

# Key HIV Prevention Strategies for 2009

Wisconsin Department of Health Services  
Division of Public Health, AIDS/HIV Program

June, 2008

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## 1. About this document

Infection with HIV (*Human Immunodeficiency Virus*) continues to negatively impact the lives of Wisconsin residents. In 2007, 407 new cases of HIV were reported in Wisconsin, bringing the total number of cases reported since the beginning of the epidemic to 9,929.

*Key HIV Prevention Strategies* outlines the activities and risk populations that are a priority for the Division of Public Health's AIDS/HIV Program in 2009. These priorities have been developed over the last several years by the AIDS/HIV Program's Prevention Unit and Wisconsin's *HIV Community Planning Network* and its precursor, the *HIV Prevention Planning Council*. This document was prepared for Network members and other individuals in the community as a reference for discussing HIV prevention in our state, and to generate feedback about the AIDS/HIV Program's planned HIV prevention activities.

As in previous years, in 2009 the AIDS/HIV Program will fund local health departments, AIDS service organizations and community-based organizations to provide HIV testing, partner services and effective behavioral interventions across the state. These activities will primarily focus on men who have sex with men, injection drug users, persons living with HIV and other high-risk populations in Wisconsin. Particular attention will be devoted to activities targeting men, women and youth from racial and ethnic communities disproportionately impacted by HIV, most notably African Americans and Latinos residing in the southeast area of the state. And the 2009 strategies attempt to address the specific needs of urban and rural risk populations that represent the diversity of our state.



## 2. 2009 HIV Prevention Program Goals

as presented to the US Centers for Disease Control and Prevention (CDC)

A major source of funding for the AIDS/HIV Program's prevention activities comes from the CDC's *HIV Prevention Cooperative Agreement*. The language of the *Agreement* outlines HIV prevention goals in a very specific way. This administrative language influences the way in which the AIDS/HIV Program and the Planning Network talk about HIV prevention priorities.

*Overall Program Goal: To reduce the rate of HIV transmission in Wisconsin by:*

- (1) promoting and expanding the capacity of prevention services to implement effective HIV prevention interventions targeting persons at highest risk for HIV, and;*
- (2) increasing access to services that focus on early detection of HIV infection and the use of quality medical care, treatment and prevention services for persons living with HIV, with an emphasis on reducing disparities among racial and ethnic minorities.*

### HIV Prevention Goals

- Goal I:** Increase the usage of **HIV counseling, testing and referral [CTR]** services by Wisconsin residents who are most at risk of acquiring new HIV infection and/or of passing undiagnosed HIV infection to sexual or injection drug use partners.
- Goal II:** Through **partner services [PS]**, (a) provide partner elicitation, self-notification counseling and linkage to HIV care services to all identified HIV-positive persons; and (b) ensure all identified sex and drug-injection partners are notified of potential HIV exposure and gain early access to counseling and testing for HIV and other STDs, medical evaluation and treatment.
- Goal III:** Increase the proportion of pregnant women who routinely accept HIV testing and, if seropositive, choose to take antiretroviral medication to interrupt **perinatal HIV** transmission.
- Goal IV:** Through an effective **community planning** process, increase the support for HIV prevention activities among leaders and gatekeepers in impacted populations, ensuring that **public health HIV prevention efforts** are culturally competent and welcome within the communities who will receive them.
- Goal V:** Through improved **evaluation** efforts, document and analysis the activities of funded HIV prevention providers in order to recommend strategies to improve the efficacy, culturally competency and accessibility of HIV prevention programs.
- Goal VI:** Increase the ability of HIV prevention providers to deliver effective, culturally competent and accessible HIV prevention programs through the delivery of **capacity building** in the form of staff training, program planning assistance and improved inter-program networking.
- Goal VII:** Increase the delivery of sustained and evidence-based HIV prevention interventions targeting persons behaviorally at risk for HIV through effective and culturally-competent **health education and risk reduction** programs.
- Goal VIII:** Increase the number of persons living with HIV who practice behaviors that will protect their sexual and injection drug use partners from potential HIV infection through the delivery of effective and comprehensive **prevention for persons living with HIV** programs.
- Goal IX:** Through the use of effective and state-of-the art distribution of **public & professional information**, increase the knowledge and general awareness of consumers and health care providers regarding effective and efficient HIV prevention measures.

