

Digital Adherence Interventions: A Review of CDC Investments in IT-Based Technologies

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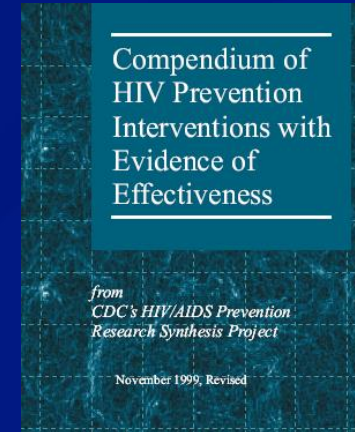
Overview

- ❑ **CDC Research to Practice Framework**
- ❑ **Changing Context of HIV Prevention**
- ❑ **CDC Investment in Technology for HIV Prevention**
- ❑ **Preview of CDC's New e-Learning Toolkit to Improve Adherence – EVERY DOSE EVERY**

CDC RESEARCH TO PRACTICE FRAMEWORK

Identifying and Disseminating Evidence-Based Intervention

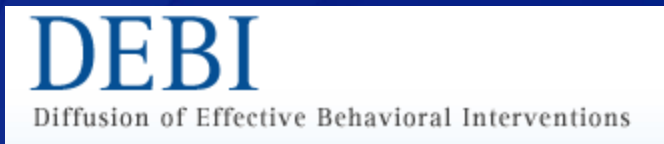
- Compendium of Evidence-Based HIV Behavioral Interventions
 - Since 1996, PRS has been reviewing and synthesizing the risk reduction intervention literature to help CDC make recommendations to our grantees
 - Original Compendium published in 1999 (now online and updated regularly)
 - First attempt to organize the behavioral intervention literature
 - Focus on efficacy – interventions with strongest evidence are highlighted



The screenshot shows the CDC website for the Prevention Research Synthesis (PRS) project. The header includes the CDC logo and 'Department of Health and Human Services, Centers for Disease Control and Prevention'. The breadcrumb trail is 'CDC Home > HIV/AIDS > Topics > Research'. The main heading is 'Prevention Research Synthesis Evidence-Based HIV Behavioral Interventions'. A sidebar on the left lists navigation links: 'PRS Home', 'About PRS', 'Evidence-Based Interventions' (with sub-links for 'How to Select', 'Best-Evidence Interventions', and 'Promising-Evidence Interventions'), 'Efficacy Review' (with sub-links for 'Review Findings', 'Methods', and 'Efficacy Criteria'), 'PRS, REP, and DEBI', and 'Questions and Answers'. The main content area has a 'Welcome!' section explaining the PRS project's goal to identify evidence-based HIV behavioral interventions for high-risk populations. It states that all cataloged interventions have been rigorously evaluated and have demonstrated efficacy in reducing HIV or STD incidence or HIV-related risk behaviors (e.g., unprotected sex, needle sharing) or promoting safer behaviors (e.g., being abstinent, using condoms).

Research Translation

- ❑ **Prevention Research Synthesis (PRS)**
- ❑ **Replicating Effective Programs (REP)**
 - Developed user friendly intervention packages
 - Tested them with a few CBOs
- ❑ **Diffusion of Effective Behavioral Interventions (DEBI)**
 - Technology transfer: training and technical assistance
 - National dissemination of evidence-based interventions through guidance on use to grantees



Evidence-Based Strategies: The Updated Compendium

□ Risk Reduction Chapter: ■ 84 EBIs



[HIV/AIDS](#) > [Prevention Research](#) > [Research](#)

Recommend

2

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Compendium of Evidence-Based HIV Behavioral Interventions

• [Risk Reduction Chapter](#)

• [Medication Adherence Chapter](#)

The evidence-based HIV behavioral interventions (EBIs) listed in the *Compendium* have been identified by [PRS](#) through an ongoing systematic review process and are classified as either **best-evidence** or **good-evidence**. These interventions represent the strongest HIV behavioral interventions in the scientific literature to date that have been rigorously evaluated and have demonstrated evidence of efficacy. The *Compendium* includes individual-, group-, couple-, and community-level behavioral interventions for high-risk populations.

The *Compendium* is now divided into two chapters. A complete listing of each chapter can be accessed below.

