SOUTH DAKOTA

DEPARTMENT OF HEALTH

HIV Prevention Plan

2012-2016

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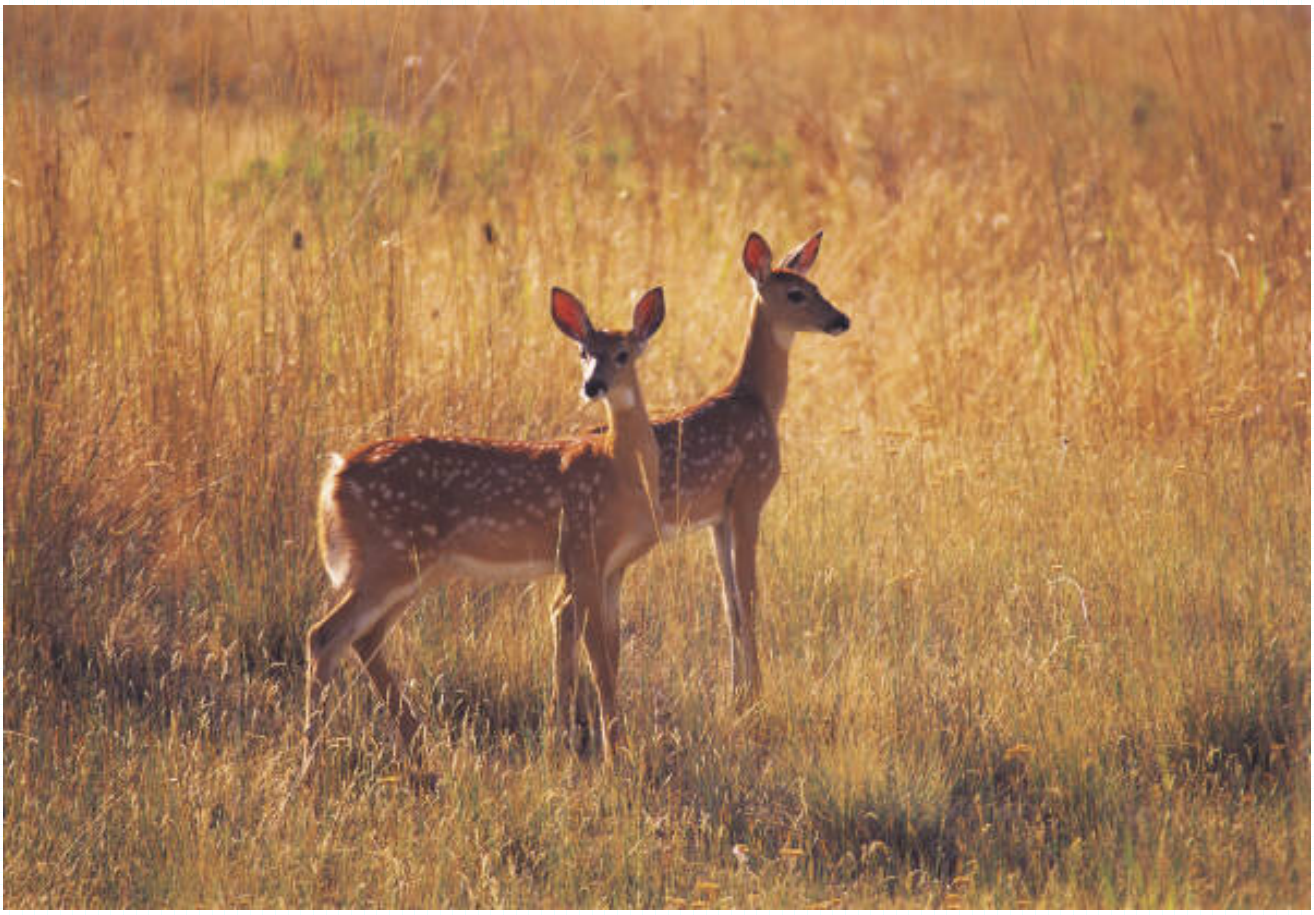
CHAPTER ONE



Preface

HIV Prevention Plan Overview

What is The HIV Prevention Plan?

The HIV Prevention Plan details a state's existing HIV prevention, care, and treatment resources, specifies the resource, infrastructure, and service delivery needs of target populations in the state, and then identifies any gaps between the services offered and those that are needed. It also describes the prevention strategies and activities to be implemented and the agency responsible for carrying out those activities. Its purpose is to provide guidance on how HIV prevention activities in the state can best meet the needs of populations at risk for, or infected with, HIV/AIDS.

Who Should Read It?

The Prevention Plan should be read by any organization that works to prevent the transmission of HIV and STD infections or delay the development of AIDS among those who are HIV positive.

How it relates to CDC Program Announcement PS 12-1201

Program Announcement PS 12-1201 is a five year grant from the Centers for Disease Control and Prevention to states and cities to conduct HIV prevention activities. An HIV Prevention Plan is a requirement of PS 12-1201.
In 2012, South Dakota received $672,265 to fulfill the four core components and three required activities mandated in the grant.

Core Components:

1) **HIV Testing**
2) **Comprehensive Prevention with Positives**
3) **Condom Distribution**
4) **Policy Initiatives**

A detailed account of how South Dakota addresses the core components is included in the state HIV Prevention Plan. That information can be found in Chapter 5 of this document.

Required Activities:

1) Jurisdictional HIV Prevention Planning

2) Capacity Building and Technical Assistance

3) Program Planning, Monitoring & Evaluation, and Quality Assurance

The Engagement Process Plan explains how jurisdictional HIV prevention planning is conducted and the Comprehensive Program Plan describes how the state performs the remaining required activities.

How it relates to the National HIV/AIDS Strategy (NHAS)

In order to create a more coordinated and detailed response to the HIV epidemic, the White House released the first ever National HIV/AIDS Strategy in July 2010. The three primary goals of the NHAS and the proposed steps to achieve them are:

1) **Reduce the number of people who become infected with HIV**;
   Step 1: Intensify HIV prevention efforts in the communities where HIV is most heavily concentrated.
   Step 2: Expand targeted efforts to prevent HIV infection using a combination of effective, evidence based approaches.
   Step 3: Educate all Americans about the threat of HIV and how to prevent it.
2) **Increase access to care and improve health outcomes for people living with HIV**;
   Step 1: Establish a seamless system to immediately link people to continuous and coordinated quality care when they learn they are infected with HIV.
   Step 2: Take deliberate steps to increase the number and diversity of available providers of clinical care and related services for people living with HIV.
   Step 3: Support people living with HIV with co-occurring health conditions and those who have challenges meeting their basic needs, such as housing.
3) **Reduce HIV related health disparities**.
   Step 1: Reduce HIV related mortality in communities at high risk for HIV infection.
   Step 2: Adopt community level approaches to reduce HIV infection in high risk communities.
   Step 3: Reduce stigma and discrimination against people living with HIV.

The HIV Prevention Plan explains how the state activities funded by the federal government are in alignment with federal initiatives, such as NHAS. Planned activities must demonstrate how the state will work toward achieving the above goals.

Activities should also be directed to the areas with the greatest disease burden. In order to achieve this, the epidemiological profile and other surveillance data should be used to identify populations and communities at greatest risk for HIV transmission.

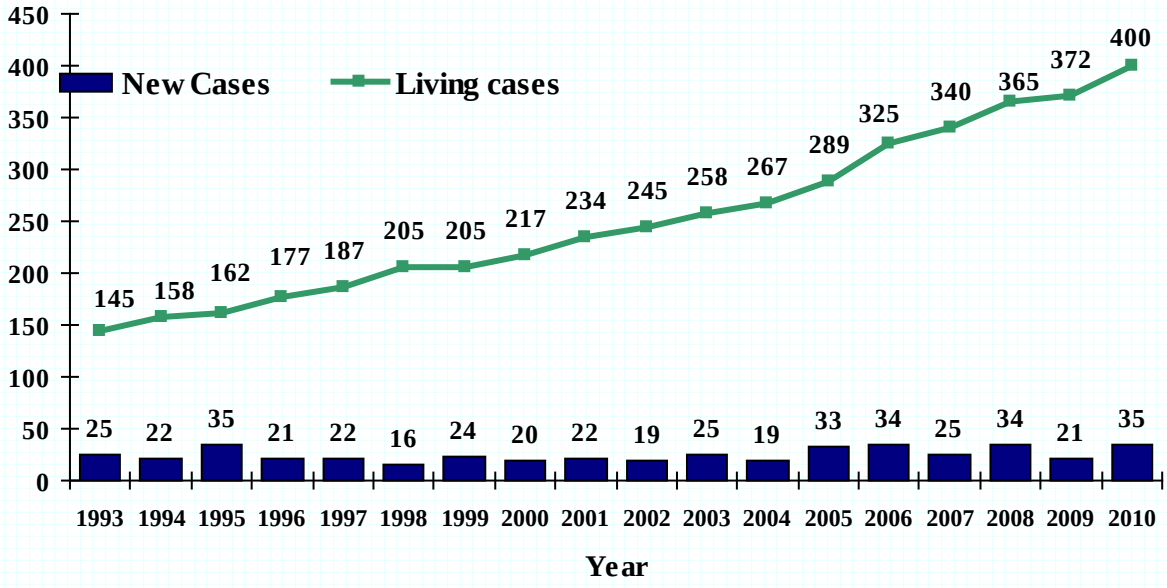
State HIV/AIDS Epidemiology

Since 1985, 644 cases of HIV/AIDS have been reported to the South Dakota Department of Health. Those persons most likely to be newly diagnosed as HIV positive are those who are male, between the ages of 25-44, white, non-Hispanic, report MSM activity as their mode of exposure, and are US born.

