirements for written consent and parental notification of positives for minors.
- 4.3 Remove any other barriers to the implementation of routine, opt-out testing for persons 13 to 64 years of age.

Recommendation 5: The department should focus on adding structural interventions to its portfolio of prevention strategies. Structural interventions aim at modifying the social, economic, and political structures and systems in which we live. These may affect legislation, media, health care, and the market place. Structural interventions directly alter the physical environments in which people live, work, play, and have sex, to help reduce risk.

- 5.1 Convene stakeholders across the state to examine the feasibility of establishing better access to clean needles for injection drug users.
- 5.2 The department, in collaboration with the Department of Education and other youth-serving agencies, should develop a resource list of medically accurate, age-appropriate,

research-based HIV/STD and pregnancy prevention curriculum and materials.

Recommendation 6: Promote cross training of prevention and care providers.

Recommendation 7: Increase the capacity of IDPH to evaluate programs for cost-effectiveness.

Community Planning

Recommendation 1: Request technical assistance to investigate novel methods of prioritizing minority populations that show disproportionate rates of HIV diagnoses.

Recommendation 2: Ensure that the proportion of populations most at risk, as documented in the epidemiologic profile or the priority populations in Iowa's Comprehensive HIV Plan, have at least one CPG member that reflects the perspective of each population.

- 2.1 The department should support the community planning process by supporting meeting logistics (CPG, public, and other input-focused meetings).
- 2.2 The department should support CPG member involvement, including provision of meals and reimbursement for transportation and expenses etc., especially for persons with or at risk for HIV infection.
- 2.3 The department should support infrastructure for the HIV prevention community planning process (such as staff, consultants, contracts etc.).

Recommendation 3: Improve communication between IDPH, the Community Planning Group, and the public.

- 3.1 The program should expand its website to include more information on community planning and the CPG meetings.
- 3.2 Agendas should be posted prior to CPG meetings and the minutes should be accessible prior to the next scheduled CPG meeting.
- 3.3 A separate, password-protected section of the webpage should be dedicated for use of community planning group members to share documents and information pertinent to their planning activities.

Recommendation 4: Ensure that prevention planning and care planning are synchronized and coordinated to increase integration of prevention and care services.

- 4.1 Develop an *ad hoc* committee of the CPG to review alternate models for merged planning bodies and to make recommendations to the CPG.

HIV/AIDS Surveillance

The major functions of HIV/AIDS surveillance programs are to conduct the following activities:

- Monitor the number of annual cases of HIV diagnosed, the prevalence of persons living with HIV infection, and HIV-related morbidity (including AIDS) and mortality in adults, adolescents and children;
- Monitor perinatal exposure to HIV and HIV infection in infants;
- Monitor behaviors related to HIV testing, risks factors of HIV infection, and access to care in HIV-infected populations;
- Identify changes in trends of HIV transmission;
- Analyze and use data gathered as a guide for allocation of resources for HIV treatment, care, and other services provided to HIV-infected persons and affected communities, and for prevention and treatment services planning and evaluation;
- Evaluate the performance of the HIV/AIDS surveillance system to identify gaps and ensure accuracy, completeness, and timeliness of information collected; and
- Implement projects to supplement the information available through HIV and AIDS case reporting to enhance and extend the ability to plan for public health programs.

Recommendation 1: The Iowa HIV/AIDS surveillance program should strive to enhance the analysis and dissemination of HIV/AIDS surveillance data and interpretation for prevention and health services planning and evaluation.

- 1.1 In years when an epidemiological profile is not developed, the department should publish a supplement to the profile that describes important trends and data on the epidemic.
- 1.2 The department should develop quarterly epidemiological reports to provide timely analysis of trends in HIV and AIDS diagnoses. The reports should be presented at CPG meetings. To encourage and enhance CPG discussion of the quarterly HIV/AIDS surveillance report, copies of the report should be provided in advance of the CPG meeting at which the report is to be presented.
- 1.3 The department should analyze data and issue reports on topics of special interest, such as late testers, persons not in care, behavioral surveillance projects, and emerging trends in the demographics or risk behaviors of newly diagnosed cases.
- 1.4 To provide CPG members with an expanded basis for interpreting data and understanding its limitations, IDPH should explore the feasibility of offering mini-courses, e.g., “Epidemiology 101” or “Surveillance 101.”

Recommendation 2: The epidemiological profile and information committee should strive to include minorities, particularly African American and Hispanic persons, as reviewers of the epidemiological profile.

HIV Prevention Funding

Recommendation 1: The State of Iowa, through the Iowa Department of Public Health (IDPH), should strive to secure and provide all the resources necessary to implement a comprehensive HIV/AIDS prevention program.

- 1.1 IDPH should ambitiously pursue all federal resources available to the state through the Department of Health and Human Services.
- 1.2 IDPH should seek supplemental resources, including state funding, to expand HIV prevention services in Iowa.

