

# Profiles of Perinatal HIV Prevention

*Urban communities share their efforts to prevent  
mother-to-child transmission of HIV*



Eliminating  
Perinatal HIV:  
An Urban Strategy



CityMatCH

Additional copies are available through City**MatCH**  
[www.citymatch.org](http://www.citymatch.org) ~ 402-561-7500

# Profiles of Perinatal HIV Prevention



*Urban communities share their efforts to prevent  
mother-to-child transmission of HIV*

From the City**MatCH**  
Perinatal HIV Urban Prevention Collaborative and  
Perinatal HIV Urban Learning Network  
September 2005

Editors

Magda G. Peck, ScD

Chad J. Abresch, MEd

Patrick S. Simpson, MPH

Produced, Prepared, and Published by  
City**MatCH**  
at the University of Nebraska Medical Center  
Omaha, Nebraska

**Cite as:** Peck, M.G., Abresch, C.J., and Simpson, P.S. (2005). Profiles of Perinatal HIV Prevention: Urban communities share their efforts to prevent mother-to-child transmission of HIV. Omaha, NE: CityMatCH at the University of Nebraska Medical Center.

“Profiles of Perinatal HIV Prevention” is not copyrighted. Readers are free to duplicate and use all or part of the information contained in this publication. In accordance with accepted publishing standards, CityMatCH requests acknowledgement, in print, of any information reproduced in another publication. Inclusion of a work in this publication does not imply agreement or endorsement by CityMatCH or its funders of the principles or ideas presented.

CityMatCH is a national organization of urban maternal and child health programs and leaders. CityMatCH was initiated in 1988 to address the need for increased communication and collaboration among urban maternal and child health programs for the purpose of improving the planning, delivery, and evaluation of maternal and child health services at the local level. CityMatCH, through its network of urban health department maternal and child health leaders, provides a forum for the exchange of ideas and strategies for addressing the health concerns of urban families and children. CityMatCH also has developed a centralized information database about the current status of maternal and child health programs and leaders in major urban health departments in the United States.

For more information about CityMatCH, contact Patrick Simpson, CityMatCH Acting Executive Director, Department of Pediatrics, University of Nebraska Medical Center, 982170 Nebraska Medical Center, Omaha, NE 68198-2170, Phone: 402-561-7500 or visit us at our website: [www.citymatch.org](http://www.citymatch.org).

**Published by:**

CityMatCH at the  
University of Nebraska Medical Center  
Department of Pediatrics  
982170 Nebraska Medical Center  
Omaha, NE 68198-2170  
Phone: 402-561-7500  
Fax: 402-561-7525  
E-mail: [citymch@unmc.edu](mailto:citymch@unmc.edu)

*Profiles of Perinatal HIV Prevention: Urban communities share their local efforts to prevent mother-to-child transmission of HIV* was supported by the Centers for Disease Control and Prevention’s National Center for HIV, STD, and TB Prevention through cooperative agreement TS 0995 with the Association of Teachers of Preventive Medicine. To obtain additional copies of this publication, please contact us at the address listed above.

# Acknowledgements



*Profiles of Perinatal HIV Prevention: Urban communities share their local efforts to prevent mother-to-child transmission of HIV* represents a culmination of six years of work conducted in partnership with urban communities to prevent and eliminate the transmission of HIV from mother to baby. The intent of these profiles is to facilitate access to community-wide, systemic approaches to perinatal HIV prevention. It is a contribution from the most affected communities to the larger CityMatCH network of urban members and partners, offering insights, strategies, and tools that can be used to implement proven perinatal HIV prevention initiatives.

Many of the projects described in this publication have not been evaluated formally; their utility to readers lies in the initial research and troubleshooting that has been done. The profiles serve as a springboard for the development or enhancement of future urban perinatal HIV prevention programs.

Each of the communities participating in CityMatCH-sponsored perinatal HIV prevention collaboratives was asked to complete a team profile for inclusion in this publication. CityMatCH offers a heartfelt thank you to these community teams who have sustained their efforts and energies for as many as six years – teaching us a great deal along the way. We will sorely miss our regular times together, which never failed to be refreshing, challenging, compelling, and insightful. Thanks are also due to the Centers for Disease Control and Prevention (CDC) for their support of this project. In particular we thank our former CDC Project Officer, Sherry Orloff and our current Project Officer, Margaret Lampe; both provided consistent commitment to the work of CityMatCH and its urban communities.

We trust this publication will be a valued resource among our membership and will spur action and change for women, children, and families. Please let us know how you use these profiles and what you find most helpful to your prevention efforts.

Magda G. Peck, ScD  
CEO/Senior Advisor, CityMatCH  
Principal Investigator

Chad J. Abresch, MEd  
Program and Policy Manager, CityMatCH  
Project Coordinator



# Contents



Overview.....	2
Introduction to the CityMatCH Perinatal HIV Urban Prevention Collaborative.....	4
Introduction to the CityMatCH Perinatal HIV Urban Learning Network.....	5
Themes and Recommendations from the Urban Prevention Collaborative.....	6
CityMatCH Commentary.....	8
Perinatal HIV Prevention Profiles.....	11
Prevention Strategies Table.....	11
Atlanta, Georgia.....	12
Jacksonville, Florida.....	14
Los Angeles, California.....	17
Philadelphia, Pennsylvania.....	20
San Diego, California.....	23
Washington, District of Columbia.....	27
Baton Rouge, Louisiana.....	31
Detroit, Michigan.....	33
Indianapolis, Indiana.....	35
Little Rock, Arkansas.....	37
Orlando, Florida.....	39
Appendix 1: CityMatCH MAPS Overview.....	41



# Overview

The transmission of perinatal HIV – also known as mother-to-child transmission of HIV – reached its peak in the U.S. in the early 1990s with an annual estimated incidence of 1,000 to 2,000 infections.<sup>1</sup> In 1994, however, the Pediatric AIDS Clinical Trial Group Protocol 076 (ACTG 076) demonstrated that Zidovudine (ZDV or previously AZT) reduced the risk of transmission by more than one-third (i.e. approximately 25% to 8%).

In late summer of 1994, the United States Public Health Service (US PHS) responded to these findings, issuing recommendations for the use of ZDV to reduce perinatal HIV transmission. The following summer, US PHS issued additional recommendations calling for HIV counseling and voluntary testing for all pregnant women.<sup>2</sup> In 1999, Congress appropriated \$10 million annually for perinatal HIV prevention. This appropriation has been administered by the Centers for Disease Control and Prevention (CDC) to fund state and local health departments as well as national organizations for perinatal HIV prevention and surveillance efforts. CityMatCH is one of the national organizations funded under this mechanism since 1999.

CityMatCH has developed strategies for working with its member health departments and their partners to bring about changes in the public health system that will foster improved maternal and child health outcomes. Recognizing that urban communities are complex and continuously changing in their landscapes, we tailor our engagement with members according to their capacity and readiness. Three levels of intensity and activities have been defined. Level 1 work involves one-way general communication of timely information and opportunities. Level 2 fosters cross-city communication, coordinated peer exchange, and joint capacity building. Level 3 work facilitates multicity collaboration to improve MCH practice and policy locally and nationally. To address the prevention of perinatal HIV, CityMatCH worked with its members and partners at all three levels, as follows:

**Level 1 – General Communications.** CityMatCH has used its longstanding communication vehicles – CityLights (quarterly publication), NewsBriefs (biweekly e-mail), ResourceInfo (quarterly e-mail), website ([www.citymatch.org](http://www.citymatch.org)), and its annual Urban MCH Leadership Conferences, to disseminate information broadly to urban health departments and others interested in urban MCH on the latest science and best practices of perinatal HIV prevention.

**Level 2 – Urban Learning Network (ULN).** The ULN was established to increase information and communication to and among the most affected urban communities about perinatal HIV prevention. Participating community teams in the ULN have engaged in cross-city networking for peer exchange and have enjoyed special opportunities to attend conference workshops and/or skills building sessions.

**Level 3 – Urban Prevention Collaborative (UPC).** The UPC has roots reaching back to 1999, and is designed to further strengthen capacity, foster team-based shared leadership, and promote greater systems integration between MCH and HIV for perinatal HIV prevention. The UPC is the most intensive learning opportunity in this content area for our members, requiring quarterly conference calls, semiannual travel for on-site collaboration, and ongoing strategic planning with local implementation by community teams.

This publication has been created to leave a lasting product of the work completed by Level 2 ULN and Level 3 UPC communities. It has been designed to be used by other communities as a starting point to implement needed local prevention systems to prevent perinatal HIV transmission.

In the pages that follow, you will find introductions to the UPC and ULN, themes and recommendations crafted by the UPC, and CityMatCH commentary. No one publication can adequately document the hard work done or the impact UPC and ULN teams have made on the prevention of perinatal HIV transmission in their urban communities. We are confident, however, that their profiles provide an accurate snapshot that will become a valuable resource for other communities in years to come.

---

## Sources

<sup>1</sup> Centers for Disease Control and Prevention, Division of HIV/AIDS Prevention. *Status of Perinatal HIV Prevention: U.S. Declines Continue*. Available at: [www.cdc.gov/hiv/pubs/facts/perinatl.htm](http://www.cdc.gov/hiv/pubs/facts/perinatl.htm). Accessed March 21, 2005.

<sup>2</sup> Centers for Disease Control and Prevention. *Enhanced Perinatal Surveillance—United States, 1999-2001*. Atlanta: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention; 2004: [pg. 5]. Special Surveillance Report 4.

# Introduction to the CityMatCH Perinatal HIV Urban Prevention Collaborative

## **A Brief History of the UPC**

---

The Level 3 CityMatCH Perinatal HIV Urban Prevention Collaborative (UPC) was known originally as the Urban Learning Cluster. The Urban Learning Cluster was envisioned by CityMatCH in the Fall of 1999 and launched in the Spring of 2000, as part of a new three-year cooperative agreement with the Centers for Disease Control and Prevention's (CDC) National Center for HIV, STD, and TB Prevention (NCHSTP). The Urban Learning Cluster was designed to foster strategic interchange among scientists, content experts, and action-oriented teams of policy makers and practitioners from communities with the highest incidence of perinatal HIV transmission.

The Urban Learning Cluster originally included five community teams, plus CDC liaisons and national experts. Eventually, the number of cities involved grew to 10 and included: Atlanta, GA; Hartford, CT; Jacksonville, FL; Los Angeles, CA; Miami, FL; Newark, NJ; Norfolk, VA; Philadelphia, PA; San Diego, CA; and, Washington, DC.

