

CHAPTER 9: RECOMMENDATIONS AND GOALS FOR PREVENTION SERVICES

Recommendations from the SC HIV Planning Council for HIV Prevention Services (by chapter)

1. Epidemiologic Profile

- **Continue surveillance efforts and monitoring the status of HIV/AIDS and other sexually transmitted diseases, enabling providers to implement strategies in communities around the state based on our best understanding of the epidemic.**

2. Community Services Assessment:

- **Collect more behavioral risk data, social network information, and needs assessment information involving members of the priority populations to better guide decisions for planning, designing and/or implementing interventions and targeting resources.**
- **Conduct needs assessment activities with African American men who identify as having sex with women.**
- **Conduct needs assessment activities with African American women who identify as having sex with men.**

3. Priority Populations

1. Persons Living With HIV/AIDS;

2. African American Men Who Have Sex With Men, Ages 15-44;

3. African American Women Who Have Sex With Men, Ages 15-44;

4. African American Men Who Have Sex With Women, Ages 15-44;

5. White Men Who Have Sex With Men, Ages 15-44;

6. Injection Drug Users, Ages 20-44: and

7. Hispanic/Latino

- **Increase outreach to priority populations to promote availability of counseling and testing and other prevention and care services.**
- **Promote and increase culturally competent service provision to priority and emerging populations.**
- **Involve priority population representatives in planning, implementing and delivering local prevention initiatives.**
- **Reach people who are HIV-infected with HIV testing, referrals to care and support services, and ongoing secondary prevention services (including linking persons with programs for substance abuse treatment, family planning, STD, mental health, housing, etc.).**
- **Provide HIV prevention and resource information to high-risk populations who do not normally access community/agency services (i.e., the homeless, IDUs, the insured).**
- **Increase the number and availability of prevention programs targeting men who have sex with men.**

4. Interventions:

- **Increase HIV testing and STI screening in health department and community-based organization settings.**

- **Increase immediate access to HIV testing across the state.**
- **Increase opportunities for community-delivered HIV/STI screening and outreach services for populations not being reached by “traditional” services.**
- **Reach uninfected people at risk at the community level and engage them in risk reduction activities.**
- **Expand targeted peer education programs for youth and young adults.**

5. Coordination and Linkages:

- **Promote and increase efforts for Program Collaboration and Service Integration in HIV Prevention and Care Programs (including, but not limited to: STDs, TB, Hepatitis, Teen Pregnancy, Adolescent Health, Minority Health, Mental Health, Sexual Assault, and Substance Use).** [Program collaboration and service integration (PCSI) is a major strategic priority for the National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention (NCHHSTP). PCSI is focused on improving collaboration between programs in order to enhance integrated service delivery at the client level, or point of service delivery.]
- **Keep abreast of national and state policy development/change to advocate for people with or at risk for HIV/AIDS and the programs that serve them.**
- **Increase awareness of HIV care as a prevention strategy.**
- **Pursue opportunities for collaborative funding for HIV prevention.**
- **Increase community voice from emerging populations.**
- **Implement better and earlier linkage to care for persons living with HIV and increase efforts to retain them in care.**
- **Implement age-appropriate evidence-based Comprehensive Sex Education for all youth in kindergarten through grade 12 in all school districts in the state.**
- **Increase linkages with youth-serving programs for the provision of sexual health education to protect youth from infection with HIV and STIs as well as teen pregnancy.**
- **Improve access to drug treatment and prevention services for alcohol and other drug-using persons.**
- **Engage key leaders to address underlying issues causing HIV stigma and health disparities for African Americans.**
- **Increase cross-training opportunities between HIV/STI service providers and intimate partner violence/sexual assault service providers to include screening and referral services.**

6. Surveillance and Data Collection:

- **Continue monitoring of populations that are recently HIV-infected for trends, status of disease at diagnosis, and resistance, for more effective targeting of prevention efforts.**
- **Utilize incidence data over time to evaluate the success or impact of prevention efforts in slowing HIV transmission among certain populations.**
- **Increase identification of transmission risk factors for new cases of HIV infection.**

7. Technical Assistance Needs and Priorities:

- **Increase the number of trained staff to provide a range of effective interventions, particularly for men who have sex with men and for persons living with HIV/AIDS**

- Educate legislators and policy makers about HIV/AIDS and the economic cost of inadequate programs and services.
- Build capacity among community organizations, including the faith community, to address community prevention needs while recognizing differences in abilities to deliver these services.
- Encourage and build capacity with health care providers to offer HIV testing as a routine part of medical care.
- Continue assessment of training and capacity-building needs for health department and community-based organization staff.
- Provide opportunities for training on new and revised evidence-based interventions.

8. Evaluation

- Continue ongoing evaluation of prevention and care programs.
- Continue periodic monitoring to ensure quality assurance, fidelity, and effectiveness of programs and services.
- Develop quality assurance guidelines for new prevention interventions and strategies.

South Carolina's Goals:

1. **To reduce the incidence of HIV and other STDs.**
2. **To promote and increase prevention services that are holistic, evidence-based, comprehensive, and high quality to appropriate populations at every interaction with the health care system.**
3. **To increase the number of persons who know their HIV status by offering HIV testing in a variety of settings to persons at risk for HIV, and to the general population through the provision of HIV testing as a routine part of medical care.**
4. **To increase the number of persons infected with HIV who are successfully linked to and retained in care and support services, optimizing health outcomes.**
5. **To reduce HIV- and STD-related health disparities.**