



# **PUBLIC HEALTH**

**ALWAYS WORKING FOR A SAFER AND  
HEALTHIER WASHINGTON**

**Partner Services: The Power of  
Prevention, One Partner at a Time**

**Dave Kern, Manager  
HIV and Adult Viral Hepatitis Prevention**

## OVERVIEW

- Common Goal for HIV Prevention
- The Value of Partner Services
- Overview of the DOH HIV Prevention Service Delivery System
  - Funding Priorities
  - Funded Services
- Overview of HIV Prevention Planning
  - Key HIV Prevention Questions
  - Focus on Outcomes
- Questions and Answers

## COMMON GOAL FOR HIV PREVENTION

The primary goal of HIV prevention is:

**To prevent as many new HIV infections  
as possible given the available resources.**

# THE VALUE OF PARTNER SERVICES

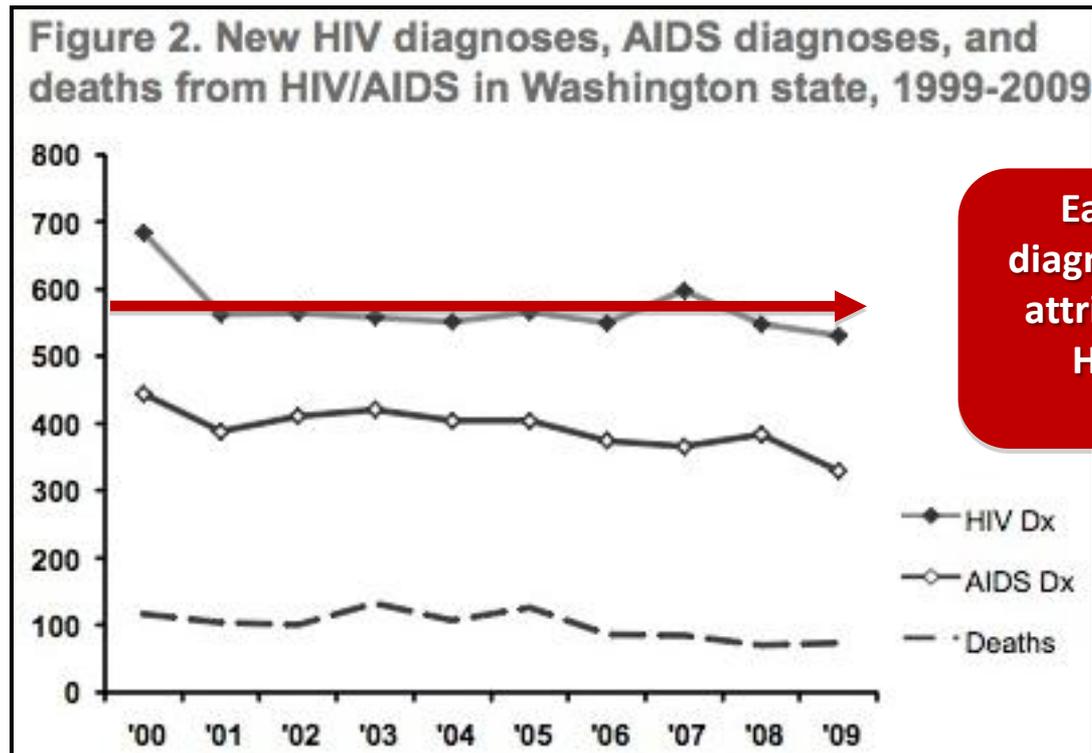
## THE VALUE OF PARTNER SERVICES

- Partner Services is vital to the mission of public health. By identifying infected persons, confidentially notifying their partners of their possible exposure, and providing needed services, public health professionals...can improve the health not only of the individuals, but also of the community.

## THE VALUE OF PARTNER SERVICES

- Infected persons
  - Provide support notifying partners.
  - Provide linkage to medical care, treatment and prevention to reduce transmission risk.
- Partners of infected persons
  - Notify partners of possible exposure.
  - Provide early linkage to testing, medical care, treatment, prevention and other services.
- Community
  - Reduce future rates of transmission through early diagnosis, treatment and prevention to infected persons.

## THE VALUE OF PARTNER SERVICES



Each new HIV diagnosis is directly attributable to an HIV-positive partner.

Great things are not done by  
impulse, but by a series of  
small things brought  
together.

- Van Gogh

# HIV PREVENTION SERVICE DELIVERY SYSTEM

# HIV Prevention System

## Who Does What?

*Prevention Planning*—  
DOH, planning group,  
local public health,  
service providers,  
communities