The **Risk Reduction Chapter** of the *Compendium* includes **84** HIV risk reduction (RR) evidence-based behavioral interventions (EBIs), identified from the published or in press scientific literature. (Updated on April 11, 2014)

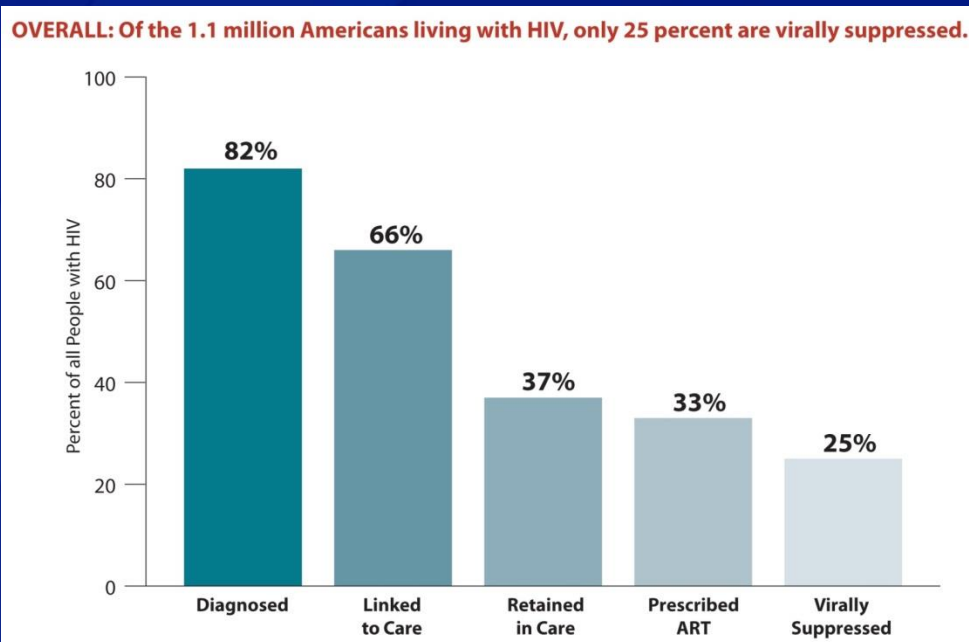
The **Medication Adherence Chapter** of the *Compendium* includes **10** HIV medication adherence (MA) evidence-based behavioral interventions (EBIs), identified from the published or in press scientific literature. (Updated on April 11, 2014)

www.cdc.gov/hiv/prevention/research/compendium/

CHANGING CONTEXT OF HIV PREVENTION

Increased Prevention Options

- ❑ Prevention Benefits of Treatment
- ❑ Yet about 850,000 don't have their virus under control



Evidence-Based Strategies: The Updated Compendium

❑ Risk Reduction Chapter:

- 84 EBIs

❑ Adherence Chapter:

- 10 EBIs

[HIV/AIDS](#) > [Prevention Research](#) > [Research](#)

 Recommend

2

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Compendium of Evidence-Based HIV Behavioral Interventions

• [Risk Reduction Chapter](#)

• [Medication Adherence Chapter](#)

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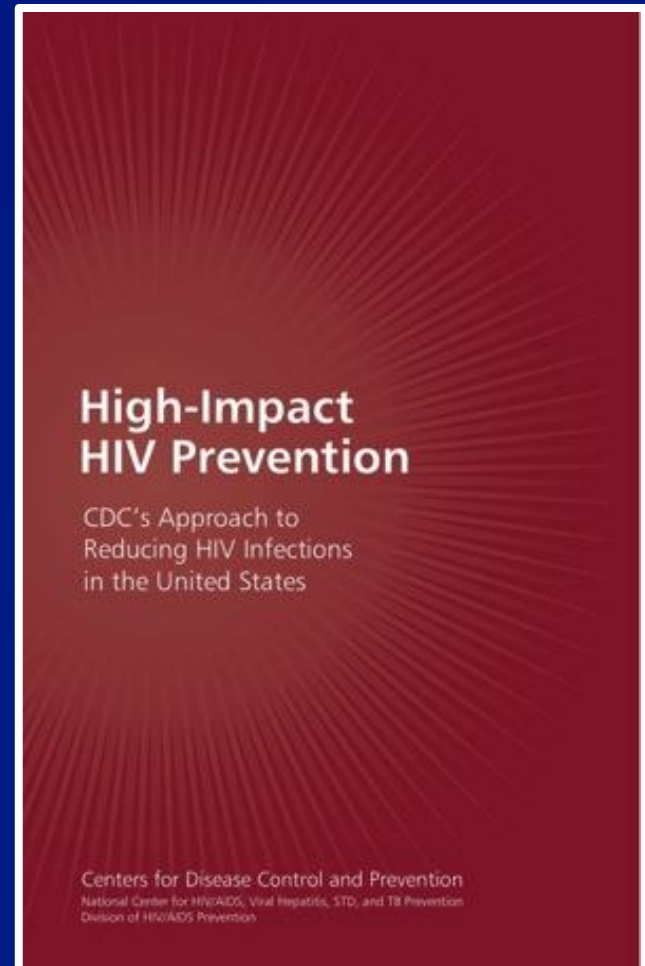
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www.cdc.gov/hiv/prevention/research/compendium/

