



Centers for Disease Control and Prevention

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

Division of HIV/AIDS Prevention

## PS17-1704: Comprehensive High-Impact HIV Prevention Projects for Young Men of Color Who Have Sex with Men and Young Transgender Persons of Color

### Overview of High-Impact Prevention Interventions for Funding Opportunity Announcement (FOA) PS17-1704 Presentation Transcript

#### **Slide 1**

Greetings, this presentation will provide an overview of all the evidence-based behavioral interventions that PS17-1704 grantees may elect to implement.

#### **Slide 2**

We will review all of the evidence-based behavioral interventions for which applicants under Category A may apply.

#### **Slide 3**

And we will also review all the evidence-based interventions for which Category B applicants may apply. I also want to point out that capacity building assistance through the CDC-funded CBAs will be available to all funded organizations as they adapt the evidence-based interventions for the transgender community on which their grant will focus.

#### **Slide 4**

This capacity building assistance along with training on the evidence-based behavioral interventions will take place during the development phase described in the FOA.

#### **Slide 5**

Grantees may select to implement Personalized Cognitive Counseling (PCC) in combination with HIV testing. Therefore PCC will be discussed at this point in my presentation whereas all other evidence-based behavioral interventions that may be implemented under PS17-1704 will be discussed later in the presentation.

#### **Slide 6**

What do we mean by ‘repeat’ HIV testers? For purposes of the PCC intervention, repeat HIV testers are persons who have previously been tested for HIV, were told they were HIV negative, and have had unprotected anal intercourse with a partner of unknown or positive status after obtaining the HIV negative test results.

### **Slide 7**

It is not necessary to attend training on one of these interventions before writing your funding proposal. Training will be made available after the notice of grant award. However, it is strongly recommended that you fully understand the interventions you plan to implement with your selected focus population. It is recommended that you go to the website [effectiveinterventions.cdc.gov](http://effectiveinterventions.cdc.gov) and read about these interventions so that you select the best intervention for your focus population, for your agency to implement, and for your community to support.

### **Slide 8**

Here are the EBIs for HIV-positive YMSM of color which you may select to implement.

### **Slide 9**

Here are the EBIs for HIV-positive YTG of color which you may select to implement.

### **Slide 10**

Here are the EBIs for high-risk HIV-negative YMSM of color which you may select to implement.

### **Slide 11**

Here are the EBIs for high-risk HIV-negative YTG of color which you may select to implement.

### **Slide 12**

I will now provide more detail on EBI implementation on all the EBIs that may be selected for implementation with HIV-positive YMSM or YTG persons of color. Please note that START may be implemented with YMSM of color but not with YTG of color. Also WILLOW may be adapted for YTG of color but not for YMSM of color.

### **Slide 18**

When working in communities in the real-world, it is often difficult to separate the HIV-positive and HIV-negative people. Because Mpowerment addresses the HIV prevention needs of a community composed of both HIV-positive and HIV-negative persons, it is recommended that potential grantees select Mpowerment for intervention efforts for both HIV-positive and negative YMSM of color.

### **Slide 29**

WILLOW may be adapted for use with YTG of color.

### **Slide 30**

Adherence is typically quantified as the extent to which an individual takes the prescribed doses within a prescribed interval over a given time period. HIV medication adherence interventions may focus on improving an HIV-positive persons adherence behavior by either directly addressing individual-level factors affecting adherence or by addressing other relevant social structural, or environmental factors to indirectly improve adherence, with the ultimate goal of maximizing treatment effectiveness.

### **Slide 32**

Here are the EBIs for high-risk HIV-negative YMSM of color which you may select to implement.

**Slide 33**

Now we briefly return to PROMISE where the topics of the role model stories change to reflect the HIV prevention needs of high-risk HIV-negative persons.

**Slide 34**

If d-UP! is implemented with high-risk HIV-negative YMSM, the use of PrEP should be a key message diffused into the focus community by the popular opinion leaders.

**Slide 35**

We will now return to Mpowerment for high-risk HIV-negative YMSM of color. If implementing Mpowerment for both high-risk HIV-negative YMSM and HIV-positive YMSM, the Consumer Advisory Board, called the Core Group in the Mpowerment model, may be composed of both HIV-negative and HIV-positive YMSM of color.

**Slides 36-51**

No additional notes, please refer to the PowerPoint slides.