

High-Impact Prevention At-a-Glance

What is High-Impact Prevention?

High-Impact Prevention (HIP) is a public health approach to disease prevention in which cost-effective, proven, and scalable interventions are targeted to specific populations based on disease burden. It provides a strategy for using data to maximize the impact of available resources and interventions. The primary goals of HIP are to prevent the largest number of new infections, save life-years, and reduce disparities among populations. In this approach to disease prevention, resources are aligned with disease burden in geographic areas and within populations.

Overall, HIP can help

- define the public health problem,
- focus resources,
- increase efficiency, and
- identify the most cost-effective services for a jurisdiction.

HIP also helps to

- prevent new infections,
- increase years of life,
- reduce disparities, and save lives

The HIP approach to identifying programs involves four steps to choose which interventions will lead to the greatest reduction in disease or disparities given resources:

1. **Assess program efficacy and effectiveness.** This step looks at the success of an intervention both in a controlled or optimal environment (efficacy) and within an everyday situation (effectiveness).

2. **Establish cost and cost-effectiveness per infection averted and life-years saved.** This step includes calculating the costs and outcomes of a program. Measured outcomes include cases of a disease prevented, years of life gained, or quality-adjusted life-years.

3. **Develop epidemic models to project impact of intervention combinations.** This step uses modeling to assign priority to interventions that are practical to implement on a large scale, are cost-effective, and prevent the greatest number of new infections.

4. **Implement and evaluate the programs.** This step looks at which programs are working and which ones need adjustment to improve outcomes. CDC monitors and evaluates programs across the nation to identify success and areas in need of improvement.

1. Assess program efficacy and effectiveness

4. Implement and evaluate programs

HIGH-IMPACT PREVENTION

2. Establish cost and cost-effectiveness per infections averted and life-years saved

3. Develop epidemic models to project impact of intervention combinations

How is HIP implemented?

HIP is a two-part process which:

- Aligns resources with disease burden in geographic areas and within populations.
- Implements programs that are cost-effective, scalable, and evaluated over time.



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

**HIGH IMPACT
PREVENTION**

High-Impact Prevention In Action

What is an example of HIP Resource Alignment? TB Program Funding

More than a decade ago, CDC adopted an approach to apportion some of its TB program funding to meet the needs of all of the recipient jurisdictions. This approach was based on the changing epidemiology of TB in the United States and a flat-level budget. The average number of TB cases was used, while also considering risk factors that can make TB disease more complicated to treat. The HIP TB elimination formula that was developed helped to allocate programmatic funding in alignment with both the local needs-based TB burden and two performance indicators:

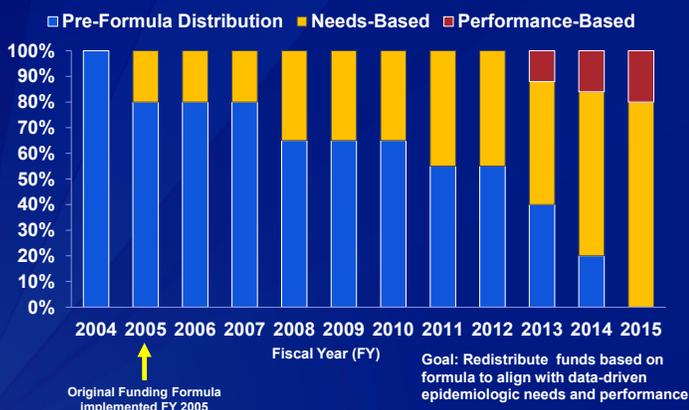
1. Number of TB patients who completed treatment in 12 months.
2. Number of TB patients who had TB isolates that underwent testing for drug susceptibility.

What is an example of a HIP approach to HIV Prevention? HIV Screening and Testing

In 2016, 39,660 persons received a new diagnosis of HIV infection. HIV testing is the vital first step for HIV care and effective prevention. These persons, who had been living with undiagnosed HIV infection, learn their status and have the opportunity to receive life-saving treatment and greatly reduce their risk for transmitting the virus to others. Persons without HIV infection learn about effective tools for reducing their risk for acquisition.

During 2007–2010, the CDC-funded Expanded Testing Initiative sites provided >2.8 million HIV tests that resulted in approximately 18,000 new HIV diagnoses and helped avert \$1.2 billion in direct medical costs. For every \$1.00 spent on HIV testing, CDC saved society \$2.00 on direct medical costs. Since then, the CDC-funded HIV testing programs have had substantial reach in the United States. Approximately one-third of all new HIV diagnoses in 2013 were through a CDC-funded HIV test.

Percentages of TB Prevention and Control Funding Formula Redistribution, FY 2004–FY 2015



For more information on
High-Impact Prevention,
please visit

[www.cdc.gov/nchhstp/
highimpactprevention](http://www.cdc.gov/nchhstp/highimpactprevention)