High-Impact Prevention (HIP)

- Applying the science of implementation to maximize impact

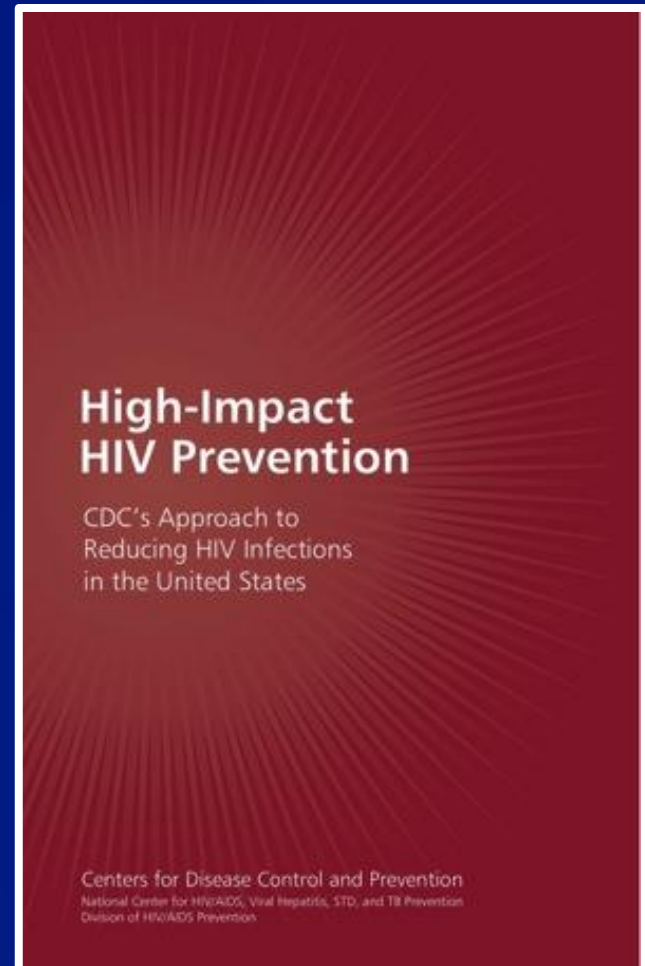
www.cdc.gov/hiv/policies/hip.html



High-Impact Prevention (HIP)

- ❑ **Key components**
 - Effectiveness and **cost**
 - **Feasibility of full-scale implementation**
 - **Coverage of targeted population**
 - Interaction and targeting
 - Prioritizing
- ❑ **Preventing the most HIV and reducing disparities**

www.cdc.gov/hiv/policies/hip.html



Cost per Infection Averted (\$)

| Untargeted interventions | Cost per new infection averted (rank) | | |
|---|---------------------------------------|----------------|-------------|
| Testing in clinical settings | 51,293 (3) | | |
| Partner services | 99,105 (7) | | |
| Linkage to care | 114,644 (8) | | |
| Retention in care | 75,665 (5) | | |
| Adherence to ART | 42,753 (2) | | |
| Targeted Interventions | HRH | IDU | MSM |
| Testing in non-clinical settings | 866,272 (12) | 53,935 (4) | 17,965 (1) |
| Behavioral intervention for HIV+ people | 594,796 (10) | 700,005 (11) | 97,410 (6) |
| Behavioral intervention for HIV- people | 15,642,127 (14) | 2,931,406 (13) | 327,210 (9) |

HRH: High Risk Heterosexuals; IDU: Injection Drug Users; MSM: Gay, Bisexual and Other Men Who Have Sex with Men

Intervention dissemination through a 'high impact' lens



- ❑ **Challenges to the Research to Practice Framework**
 - Long time to identify, package and disseminate EBIs (packaging and field trial took 2 -3 years)
 - Limited reach (e.g., small training classes)
 - Costly to train in-person and retrain when staff left
 - Long time for CDC training component
 - Rigid approach – Interventions had to be implemented as developed with little flexibility for implementing agencies

CDC INVESTMENT IN TECHNOLOGY FOR PREVENTION

Online (e-Learning) training would be more HIP

- ❑ *Turn-around time* – may be faster to develop the e-package (once first-time issues/clearances are worked out); field trial dropped
- ❑ *Limited reach* – markedly expands reach
- ❑ *Costly*– less cost to reach more; greater reach at less cost means higher impact
- ❑ *Too long for CDC training* – online or “blended” training takes less time (e.g., 2 days away from work instead of 5); no waiting to get into the training
- ❑ *Rigid* – Using more collaborative process. After training, we will work with implementer to tailor TA to agency’s needs; consider how new adherence strategies can augment what they’re already doing.

