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Treatment Action Group

HIV • PJA

HIV PREVENTION JUSTICE ALLIANCE



Envisioning comprehensive HIV prevention service delivery in the US

Dec. 17, 2015

K. Rivet Amico, PhD, Research Associate Professor, *University of Michigan*

Dazon Dixon Diallo, Founder/President, *SisterLove Inc.*

Jim Pickett, Director of Prevention Advocacy and Gay Men's Health, *AIDS Foundation of Chicago*

Moderator: Jeremiah Johnson, HIV Prevention Research and Policy Coordinator, *Treatment Action Group*

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-
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Overview

Jeremiah Johnson, HIV Prevention Research and
Policy Coordinator, *Treatment Action Group*

Today's Agenda

- **Overview**
 - **Jeremiah Johnson**, HIV Prevention Research and Policy Coordinator, *Treatment Action Group*
- **What are we trying to prevent and where tools fit...**
 - **K. Rivet Amico**, PhD, Research Associate Professor, *University of Michigan*
- **TAG/amfAR Action Plan**
 - **Dazon Dixon Diallo**, Founder/President, *SisterLove Inc.*
- **So what?**
 - **Jim Pickett**, Director of Prevention Advocacy and Gay Men's Health, *AIDS Foundation of Chicago*

- **Q&A**

About Treatment Action Group

Treatment Action Group is an independent research and policy think tank focused on activism to accelerate research, treatment, access, and community information to prevent, treat, and cure HIV and its most common coinfections, hepatitis C virus (HCV) and tuberculosis (TB).

www.treatmentactiongroup.org

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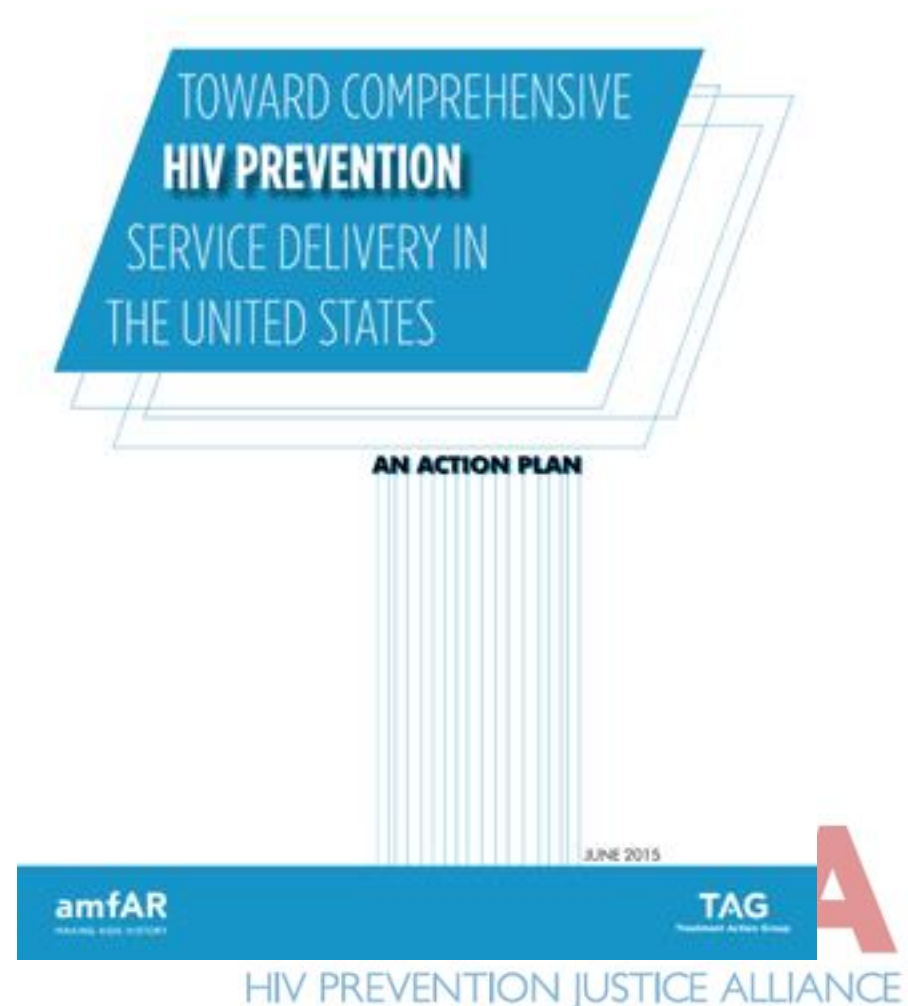
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TAG's Work on HIV Prevention

- Recently published a national action plan for HIV prevention
- Piloting an Activist Education Initiative for advocates and other stakeholders working toward comprehensive, evidence-based HIV prevention service delivery for vulnerable populations



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For More Information

Action Plan:

<http://www.treatmentactiongroup.org/hiv/publications>

Follow us on Facebook:

Treatment Action Group (TAG)

Contact Jeremiah:

Jeremiah.Johnson@treatmentactiongroup.org

What are we trying to prevent and where tools fit...

K. Rivet Amico, PhD, Research Associate Professor,
University of Michigan



HIV PREVENTION IN THE US

- We know there are about 50,000 people a year in the US that get infected.
- Centers for Disease Control and Prevention. HIV Surveillance Report, 2014; vol. 26.
 - 44,782 new HIV cases in 2014
 - Stable for men; ↓ for women
 - ↑ ages 25-29 and 20-24
 - ↑ in among Latino MSM and African-American/black MSM



HIV PREVENTION IN THE US

- HIV remains a devastating epidemic nationally and worldwide
- **NEED** to prioritize prevention
 - Engaging PLWH in effective care
 - Engaging people who are HIV negative in prevention

HIV PREVENTION IN THE US

- TODAY
 - Prevention “Tools” for HIV negative individuals

HIV PREVENTION IN THE US

- Briefly...
 - The HIV *infection* cascade
 - Map on prevention tools as pathways out
 - Situate pathways into real-world barriers and resources
- Hand Off to fellow presenters to discuss service models that mobilize prevention efforts and disrupt and interrupt the infection cascade



HIV *INFECTION* CASCADE

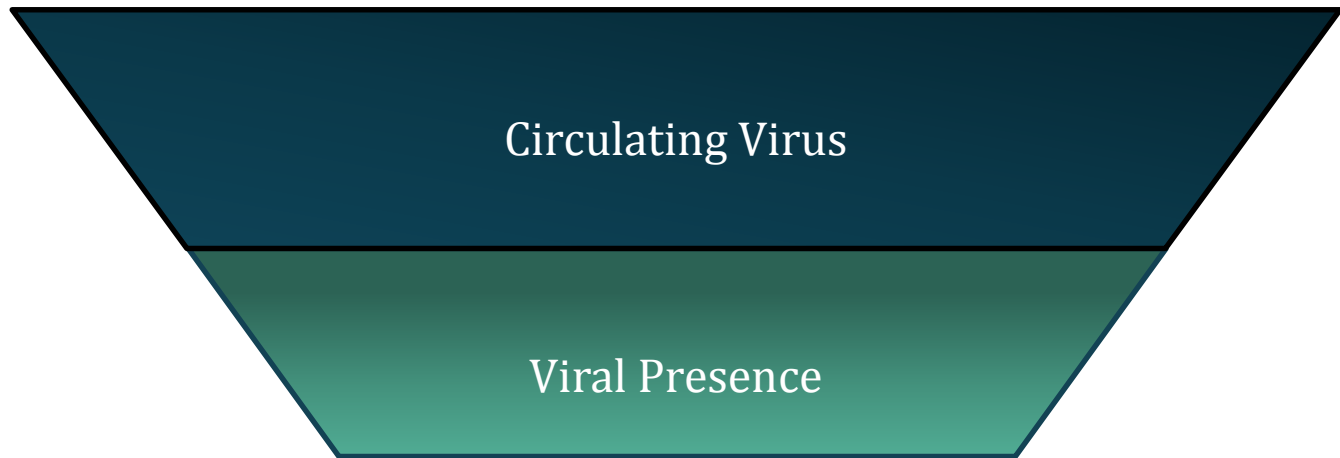
What are the main things that **NEED** to happen for HIV infection to occur?

