

OPA/OFP HIV Prevention Project Annual Technical Support Conference

Seven Years of HIV
Supplemental Grants -
A National Perspective

Susan B. Moskosky, MS, RNC
Director, Office of Family Planning
Office of Population Affairs
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Today's Presentation

- The HIV/AIDS Epidemic - A quick snapshot
- U.S. Health and Human Services/CDCs' response to the HIV crisis
- Title X HIV Supplemental Grant History
- Title X HIV Prevention and Integration in Family Planning
– Why it needs to continue
- Where we are now!

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HIV/AIDS 2005 Epidemic*

- In 2005 - 37,331 cases of HIV/AIDS in adults, adolescents, & children were diagnosed in the 33 states with long-term, confidential name based HIV reporting.
- CDC has estimated that approximately 40,000 persons in the US become infected with HIV each year

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HIV/AIDS 2005 Epidemic*

- HIV/AIDS was diagnosed for an estimated 9,708 women
- 26% of the estimated 37,163 diagnoses for adults and adolescents were women
- High-risk heterosexual contact was the source of 80% of newly diagnosed infections

* Based on data from 33 states with long-term, confidential name-based reporting

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HIV/AIDS 2005 Epidemic

- Women with AIDS made up an increasing part of the epidemic
 - In 1992 women accounted for an estimated 14% of adults and adolescents living with AIDS in the 50 states and the District of Columbia
 - By end of 2005 this proportion had grown to 23%

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Title X Response

- In December 1987, OPA issued a Program Instruction mandating that HIV prevention education and referral services, at a minimum, be offered as part of Title X family planning services
- January 2001 revised Program Guidelines reiterated the information, also stating that when a program does not offer risk assessment, counseling and testing, they MUST provide a list of providers that offer these services

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Title X Response - Training

- late 1980s/early 1990s - training of individuals working in Title X clinics regarding HIV/AIDS
- 1988 - OPA provides supplemental funds to Regional Training Centers (RTCs) for integration of HIV training activities through MOU with CDC - limited scope
- 1995 - Cooperative Agreement directly between CDC and RTCs – training on HIV integration in FP one of several training topics

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Title X Response - Training

- 2001 - Title X provided supplemental funds to Regional Training Centers (RTC) to assess the need for training related to providing HIV services in Title X clinics
- 2002-2005 – Supplemental funds provided to implement training to address the needs identified
- 2006 – HIV training incorporated into general training activities

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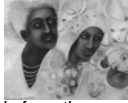
Title X Response - Services

- Late 1990s, OFP began attending meetings with other agencies leading prevention efforts
 - CDC
 - HRSA
 - Congressional Black Caucus Steering Committee (later the Minority AIDS Initiative)



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Title X Response



- In 2001, for the first time, OPA/OFP received funds from the Minority AIDS Initiative to support supplemental grants for projects in existing Title X clinics
- Proposed to expand the availability of HIV counseling, testing, and referral services on site in Title X Family Planning Clinics
- Two categories for funding
 - Supplement or enhance existing HIV services
 - Initiate HIV activities beyond basic HIV prevention education

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1st Cycle of Supplemental Grants (10/01-8/04)

- Total Funding approximately \$5 M (2001-2002-2003)
 - \$3 M from Congressional Black Caucus (now Minority AIDS Initiative Fund)
 - \$2 M + from Title X Appropriation
- 34 Projects in 23 Grantee Agencies
- Projects in 8 of 10 PHS Regions

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1st Cycle of Supplemental Grants - Requirements

- Project activities required to incorporate cultural competency, age appropriateness, and linguistic and educational appropriateness
- Projects required to have linkages with community based agencies providing HIV-related health and social services
- Providers trained according to local requirements or the most current CDC counseling and testing guidelines



1st Cycle Outcomes

- Services provided on-site
 - # Clients counseled 365,461
 - # Clients tested 187,702
 - # Positive tests 693
- Change in HIV testing levels in 34 project sites from beginning to end of 1st cycle of HIV supplemental projects 84%

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2nd Cycle of Supplemental Grants (9/04-9/07)



- Increase in Funding
 - \$6 M Minority AIDS Funds
 - \$3 M + Title X Appropriation
- 63 projects funded – At least one in each PHS Region