In the first two years that HIV and AIDS were reportable diseases in South Dakota, there were no female cases reported. By 2010, over a third of new cases were among women. In the last ten years, the proportion of reported cases made up by women has fluctuated widely, from a low of 16% to a high of 63%.

Currently, there are 400 people estimated to be living with HIV or AIDS in South Dakota, giving the state a prevalence rate of 49 positives for every 100,000 people. There are more males (284) living with HIV or AIDS than females (116) in the state.

Figure 5. Annual Newly Reported and Living South Dakota HIV/AIDS Cases

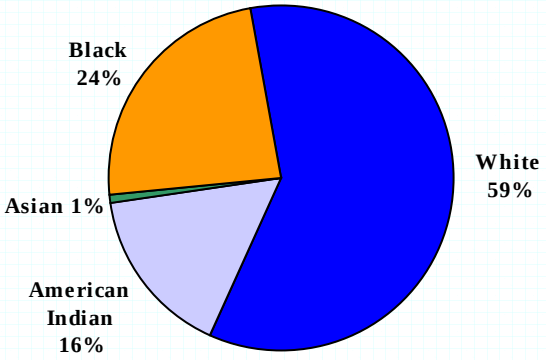


Data show an increase in the number of people living with HIV/AIDS. This suggests that prevention efforts have been successful in keeping people from becoming infected and treatment efforts have been successful in keeping those who are HIV positive living longer.

While most people were diagnosed between the ages of 25 and 44, over half of those presently living with the condition are 45 years old and older. Those aged 24 and younger and those 45 and older are not disproportionately represented in HIV/AIDS diagnoses, but those 45 and older are over represented in the number of living cases. Since the vast majority of people living with HIV/AIDS are 25 to 65 years old, prevention services should target those who are 25-65 in order to reach the greatest number of positive persons.

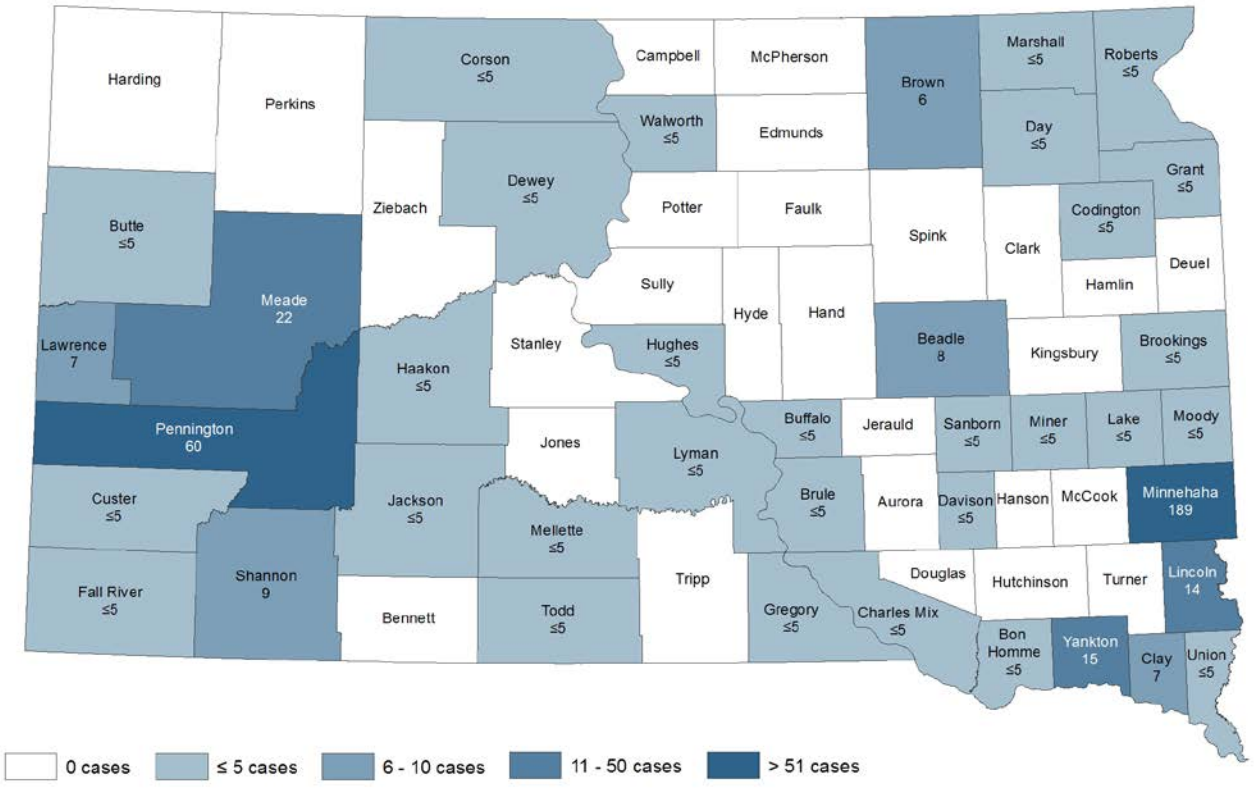
Blacks are most disproportionately affected by HIV/AIDS in the state. While making up 1% of the state population, they comprise 24% of living HIV/AIDS cases. American Indians numbers also show a disparity. American Indians make up 9% of the state population, but 16% of living HIV/AIDS cases.

Figure 8. Living South Dakota HIV/AIDS Cases by Race (n=400)



There are approximately 75 foreign born persons living with HIV/AIDS in South Dakota. Foreign born persons make up nearly a fifth of living cases, but only 2% of the general population, indicating a very strong disparity. While significant, it is important to note that over 80% of South Dakota's HIV/AIDS cases were born in the United States (325 of 400).

Distribution of Living South Dakota HIV/AIDS Cases as of December 31, 2010



The high concentration of positive people living in the Southeast region of the state is likely due to the fact that nearly half of all cases are identified there and because of the availability of HIV/AIDS prevention, care, and treatment services. In light of state prevalence data, a majority of services should continue to be offered in the Southeast region.

CHAPTER TWO

Resource Inventory

Introduction

The Resource Inventory lists the existing sources for HIV prevention, care, and treatment services in a jurisdiction. These sources include Community Based Organizations, Ryan White programs, HOPWA, family planning clinics, and infectious disease doctors. The organizations included in the inventory received a core component checkmark if they offer at least one qualifying core component service listed below.

- **HIV Testing -**
  - Routine opt-out testing of patients ages 13-64 in healthcare settings
  - Targeted testing programs in non-healthcare settings, particularly venues most likely to reach individuals with undiagnosed infections
  - Routine, early HIV screening for all pregnant women

- **Comprehensive Prevention for Positives -**
  - Linkages to care and treatment, and interventions to improve retention in care and treatment for people living with HIV
  - Behavioral interventions and other risk-reduction services for HIV-positive individuals and their sexual or needle-sharing partners to reduce the likelihood of HIV transmission
  - Interventions to prevent mother-to-child HIV transmission
  - Referral to other medical and social services, such as substance abuse and mental health services

- **Condom Distribution -**
  - Provide condoms to people living with HIV and those at highest risk of infection

- **Policy Initiatives -**
  - Efforts to align structures, policies, and regulations to enable optimal HIV prevention, care, and treatment (e.g., addressing structural barriers to routine opt-out testing, or updating policies to facilitate sharing of surveillance data across health department programs)

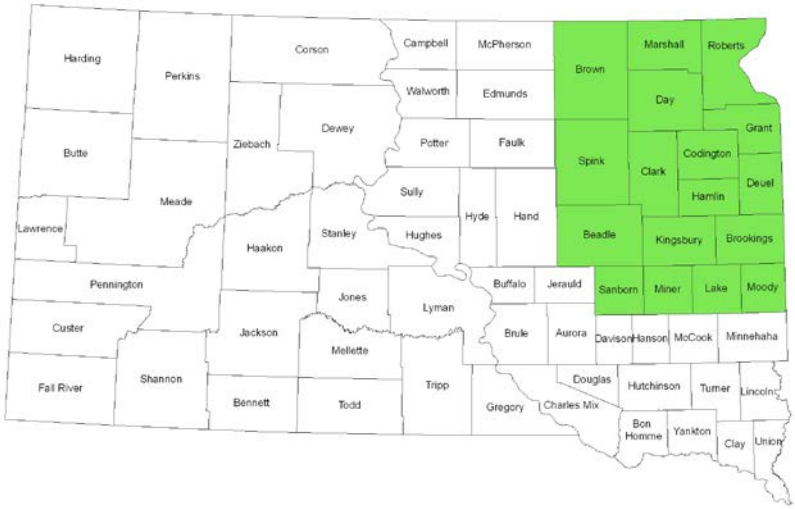
Services are listed by state region. The Department of Health divided the state into four regions for geographic and demographic balance.