In the Fall of 2002, CityMatCH was awarded a second three-year cooperative agreement with CDC/NCHSTP to continue this work. Under this new scope of work, the Urban Prevention Collaborative (UPC) was launched as a modification and enhancement of the Urban Learning Cluster. The UPC was designed to further strengthen capacity, foster team-based shared leadership, and promote systems integration between MCH and HIV. Six Urban Learning Cluster teams continued in the UPC: Atlanta, GA; Jacksonville, FL; Los Angeles, CA; Philadelphia, PA; San Diego, CA; and, Washington, DC. The Norfolk, VA team chose to continue its work with CityMatCH at Level 2. The other three teams reduced their involvement to Level 1.

## **The Work of the UPC**

---

CityMatCH began its work with the Urban Learning Cluster by providing ongoing technical assistance geared toward building local teams that blended maternal and child health (MCH) experts with HIV/AIDS prevention, surveillance, and care experts. On average, participating communities formed local teams of six to eight members. Team membership varied, but at a minimum included MCH and HIV leaders from the local health department and community-based organizations.

Over the years, the work of the teams has been threefold: 1) addressing local prevention challenges; 2) working and learning jointly with other participating teams; and, 3) collaborating as a group to shape national programs and policy. Through it all, CityMatCH has provided ongoing education, technical assistance, and consultation.

The UPC officially concluded its activities in September 2005. Profiles from all UPC teams are included in this publication. Final themes and recommendations also were developed by UPC participants and are included in this publication (see page 6). CityMatCH will stay connected to these teams in the years to come and has every confidence that their local work will continue to advance the health and well-being of their communities' women, children, and families.

# Introduction to the CityMatCH Perinatal HIV Urban Learning Network

## **A Brief History of the ULN**

The Level 2 CityMatCH Perinatal HIV Urban Learning Network (ULN) was added as part of CityMatCH's second cooperative agreement with the Centers for Disease Control and Prevention's (CDC) National Center for HIV, STD, and TB Prevention (NCHSTP) received in 2002. The addition was made in recognition of the need for less intensive, but focused strategy to engage more affected areas. The ULN was established in the Fall of 2003 with the overall objective of increasing information and communication about perinatal HIV prevention to and among more of the affected urban areas.

Seven community teams participated in the ULN, including: Baltimore, MD; Baton Rouge, LA; Detroit, MI; Indianapolis, IN; Little Rock, AR; Norfolk, VA; and, Orlando, FL.

## **The Work of the ULN**

As with the Urban Prevention Collaborative, CityMatCH began by providing ongoing technical assistance to each community to build a local ULN team that blended maternal and child health experts with HIV/AIDS prevention and care experts for more effective perinatal HIV prevention activities in their communities. The teams have also engaged in cross-city networking for peer exchange, attended national HIV prevention workshops and skills building sessions, exchanged city-specific HIV/AIDS case rates, related surveillance data, and emerging prevention strategies, and have worked to develop community action plans for perinatal HIV prevention.

In the ULN profiles presented in this publication, you will read about the work of the ULN teams and the opportunities for impact they have developed. Five of these cities have supplied CityMatCH with a profile for inclusion in this publication (Baltimore, MD and Norfolk, VA did not submit profiles for inclusion). As the ULN teams are early in their maturation, many of their profiled projects are still in the initial planning and implementation phases. We trust that these teams will realize results in the coming year and find the impetus to continue their work for many years to come.



# Themes and Recommendations from the Urban Prevention Collaborative

In June of 2005, the CityMatCH Urban Prevention Collaborative (UPC) met in Atlanta, GA for a final UPC meeting. During this meeting, the UPC developed themes and recommendations to the broader MCH community based on their collective and cumulative experience in preventing perinatal HIV.

## Themes

---

- **The Right People.** Key players with commitment, interest, and knowledge are necessary for a successful collaboration. New members can revitalize the team, helping everyone to “think fresh.” Veterans can provide the vision and commitment to carry on toward the broader vision – elimination.
- **The Need for Collaboration.** In order to successfully prevent perinatal HIV across a community, there must be better coordination and integration between MCH and HIV systems. Neither shop can successfully go it alone.
- **The Collective Resource Pool.** Once a community collaborative has been established, it is critical to identify what resources are brought to the table by the various partners. After this collective pool of resources is known, partners can begin to creatively brainstorm how to combine resources to accomplish something larger.
- **The Long-Term Perspective.** Reducing perinatal HIV transmission is a long-term process. It is not something that is quickly implemented or effortlessly monitored and maintained. It takes a sustained community-wide effort.
- **The Broad Focus.** Prevention efforts need to focus on women’s health and well-being – you cannot get so narrow in your focus as to see only the child. Women matter.
- **The Shared Approach.** Learn from the successes and failures of others rather than reinventing the program. Wherever your team wants to go, it is likely that another team in another city has gone there before and will be willing to tell you all about their experiences. Use existing model practices whenever possible.

## Recommendations

---

- **Involve Communities of Color.** As the HIV epidemic continues to concentrate into communities of color, it is critical to assure their representation and active engagement in prevention collaborations. Their voices must be included, especially in the planning of models of practice, service development, and linkages.
- **Develop and implement a strategic community plan.** We encourage communities to utilize a group process to develop systematic, data driven approaches to address HIV prevention and perinatal HIV transmission. A community planning process with mutual accountability will help sustain efforts and promote lasting systems changes.
- **Integrate MCH and HIV.** We urge communities to begin by developing an action plan aimed at engaging key MCH and HIV decision makers and responsible persons. The plan should include set deliverables and due dates of completion.
- **Start with What Works.** Once the right players are at the table, we encourage communities to identify model practices for initial implementation. Early success with proven programs will lead to long-range planning and sustainability.
- **Educate, Educate, Educate.** Educate and empower community leaders to acknowledge and herald the need to address the growing epidemic of HIV among women of childbearing age. A social marketing campaign targeted at your community's hardest-to-reach women is also an essential component of any perinatal HIV prevention initiative.
- **Use Creative Financing.** In order to implement early initiatives, communities should seek to leverage support and resources (e.g. money, people, materials, time, etc.) across multiple partners and systems. No one organization has to carry the entire load. This approach also leads to the integration of interventions across systems.



# CityMatCH Commentary

The prevention of transmission of HIV from mother to child presents a special opportunity to examine what it takes to translate science into action. In the United States, the clinical diagnostic and treatment remedies are proven and available, including rapid testing in labor and delivery and ZDV. The number of cases of perinatal HIV transmission has fallen precipitously to under 200 per year. Elimination of transmission in this country is possible. Yet nonclinical barriers persistently get in the way, putting elimination beyond our reach. As we move toward zero transmission, the women still infected become harder to reach, for they often are at the margins of our communities, knotted by a complex web of social challenges.

Strategic, coordinated outreach is needed to engage and invite the hardest-to-reach women for testing, treatment, and care. And there lies the other set of barriers: fragmented, incomplete efforts from multiple sectors undermined by inadequate knowledge, and exacerbated by poor communication and coordination. Leadership and accountability for preventing perinatal HIV transmission has been unclear or inexplicit in the urban areas most affected. And within the local public health agencies serving these jurisdictions, the “MCH” and “HIV/AIDS” units responsible for better outcomes have remained separate and siloed.

The work of CityMatCH under its cooperative agreements with CDC has focused on non-clinical barriers to prevention, with explicit attention to the disconnect between public health initiatives and interventions for women and children’s health and those targeting HIV/AIDS prevention and treatment. The resounding messages from both the Urban Prevention Collaborative (UPC) and Urban Learning Network (ULN) teams are clear:

- Greater impact is possible when MCH and HIV sectors work together to prevent mother-to-baby transmission.
- The work of integration between MCH and HIV programs is really hard to do alone within an agency and within a city given structural and political conditions.
- Overcoming political, financial, administrative, and interpersonal constraints in complex urban environments is helped immensely by well-organized and structured facilitation from a valued entity outside the jurisdiction.
- Taking strategic action as an urban community to prevent perinatal HIV is more successful when planned and executed as part of a multicity collaborative that enables peer support, technical assistance, and cross-fertilization of ideas and initiatives.

The profiles featured in this publication reflect the collaborative work of teams of dedicated leaders for MCH and HIV, and their partners in over a dozen of the urban areas most affected by mother-to-baby transmission. They illustrate seven overarching prevention strategies every community can embrace to advance the health of their women and children:

- A. Educate and train medical and other health care providers as well as public health practitioners so that they are aware of the local challenge of perinatal HIV transmission and have the best knowledge and skills to prevent, diagnose, and treat it, together.
- B. Educate all women in the community about HIV and how to prevent its transmission during pregnancy, through effective outreach and social marketing.

- C. Establish evidence-based community-wide standards of care for the prevention and treatment of perinatal HIV that are known, understood, and utilized by all practitioners.
- D. Enhance understanding, availability, and utilization of optimal HIV testing before, during, and following pregnancy.
- E. Integrate perinatal HIV prevention and treatment into all related care and services for women, including in primary care, violence prevention, family planning, WIC, and other MCH services.
- F. Strengthen the network and promote greater collaboration within and across agencies and sectors and among the full range of providers and partners to support integration for women and children's health and well-being.
- G. Sustain and improve assessment and surveillance of perinatal HIV to assure community understanding of its current status and trends.

**Bottom line:** change is possible, and even likely when the many efforts of committed people and institutions are aligned for a common result. In the urban communities most affected by the challenge of perinatal HIV, that alignment is yielding tangible results. Moreover, systems of care for urban women and their children are being strengthened as well for impact that can endure beyond the immediate opportunity of eliminating perinatal HIV transmission in the United States.

How long and how well the over dozen cities engaged in the UPC and ULN will sustain their efforts locally and/or connect with their urban counterparts in other urban areas is unknown. This publication offers one mechanism to foster their continued exchange and invites other communities to join them in making a greater difference, together.