HIV *INFECTION* CASCADE

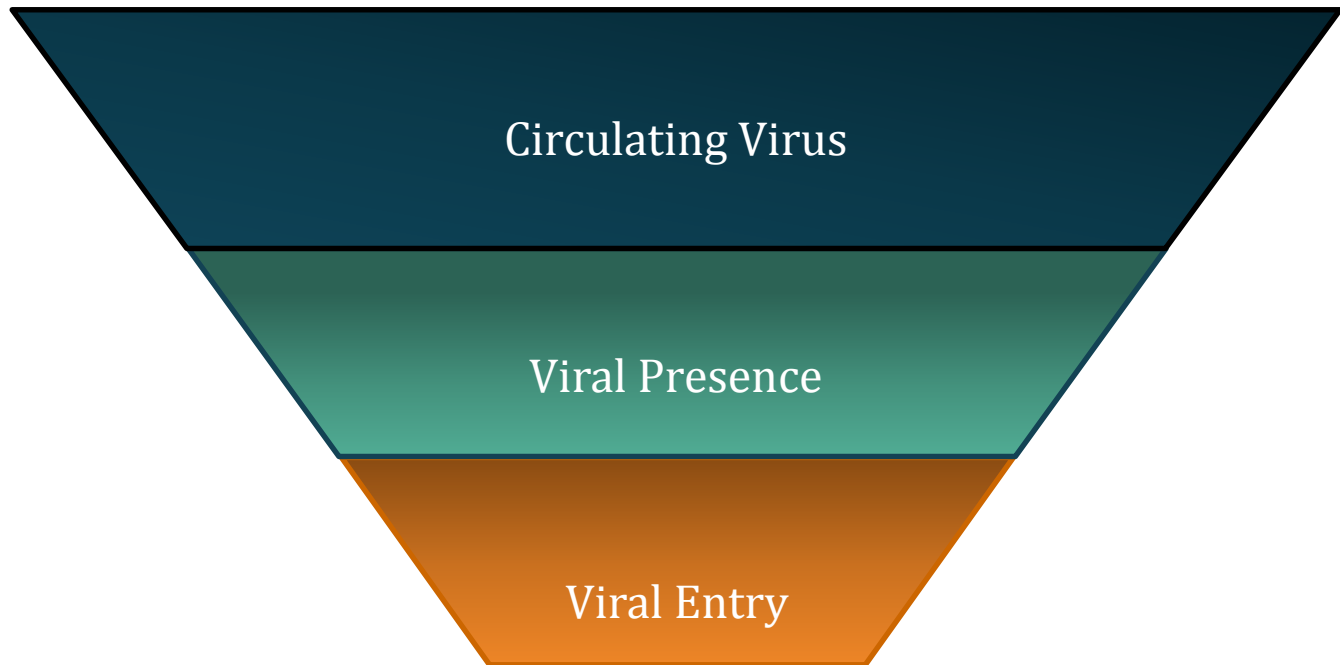


Circulating Virus

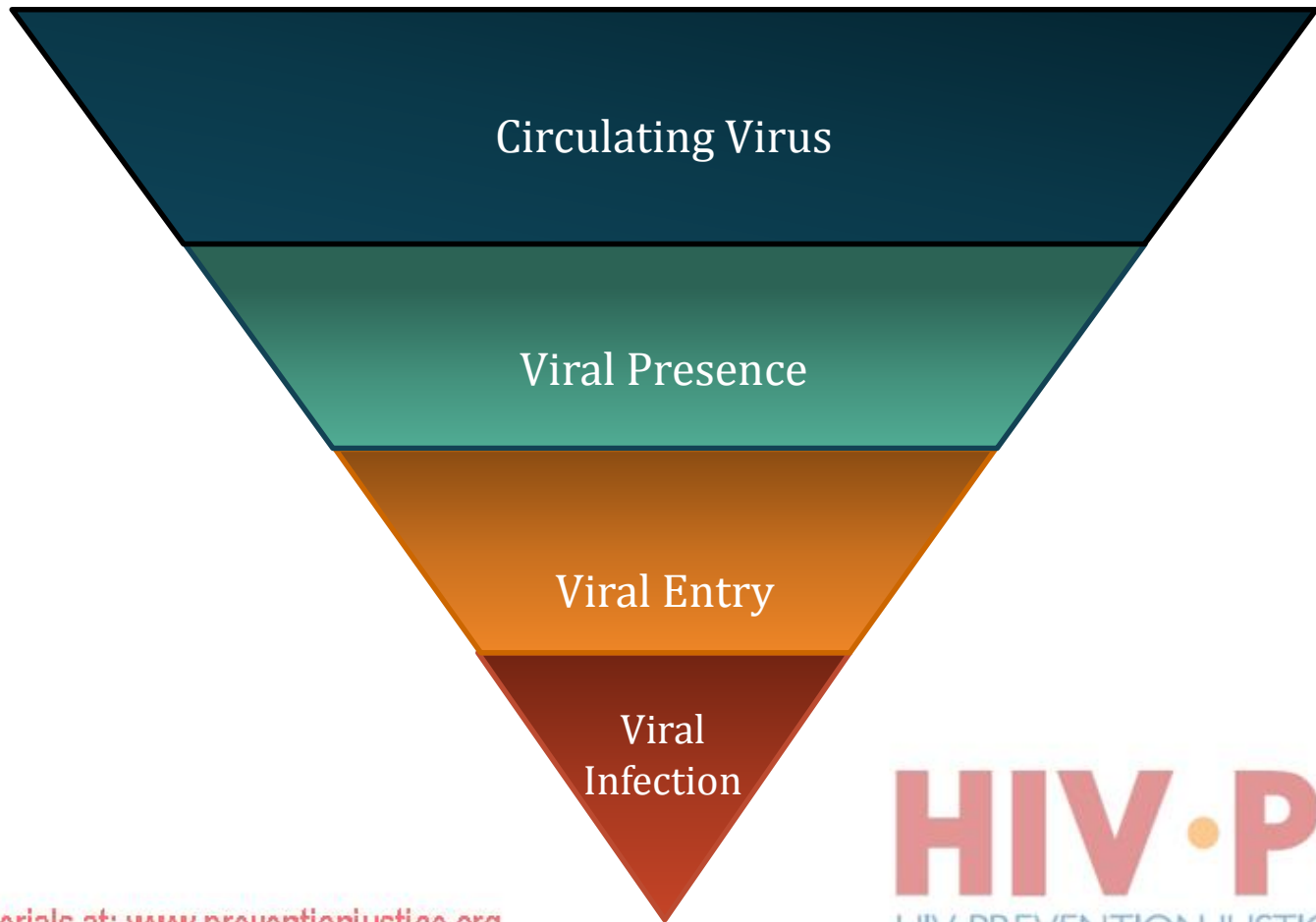
HIV *INFECTION* CASCADE



HIV *INFECTION* CASCADE



HIV *INFECTION* CASCADE



HIV INFECTION CASCADE

Eliminate Virus in community High uptake of testing; high/complete levels of durable viral suppression; CVL, test, link, treat, retain

Circulating Virus

Viral Presence

Viral Entry

Viral Infection

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HIV INFECTION CASCADE

REDUCE Virus in community High uptake of testing; high/complete levels of durable viral suppression; CVL, test, link, treat, retain