Increasing Investment in Online Resources



- **Online toolkits**

- Data to Care for HDs

- **Online training**

- Prevention Benefit of ART for providers
- VOICES/VOCES

- **Blended online/face-to-face training**

- Couples Testing
- ARTAS

- **Technology-delivered intervention**

- GameOn! STD/HIV app for youth
- C-BISCT web-based clinic counseling tool
- STEPS to Care LRC tool development
- Adherence App (+ Smartphone research)



One of our major investments has been in adherence interventions

- ❑ **Four Adherence EBIs selected from Compendium to package for online, rather than in-person, training**
 - SMART Couples^a
 - HEART^b
 - Partnership for Health^c
 - Peer Support^d
- ❑ **Selection criteria included:**
 - Resource needs to implement the adherence intervention
 - Extent to which the adherence strategies could augment what programs were already doing (and without need for many additional staff)

a) Remien et al. (2005), *AIDS*; b) Koenig et al. (2008), *Health Psych*; c) Milam et al. (2005), *JAIDS*, d) Simoni et al. (2009), *JAIDS*.

“Packaging” Interventions for e-Learning Training

❑ **Like REP, training curriculum developed for the online platform**

❑ **Core tools:**

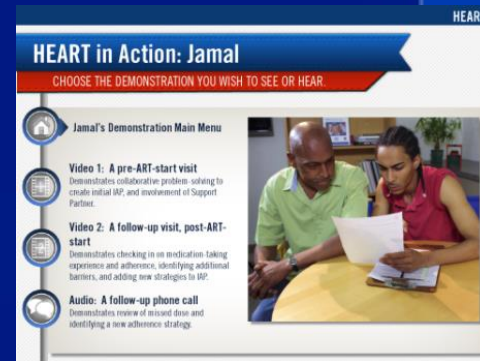
- At-a-glance text and visuals to help potential trainees determine interest in the module
- Seven media rich and interactive components to teach the intervention
 - Strategy Overview
 - Key Players
 - Key Intervention Components
 - Strategy in Action
 - Integrating Intervention into Setting
 - Knowledge Check



❑ **Like REP, original investigators involved. Provided guidance; helped to build out needed aspects of curriculum**

- Needs varied by intervention but included things like additional tools, or descriptive information, or script development
- Script Development Example: Project HEART
 - Adherence problem-solving with patients & support partner
 - Identify barriers, generate and test strategies to overcome
 - Greatest challenge: demonstrating problem-solving process without in-person modeling, practice or correction
 - Required detailed attention to scripts for filmed/audio vignettes to demonstrate counseling approach
 - Implementation feedback and follow up TA will be informative

❑ **Like REP, training was piloted; however, implementation was not.**



EVERY DOSE EVERY DAY: CDC e- LEARNING TOOLKIT TO IMPROVE ADHERENCE



EVERY DOSE EVERY DAY

Supporting strategies for improving HIV medication adherence

HEART

HEART Session Sequence

Select the visits or phone calls to learn more



Partnership for Health

Welcome to Partnership for Health!

COURSE OBJECTIVES



Peer Support

How Does Peer Support Work?

PROGRAM COMPONENTS

Group Support

Meeting Information | Watch a Group Session

The Scenario

Peers Joe and Pam do their best to balance the needs of Bill, Jackie, and others in the group.

[WATCH THE VIDEO](#)

[LEARN MORE ABOUT THE GROUP MEMBERS](#)



Group Support

Individual Support

Peer Supervision

Program Assessment

SMART Couples

What is SMART Couples?