# Perinatal HIV Prevention Profiles

## Prevention Strategies Table



CityMatCH Perinatal HIV Urban Prevention Collaborative and Urban Learning Network Prevention Strategies

- A.** Educate and Train Providers
- B.** Educate Women about Perinatal HIV (Outreach and Social Marketing)
- C.** Improve Standards of Care for Perinatal HIV
- D.** Enhance HIV Testing (Rapid, Opt-out, Universal)
- E.** Integrate HIV Prevention/Treatment into Related Care for Women (Primary, MCH, FP, WIC)
- F.** Strengthen Collaboration Across Sections and among Partners and Providers
- G.** Improve Community Assessment (FIMR Expansion)

City	Leading Prevention Strategies	Page
Atlanta, GA	D, F	12
Jacksonville, FL	E, F	14
Los Angeles, CA	B, D	17
Philadelphia, PA	D, E	20
San Diego, CA	A, C	23
Washington, DC	E, F	27
Baton Rouge, LA	A, D	31
Detroit, MI	A, E, G	33
Indianapolis, IN	E	35
Little Rock, AR	A	37
Orlando, FL	E, F	39

table 1



# Atlanta, Georgia

Fulton County Department of Health and Wellness

## Team Description

The Atlanta, GA Urban Prevention Collaborative (UPC) team is comprised of five core members. Four of these core members are based at the Fulton County Department of Health and Wellness, and combine over 60 years experience in local public health. The final member of the core team is located in the State Office of STD/HIV Prevention.

The core members of Atlanta’s UPC team describe their work together in the following statement.

“Our team is very committed and passionate about the work we are doing. We work very well together. There is no turf guarding. While we did lose one team member to retirement, two of our members have been with the project from the start. We are also pleased that our health department received an additional \$750,000.00 from the Board of County Commissioners to enhance our HIV services to pregnant women and those women seeking family planning services.”

Together, this team serves Fulton County’s urban population of 850,000. The team reports that 5,529 county residents are living with HIV – 809 are women over the age of 13. When asked about their efforts to prevent perinatal HIV transmission, the team notes that their effectiveness has greatly improved in recent years with additional funding in hand from the Board of County Commissioners. However, they see an ongoing need among nursing staff in understanding the importance of offering opt-out testing (i.e. routine testing with an opportunity to decline) to women seeking family planning and obstetric services.

## Project Descriptions

With six years invested in the CityMatCH UPC, the Atlanta team has planned and implemented a wealth of perinatal HIV prevention projects. For this publication, the team chose to provide snapshots of two projects that address strategies for increasing HIV testing rates among pregnant women and improving community collaboration. For more information on these projects, see the contact information provided at the end of this profile.

### Project One: Opt-Out Testing in Family Planning Clinics

**Issue Addressed:** Missed opportunities for identifying and testing at risk women.

**Strategy Used:** Provide HIV screening to women while they receive a pregnancy test and during their visit for Family Planning services.

**Work Completed:** Educated staff, collaborated with county STD/HIV unit, applied for and received a \$36,000 CDC grant to provide opt-out testing to pregnant women.

**Barriers Encountered and Overcome:** Staff and patient attitudes. Educated staff, shared data and information on reducing and eliminating perinatal HIV transmission.

**Results/Outcomes:** More women agreed to be tested; improvement in staff attitudes and cooperation; more women know their HIV status.

**Funding:** Braided funding from CDC, Title X, and County/State.

## Project One: Opt-Out Testing in Family Planning Clinics

**Replication Advice:** It is extremely important that your staff buy into the importance of opt-out testing and that you have a clear, simple message for patients to encourage them to get tested. Make sure you have the data and are able to present it in a clear and succinct manner. Look to partner with agencies – local, state, and federal – to fund and sustain services.

## Project Two: Making the Net-Work

**Issue Addressed:** Lack of collaboration and referral mechanisms.

**Strategy Used:** Met with community agencies, provided training, data, and technical assistance.

**Work Completed:** Developed a referral mechanism between the Fulton County Health Department, AIDS Atlanta, and Atlanta Healthy Start.

**Barriers Encountered and Overcome:** Turf guarding. This was overcome by offering services such as sharing data and information, writing support letters for one another's grants, and in general, recognizing the mutual benefits of collaboration.

**Results/Outcomes:** A referral mechanism was established. Atlanta Healthy Start was funded for an additional year by HRSA, and the health department received an additional \$750,000 from the Fulton County Board of Commissioners to improve and enhance HIV/AIDS services.

**Funding:** County funds.

**Replication Advice:** Meet with potential partners. Share up-to-date pertinent information and data. Show how collaboration will benefit partners and their clientele. Make it a “win-win” situation for everyone.

## Lessons Learned

When asked to provide their greatest lesson learned, the Atlanta team related the following:

“Collaboration works. Our team found that developing an integrated system of referral mechanisms, combined with educating providers, partners, and patients, increased testing rates and linkages to other needed services and resources.”

On that same note, the Atlanta UPC team offered the following recommendations to communities interested in adopting a community-wide perinatal HIV prevention initiative.

“To ensure success, agencies, health departments, and community collaboratives must be focused and committed. Make sure the following steps are taken: 1) organize resources and activities to inform and educate the community; 2) educate health care providers; and, 3) establish case management and referral systems for linking patients to needed services and resources.”

## For more information on this profile please contact:

Juliet Cooper, MS  
Director of Nursing  
Fulton County Department of Health and Wellness  
Phone: 404-730-1561 or 1566  
E-Mail: [Jucooper@dhr.state.ga.us](mailto:Jucooper@dhr.state.ga.us)

# Jacksonville, Florida

Duval County Health Department

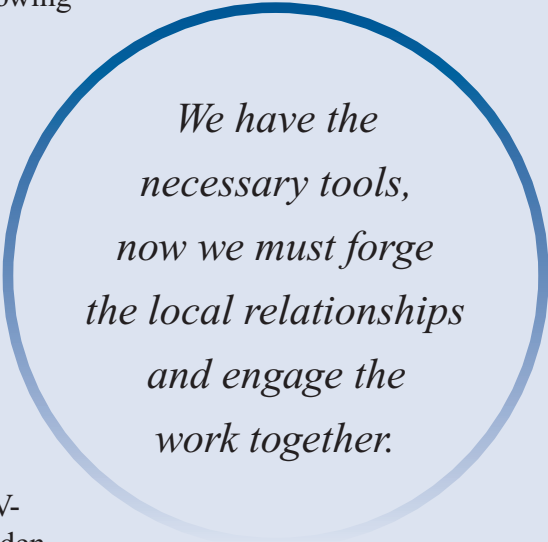
## Team Description

Jacksonville, FL's Urban Prevention Collaborative (UPC) team is comprised of six core members. Three of these members are based in the Duval County Health Department. The remaining members are located at the River Region/Minority AIDS Coalition, the TOPWA (Targeted Outreach for Pregnant Women Act) Program, and the Azalea Project (an inner-city program for women and children).

The Jacksonville UPC team reported the following concerning their team's work and dynamics:

"We are a unified team that has identified the "problem" and stayed focused on the issues. There has been a growing effect from our collective focus on HIV prevention. Our progress has been sustained by seeing a decrease in the number of HIV-positive babies being born, an increase in the number of HIV-positive women being positively impacted through our efforts, and through receipt of continued funding for one of our major programs that addresses perinatal HIV/AIDS."

The Jacksonville UPC team serves the county of Duval, FL with a population of approximately 800,000. The team reports that 4,976 residents are living with HIV – 1,693 are women over the age of 13. In the last three years, one HIV-positive baby has been born to over fifty women identified as HIV positive.



*We have the  
necessary tools,  
now we must forge  
the local relationships  
and engage the  
work together.*

## Impact of the UPC

Members of the team were recently asked how their participation in the CityMatCH UPC had impacted perinatal HIV prevention in their community. The team's response was three-fold.

- 1) The CityMatCH-Developed MAPS (Mapping AIDS Prevention Strategies) Exercises. These exercises helped our team to systematically address the issue of perinatal HIV in our community through the identification of key players, collaborative community efforts, and prioritization of the issues.
- 2) Reaching the Hardest to Reach Women. Through support and guidance from the CityMatCH processes and trainings, our team developed and successfully implemented a plan to better reach the hardest to reach women in our community.
- 3) Increasing Testing Rates. This has been an ongoing focus of our team. We are pleased to know that our efforts have led to more women knowing their HIV status.

## Project Descriptions

The Jacksonville UPC team has developed two project overviews for inclusion in this publication. The projects highlight the team's successful efforts to identify and collaborate with a variety of community partners. For more information on these projects, see the contact information provided at the end of this profile.

### Project One: Community Collaboration

**Issue Addressed:** Services were being duplicated across the community and agencies were not working effectively together to maximize community funding. We set out to assess what was happening in our community regarding perinatal HIV services and to change the "silo" effect and bring about a decrease in duplicated efforts.

**Strategy Used:** Identified and invited all of the community people that were providing HIV activities; particularly focusing on perinatal services.

**Work Completed:** A facilitator took us through a process of identifying our strengths, weaknesses, liabilities, and assets to develop a plan of collaboration and cooperation.

**Barriers Encountered and Overcome:** Turf guarding and secrecy about funding. These barriers were overcome through the development of mutually beneficial partnerships.

**Results/Outcomes:** More collaboration and interagency referrals. A resource directory was developed and made available to the community.

**Funding:** 1) Florida Bureau of HIV/AIDS funded the facilitator's fees and development of the directory; 2) Collaborative partners funded expenses associated with meeting space, printing, advertisement, and lunch.

**Replication Advice:** Make sure that the facilitator understands what you are trying to accomplish. Allow adequate time to advertise the event. Include members of your target population. Strategize on who needs to be invited. Consider all aspects of HIV and preventive care.

### Project Two: WIC and Integration

**Issue Addressed:** We wanted to determine how we could provide services for hard-to-reach women who were already receiving services through the WIC Program (we had previously failed to identify WIC as a resource for possible partnership in testing hard to reach women).

**Strategy Used:** Our plan was to certify WIC staff as pre- and post-test counselors, and offer HIV testing to each woman receiving WIC services.

**Work Completed:** WIC nutritionists were trained and certified, in collaboration with the Duval County Health Department's HIV/AIDS Program Office. We produced a video to play in the waiting room to encourage women to think about HIV and ask about testing.

**Barriers Encountered and Overcome:** Getting buy-in from WIC staff members. We provided education and addressed their concerns during several trainings.

**Results/Outcomes:** Availability of HIV testing at time of WIC certification and linkage to services as appropriate.

**Funding:** HIV/AIDS Program Office, \$750 for the video and staff time.

## Project Two: WIC and Integration

**Replication Advice:** Get staff buy-in on the importance of integrating HIV and WIC for the purpose of HIV testing. Identify some other programs in which the same integration process could be used.