Central Region

Agency	HIV Testing	Prevention w/Positives	Condom Distributio	Policy Initiatives	Additional Comments
Department of Health **Dewey County Courthouse** **Main Street** **Dupree, SD 57623** **605.365.5164** **www.doh.sd.gov**	√	√	√	√	Free STD testing and treatment.
Department of Health **302 E. Dakota** **Pierre, SD 57501** **605.773.8224** **www.doh.sd.gov**	√	√	√	√	Free STD testing and treatment.
Huron Family Planning **390 Kansas Avenue** **Huron, SD 57350** **605.352.8384** **www.doh.sd.gov**	√		√		Sliding fee scale.
Mitchell Family Planning **115 W. 12th Avenue** **Mitchell, SD 57301** **605.995.8040** **www.doh.sd.gov**	√		√		Sliding fee scale.

Agency	HIV Testing	Prevention w/Positives	Condom Distributio	Policy Initiatives	Additional Comments
Pierre Family Planning **740 E. Sioux, Suite 107** **Pierre, SD 57501** **605.773.5348** **www.doh.sd.gov**	√		√		Sliding fee scale.
South Dakota Urban Indian Health **400 Abbey Road** **Pierre, SD 57501** **605.224.8841** **www.sduih.org**	√		√		Offers a full range of medical services. Sliding fee scale.

Northeast Region



Agency	HIV Testing	Prevention w/Positives	Condom Distributio	Policy Initiatives	Additional Comments
Brown Co Community Health Center **420 S. Main Street** **Aberdeen, SD 57401** **605.626.2628** **www.doh.sd.gov**	√		√		
Department of Health **420 S. Main Street** **Aberdeen, SD 57401** **605.626.2373** **www.doh.sd.gov**	√	√	√	√	Free STD testing and treatment available.
Department of Health **2001 9th Avenue SW #500** **Watertown, SD 57201** **605.882.5096** **www.doh.sd.gov**	√	√	√	√	Free STD testing and treatment available
SDSU Student Health Clinic **SDSU Wellness Center** **Box 288** **Brookings, SD 57006** **605.688.6622** **www.sdstate.edu/wellness-center**	√		√		

Agency	HIV Testing	Prevention w/Positives	Condom Distributio	Policy Initiatives	Additional Comments
South Dakota Urban Indian Health **1315 6th Avenue, Suite 6** **Aberdeen, SD 57401** **605.225.1538** **www.sduih.org**	√		√		Sliding fee scale.
Watertown Family Medical **703 S. Broadway** **Watertown, SD 57201** **605.882.1852** **www.doh.sd.gov**	√		√		

Southeast Region

Agency	HIV Testing	Prevention w/Positives	Condom Distributio	Policy Initiatives	Additional Comments
Center for Equality **406 2nd Avenue, Suite 102** **Sioux Falls, SD 57104** **605.331.1153** **www.centersforequality.org**	√	√	√	√	
Dr. Gerad David **Dr. Srividya Srinivasan** **1201 S. Euclid, Suite 401** **Sioux Falls, SD 57105** **605.328.8120** **www.sanfordhealth.org**	√	√			
Falls Community Health **521 N. Main** **Sioux Falls, SD 57104** **605.367.8793** **www.siouxfalls.org/FCH**	√	√	√		Free HIV testing available. Pharmacy consultation available for HIV positives.
Housing Opportunities for People With AIDS (HOPWA) **630 S. Minnesota Avenue** **Sioux Falls, SD 57104** **605.332.0704** **www.hud.gov**		√			Housing services available for those who are HIV positive

Agency	HIV Testing	Prevention w/Positives	Condom Distributio	Policy Initiatives	Additional Comments
Dr. Fares Masannat **Dr. Jawad Nazir** **6709 S. Minnesota, Suite 102** **Sioux Falls, SD** **605-332-7250** **infectiousdiseasespecialists.org**	√	√			
Ryan White Part B **6709 S. Minnesota** **Sioux Falls, SD 57108** **605.322.7258** **www.doh.sd.gov**	√	√	√		Financial assistance for prescriptions, health care, health insurance, and medical and social support for those who are HIV positive.
Ryan White Part C **521 N. Main** **Sioux Falls, SD 57104** **605.367.8793** **www.siouxfalls.org/FCH**	√	√	√	√	Early intervention services, including lab testing, emergency prescriptions, and case management
Sanford Clinic Downtown Health Care **401 E. 8th, Suite 230** **Sioux Falls, SD 57103** **605.334.5099** **www.sanfordhealth.org**	√		√		
Dr. Charles Shafer **521 N. Main** **Sioux Falls, SD 57104** **605.367.8793** **www.siouxfalls.org/FCH**	√	√			
Dr. Veronica Soler **2501 W. 22nd Street** **Sioux Falls, SD 57105** **605.336.3230** **www.hiv.va.gov**	√	√			
South Dakota Urban Indian Health **711 N. Lake** **Sioux Falls, SD 57104** **605.339.0420** **www.sduih.org**	√	√	√		Sliding fee scale.

Agency	HIV Testing	Prevention w/Positives	Condom Distributio	Policy Initiatives	Additional Comments
Vermillion Family Planning Clinic **15 S. Plum** **Vermillion, SD 57069** **605.638.8681** **www.doh.sd.gov**	√		√		Sliding fee scale.
Volunteers of America – Dakotas **430 W. 11th Street** **Sioux Falls, SD 57104** **605.336.7536** **www.voa-dakotas.org**	√		√		

West Region

Agency	HIV Testing	Prevention w/Positives	Condom Distributio	Policy Initiatives	Additional Comments
Black Hills Center for Equality **611 Herman Street** **Rapid City, SD 57701** **605.348.3244** **www.bhcfe.org**	√		√		
Community Health Center **504 E. Monroe** **Rapid City, SD 57701** **605.721.8939** **www.chcbh.org**	√		√		
Department of Health **909 E. St. Patrick** **Rapid City, SD 57701** **605.394.2289** **www.doh.sd.gov**	√	√	√	√	Free STD testing and treatment available.
Family Health Education Services **930 N. 10th Street** **Spearfish, SD 57783** **605.642.6337** **www.doh.sd.gov**	√		√		

Agency	HIV Testing	Prevention w/Positives	Condom Distributio	Policy Initiatives	Additional Comments
Ryan White Part B **24 E. New York** **Rapid City, SD 57701** **605.341.8336** **www.voa-dakotas.org**	√	√	√	√	Financial assistance for prescriptions, health care, health insurance, and medical and social support for those who are HIV positive.
Volunteers of Americas – Dakotas **24 E. New York** **Rapid City, SD 57701** **605.341.8336** **www.voa-dakotas.org**	√	√	√	√	Free HIV testing available. Free counseling available for high risk clients.

CHAPTER THREE

Needs Assessment

Introduction

The ultimate goal of prevention is to stop the spread of disease. In order to accomplish this, HIV prevention must address the complex needs of people and communities. Identifying those needs is the first step in the program development process.

Needs assessments are used to identify strategic priorities, define results to be accomplished, guide decisions related to appropriate actions to be taken, establish evaluation criteria for making judgments of success, and inform the continual improvement of activities within organizations (www.needsassessment.org, 09/06/12).

Assessments should be completed at all levels of service delivery: client, program, agency, and community.

Client	Each client's emotional, physical, social, and psychological needs and how those needs are affected by their environment.
Program	How effective a particular program or intervention is at reaching its goals and objectives.
Agency	Determine whether an agency is meeting its mission statement and provides their community with high quality services.
Community	What the community as a whole sees as its strengths, challenges, and solutions. Social values and norms must be taken into account.

This chapter reviews the needs of populations at high risk for HIV infection in South Dakota. Data from state and national studies have been used to determine needs and recommendations for meeting those needs.

HIV Positive Persons

What Are the HIV Prevention Needs of HIV Positive Persons?

Epidemiology

Definition: Persons diagnosed with HIV infection, based on laboratory criteria, that is documented in a medical record by a physician or conditions that meet criteria included in the case definition for AIDS.

As of December 31, 2010, a cumulative total of 644 persons had been diagnosed with HIV/AIDS in South Dakota. There are 400 people currently living with the disease. The HIV/AIDS rates for Black persons and American Indians are disproportionately high. Although Black persons and American Indians compose 1% and 9% of the South Dakota population respectively, they make up 24% and 15% of people living with HIV/AIDS.

By the end of 2010, 43% of HIV/AIDS cases in South Dakota were identified as having unmet needs for health/medical services. Unmet need for HIV primary medical care is defined as no evidence of any of the following three components of HIV primary medical care during a specified 12 month time frame: Viral Load Testing, CD4 Count, or Provision of Anti-Retroviral Therapy. Met need for HIV primary medical care is defined as demonstration of any one or more of these three measures during the specified 12 month time frame. Primary medical care includes:

- Medical evaluation and clinical care that is consistent with Public Health Service guidelines, including CD4 cell monitoring, viral load testing, antiretroviral therapy, prophylaxis and treatment of opportunistic infections, malignancies, and other related conditions.
- Oral health care
- Outpatient mental health care
- Outpatient substance abuse treatment
- Nutritional services, and
- Specialty medical care referrals.