OVERVIEW

Goals

Target Population

SMART Couples
Facilitates Adherence

SMART Couples
is Science-Based

Evidence of Effect

Structure and Duration



- Medication adherence
- Active support in serodiscordant couples
- Sex, intimacy, and transmission risk behaviors

EVERY DOSE EVERY DAY e-Learning Modules

| Name | Population | Description |
|---|-------------------------------|---|
| Project HEART | ART-naïve or changing regimen | Sessions focus on social support, problem-solving, enlisting support partner, and making individual adherence plan. 5 sessions + 5 phone calls |
| Partnership for Health | ART-experienced | Sessions at routine medical visits focus on provider-provider relationship that promotes healthy behaviors. Posters and brochures reinforce adherence messages. 3-5 minute session at each encounter |
| Peer Support | ART- naïve ART-experienced | Persons with HIV with high adherence provide individualized peer support. 6 sessions + weekly phone calls |
| SMART Couples (Discordant Couples) | HIV+ person has low adherence | Sessions focus on adherence, safer sex, and mutual support 4 sessions |

[High Impact Prevention](#)[Related Resources](#)[What's New](#)[Training Calendar & Registration](#)[Contact Us](#)Language English

Learn about the **Data to Care** toolkit, a new resource to link HIV-diagnosed individuals to care.

[Biomedical interventions](#)[Medication Adherence](#)[HIV Medication Adherence Strategies for E-Learning](#)[HIV Medication Adherence Strategies by Provider](#)[Patient Navigation](#)[Public Health Strategies](#)[Behavioral Interventions](#)[Structural Interventions](#)[Social Marketing](#)

Medication Adherence

EVERY DOSE  **EVERY DAY**
Strategies to improve HIV medication adherence

A New Medication Adherence e-Learning Training Toolkit for Providers

Every Dose Every Day is designed to help providers support medication adherence among people living with HIV to improve the health outcomes and increase the prevention benefits of treatment.

Adherence to anti-retroviral therapy (ART) is critical to the success of HIV treatment and treatment as prevention. However, the benefits of ART can be realized only by those individuals who are tested, diagnosed, timely linked to medical care, and start and adhere to ART to achieve viral suppression.

Video: Reason for Staying Adherent



More Info...

MEDICATION ADHERENCE - ADDITIONAL RESOURCES

- ▶ Table 1. Brief description of the 4 evidence-based HIV medication adherence strategies selected for translation into e-Learning trainings for HIV providers
- ▶ Table 2. HIV Medication Adherence Strategy by Appropriate Provider Type and Setting
- ▶ Medication Adherence Consumer Handouts
- ▶ Medication Adherence Posters

Key Steps in Translating Evidence-based Interventions into an e-Learning Package

*Develop
Design
Teams*

*Information
Gathering
with
Researchers*

*Create
Storyboards
and Scripts to
Convey Key
Intervention
Components*

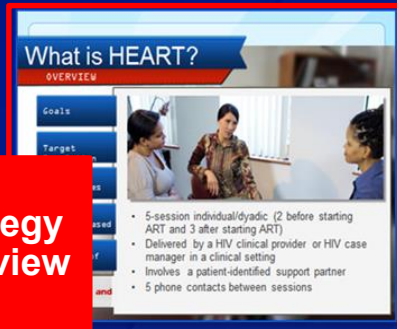
*Video
Production
and Editing*

*Module
Development,
Programming
and Voice
Recording*

John Snow, Inc. (JSI) awarded contract 2011.
JSI worked collaboratively with CDC's Capacity
Building Branch to complete this project.

Core e-Learning Module Components

Strategy Overview



Key Players and Roles



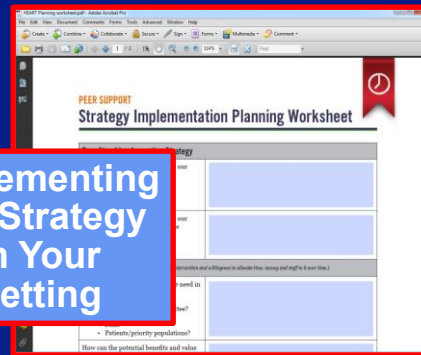
Key Components



Strategy in Action



Implementing the Strategy in Your Setting



Knowledge Check

SMART Couples
Challenges and Solutions

List some of the challenges that make it more difficult for you to take your medication as prescribed, get to your medical appointments, and maintain a steady supply of medication. Then list potential solutions to address these challenges.

| CHALLENGE | SOLUTION |
|-----------|----------|
| | |
| | |
| | |
| | |
| | |
| | |

For SMART Couples sessions 2 and 3

Partnership for Health



Partnership for Health Initial Visit.mp4

Video 2: Brief Adherence

Learn about the **Data to Care** toolkit, a new resource to link HIV-diagnosed individuals to care.

[Biomedical Interventions](#)[Public Health Strategies](#)[Behavioral Interventions](#)[Structural Interventions](#)[Social Marketing](#)

HEART

What is HEART?