Circulating Virus

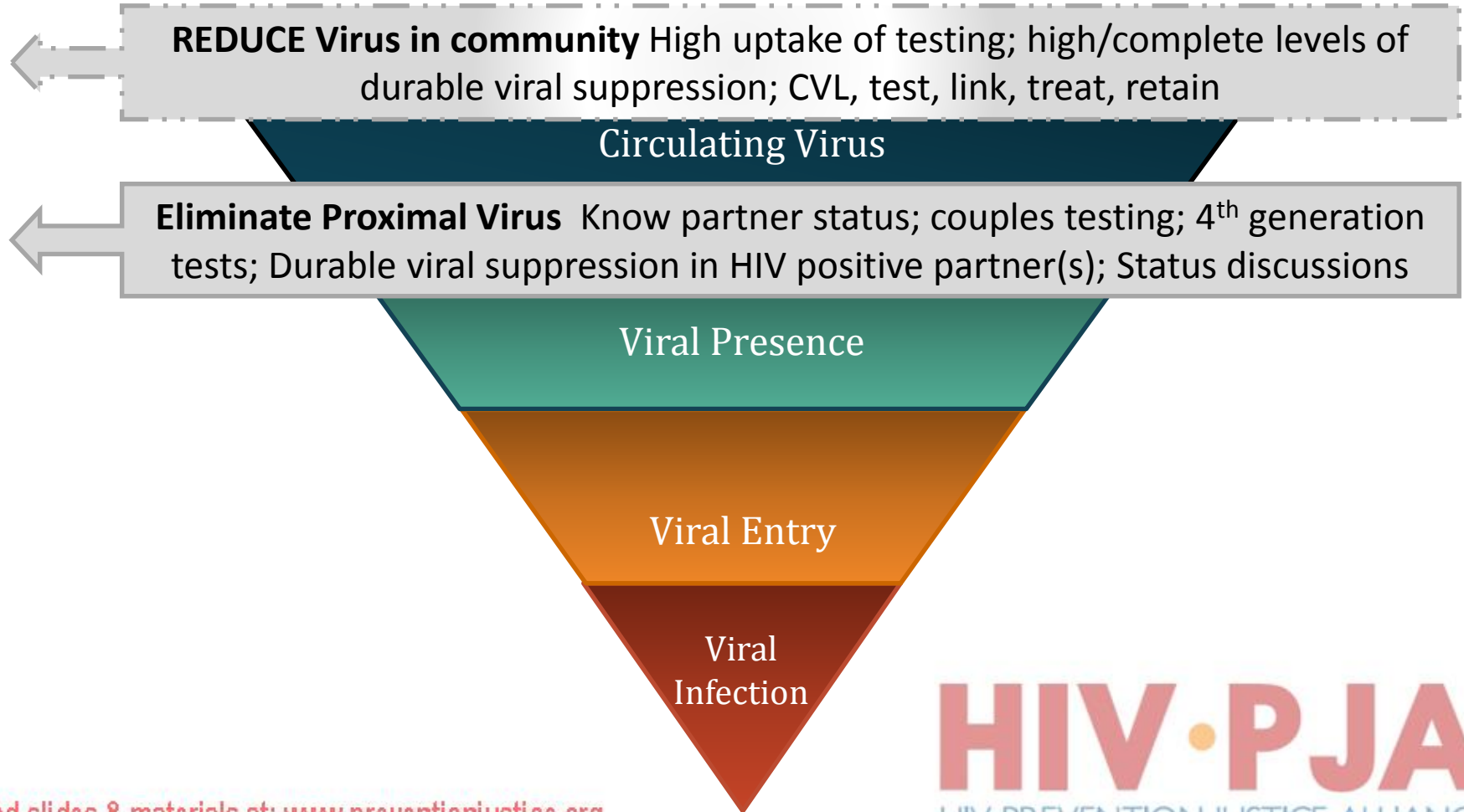
Viral Presence

Viral Entry

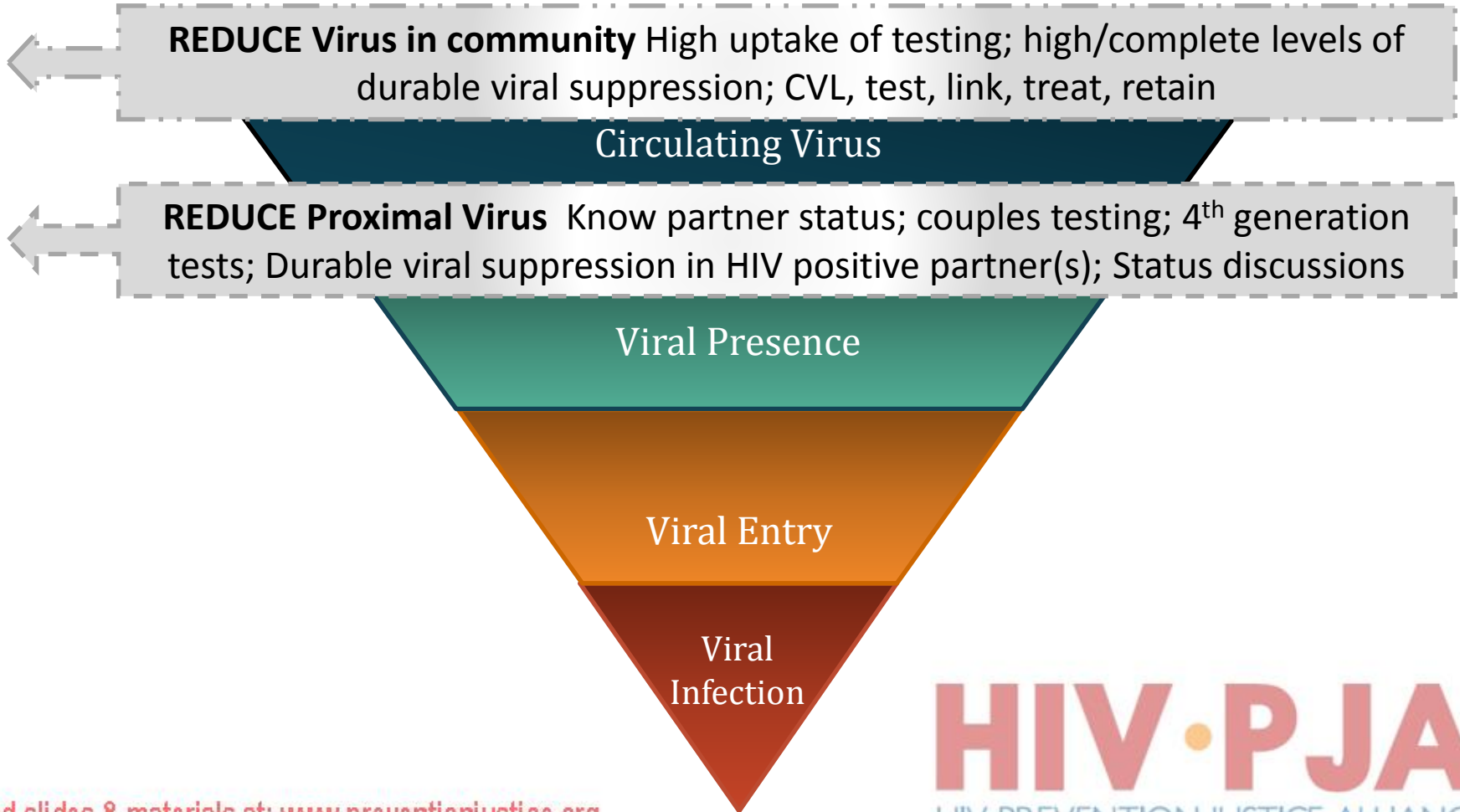
Viral Infection

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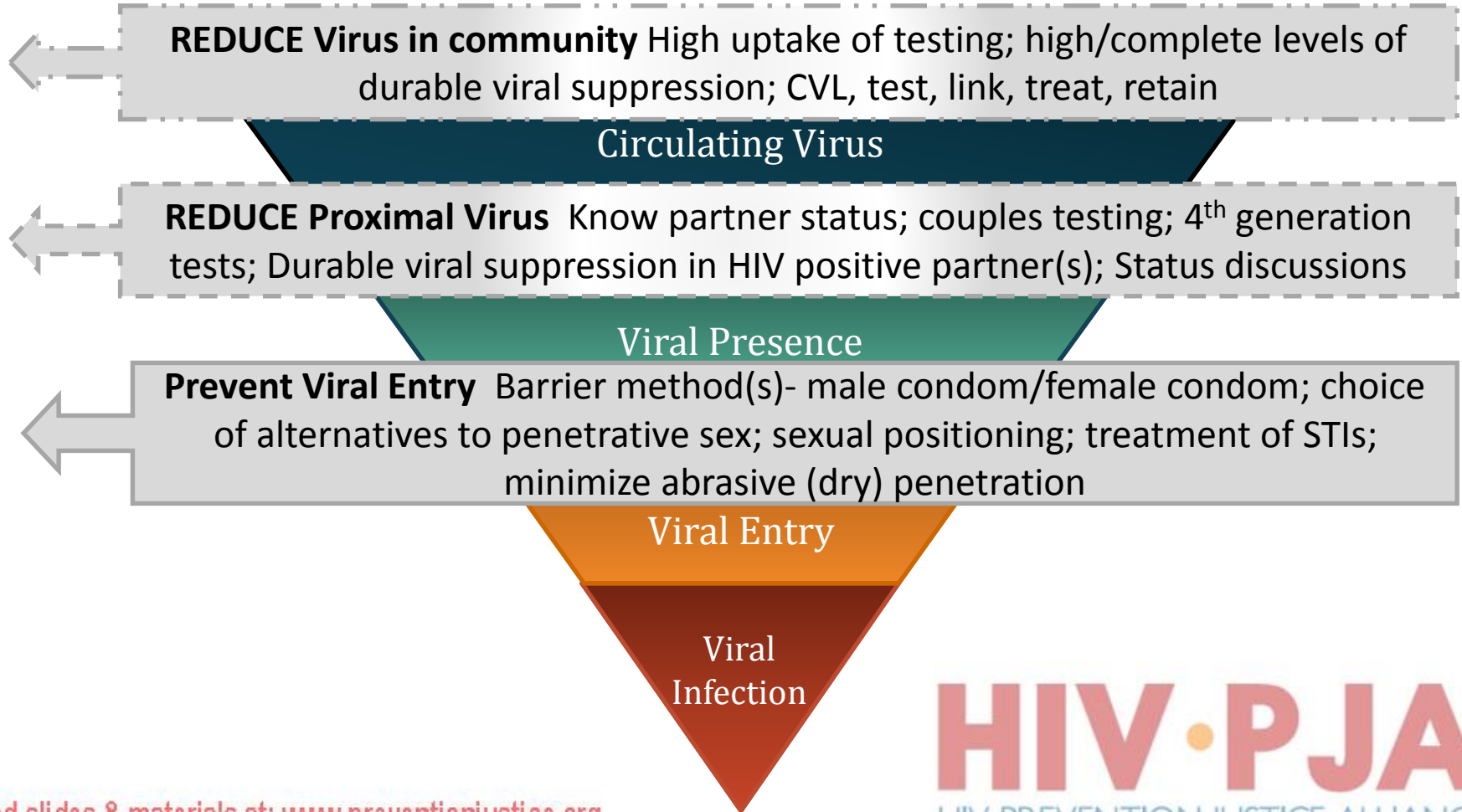
HIV INFECTION CASCADE



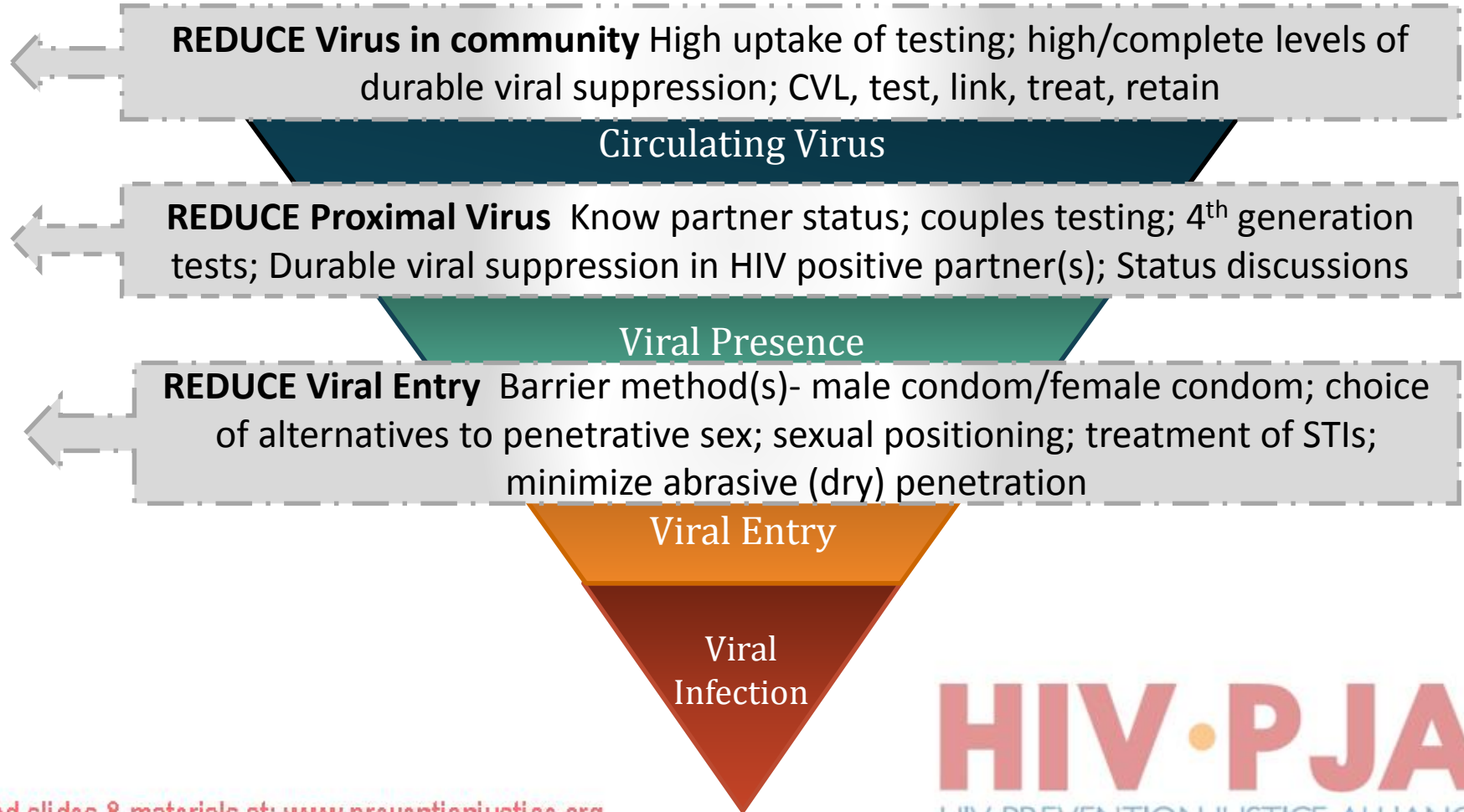
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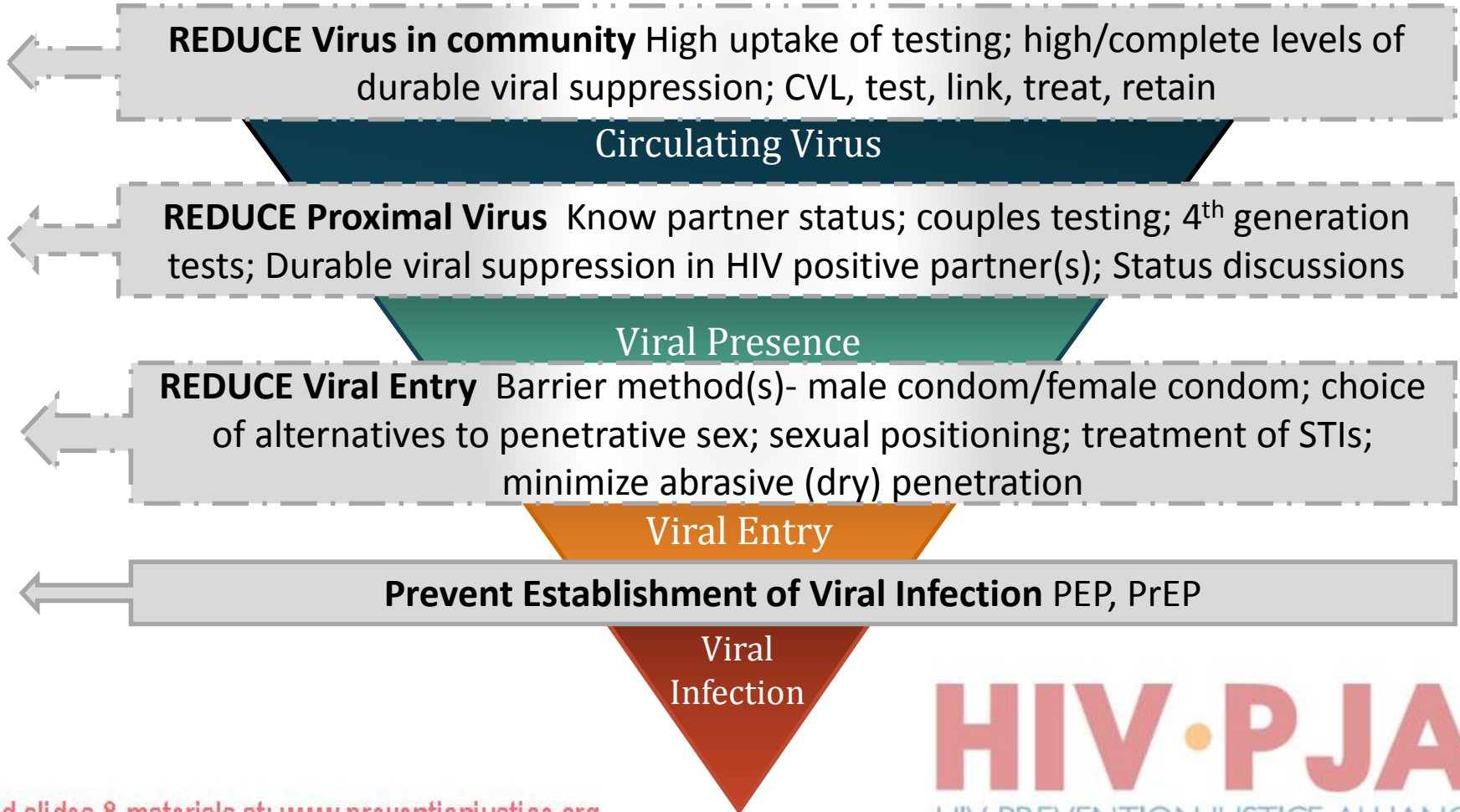
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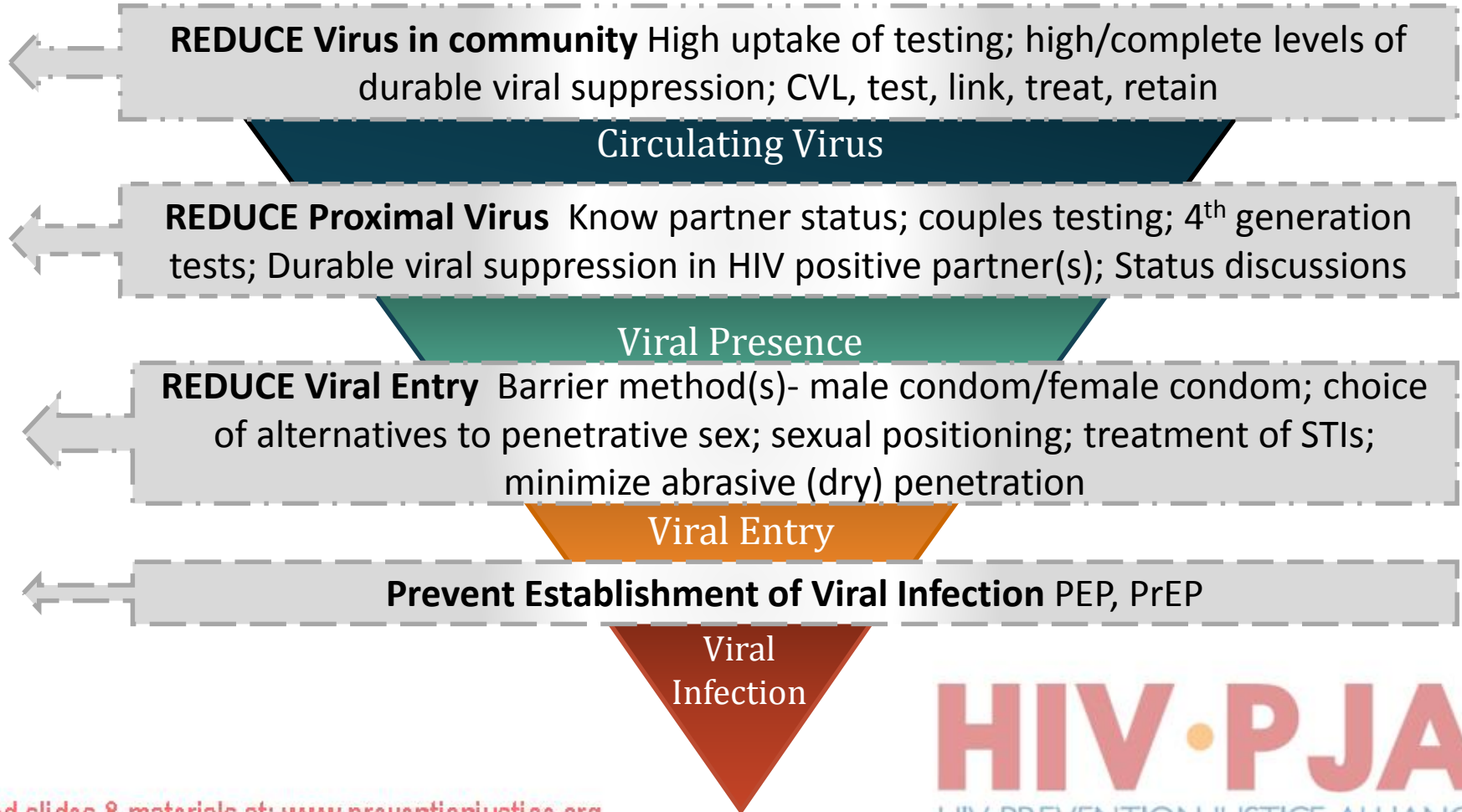
HIV INFECTION CASCADE