### Recommendations

Based on their experiences, the Jacksonville team offered the following recommendations to other communities.

“It is important to first clearly identify your specific perinatal HIV prevention population. Conduct a needs assessment to include all services and programs related to perinatal HIV, and those serving pregnant women and women of childbearing age. Identify your key players and potential partners. Determine common goals and objectives that multiple partners can get behind. Develop an action plan that identifies responsible persons and the anticipated date of completion. Monitor your progress and make changes to your plan as needed. In other words, develop a good community plan that most of the players are willing to trust and implement. Most of us have done this for other community concerns, but many of us have yet to bring it to the prevention of perinatal HIV transmission. We have the necessary tools, now we must forge the local relationships and engage the work together.”

### For more information on this profile please contact:

Helen Jackson, PhD  
Director, Division of Community Nutrition Services  
Duval County Health Department  
Phone: 904-665-2525  
E-Mail: [helen\\_jackson@doh.state.fl.us](mailto:helen_jackson@doh.state.fl.us)

Jackie Nash, LCSW  
HIV/AIDS Prevention Coordinator  
Duval County Health Department  
Phone: 904-665-6589  
E-Mail: [jackie\\_nash@doh.state.fl.us](mailto:jackie_nash@doh.state.fl.us)

# Los Angeles, California

Los Angeles County Department of Health Services



## Team Description

The Los Angeles County, CA Urban Prevention Collaborative (UPC) team is a diverse collaborative of community leaders, public health advocates, and health care providers. Over its six years of participation in the UPC, the team has been successful in mentoring and developing leaders in the field of HIV – key advocates within their setting in preventing perinatal HIV transmission. Through it all, the team established itself as innovators and opinion leaders. The majority of team members are based in the local health department – the Los Angeles County Department of Health Services (LAC DHS) – in Maternal, Child, and Adolescent Health or the Office of AIDS Programs and Policy.

*Strong will,  
commitment,  
new ideas, shared  
and attainable goals,  
and ongoing interest by a  
variety of organizations  
and institutions will  
continue to propel  
us forward.*

Los Angeles County UPC team members serve the most populous county in the nation (10,226,506 as of January 2005) and one of the largest counties geographically with 4,084 square miles of territory. The team reports that 42,500 residents are HIV positive and aware of their status; an additional 14,200 residents are HIV positive, but unaware of their status. The team notes that there are 4,900 HIV-positive women over the age of 13, approximately 106 annual births to HIV-positive women, and two to three cases of perinatal transmission per year.

The team provides the following overview of their work together:

“The Los Angeles County Urban Preventive Collaborative (LAC UPC) team is the only group within the LAC DHS that brings together different programs and other countywide programs to discuss issues around the prevention of perinatal HIV transmission. Without this group, there would be a void in the county’s DHS to address concerns about perinatal HIV transmission in the county.

Our team’s work together can be characterized as a collaborative between large countywide entities and community members. The LAC UPC team has demonstrated continuity by the participation of long-standing members since the group’s inception, and has been sustained over the years by a wealth of members’ dedicated commitment to perinatal HIV prevention. We continue to be moved by the missed opportunities for prevention within our county that result in infected babies. California’s recent legislation on HIV counseling and testing has solidified the group to tackle related issues. Strong will, commitment, new ideas, shared and attainable goals, and ongoing interest by a variety of organizations and institutions will continue to propel us forward.”

## Project Descriptions

Of the numerous projects undertaken by the Los Angeles County UPC team, three were selected for inclusion in this publication. The projects highlighted below provide strong exam-

ples of effective rapid HIV testing, peer education, and social marketing initiatives. For more information on these projects, see the contact information provided at the end of this profile.

### Project One: Rapid HIV Testing in Labor and Delivery

**Issue Addressed:** Our team has identified the lack of consistent policies in our labor and delivery hospitals regarding rapid HIV testing for women without prenatal care or documentation of the HIV test in their prenatal record.

**Strategy Used:** First we wanted to establish that rapid testing is consistent with new California legislation and get it endorsed as a part of the standards of care.

**Work Completed:** We rewrote the Standards of Care for Perinatal Prevention and Care and got the standards approved and endorsed by the AIDS Commission and LAC DHS. Our next step will be to work with the hospitals to get rapid testing on board in their labor and delivery rooms.

**Barriers Encountered and Overcome:** There is no group to permanently take over the work of implementing and monitoring rapid testing at all labor and delivery rooms.

**Results/Outcomes:** Updated and endorsed Standards of Care; additional results are unknown at this time – too early to evaluate.

**Funding:** None, as of yet. We hope to work with the state to be involved with the funding of a program to institute rapid testing in LAC labor and delivery rooms.

**Replication Advice:** We have an AIDS Commission Board Member as a member of our UPC team. This helped to get our Standards of Care accepted and endorsed. The broad representation on our team of expert clinicians, university faculty and researchers, community organizations, and LAC DHS staff strengthened the team’s credibility and ensured that all important aspects of the project were adequately addressed.

### Project Two: Training of Promotoras

**Issue Addressed:** This was a peer-to-peer model that involved African American and Latina women of child bearing age to recruit and inform other women about HIV testing during prenatal care.

**Strategy Used:** Key staff implemented participatory models with local community-based agencies that work with high risk women.

**Work Completed:** We conducted focus groups and quantitative data collection to shape and guide the work. Eventually, over 200 women of child bearing age were reached and educated about the importance of HIV testing.

**Barriers Encountered and Overcome:** There were barriers around immigration status, transportation access, and literacy issues that were overcome by using a peer-to-peer approach. Additional barriers included those inherent to successfully implementing a participatory model.

**Results/Outcomes:** At a local level we were able to engage a large number of women, build relationships with local clinics, and promote understanding about HIV counseling and testing in general and the new California law specifically.

**Funding:** The Office of AIDS Programs and Policy had a grant from the California State Office of AIDS for \$120,000 a year.

## Project Two: Training of Promotoras

**Replication Advice:** Form solid and participatory relationships with local community agencies that already provide services for women who are pregnant or have recently been pregnant. Build on existing empowerment models that encourage disadvantaged and hard to reach women to access health care.

## Project Three: Social Marketing Campaign

**Issue Addressed:** The Office of AIDS Programs and Policy launched an at-large social marketing campaign to also focus specific attention on pregnant women.

**Strategy Used:** Billboards, bus signs, posters, and public service announcements were utilized to encourage testing. Partnerships were made with community clinics to display posters. As a component of the peer-to-peer model, the Promotoras (discussed above) also assisted in posting materials in community venues (e.g., Laundromats, beauty salons, community centers, etc.).

**Work Completed:** Materials were successfully and widely distributed and posted.

**Results/Outcomes:** Wide distribution of materials that address HIV testing during pregnancy.

**Funding:** Office of AIDS Programs and Policy used funds from their general budget.

**Replication Advice:** This is very costly!

## Lessons Learned

The Los Angeles County UPC team offers the following lessons learned for consideration by other communities interested in perinatal HIV prevention:

“Three things are critical for the success of our work: 1) key players such as providers, ancillary staff, community leaders, peers, and decision makers who are invested in the prevention and care of perinatal HIV; 2) money specifically earmarked for perinatal HIV prevention activities such as routine HIV screening of all pregnant women and peer-to-peer education models; and, 3) gathering interested people from various organizations and institutions to collaborate under a formalized structure/framework such as the CityMatCH Urban Prevention Collaborative.”

## For more information on this profile please contact:

Arthur Durazo  
Researcher  
Office of AIDS Programs and Policy  
Los Angeles County Department of Health Services  
Phone: 213-351-8354  
E-Mail: [adurazo@dhs.co.la.ca.us](mailto:adurazo@dhs.co.la.ca.us)



# Philadelphia, Pennsylvania

Philadelphia Department of Public Health

## Team Description

The Philadelphia, PA Urban Prevention Collaborative (UPC) team includes the participation of three entities in the Philadelphia area working together to prevent perinatal transmission: 1) the Division of Maternal, Child, and Family Health of the Philadelphia Department of Public Health; 2) the AIDS Activities Coordinating Office (AACO); and, 3) the Circle of Care, a Ryan White Title IV Program housed in the Family Planning Council.

The Philadelphia team describes their work together in the following statement:

“Our data suggest that we have been moderately successful in reducing perinatal HIV transmission. We would like to see mother-to-baby transmission at zero, but we are not there yet. Our involvement in the CityMatCH Urban Prevention Collaborative has led multiple entities within the city engaged in perinatal HIV prevention to work together for greater effectiveness. There is more awareness of perinatal HIV transmission – the issue is more visible – but our role as advocates for women and their babies must continue.

We have also faced significant barriers over the years, including decreased access to prenatal care (in the past four years, nine area hospitals have closed their labor and delivery suites); many women are uninsured and others are not aware of benefit programs; the problems of substance abuse and mental health issues keep women from accessing prenatal care; and, it remains difficult to reach some women and their providers. A sense of mission and mutual respect sustains our work.”

## Impact of the UPC

Members of the Philadelphia UPC recently reflected upon how their participation in the CityMatCH Urban Prevention Collaborative has impacted perinatal HIV prevention in their community – here is what they reported.

- 1) Pulled Agencies Together.** The CityMatCH Urban Prevention Collaborative gave different groups within the city the opportunity to sit down together, realize our common goals, and understand how we could all be more effective through collaboration. We learned that the whole is greater than its parts and informs all who are involved.
- 2) Advocacy Role.** Our participation in the national work sponsored by CityMatCH clarified, supported, and legitimized our team’s advocacy role within the health department and the community at large.
- 3) Rapid Testing.** Rapid HIV testing was a technology that emerged during the course of the CityMatCH UPC. Through the collaboration spurred by the UPC, we were able to develop and expand rapid testing capacity into the Philadelphia community.

## Project Descriptions

For this publication, the Philadelphia UPC team has chosen to highlight two of their community projects. The first project is a great resource on implementing rapid HIV testing in hospital labor and delivery units. The second project addresses integration of services. For more information on these projects, see the contact information provided at the end of this profile.

## Project One: Rapid Testing in Labor and Delivery

**Issue Addressed:** There was an increased number of unregistered women coming into labor and delivery units. This program was designed to make sure that the HIV status of these women was known before delivery so that treatment could be initiated, when needed.

**Strategy Used:** Outreach to provider community; networking; understanding the availability and importance of rapid testing in reducing perinatal HIV transmission, particularly among women who present in labor with unknown HIV status.