HEART (Helping Enhance Adherence to Antiretroviral Therapy)

HEART e-Learning Training Information

Helping Enhance Adherence to Antiretroviral Therapy (HEART) is a 5-session individual and dyadic-level intervention strategy. This social support and problem-solving intervention includes 5 sessions and a patient-identified support partner. Two sessions are delivered just before initiating antiretroviral therapy and 3 sessions occur during the

More Info...

RESOURCES & TOOLS

- ▶ [HEART Implementation Materials](#)
- ▶ [Medication Adherence Consumer Handouts](#)
- ▶ [Medication Adherence Posters](#)

Visit the HIP e-Learning Center to access the online CHTC pre-course training.

[Biomedical Interventions](#)[Public Health Strategies](#)[Behavioral Interventions](#)[Structural Interventions](#)[Social Marketing](#)

Partnership for Health for Medication Adherence

PfH - Medication Adherence

What is Partnership for Health?



Partnership for Health - Medication Adherence e-Learning Training Information

PfH – Medication Adherence is a brief, clinic-based individual-level, provider-administered intervention strategy that emphasizes the importance of the patient-provider relationship to promote the patient's

More Info...

RESOURCES & TOOLS

- ▶ Partnership for Health Implementation Materials
- ▶ Medication Adherence Consumer Handouts
- ▶ Medication Adherence Posters

Visit the **HIP e-Learning Center** to access the online CHTC pre-course training.

[Biomedical Interventions](#)[Public Health Strategies](#)[Behavioral Interventions](#)[Structural Interventions](#)[Social Marketing](#)

Peer Support

What is Peer Support?



Peer Support e-Learning Training Information

Peer Support is an individual- and group-level intervention strategy that can be implemented with patients who are either ART-experienced or ART-naïve. Patients who are HIV-positive, taking ART medicines and adherent to their treatment are trained to serve as "peers". Peers provide medication-related social support through group meetings and weekly individual telephone calls. Group meetings are led by peers, who are supervised by agency/clinic program staff. The group meetings are designed to give patients an opportunity to engage face-to-face with their assigned peer, meet other peers and patients who are taking ART medications and share experiences with the group. Whereas, the

More Info...

RESOURCES & TOOLS

- ▶ [Peer Support Implementation Materials](#)
- ▶ [Medication Adherence Consumer Handouts](#)
- ▶ [Medication Adherence Posters](#)

Visit the **HIP e-Learning Center** to access the online CHTC pre-course training.

[Biomedical Interventions](#)[Public Health Strategies](#)[Behavioral Interventions](#)[Structural Interventions](#)[Social Marketing](#)

SMART Couples

SMART Couples

What is SMART Couples?



SMART (Sharing Medical Adherence Responsibilities Together) Couples

SMART Couples e-Learning Training Information

SMART Couples is a couple-level intervention administered to individual discordant couples, with poor medication adherence in the HIV-positive partner. The intervention consists of four sessions with the patient and his/her partner and lasts about 45 minutes to an hour.

More Info...

RESOURCES & TOOLS

- ▶ [SMART Couples Implementation Materials](#)
- ▶ [Medication Adherence Consumer Handouts](#)
- ▶ [Medication Adherence Posters](#)

IMPLEMENTATION MATERIALS



HEART

HELPING ENHANCE ADHERENCE TO ANTIRETROVIRAL THERAPY

HIV MEDICATION ADHERENCE STRATEGY



PEER SUPPORT

HIV MEDICATION ADHERENCE STRATEGY

IMPLEMENTATION MANUAL



SHARING MEDICAL ADHERENCE

HIV MEDICATION ADHERENCE STRATEGY

IMPLEMENTATION MANUAL

Why People Miss Their Doses

5 Reasons

Andrew, living with HIV since 1995

It's normal to run into challenges with taking your HIV medicine. But, even missing one dose a month can make your medicine less effective. The good news is that there are ways to help you take every dose every day. What's your challenge?



1 I Forget.

Pick something you do at the same time every day, like your favorite TV show or brushing your teeth, and take your medicine at that time every day. Set an alarm on your phone. Download a smartphone app to set up reminders to track doses.

2 I Feel Sick From the Side Effects.

It's tempting to skip a dose when your medicine makes you feel bad. But, don't stop taking your medicine. Call your provider if you develop any side effects. Most side effects go away after a few weeks. Your provider can recommend ways to manage side effects.

3 My Treatment Plan is Too Complicated.

Fill a pill organizer at the start of the week with your medicine. Keep it where you can see it. Ask your provider to help you understand what medicine to take, when to take it (for example, with or without food).