In the assessment of unmet need, the focus is on need for HIV related primary health care. The need for other services is also addressed, but is referred to as an assessment of service gaps. Service gaps are all service needs for all PLWHA except primary health services for those who know their status and are not in care.

Research has shown that meeting the prevention and treatment needs of PLWHA leads to a lower community viral load, reduced risk of infections, extended quality and quantity of life, and lower medical costs.

Clinical Milestones in the HIV/AIDS Epidemic:

1987: AZT
1988: PCP prophylaxis
1992: Combination therapy
1995: Protease inhibitors
1996: HAART

Behavior

HIV is transmitted is through an exchange of blood, semen, vaginal secretions, or breast milk. Ways these fluids can be exchanged include unprotected anal sex, unprotected vaginal sex, unprotected oral sex, the sharing of needles, contact with an open wound, breast feeding, and perinatal transmission.

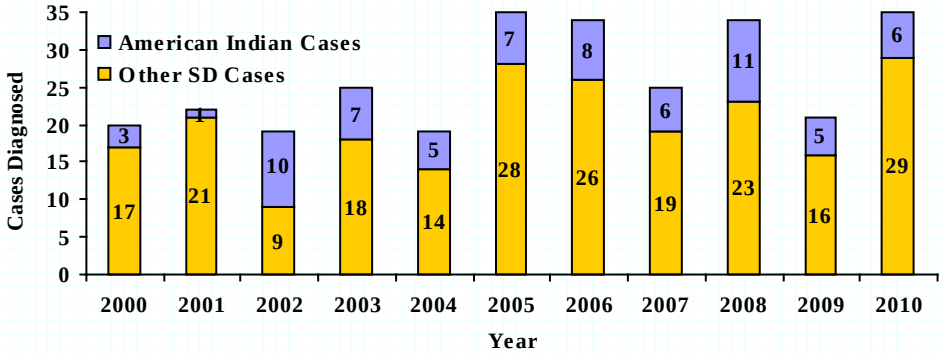
Factors That Affect the HIV+ Population's Risk for Transmission in South Dakota

A few major factors found in HIV/AIDS disparities in South Dakota include race, place of birth, and age. American Indians comprise 9% of the state population, but 15% of living HIV/AIDS cases; Blacks make up 1% of the population, but 23% of living cases. Approximately half of the state's HIV infected Black persons were born outside of the United States. Advances in medical care and treatment have led to an increased lifespan for those diagnosed with HIV. This in turn has amplified the prevalence of HIV among those aged 45 and older.

American Indians

American Indian HIV positive cases in South Dakota are almost nearly split between males and females. The majority of cases reported between 2006 and 2010 state high risk heterosexual contact as the way they were infected (31%), but significant portions also cite injection drug use (19%) and MSM (22%) activity. Most cases are identified and living in the West region of the state.

Table 3.5 American Indian South Dakota HIV/AIDS Cases, 2000-2010



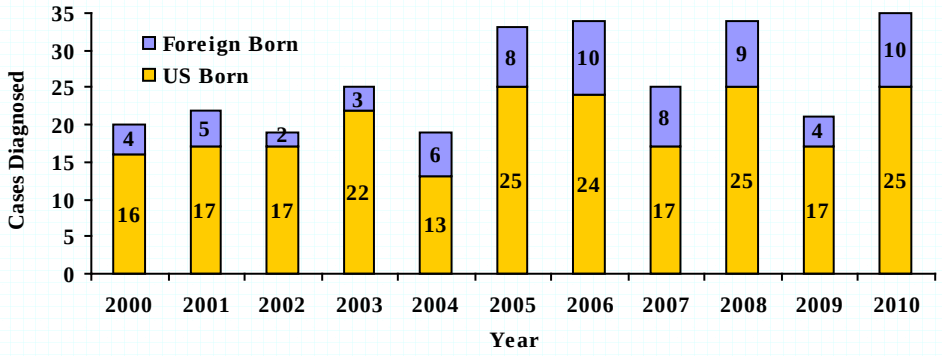
There is a long history of health disparities among American Indians. Low medical access and historical mistrust of government and health care providers have resulted in higher rates of health problems and a lower life expectancy in American Indians/Alaska Natives (AI/AN) (NMAETC factsheet).

Nationally, the rate of poverty among AI/AN is 26.6%, higher than any other race/ethnic group (NMAETC factsheet). Prevalence has been documented to be higher among those with an annual household income at or below poverty level (MMWR, 08/12/2011, vol. 60(31);1045-1049). Socio-economic segregation confines low socio-economic status persons to sexual networks with high underlying rates of HIV and other STDs, thereby further increasing their risk for HIV infection (MMWR,08/12/2011, vol. 60(31);1045-1049).

Foreign Born

An average foreign born HIV positive case in South Dakota is a black, heterosexual female, from a country in Africa. Nearly all live in the Southeast region of the state.

Table 3.6 Foreign Born South Dakota HIV/AIDS Cases, 2000-2010

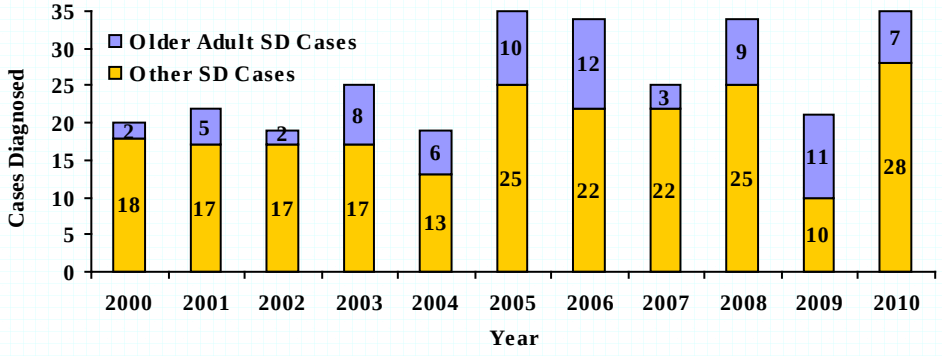


The disparity among foreign born Black persons is especially acute. Language and cultural barriers make identification of partners and service provision difficult.

Older Adults

The term older adults is defined as those who are aged 45 and older. Most older adults living with HIV/AIDS are male and nearly half are white. Native Americans, Blacks, and foreign born persons are disproportionately represented among the positive older adult population. The Southeast and West regions contain nearly all older adult cases.

Table 3.7 Older Adult South Dakota HIV/AIDS Cases, 2000-2010



HIV/AIDS among older persons is a concern for several reasons. First, bodily changes can lead to an increase in risk behaviors (no condom use because pregnancy no longer a concern, etc.). Secondly, aging-related illnesses can complicate the infection management of those already HIV positive (aidsinfo.nih.gov). Third, the cultural perception that older adults are at low risk for HIV/STDs has led to low testing rates in this population.

What are the Recommendations for HIV Positive Persons?

"While current prevention efforts have helped to keep the number of new infections stable in recent years, continued growth in the population living with HIV will ultimately lead to more new infections if prevention, care, and treatment efforts are not intensified" (High-Impact HIV Prevention brochure, CDC, 2011).

National trends are promoting secondary prevention over primary HIV prevention. Gone are the days when prevention activities revolved around raising awareness of the disease among HIV negative persons. Now, the demand is for public health to focus on preventing HIV positives from transmitting the virus.

High Impact Prevention (HIP) is an approach that embraces working with those who are positive to maintain their health and prevent transmission to their partners. In order to implement HIP, programming must focus on high prevalence populations. Since South Dakota's HIV positive cases are more likely to be an older adult, prevention programs need to adjust their attention to this population.

Placing HIV positives as the highest priority group is a good use of limited federal funds. It will ultimately prevent future transmission of HIV. The availability of increasingly effective therapies for HIV disease has contributed significantly to longer, healthier lives, giving new importance to prevention work among people living with HIV/AIDS. Increasing the proportion of infected individuals who are aware of their HIV status not only helps decrease the number of new HIV cases, but it will also allow positive persons to participate in medical care and treatment to extend their lives and increase community health.

Antiretroviral (ARV) therapy is now recommended for all people living with HIV, according to revised HIV treatment guidelines released in 2012 by the U.S. Department of Health and Human Services (www.aidsmeds.com 3/28/12). This makes viral load and CD4 counts irrelevant in the determination as to when to begin treatment. Despite these recommendations, the HHS guidelines still prioritize treatment "for patients with the lowest CD4 counts" and at greatest risk for transmitting the virus, such as pregnant women and co-infected persons (www.aidsmeds.com 3/28/12).

"Non-adherence [to ARV] is the most common cause of treatment failure" (aidsinfo.nih.gov). Ways to increase the success of treatment include "discontinuation of unnecessary medications, regimen simplification, or use of adherence tools, including pillboxes" (aidsinfo.nih.gov).