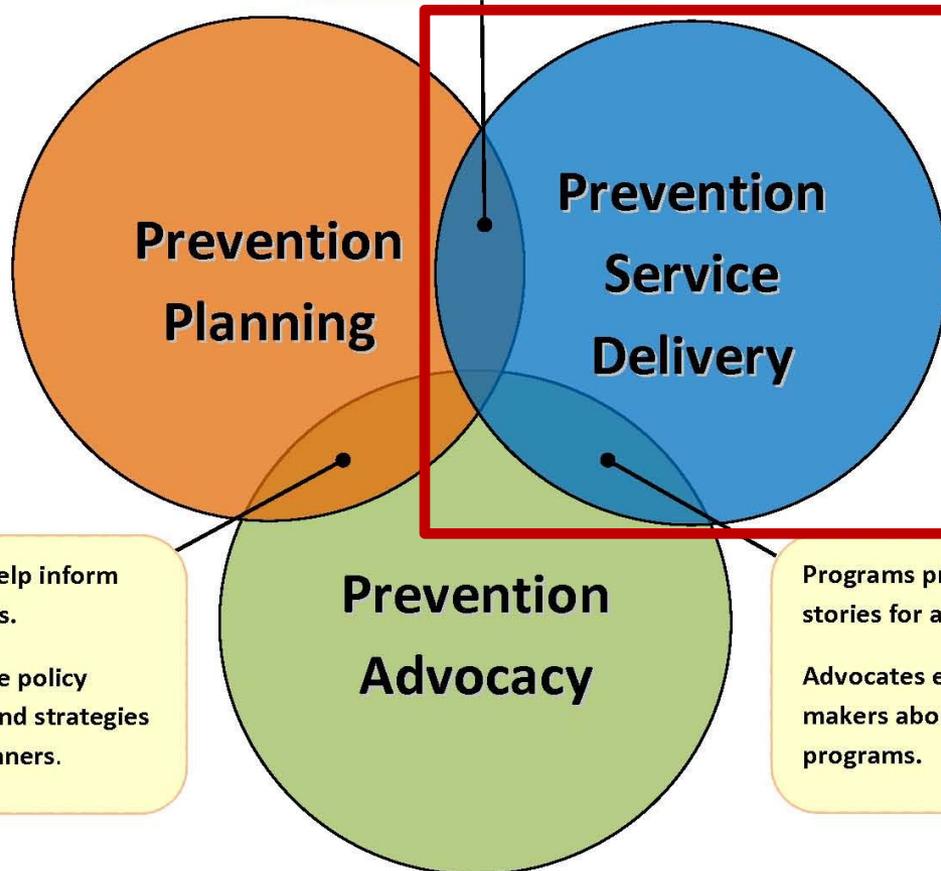
*Prevention Service  
Delivery*—DOH, local  
public health, service  
providers, communities

*Prevention Advocacy* \*—  
service providers,  
communities, other  
advocates

\*DOH is not directly  
involved in advocacy  
efforts.

Planners recommend  
strategies to support  
successful programs.

Programs provide essential  
feedback to inform planners.



**Prevention  
Planning**

**Prevention  
Service  
Delivery**

**Prevention  
Advocacy**

Planning efforts help inform  
advocacy priorities.

Advocates educate policy  
makers about sound strategies  
developed by planners.

Programs provide data and  
stories for advocates.

Advocates educate policy  
makers about the needs of  
programs.

# HIV PREVENTION FUNDING PRIORITIES

Federal \$\$

GF-S \$\$

## 2011 – 2012 Washington State HIV Prevention Portfolio

### High Prevalence Jurisdictions

Criteria

- At least 25% of new HIV diagnoses in the past 5 years
- At least 25% of prevalent HIV cases

Seattle-King

### Moderate Prevalence Jurisdictions

Criteria

- At least 1% of new HIV diagnoses in the past 5 years
- At least 1% of prevalent HIV cases

Benton-Franklin, Clark, Kitsap, Pierce, Snohomish, Spokane, Thurston, Whatcom, Yakima