4 I Feel Overwhelmed Doing This Alone.

It's okay to ask for help. Your healthcare team can help you. Talk with them about the challenges you're facing with you to find solutions. Join a support group with your family or friends you trust. Ask for help with your regular check-ins, going to the pharmacy to get your medicine, or just listening.

5 I Can't Afford to Pay for My Medicine.

There are public and private drug assistance programs that can help pay for your HIV medicine. Ask your HIV provider to explain these programs and help you apply.

Talk to your provider about the importance of taking your medicine every day. For more information go to: <http://www.cdc.gov/hiv>

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

CS241860-3

Take Your HIV Medicine Correctly

8 Tips to Help You

Shirley, living with HIV since 1987

Staying adherent to your HIV medication can be difficult. That's why it's important to get off to a good start when you begin your treatment. Missing even one dose a month can make treatment less effective. Proper planning is important for success.



Why HIV Medication Saves Lives

5 Reasons

Judith, living with HIV since 1997

Adherence means taking your HIV medicine exactly as your doctor prescribes – every dose, every day. Adherence is important to the success of your HIV treatment.



1 It Helps You Live Longer.

People who start treatment early tend to live as long as people without HIV infection. Without treatment, HIV leads to AIDS (acquired immunodeficiency syndrome) and may lead to early death.

2 It Helps Your Medicine Work.

HIV treatment does not make HIV go away, but taking your medicine as directed slows down the virus by making it hard for the virus to make copies of itself.

3 It Keeps You Healthy.

It Keeps You Healthy. Taking every dose, every day, keeps the virus from destroying too many CD4 cells, which play an important role in how your body fights off infections and other illnesses. That means you stay healthy!

4 It Helps Prevent Drug Resistance to HIV Medicine.

Missing doses and not taking your medicine correctly makes it easier for HIV in your body to change and cause your medicines to stop working. This is called drug resistance. Taking every dose on time every day helps to prevent drug resistance.

5 It Can Help Protect Your Partners.

Taking your medicine exactly as your doctor prescribes helps protect your sexual partners from becoming infected. When you take your HIV medicine every day, you have a much lower chance of passing the virus to your sexual partners. But remember, you can still pass HIV to others, so you should take steps to prevent transmission by using condoms every time you have sex.

Talk to your provider about the importance of taking your HIV medication every day. For more information go to: <http://www.cdc.gov/hiv/living/index.html>

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CS241860-1



Ask Others for Help.

Join a peer support group to connect with people taking HIV medicine and learn from their experiences. Ask family members and friends to encourage and remind you to take your medicine.



Keep All Your Medical Appointments.

It is important to take care of your health. Form a good relationship with your doctor. Appointments give you the chance to talk openly to your provider about any adherence challenges or treatment concerns. You and your provider have the same goal— **TO KEEP YOU HEALTHY.**



of taking your HIV medication every day. www.cdc.gov/hiv/living/index.html

Hepatitis, STD, and TB Prevention



REASON #41

Because **my life** is worth living.

Everyone has a reason for taking every dose, every day.
What is yours?
Talk to your provider about the importance of taking your HIV medication every day.

Bambi, living with HIV since 1991

EVERY DOSE EVERY DAY

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

REASON #53

Because every day is a **new adventure.**

Everyone has a reason for taking every dose, every day.
What is yours?
Talk to your provider about the importance of taking your HIV medication every day.

Larson, living with HIV since 2006

EVERY DOSE EVERY DAY

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



Because there's
so much
I haven't
done yet.

Everyone has a
reason for taking
every dose, every day.
What is yours?

Talk to your provider
about the importance
of taking your HIV
medication every day.



Hydelia, living with HIV since 1985



**EVERY
DOSE
EVERY
DAY**



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



Because I want
to grow old with
my partner.

Everyone has a
reason for taking
every dose, every day.
What is yours?

Talk to your provider
about the importance
of taking your HIV
medication every day.



