

Regional Population Prioritization Protocol

INTRODUCTION

The CDC HIV Prevention Community Planning Guide (Guidance) requires that community planning groups prioritize populations most at risk for HIV. The list of populations most at risk, previously established for each region, must be rank ordered by priority, in terms of their relative contribution to new HIV infections within the region. To assist with this prioritization process, the Washington State HIV Prevention Planning Group (SPG) has worked closely with the Washington State Department of Health (DOH) in order to develop the following prioritization protocol. Each region is strongly encouraged to follow this protocol as written.

INSTRUCTIONS

Have these Items Ready Before Starting

- List of regional populations most at risk.
- Current surveillance data describing the HIV epidemic in your region, including the Risk Population Summary (attached) provided by DOH.
- Any other additional epidemiological data deemed relevant, including research findings and/or needs assessment data.
- Regional Prioritization Form (attached)

Note: For further guidance, please refer to the attached example of a completed Regional Prioritization Form describing fictional Region 7.

Process Summary

Each region's populations most at risk should be prioritized according to a set list of specific criteria. Each criterion represents the degree to which a given population contributes to new HIV infections within the region. Criteria should be sorted and approached in order of importance. Beginning with the most important criterion, the region should rank order the populations most at risk. As each additional criterion is considered, the question should be asked, "Is this new information compelling enough to justify making any changes to the order we've already established?" If the answer is yes, adjust the order as needed. If the answer is no, preserve the existing order and move on to the next criterion.

Steps for Prioritization

1. Rank Populations Most at Risk Using *Criterion A*

- Refer to information provided within the Risk Population Summary, and to the description of *Criterion A* provided below. Compare and rank populations most at risk based on *Criterion A*. Use the Regional Prioritization Form to record ranking decisions. Comments or rationale for decision-making should be documented either in the comments section of the Regional Prioritization Form or in the accompanying narrative.

Criterion A. Number and Proportion of New HIV Diagnoses, 2005-2009

New diagnosis of HIV disease represents our best proxy measure for HIV incidence. In this case, events are being aggregated over the most recent five year period. Reviewers should compare and rank populations based on the following two statistics.

- a. number of cases
- b. proportion (%) of cases, among all new HIV diagnoses

Note: SPG guidance considers Criterion A to be an essential element and recommends that it be considered first when prioritizing populations most at risk.

2. Re-Evaluate Ranking of Populations Most at Risk Using *Criterion B*

- Refer to information provided within the Risk Population Summary, and to the description of *Criterion B* provided below. If necessary, adjust existing ranking (from Step 1). Use the Regional Prioritization Form to document any decision to adjust rankings. Comments or rationale for decision-making should be documented either in the comments section of the Regional Prioritization Form or in the accompanying narrative.

Criterion B. Number and Proportion of People Living with HIV (PLWHs), End of 2009

Reviewers should compare and rank populations based on the following two statistics:

- a. number of cases
- b. proportion (%) of cases, among all prevalent cases

Note: SPG guidance considers Criterion B to be an essential element and recommends that it be considered second when prioritizing populations most at risk.

3. Re-Evaluate Ranking of Populations Most at Risk Using *Criterion C*

- Refer to information provided within the Risk Population Summary, and to the description of *Criterion C* provided below. If necessary, adjust existing ranking (from Step 2). Use the Regional Prioritization Form to document any decision to adjust rankings. Comments or rationale for decision-making should be documented either in the comments section of the Regional Prioritization Form or in the accompanying narrative.

Criterion C. Rates of New HIV Diagnosis, 2005-2009

A rate is a standardized proportion often used to represent risk for disease within a population. It is usually calculated by dividing the number of cases by the number of persons at risk (general population). HIV rates are usually presented as cases per 100,000 residents. The rates being used here will be averaged, or annualized, over a five year time period. Comparing disease rates between groups is a good way to assess health inequities.

Note: SPG guidance considers Criterion C to be an essential element and recommends that it be considered third when prioritizing populations most at risk.

4. Re-Evaluate Ranking of Populations Most at Risk Using Additional Criteria (optional)

Once the above Steps 1-3 have been completed, regional planning groups are encouraged to use additional criteria to “fine tune” the rankings of population most at risk. Examples of criteria that may be considered are listed below. If the region uses additional criteria not listed here, please provide a detailed description of those criteria in the narrative. Use the Regional Prioritization Form to document any decision to adjust rankings. Comments or rationale for decision-making should be documented either in the comments section of the Regional Prioritization Form or in the accompanying narrative. The SPG recommends using no more than six separate criteria to conduct prioritization.

