Enhanced Comprehensive HIV Prevention Planning (ECHPP) Project Overview

David W. Purcell, JD, PhD
Deputy Director, Behavioral and Social Science

Stephen Flores, PhD
Team Lead, Prevention Research Branch

Division of HIV/AIDS Prevention
Centers for Disease Control and Prevention

CFAR/APC ECHPP Conference 2012
Washington, DC
November 19, 2012
### ECHPP Funded 12 MSAs Representing 44% of the AIDS Epidemic

<table>
<thead>
<tr>
<th>2007 Rank</th>
<th>Metropolitan Statistical Area/Metropolitan Division</th>
<th>Dec. 2007 Est. AIDS Cases</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>New York Division</td>
<td>66,426</td>
</tr>
<tr>
<td>2</td>
<td>Los Angeles Division</td>
<td>24,727</td>
</tr>
<tr>
<td>3</td>
<td>Washington Division</td>
<td>15,696</td>
</tr>
<tr>
<td>4</td>
<td>Chicago Division</td>
<td>14,175</td>
</tr>
<tr>
<td>5</td>
<td>Atlanta-Sandy Springs-Marietta, GA</td>
<td>13,105</td>
</tr>
<tr>
<td>6</td>
<td>Miami Division</td>
<td>12,732</td>
</tr>
<tr>
<td>7</td>
<td>Philadelphia Division</td>
<td>12,469</td>
</tr>
<tr>
<td>8</td>
<td>Houston-Baytown-Sugar Land, TX</td>
<td>11,277</td>
</tr>
<tr>
<td>9</td>
<td>San Francisco Division</td>
<td>11,026</td>
</tr>
<tr>
<td>10</td>
<td>Baltimore-Towson, MD</td>
<td>10,301</td>
</tr>
<tr>
<td>11</td>
<td>Dallas Division</td>
<td>7,993</td>
</tr>
<tr>
<td>12</td>
<td>San Juan-Caguas-Guaynabo, PR</td>
<td>7,858</td>
</tr>
</tbody>
</table>
Overview of ECHPP

Phase 1 – $11.6M  
(FOA: CDC-RFA-PS10-10181)  
• 1-year project period (9/10-9/11)  
• MAIN TASK: Develop an “Enhanced Comprehensive HIV Prevention Plan” consistent with NHAS and begin implementation  
• Plan must include 14 required interventions and could include any of the optional interventions  
• Overall goal: maximize impact of the combination of interventions in each jurisdiction

Phase 2 – $19.6M + 11.6M  
(FOA: CDC-RFA-PS11-1117)  
• 2-year project period (9/11-9/13)  
• Part A: Planning, Coordination and Data Reporting  
• Part B: Further Enhanced Plan Implementation  
• Funding for Sept 2011-Sept 2013
Programmatic Accomplishments

- Using ECHPP as a tool to engage community around responding to NHAS
- Engaging non-traditional partners in the community and within health department
- Opportunity to revisit planning and decision making via cost and mathematical modeling
- Improvements in systems for data management and data sharing with new partners
- Making better use of local data to improve targeting to increase impact
- Coordinated ECHPP with CDC’s Health Department Flagship FOA (PS12-1201)
Evaluation Accomplishments

- Continue to improve data reporting and feedback process with grantees
- Worked across federal agencies to forward progress on data sharing
  - To complete ECHPP evaluation
  - To develop ongoing bi-directional data sharing agreements
- Coordinated significant within-agency collaboration
- Liaised with HDs regarding 12-cities evaluation led by HHS
- Supported HHS work on key indicators
ECHPP Evaluation “Firsts”

- Use data from non-CDC-funded HIV prevention/care activities
- Attempt to link HIV prevention programs to community-level outcomes
- Use national surveillance and program data together to assess programmatic impact
- Strategize and develop protocols related to data sharing across federal agencies (to enhance national monitoring)
- Integrate and synthesize information gathered from a variety of data sources to make a broad statement about how/whether public health strategies are working in highest prevalence areas
- Use a systems-level approach to monitor/evaluate any HIV prevention programs
Federal Collaborations

- **Cross-Agency Working Groups supporting ECHPP**
  - Implementation WG to facilitate cross-agency discussion in support of programmatic activities
  - Data sharing WG to obtain data to support ECHPP evaluation

- **SAMHSA MAI-TCE project in 11 of 12 jurisdictions**
  - HDs funded to support behavioral health services and HIV testing in substance use and mental health settings