Men who have Sex with Men (MSM)

What Are the HIV Prevention Needs of MSM?

Epidemiology

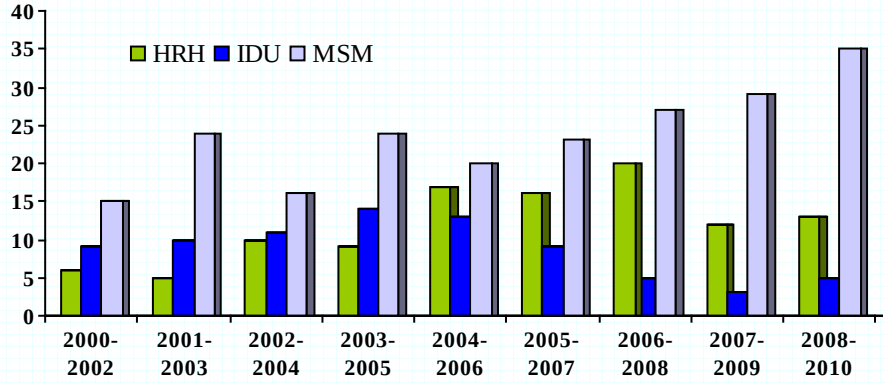
Definition: Men who report sexual contact with other men, i.e. homosexual contact or bisexual contact.

MSM is the mode of exposure that accounts for the largest portion (38%) of South Dakota's living HIV/AIDS cases. This demonstrates a serious disparity, as CDC estimates that only 2% of the United States population is gay, bisexual, or other men who have sex with men (cdc.gov/hiv). At the beginning of the HIV epidemic, HIV cases rose most sharply in white MSM and current surveillance has found that most MSM cases continue to be predominantly among white men. The exposure trends in men have remained relatively stable over time, with men who have sex with men having the greatest risk.

MSM continue to be at disproportionate risk for HIV infection. HIV positive MSM and their partners continue to be diagnosed with a range of sexually transmitted infections, indicating a need for prevention services.

Men of all races and ages are at risk for HIV, but since reporting began in 1985, most cases have been among those who are MSM, white, and 25-44 years old (SD Epi Profile, 2011). Men who have Sex with Men (MSM) account for 38% of all HIV/AIDS cases currently living in South Dakota (SD Epi Profile, 2011).

Table 3.8 Exposure Categories of Male South Dakota HIV/AIDS Cases, 2000-2010



Data collected by CDC's National HIV Behavioral Surveillance System (NHBS) concurs with South Dakota's findings. The 2010 NHBS report on MSM concluded that they are the only group with increasing HIV incidence and make up the greatest number of HIV infections in the United States. (MMWR, 09/24/2010, vol. 59(37);1201-1207).

Behavior

Research has shown unprotected anal intercourse to be the behavior with the highest rate of transmission. New HIV infections are still occurring among men and unprotected anal sex continues to be responsible for the majority of these new infections.

Factors That Affect the MSM Population's HIV Risk in South Dakota

There are numerous social, environmental, and psychological factors that affect risk behaviors. Some are considered drivers and are believed to be responsible for the majority of new HIV infections. While others may not be directly linked to a large proportion of new HIV infections, they may be underlying causes of the drivers. Two of the most common factors affecting risk among gay men are stigma and discrimination.

For participants of the 2009 internet survey of MSM in South Dakota, legal issues (79%) was the most often cited concern that is unique to men who have sex with men. One respondent stated, "As long as there are not any legal protections against losing one's job or housing due to discrimination, MSM will not feel secure." Nearly 68% of participants indicated they had experienced discrimination for being an MSM.

What are the Recommendations for MSM?

CDC believes efforts to ensure at least annual HIV testing for MSM should be strengthened (MMWR, 09/24/2010, vol. 59(37);1201-1207). In the NHBS study of MSM, 45% of those receiving a positive HIV test result reported having an HIV test in the last year. One possible reason for the high percentage could be that participants recently acquired HIV. For this reason, shorter intervals for testing some MSM might be warranted and should be considered (MMWR, 09/24/2010, vol. 59(37);1201-1207).

Increased efforts to educate MSM and health care providers about HIV testing guidelines and to reduce barriers to HIV testing for MSM are recommended by CDC.

The 2008 NHBS data show that MSM should remain a key target of strategies to reduce HIV incidence and decrease disparities (MMWR, 09/24/2010, vol. 59(37);1201-1207). In addition to traditional behavioral interventions, more innovative approaches are needed, including reaching men through the internet and use of biomedical interventions. All services should be provided in a culturally appropriate manner. The complex interactions of the many issues affecting MSM must be acknowledged and addressed.

In a 2009 internet survey conducted with MSM in South Dakota, the majority of survey respondents stated that education in schools (99%), one-to-one interactions (91%), and media campaigns (89%) would be the most effective ways to deliver prevention messages to MSM.

Based on the data presented, as well as community experience, the PPG believes that HIV prevention providers should incorporate the following approaches into their programs: HIV testing, outreach, biomedical interventions, and individual-level interventions.

High Risk Heterosexuals (HRH)

What Are the HIV Prevention Needs of HRH?

Epidemiology

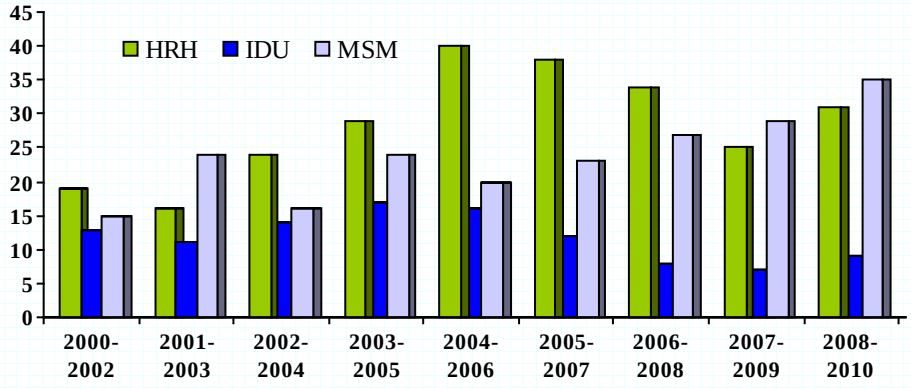
Definition: Persons who report specific heterosexual contact with a person who has HIV or is at increased risk for HIV infection, e.g. heterosexual contact with a homosexual or bisexual man, heterosexual contact with an injection drug user, and/or heterosexual contact with a person known to be HIV infected.

High-risk heterosexual contact is defined as persons reporting heterosexual contact who also reported any of the following: sex with partner at risk (i.e., partner who is an injection drug user, a man who had sex with a man, a person with HIV/AIDS, or a person with another HIV/AIDS risk factor), an STD diagnosis, exchange of sex for drugs/money, sex while under the influence of non-injection drugs or alcohol, and victim of sexual assault. Low-risk heterosexual contact is defined as persons reporting heterosexual contact and no other risk factor.

The American Indian and Black HRH populations have been most disproportionately affected by HIV infection in the state. High-risk heterosexual contact cases rose between 2006 and 2010 from 25% of living cases in 2006 to 28% in 2010.

Approximately one in three new HIV infections in the United States are transmitted by heterosexual contact (MMWR,08/12/2011, vol. 60(31);1045-1049).

Table 3.9 Exposure Categories of South Dakota HIV/AIDS Cases



And while the HIV epidemic has not greatly affected the heterosexual population in the US, prevalence is notably higher among heterosexuals in low-income communities (MMWR,08/12/2011, vol. 60(31);1045-1049).

Behavior
Unprotected anal, vaginal, and oral sex can lead to transmission of HIV and other STDs. Engaging in unprotected sex with multiple partners is a high risk behavior due to the increased threat of encountering a sexually transmitted disease.

Factors That Affect the HRH Population's HIV Risk in South Dakota

There are numerous social, environmental, and psychological factors that affect risk behaviors. Some are considered drivers and are believed to be responsible for the majority of new HIV infections. While others may not be directly linked to a large proportion of new HIV infections, they may be underlying causes of the drivers.

Poverty. Prevalence was higher among those with less than a high school education, are unemployed, with an annual household income at or below poverty level and those who were homeless (MMWR,08/12/2011, vol. 60(31);1045-1049). Socio-economic segregation confines low SES persons to sexual networks with high underlying rates of HIV and other STDs, thereby further increasing their risk for HIV infection (MMWR,08/12/2011, vol. 60(31);1045-1049). Even though the NHBS study found no significant differences in HIV prevalence by race, it did find that blacks and Hispanics are approximately four times more likely to live in low income areas than whites (MMWR,08/12/2011, vol. 60(31);1045-1049). These findings suggest that poverty-related factors might account for some of the racial/ethnic disparities in HIV prevalence.