Conclusions

The Iowa CPG recommends that the full range of comprehensive HIV prevention program activities set forth in CDC guidelines and in the previous recommendations be conducted in Iowa. Recommended prevention interventions should be, to the greatest extent possible, science-based with evidence of effectiveness for the specified priority populations.

Iowa's HIV Comprehensive Plan outlines a strategy to respond to the epidemic and reduce risk behaviors among those at greatest risk for HIV infection. One-year objectives consistent with this plan are established annually in the IDPH HIV/AIDS/Hepatitis Program's application for federal funding from the Centers for Disease Control and Prevention.

Iowa's HIV Comprehensive Plan identifies HIV prevention and care needs, and a multitude of resources that presently address unmet HIV prevention and care needs, or could in the future. It identifies characteristics of effective interventions. Iowa's HIV Comprehensive Plan also highlights areas in which the Iowa Department of Public Health, specifically the HIV/AIDS/Hepatitis Program, should take the lead in supporting technical assistance; enhancing statewide coordination, communication, and planning between agencies; and where possible, enhancing funding. Its overall goal is to maximize the use of local, state, and federal resources to strengthen prevention and care efforts.

Iowa's HIV Comprehensive Plan guides the HIV/AIDS/Hepatitis Program to maintain and strengthen partnerships with units of state government and other entities serving populations at increased risk of HIV infection, to stimulate and facilitate effective prevention interventions, and to link affected individuals to appropriate resources for care.

The CPG recognizes that additional funding will be needed to expand and implement all of the recommendations listed in this chapter. The CPG recommends that IDPH secure supplemental resources, including state funding, to expand and provide all of the activities included in a comprehensive HIV prevention program.

Part E: Implementation Plan

Chapter 10:

Care Strategic Plan



The Strategic Plan

The Strategic Plan describes goals and objectives for improving services for Iowans living with HIV/AIDS with specific emphasis on Health Resources and Services Administration (HRSA) funded entities, including Ryan White Titles II and III and the Midwest Area Training and Education Center (MATEC). This section answers the second question in the planning process, *“Where do we want to be?”*

There are four topics in the Strategic Plan that mirror the four main sections identified in the SCSN. The Strategic Plan was developed by HIV/AIDS/Hepatitis Program staff with input from the Iowa Community Planning Group (CPG) and the SCSN workgroup.

Section I: PLWHA Not in Care

Problem Statements:

- In 2005, there were 26% of PLWHA in Iowa who knew their positive status and did not receive regular medical care. Clients often do not understand the importance of regular HIV medical care.
- There is varied knowledge of this problem by providers across the state and no plan in place to address it.

Goal I.A: Reduce number of PLWHA who know their status in Iowa not in care by 5% by 2010.

Objective I.A.1: Create regional task forces to develop “Best Practices” manual.

Objective I.A.2: Assess gaps in client information systems at key HIV medical providers to enable follow up with “out-of-care” patients.

Strategies:

- ❖ *Use Connecting to Care workbook as a template for best practices manual.*
- ❖ *Collaborate with all organizations serving Iowans living with HIV.*

Goal I. B: Improve “Unmet Need” understanding for all levels of HIV professionals in Iowa. This includes the definition and the significance.

Objective I.B.1: Arrange for the “Connecting to Care” training to be given in Iowa.

Objective I.B.2: Further analyze state unmet need data to determine contributing factors.

Objective I.B.3: Develop and distribute technical assistance materials on “Unmet Need”.

Objective I.B.4: Develop and offer curriculum (presentation) on key “Unmet Need” issues.

Strategies:

- ❖ Provide in depth training at CTR quarterly trainings.
- ❖ Provide in depth training at annual Ryan White new providers trainings.
- ❖ Offer sessions on Unmet Need every other year at statewide conference.

Goal I.C: Investigate the Chronic Care Model of Service Delivery

Objective I.C.1: Facilitate a literature and curricula review of Chronic Care Models, including the Stanford University Patient Self-Management Curriculum.

Objective I.C.2: Convene a statewide cross-titles meeting to discuss Chronic Care Models and the possibility of developing a plan of implementation.

Time Frame: Long term (2-5 years)

Responsible Agency: Title II and Surveillance

Potential Collaborative Partners: HIV Prevention Program, Title III, MATEC, U of I, DMU, HRSA, CBO, ICAP

Estimated Cost: Staff and intern time

Potential Funding Source: Ryan White Title II, III and MATEC

Section II: Communication, Coordination, and Collaboration Among Programs for PLWH/A

Problem Statements:

- There is a need for increased coordination and collaboration among existing programs designed to assist PLWHA.
- There is a lack of services coordination and understanding of mental health and substance abuse services.
- Prevention and Care services should continue to be integrated into each other.

Goal II.A: Improve coordination and collaboration between Ryan White Title II, III, MATEC, and Dental reimbursement programs.

Objective II.A.1: Develop secure, easy access, website for information sharing such as case management standards, staff turnover, successes and optimal solutions, newsletters, etc.

Objective II.A.2: Upgrade CAREWare to 4.1 and link all Title II and III providers to network.