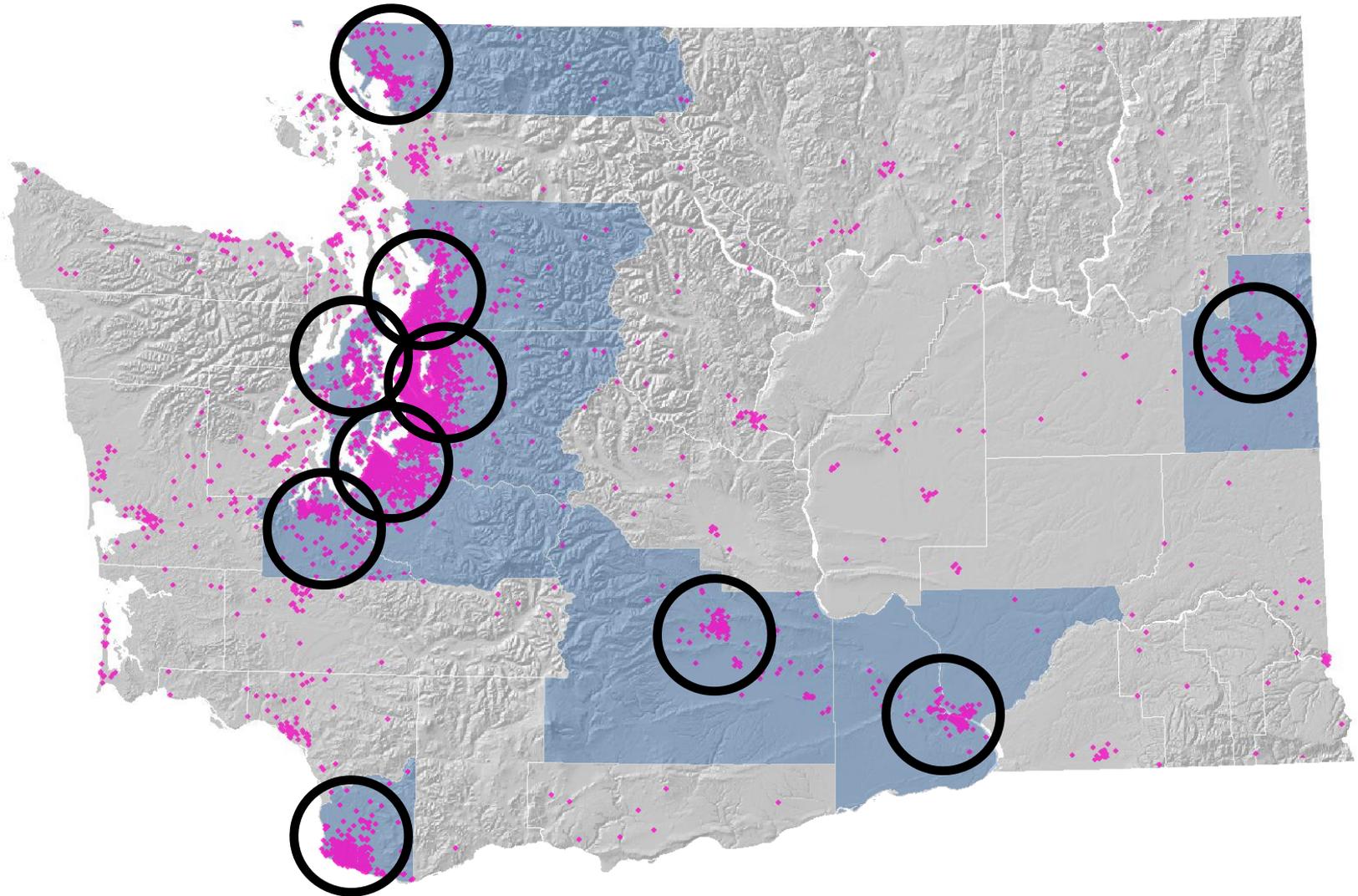
### Special Initiatives

Criteria

- Based upon desired program outcomes

Various

## GEOGRAPHIC DISTRIBUTION OF HIV CASES IN WASHINGTON STATE, 2009



**Blue**-shaded counties contained 93% of all new HIV cases in 2009 (n = 548)

**Pink** dots represent one person living with HIV in 2009 (n = 10,447; dots randomized within census tracts).

## 2011 – 2012 HIV PREVENTION FUNDING PRIORITIES

### High Prevalence Jurisdictions

<b>Eligibility</b>	<b>LHJs only</b>
<b>Eligible applicants</b>	<b>Public Health Seattle and King County</b>
<b>Funding mechanism</b>	<b>Non-Competitive</b>
<b>Scope of work</b>	<ul style="list-style-type: none"><li>•Implement a comprehensive HIV prevention program (scopes of work will be determined in conjunction with DOH)</li><li>•Provide direct oversight of sub-grantees contracts, including monitoring and evaluation; quality assurance; service delivery coordination; collection of community input; and capacity building, training and technical assistance</li></ul> <p><b>Actively coordinate service delivery</b></p>

## 2011 – 2012 HIV PREVENTION FUNDING PRIORITIES

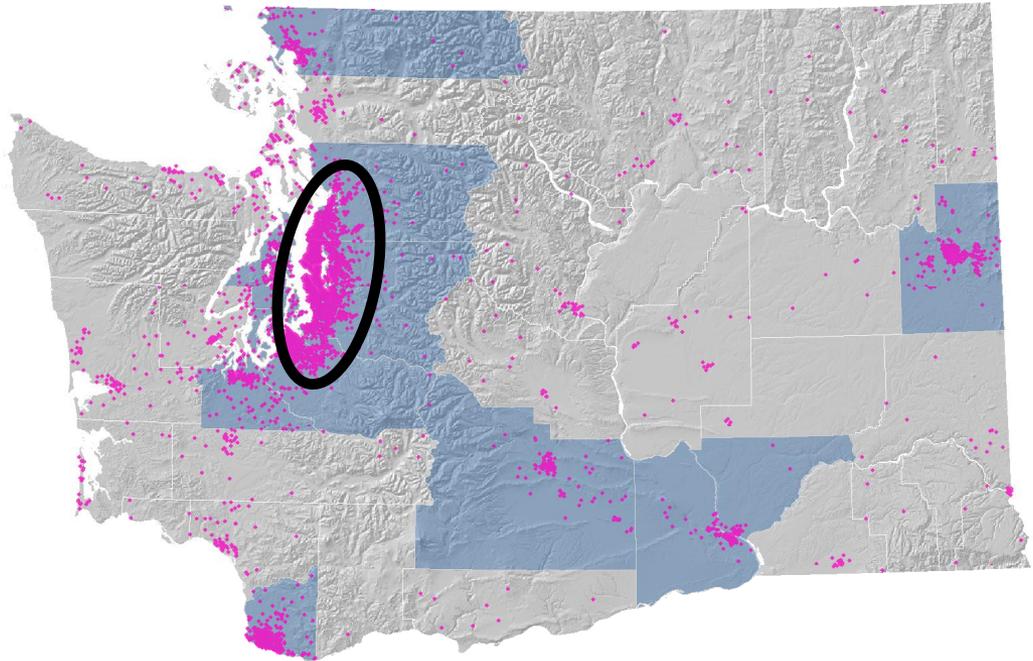
### Moderate Prevalence Jurisdictions

Eligibility	LHJs and non-profits	
Eligible applicants	LHJs and non-profits in Benton-Franklin, Clark, Kitsap, Pierce, Snohomish, Spokane, Thurston, Whatcom and Yakima	
Funding mechanism	Non-Competitive and Competitive	
Scope of work	<p><b><u>Non-Competitive</u></b> <b>25%</b> <b><u>(LHJs only)</u></b></p> <ul style="list-style-type: none"> <li>•Provide HIV testing and partner services</li> <li>•Support delivery of partner services in Low Prevalence Jurisdictions</li> </ul>	<p><b><u>Competitive</u></b> <b>75%</b> <b><u>(LHJs and CBOs)</u></b></p> <ul style="list-style-type: none"> <li>•Provide HIV prevention interventions and strategies, including syringe service programs, HIV testing, behavioral interventions</li> </ul>
<b>Actively coordinate service delivery</b>		