Race. Among participants of the most recent NHBS study of high risk heterosexuals, no significant differences in HIV prevalence by race/ethnicity were observed (MMWR,08/12/2011, vol. 60(31);1045-1049). However, racial/ethnic minorities are over represented in HIV/AIDS data. The 2011 SD Epidemiological Profile found American Indians and blacks to be disproportionately affected by HIV/AIDS. All foreign born newly identified HIV cases in the state between 2006 and 2010 cited high risk heterosexual contact as their mode of exposure. Of the 40 foreign born cases in that time frame, 37 were from countries in Africa.

STD Diagnosis. The NHBS study of HRH discovered that, after controlling for other characteristics, an STD diagnosis was the only factor associated with HIV prevalence. Chlamydia cases have nearly tripled in South Dakota since 1995 and gonorrhea cases have doubled since 2003. Having an STD increases the risk for HIV infection.

What are the Recommendations for HRH?

Based on the association observed between HIV prevalence and SES, HIV prevention activities targeted at heterosexuals in urban areas with high AIDS prevalence should be focused on those with lower SES (MMWR,08/12/2011, vol. 60(31);1045-1049). Structural interventions that improve socio-economic conditions could potentially reduce the rate of new HIV infections (MMWR,08/12/2011, vol. 60(31);1045-1049).

Outside of a mutually monogamous sexual relationship between two HIV negative partners, correct and consistent condom use is the most effective way to prevent transmission of HIV and other STDs.

“Rural persons infected with HIV are more likely to be diagnosed at a later stage of infection than urban counterparts.” (RAP Time, RCAP, vol 15, no.10) “These findings demonstrate a pressing need to increase HIV testing, whether risk-based or routine.” (RAP Time, RCAP, vol 15, no.10)

Injection Drug Users

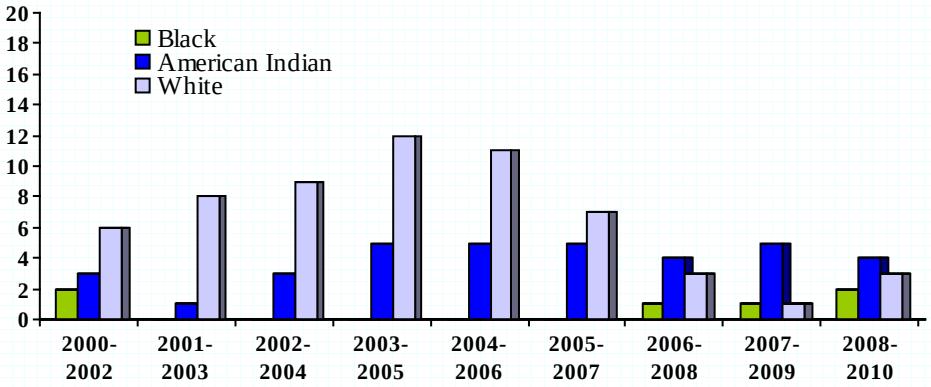
What Are the HIV Prevention Needs of IDU?

Epidemiology

Definition: Persons who report using illegal drugs that require injection or who are injected with illegal drugs by another person.

Injection drug use (IDU) is an important exposure risk for people who live in all areas of South Dakota. Not only because of the increased risk of transmission, but also because an IDU individual may have co-occurring high risk behaviors, such as multiple drug use or high risk sexual contacts. South Dakota combines IDU and MSM risk factors for those identifying both behaviors, but does not report on HRH and IDU combined.

Table 3.10 Number of South Dakota HIV/AIDS Cases citing IDU behavior



Behavior

CDC's National HIV Behavioral Surveillance System (NHBS) reports that IDUs continue to be at risk for acquiring HIV infection through their sexual behavior in addition to their drug use practices (MMWR, 3/2/2012, vol. 61(08);133-138). The NHBS study found that 69% of IDUs reported having unprotected vaginal sex, 34% reported sharing syringes, and 23% reported having unprotected heterosexual anal sex during the 12 previous months.

Factors That Affect the IDU Population's HIV Risk in South Dakota

There are numerous social, environmental, and psychological factors that affect risk behaviors. Some are considered drivers and are believed to be responsible for the majority of new HIV infections. While others may not be directly linked to a large proportion of new HIV infections, they may be underlying causes of the drivers. For example, mental trauma from childhood abuse could be the underlying cause of adult substance abuse.

In the NHBS report, minority IDUs were no more likely to have received HIV testing, participated in a behavioral intervention, or engaged in risk behaviors than white IDUs,

suggesting that other factors may be contributing to racial/ethnic disparities in HIV prevalence.

What are the Recommendations for IDU?

Targeted, effective approaches to HIV prevention will help reduce the number of new HIV infections among IDUs (MMWR, 3/2/2012, 61(08);133-138). To prevent infections, IDUs need ready access to HIV testing, new sterile syringes, condoms, and substance abuse treatment (MMWR, 3/2/2012, vol. 61(08);133-138).

HIV Prevention Needs

Resources

A resource is a supply or source of aid or support; something resorted to in time of need. Resources have three main characteristics: 1) utility, 2) limited availability, and 3) potential for depletion or consumption.

What resources does the state have to decrease the number of new HIV infections?
Source of income: federal grant dollars from CDC
Trained DOH staff able to provide testing and Partner Services
Equivalent of 5 FTE to perform HIV prevention duties at DOH
Trained contractors able to provide testing and intervention services to positives and their partners
50,000 condoms to distribute per year; a variety of sizes and styles available
1,300 rapid test kits purchased per year

What resources does the state still need?

- **Infectious disease doctors or HIV/AIDS specialists in the Rapid City area, if not throughout the state**
- **Staff with experience in implementing an internet based intervention**

Infrastructure

Infrastructure is the resources (such as personnel, buildings, or equipment) required for an activity; the basic facilities, services, and installations needed for the functioning of a community.

What infrastructure is in place to decrease the number of new HIV infections?
Physical buildings in eight locations where confidential prevention services can be performed
Vehicle access to sites outside of office locations
Computer access to sites outside of office locations
Luther Consulting manages data collection website
MOUs in place between contractors and medical providers/Ryan White programs
Funding structure in place through RFP process

Training process in place for those wanting to counsel and test
Policies and procedures, standing orders, CLIA waivers in place for DOH and contractors
DIS and contractors order free supplies (test kits, condoms) from central office

What infrastructure does the state need?

- **DIS access to internet sites in order to provide Partner Services and education**
- **Internet access for all South Dakotans**
- **Telehealth capabilities in all medical and social service settings**

Service Delivery

Service delivery is the activity of supplying or providing something.

What types of service delivery are in place to decrease the number of new HIV infections?
Partner Services and HIV testing available from 19 Disease Intervention Specialists
CRCS available from one contractor
Pharmacy consultation available for positives from one contractor
Peer mentoring available to positives from both contractors
Referral services available from both contractors and DIS
Interventions offered at the individual or couple level
Group and community level interventions shown to be ineffective
Telehealth services make prevention services available to anyone, anywhere in the state

What service delivery needs does the state still have?

- **Budget constraints limit services to positives and their partners**
- **Budget constraints limit the number of trainings and conferences attended by staff**
- **Internet interventions need to be implemented**
- **Marketing of services available to increase awareness and utilization of those services**

CHAPTER FOUR

Gap Analysis

Introduction

A gap analysis is a technique for determining the steps to be taken to move from a current state to a desired state. Gap analysis helps bridge that space by highlighting which requirements are being met and which are not. It provides a foundation for measuring the investment of time, money and human resources that's required to achieve a particular outcome.

The gap analysis process can be used to ensure that the improvement process does not jump from identification of problem areas to proposed solutions without understanding the conditions that created the current state.

State Wide Gaps

DIS have found an increase in the number of HIV/STD clients who state they found partners on the internet. Since those at risk for HIV are using the internet to find partners, it would make sense to utilize those same sites for Partner Services, marketing of prevention services, and education. Many employers, including the DOH, have strict parameters in place to regulate employee internet use. This makes use of those sites difficult, if not impossible. Due to the sensitive subject matter involved with HIV/AIDS prevention, provocative websites need to be accessed in order for vital work to be conducted.

South Dakota is a large state with a concentrated HIV positive population. While concentrated, Sioux Falls and Rapid City are not the only places where there are people living with HIV/AIDS. Budget constraints have forced the HIV prevention program to target federal dollars in the areas of the state with the greatest number of cases. Unfortunately, some of the people living with HIV reside in very remote parts of the state and experience great barriers to getting the care and treatment they need. Lack of medical services, transportation, and confidentiality, and high rates of stigma are structural barriers to South Dakota's HIV positive citizens.

Medical staff who are knowledgeable and experienced about HIV/AIDS are at a premium in the state.

CHAPTER FIVE

Strategies & Interventions

Introduction

The primary purpose of this chapter is to outline recommended prevention strategies and interventions for HIV prevention programs in South Dakota, based on the needs assessment and state epidemiologic profile. This chapter will also provide critical information on the main characteristics of effective interventions.

The best way to stop HIV transmission is to focus the state's limited resources on the populations with the greatest risk of transmitting or acquiring HIV infection. This method is known as High-Impact Prevention (HIP). HIV prevention is no longer just about education: it is about dealing with a focused set of issues in order to promote health and wellness among all HIV positive individuals.

Guide to Effective Strategies & Interventions

What Are Strategies and Interventions?