**Work Completed:** Contacted area hospitals and provided education/training; arranged an HIV meeting with the Obstetrical Society and provided education/training.

**Barriers Encountered and Overcome:** Difficulty reaching and engaging the provider community. This has remained a challenge, which is overcome primarily through hard work and persistence.

**Results/Outcomes:** We now have rapid testing in 3 of 10 delivery hospitals.

**Funding:** CDC perinatal prevention and Ryan White Title IV funding.

**Replication Advice:** 1) garner buy-in from everyone impacted by the program, including lab services; 2) think departmentally (i.e. departments in hospitals come together and determine how to implement any given program); 3) understand and address how rapid HIV testing will effect hospital policies and procedures; 4) take a team approach within the hospital; 5) ensure that the process for providing rapid HIV testing is clearly defined for everyone and integrated into hospital systems; 6) understand that the rapid testing policy must be written, in-serviced, and disseminated throughout the institution; 7) make sure the program is monitored; and, 8) also encourage testing in prenatal and family planning clinics.

## Project Two: Integration of Services for HIV-Positive Women

**Issue Addressed:** Services for HIV-positive women were geographically and temporally dispersed and difficult to access/obtain.

**Strategy Used:** Developed a system of integrated services in a district health center.

**Work Completed:** We met with all the staff at the health center to determine the needs of the HIV patients and developed a program that responded to those needs.

**Barriers Encountered and Overcome:** Our major barrier was convincing our obstetric practice to allow HIV-positive prenatal patients to stay in the public health centers instead of sending them to the high risk pregnancy clinic in their institutions.

**Results/Outcomes:** We developed a practice that included HIV primary care services, family planning, gynecology, pediatrics, nutrition, prenatal care, peer educator (bilingual), and case management, and then integrated all of those services.

**Funding:** Each community partner extended existing funded programs to incorporate integrated services in the piloted health center.

**Replication Advice:** 1) get all the players on board early and often; 2) together determine the needs of the patients and the resources required; 3) utilize existing resources as much as possible; and, 4) determine at the beginning how you are going to evaluate the program.

## **Recommendations**

---

The Philadelphia UPC team offers two succinct and critical recommendations to other communities working to reduce/eliminate perinatal HIV transmission.

“Integrate HIV and MCH. These are two separate worlds with common goals; we can be more effective if we work together.”

“Realize that the problem is more than the infected babies; it is the cohort of women of reproductive age who are at risk for HIV. Infection rates among these women are on the rise. Clearly, the ‘problem’ is far from over.”

## **For more information on this profile please contact:**

---

Marjorie Angert, DO, MPH

Director of Medical Affairs

Philadelphia Department of Public Health

Division of Maternal, Child and Family Health

Phone: 215-685-5261

E-Mail: [marjorie.angert@phila.gov](mailto:marjorie.angert@phila.gov)

# San Diego, California

County of San Diego Health and Human Services Agency  
Maternal, Child and Family Health Services



## Team Description

The San Diego, CA Urban Prevention Collaborative (UPC) team is working for prevention in a large and populous county. The team is based in the County of San Diego Health and Human Services Agency's Maternal, Child and Family Health Services (MCFHS) and is a joint initiative between MCFHS and the University of California, San Diego's Mother, Child and Adolescent HIV Program.

*Working within the CityMatCH project has helped us to more clearly identify goals, understand all relevant community factors, and monitor our progress.*

The team reports that 15,200 of the 2.9 million San Diego county residents are living with HIV, and estimates that 1,800 are women over the age of 13. Of these 1,800 HIV infected women, 35 to 40 give birth in a given year. The team further reports that no cases of perinatal HIV transmission have been identified in the last two years and that, among women in prenatal HIV care, no cases of transmission have been reported in the past 10 years.

The San Diego UPC team had this to report about their team's work together:

“Working within the CityMatCH project has helped us to more clearly identify goals, understand all relevant community factors, and monitor our progress. Our CityMatCH UPC work has been collaborative, integrating expertise and resources to accomplish common

goals. We shared the responsibilities for the tasks and sustained a strong common interest in reaching identified goals. We have stayed together because these goals are important public health goals that could not be addressed by any single entity.

We are pleased to have integrated clinical management and Ryan White resources, implemented important provider training activities, and forged stronger ties with prenatal providers in recent years. To ensure that our work is effective, we query our stakeholders, monitor outcomes, and evaluate the use of our brochures, standards, and educational presentations.”

## Impact of the UPC

The San Diego team has contributed a great deal to the CityMatCH collaborative over the years. Not the least of these examples is how the team has forged an effective working relationship between public health and the community's academic research facility.

The team is also appreciative of what they have learned and “borrowed” from other UPC teams. When asked what has been most helpful, the San Diego team submitted the following response:

“The San Diego team has effectively utilized the previous experiences of other communities to develop standards of care for HIV testing and care. After reviewing several models of standards, we convened a group of key stakeholders and developed a set of standards that

were reviewed, approved, and disseminated via the County of San Diego Health and Human Services Agency’s Maternal, Child and Family Health Services Branch. This project demonstrated the value of bringing people with different expertise, roles, and geographic location together to solve a challenging problem in a specific locality. Meeting with the other cities helped us as we learned a great deal from the successes, challenges, and mistakes of other UPC teams. We are thankful and pleased with the end product.”

## Project Descriptions

Two projects conducted by the San Diego UPC team are highlighted below. The first project provides insight on the development of an informational brochure. The second walks through the process the team took in developing standards of care for perinatal HIV prevention. For more information on either of these projects, please see the contact information at the end of this profile.

### Project One: Development of a Brochure on HIV and Pregnancy (English and Spanish)

**Issue Addressed:** We needed a brochure to help inform women. We also needed resources for production and distribution.

**Strategy Used:** Organized an interagency committee to plan and carry out the task.

**Work Completed:** We gathered people with expertise, developed a draft, reviewed it with the target population, and presented the draft in focus groups of high risk and HIV-positive mothers. We modified the draft accordingly, printed, translated into Spanish and organized distribution. We shared responsibilities and costs across participating agencies.

**Barriers Encountered and Overcome:** Barriers included limited financial resources and the limited availability of staff to oversee, develop, and produce a brochure. No single organization could commit the budget or staff time to rapidly develop the brochure so we opted for a slower, but feasible process. In spite of challenges, the committee persevered until completion. Funds were identified by sharing costs – one agency offered staff, another did focus groups and translation, the MCFHS found year-end dollars for the first printing, and then our University partner found funds for a second printing.

**Results/Outcomes:** We now have an informational tool for providers to use to educate women and promote HIV testing.

**Funding:** We utilized funds from MCH and the Ryan White CARE Act (Title I). While personnel costs are difficult to fully estimate, \$10,000 was expended on production and printing.

**Replication Advice:** Involve consumers in reviewing language and layout of brochures. Choose one individual to coordinate all aspects of the production and keep tasks on a timeline – even if that timeline is extended due to budgetary constraints.

## Project Two: The Development of Standards of Care for the Reduction of Perinatal HIV Transmission

**Issue Addressed:** Current efforts to reduce perinatal HIV transmission in San Diego were inadequate. While no infants followed in a Maternal Child HIV program have tested positive, a small number of HIV-positive infants continue to be born to mothers who are not tested or failed to identify their status. Studies also indicated uneven rates of prenatal HIV testing (Range 20-90%). Labor and delivery programs do not routinely test women, and none of our local hospitals were offering rapid HIV testing.

**Strategy Used:** Formed a community collaborative to develop HIV Standards of Care: guidelines to educate providers, promote more perinatal HIV testing, improve access to rapid testing, and assure that intrapartum HIV testing and care is available within all labor and delivery programs. Disseminated Standards of Care to prenatal care providers and hospitals. Monitored implementation of standards.

**Work Completed:** Our CityMatCH UPC team convened a Perinatal HIV Roundtable, which included HIV clinicians, public health workers, and prenatal providers. The committee defined the need for easy to use standards to guide perinatal HIV testing and prophylaxis treatment. To meet this need, the committee divided into two groups: 1) Perinatal HIV Testing and, 2) Perinatal HIV Treatment. The groups met, reviewed existing guidelines, discussed format, and relied heavily on external partners and resources (e.g. CDC/PHS guidelines, the American College of Obstetricians and Gynecologists, the Los Angeles County Standards of Care, etc.). Once group work was complete, the information was organized in a user-friendly document and made available in paper copy and on the web. The groups then began the work of disseminating and promoting the standards.

**Barriers Encountered and Overcome:** Competing time commitments; “turf issues” with categorical funding of projects; and, sustaining interest with relatively low HIV sero-prevalence and effective interventions. To overcome these barriers, the committee met regularly to ensure communication and address emerging issues. The committee also developed a common goal that unified our programs: Improving HIV testing and care across the community. Committee members also acknowledged that their collaboration was the only way to ensure the buy-in, proper development, dissemination, and implementation needed for the standards.

**Results/Outcomes:** Standards exist and are widely disseminated. Impact of standards is unknown; an evaluation is pending and will measure: 1) clinicians’ utilization of the standards to guide HIV testing and care; 2) improvements in rates of HIV testing among prenatal and labor and delivery patients; 3) increased access to antepartum and intrapartum perinatal HIV transmission risk reduction strategies; and, 4) reductions in perinatal HIV transmission across the community.

**Funding:** There was no formal budget. Contributors donated time; agencies shared costs.

**Replication Advice:** Collaboration was the key to this project. Recruit more committee members and, if possible, fund someone to manage the project. As with any document, the development of the standards required considerable time and effort. Set a tight timeline. Our process was drawn out due to lack of time among key personnel.

## **Recommendations**

---

The San Diego UPC team offers the following recommendations for consideration:

“Reducing the transmission of HIV from women to children requires a significant commitment of resources to educate women, train providers, and ensure access to testing and care. HIV prevalence among women of color continues to increase. HIV is associated with stigma, racism, poverty, substance abuse, and mental illness. These factors put women at risk for acquiring HIV and present challenges to our efforts to eradicate perinatal HIV transmission. Our team offers the following recommendations:

- 1) Community and public health systems need to develop strategies that reach all women – especially the hardest to reach, high risk women – with HIV prevention education, testing, and services that are culturally sensitive and linguistically appropriate.
- 2) Health care providers need to offer universal prevention education to sexually active women, preconception HIV testing, and HIV screening as a routine part of prenatal care at all points of entry to care. Health systems also need to be prepared to offer safe and effective treatment during pregnancy, delivery, and to the newborn.
- 3) There are numerous stakeholders within prevention, epidemiology, care, research, and HIV services, but resources are limited. Integration of these efforts is key in reducing HIV infection in women, improving HIV testing rates during pregnancy, and effectively delivering perinatal HIV risk reduction interventions throughout prenatal care and delivery. Efforts to link providers and systems can strengthen the capacity of the community to reduce the risk of perinatal HIV transmission.”