## 2011 – 2012 HIV PREVENTION FUNDING PRIORITIES

**Special Emphasis: Addressing the HIV Epidemic among Gay and Bisexual Men in the Puget Sound**

- King, Pierce and Snohomish



## 2011 – 2012 HIV PREVENTION FUNDING PRIORITIES

- Special Initiative: Syringe Services Programs in Low Prevalence Jurisdictions
- Special Initiative: Addressing HIV-Positive DOC Offenders after Release
- Special Initiative: Assessing HIV Prevention Needs of Gay and Bisexual Hispanic Farm Workers in Central Washington
- Special Initiative: HIV Testing in Low Prevalence Jurisdictions

## 2011 – 2012 HIV PREVENTION FUNDING PRIORITIES

### All funded programs will:

- Actively partner with DOH on the design and delivery of prevention programming
- Integrate adult viral hepatitis prevention into programming (and other disease prevention activities when possible)
- Contribute to statewide HIV prevention planning efforts
- Actively promote local coordination to identify and address needs and gaps in service (→ to optimize service delivery)

## FUNDING PRIORITIES SUMMARY

- DOH will target significant resources to support HIV prevention efforts in jurisdictions with greatest disease burden.
- DOH will continue to support HIV case finding efforts statewide (i.e., HIV testing and partner services).
- DOH will fund special initiatives to support projects that address unique circumstances.
- Adult viral hepatitis prevention activities will be integrated into HIV prevention programming.
- Coordination of service delivery will be a priority.
- DOH-funded partners will contribute to statewide planning efforts.

## FUNDED HIV PREVENTION SERVICES

- Services will be funded in High, Moderate and Low Prevalence Jurisdictions.
  - High – Expand access to high quality HIV prevention and care and treatment services in Seattle / King County
  - Moderate – Increase access to high quality HIV prevention and care and treatment services in moderate prevalence jurisdictions
  - Low – Support access to syringe services programs in low prevalence jurisdictions
- Services may be provided by local health jurisdictions (LHJs) and community-based organizations (CBOs).

## FUNDED HIV PREVENTION SERVICES

- Intended outcomes:
  - Increased proportion of HIV-infected people who know their HIV status.
  - Increased proportion of HIV-infected people who are linked to quality medical care, who initiate anti-retroviral therapy, who remain in care services and who remain adherent to their HIV treatment regimens.
  - Increased proportion of HIV-positive persons who are provided assistance notifying their sex and needle sharing partners of potential exposure.

## FUNDED HIV PREVENTION SERVICES

- Intended outcomes:
  - Decreased report of risky sexual and drug using behaviors among HIV-negative and HIV-positive people.
  - Increased availability of materials and services that reduce the likelihood of HIV transmission, including sterile syringes, condoms and STD screening.
  - Integrated delivery of adult viral hepatitis prevention services in HIV prevention programming.

## FUNDED HIV PREVENTION SERVICES

- Funded prevention services include:
  - HIV Testing
  - Partner Services
  - Linkage to Care and Treatment
  - Condom Distribution
  - Syringe Services Programs
  - STD Screening
  - Behavioral Interventions
  - Comprehensive Risk Counseling and Services
  - Health Communication / Public Information
  - Adult Viral Hepatitis Prevention

## HIV PREVENTION SERVICE DELIVERY SYSTEM

- Partner Services:
  - LHJs
    - Funded to provide HIV partner elicitation, notification and counseling.
    - Funded to provide STD partner elicitation, notification and counseling as part of STD screening.
  - CBOs
    - Funded to provide HIV partner elicitation (with referral to LHJ for notification and counseling) as part of HIV testing.
    - Funded to provide STD partner elicitation (with referral to LHJ for notification and counseling) as part of STD screening.