A strategy is a careful plan or method. The White House's National HIV/AIDS Strategy is an example of a carefully laid out plan to prevent HIV infections in the United States. An intervention is an act or method of disturbing a process enough to affect the outcome. Interventions may be performed at the individual level, such as HIV testing, or in a group setting as in the Safety Counts program. A strategy can use several interventions to reach its goals and objectives.

Evidence Based Perspective

When deciding which method of prevention to use, an important factor to consider is the strength of that particular strategy or intervention. Is there evidence that it will work by detecting and reducing HIV infections? CBOs are encouraged to choose interventions that have been proven to reduce HIV infections.

Other factors that must be considered when determining an intervention's effectiveness and implementation include the population being addressed, cost and sustainability, staffing and training, community experience, and the ability to evaluate the intervention.

The South Dakota Department of Health recognizes the importance of implementing research-based interventions and the ability they have to prevent new HIV infections. Through years of program expertise and prevention research, it has been determined that there are several characteristics that make up an effective intervention. Following these characteristics, along with the core elements required of an intervention, will assist CBOs in strengthening their prevention programs.

Effective Intervention Characteristics

- Have a clearly defined target population.
- Have clearly defined objectives and an implementation plan.
- Be accessible and affordable to the target population, preferably taking the intervention to the intended population in the community or institutional settings.
- Be based on sound behavioral science theory, focusing on factors that affect behavior change (skills, self efficacy, expectation of positive response, consistency with self-image, perceived social norms, and reduction of external barriers).
- Be based on intervention models scientifically evaluated with evidence of effectiveness or show evidence to support the expectation of effectiveness.

- Be culturally competent and relevant to the targeted populations (i.e., consistent with norms, values, and traditions of the community).
- Be appropriate for the development, age, and educational level of the intended population.
- Involve members of the target population in program design, implementation and evaluation.
- Utilize personnel who reflect the cultural and linguistic characteristics of the intended audience to deliver the interventions.
- Provide materials and deliver interventions in the primary language of the intended audience.
- Focus on building and practicing skills (information alone is not enough), including harm reduction practices and communication, identifying triggers and coping with risk situations.
- Have ample duration and intensity to promote lasting behavior change (one time only interventions have limited effectiveness).
- Be client-focused and tailored to client's stage of readiness, be non-judgmental, and be supportive of incremental change, recognizing that lapses are an expected part of the process of behavior change.
- Be incorporated into services reaching persons at risk (e.g., drug and alcohol treatment, STD treatment).
- Have a mechanism in place for referring HIV-positive individuals to health care and supportive services.
- Have an established relationship with the target population(s).
- Have sufficient resources to accomplish their objectives.
- Have flexibility to make mid-course modifications as necessary.
- Be operated by an agency with adequate management capability, and administrative and board support for the interventions.
- Provide ongoing training and development of staff and volunteers.

- Provide support and supervision of staff and volunteers, including field-based observation.
- Develop linkages with services reaching the same target populations to promote referrals.
- Evaluate interventions to assure that they are implemented as proposed and meeting objectives.

Social and Behavioral Determinants of Health

CDC's National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention (NCHHSTP) has adopted the conceptual framework of the World Health Organization's Commission on Social Determinants of Health (SDH). This term refers to the complex, integrated, and overlapping social structures and economic systems that include social and physical environments and health services (CDC White Paper, 2010). Examples of social determinants of health include racism, sexism, poverty, and lack of health insurance. These factors must be taken into account in order for an intervention to successfully address clients' needs.

Research has shown that a person is more likely to lower their risk for HIV infection if certain beliefs, goals, and experiences, known as behavioral determinants, have been addressed. The following are behavioral determinants:

Believes that the advantages are greater than the disadvantages.

Has formed a strong intention to change.

Has the skills to perform the behavior, and believes they can do it.

Believes that the new behavior will produce a positive response.

Believes that the new behavior is consistent with their self image.

Perceives that there is social support for the behavior change.

Experiences no environmental barriers blocking the behavior change.

Finding and addressing the determinants that hinder a client from adopting safer behaviors can make the difference between whether a client continues to be at risk for infection or not.

Current Interventions

Under the federal grant from CDC, each state is required to implement the following core components: HIV testing, comprehensive prevention with positives, condom distribution, and policy initiatives.

HIV Testing

Department of Health

Disease Intervention Specialists (DIS) are trained to provide either rapid or conventional testing at all Department of Health Office of Disease Prevention sites. These field offices are located in Aberdeen, Dupree, Pierre, Rapid City, Sioux Falls, and Watertown. HIV tests are free of charge to clients.

Department of Corrections

The HIV Prevention Program pays the lab costs for HIV test specimens submitted to the State Health Lab by Department of Corrections staff. This includes all HIV specimens collected at any state prison, the state juvenile facility, or the state mental health/substance abuse hospital.

HIV Prevention Contractors

Those agencies with a state contract to perform HIV testing are provided with free test kits, control kits, and supplies. Staff time to conduct counseling and testing is reimbursable through the contract. Any lab costs associated with conventional testing done by contractors is paid for by the HIV Prevention Program. All contractors must be able to offer a choice of conventional or rapid testing to their clients. Testers are required to attend the Fundamentals of HIV Counseling and Testing course before conducting testing.

Comprehensive Prevention with Positives

Department of Health

The Department of Health is the only entity funded to conduct Partner Services. Partner Services is an individual level intervention that is conducted by a Disease Intervention Specialist with each newly identified HIV+ person. The confidential session is meant to elicit names of needle sharing and sexual partners and discuss how to reduce the risk of further transmission to future partners. Clients are given the option whether to be present when their partners are notified of their potential exposure to HIV.

At the time of the Partner Services interview, the client is offered testing for STDs, tuberculosis, hepatitis and any other ailment for which their risk assessment may indicate a need for testing. Treatment for all of the above conditions is available at no cost from the DOH.

HIV Prevention Contractors

Community Based Organizations, or CBOs, offer a variety of interventions for HIV positive persons.

Comprehensive Risk Counseling and Services (CRCS)

Trained staff can provide basic case management and counseling for HIV positive clients despite whether they are enrolled in Ryan White medical case management or not.

Pharmaceutical Consultation

HIV positive clients who suffer from prescription side effects or have concerns about drug interactions can privately consult with a pharmacist.

Medication Adherence

Tools such as pill boxes and MedReady machines are offered to PLWHA who would like assistance in taking their medications in a timely and consistent manner.

Peer Mentoring

A healthy positive person is matched with a newly identified or struggling positive to provide social support and guidance.

Condom Distribution

Department of Health

Condoms are available to clients at all DOH field offices. They are not accessible to anyone entering the office, a client must request them or a DIS may offer them at the time of assessment or testing. Condoms are free of charge, though.

HIV Prevention Contractors

All HIV prevention program funded condom distribution programs must adhere to the following characteristics:

- Provide condoms free of charge
- Conduct wide-scale distribution
- Promote and distribute activities at the individual, organizational, and environmental levels
- Target individuals at high risk for HIV infection and venues frequented by high risk persons.

Policy Initiatives

Department of Health

Prevention staff regularly communicates with Ryan White staff to identify barriers for HIV positives.

HIV Prevention Contractors

Contractors annually assess identified barriers for HIV positive clients to medical and/or social services.

Findings from the community assessments are used to drive contact between contractors, prevention planning members and medical/social service communities. Contractors and the Prevention Planning Group approach stakeholders in service areas identified as possessing obstacles, in order to increase communication and decrease barriers.

HIV prevention contractors disseminate informational packets to medical staff at hospitals, and public and private clinics, to encourage their adoption of CDC's routine opt-out HIV testing recommendations to their clinic protocols. Materials in the packet include resources for clinicians, pamphlets for clients, posters, and referral information. All material used are CDC approved.

Recommended Strategies and Interventions

Strategies

The South Dakota Department of Health's HIV Prevention Program aligns with the goals of the National HIV/AIDS Strategy (NHAS). To achieve those goals, the following public health strategies are recommended for use in South Dakota:

1) HIV Testing
2) Comprehensive Risk Counseling and Services
3) Partner Services
4) ARTAS (Anti-Retroviral Treatment and Access to Services)

All strategies target HIV positive persons. Most can be conducted by prevention contractors, social workers, case managers, or medical staff, with Partner Services being the exception. Only Department of Health DIS are authorized to perform Partner Services. Details and updates regarding each strategy can be found at www.effectiveinterventions.org.

Interventions

Choosing an intervention takes a considerable amount of time, pre-planning, and research. The intervention that is chosen will have to work within a specific demographic population, budget, and staff.

PLWHA and their partners should be the primary targets of HIV prevention interventions. As additional funding becomes available, other high risk populations can be added to the list of priority populations.

Through an evaluation of strategies and interventions that are being used, have been used, or would be appropriate to use in South Dakota, the DOH has found that a small population base, lack of confidentiality, and geographic isolation make most group-level DEBIs difficult to apply. In the recent past, CBOs have attempted the interventions *Safety Counts, SISTA*, and *Be Proud, Be Responsible*. Unfortunately, what all CBOs discovered was a pool of possible participants that was too small to sustain the intervention. Various recruitment and retention methods have been attempted, but eventually it was determined that group-level interventions are not appropriate for HIV prevention in South Dakota.