## **For more information on this profile please contact:**

---

Amethyst C. Cureg M.D.  
Chief, Maternal and Child Health  
County of San Diego Health and Human Services  
Maternal, Child and Family Health Services Branch  
Phone: 619-692-8808  
E-Mail: [Amethyst.Cureg@sdcounty.ca.gov](mailto:Amethyst.Cureg@sdcounty.ca.gov)

Mary Caffery  
Program Coordinator  
University of California, San Diego  
Mother, Child & Adolescent HIV Program  
Phone: 619-543-8080  
E-Mail: [mcaffery@ucsd.edu](mailto:mcaffery@ucsd.edu)

# Washington, District of Columbia

District of Columbia Department of Health



## Team Description

The Washington, DC Urban Prevention Collaborative (UPC) team is based in the District of Columbia Department of Health. The Maternal and Family Health Administration along with the HIV/AIDS Administration share responsibility for the project. The DC UPC team has also collaborated successfully with the locally-based Children's National Medical Center.

The team serves a population that has approximately 90 annual births to HIV-positive women, identifies five or fewer cases of perinatal HIV transmission annually, and operates under unique political and governmental structures.

The DC UPC team offered this overview of their work together:

“DC's UPC team has undergone several transformations in four years, primarily driven by changing personnel – almost annually. A key partner has been Children's National Medical Center, whose Family Connections program brings in a host of community and institutional partners. Memoranda of Understanding and service level agreements have worked to prioritize perinatal HIV prevention in the community. Projects conducted by our team include implementing our MCH prevention case management program; creating a training of trainers project for clinical providers; establishing a clinical advisory group to develop standards of care; developing workgroups for emerging priorities; surveillance and evaluation; and, rapid testing in labor and delivery.

The UPC model has provided us with a framework for addressing these issues and tools for identifying where we needed to weigh risks vs. opportunities and strengths. For every project, we outlined the framework, and brought in tools obtained from UPC participation. This has ensured that the work was done out of a shared framework. The critical value expressed throughout the work was an understanding that MCH and HIV needed to work jointly – needed to lead jointly.”

## Impact of the UPC

The DC team has contributed a great deal to the UPC. From the beginning they encouraged the collaborative to prioritize prevention among high-risk women before they became pregnant in order to ensure that primary prevention was not left out of the series of events leading to perinatal HIV transmission. This was already a critical component of DC's local programming given the increases in AIDS cases they were seeing among heterosexual women. The DC UPC team also gained a lot from other communities participating in the UPC.

“We obtained a successful media campaign developed by Atlanta's health department. This was replicated in the District and still serves as the primary mass media product for perinatal HIV prevention. It directs

*The critical value expressed throughout the work was an understanding that MCH and HIV needed to work jointly – needed to lead jointly.*

pregnant women to early HIV testing and is the only HIV prevention campaign that directs women to a maternal and child health hotline for information.

The DC team would like to thank all of the CityMatCH UPC teams for ‘linking’ to one another and, in the process, probably representing the best pool of thinking, strategy, and creativity on perinatal HIV prevention in one place. It was always a refreshing and invigorating process with many spikes of hope. We will continue to look for opportunities for impact and continue to learn and share – thanks to all.”

## Project Description

The DC team has offered one comprehensive project for review in this publication. This project addresses integrating programs and systems for perinatal HIV prevention. For more information on this project, please see the contact information at the end of this profile.

### Project One: Braided Programs and Systems Change for Perinatal HIV Prevention

**Issue Addressed:** The District sought to increase the capacity of the Maternal and Family Health Administration to address the HIV risk and HIV prevention needs of the women they serve.

**Strategy Used:** Through “braided funding” an HIV outreach specialty team is now integrated into the health department’s maternal and family health programs. This partnership places a social work case manager and three advocates within the DC Healthy Start Program. Additional capacity-building resources support development of best practices.

**Work Completed:** The HIV/AIDS Administration utilized supplemental perinatal HIV prevention funds (from CDC) to create health education/risk reduction activities for women reached in a Maternal and Family Health Administration outreach and case management program. The HIV/AIDS Administration funded the established Ryan White Title IV provider – the Children’s National Medical Center – to colocate outreach, prevention case management, and capacity-building expertise inside the Maternal and Family Health Administration. This also rounded-out Children’s National Medical Center’s Family Connection program strategy, which already shared resources (i.e. outreach personnel) with the Maternal and Family Health Administration, but needed a unifying element to leverage a more expansive and intensive program. The HIV/AIDS Administration’s provision of grant funding allowed Family Connections to colocate a prevention case manager, and to develop intake, referrals, and referral tracking processes from the Maternal and Family Health Administration to their Title IV program, and the health department’s counseling and testing program.

**Barriers Encountered and Overcome:** Colocating staff at DC Healthy Start (from Title IV- Family Connections) did not assure better referrals linkages or increased referrals for testing. To overcome this barrier, DOH had to provide increased in-service training activities for DC Healthy Start staff, including hotline operators, nurse case managers, women and men’s health initiative outreach staff and managers. Also, the Children’s National Medical Center developed a simple risk assessment tool for DC Healthy Start case managers to utilize to make referrals to HIV prevention case management intake. This increased their role and responsibility for identifying women who could benefit from having at least an initial counseling session with an HIV-prevention specialist.

## Project One: Braided Programs and Systems Change for Perinatal HIV Prevention

**Results/Outcomes:** Children's National Medical Center, as a result of on-going cooperative planning with the Maternal and Family Health Administration and the HIV/AIDS Administration, provided prevention case management to more than 155 women. In 2000, zero women were reached with prevention case management due to some of the barriers noted. In 2001, just eight women were reached. By the next year, 71 women were reached through prevention case management activities, with 29 receiving ongoing assistance in developing and working through an individual HIV risk reduction plan. In the same time frame, the number of outreach contacts increased from 175 women to 1,154 – all reached in conjunction with Maternal and Family Health Administration outreach activities. 2002 represented the peak year on this initiative as other program activities shifted priorities to mass media and partnering with a local clinic to provide HIV counseling to Latina women.

There are also systems changes noted. The HIV risk assessment is now a part of the intake protocol for DC Healthy Start Case Management. DC Healthy Start intake forms have been modified to include information about the client's knowledge of her HIV-status and HIV testing history. Annual in-service training activities for the Maternal and Family Health Administration are now routine. Family Connections has experienced an increase in the number of direct referrals from the Maternal and Family Health Administration, especially in the last year. This is early evidence that the need has been identified and that the Maternal and Family Health Administration has increased its capacity to have a direct route to community-based HIV prevention services.

**Funding:** The HIV/AIDS Administration utilized supplemental perinatal HIV prevention funds at approximately \$100,000 per year between 2000-2004. Additionally, in-kind support from both the Maternal and Family Health Administration and the HIV/AIDS Administration staff allowed for oversight and coordination of all activities. The Maternal and Family Health Administration provided funds and personnel – via local DC Appropriations – to support training, media activities, and operations (e.g. space, administrative support, etc.) at approximately \$65,000 per year.

**Replication Advice:** It is critical to do the in-service training and technical assistance activities up front. This would help to create a context for this strategy for all parties. The HIV/AIDS Administration brought into an existing structure the expertise of an HIV prevention partner, but had not done the initial work of ensuring that the front line Maternal and Family Health Administration staff saw the same needs and value of making this a priority. Prevention case management must be maintained as a distinct HIV-prevention intervention and not serve to replicate case management services that are provided through MCH programs. Providing MCH personnel with training and risk assessment tools helps to increase the number of appropriate referrals to HIV prevention services.

## **Lessons Learned**

---

Looking back on their work, the DC UPC team recognized the following lessons learned:

- 1) MCH and HIV have to operate equally as partners in planning, but the expertise of existing HIV prevention program administrators and community stakeholders has to be brought to MCH. Perinatal HIV programs and women's HIV prevention cannot be addressed without bringing in maternal and family health providers.
- 2) It is important that a framework is established so a team can anchor strategies to events that will prevent even just one perinatal HIV transmission. This means looking at what can happen from the consumer's perspective as well as from providers' and policy makers' purviews.
- 3) Team-building is just as important as planning, programming, and policy making.
- 4) Connecting with other cities and stakeholders is critical. It saves time and resources.

## **For more information on this profile please contact**

---

Clara Ann McLaughlin  
Supervisory Public Health Analyst  
DC Department of Health, HIV/AIDS Administration  
Phone: 202-671-5093  
E-Mail: [clara.mclaughlin@dc.gov](mailto:clara.mclaughlin@dc.gov)

# Baton Rouge, Louisiana

## East Baton Rouge Parish Health Unit



The Baton Rouge, LA Urban Learning Network (ULN) team focused a good deal of initial attention on team building. Twenty-three persons make up their ULN team. The team is based in East Baton Rouge Parish, and includes representatives from numerous community-based organizations, including Family Services of Greater Baton Rouge, Metro Health, Volunteers of America, and Woman's Hospital.

The Baton Rouge ULN team works in the East Baton Rouge Parish with a population of 415,000. The team reports that in 2004 there were 258 new HIV infections among their population. Additionally, they note that 1,093 women over the age of 13 are living with HIV, and 60 births to HIV-positive women occur every year. Their most recent data (2003) indicate two cases of perinatal HIV transmission.

The team also notes a great deal of HIV prevention challenges in their community; they offer the following:

- The public health care system is overwhelmed;
- Social and cultural stigma continue to surround HIV;
- Women continue to be infected by men who know they are positive, but have not revealed their status;
- Denial remains common when it comes to HIV;
- HIV rates are high;
- The HIV-infected population is less educated;
- There is a high incarceration rate – one maximum security prison and four state penitentiaries in the area;
- High syphilis rate;
- No sex education in school – promoting abstinence plus disease information;
- Lack of provider knowledge regarding magnitude of the problem;
- Uncertain future for the existence of Earl K. Long Medical Center (State Charity Hospital);
- High poverty rate;
- Little funding.