# OVERVIEW OF HIV PREVENTION PLANNING

# HIV Prevention System

## Who Does What?

*Prevention Planning*—  
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local public health,  
service providers,  
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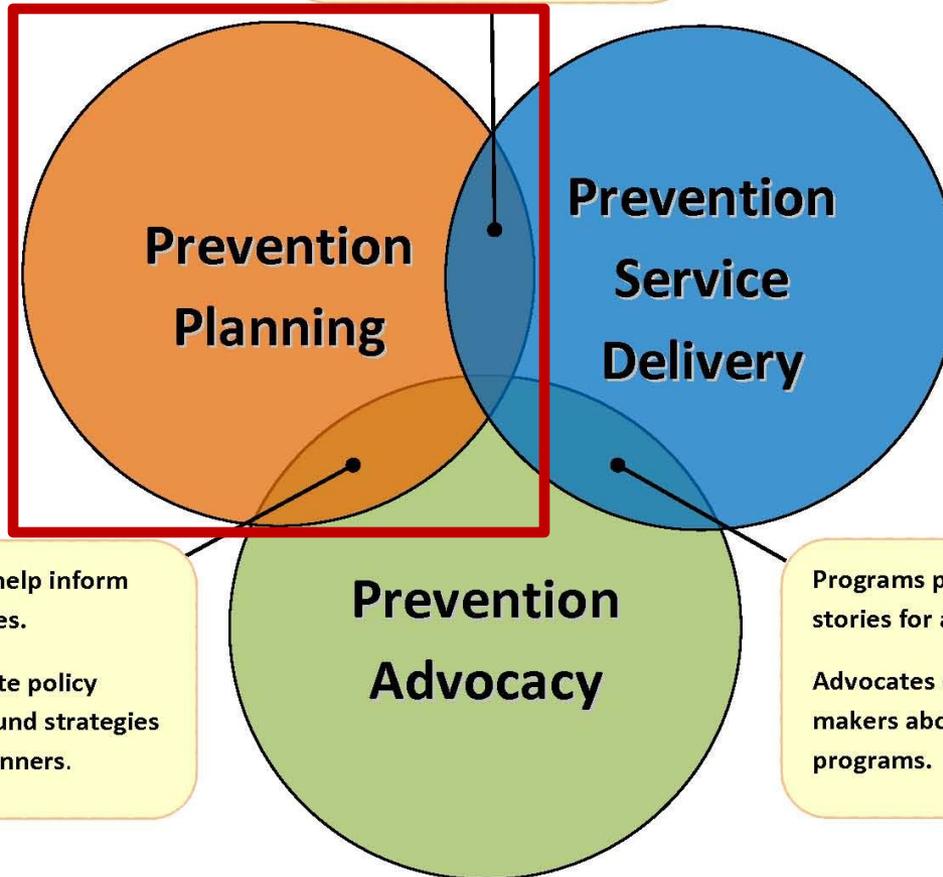
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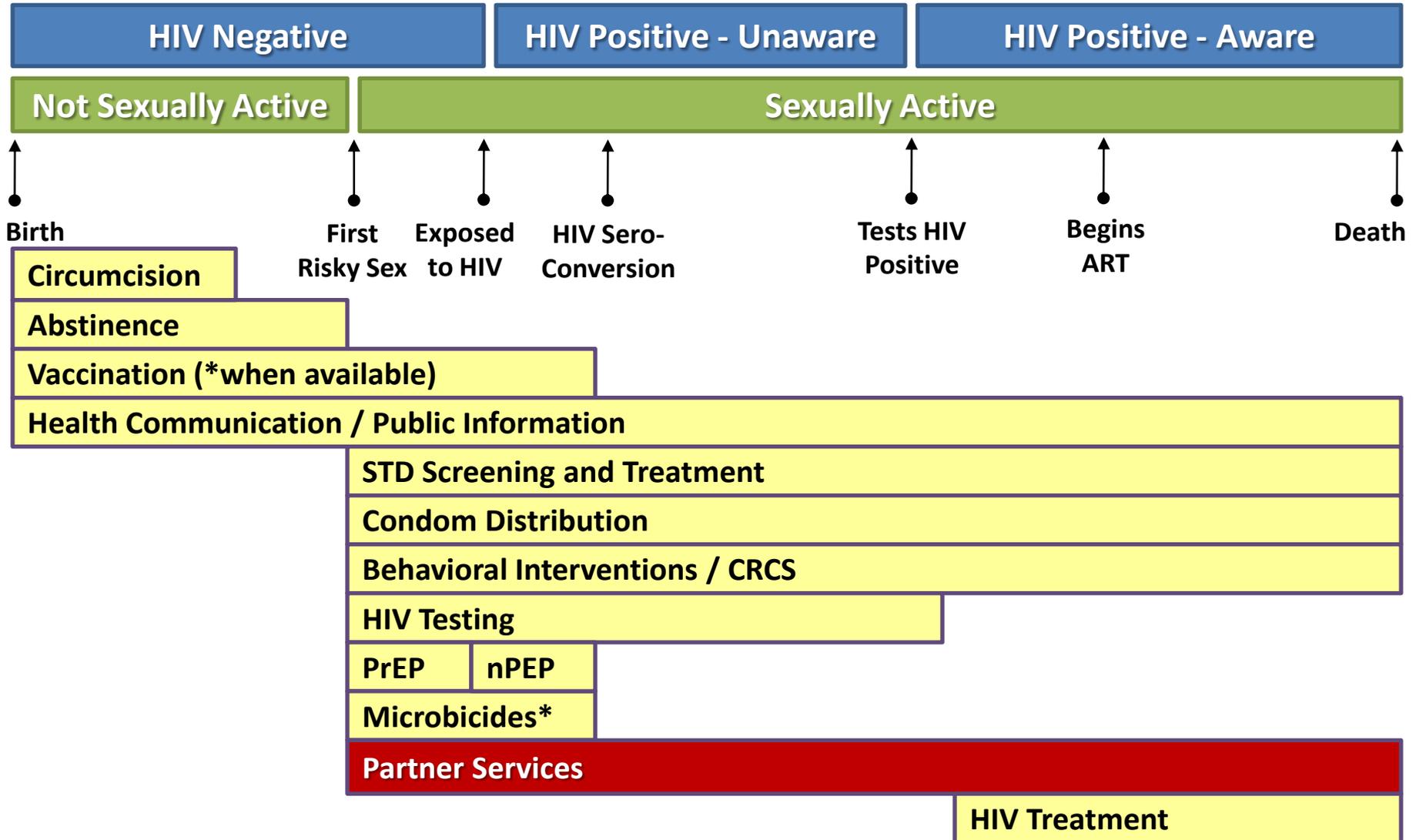
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## KEY HIV PREVENTION QUESTIONS