HIV INFECTION CASCADE

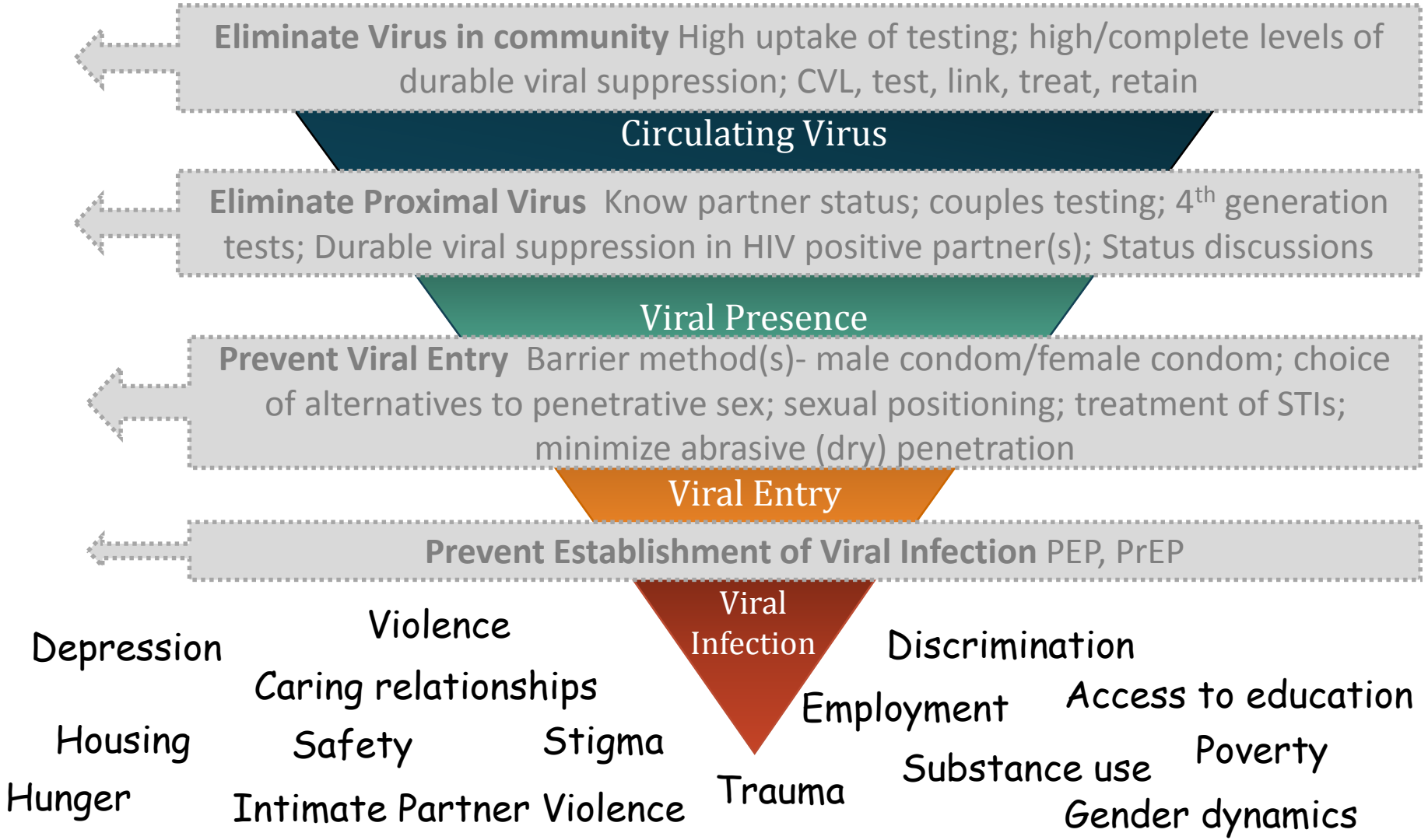


HIV INFECTION CASCADE



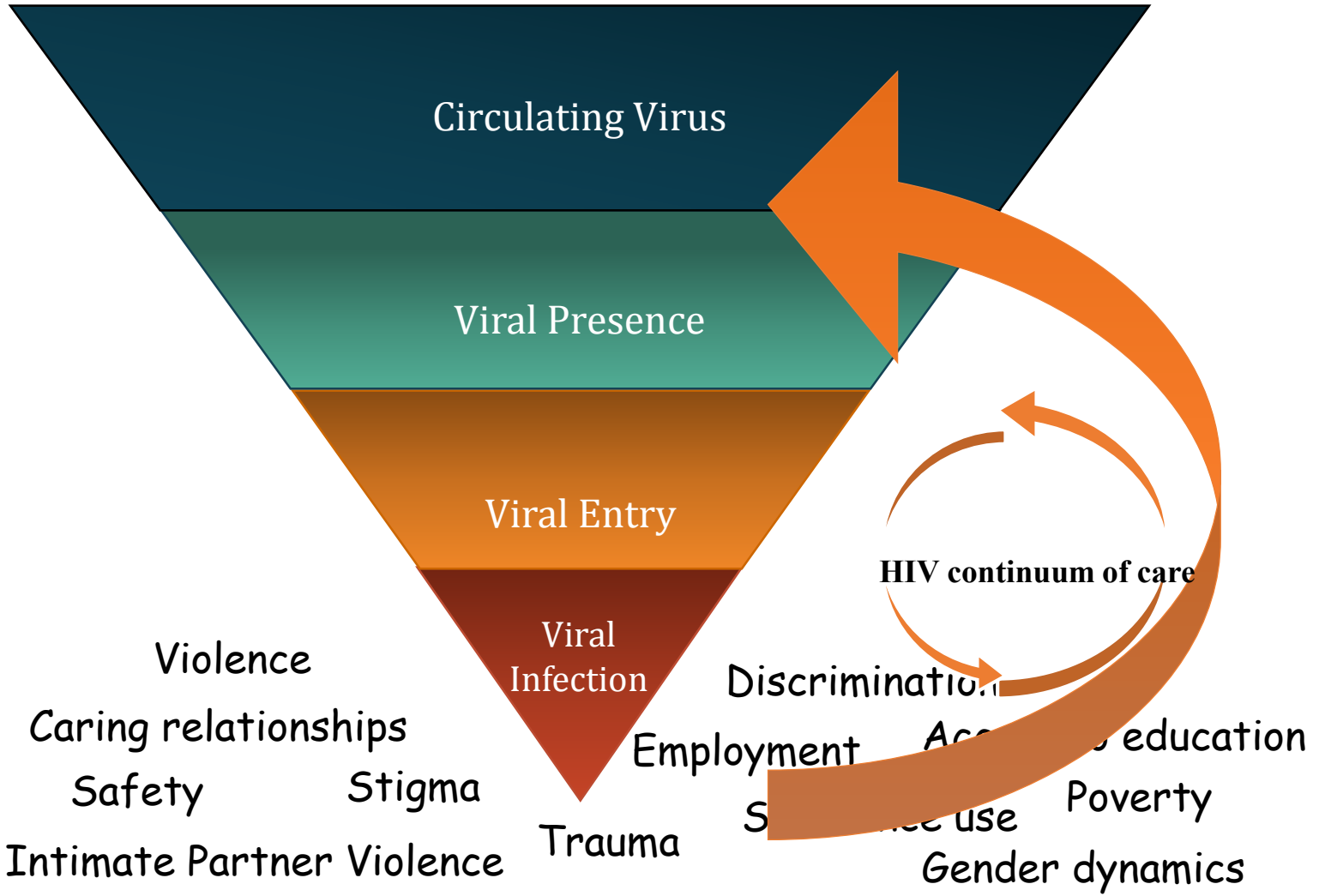
In Context

Interrupting the HIV INFECTION CASCADE



In Context

Interrupting the HIV INFECTION CASCADE



What's needed?

- **SERVICE MODELS**

- **INTERRUPTING AND DISRUPT**

- SERVICE MODELS

- GOALS

- »Promoting the **OPTIONS, ACCESS**
and **EASE** of using any known
pathway to prevention

TOWARD COMPREHENSIVE
HIV PREVENTION
SERVICE DELIVERY IN
THE UNITED STATES

AN ACTION PLAN

JUNE 2015

amfAR
AMERICAN FOUNDATION FOR AIDS RESEARCH

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Dazon Dixon Diallo, Founder/President,
SisterLove Inc.

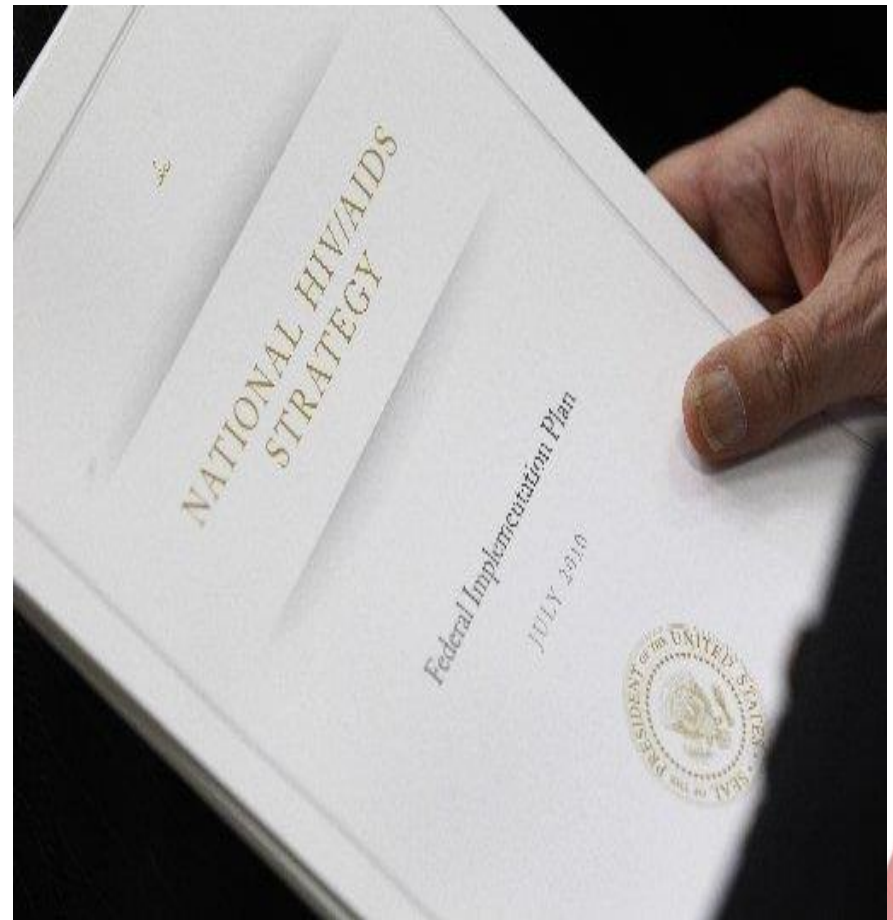
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NHAS: Preventing New Infections

- Reining in new infections in key populations
- Better, faster surveillance & epidemiology
- Science & Policy bring opportunity for progress



TAG/amfAR Partnership for an Action Plan

- 2014 – Convened 2 Consultations
- Reviewed current prevention tools in context of the ACA
- Focused on challenges & opportunities for a community-based research & implementation agenda

<http://www.treatmentactiongroup.org/hiv/publications/toward-comprehensive-hiv-prevention-service-delivery-united-states-action-plan>

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An Action Plan: The Purpose

- Define a community-focused national strategy for integrating interventions & services
- Develop HIV prevention service delivery continuum
- Identify research and implementation priorities
- Help galvanize stakeholders for prevention with similar effect as the HIV Care Continuum

Prevention Toolbox w/ HIV Negatives

- HIV Testing & Counseling
- Educational & Behavioral Interventions
- Syringe-Exchange Programs
- Drug & Alcohol Use Counseling
- Prevention & Treatment of STIs
- Housing, Case Management & Ancillary Services
- Condoms
- Post-exposure Prophylaxis (PEP)
- Pre-exposure Prophylaxis (PrEP)

Adherence is a constant challenge with ANY HIV prevention intervention.