Optional Criteria:

Late HIV Diagnosis

The term “late HIV diagnosis” is used to describe the event in which a patient is diagnosed with AIDS within 12 months of his or her initial HIV diagnosis. Late diagnoses tend to occur among persons who engage in risky behaviors but do not regularly get tested for HIV. When comparing late diagnosis between groups, care should be taken to not over-interpret small differences ($\leq 5\%$) in the proportion of cases that are late diagnosed.

Probability of HIV Transmission

For years there has been a growing effort among HIV researchers to use mathematical models to better understand how HIV is actually transmitted between people. One widely accepted conclusion supported by such work is that some HIV-positive people are more likely than others to spread the virus within a population. Furthermore, the likelihood for infecting someone else with HIV (infectiousness) is more important, from an HIV prevention perspective, than the likelihood of becoming infected (susceptibility). Some attempts to estimate population-specific HIV transmission probabilities have been published.

Optional Criteria (continued):

Recent Trends in HIV Diagnosis

Trend analysis typically requires larger numbers (>50 per group) in order to be considered valid. Hence, some regions are better able to conduct trend analysis than others. Furthermore, it is always important to question whether an apparent change in the number of newly diagnosed cases is due to actual changes in risk behavior (or disease transmission) or is instead occurring for some other reason. Other possible explanations for a nominal trend can include changes in population-specific migration patterns, HIV testing behaviors, disease case definitions, and/or surveillance system performance.

- 5. Complete your CPG-approved Regional Prioritization Form. Return the completed form to Justin Hahn at the Washington State Department of Health.**

QUESTIONS?

Justin Hahn
Department of Health
Community and Family Health
P.O. Box 47838
Olympia, WA 98504-7838

Contact Justin Hahn at 360-236-3466 or justin.hahn@doh.wa.gov for technical assistance with the population prioritization process.

Regional Prioritization Form (front)

Region: _____

Date: _____

Step 1. Apply Criterion A Number and Proportion of New HIV Diagnoses, 2005-2009		Step 2. Apply Criterion B Number and Proportion of PLWHs, 2005-2009		Step 3. Apply Criterion C Rates of New HIV Diagnosis, 2005-2009		Step 4. Apply Optional Criterion D		FINAL RANK (if finished, otherwise turn page)
Population	Rank	Population	Adjusted Rank	Population	Adjusted Rank	Population	Adjusted Rank	
Comments:		Comments:		Comments:		Comments:		

Regional Prioritization Form (back)

Region: _____

Date: _____

Step 5. Apply Optional Criterion E		Step 6. Apply Optional Criterion F		FINAL RANK
Population	Rank	Population	Adjusted Rank	
Comments:		Comments:		

Sample Regional Prioritization Form (front)

Region: 7

Date: 4/28/2010

Step 1. Apply Criterion A Number and Proportion of New HIV Diagnoses, 2005-2009		Step 2. Apply Criterion B Number and Proportion of PLWHs, 2005-2009		Step 3. Apply Criterion C Rates of New HIV Diagnosis, 2005-2009		Step 4. Apply Optional Criterion D: Late HIV Dx		FINAL RANK (if finished, otherwise turn page)
Population	Rank	Population	Adjusted Rank	Population	Adjusted Rank	Population	Adjusted Rank	
White MSM	1	White MSM	1	White MSM	1	White MSM		1
Women who have HR heterosexual partners	2	Women who have HR heterosexual partners	2	MSM/IDU	2	MSM/IDU		2
IDU	3	MSM/IDU	3	Women who have HR heterosexual partners	3	Women who have HR heterosexual partners		3
MSM/IDU	4	IDU	4	Black MSM who may also have sex with women	4	Black MSM who may also have sex with women		4
Hispanic MSM who may also have sex with women	5	Hispanic MSM who may also have sex with women	5	IDU	5	Hispanic MSM who may also have sex with women		5
Black MSM who may also have sex with women	6	Black MSM who may also have sex with women	6	Hispanic MSM who may also have sex with women	6	IDU		6
Comments: Pops initially ranked according to absolute size. White MSM the largest group of cases by far (n=221) .		Comments: The distribution of prevalent cases is similar to that of new HIV diagnosis. The proportion of MSM/IDU slightly higher than that of IDU.		Comments: Moved MSM/IDU above HR women since estimated HIV rates in that population are so high (and the rates among HR women are relatively low). Black MSM rates merit bumping them up.		Comments: See no reason to change top four. Hispanic late dx issue merits bumping up above IDU.		

Sample Regional Prioritization Form (back)

Region: _____

Date: _____

Step 5. Apply Optional Criterion E		Step 6. Apply Optional Criterion F		FINAL RANK
Population	Adjusted Rank	Population	Adjusted Rank	
Comments:		Comments:		