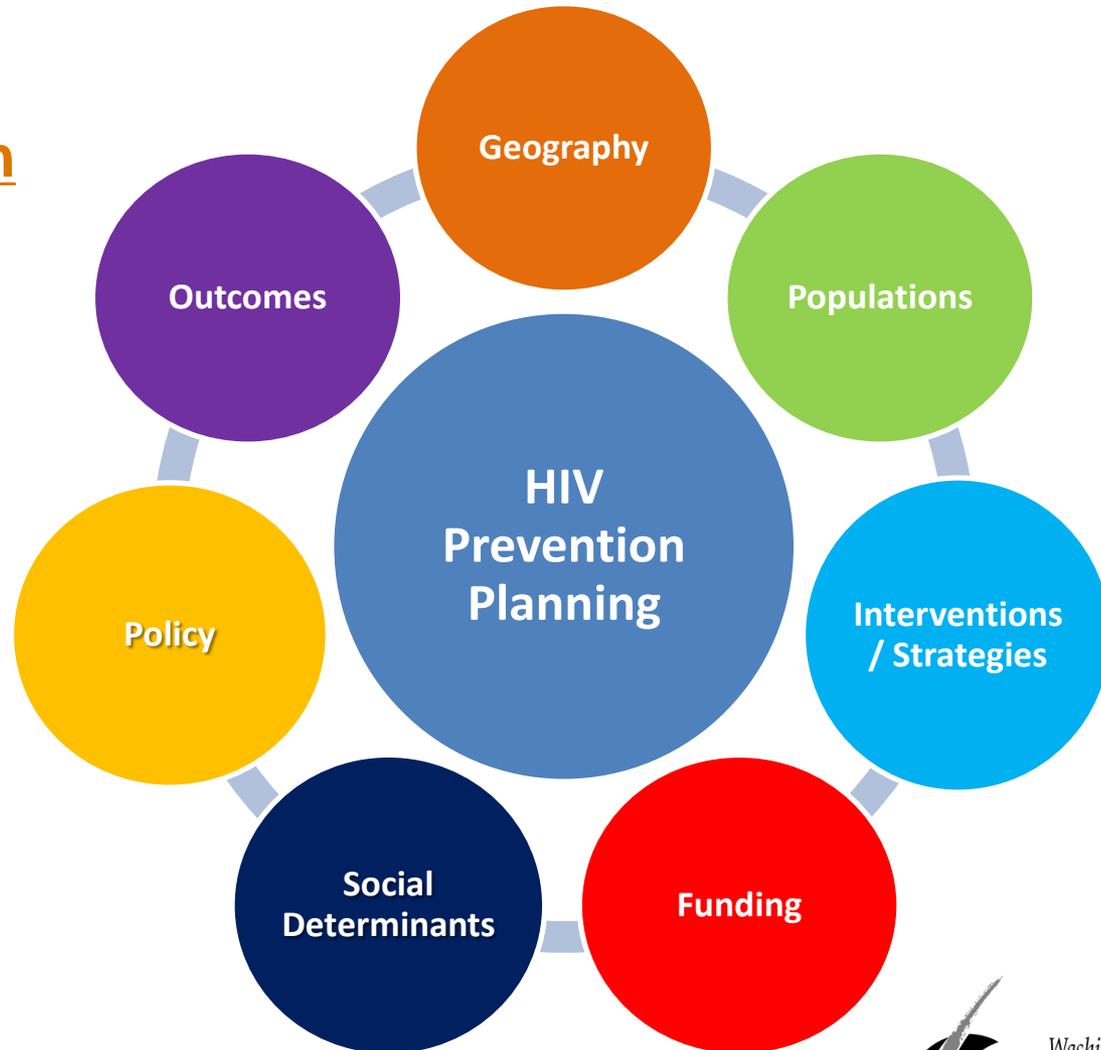
- What populations are most at risk for acquiring HIV infection?
- What are the characteristics and prevention needs of persons at risk of acquiring HIV infection?
- What populations are most at risk for infecting others with HIV?
- What are their characteristics and prevention needs of persons at risk for infecting others with HIV?

## KEY HIV PREVENTION QUESTIONS

- What interventions and strategies (both direct and indirect) are most effective at reducing HIV transmission in these populations?
- What structures, systems and policies impede the successful implementation of strategies and interventions? What can be done to remove these impediments?
- How do social determinants influence risk behavior and disease transmission? What can be done to address these issues?



What frames can  
we use in  
planning?