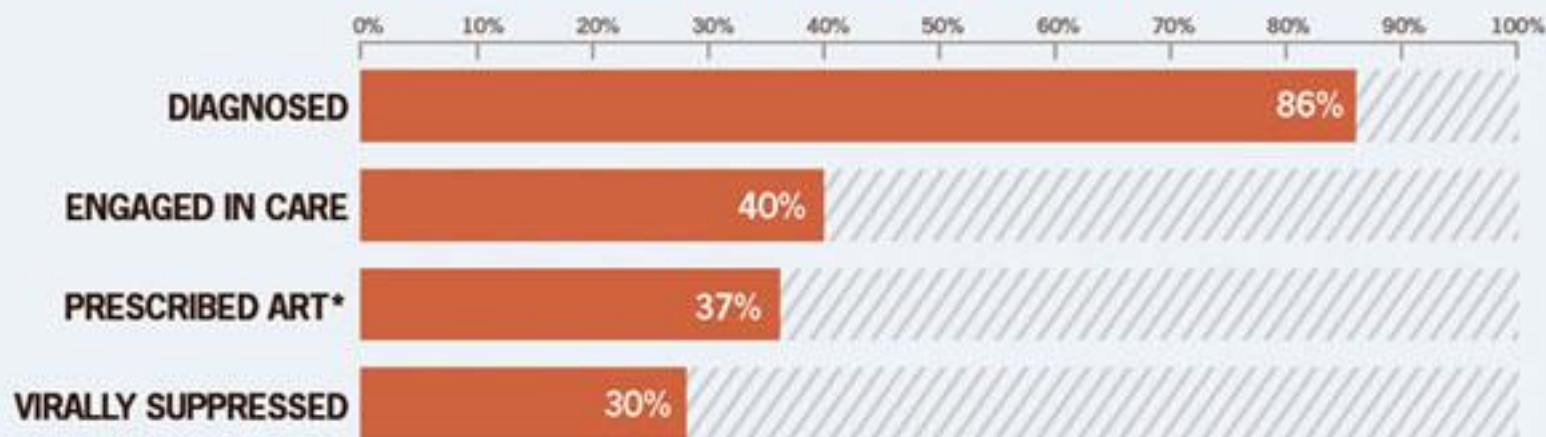
Barriers/Opportunities for HIV Prevention Service Engagement

- Cross Populations
 - Trained, Culturally competent, sex-positive providers
 - Systems navigation complexities
 - Promoting pleasure & Health vs Disease Avoidance
- Lack of Comprehensive sex education & community HIV knowledge
- A large diversity of Key Populations at substantial risk

HIV Care Continuum Effect

HIV Care Continuum Shows Where Improvements are Needed

In the US, 1.2 million people are living with HIV. Of those:



SOURCES: CDC National HIV Surveillance System and Medical Monitoring Project, 2011.

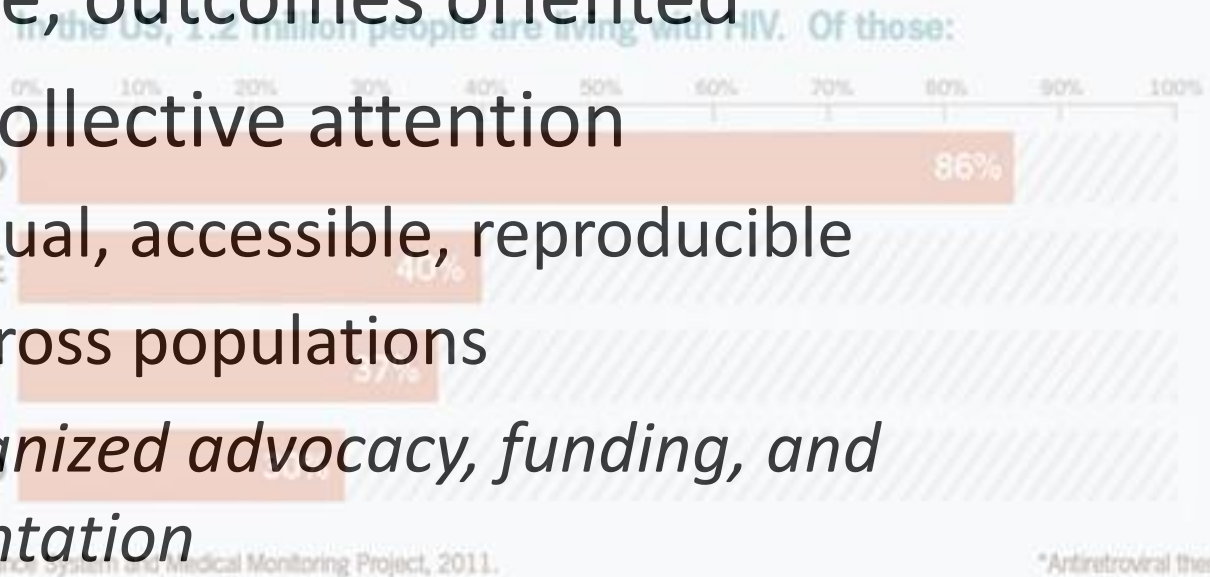
*Antiretroviral therapy

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Inspiration

- Simplifies a complex & dynamic process
- Measurable, outcomes oriented
- Captures collective attention
 - Highly visual, accessible, reproducible
 - Works across populations
 - *Has galvanized advocacy, funding, and implementation*



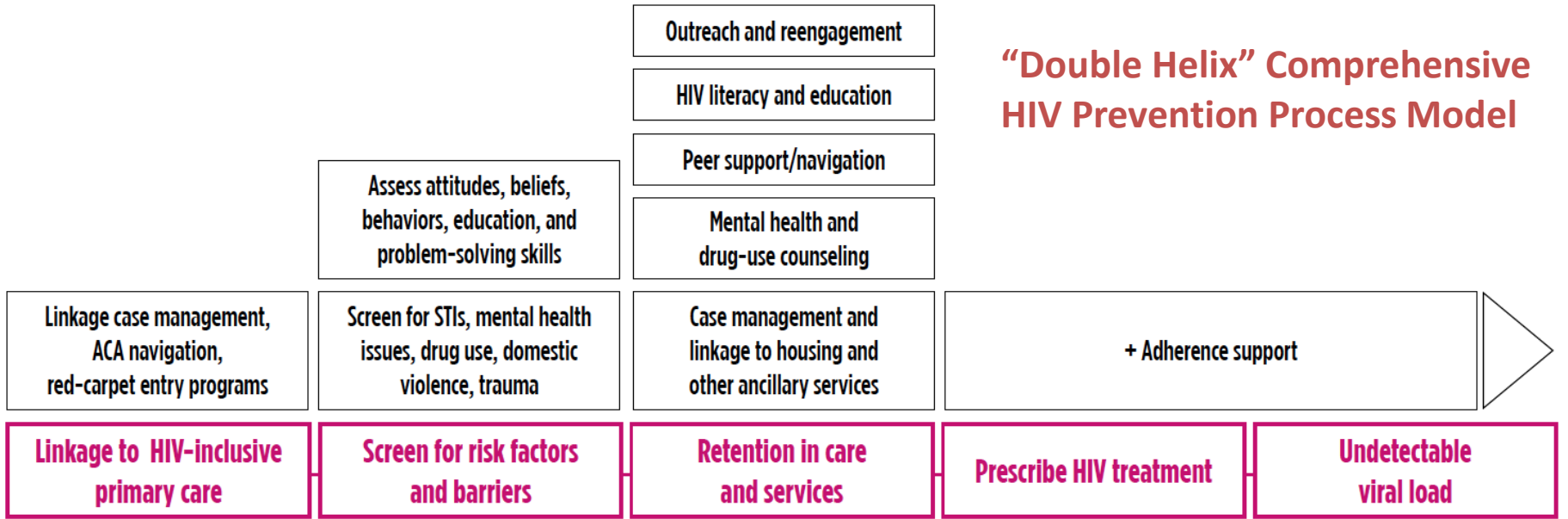
- Time for a prevention process model?



Provoking Thoughts

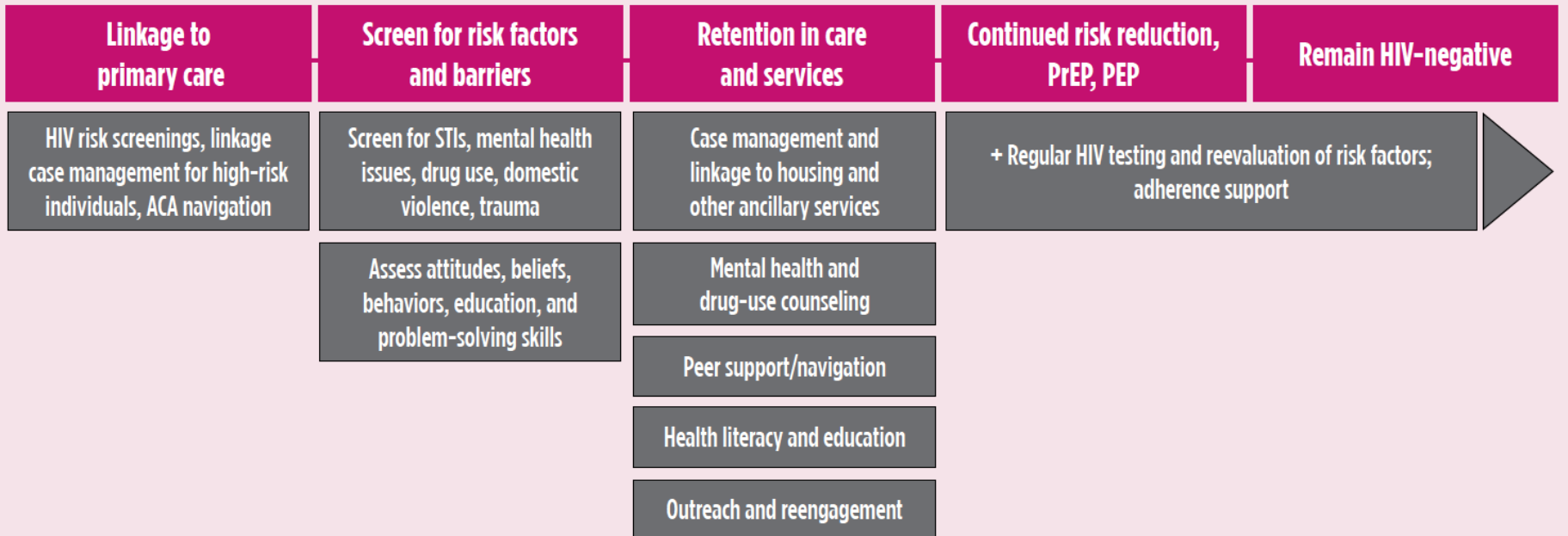
- TAG “Double Helix” Continuum Model (Two Concepts)
 - Mirrors the HIV Care Continuum with a number of exceptions and challenges
- Comprehensive HIV Prevention Process Model
 - Engages a cyclical process that overlaps with the HIV Care Continuum by distinguishing acquisition and transmission

