

CDC ECHPP and COC Initiatives

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CDC's Context for ECHPP and COC

- **NHAS (2010) & HIV Care Continuum Initiative (2013)**
- **Scientific breakthroughs**
 - **Pre-exposure prophylaxis (PrEP)**
 - **ART reduces transmission of HIV**
 - **Circumcision provides long-term reduction in risk for heterosexual men**
- **CDC released interim guidance for use of PrEP by MSM, heterosexuals, and IDUs**
- **Approved over-the-counter oral HIV test**
- **Increased focus on case finding, linkage to care, retention in care, and ART adherence**
- **Affordable Care Act expanding coverage to tens of thousands with HIV and millions at risk for HIV**

Challenging Times for HIV Prevention

- **Federal deficit ~\$1.1 trillion for FY 2012**
- **3-year freeze on federal discretionary spending**
- **Several years of reductions in public health services**
 - **Loss of 46,000 state and local positions**
 - **Staff furloughs, hiring freezes, pay cuts**
- **Many community organizations closed or struggling**

CDC's High-Impact Prevention (HIP)

Applying the science of implementation
to maximize impact

- **Key components**
 - Effectiveness and cost
 - Feasibility of full-scale implementation
 - Coverage of targeted population
 - Interaction and targeting
- Preventing the most HIV and reducing disparities

Available for download at:
www.cdc.gov/hiv/policies/hip.html



What Does HIP mean for CDC?

- ❑ Intensify HIV prevention efforts in communities where HIV is most heavily concentrated (ECHPP; Flagship FOA; 12-1201)
- ❑ Targeted efforts to prevent HIV infection using a combination of effective, evidence-based approaches for persons living with HIV and those at high risk of infection
- ❑ Focus on the Continuum of Care to maximize the proportion of people with HIV who have suppressed viral load by improving diagnosis, linkage and retention in care, and antiretroviral provision and adherence (CCI, CAPUS, etc.)
- ❑ Improve data monitoring, dissemination, and feedback for both programmatic and surveillance data

Demonstration Projects Overview

❑ ECHPP (2010-2103)

- Broad jurisdiction-level focus on planning implementation of HIP across a range of biomedical and behavioral interventions
- Last project meeting occurred in Sept 2013

❑ CAPUS (2012-2015)

- Improve identification of HIV-positive persons and link, retain, and re-engage them into HIV care
- focus on social and structural factors (social determinants of health) and on improved programmatic use of surveillance data

❑ SMAIF FY14 (2014-2017)

- Focus on strengthening service delivery in health centers
- Target improved coordination between health departments and health centers funded by HRSA-BPHC



Major Themes from ECHPP

- ❑ **Partnering with academic institutions**
 - Improve shared understanding of key research findings
 - Increase alignment between research and practice
 - Support coordination of competing study recruitment efforts
- ❑ **Continued capacity building assistance**
 - Topics such as 3rd-party reimbursement and system-level intervention
- ❑ **Federal coordination and support**
 - Continue to align metrics across agencies
 - Support local coordination
 - Ongoing efforts to reduce data reporting burden





Good Better Best

ECHPP
Busting Silos
Since 2010

CAPUS Demonstration Project

- **Secretary's Minority AIDS Initiative Fund for Care and Prevention in the United States (CAPUS) Demonstration Project**
 - 3-year Cooperative Agreement (Sept. 2012 – Sept. 2015)
 - \$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



CAPUS Required Components

- A. Use of surveillance data and data systems to improve care and prevention
- B. HIV testing, linkage to, retention in, and re-engagement with care, treatment, and prevention
- C. Navigation Services
- D. Address social and structural factors directly affecting HIV testing, linkage to, retention in, and re-engagement with care, treatment, and prevention



SMAIF FY14 – Increasing HIV Prevention and Care Service Delivery among Health Centers Located in High HIV Prevalence Jurisdictions

- ❑ Partnership between CDC and HRSA/BPHC with key involvement from HHS/OHAIDP
- ❑ Three-year project to reduce HIV/AIDS-related morbidity and mortality among racial /ethnic minorities by:
 - ❑ Strengthening partnerships between health departments and health centers
 - ❑ Identifying promising models for HIV service delivery
 - Improved identification of undiagnosed HIV infection
 - New access points for HIV services
 - Improve HIV outcomes along continuum of care

SMAIF FY14 – Project Framework

□ CDC/DHAP

- Competitive FOA for 9 eligible state health departments (HDs)
- AL, CA, FL, MD, MA, MI, NY, SC, TX
- Anticipate 4 awards
 - (Average award \$650K, Total \$7.8M)

□ HRSA/Bureau of Primary Health Care

- Supplemental funding to health center grantees (3 to 6 per HD) to build capacity and expand HIV testing and service delivery
 - (Average award \$375K, Total \$18M)
- Award contract for an HIV training and technical assistance collaboration center to work with HDs and support health centers in implementing project activities
 - (Total \$3M)



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- 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:

www.cdc.gov/hiv/prevention/demonstration/echpp

Questions?

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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.

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