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2nd Cycle of Supplemental Grants

- Requirements similar to 1st round of funding
- Intended to contribute to “Advancing HIV/AIDS Prevention: New Strategies for a Changing Epidemic” (CDC 2003)
- Increased focus on collaboration and formal linkages with HIV-related community agencies, and
- Increased focus on strategies that encourage clients to return for post-test counseling

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2nd Cycle of Supplemental Grants



- All projects required to incorporate the "A-B-C" approach to HIV prevention activities
- Care of HIV + individuals receiving Title X services must utilize "CDC Recommendations to Incorporate HIV Prevention into the Medical Care of Persons Living with HIV"



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2nd Cycle Outcomes

- Services provided on-site
 - # Clients counseled 576,398
 - # Clients tested 377,286
 - # Positive tests 1,034
- Change in HIV testing levels in 63 project sites from beginning to end of 2nd cycle of HIV supplemental projects 47%

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3rd Cycle of Supplemental Grants

- As we move into the 3rd cycle we are reminded of why HIV testing in FP is so important!

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Sexually Transmitted Diseases (STDs)

- **STDs are affecting Millions of American Teen Girls**

- Researchers at the Centers for Disease Control and Prevention (CDC) completed a first of its kind study of teenage girls and STDs

- In a CDC study, released March 11, 2008- 838 girls ages 14-19 were surveyed about sexual practices and tested for HPV, Chlamydia, Trichomoniasis and Genital Herpes

- * Study was presented 2008 National STD preventing conference in Chicago (researcher Dr. Sara Forhan)

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Sexually Transmitted Diseases (STDs)

- **Based on the study- STDs Affect Millions of American Teen Girls**

- One in four teenage girls in the U.S. has a sexually transmitted disease*

- 3.2 million American teen girls have one of four common STDs

- Human Papillomavirus (HPV)
- Chlamydia
- Trichomoniasis
- Herpes simplex virus

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Sexually Transmitted Diseases (STDs) and HIV

- Individuals who are infected with STDs are at least two to five times more likely than uninfected individuals to acquire HIV infection if they are exposed to the virus through sexual contact.

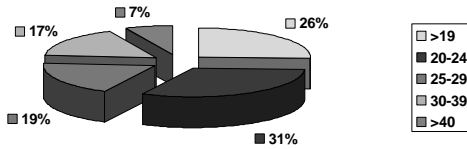
- In addition, if an HIV-infected individual is also infected with another STD, that person is more likely to transmit HIV through sexual contact than other HIV-infected persons.

- There is substantial biological evidence demonstrating that the presence of other STDs increases the likelihood of both transmitting and acquiring HIV

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Why HIV Testing in Family Planning Clinics?

2006 Family Planning Annual Report
Users by Age



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The National Survey of Family Growth (NSFG) Cycle 6 collected expanded Data on HIV STD risk

- These data are continued in Cycle 7
- In 2002, NSFG found that 12%, or more than 14 million men & women 15-44, were at elevated risk of HIV because of their behavior in the last 12 months

Source: Anderson, et al., 2006. "Measuring HIV Risk in the US Population aged 15-44: Results from Cycle 6 of the NSFG." Advance Data from Vital and Health Statistics No. 377

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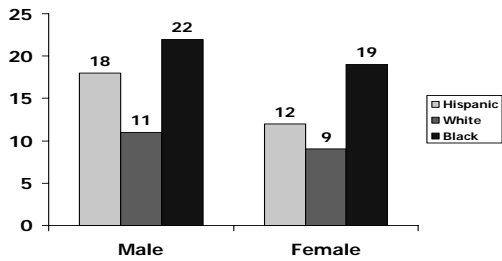
Percent at risk of HIV due to behavior in the last 12 months: US, 2002

Type of risk	Male	Female
Total	13.0	10.8
Male-Male Sex in last 12 months	2.7	----
Women: Male partner has Male-Male sex	----	2.3
5+ opposite-sex partners in last 12 mos.	4.6	2.4
Injecting Drug Use partner in last 12 mos.	2.3	2.9
Sex for money or drugs in last 12 mos.	2.6	2.0
HIV-Positive sex partner	0.5	0.5
Injecting drug use or crack cocaine	2.0	1.0
STD in last 12 months	2.6	3.4

