

# Sexually Transmitted Diseases, AIDS and Parasitic Infections & Parasitology, Infectious Diseases, STDs and STIs

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### **Dimensions of comprehensive integrated HIV prevention program for at risk young adult minorities**

**Aim:** The comprehensive integrated HIV prevention program (CIHPP) is an evidenced-based approach for providing effective HIV program to at risk young adults along the seven dimensions of care. The aim of CIHPP is to provide appropriate prevention services to prevention the spread of HIV infection at each dimension of care including, social marketing, HIV testing, evidenced-based intervention for HIV positive persons, evidenced-based intervention for HIV negative persons, and evidenced-based intervention for HIV positive and IV negative persons.

**Method:** The CIHPP begins with conducting a need assessment of the target population, developing a strategic plan; preparing a logic model; developing an infrastructure to include, training of program staff, setting up a secure encrypted electronic system for program data and records, setting up a quality assurance system, and collaboration with qualified community based organizations for effective implementation of the program; establishment of an advisory council, preparing a program implementation progress monitoring system; and a program evaluation and reporting plan for assessment program objectives and goals. Implementation phase of the program involve collection of survey data from program participation on alcohol consumption use and risk awareness, substance use and risk awareness, knowledge of HIV, motivation to prevention HIV infection, and HIV prevention behavioral skills. Data is also collected on direct, indirect, and environment intervention services. The data are recorded on individual and group dosage forms, and entered into secure computers for analysis and reporting. A navigation system is set-up to link identified HIV positive persons to appropriate medical care and EBIs and adherence to the care and EBIs, and well as provide partners services. A telemedicine system is set-up to reduce barriers associated with poor retention in HIV care, increase service delivery accessibility and efficiency, and improve service delivery and retention in care for clinics serving predominantly minority people living with HIV (PLWH) in areas with increased HIV burden.

**Results:** During two years of implementation of the CIHPP program significant improvement outcomes was found in protective and risk factors including, substance abuse risks awareness, especially in tobacco and alcohol use awareness; knowledge of HIV prevention; and HIV prevention motivation. The result of the other key outcome indications is still pending.

**Conclusion:** The CIHPP shows significant promise in preventing the spread of HIV among at-risk minority young adult. However, maintenance of the program in the long term is strongly recommended until the spread of HIV infection is brought under control among the target at-risk young adult populations.

### **Biography**

Maurice Y Mongkuo is a Professor of Public Administration at Fayetteville State University (FSU) and PI/Project Director of FSU MSI CBO HIV Prevention Project. He has a BA degree from Kenyon College; and MPA and PhD in Public Policy Research and Analysis from the University of Pittsburgh. He has authored two books and over 30 peer-reviewed articles, monographs, technical reports, and policy briefings on HIV prevention behavior and socio-economic problems of at-risk minority youths and adults. He is currently the PI/Project Director of FSU Comprehensive Integrated Substance Abuse and HIV Prevention Program, and was a Co-PI of FSU Multi-Level Integrated HIV Prevention Program. For over 20 years, he has been the Principal Investigator, Methodologist and Project Director of several government-funded policy research projects and community prevention projects involving at-risk minority populations and communities. [mmongkuo@uncfsu.edu](mailto:mmongkuo@uncfsu.edu)