Despite these challenges, the Baton Rouge ULN team is committed to the work of prevention and has elimination as their goal.

“The CityMatCH ULN has strengthened the existing collaboration in East Baton Rouge Parish by providing us a mechanism to network and share resource information. We have greatly benefited from the opportunity to hear national experts and meet colleagues with similar interests from other states. This, along with CityMatCH's guidance and assistance in helping us get organized, has helped to refine and validate our community's work. We are happy to report that our perinatal HIV prevention team works well together. We meet periodically and work jointly on our strategic plan. Our work has been sustained by our commitment to eliminate perinatal transmission of HIV.”

## Project Description

The Baton Rouge ULN team selected one project for inclusion in this publication. The project focuses on improving HIV testing rates among pregnant women in their community. For more information on this project, please see the contact information at the end of this profile.

**Issue Addressed:** Increase the number of pregnant women who are tested for HIV during pregnancy – data indicated that not everyone was being tested.

**Strategy Used:** We developed a mass mailing of the latest guidelines for HIV testing of pregnant women along with treatment guidelines for HIV-positive women and their babies. The mailing went to all OB-GYN providers in the parish.

**Work Completed:** Researched and assembled guidelines and standards of care; drafted letter, reviewed and revised with team; printed letter with attachments and completed mailing.

**Barriers Encountered and Overcome:** Time and mechanics. In order to overcome these common barriers we were able to use volunteer student workers.

**Results/Outcomes:** Worked with MCH to change the PRAMS instrument to include specific questions about HIV testing and counseling.

**Funding:** CDC perinatal HIV prevention dollars received by the state.

## Lessons Learned

The Baton Rouge ULN team has much to show for their work. Despite the ongoing challenges they noted above, the team is aware of many prevention strengths.

“Although we feel like we have a long way to go, Baton Rouge also has many fine prevention systems in place that we must acknowledge and maximize.”

- Infected women in prenatal care are receiving standard of care treatment;
- Automatic referral of HIV-exposed infants into Ryan White-funded home-based care;
- Rapid testing in labor and delivery on those women who have no documented test results;
- Standards of care for HIV-exposed infants are being promoted in local labor and delivery hospitals;
- Office visits are being made to OB/GYN providers to provide overall perinatal education (including HIV);
- Ability to electronically access private lab results;
- CDC-funded EPSS (Enhanced Perinatal Surveillance System) project in place;
- Fast Track System of identifying moms and babies who have fallen out of care and assist them in reconnecting to care;
- Governor's Health Care Reform for Region 2 has prioritized STD's including HIV for the Health Education/Promotion and Access to Care Subcommittee;
- One Health Educator is being hired to do counseling and rapid testing in all family planning clinics throughout the region.

## For more information on this profile please contact:

Jamie Roques, RNC, MPA, MPH  
Public Health Regional Administrator  
Louisiana Office of Public Health

Phone: 225-925-7203  
E-Mail: [jroques@dhh.la.gov](mailto:jroques@dhh.la.gov)

# Detroit, Michigan

Detroit Department of Health and Wellness Promotion



The Detroit, MI Urban Learning Network (ULN) team is a collaboration between the Detroit Department of Health and Wellness Promotion, the Michigan Department of Community Health, the AIDS Consortium of South East Michigan, the Wayne State University/Detroit Medical Center, and various community partners. Fifteen individuals comprise their team, and report the following in regards to their team.

“There is a coordinated and supportive effort between the city, state, and county to prevent perinatal HIV transmission. The Detroit ULN team met nine times in our first 15 months, and traveled to two on-site meetings with the larger ULN. Our team has stayed together because of our passion and commitment for perinatal HIV prevention. Together, we have identified prevention strengths, gaps, and barriers, developed a mission, and made the most of our community’s unique opportunities for change.”

The Detroit ULN team provides prevention services to a population of 951,000 persons. They report that 4,668 are living with HIV – 1,301 are women over the age of 13. They further report that 18 births occur annually to HIV infected women, resulting in fewer than five cases of perinatal HIV transmission.

## Impact of the ULN

When asked how the CityMatCH ULN experience has impacted the Detroit team’s work to prevention perinatal HIV, the team had the following to report:

“We learned how to plan for the implementation of known perinatal HIV prevention systems and techniques. As a result of our work, we believe we are now ready to seize four important prevention pillars.

1. We will take hold of the opportunity to reach more women for HIV counseling, testing, and education.
2. We will expand the prevention scope to all women of child bearing age.
3. We will expand the education and prevention message to all relevant community physicians.
4. We will realize fewer “missed opportunities” for counseling, testing, and prevention.

## Project Descriptions

The Detroit ULN team submitted three planned projects to be implemented in the coming months. For more information on the planning of these projects, or to learn about their subsequent impact, please see the contact information at the end of this profile.

### Project One: Enhanced HIV Education in WIC

**Issue Addressed:** Our team determined that we needed to provide HIV information and education to more women in Detroit. The intent of providing this information and education is to increase counseling and testing rates.

**Strategy Used:** Our plan involves having a Health Educator provide HIV education and training at WIC clinics throughout the city.

**Work Completed:** Initiative to begin in Summer 2005.

## **Project Two: HIV/AIDS Training Update for the Health Department, MCH Staff, and Partners' Staff.**

**Issue Addressed:** Increase MCH staff knowledge of HIV/AIDS programs, policies, laws, services, and opportunities so they can provide education and referrals for MCH clients.

**Strategy Used:** Scheduling Fall 2005 workshops for MCH staff to provide HIV 101 training, which will include prevention of mother-to-child transmission, rapid HIV testing, and how to see and seize opportunities to connect women to services. Our strategy will involve Family Planning, WIC, Children's Special Health Care Services, MCH Outreach, clinics, Healthy Start staff, and partners.

**Work Completed:** Planning for Fall 2005.

## **Project Three: Application of FIMR to Perinatal HIV Prevention**

**Issue Addressed:** Some cases of perinatal HIV transmission continue to occur. It is believed that the application of a sentinel event methodology (i.e. FIMR – Fetal and Infant Mortality Review) will help to identify areas where prevention systems can be implemented, improved, etc.

**Strategy Used:** Use Detroit's existing FIMR program infrastructure to "add on" a perinatal HIV component to study cases of infant HIV exposure. Analyze cases and make recommendations for program and policy changes.

**Work Completed:** Submitted application to the National Fetal and Infant Mortality Review Program to participate in a perinatal HIV/FIMR pilot project to begin Fall 2005.

## **Lessons Learned**

The Detroit ULN team offers the following lessons learned:

- Building bridges between the HIV Programs and MCH Programs takes time, commitment, and leadership.
- MCH staff needs training on HIV/AIDS as well as the tools and opportunities required to provide adequate perinatal HIV prevention.
- Special initiatives need dedicated resources and a dedicated facilitator/project coordinator to maintain partnership.

"As a team, we will continue to focus on results and seek additional funding opportunities in order to realize our goals."

## **For more information on this profile please contact:**

William Ridella, MPH, MPA  
General Manager, Family and Community Health  
Detroit Department of Health and Wellness Promotion  
Phone: 313-876-4228  
E-Mail: [Ridellaw@health.ci.detroit.mi.us](mailto:Ridellaw@health.ci.detroit.mi.us)

# Indianapolis, Indiana

Marion County Health Department



The Indianapolis, IN ULN team is based in the Marion County Health Department and has

four core members working in the areas of maternal and child health and HIV/AIDS prevention and care. They offer the following initial synopsis of their work together:

“We are a new team. We have a great deal of interest in bridging our gaps in knowledge and services regarding how Maternal and Child Health Programs and HIV/AIDS Programs at the Marion County Health Department can work together to develop a preventative plan for eliminating perinatal HIV transmission. That interest – and health department need – is sustaining our work.”

Marion County has a population of 860,000. The team reports that 1,429 residents are living with HIV – 290 are women over the age of 13. For their most recent year of data (2004), they indicate that 14 HIV-positive women gave birth. Finally, the team notes a cumulative total of 32 cases of perinatal HIV transmission from 1987 through the first quarter of 2005.

## Impact of the ULN

The Indianapolis ULN team agrees that the ULN has, “Opened communication between HIV/AIDS staff and MCH staff.” They reflect on this progress in the following statement.

“Maternal and Child Health (MCH) staff and HIV/AIDS staff at the Marion County Health Department were not specifically addressing perinatal HIV prevention prior to the ULN. That is not to say that no work was being done. Perinatal HIV risk assessments were being completed on pregnant women and referrals were being made as needed by MCH staff. Additionally, relevant health education was being conducted by both MCH and HIV/AIDS staff. Finally, screening, testing, counseling, referral, and outreach was being conducted by HIV staff. The problem was that these services were siloed. Ultimately, the ULN has afforded MCH and HIV staff the opportunity to begin to work together as a team, integrating our activities in order to realize common goals.”

The team offers an additional statement of ULN impact worthy of attention:

“The value add of the ULN has been a heightened awareness of the racial gap in the HIV epidemic and the need to pool resources and services to find ways to deal effectively with this epidemic, specifically in the African American community. Although there has been a significant decrease in perinatal HIV transmission, findings released in Boston at the 12<sup>th</sup> Annual Retrovirus Conference – the world’s chief scientific gathering on the disease – ‘the HIV infection rate has doubled among blacks in the United States over a decade while holding steady among whites – stark evidence of a widening racial gap in the epidemic.’ AIDS is the number one killer of African American women (age 23-34) in the U.S. Black women are 23 times more likely to be diagnosed with AIDS than White women. Sixty-two percent of children born to HIV infected mothers in America are African American. Again, we must find ways to pool resources and services

*MCH and HIV staff must work together to get effective preventative health services and education to women*

to find ways to deal effectively with this epidemic.”

### **Project Description**

---

The Indianapolis ULN team offered the following project for inclusion in this publication. For more information on this project, please see the contact information at the end of this profile.

#### **Project: Preconception and Interconception protocols for women at risk for HIV, domestic abuse, and obesity.**

**Issue Addressed:** Women at risk for HIV, domestic abuse, and obesity tend to have low birth weight babies and/or a short gestation period. Low birth weight and short gestation are the leading causes of infant mortality in Marion county.

**Strategy Used:** Improve the local health plan infrastructure by developing subset population-specific preconception and interconception protocols.