Uriah, living with HIV since 1997, and his partner



**EVERY
DOSE
EVERY
DAY**



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

Every Dose Every Day Mobile Application



App Features:

- My Meds
- Drug Details
- Dose reminders
- Healthcare Team
- Reasons Photo
- Viral load tracker
- CD4 count tracker
- Tips for health and wellness
- Buddy Support

Continuing Education Pilot Evaluation

- ❑ Continuing education accreditation obtained for physicians, nurses, pharmacists and certified health education specialists
- ❑ 20 providers reviewed each module
 - 5 physicians
 - 5 nurses
 - 5 pharmacists
 - 5 certified health education specialists
- ❑ Reviewed content of at least 1-2 module(s)
- ❑ Completed a 30-item survey for each module reviewed

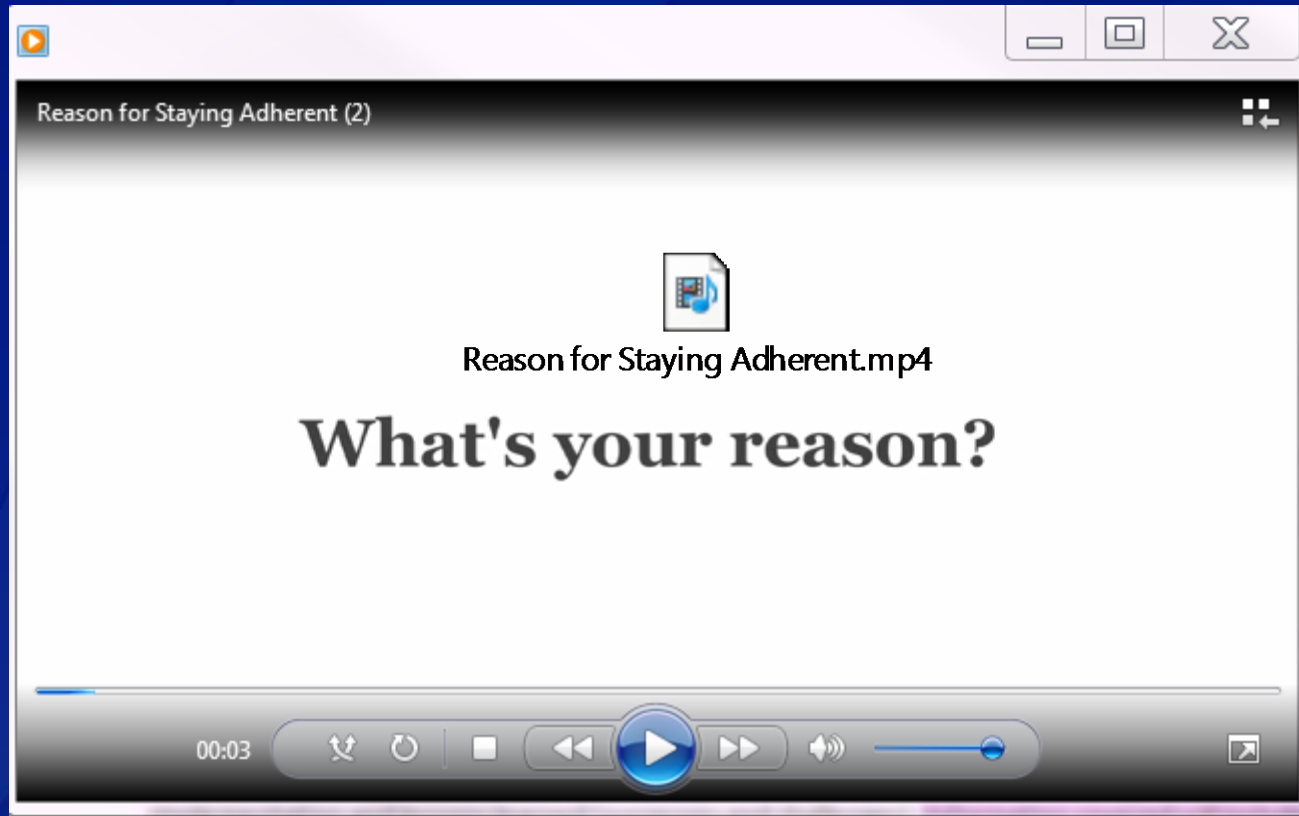
Continuing Education Pilot Evaluation Comments

- ❑ *“Course is very well done, user-friendly and informative, including the investigators and diverse clinical providers helped ensure the material remained engaging.” (HEART - MD)*
- ❑ *“This is a useful and very relevant training for physicians with patients on ARVs.” (PfH – MD)*
- ❑ *“...well done course with informative content! The real story video clips are awesome!” (Smart Couples – Nurse)*

Next Steps

- ❑ Launch toolkit by the end of June 2014
- ❑ Implement our dissemination and marketing plan
- ❑ Train new capacity building providers to provide technical assistance to jurisdictions
- ❑ Working on an evaluation plan to assess uptake and implementation

Every Dose Every Day Trailer



Acknowledgments

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- Jane Simoni, PhD
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Thank you!



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The findings and conclusions in this report are those of the authors and do not necessarily represent the official position of the Centers for Disease Control and Prevention.