

# **NASTAD's 2022 Annual Meeting: Future Priorities for HIV Prevention – A Conversation with CDC Division of HIV Prevention**

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**Demetre C. Daskalakis, MD, MPH**  
**Director**  
**Division of HIV Prevention, CDC**



# Updates



Release date 5/24

**2020 Surveillance &  
Monitoring Reports**



Funding Awarded April 2022

**2203: Comprehensive High-Impact HIV  
Prevention Programs for Young Men of  
Color Who have Sex with Men and Young  
Transgender Persons of Color**



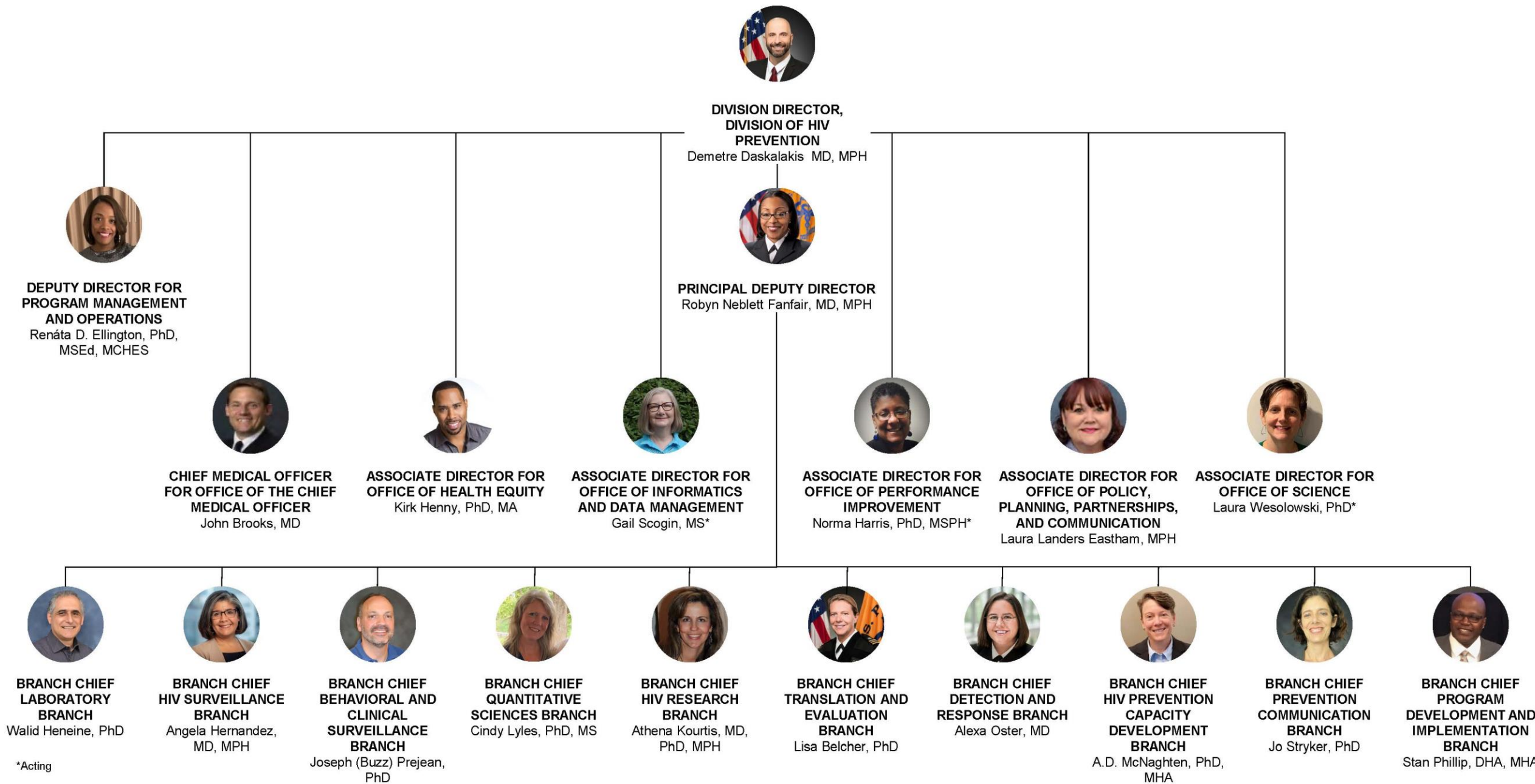
Issue Briefs Published

**The Role of HIV Self-Testing in  
Ending the HIV Epidemic  
HIV and Transgender  
Communities**

<https://www.cdc.gov/hiv/funding/announcements/ps22-2203/index.html>  
<https://www.cdc.gov/hiv/funding/announcements/ps22-2209/index.html>

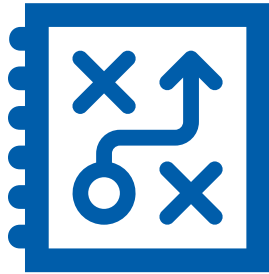
<https://www.cdc.gov/hiv/policies/data/self-testing-issue-brief.html>  
<https://www.cdc.gov/hiv/policies/data/transgender-issue-brief.html>

