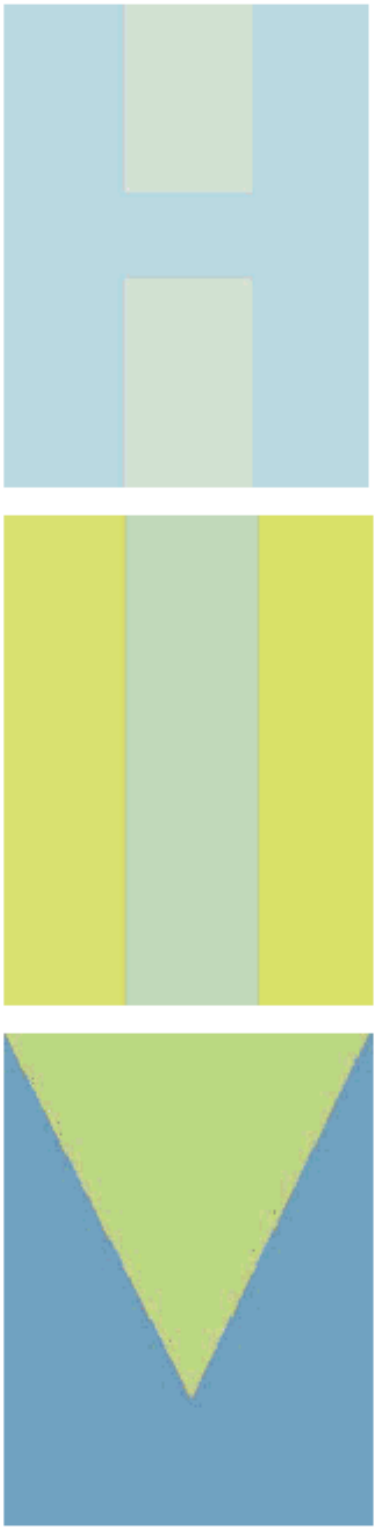

Pennsylvania Community HIV Prevention Plan

Update 2005

DEPARTMENT OF HEALTH

Edward G. Rendell, Governor
Calvin B. Johnson, M.D., M.P.H., Secretary of Health

Pennsylvania Community HIV Prevention Plan Update 2005

Developed by the Pennsylvania HIV Prevention Community Planning Committee (Center for Disease Control and Prevention funded community planning group (CPG) for the Pennsylvania jurisdiction not including Philadelphia)

In partnership with the Pennsylvania Department of Health, Bureau of Communicable Diseases, Division of HIV/AIDS
and the
Pennsylvania Prevention Project, Graduate School of Public Health, University of Pittsburgh

October 4, 2004

PENNSYLVANIA COMMUNITY
HIV PREVENTION PLAN
2005

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EXECUTIVE SUMMARY

Introduction

The Pennsylvania HIV Prevention Community Planning Committee, the Community Planning Group (CPG) for the Commonwealth of Pennsylvania not including Philadelphia has been at work since January 2004 developing a Plan Update for 2005. The Epidemiology, Evaluation, Interventions and Needs Assessment Subcommittees along with the Rural Work Group have met on a regular basis to insure that the nine steps of community planning are met to produce the key products of a comprehensive HIV Prevention Plan. In addition, volunteers have worked codifying ten years of rules, policies and governance into an acceptable set of bylaws. One of the more rewarding efforts was the Evaluation Subcommittee's development and implementation of a provider poster session to better inform the CPG of both state and federally funded community-based HIV prevention interventions.

1. Key Products of a Comprehensive HIV Prevention Plan

The 2005 HIV Prevention Plan is an update of the Plan submitted to the Centers for Disease Control and Prevention (CDC) in October 2003, which addressed HIV prevention for the calendar year 2004. As such this Plan will focus on the CDC key products of a comprehensive HIV Prevention Plan and refer to the 2004 HIV Prevention Plan. The 2004 Plan, excluding the appendices, can be accessed at the http//www.stophiv.com web site or by communicating with the Division of HIV/AIDS, Bureau of Communicable Diseases, PA Department of Health (717-787-5302) or the Pennsylvania Prevention Project, Graduate School of Public Health, University of Pittsburgh (412-383-3000).

Epidemiological Profile

The Epidemiological Profile (for Prevention and Care) is under development and will replace the current profile. A process for the redevelopment of the Integrated Epidemiological Profile was instituted in 2004 as resources were only recently allocated for providing epidemiological support for prevention and care planning. Through this incremental process, Phase I and II of the new Profile have been completed. Interim updates towards development of the new Integrated HIV/AIDS Epidemiological Profile will not be based on HIV reporting and incidence data until 2006. This is because Pennsylvania began HIV reporting in October 2002, will begin HIV incidence surveillance in 2004/5, and these data will not be ready for use to make meaningful inferences until 2006. In addition, a written process for CPG Subcommittees to submit data requests to the DOH Bureau of Epidemiology has been developed.