Objective II.A.3: Hold networking meeting annually. Rotate responsibility for organizing and facilitating.

Goal II.B: Improve coordination and understanding between HIV service providers and mental health and substance abuse services.

Objective II.B.1: Request seat on Iowa Substance Abuse Supervisors Association.

Objective II.B.2: Request to attend statewide Mental Health group.

Objective II.B.3: Investigate local trainings and collaborative efforts already in place.

Goal II.C: Increase integration of prevention and care services and messages.

Objective II.C.1: Develop and implement outreach program to rural and general practice physicians.

Objective II.C.2: Implement OPTIONS program where possible.

Objective II.C.3: Ensure that prevention and care planning are synchronized and coordinated.

Objective II.C.4: Develop and deliver prevention messages in care trainings and care information in prevention trainings.

Time Frame: Short term (2-3 years)

Responsible Agency: Title II, Title III, MATEC, Prevention program

Potential Collaborative Partners: Prevention and Care contractors

Estimated Cost: Unclear, further investigation necessary

Potential Funding Source: Title II, Title III, and MATEC

Section III: Access Barriers

Problem Statements:

- Lack of transportation limits PLWHA ability to access services
- Funding is not increasing at the rate of new infections, making it difficult for organizations to offer comprehensive medical care, essential supportive services and life-saving medications.
- Not everyone who needs housing assistance receives it. The most recent Consumer Needs Assessment (CNA) indicates that 35% of those that needed housing assistance were not able to access it.
- Transportation to and from core services is not accessible to all who need it. The most recent CNA indicates that 35% of those that needed housing assistance were not able to access it.

- Stigma related concerns were cited by 45% of respondents of the Iowa CNA as the reason for being out of medical care.

Goal III.A: Ensure that quality services are available to those in the greatest need.

- Objective III.B.1: Develop and implement a statewide case management acuity scale to determine those with the greatest need.
- Objective III.B.2: Continue to develop and implement a comprehensive quality management program for supportive services.
- Objective III.B.3: Increase monitoring of the ADAP to ensure resources are maximized.

Goal III.B: Improve access to transportation resources for PLWH/A who lack transportation to needed core services. Reduce gap for transportation from 35% to 30% of PLWH/A by 2010.

- Objective III.A.1: Ryan White Title II contractors will develop a transportation plan per region which would include (at a minimum) current resources and identification of possible new resources.
- Objective III.A.2: Case managed PLWH/A should have goals that include money management and/or budgeting, as applicable, to decrease reliance on emergency programs.

Strategies:

- ❖ *Provide training at annual Ryan White new provider's trainings and other training opportunities.*
- ❖ *Develop standardized care plans that include examples of budgeting.*

Goal III.C: Reduce the gap for housing from 35% to 30% of PLWH/A by 2010.

- Objective III.C.1: Advocate at the state and federal levels for increased funding targeted at housing for PLWH/A
- Objective III.C.2: Increase provider awareness of existing housing resources and options for PLWH/A.
- Objective III.C.3: Case managed PLWH/A should have goals that include money management and/or budgeting, as applicable, to decrease reliance on emergency programs.

Strategies:

- ❖ *Hold Advocacy training for interested parties and develop a plan.*
- ❖ *Create statewide housing resource directory, including localized resources.*
- ❖ *Provide housing training at annual Ryan White new provider's trainings and other training opportunities.*
- ❖ *Develop standardized care plans that include examples of personal budgeting.*

Goal III.D: Develop and implement program to address HIV stigma.

- Objective III.D.1: Conduct literature and materials review of HIV and stigma.
- Objective III.D.2: Provide training focused on stigma issues to HIV providers.
- Objective III.D.3: Educate and encourage routine testing in high prevalence areas.

Time Frame: Long term (2-5 years)

Responsible Agency: CHAIN, Title II program

Potential Collaborative Partners: Iowa Finance Authority (IFA)

Estimated Cost: Staff and intern time

Potential Funding Source: Ryan White Title II program, IFA

Section IV: Quality Assurance

Problem Statement:

- Data collection requirements are time-consuming, cumbersome, and increasing while funding for these activities are decreasing.
- There is not a concrete system in place to measure whether supportive services are consistently provided across the state.

Goal II.A: Upgrade CAREWare to 4.1 and link all Title II and III providers to network.

Objective IV.A.1: Develop policies relating to a networked system.

Objective IV.B.2: Facilitate process of linking Title II and III providers to the network.

Goal II.B: Finalize and implement statewide Quality Management Plan.

Objective II B.1: Participate in National Quality Center and HRSA's LowIncidence State Initiative.

Objective II.B.2: Devote appropriate funds to a quality management program.

Objective II.B.3: Implement a complete quality management program utilizing HRSA's nine step guide.

Time Frame: Short term (2-3 years)

Responsible Agency: HIV/AIDS/Hepatitis Program, Community Planning Group, Title II and II Providers,

Potential Collaborative Partners: National Quality Center, HRSA

Estimated Cost: Staff time

Potential Funding Source: Title II, Title III, and MATEC