### 3. Overall 2009 HIV Prevention Priorities

#### 3.1 - Targeted Populations

Target populations for 2009:

- People living with HIV
- Men who have sex with men
- Injection drug users
- Men who have sex with men and inject drugs
- High-risk heterosexuals

The current priority populations were established by a community planning process in 2004. A core directive of the CDC's Community Planning Guidance is to "...*support HIV prevention targeting high-risk persons, based on data from surveillance, public health and community planning sources.*" Current surveillance data supports the continuation of these priorities, as highlighted by the following information from the *2007 Wisconsin AIDS/HIV Surveillance Report*:

- Persons living with HIV all have the potential to pass the virus on to their sexual or drug use partners. The number of Wisconsin residents reported with HIV that are presumed to be alive has continually increased, reaching an estimated all-time high of 6,294 persons at the end of 2007.
- Men who have sex with men (MSM) are historically the population most affected by HIV infection in Wisconsin. In 2007, 69% of HIV cases were among MSM, including 64% among MSM without a history of injection drug use, and 5% among MSM who reported injection drug use (MSM&IDU). Between 2000 and 2007, cases reported among MSM increased 34%. Most of this increase was among MSM youth and young adults under 30 years of age.
- Injection drug users (IDUs) and persons with a history of high-risk heterosexual (HRH) contact continue to be significantly impacted by HIV. In 2007, 12% of reported HIV cases were among IDUs, and 17% were among high-risk heterosexuals.

Within these risk groups, Wisconsin's racial and ethnic minority populations continue to be disproportionately impacted by HIV:

- Racial and ethnic minorities comprise 12% of Wisconsin's population, but 54% of all HIV cases reported in 2007.
- In 2007, 48% of all males reported with HIV infection were from minority populations. The rate among males was eight-fold greater for African Americans and four-fold greater for Hispanics compared to white males.
- In 2007, 74% of all females reported with HIV infection were members of minority groups. This rate was 28-fold greater for African American females and 8-fold greater for Hispanic females than the rate for white females.

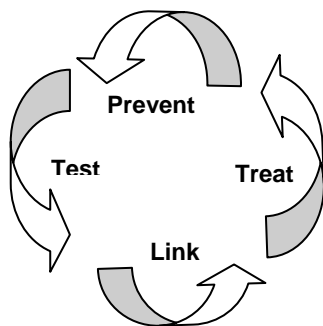
For HIV prevention to be effective, it must address the cultural context within which people are practicing specific risk behaviors.

### 3. Overall 2009 HIV Prevention Priorities

#### 3.2 - 2009 General Intervention Strategies

The wide range of prioritized HIV prevention interventions supported in 2009 reflects a set of common strategies for fighting HIV in our state:

- **Address racial and ethnic disparities in new infections by delivering culturally competent and language-appropriate services** including capacity building, HIV testing and behavioral interventions to African American women, MSM of color, Native Americans and Hispanics at risk for HIV and other communities disproportionately impacted by the HIV epidemic.
- **Provide effective behavioral interventions to persons at highest risk for HIV,** with an emphasis on addressing the following established priorities:
  - Developing new interventions for persons living with HIV,
  - Supporting HIV prevention interventions targeting men of color who have sex with men;
  - Ensuring interventions take into account crystal methamphetamine use by MSM;
  - Using the internet as a venue for prevention messages; and
  - Implementing DEBIs and other interventions proven to be effective, especially those targeting high-risk individuals in communities of color.
- **Provide effective and accessible HIV counseling, testing and referral services** Early diagnosis of HIV infection has long-term benefits for both individual and public health. The three-level testing strategy includes (1) testing partners of persons known to be HIV positive through referrals from *Partner Services*; (2) testing persons from priority populations through targeted testing programs, and: (3) encouraging clinical providers serving high-prevalence populations to provide routine HIV screening to all their clients.
- **Better integration of HIV care, prevention and surveillance services** (*the "Prevent - Test - Link - Treat" concept*):



- a combined community planning process;
- increased collaboration between Care and Prevention program staff;
- improved and enhanced Partner Services to HIV-positive individuals; and
- piloting and evaluating new models for the delivery of comprehensive care and prevention services to HIV-positive individuals.

### 3. Overall 2009 HIV Prevention Priorities

#### 3.3 - 2009 Priority Intervention Highlights: HIV Counseling, Testing and Referral [CTR]

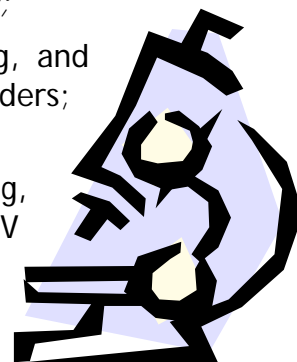
The overall goal of CTR is to *"Increase the use of HIV counseling, testing and referral services by Wisconsin residents most at risk of acquiring new HIV infection and/or of passing undiagnosed HIV infection to sexual or injection drug use partners."*

Targeted CTR efforts in 2009 will include:

