



Bridging Science, Policy and Public Health

## **The National HIV Prevention Blueprint: Ending the Epidemic through the Power of Prevention**

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## The role of health departments

- Entrusted through U.S. law as the “central authorities of the nation’s public health system” and as such, bear the primary public sector responsibility for health (*“The Future of Public Health.”* Institute of Medicine, January 1, 1988)
- Partner with communities; local, state and federal governments; and other stakeholders to conduct the core components of public health
  - Assessment
  - Policy development
  - Assurance

## The role of the National Alliance of State and Territorial AIDS Directors

- Represents the nation's chief health agency HIV/AIDS and viral hepatitis staff in all 50 states, the District of Columbia, Puerto Rico, the U.S. Virgin Islands and the U.S. Pacific Islands
  - Responsible for protecting and guaranteeing the health of constituents within jurisdictions' borders
  - Responsible for more than half of CDC's domestic HIV prevention budget and a third of CDC's domestic viral hepatitis prevention budget
  - Responsible for significant HIV/AIDS and viral hepatitis funding from jurisdictional governments
  - Responsible for implementing a comprehensive HIV/AIDS and viral hepatitis response in every jurisdiction in the U.S.
- Provides national leadership on HIV/AIDS and viral hepatitis policy and programs
- Educates about and advocates for necessary federal funding

## Why develop a Prevention Blueprint and Policy Agenda (BP/PA)?

- Assert expertise and role of health department HIV/AIDS programs to reclaim “core” public health to meet our mandate to protect the public’s health
- Enter the perspective of HIV/AIDS directors, their staff, and their communities into the national discourse
- Capitalize on the timing
  - Not in the intense throes of RW reauthorization
  - Dr. Fenton’s leadership at NCHHSTP
  - Upcoming election (Congress and Administration)
  - Release of the revised incidence estimates
- Remind the nation: **HIV INFECTION IS PREVENTABLE!**

## What was the process for developing the BP/PA?

- NASTAD HIV Prevention Director's meeting (January 2006)
- NASTAD Prevention Advisory Committee (PAC) calls (ongoing)
- NASTAD BP/PA planning meeting (June 2007)
  - NASTAD Prevention Advisory Committee
  - NASTAD African American Advisory Committee
  - NASTAD Latino Advisory Committee
  - The Urban Coalition of HIV/AIDS Prevention Services
  - NASTAD Global Program
- NASTAD Executive Committee and Full Membership review (October/November 2007)
- Key expert review (November 2007)
- BP/PA release (December 2007)
- BP/PA revision (April 2008)

## What are the overarching goals of the BP/PA?

- BP/PA represents the collective wisdom of health departments and their communities.
- BP/PA is a concise, yet comprehensive plan for ending the epidemic in the U.S.
- BP/PA speaks to all communities, not just health departments.
- BP/PA recommendations seek to meet the needs of all populations at risk for or living with HIV/AIDS.

## HIV Prevention Blueprint Sections

- Where are we now?
- Why are we here?
- Where do we need to be?
- How do we get there?

## Where are we now?

- Increasing annual HIV/AIDS prevalence
- Decreasing AIDS morbidity
- Unknown HIV incidence
- Politicization of HIV prevention
- Erosion of HIV prevention funding

## Why are we here? The Simple Answer

- Bottom Line: The nation's HIV prevention response cannot keep pace with increasing prevalence in the current environment.

## Why are we here? The Complex Reasons

- America's prevention response suffers from a legacy of indifference.
- While America's support for our work is broad, it is very shallow.
- Oppression and stigma are at the root of America's social problems, including HIV/AIDS.
- The nation's response to HIV/AIDS is fragmented.
- Scientific fact does little to confront ideological concerns.

## Why are we here? The Complex Reasons

- *America's prevention response suffers from a legacy of indifference.*
  - Historically inadequate funding for HIV prevention
  - Historical distance by policy makers from the issues that drive the epidemic
  - Treatment approach favored over a prevention approach

## Why are we here? The Complex Reasons

- *While America's support for our work is broad, it is very shallow.*
  - Perception that HIV/AIDS is a problem faced by “others”
  - Divide between value for personal wellbeing and the collective wellbeing of society

## Why are we here? The Complex Reasons

- *Oppression and stigma are at the root of America's social problems, including HIV/AIDS.*
  - Overt and covert oppression of the “others” reinforces the divide between those with power and those without it
  - Poverty and discrimination, especially racism, homophobia, sexism and prejudice associated with immigration status, undermine every attempt we make to keep people healthy.
  - “HIV points to everything that’s wrong with society.” (T. Coates, December 2, 2007)

## Why are we here? The Complex Reasons

- *The nation's response to HIV/AIDS is fragmented.*
  - Shifting patchwork of strategies and approaches
  - Compromises the success of our programs through ongoing change in emphasis and imposition of unfunded mandates

## Why are we here? The Complex Reasons

- *Scientific fact does little to confront ideological concerns.*
  - Our arguments have relied on research and scientific fact
  - Opponents arguments have relied on ideological concerns
  - Must reframe our arguments to be have more broadly-acceptable value and meaning to society

## Where do we need to be?

- Providing full coverage of services and tools that prevent infections.
- Ever expanding the HIV prevention arsenal.
- Encouraging all people living with HIV/AIDS to know their status.
- Linking people living with HIV/AIDS to quality care and treatment.

