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Achieving High-Impact HIV Prevention: CDC Funding Opportunity Announcement Issues for Consideration

Julie M. Scofield
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BRIDGING SCIENCE, POLICY AND PUBLIC HEALTH

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Overview

- CDC FOA: Achieving High-Impact Prevention
- Implementation Challenges
- Issues for Consideration
- The Impacts of Cuts: Examples from the Field
- Next Steps and Looking Ahead

CDC FOA: Achieving High-Impact Prevention

- Formula used to distribute funding
- Clarity around priority, high-impact activities under **Category A**
  - Move towards more nimble, higher-impact evidence-based interventions
  - Increase prioritization of HIV testing
  - Increase emphasis on screening for other STDs
  - Increase focus on Prevention with Positives
  - Increase focus on policy barriers that impede optimal service delivery
- **Category B** provides 36 jurisdictions with funding to expand HIV testing in clinical and non-clinical settings
- **Category C** provides funding for innovative programs

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Implementation Challenges

- HIV prevention in U.S. is woefully underfunded – only 4 percent of overall federal domestic HIV/AIDS investment.
- State and local resources for HIV/AIDS programs, primarily prevention, have declined.
- Federal operating agencies need to embrace the Strategy's call to achieve a more coordinated response with meaningful community engagement.
- New CDC incidence estimates among gay men of all races and ethnicities, particularly young Black MSM must be a call to action to increase our response in these communities.
- The ADAP crisis must be addressed.

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Issues for Consideration

- **Federal core HIV prevention funding** to state and local health departments has been **stagnant** for a decade. No jurisdiction is fully funded for prevention.
- Increased funding has been made available for expanded testing but only to a subset of jurisdictions – 23, then 25, then 30, now 36. This gives advantage in case finding to higher incidence jurisdictions which in turn increases the reported cases on which the formula is based.
- More analysis was needed in advance of the FOA release on what best comprises an optimal HIV prevention program in jurisdictions and the time needed for adequate planning for significant cuts or thoughtful scale-up of new dollars.

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Issues for Consideration

- There were significant application development challenges given unknown funding for Categories A, B and C, (floor or ceiling amounts) and Low Cost Extension. Actual awards for FY2012 could vary dramatically and will likely not be known for a long time. Planning in this environment is extremely difficult.

- Is CDC going to align funding for CBOs with new funding formula and new high-impact HIV prevention activities? These resources make enormous differences in jurisdictions.

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Issues for Consideration

- **Political realities** and consideration – HIV prevention received an increased appropriation from Congress in FY2011. How do we continue to advocate for HIV prevention when most jurisdictions are being cut under this FOA?

- The AIDS Community has a long history of opposing dramatic reallocation of resources that could potentially lead to destabilization of programs. We have largely been united in calling for new resources to address areas of unmet need and/or more gradual shifts in resources.

The Impact of Cuts: Examples from the Field

IOWA

In the first year of the FOA, HERR programs that served 2,802 persons with individual- and group-level programs and another 5,000 in outreach contacts will end. Currently, CDC dollars support 7.5 FTE (4.0 DIS; 2.0 program staff; 1.5 Administrative and Supervisory). For 2012, 1.0 FTE will be lost in Administrative and Supervisory. The 6.5 FTEs cost nearly $850,000 (with fringe and indirect), more than what was projected as our original base of $750,000. That means that we would have to lay off more program staff, and probably still would have no money for the core activities (test kits, computers, printing, condoms, etc) by 2014. MSM is our highest priority group. In Iowa, we would need to have DIS and/or programs in 11 counties to reach even 75% of the cases with partner services and/or other prevention for positives.

The Impact of Cuts: Examples from the Field

HAWAII

PCSI services will be eliminated and single disease-specific siloed services will resume. Prevention and care infrastructure across the state will be significantly eroded. Cuts will include the loss of CBOs, erosion of Hawaii's disease surveillance and monitoring capacity and HIV/STD partner services. Linkages of newly diagnosed HIV positive persons into care will be significantly reduced. Hawaii will be unable to fund its model transgender program.

The Impact of Cuts: Examples from the Field

MASSACHUSETTS

Massachusetts' cuts will result in rapid destabilization of community-based services, including massive layoffs and agency closures; dramatically restricted access to HIV counseling and testing services for low-income residents across the Commonwealth and the elimination of HIV prevention and education services in community-based settings.

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The Impact of Cuts: Examples from the Field

MARYLAND

The shift in HIV Prevention funding in Maryland over the next five years will impact the state health department's ability to sustain, much less scale-up, prevention activities in jurisdictions outside Baltimore City including the second most highly impacted area, Prince Georges County, which has the fastest growing number of young Black gay men and other MSM with syphilis and HIV in the state. As statewide HIV prevention funding is reduced during this period, some local health departments and CBOs in Maryland that utilize both HIV prevention and HIV care and treatment funding to operate a comprehensive HIV program will no longer be able to do so or will have a limited program with only one source of funding for care and treatment. Maryland currently utilizes HIV prevention funding to support statewide PCSI efforts and STI and viral hepatitis integration activities; the reduction in statewide HIV prevention funding will have a significant negative impact on these programs as well.

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The Impact of Cuts: Examples from the Field

MICHIGAN

Michigan will see substantial reduction in both targeted testing and screening in health care settings. In 2010, nearly 85,000 HIV tests were conducted in sites supported by MDCH, and 405 individuals were newly diagnosed through these efforts. Due to reductions in federal funding, MI expects to decrease the number of health care facilities in which HIV screening is provided by at least one third, from 19 to 11. We anticipate reducing the number of community-based partners providing highly targeted HIV testing by at least 3 of the 13 currently funded for these services. We anticipate reducing the volume of tests conducted through our Expanded Testing Initiative from 36,000 in 2010 to approximately 20,000 in 2012; and the volume of targeted testing from 50,000 in 2010 to approximately 28,000 in 2012. We project that up to 100 individuals with HIV will not learn of their HIV infection as a result in the reduction or elimination of these programs. This will increase the longer term costs for care and treatment of these individuals and of their partners.

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CDC FOA: Top-line Request

- NASTAD supports the restoration of the $20 million to Category A and $5 million to Category B. PACHA and the Prevention Justice Alliance are on record asking for the restoration of funds to Category A equal to amounts available in FY2011.
- Impact of the new FOA needs to be well evaluated – can the goals of the NHAS be met with so much reallocation of resources and dismantling of programs?
- Progress on development of shared metrics and accountability is needed.

Next Steps and Looking Ahead

- NASTAD is assessing how best to address the TA needs of jurisdictions as they implement dramatic cuts.
  - Many health departments have significant needs for technical assistance related to dismantling programs and planning for diminished capacity.
  - Similarly a few health departments may need TA to rapidly scale up efforts.
- NASTAD will continue to advocate for the restoration of core funding to Categories A and B and additional resources for HIV prevention programs overall.

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Thank you!

Julie M. Scofield
Executive Director
444 North Capitol Street, NW, Suite 339
Washington, DC 20001
jscofield@NASTAD.org