- **CFAR-funded research projects (9 jurisdictions)**
  - 2 years, approx 100k/year

- **APC projects (3 jurisdictions)**
  - 1 year, approximately 100k/year
Challenges We Expect to Learn More About in ECHPP

- Challenges remain to be addressed in order to meet the goals of NHAS:
  - Engaging and strengthening relationships with community members
  - Continuing to identify additional partners in prevention
  - Improving and sustaining both federal and local coordination
  - Achieving optimal scale-up
  - Shifting the focus to optimal combinations of strategies
  - Availability of key data for timely evaluation

- Learning about these and other challenges beneficial to federal agencies and HDs
Promising Practices from ECHPP

- Update to ECHPP website will include examples and experiences from initial implementation organized in 5 broad categories:
  - Decision Making
  - Partnerships
  - Policies to Support HIV Prevention
  - Use of Data to Improve Service Delivery
  - Coordinating an Expanded Prevention Portfolio

- Expected to be informative to health departments and other stakeholders across the country
CAPUS Demonstration Project

- Secretary’s Minority AIDS Initiative Fund for Care and Prevention in the United States (CAPUS) Demonstration Project
  - 3-year Cooperative Agreement (9/30/12-9/29/15)
  - $14.2M → year 1 funding
  - $44.2M → projected 3-year funding
  - 8 Grantees → Georgia, Illinois, Louisiana, Mississippi, Missouri, North Carolina, Tennessee, Virginia
  - Purpose: To reduce HIV/AIDS-related morbidity and mortality (i.e., prolong survival and reduce HIV incidence) and related health disparities among racial and ethnic minorities in the United States
Goals of CAPUS

- The primary goals of the project:
  - For racial/ethnic minorities with HIV, increase the proportion who have diagnosed infection by expanding and improving HIV testing capacity
  - Optimize linkage to, retention in, and re-engagement with care and prevention services for newly diagnosed and previously diagnosed racial/ethnic minorities with HIV

- These two goals are to be achieved by addressing social, economic and structural barriers to HIV testing, linkage to, retention in and re-engagement with care and prevention among racial/ethnic minorities.
CAPUS Current Status

- Federal partners collaborated on writing the program announcement and are integrated into site teams
  - HHS OHAIDP, HHS OMH, HHS OWH, HRSA-HAB, HRSA-BPHC, SAMHSA
- First project meeting held Nov 8-9th
- Potential to apply lessons from CFAR/APC ECHPP collaboration projects
- Implementation plans due in March and developed with oversight from CDC and federal partners
  - Project officers from CDC (research, program, surveillance), HRSA, SAMHSA
Acknowledgements

- **Health Departments:**
  - Chicago Department of Public Health
  - City of Philadelphia Public Health Department
  - District of Columbia Department of Health
  - Florida State Department of Health
  - Georgia Department of Human Resources
  - Houston Department of Health and Human Services
  - Los Angeles County Public Health Department
  - Maryland State Department of Health
  - New York City Department of Health and Mental Hygiene
  - Texas State Department of Health Services
  - Puerto Rico Department of Health
  - San Francisco Department of Public Health

- **CDC offices:**
  - Behavioral and Clinical Surveillance Branch
  - Capacity Building Branch
  - HIV Incidence and Case Surveillance Branch
  - Epidemiology Branch
  - Office of the Director, DHAP
  - Prevention Communications Branch
  - Prevention Program Branch
  - Prevention Research Branch
  - Program Evaluation Branch
  - Quantitative Sciences and Data Management Branch

- **Federal Partners**
  - HHS, Office of HIV/AIDS and Infectious Disease Prevention (OHAIDP)
  - HRSA, HIV/AIDS Bureau (HAB)
  - HRSA, Bureau of Primary Care (BPHC)
  - SAMHSA
  - NIH (DAIDS & NIMH)
  - IHS
Thank You!

ECHPP Webpage:
http://www.cdc.gov/hiv/strategy/echpp

Questions?
David Purcell; dpurcell@cdc.gov
Steve Flores; sflores@cdc.gov

For more information please contact Centers for Disease Control and Prevention
1600 Clifton Road NE, Atlanta, GA 30333
Telephone, 1-800-CDC-INFO (232-4636)/TTY: 1-888-232-6348
E-mail: cdcinfo@cdc.gov  Web: www.cdc.gov

The findings and conclusions in this report are those of the authors and do not necessarily represent the official position of the Centers for Disease Control and Prevention.