“Double Helix” Comprehensive HIV Prevention Process Model



HIV-POSITIVE

HIV-NEGATIVE





HIV CARE & TREATMENT CONTINUUM

HIV testing & initial screening for risk factors

TESTED & SCREENED IN PRIMARY CARE
 Comprehensive physical and mental health screening and risk assessments Linkage to (as needed):

- Specialized medical services
- Mental health and drug-use services
- HIV-inclusive family planning/sexual health clinic
- ASO/CBO for structural and behavioral intervention assistance and ancillary services

TESTED & SCREENED THROUGH ASO/CBO/DOH SITE
 Comprehensive risk assessments Identify immediate HIV prevention needs Linkage to (as needed):

- Health insurance and primary care provider or HIV-inclusive family planning/sexual health clinic
- Peer support/navigation
- Structural and behavioral intervention programs through ASO/CBO

THROUGH PRIMARY CARE
 Ensure retention in primary care (≥1 annual visit)
 Regular physical and mental health screenings, HIV testing, and risk assessments
 Ongoing coordination or provision of evidence-based services:

- Behavioral interventions
- Biomedical interventions
- Supportive and ancillary services

THROUGH FAMILY PLANNING/SEXUAL HEALTH CLINIC
 Regular screenings, HIV testing, and risk assessments Ensure retention in care, following regular needs assessments
 Coordination with PCP and/or ASO/CBO
 Ongoing provision of services:

- Behavioral interventions
- Biomedical interventions
- Supportive and ancillary services

THROUGH ASO/CBO
 Regular risk assessments and HIV testing
 Ensure retention in services, following regular needs assessments
 Ongoing coordination or provision of services:

- Behavioral interventions
- Biomedical interventions
- Supportive and ancillary services

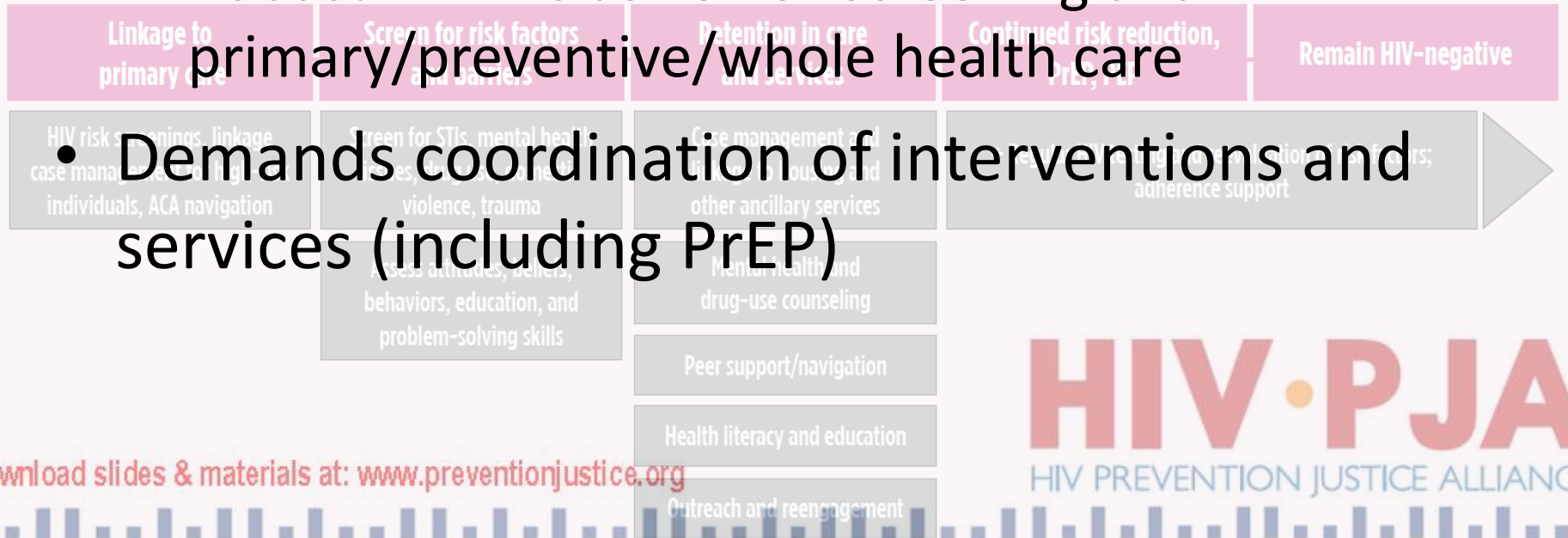


Strengths

- Accessible, reliable
- Linkage to insurance and care a priority
- Not HIV specific

— Robust HIV-inclusive risk screening and primary/preventive/whole health care

- Demands coordination of interventions and services (including PrEP)



Weaknesses

• Prevention isn't linear, but rather cyclical

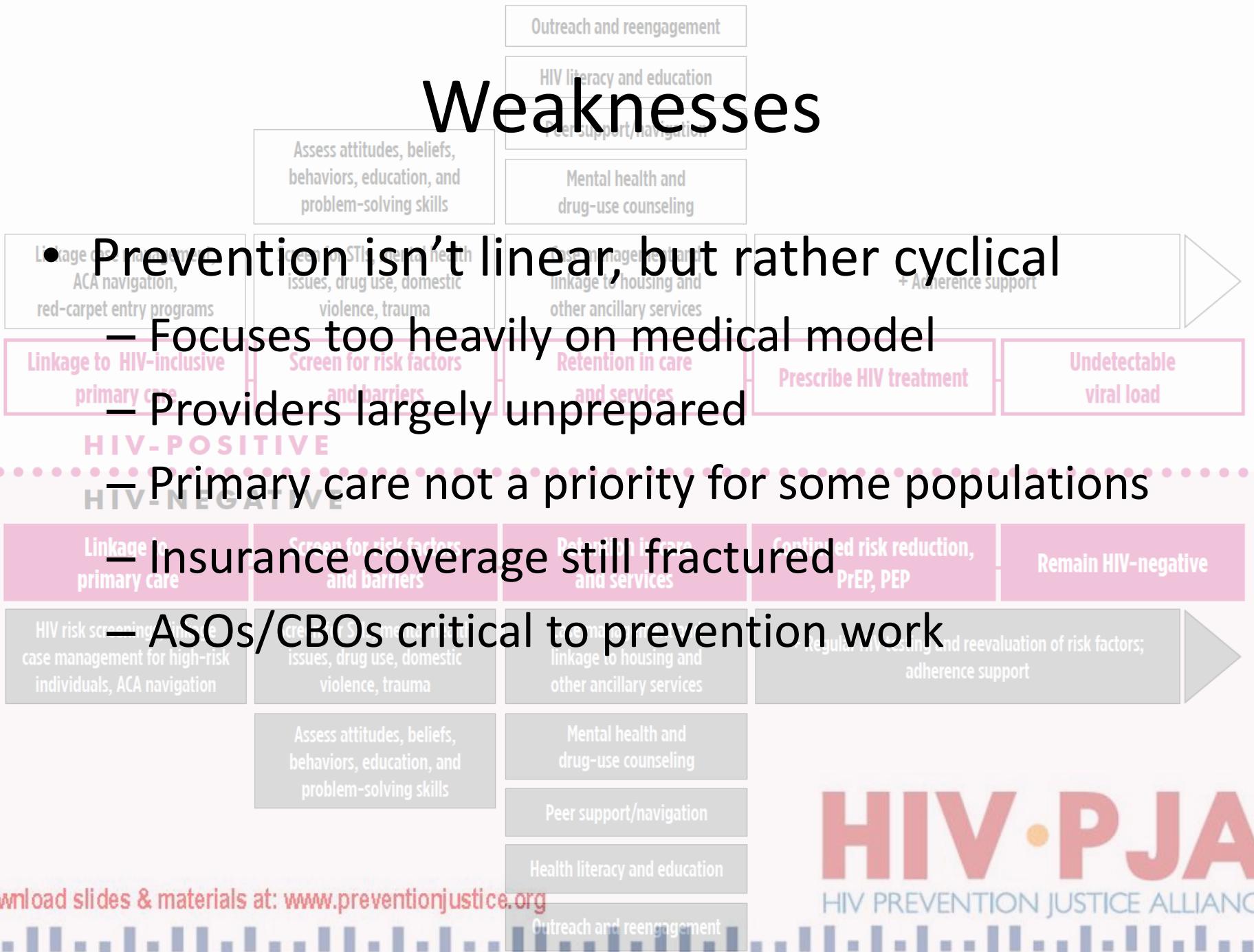
– Focuses too heavily on medical model

– Providers largely unprepared

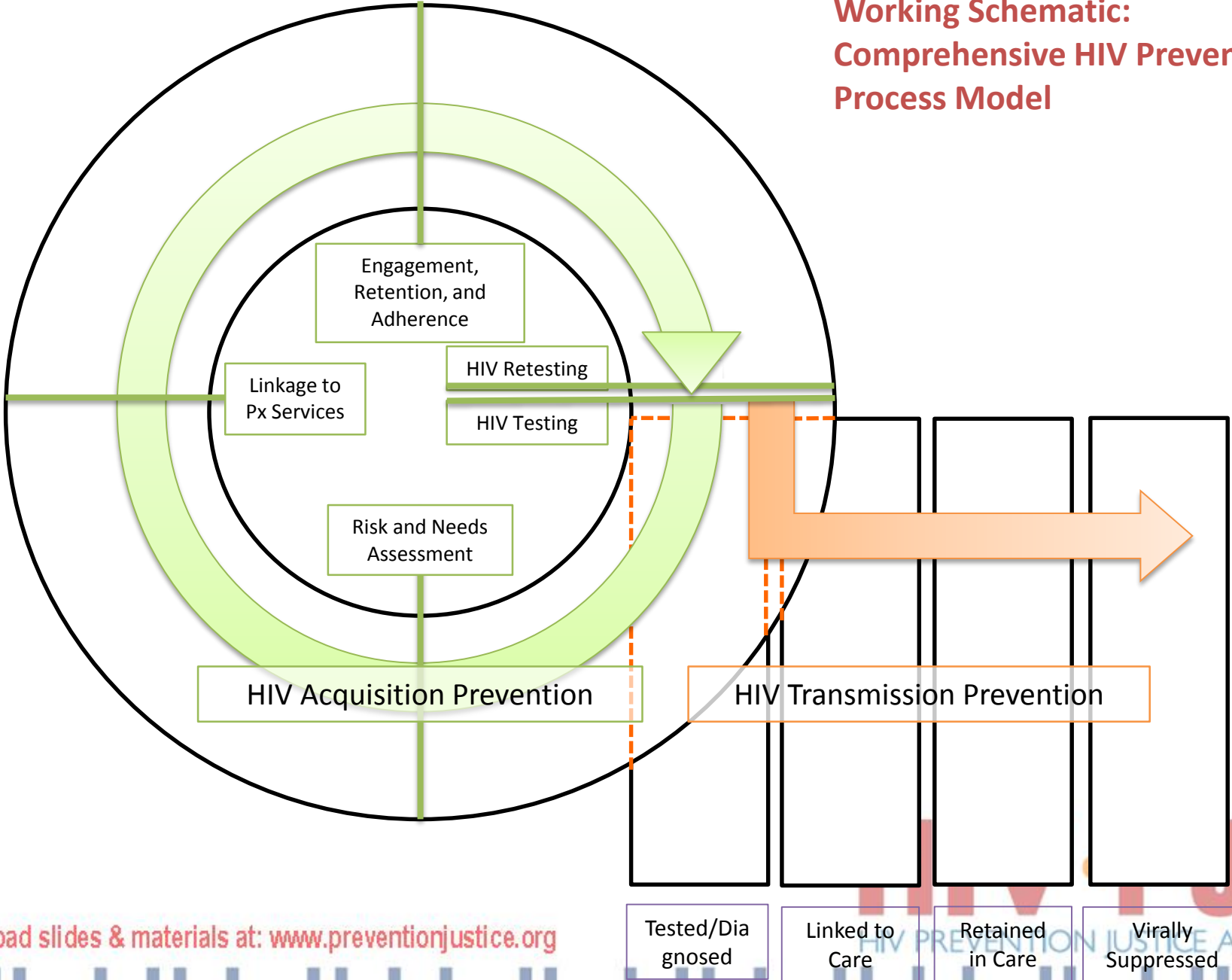
– Primary care not a priority for some populations

