

Enhanced Comprehensive HIV Prevention Planning (ECHPP) Project Overview

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CFAR/APC ECHPP Confernece 2012
Washington, DC
November 19, 2012

National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention
Division of HIV/AIDS Prevention



ECHPP Funded 12 MSAs Representing 44% of the AIDS Epidemic

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



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?

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