## Where do we need to be?

- Working to eliminate disparities based on race, ethnicity, gender, sexual identity, prejudice associated with immigration status and class.
- Addressing the complexity of individuals' lives.
- Continuously educating the mass public.
- Using structural-level interventions to effect change.

## Where do we need to be—Focusing on the structural level

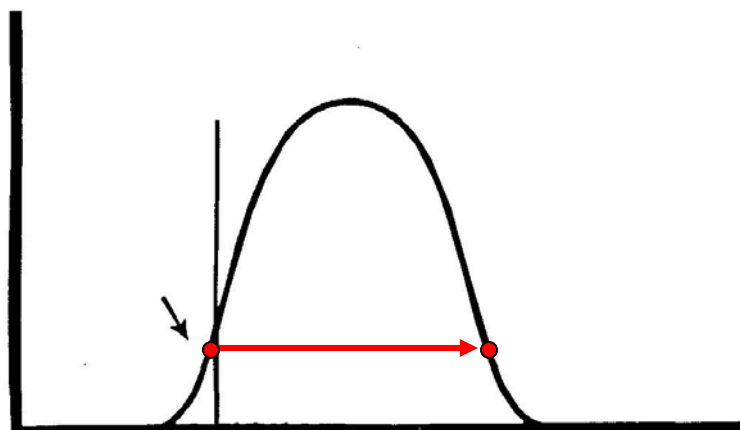


FIG. 1. Individual-level interventions (the Theory of Bad Apples).

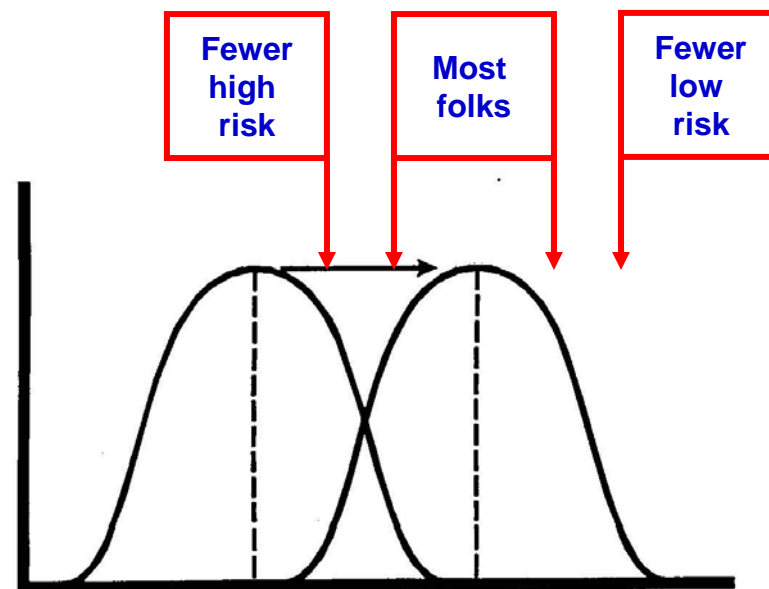


FIG. 2. Structural-level interventions ("shift the curve").

Source: Cohen, Scribner, Farley. A structural model of health behavior: A pragmatic approach to explain and influence health behaviors at the population level. *Prev Med.* 2000; 30; 146-154.

## How do we get there?

- We must ensure CDC HIV prevention programs are adequately funded.
  - Invest \$600M more in HIV prevention for a total of \$1.3B.
  - Invest \$35M more in HIV/AIDS surveillance including national HIV behavioral surveillance and other special studies.
  - Support a national education campaign.

## How do we get there?

- We must invest in programs that are working on the local level.
  - Lift the ban on federal syringe exchange funding.
  - Invest in behavioral research to provide diverse populations with diverse interventions.
  - Invest in HIV prevention programs in correctional settings.
  - Abandon abstinence-only-until-marriage programming and dedicate funding to comprehensive sexuality education.

## How do we get there?

- We must invest in programs that expand the reach of core HIV prevention activities.
  - Invest in substance abuse prevention and treatment and mental health services.
  - Invest in Housing Opportunities for People with AIDS and other housing programs.
  - Invest in CDC's STD prevention program.
  - Invest in new biomedical interventions including vaccines and microbicides.

## How do we get there?

- The federal government must provide coordination, funding and meaningful support for locally driven HIV prevention programs.
  - Make a national, multi-sectoral commitment to ending the HIV/AIDS epidemic in America.
  - Put cooperation back into health department cooperative agreements.

## How do we get there?

- ***Our Commitment:*** *State and local health departments will lead the nation's HIV prevention efforts to ensure effective and appropriate approaches are being implemented in every jurisdiction in the U.S.*

**We must unify around a common message...**

**“HIV prevention needs long-term investment and sustained engagement in order to have maximum impact.”**

UNAIDS Policy Position Paper, 2005

**“To realize the promise of available HIV prevention tools, they must be brought up to scale...and must achieve sufficient coverage, intensity and duration to have optimal public health impact.”**

Global HIV Prevention Working Group, 2007

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## Closing thought...

- More illness would be avoided, fewer lives would be lost, and there would be more efficient use of our limited health care resources. It's more important for all of us make a concerted attempt to focus our energies and efforts on ***preventing*** disease not just treating it.
  - Dr. Julie Gerberding, Director, CDC