- Continuing and expanding the use of *Social Networks*-based testing strategies, particularly with very high-risk populations that have been traditionally difficult to reach (eg - MSM in communities of color);
- Promotion of annual HIV testing among MSM;
- The use of HIV surveillance data to target and tailor testing programs on a regional and local level in high-incidence metropolitan neighborhoods;
- Continuing the use of PCR DNA testing with people having recent high risk exposure to someone known to have HIV disease, to identify persons with acute HIV infection (infection prior to antibody response); and
- Continuing support for rapid HIV testing delivered by a diverse set of providers. Identify cost-effective options for obtaining rapid test kits and evaluate the best use of newly-approved rapid test technologies by site type and testing setting.

Routine HIV Screening efforts in 2009 will include:

- Supporting an increase in routine HIV screening by providers serving high-prevalence populations. This includes advocacy for routine use of HIV testing in health care settings supported by non-program funding sources;
- Program-supported review of Wisconsin HIV statutes to identify potential barriers to implementing opt-out screening in routine settings;
- An updated review of routine screening in perinatal settings, including conducting a new round of the *Perinatal HIV Testing Survey*;
- Exploring the expanded use of *fee-for-service* HIV testing, and *fee-exempt* HIV test kits and lab services, with some providers; and
- Researching additional ways to implement routine screening, such as pooled RNA HIV testing to identify acute HIV infection in clinical HIV testing sites.



## Highlighted 2008 Program Strategies

### 3.4 - 2009 Priority Intervention Highlights: Partner Services

*Partner Services* (formerly known as PCRS, *Partner Counseling and Referral Services*), is made up of several time-tested infectious disease control strategies:

*Partner Elicitation*, working with persons living with HIV to identify their partners who may have been exposed due to unprotected sex or injection drug use;

*Partner Notification*, working to develop a strategy to ensure people potentially exposed to HIV are informed of their possible risk. This might be through a confidential contact from public health, or through persons living with HIV being supported in contact their own partners with HIV risk and testing information;

*Partner Counseling & Testing*, where public health workers deliver HIV counseling and testing directly to persons at risk, as identified through the Partner Services process; and

*Partner Referral*, where persons identified as HIV positive through Partner Counseling and Testing are linked to vital HIV care and treatment services, as well as other medical and social services as appropriate.

Partner Services priorities for 2009 include -

- Maintaining and improving program protocols established to improve the linkage of newly-identified HIV-positive clients with HIV specialty services;
- Expanding the newly-designed multi-jurisdictional Partner Services delivery model beyond the three pilot projects initiated in 2008. Multi-jurisdiction Partner Services allow for larger, more experienced health departments to take a leadership role in providing quality services for clients living in low HIV prevalence areas;
- Developing improved client referral delivery and tracking systems, as well as updating the Partner Services data and evaluation systems;
- Assessing needs of Partner Services providers, to identify potential training and capacity building needs to improve client linkage, referral and follow-up;
- Increasing the availability of rapid HIV testing related services (TB testing, Hep C testing, Hep B vaccination, etc.) in order to make it as easy as possible for at-risk persons to access comprehensive disease prevention services; and
- Developing and implementing guidelines for effective integration of internet technologies with Partner Services, including strategies such as *inSpot* and the *National Coalition of STD Directors* recommendations.

### 3.4 - 2009 Priority Intervention Highlights: Prevention Education

In 2009, the HIV Prevention Program will continue to support a range of prevention education efforts. Prevention activities funded by the AIDS/HIV Program are based on behavioral interventions which have been shown through research to be effective in reducing the HIV risk of client populations. This range of efforts includes general health education and risk reduction activities, as well as specific projects based on select CDC *Diffusion of Effective Behavioral Interventions* (DEBI) programs.

Established in 1999, these CDC-approved HIV prevention interventions have been evaluated for evidence of effectiveness. While DEBI programs require specific training and are usually somewhat more expensive to run than other interventions, they have been used successfully in Wisconsin for targeting specific high-risk populations. Other interventions in use have also been adapted or modified from the original DEBI projects.