**Work Completed:** Applied for an Indiana State Department of Health MCH GAP Grant.

**Results/Outcomes:** Received notice of grant award 1-15-05.

**Funding:** The cost was \$53,000 to hire a MCH Nurse Specialist to develop the protocols. We used grant and local Marion County Health Department MCH funds.

**Replication Advice:** Check State Title V grant opportunities.

### **Lessons Learned**

---

The Indianapolis ULN team submitted the three following lessons learned:

1. MCH and HIV staff must work together to get effective preventative health services and education to women of child bearing age (15-44) and the most vulnerable populations.
2. Longevity and a good quality of life can be obtained with early diagnosis and treatment of HIV.
3. With the widening racial gap in HIV infection rates, cities must continue to aggressively educate and properly target messages.

### **For more information on this profile please contact:**

---

Yvonne Beasley, MN, RN, CNAA

Director, MCH

Marion County Health Department

Phone: 317-221-2312

E-Mail: [ybeasley@hhcorp.org](mailto:ybeasley@hhcorp.org)

# Little Rock, Arkansas

Arkansas Department of Health – Central Region



The Little Rock, AR ULN team is a collaboration between the Central Region Arkansas Department of Health and the University of Arkansas for Medical Sciences. Six individuals make up the core team – four from the health department and two from the university. The team describes their work in the following statement.

“Our work together has been challenging. Everyone is assigned many other tasks, presenting a significant barrier to our team by not allowing adequate time to work together on this project. However, we have stayed together because of our commitment to care for this population. As a group, we have taken time out of our work to combine resources and help track this population. Also, if one member has had a crisis others have taken on extra team work to keep our goals in sight.”

The team is located in Pulaski County with a population of 361,000. They report that 1,516 persons are living with HIV – 274 are women over the age of 13. In 2004, 23 HIV-positive women gave birth, resulting in one identified case of perinatal HIV transmission.

*Stay the course.  
Don't give up on clients  
or on communications  
designed to bring about  
change, even if the change  
does not seem likely to  
happen quickly.*

## Project Description

The Little Rock ULN team offered one project description for inclusion in this publication. For more information on this project, please see the contact information at the end of this profile.

### Project One: Provider Education

**Issue Addressed:** To provide education and information to local providers on how to access the systems to provide care and guidance for HIV-positive pregnant women.

**Strategy Used:** Pull together the team’s collective information into a resource guide for local case providers and share it; updating it on a web site.

**Work Completed:** Still working, but there is a website that is updated. There are key players who will continue to contact each other when the need arises and we know how to use each other as resources.

**Barriers Encountered and Overcome:** Lack of funding and time to consistently work on an item; competing priorities; organizational changes; lack of a dedicated clinical person to keep the pieces together. Each person was dedicated to make a difference in this problem, and we used lunch hours and after work hours to set in place a user-friendly system that could be accessed by other providers.

**Results/Outcomes:** Still pending.

**Funding:** We used program, administrative, and operational funds.

## Project One: Provider Education

**Replication Advice:** Find key players in every organization that you think may have a vested role. Identify these persons, their job descriptions, and their work past and present. Identify your group as a group that is willing to make change.

### Lessons Learned

---

The Little Rock ULN team has offered the following lessons learned and recommendations.

- Many trials may be needed before an intervention or approach is successful.
- Stay the course. Don't give up on clients or on communications designed to bring about change, even if the change does not seem likely to happen quickly.
- Remember that progress is sometimes made in small, incremental steps.

### For more information on this profile please contact:

---

Zenobia Harris, MPH, BSN

Patient Care Leader

Central Region Arkansas Department of Health

Phone: 501-455-4050

E-Mail: zharris@healthyarkansas.com

# Orlando, Florida

## Orange County Health Department



The Orlando, FL ULN core team is a collaboration between the Orange County Health Department and the Arnold Palmer Hospital for Children and Women's HUG Me Program. Five members make up the core team – four are based in the hospital, one in the health department.

*Our ULN's teamwork ... has been demonstrated by the dramatic drop in vertical transmission cases seen throughout the state, in particular, in counties where the ULN operates.*

The team has also built a strong interagency coordination and collaboration that endeavors to include the private sector as well as local state agencies such as Healthy Start, WIC, and special programs such as TOPWA (Targeted Outreach for Pregnant Women Act). The team reports that their interagency collaboration has been invaluable in the efforts to address some of the county's most entrenched barriers.

Orange County has a population of 1,021,215. The team reports that 3,459 residents are living with HIV – 1,323 are women over the age of 13. They further report that in 2004, 70 HIV-positive women gave birth. Their most recent year of data for perinatal HIV infections (2003) indicates a total of three cases of vertical transmission.

The team offers the following overview of their work together:

“Our ULN's teamwork is characterized by a commitment to reducing vertical transmission of HIV. This has been demonstrated by the dramatic drop in vertical transmission cases seen throughout the state, in particular, in counties where the ULN operates. The multidiverse interagency collaborative has provided the impetus which has made possible a strategic approach that addresses the diverse barriers to successful vertical transmission reduction of HIV. We have managed to remain together because we consider zero transmission a shared goal. Our work together is effective because each one of the collaborating entities is a leader in their realm and recognizes their strengths, and limitations. This perspective showcases what each has to contribute and which team member can best meet a particular need. We ensure our work together is effective by sharing and exchanging information and providing updates. Affiliation with a health care system that is both a major care provider for this population and a teaching hospital has endowed our ULN with community trust, stability, and dependability.”

### **Impact of the ULN**

The Orlando ULN team was asked to identify the top-three ways the ULN has impacted their work to prevent perinatal HIV. They offered the following summary:

- 1. Referral sources have increased and diversified.** The CityMatCH ULN has showcased diverse ways in which services can raise public awareness and methods for increasing the participation of the private sector.
- 2. Reaching hard to reach populations.** Florida has declared that reported cases of vertical transmission are sentinel events. An examination of these cases identifies de-

mographic similarities among the women whose children acquired HIV. ULN participation gave rise to fresh approaches for reaching this group of women and addressing their unique barriers to care.

- 3. Peer Exchange and Learning.** The value-add of the ULN has been the palpable support that the exchange of ideas between the participants has provided. For those just getting started, the ULN provided not only the forum for formulating strategies, but also, the ongoing support of experienced members. We also believe that experienced team members benefited from the examinations of diverse urban settings, yielding fresh and new approaches to lingering problems.

**For more information on this profile please contact:**

Ana Rua Dobles, RN, ACRN

Clinical Nurse

Arnold Palmer Hospital for Children and Women

HUG Me Program

Phone: 407-895-4100

E-Mail: [adobles@orhs.org](mailto:adobles@orhs.org)

# Appendix 1: CityMatCH MAPS Overview

## (Mapping AIDS Prevention Strategies)

To guide the work of the Perinatal HIV Urban Prevention Collaborative and Urban Learning Network, CityMatCH developed a product series entitled MAPS (Mapping AIDS Prevention Strategies). Ten MAPS exercises were introduced during on-site meetings of the UPC and ULN, which took place twice per year. To complete each MAPS exercise, community teams first received a brief orientation from CityMatCH facilitators and then worked through the exercise as a local team. Once teams had sufficient time to complete the exercise, they reported back to the larger group, sharing findings and next steps. Team reports generally led to ideas for collaboration and exchange across community teams. Teams were expected to replicate each exercise in their communities after the on-site practicum, fostering greater local collaboration for strategic action.

Over the course of six years, the UPC had the opportunity to learn and accomplish significant local action, working through all 10 MAPS exercises. The ULN was able to complete the first four MAPS exercises in its two-year existence, culminating in the development of Opportunities for Impact. The MAPS exercises represent only a portion of the work completed by the UPC and ULN, but they are a portion of the work that has helped to guide the collaboratives and each individual team.

There are two phases of MAPS exercises; both are described below along with brief descriptions of the individual exercises:

**Phase 1: MAPS I-VI** represent a continuous planning process used by communities over an 18-24 month period. During the planning process, teams consider how transmission occurs locally, analyze prevention strengths and weaknesses, plan “Opportunities for Impact,” and address locally identified hard-to-reach populations.

- **MAPS I** – Teams consider and reach consensus on how perinatal HIV transmission occurs in their communities.
- **MAPS II** – Teams generate a list of strengths and barriers they face in preventing perinatal HIV transmission locally.
- **MAPS III** – Teams build upon the work completed in MAPS II, creating a one-page graphic representation of the current status of their community’s perinatal HIV prevention situation.
- **MAPS IV** – Teams reach consensus on one to three immediate opportunities for prevention impact and develop a strategic plan for local action in the next six months.
- **MAPS V** – Teams map all local perinatal HIV prevention activities and accountability structures within the health department and in the larger community. Teams assess current connections between MCH and HIV. Teams then create a plan for better integrating MCH and HIV across public and private systems and resources for more effective perinatal HIV prevention.
- **MAPS VI** – Teams create an action plan for reaching the “hardest-to-reach” women in their community for perinatal HIV prevention.

By the conclusion of MAPS I-VI, community teams are actively pursuing a team-developed

perinatal HIV prevention strategy tailored to the unique circumstances found in their communities. Additionally, they are sharing and exchanging information and resources across departments and organizations.

**Phase 2: MAPS VII-X** help community teams address specific aspects of perinatal HIV prevention, including sustainability. Throughout the course of MAPS VII-X, teams continue to pursue their individual strategies developed in MAPS I-VI and add additional projects and capacities. Topics covered in these exercises reflect local and national policy, data, and prevention priorities, such as national HIV testing recommendations and the implementation of rapid HIV testing in labor and delivery units.

- **MAPS VII** – Teams create a problem map that depicts the precursors and consequences of perinatal HIV transmission for one hard-to-reach population – *incarcerated women*, developing a plan for better reaching these women.
- **MAPS VIII** – Teams review perinatal HIV testing strategies (i.e. opt-in, opt-out, and newborn screening), considering the potential impact of recent CDC testing recommendations. Community teams again utilize the tool for continuing the conversation back home.
- **MAPS IX** – Teams build local capacity for implementing rapid HIV testing in hospital labor and delivery units by working through a case study.
- **MAPS X** – This final MAPS exercise helps teams look at the issue of sustainability. It should be used with mature, long-standing teams to reenergize efforts and keep the community engaged and moving forward.

For more information on the MAPS exercises, contact CityMatCH (402-561-7500 or [www.citymatch.org](http://www.citymatch.org)).







Urban communities share their efforts to prevent mother-to-child transmission of HIV.