Utilizing individual level behavioral interventions, biomedical interventions, social marketing, and outreach services are encouraged. One of the benefits of using a client centered approach is that it creates solutions based on a client's own personal experiences and beliefs. This requires an understanding of a client's needs and circumstances.

Clients are more likely to comply with any safer goal behaviors created if they fit in with their personal goals, limitations, and environment.

The following chart provides a very brief synopsis of the interventions that are recommended for use in South Dakota.

Type of Intervention	Appropriate Curriculums for SD
Biomedical	Medication Adherence
Behavioral	CLEAR Partnership for Health Personalized Cognitive Counseling RESPECT Safe in the City Sister to Sister Together Learning Choices
Structural	Condom Distribution
Social Marketing	The Health Communicator's Social Media Toolkit

For more detailed information regarding specific interventions, please consult www.effectiveinterventions.org. This website provides all the materials CBOs need to assess whether a particular curriculum would address the needs of their clientele with the resources the agency has available.

CHAPTER SIX

Conclusions

Scalability

Scalability refers to the likelihood of accomplishment. With the publication of the National HIV/AIDS Strategy and Funding Opportunity Announcement PS 12-1201, there are many new expectations for state HIV prevention programs. They must move away from primary prevention and turn their focus toward targeted, high impact prevention. For some, this means a massive change to the goals and mission of their HIV prevention program.

The technology around HIV/AIDS testing and treatment has also progressed at a rapid pace. Improvements in test quality and options have made identifying those who are infected with greater precision and convenience than ever before. Advances in treatment have made it possible for positive persons to live full, long lives.

Substantial changes in direction and technology make keeping pace challenging, and advancement difficult. Yet, South Dakota's HIV prevention program has managed to adapt and grow.

Many of the interventions and services presently offered are recommended practices. Funded interventions have progressed from low impact, negative population focused events to services that concentrate on keeping positive people as healthy as possible, for as long as possible.

Therefore, the state's ability to implement the strategies and interventions recommended in this document has already been realized or is highly likely to occur. The state has planned to offer a few, high impact services to those most affected by HIV/AIDS. This plan is not only a proven, effective way to prevent transmission, but is also cost effective, making it ideal for a low funded, low incidence jurisdiction.

Agency Responsibilities

Carrying out the work of HIV prevention is a task that must be supported by many entities. Each agency has a role to play in achieving a successful statewide program.

Department of Health

Health Departments are responsible for supporting the HIV prevention (via funding, staff and/or consultant/contractor resources, and leadership). The Health Department's role is to:

1. Create and maintain at least one PPG that meets the goals and objectives described by CDC.
2. Report progress and accomplishments to CDC.
3. Ensure collaboration between HIV prevention planning and other relevant planning processes in the state.
4. Develop the epidemiologic profile and coordinate the needs assessment.
5. Provide the PPG with information on other federal/state/local public health services for high-risk populations identified in the HIV prevention plan, including potential implications for HIV prevention in the jurisdiction.
6. Develop an application to the CDC for federal HIV prevention cooperative agreement funds based on the HIV prevention plan developed through the HIV prevention planning process.
7. Allocate, administer and coordinate public funds (including state, federal, and local) to prevent HIV transmission and reduce HIV-associated morbidity and mortality.

HIV Prevention Contractors

Those agencies contracted to perform HIV prevention services are responsible for providing high quality prevention services to all South Dakota residents. Their role in the state is to:

1. Reporting progress and accomplishments to DOH and the PPG.
2. Assessing their communities.
3. Evaluate programming.
4. Ensure staff is properly trained for their respective jobs.

Prevention Planning Group

PPGs are responsible for reviewing the health department's HIV prevention plan and determining whether it concurs with the epidemic in the state. PPGs do not allocate resources. The PPG's role in HIV prevention is to:

1. Contribute to the development of a HIV Prevention Plan that reduces the number of new HIV infections in the state.
2. Review and use key data (Epi profile, needs assessments) to establish prevention

priorities.

3. Review the HIV Prevention Plan and develop a written response (Letter of Concurrence) that describes whether the plan does or does not, and to what degree, agree with the epidemic.

APPENDICES

Appendices

Appendix 1 Timeline

2012

- New 3 year HIV prevention contracts awarded to community based organizations
- Contractors assess their communities, hire and train staff, and report progress to DOH
- HIV testing performed by DIS and contractors
- Prevention with Positives interventions conducted by contractors
- Condoms distributed by DOH and contractors
- Contractors work to decrease barriers to treatment and care for HIV positives
- DIS will provide Partner Services

2013

- Contractors and DOH evaluate programming performed
- Adjustments made to programming based on evaluations and needs assessments
- HIV testing performed by DIS and contractors
- Prevention with Positives interventions conducted by contractors
- Condoms distributed by DOH and contractors
- Contractors work to decrease barriers to treatment and care for HIV positives
- DIS will provide Partner Services
- DOH reports progress to CDC

2014

- Contractors and DOH evaluate programming performed
- Adjustments made to programming based on evaluations and needs assessment

- HIV testing performed by DIS and contractors
- Prevention with Positives interventions conducted by contractors
- Condoms distributed by DOH and contractors
- Contractors work to decrease barriers to treatment and care for HIV positives
- DIS will provide Partner Services
- DOH reports progress to CDC

2015

- Contractors and DOH evaluate programming performed
- Adjustments made to programming based on evaluations and needs assessment
- HIV testing performed by DIS and contractors
- Prevention with Positives interventions conducted by contractors
- Condoms distributed by DOH and contractors
- Contractors work to decrease barriers to treatment and care for HIV positives
- DIS will provide Partner Services
- DOH reports progress to CDC
- A new Request for Proposals is published

2016

- New 3 year HIV prevention contracts awarded to community based organizations
- Contractors assess their communities, hire and train staff, and report progress to DOH
- DOH reports progress to CDC

Appendix 2 Letter of Concurrence

September 20, 2012

Angie Tuttle, Grants Management Officer
Attn: FOA 12-1201 HIV prevention
Department of Health and Human Services
Procurement and Grants Office, Branch I
2920 Brandywine Road, Mail stop: E-14
Atlanta, GA 30341

The South Dakota HIV Prevention Planning Group voted unanimously at its meeting on September 15, 2012, its concurrence with the state of South Dakota's application to CDC for HIV prevention funds under FOA 12-1201. The planning group has reviewed the state's proposed objectives, activities, and budget and finds them to be responsive to the priorities identified by the Prevention Planning Group (PPG) and expressed in the South Dakota HIV Comprehensive Prevention Plan. All members received a copy of the Comprehensive Plan, Engagement Plan, and HIV Prevention Plan along with the state's grant submission. There were no reservations.

We look forward to implementing the plan to reduce the spread of HIV in South Dakota.

Sincerely,

Ronald L. Wright
South Dakota Community Co-Chair

April Ivey
South Dakota DOH Co-Chair

Appendix 3 Terms and Acronyms

AI/AN – American Indian/Alaskan Native

AIDS – Acquired Immunodeficiency Syndrome

ARTAS – Anti-Retroviral Treatment and Access to Services

ARV – Anti-Retro Viral medicine

AZT – The prescription drug Azidothymidine

BDH – Behavioral Determinants of Health

CBO – Community Based Organization

CD4 – A type of white blood cell; are sometimes called T-cells

CDC – Centers for Disease Control and Prevention

CLIA - Clinical Laboratory Improvement Amendments

CRCS – Comprehensive Risk Counseling and Services

DEBI – Diffused Effective Behavioral Intervention

DOH – Department of Health

FTE – Full Time Employee

HAART – Highly Active Anti-Retroviral Therapy

HIP – High Impact Prevention

HIV – Human Immunodeficiency Virus

HOPWA – Housing Opportunities for People living With AIDS

HRH – High Risk Heterosexual

IDU – Injection Drug User

In care – Participation in at least two clinical visits in a year that are at least 60 days apart

Incidence – The frequency or rate at which an illness occurs in a particular area or population

MOA/MOU – Memorandum of Agreement/Memorandum of Understanding

MMWR – Morbidity and Mortality Weekly Report

MSM – Men who have sex with Men

NCHHSTP – National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention

NHAS – National HIV/AIDS Strategy

NHBS – National HIV Behavioral Surveillance System

Partner Services - A set of confidential, voluntary services to help persons with HIV notify their sex and drug-injection partners of possible HIV exposure

Persons in care – HIV positive individuals who are receiving primary healthcare for their HIV disease

Persons with unmet need – Those who are diagnosed with HIV infection but not in care for a defined 12 month period

PLWHA – Persons Living With HIV/AIDS

PPG – Prevention Planning Group

RFP – Request for Proposal

RW – Ryan White Program

SD – South Dakota

SDH – Social Determinants of Health

SES – Socio Economic Status

STD – Sexually Transmitted Disease

TA – Technical Assistance

TB – Tuberculosis

Viral load - Term used to describe the amount of HIV in the blood

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