Source: Anderson, et al., 2006. "Measuring HIV Risk in the US Population aged 15-44: Results from Cycle 6 of the NSFG." Advance Data from Vital and Health Statistics No. 377

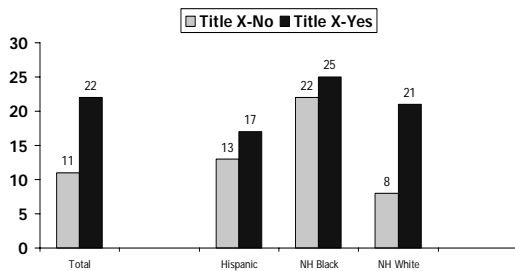
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Percent at risk of HIV because of their sexual behavior or drug use in the last 12 months: 2002



Source: Anderson, et al., 2006. "Measuring HIV Risk in the US Population aged 15-44: Results from Cycle 6 of the NSFG." Advance Data from Vital and Health Statistics No. 377. 25

Percentage of women reporting any HIV risk behaviors in the last 12 months by Title X clinic usage and Hispanic origin and race: US, 2002



HIV risk behaviors: 5 or more male sex partners, exchanged sex for money or drugs, or had an STD. Source: Special tabulation, NSFG 2007. 26

3rd Cycle of Supplemental Grants (9/07-10/10)



- Increase in Funding
 - \$ 6.5 million Minority AIDS Funds
 - \$ 3.8 million + Title X Appropriation =
 - \$ 10.3 million
- 77 projects funded – At least one in each PHS Region
- 30 of the 77 are new; 47 are established

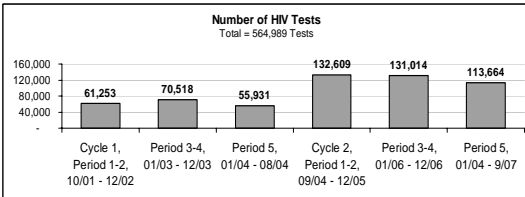
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3rd Cycle of Supplemental Grants - Requirements

- Project activities required to incorporate cultural competency, age appropriateness, and linguistic and educational appropriateness
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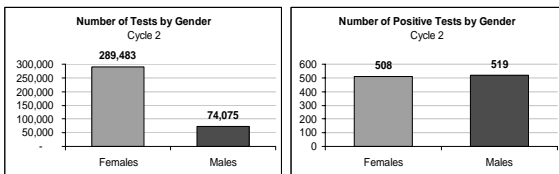


Where We Are Now



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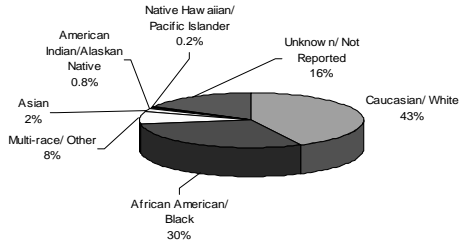
Where We Are Now



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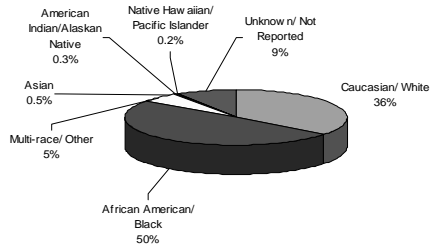
Where We Are Now

Figure 11a: Percent Distribution of Clients Tested for HIV by Race



Where We Are Now

Figure 11b: Percent Distribution of Clients Testing Positive for HIV by Race



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Closing remarks

- Title X responded early to the HIV epidemic and has maintained an interest in prevention as the epidemic has evolved
- Title X providers have responded, ensuring that those serving our clients have the knowledge and skills necessary to provide quality family planning services, including HIV-related prevention services
- You have responded by integrating HIV counseling, testing, and referral services by implementing the latest "research to practice" into already busy clinic operations

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Know that although in the eternal
scheme of things you are small,
you are also unique and
irreplaceable, as are all your fellow
humans everywhere in the world

- Margaret Laurence

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Thank you!

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