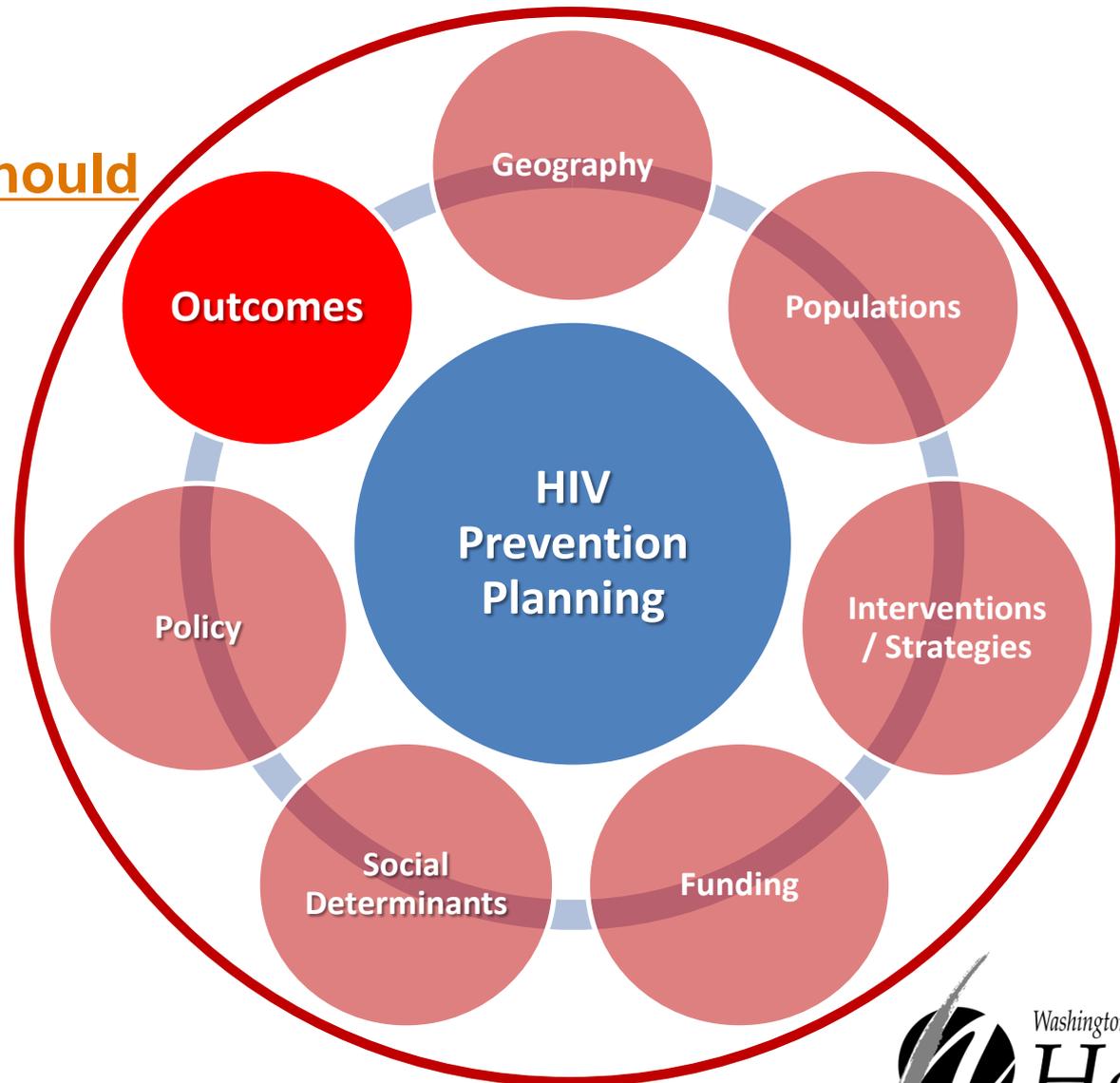


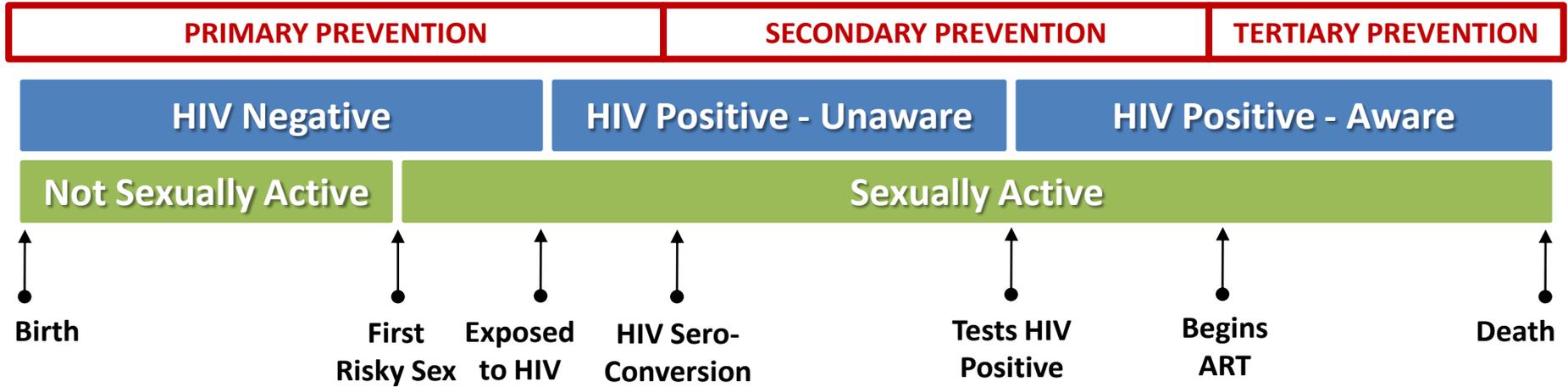
What frames should  
we use for  
planning?

ALL OF THEM.

Which first?

OUTCOMES.