HIV Prevention Education priorities for 2009 include -

- **Health Promotion and Community Information (HCPI)** projects, which use electronic or print media to deliver messages which inform communities at risk, and support their adoption of healthier behaviors. The Program will continue to fund the *HIV, STD & Hepatitis C Information and Referral Center* (IRC) to provide information to the general public and persons at risk through a telephone hotline, internet site and email list serve. *Internet-outreach* to MSM will also be continued in 2009, with the planned development of an "MSM Health" internet portal targeting Wisconsin men as one effort to expand this intervention.
- **Group Level Interventions (GLI)**, which are risk reduction counseling sessions with a targeted skills building component, provided to more than one person at a time. These are frequently multi-session activities. Many of the GLIs supported by the AIDS/HIV Prevention Program in Wisconsin for 2009 have been based on CDC DEBIs, including:
  - *Many Men, Many Voices*, a group intervention for MSM in the African American and Latino communities;
  - *Voices/Voces*,\* a one-session group outreach intervention for high-risk heterosexuals, conducted in English and Spanish;
  - *Healthy Relationships*, a five-session, small-group intervention for men and women living with HIV/AIDS; and
  - *SISTA*, a small group intervention for African American heterosexual women.

Additional GLIs, some adapted from DEBIs, and all based on interventions with proven behavioral efficacy, will target Latino MSM, HIV+ persons, and MSM youth in 2009.

\* Because it is a one-session intervention, *Voices/Voces* is tracked as *outreach* by the AIDS/HIV Program intervention plans and *EvaluationWeb*.

### 3.4 - 2009 Priority Intervention Highlights: Prevention Education *continued*

- **Needle Exchange Programs (NEP)**, also called Syringe Exchange Programs (SEPs). NEPs are a field- and agency-based face-to-face intervention specifically to persons with injection drug risk--including MSM/IDU. To be supported by the Wisconsin AIDS/HIV Prevention program, these activities must also include all components of outreach, plus *Harm Reduction* education, referral to HIV testing and promotion of methods for safely collecting and disposing of used syringes;
- **Individual Level Interventions (ILI)** are risk reduction counseling, with a skills building component provided to one person at a time, in a single or multiple session(s). These interventions will be supported through various projects with persons at increased risk in 2009.
- **Comprehensive Referral and Counseling Services (CRCS)** *also known as Prevention Case Management (PCM)* is a multi-session intervention that concentrates on providing prevention education and risk reduction counseling through intensive one-on-one, client-centered interaction. The goal of CRCS is to develop an individualized case plan, work with the client to implement the plan and ensure appropriate referral to supportive services. In 2009, CRCS projects will continue to focus on persons living with HIV and their partners, and will form the core of the *Prevention for Persons living with HIV* efforts in Wisconsin.
- **Community Level Interventions (CLI)** defined as attempts to influence a large peer group to adopt healthier behaviors, and to support each other in maintaining those behaviors once they have become community norms. In 2009, the AIDS.HIV program will continue to support the **DEBI Safety Counts**, a community-level HIV prevention intervention for out-of-treatment active injection and non-injection drug users. The AIDS/HIV Program will also be examining continued MSM outreach efforts, which are conducted face-to-face in places where MSM and their peers congregate, to move them towards a model more consistent with behaviorally-evaluated CLIs.



#### 4. Summary

In 2009, the AIDS/HIV Program will continue to support HIV prevention providers through the provision of grant funds, program development assistance, capacity building and oversight.

Prevention strategies for 2009 build upon the prevention work done in previous years, while taking into account changes in Wisconsin's HIV epidemic and the populations most heavily impacted. The success of anti-retroviral treatment has resulted in longer, more productive lives for persons living with HIV, which in turn has increased the need for effective, long-term prevention measures that address the needs of HIV+ individuals. While the new HIV case rate among injection drug users has decreased as syringe exchange programs and other interventions have become more available, a reported trend of an increase in injection drug use among youth must be monitored. New HIV cases among MSM have increased in recent years, and the growing use of the internet as a social networking tool by sexually active MSM and MSM youth has led to new directions in prevention efforts for 2009. Efforts to strengthen the linkage between prevention, testing and treatment will also be a priority, as evidence continues to grow that effective early identification and treatment of HIV can greatly reduce new infections. Initiatives such as social networks testing, and PCR DNA testing for acute infections will strive to reduce the number of HIV+ persons who are unaware of their own infection.

As the HIV epidemic in Wisconsin continues to disproportionately impact minority racial and ethnic communities, the AIDS/HIV Program will maintain support for initiatives that deliver culturally-competent and language appropriate interventions to persons at increased risk. The African American, Latino, Native American and Asian/Pacific Islander communities in our state all have unique needs that must be addressed if HIV prevention is to be effective. Use of behavioral intervention with proven effectiveness, such as projects based on or adapted from the CDC DEBI series, will continue to provide a foundation for prevention efforts with these communities.

HIV prevention programs in Wisconsin are a collaborative effort. The state's AIDS/HIV Program, local health departments, AIDS service organizations and community-based organizations all play a unique role in creating a healthier environment for persons at risk for, and living with, HIV in our state. While 2009 will present its challenges, there is also the hope for significant progress in the ongoing fight against HIV in our state.