# Division of HIV Prevention



\*Acting

# CDC HIV Strategic Engagement



## Information Gathering

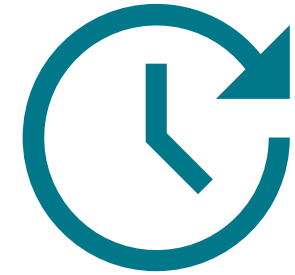
**Domestic HIV Program  
Strategic Plan Refresh**



## Topic Specific Discussions

**Cluster Detection and  
Response**

**Status Neutral Approach**



## Ongoing

**Community-Centered  
Engagement**



# Community-Centered Engagement

## Ongoing community engagement sessions to:

- Ensure community partners are meaningfully engaged in the planning and implementation of EHE
- Build trust, support, and continued dialogue for the initiative with community partners
- Provide additional opportunity for CDC to provide technical assistance to partners
- Allow CDC to report directly to our partners on EHE activities
- Identify barriers or unmet needs that exist within communities and identify potential solutions and address gaps



**First Public Regional Community Engagement meeting held in March**



# **DHP Strategic Plan Refresh Updates**

# Approach

DHP used a series of information gathering activities with CBOs and HDs to assess the division’s current strengths and identify new opportunities to include in its refreshed strategic plan.



**8** Meetings/listening sessions



**340+** Individuals engaged



**4** Focus areas discussed

Health Equity

Community Engagement

Syndemic Approach

Status Neutral Approach

# Health Equity and Community Engagement

This slide includes a summary of feedback and opportunities that health departments and CBOs shared to expand the reach of work related to strengthening health equity and community engagement.

## HEALTH DEPARTMENT LISTENING SESSIONS

### Key Takeaways

Jurisdictions have adapted and scaled activities to meet community needs. They asked for **standardize approaches** for incorporating health equity and **more investment** in a broader range of community partners.

**Deploy resources** to communities typically not receiving financial support

**Expand use of telehealth services** to increase health access for communities impacted by HIV

**Continue to invest in proven approaches** like Syringe Services Programs

**Engage trusted community members and organizations:**

- Professional associations
- National advocacy organizations (e.g., NAACP)
- Re-entry programs, mental health programs, non-medical organizations

## COMMUNITY-BASED ORGANIZATION LISTENING SESSIONS

### Key Takeaways

Many community-based organizations (CBOs) are addressing SDOH as a path to promoting health equity. **CBOs asked for more support and resources** to adequately address health equity and **expand community engagement**.

**Increase access to care** by addressing transportation as a barrier

**Use technology** to reach underserved populations and connect them with education and medical resources

**Focus on outreach** to disproportionately affected communities

**Partner with and engage local entities:**

- Existing community organizations
- Public schools
- Medical providers



# Syndemic Approach and Status Neutral Approach

This slide includes a summary of barriers and challenges that health departments and CBOs shared related to their efforts to use and implement syndemic and status neutral approaches in their work.

## HEALTH DEPARTMENT LISTENING SESSIONS

### Key Takeaways

Jurisdictions recognize the importance of syndemic and status neutral approaches. They **identified implementation challenges due to fragmented funding and limited guidance**, such as:

**Disease-specific and inflexible funding constraints** implementation of syndemic and status-neutral approaches

**Lack of a national medical directive for comprehensive screening** is a barrier

**Disjointed healthcare databases** limit the ability to comprehensively address comorbidities

**Funding does not always support services** that are essential to implementing the approaches

**Lack of familiarity with the status neutral approach** among organizations and lawmakers limits implementation

## COMMUNITY-BASED ORGANIZATION LISTENING SESSIONS

### Key Takeaways

CBOs **acknowledged the need for a comprehensive approach to HIV prevention** that addresses the needs of the whole person but **identified several barriers**, included below:

**Less resources** to provide comprehensive prevention services, scale up services, or offer alternative activities

**Fragmented services** where testing and treatment are offered in different locations or not offered concurrently

**Fear and stigma** that persist at points of care

**Limited guidance and best practices** for implementing the approaches

**Difficulty keeping up with rapidly evolving funding opportunities, expectations, and frameworks**



## Funding & Priorities

# \$310 Million is Requested for CDC EHE Activities in FY23

*With an increase in EHE funding CDC can:*



Diagnose an additional  
**16,000**  
infections

- Increase access to and use of HIV self-tests
- Conduct testing in non-healthcare settings (e.g., community organizations, and mobile units)



Re-engage  
an additional  
**13,000** people  
with HIV to  
care

- Expand telemedicine services to increase patient access especially in rural areas,
- Rapidly link people to care and start treatment within seven days of diagnosis



Enroll **15,000**  
additional  
people at risk  
for HIV in PrEP

- Start or expand programs to connect people to PrEP services
- Establish or expand SSPs where permissible, using innovative delivery options such as mobile testing



Provide  
support for  
investigating  
and responding  
to **75-100** HIV  
outbreaks

- Establish a dedicated workforce
- Improve the use of real-time information to direct resources to the communities most in need

CDC will maintain focus on the four pillars of EHE and amplify these efforts by investing in key strategies to **advance health equity**:

