

Evolution of the Special Projects of National Significance Prevention with HIV-Infected Persons Seen in Primary Care Settings Initiative

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Ryan White HIV/AIDS Program Prevention Activities

- The Ryan White CARE Act Prevention Project (2000-2002)
- Incorporating HIV Prevention into the Medical Care of Persons living with HIV: Recommendations of CDC, HRSA, NIH, and HIVMA (2003)
- SPNS Initiative: Prevention with HIV-Infected Persons seen in Clinical Settings (Prevention with Positives Initiative, 2002 – 2008)
- OPTIONS Project (2005-2007)

The Ryan White CARE Act Prevention Project 2000 - 2002

- Current practices of providers regarding primary prevention with HIV-infected patients in clinical settings
- Incentives and barriers to providing prevention with positives in clinical settings
- Perceptions of patients receiving care in clinical settings regarding their prevention needs and services

**Findings:
The Ryan White CARE Act Prevention Project***

- HIV prevention counseling was not routine in most clinics; patients reported receiving prevention counseling significantly less frequently than counseling related to diet, nutrition and adherence to ARVs.
- Lack of time, lack of specialized training and funding dedicated to the provision of prevention counseling were cited as barriers providing HIV prevention in the clinical setting.
- Some clinical providers did not understand their role in “prevention with positives”.
- The low frequency of HIV prevention services in these clinical settings represented “missed opportunities” for reducing HIV transmission.

*Morrin et al. (2004) Missed Opportunities: Prevention with HIV-Infected Patients in Clinical Care Settings. *J.AIDS*, 36(4):960-966.

Incorporating HIV Prevention into the Medical Care of Persons living with HIV: Recommendations of CDC, HRSA, NIH, and HIVMA/IDSA*

- Guidelines support the provision of HIV prevention in clinical settings
- Provide clinicians with the tools needed to conduct a behavioral assessment, screen for sexually transmitted diseases, and provide appropriate prevention messages

*CDC. (2005) Incorporating HIV Prevention into the Medical Care of Persons Living with HIV. Recommendations of CDC, the Health Resources & Services Administration, the National Institutes of Health and the HIV Medicine Association of the Infectious Diseases Society of America. *MMWR Recommendations and Reports*, 52 (RR-12), 1-24.

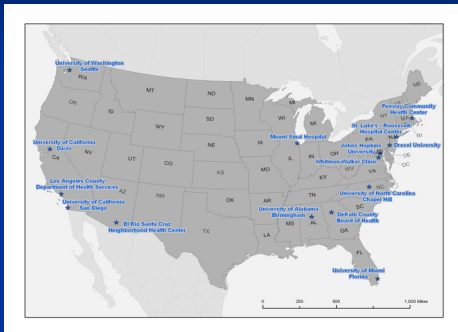
SPNS Initiative: Prevention with HIV-Infected Persons seen in Clinical Settings (Prevention with Positives Initiative)

- **Goal:** To evaluate the effectiveness of behavioral prevention intervention programs for HIV-positive clients seen in clinical care settings by examining the following questions:
 - Can behavioral interventions in primary care clinical settings help HIV+ clients reduce the risk of transmitting HIV to others?
 - What models are most appropriate with different populations (e.g., MSM of color, heterosexual women, rural drug users)?
 - What models are most appropriate for different primary care settings (e.g., rural, urban, high volume, community-based organization, large hospital)?

Prevention with Positives Initiative Overview

- 15 sites were funded to implement and evaluate HIV prevention interventions tailored to their individual clinics
- A TA & Evaluation Center received funds to conduct a multi-site evaluation and assist demonstration sites in designing their interventions and local evaluations

SPNS Prevention with Positives Initiative Demonstration Sites



Prevention with Positives Initiative Overview

- Interventions implemented by the sites differ in terms of:
 - Modality;
 - Target population; and
 - Types of professionals, from peers to physicians, who “deliver” the intervention.

Intervention Modality

Site	Intervention Modality	
	Individual Level	Group Level
Johns Hopkins University, Baltimore	√	
University of Alabama, Birmingham	√	
County of Los Angeles	√	
St. Luke's Roosevelt Hospital, New York	√	
El Rio/Special Immunology Health Ctr., Tucson		√
University of Washington, Seattle	√	√
Mt. Sinai Hospital, Chicago	√	
Fenway Community Health Center	√	
University of Miami		√
Drexel University, Philadelphia	√	√
DeKalb County Board of Health, Decatur, GA	√	√
University of North Carolina, Chapel Hill	√	
Whitman Walker Clinic, Washington, DC	√	
University of California, San Diego	√	
University of California, Davis	√	

- ### Target Populations
- All patients (3)
 - Patients with sex or drug risk in last 6 months (2)
 - MSM with sexual activity in last 6 months (1)
 - All returning patients with sexual activity in last 3 months (1)
 - All returning patients (1)
 - All MSM (1)
 - Patients reporting sexual activity in last 3 months (1)
 - Male patients (1)
 - Female patients (1)
 - Patients reporting risk in last 6 months (1)
 - Patients diagnosed with HIV for at least 3 months (1)
 - Patients age >45 reporting unprotected sex in last 12 months

Type of Professional Delivering Intervention

Site	Primary Care Provider	Intervention Specialist	Peer
Johns Hopkins University, Baltimore	√		
University of Alabama, Birmingham	√		
County of Los Angeles	√		
St. Luke's Roosevelt Hospital, New York		√ (Social Worker)	
El Rio/Special Immunology Health Ctr., Tucson		√ (Health Educator)	
University of Washington, Seattle		√ (Social Worker)	√
Mt. Sinai Hospital, Chicago			√
Fenway Community Health Center			√
University of Miami			√
Drexel University, Philadelphia	√	√ (Health Educator)	√
DeKalb County Board of Health, Decatur	√	√ (Specialist)	
University of North Carolina, Chapel Hill	√	√ (Specialist)	
Whitman Walker Clinic, Washington, DC	√	√ (Health Educator)	
University of California, San Diego	√	√ (Health Educator)	
University of California, Davis	√	√ (Social Worker)	

Evaluation Framework

- The presentations to follow examine:
 - Change in sexual risk behaviors and patients' perceptions and reactions to interventions by intervention type:
 - Provider-delivered
 - Intervention specialist
 - Mixed models – intervention delivered by a combinations of primary care providers, interventions specialists and/or peers
 - Cost effectiveness of HIV prevention interventions in averting new HIV infections
- Next steps

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