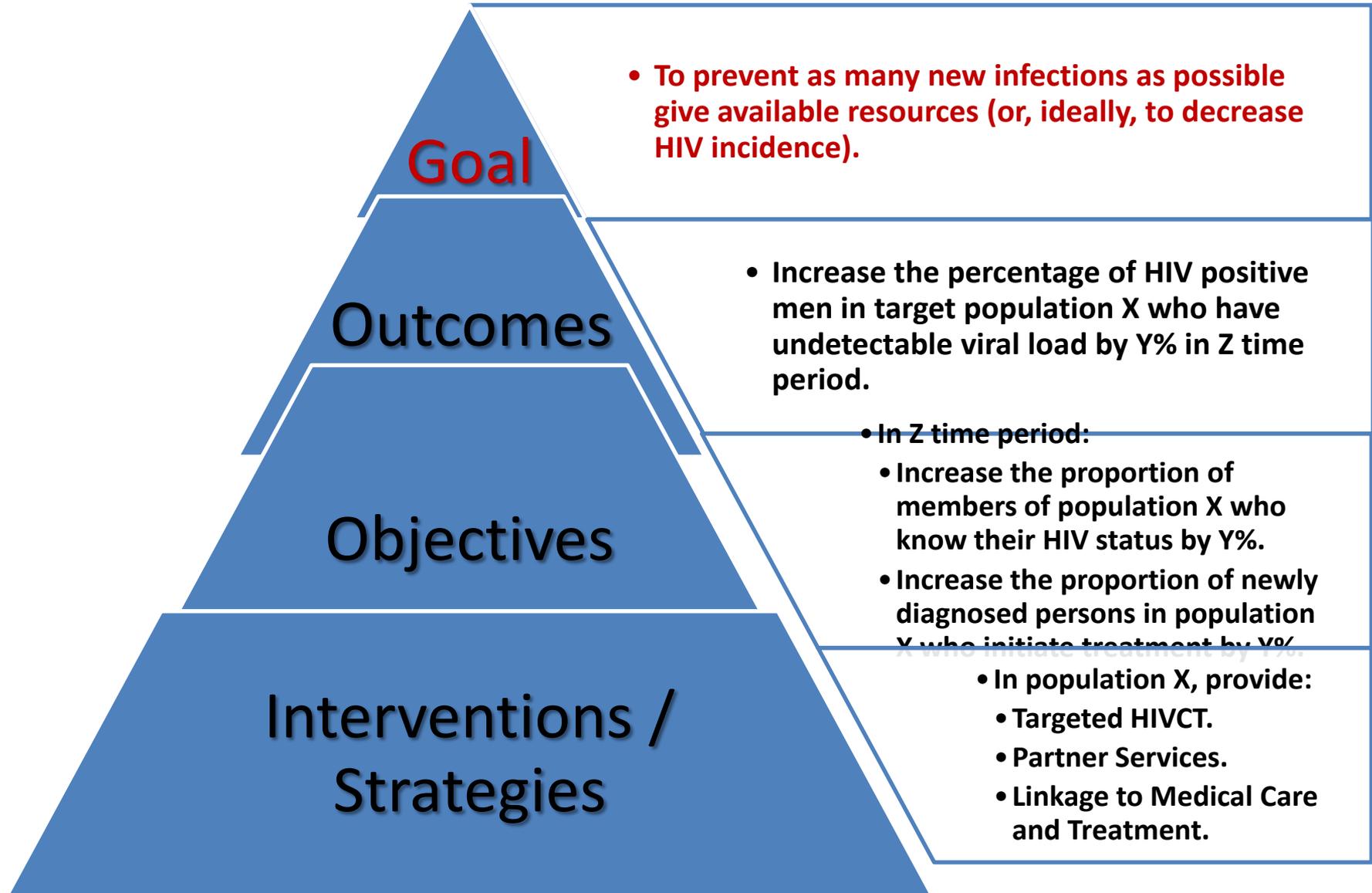




If our goal is to prevent new HIV infections, could possible outcomes be:

- To increase the proportion of HIV positive men who have undetectable viral load.
- To increase the number of sex and needle sharing partners of newly diagnosed individuals who are aware of their HIV status.


Partner Services
HIV Treatment



## Goal

- To prevent as many new infections as possible give available resources (or, ideally, to decrease HIV incidence).

## Outcomes

- Increase the percentage of HIV positive men in target population X who have undetectable viral load by Y% in Z time period.

## Objectives

- In Z time period:
  - Increase the proportion of members of population X who know their HIV status by Y%.
  - Increase the proportion of newly diagnosed persons in population X who initiate treatment by Y%.

## Interventions / Strategies

- In population X, provide:
  - Targeted HIVCT.
  - Partner Services.
  - Linkage to Medical Care and Treatment.

## REFRAMING – LOOKING AT OUTCOMES

1. Establish outcomes that can help us reach our goal of preventing new infections.
2. Examine each outcome.
  - Population and geographic needs?
  - Social determinants and structures (policies/systems)?
  - Current and new partnerships?
  - Interventions and strategies?
3. Identify outcome-minded recommendations.
4. Identify measurements for assessing progress.
5. Develop Strategic HIV Prevention Plan.

## REFRAMING – LOOKING AT OUTCOMES

6. DOH uses plan to guide resource allocation.
7. Funded providers work to implement recommendations (toward reaching the outcomes).
8. DOH and funded providers monitor and evaluate progress, improving quality when necessary.
9. DOH reports back to planning group on progress.
10. Planning group makes tweaks to recommendations and DOH makes adjustments to resource allocation.

## FRAMING THE IDEAL PARTNER SERVICES PROGRAM: A VISION FOR THE FUTURE

- Guiding questions:
  - Where is your partner services program now?
  - Where do you want to be?
  - What would the ideal partner services program look like?

## DEALING WITH DIFFICULT ISSUES: CHALLENGES OF PARTNER SERVICES PROGRAMS

- Guiding question:
  - What barriers / roadblocks are you currently facing in your partner services program?
- Topic areas for discussion:
  - Data (collection and sharing)
  - Bureaucratic / regulatory environment
  - Drugs, sex and techno
  - Community politics
  - Core transmitters

## MOVING PARTNER SERVICES FORWARD: ADDRESSING CHALLENGES TO MEET OUR VISION – PART 1

- Guiding question:
  - What are specific tactics and strategies that can help our programs address challenges in order to move toward our vision for the future?
- Topic areas for discussion:
  - Data (collection and systems)
  - Bureaucratic / regulatory constraints
  - Drugs, sex and techno
  - Community politics
  - Core transmitters

## MOVING PARTNER SERVICES FORWARD: ADDRESSING CHALLENGES TO MEET OUR VISION – PART 1

- Instructions:
  - There are separate flip chart pages for the five topics.
  - Each topic has a facilitator.
  - Self-organize into five small groups.
  - Each group starts with a different option.
  - Facilitator will write your ideas on the flip chart.
  - Every 5-7 minutes, individuals shift to the next chart and repeat the process. Please form **new** groups each round.
  - If a group prior to yours suggested a tactic / strategy you really like, indicate that with a “check.”

## MOVING PARTNER SERVICES FORWARD: ADDRESSING CHALLENGES TO MEET OUR VISION – PART 2

- Guiding questions (small group):
  - Given the ideal program, the barriers and tactics and strategies you described yesterday, what are two or three short term steps you can take to help your program move forward?
  - Who will be responsible for ensuring these steps are taken?
- Guiding question (full group):
  - Given the ideal program, the barriers and tactics and strategies you described yesterday, what are two or three short term steps DOH can take to help programs across the state move forward?