

OPA/OFP HIV Prevention
Project Annual Technical
Support Conference



Where is the Office of Family Planning
(OFP) after 8 years of HIV
Supplemental Grants?

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Disclosure

I have no real or perceived vested interests that relate to this presentation nor do I have any relationships with pharmaceutical companies, biomedical device manufacturers, and/or other corporations whose products or services are related to pertinent therapeutic areas.

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Today's Presentation

- The HIV/AIDS Epidemic
- Title X HIV Prevention Supplemental Grant History
- Title X HIV Prevention Integration in Family Planning



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Centers for Disease Control

- 1981 through 2003 an estimated 1.3–1.4 million people in this country have been infected with HIV/AIDS.
- Of these, about one third (more than 500,000) have died
- CDC estimates that more than one million Americans are living with HIV
- 24 to 27% of these people are unaware of their HIV infection



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Centers for Disease Control

- CDC estimates 56,000 new HIV infections per year
- This represents the spreading of the epidemic into new, vulnerable populations



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How is the Epidemic Changing*

- More people are living with HIV
- The epidemic keeps moving
- Populations affected are changing
 - Racial and ethnic minorities
 - Women
 - Youth



*Cdc. <http://www.cdc.gov/hiv/resources/reports/hiv3rddecade/chapter2.html#top>

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How is the Epidemic Changing?

● Our Work is not done!

- 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%
- Today, about one in four Americans living with HIV are women. And African American women are most affected.
- HIV/AIDS is the leading cause of death for African American women aged 25 to 34.



The HIV/AIDS Epidemic

- HIV/AIDS Rate in D.C. Hits 3% *
 - At least 3 percent of Washington, DC residents have HIV or AIDS
 - This far surpasses the 1% threshold that constitutes a "generalized and severe" epidemic

*District report, visit http://doh.dc.gov/doh/lib/doh/pdf/dc_hiv-aids_2008_updatereport.pdf



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The HIV/AIDS Epidemic

- Who is living with HIV in the District of Columbia:
 - More than 4% of Black district residents
 - 2% of Hispanic residents
 - 1.4% of White residents



● The George Washington University study is posted online at www.dchealth.dc.gov/doh/frames.asp?doc=/doh/lib/doh/pdf/dc_hiv_heterosex_ualstudy.pdf

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The HIV/AIDS Epidemic

- Of those living in the District who are HIV-positive:

- 76% are black
- 70% are men
- 70% are age 40 or older
- Black men in the city have the largest HIV burden with a prevalence of about 7%



*District report, visit http://doh.dc.gov/doh/lib/doh/pdf/dc_hiv-aids_2008_updatereport.pdf

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The HIV/AIDS Epidemic



- About 3% of black women in the district are HIV-positive
- Men having sex with men remains the leading cause of HIV transmission
- Followed by heterosexual transmission and injection drug use
- Among blacks, heterosexual sex was the leading cause of HIV transmission, accounting for 33% of cases

• The George Washington University study is posted online at www.dchealth.dc.gov/doh/frames.asp?doc=/doh/lib/doh/pdf/dc_hiv_heterosex_study.pdf

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The HIV/AIDS Epidemic



- The study also found that black women account for more than one-quarter of the District's HIV cases &
- 58% contracted the disease through heterosexual contact. About 25% of black women contracted HIV through injection drug use
- MSM accounted for the most HIV cases among white residents at 78% and also among Hispanics at 49%

• The George Washington University study is posted online at

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The HIV/AIDS Epidemic

- According to the study, among those in high-risk networks:
 - 61% know their HIV status
 - 53% of men had overlapping sexual partners in the past year
 - 40% of women had overlapping sexual partners in the past year
 - 30% used a condom the last time they had sex

Source: District of Columbia Epidemiology annual Report 2008, Heterosexual Relationships and HIV in Washington D.C

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Not Just DC- Wyoming*

- Wyoming Numbers:
New reported HIV cases

2007- 14
2006- 6
2005- 10
2004- 9
2003- 7
2002- 13

- New reported AIDS cases with no prior HIV DX:

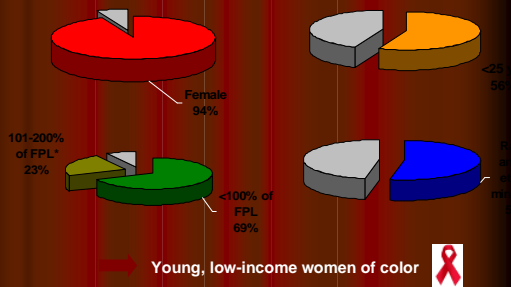
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*Star Tribune Wyoming Nov 14, 2008-source: HIV-AIDS Surveillance Report Dec 2007

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FPAR 2007: User Demographics

Socio-Demographics of FP Users (N=4,987,238)



* Federal Poverty Level
^ Includes those identifying as Hispanic/Latino or non-white non-Hispanic/non-Latino

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Title X HIV Prevention Supplemental Grant History

- 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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Title X HIV Prevention Supplemental Grant History

- 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

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Title X HIV Prevention Supplemental Grant History

- 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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Title X HIV Prevention Supplemental Grant History

- 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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Title X HIV Prevention Supplemental Grant History

- 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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Title X HIV Prevention Supplemental Grant History

- 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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Title X HIV Prevention Supplemental Grant History

- 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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Title X HIV Prevention Supplemental Grant History

- 3rd Cycle of Supplemental Grants (9/07-10/10)
Increase in Funding
 - \$ 7.0 million Minority AIDS Funds
 - \$ 3.8 million + Title X Appropriation =
 - \$ 10.8 million
- 80 projects funded – At least one in each PHS Region
- 30 of the 80 are new; 50 are established

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Title X HIV Prevention Supplemental Grant History

- 3rd 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

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So Far: 3rd Cycle Outcomes

- 10/01/2007- 06/30/2008
 - 138,030 clients tested
 - 153 confirmed positive clients
 - 146 positive clients referred for services
 - Referral rate for positive clients 95%
- 07/01/2008 – 12/31/2008
 - 109,611 clients tested
 - 146 confirmed positive clients
 - 140 positive clients referred for services
 - Referral rate for positive clients 96%

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Keep Up the Good Work!!

- You have responded by integrating HIV counseling, testing, and referral services by implementing the latest “research to practice” into already busy clinic operations!
WE THANK YOU!
- And, most importantly - your patients Thank You!

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Sources:

- The George Washington University study is posted online at: www.dchealth.dc.gov/doh/frames.asp?doc=/doh/lib/doh/pdf/dc_hiv_heterosexualstudy.pdf.
- The District report: http://doh.dc.gov/doh/lib/doh/pdf/dc_hiv-aids_2008_updatereport.pdf
- *HIV/AIDS Surveillance Report, 2007*, Vol. 19. Atlanta: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention; 2009:[inclusive page numbers].
- HHS Women’s Health.gov <http://www.4woman.gov/hiv/>

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