– Insurance coverage still fractured

– ASOs/CBOs critical to prevention work



**Working Schematic:
Comprehensive HIV Prevention
Process Model**

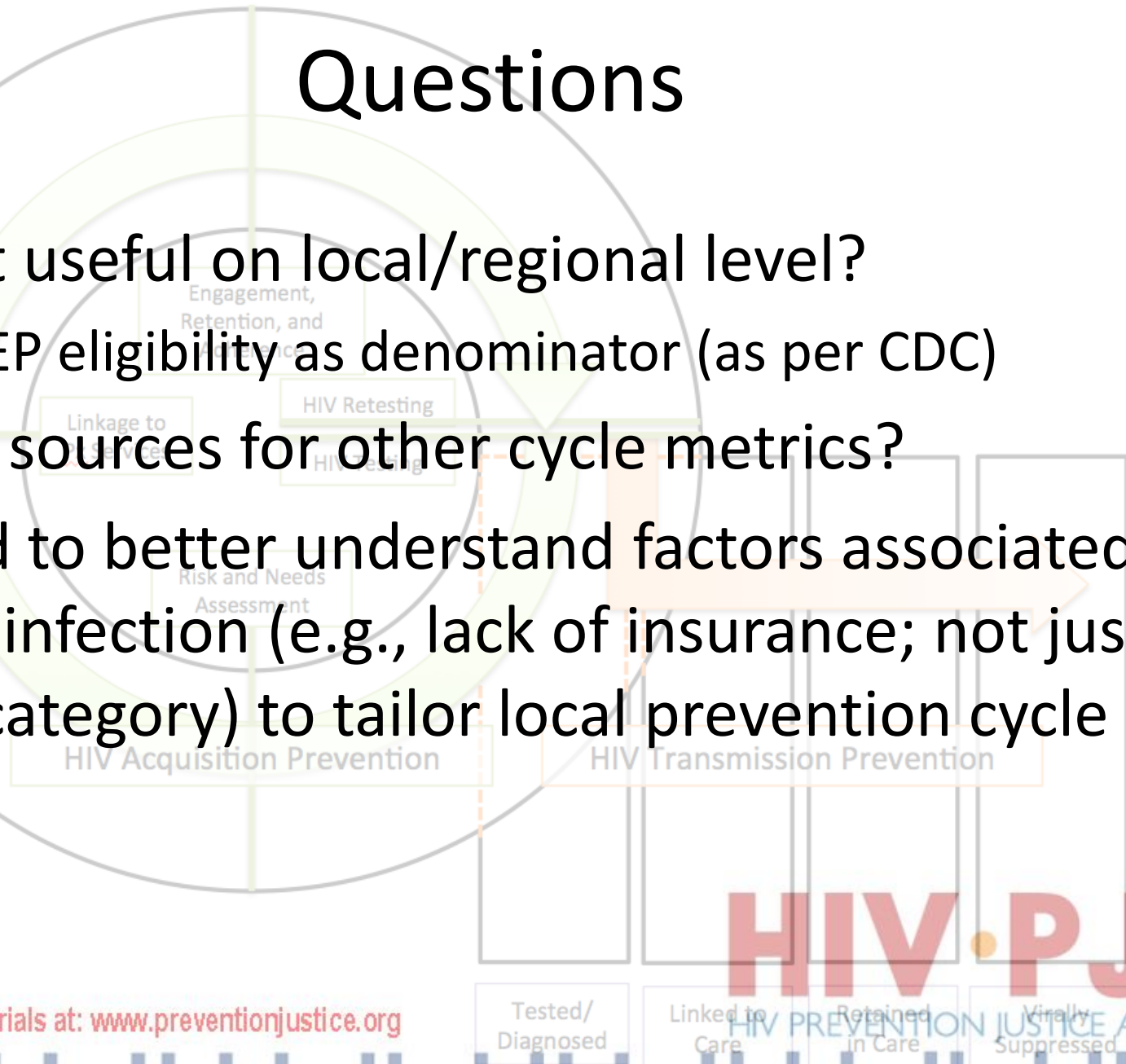


Strengths

- Focus on vulnerable (high-risk) populations
- Prevention cycle overlays HIV care continuum
 - Cycle begins and renews with HIV testing and retesting
 - Maintains linkage/engagement in services based on recurring risk/needs assessments
 - Potentially captures those who become infected; rapid shift into care continuum
 - Medical and/or ASO/CBO-inclusive

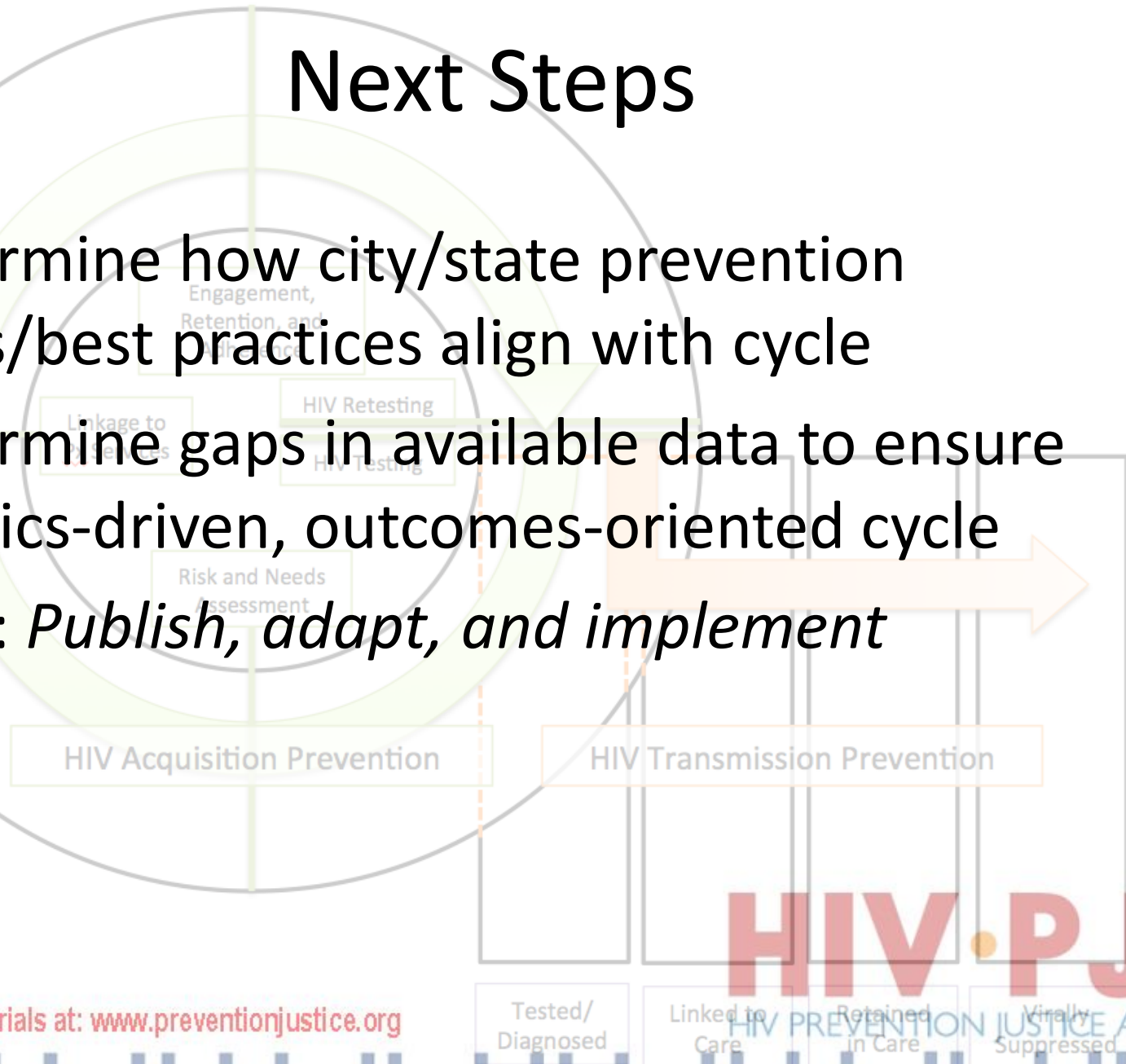
Questions

- Most useful on local/regional level?
 - PrEP eligibility as denominator (as per CDC)
- Data sources for other cycle metrics?
- Need to better understand factors associated with infection (e.g., lack of insurance; not just risk category) to tailor local prevention cycle



Next Steps

- Determine how city/state prevention goals/best practices align with cycle
- Determine gaps in available data to ensure metrics-driven, outcomes-oriented cycle
- Goal: *Publish, adapt, and implement*



Recommendations

- Develop continua, process models for Px service delivery research & implementation
- Strengthen surveillance for incidence, impact and progress
- Identify & support Rx priorities for evidence-based practices and implementation science
- Form Federal Comprehensive HIV Prevention Service Delivery Initiative (similar to Care Continuum Initiative)
- Develop, disseminate & support best HIV Px practices especially among non-HIV care and other service delivery/providers

<http://www.treatmentactiongroup.org/hiv/publications/toward-comprehensive-hiv-prevention-service-delivery-united-states-action-plan>

MANY THANKS!

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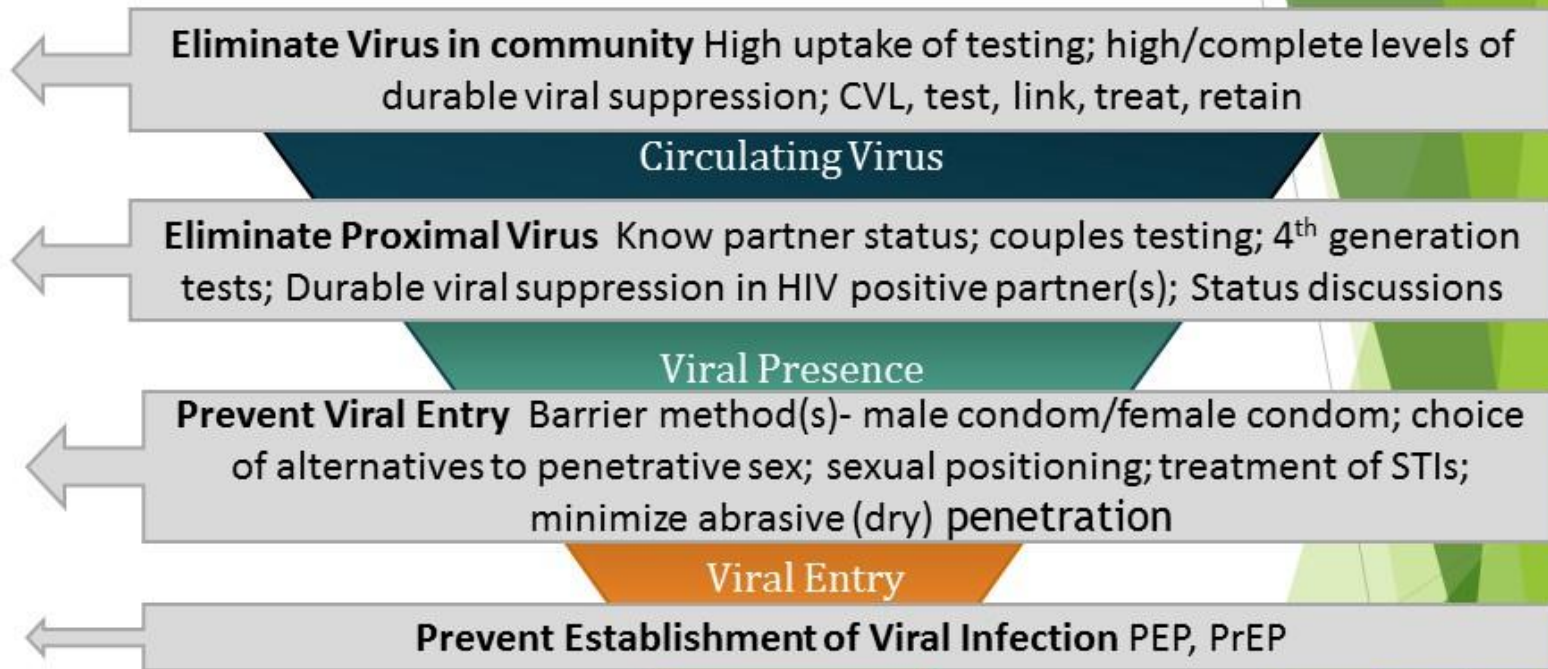


So what?

Jim Pickett, Director of Prevention Advocacy and
Gay Men's Health, *AIDS Foundation of Chicago*

Social-Political
Structural
Cultural
Economic Factors

Interrupting the HIV INFECTION CASCADE



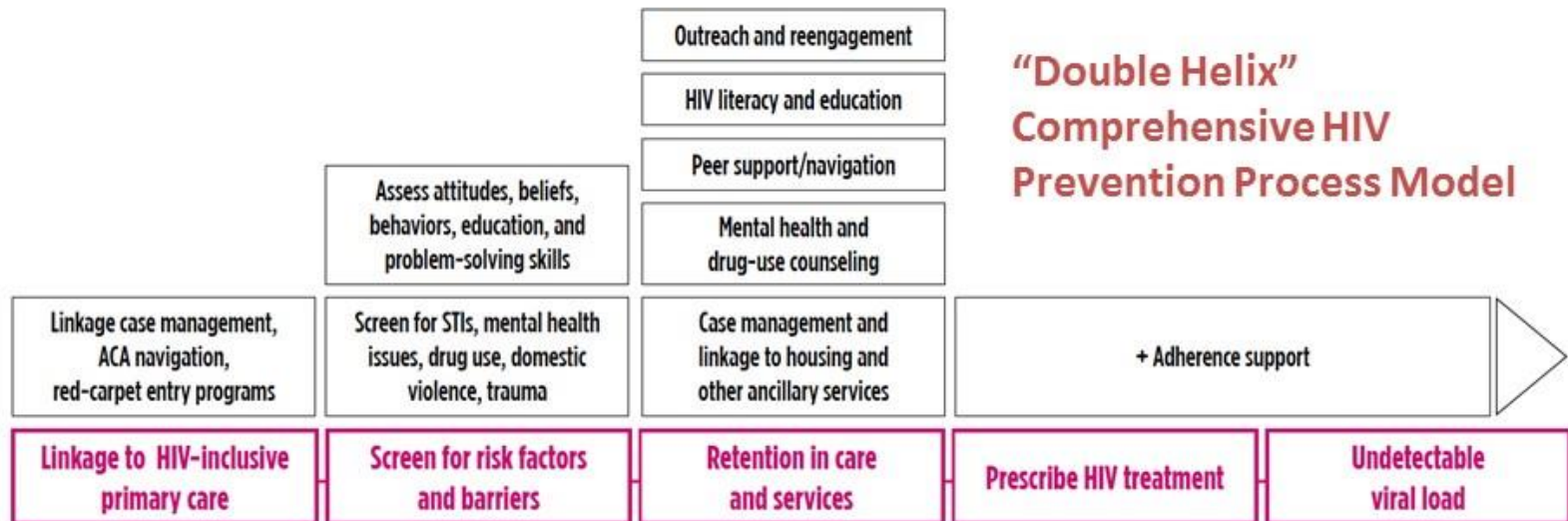
Depression Violence Discrimination

Housing Caring relationships Employment Access to education

Hunger Safety Stigma Substance use Poverty

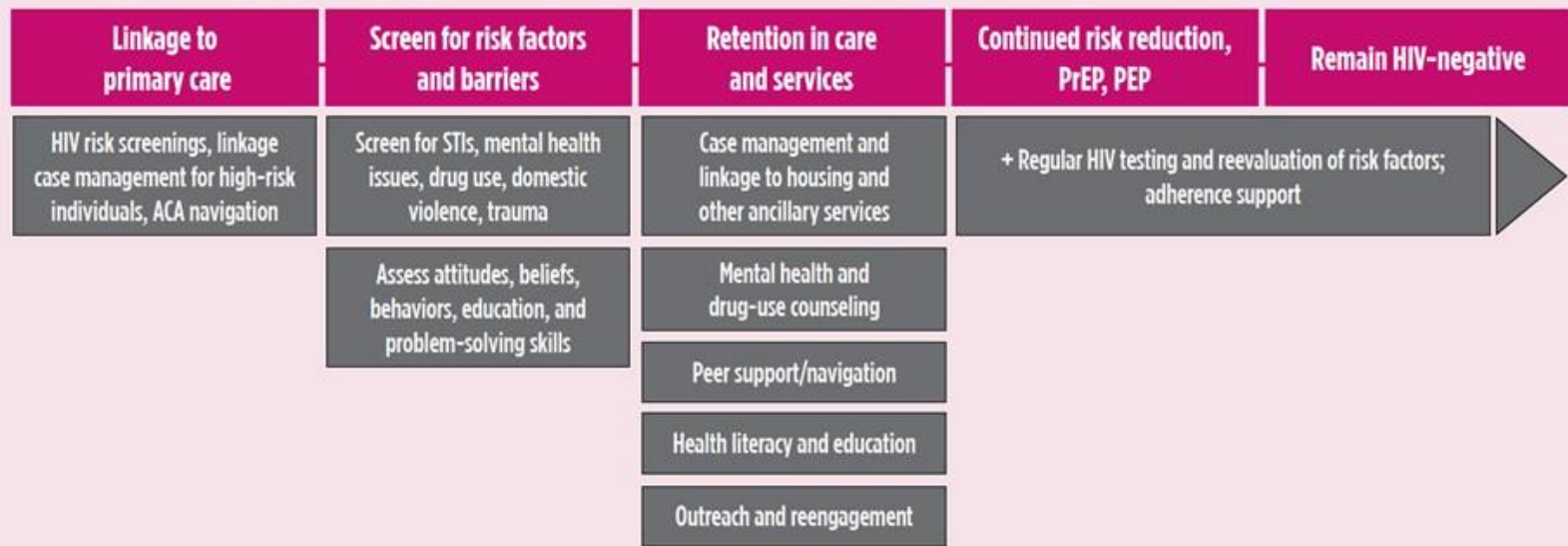
Intimate Partner Violence Trauma Gender dynamics

“Double Helix” Comprehensive HIV Prevention Process Model

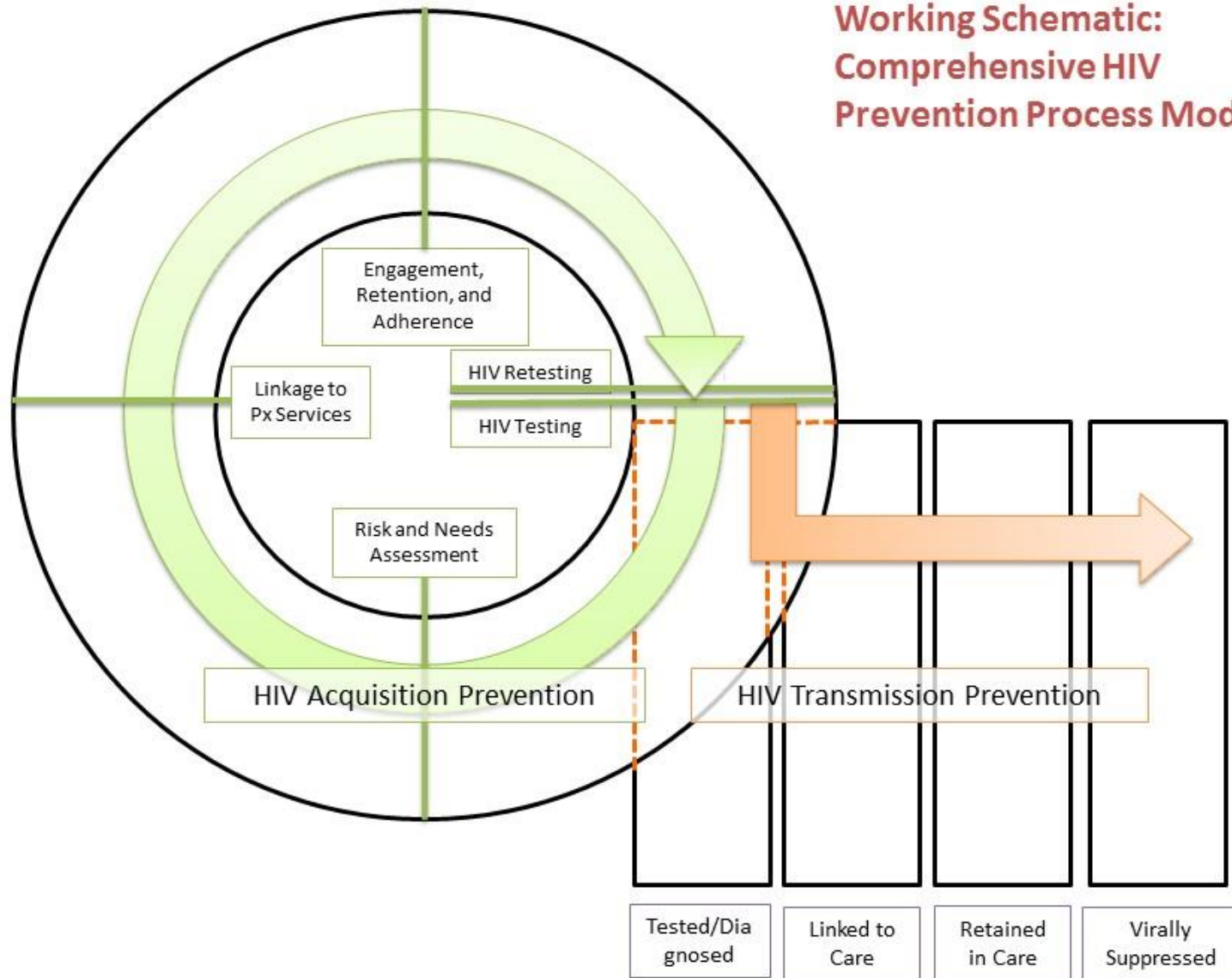


HIV-POSITIVE

HIV-NEGATIVE



Working Schematic: Comprehensive HIV Prevention Process Model





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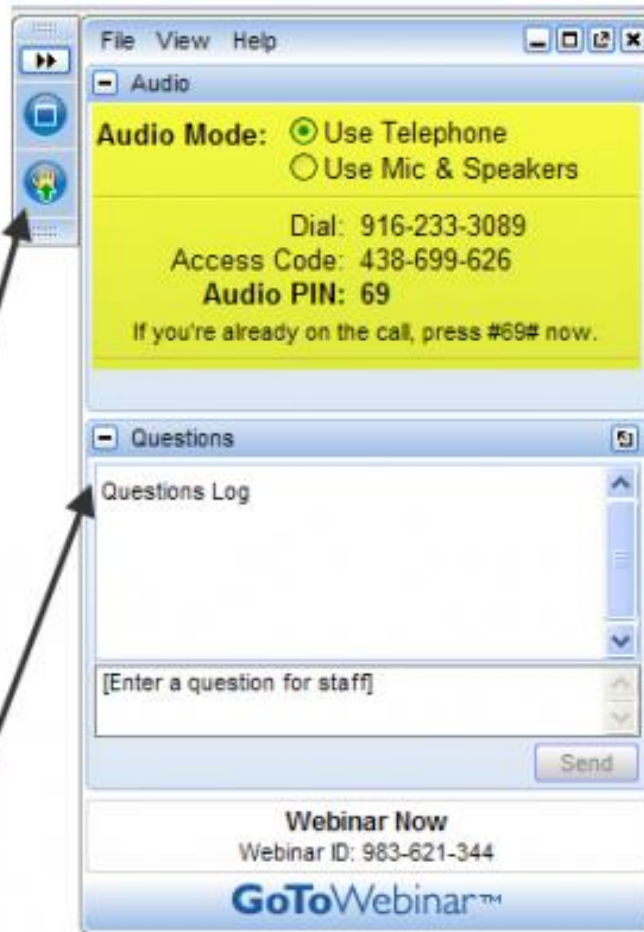


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Thank you!

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