This section also presents a statement of problems, goals and objectives identified by Young Adult Roundtable (YART) participants considered to be needed to facilitate planning for HIV prevention among young adults. These statements are quoted verbatim from the YART consensus statement. The HIV Epidemiology subcommittee offers general clarifications and response plans to address the data needs identified by the YART.

Prioritization of Target Populations

This section focuses on the process of identifying and ranking a set of target populations that require prevention efforts due to high infection rates and high incidence of risky behavior. The CPG acknowledges the CDC requirement to prioritize HIV-infected persons as the highest priority population. This requirement was introduced late in the 2003 planning process and the CPG was therefore unable to complete a new process for prioritizing target populations. Instead, the CPG addressed this requirement by specifically designating HIV-infected persons in each of the priority target populations. The Epidemiology Subcommittee will rank both HIV-infected high-risk populations (e.g., HIV-infected White MSM) and uninfected high-risk populations (e.g., uninfected White MSM) as separate when prioritizing target populations in 2004-5.

Factors for prioritizing the target populations were determined according to their potential correlation with the likelihood of new infections. These include factors related to the probability of transmission and factors indicative of incidence (likelihood of new infections) and prevalence of HIV. Additional factors include the estimated live HIV cases in a transmission category as a proportion of total persons living with HIV in Pennsylvania and estimated unadjusted relative risk or likelihood of death as an indicator of relative survival time for the transmission category. This in turn is an indicator of the relative likelihood of an increase/decrease in the prevalent pool of infected persons, assuming no decline in other contributing factors. Finally factors that may impede or enhance access to prevention and care and barriers to prevention as well as resources currently distributed to each target population will be included.

In Pennsylvania, the initial primary/"macro prioritization" phase of the process has rank-prioritized target population-transmission groups at the statewide level. The next phase will entail a radical shift from 1) focusing on at-risk HIV populations to HIV+ populations as the key priority target population within each population-transmission group and 2) the current paradigm of one set of statewide priority target populations to regional priority target populations that are more relevant to the epidemic in each region. The latter shift will result in regional priority target populations. Prevention intervention plans will consequently need to be tailored to meet the needs of the regional priority target populations.

The interim results of the state-wide prioritization of target populations-transmission groups (taking into account the development of the prioritization process) are as follows: 1) White MSM (18.6%); 2) Black IDU (15.8%); 3) Black MSM/IDU (10.1%); 4) White MSM/IDU (9.0%); 5) Black heterosexual (8.3%); 6) White IDU (8.2%); 6) White heterosexual (8.2%); 8) Hispanic IDU (7.6%); 9) Black MSM (5.8%); 10) Hispanic heterosexual (4.4%); 11) Hispanic MSM/IDU (3.0%) and 12) Hispanic MSM (1%). These findings are used by the CPG to target prevention services to HIV infected persons most likely to transmit HIV to others and populations most at risk of acquiring HIV infection. The results are also 1) disseminated by the CPG and by the Health Department to HIV prevention service delivery partners, 2) used by the State in allocating prevention resources, and, 3) used as a guide for services provided by the Department's HIV prevention service delivery partners.

Community Service Assessment
This section describes the prevention needs of populations at risk for HIV infection, prevention activities/interventions that currently exist to address needs, and service gaps or where needs are not being met. The CSA is a combination of three products: Needs Assessment, Resource Inventory and Gap Analysis.

Needs Assessment
In 2004, needs assessment activities were focused on young African-American adults, transgender/transsexual men and women, homeless men and women, Asian/Pacific Islander MSM , and HIV positive men and women. A total of 126 people (60 young adults and 66 adults) participated in focus groups or face-to-face interviews. Young adults primarily participated in face-to-face interviews. Groups were divided by young African-American men who have sex with men, young African-American women, and young heterosexual African-American men. Adults primarily participated in focus groups, except for homeless men and women who were interviewed face-to-face. Each group was found to have major issues regarding prevention services and recommendations are provided.

During 2004, Committee members raised questions about HIV prevention issues about 5 groups. These groups are African-American women and Latinas who are fifty years of age and older, recent immigrants and those with undocumented residency status, severely mentally ill, prison populations and transgender populations.

Resource Inventory
The Resource Inventory described in this report is a list of HIV prevention service providers regardless of their funding source. The funding source is identified whenever possible. The Pennsylvania Department of Health utilizes both CDC and State funding for HIV Prevention Interventions. Agencies may be listed more than once because they receive funding from multiple sources, for multiple projects that may target different populations and provide different interventions. When available, prevention data from Pennsylvania's Unified Data Collection System were used to indicate the actual target populations served and interventions provided to each population. These process monitoring data are available from only the Department's CDC-funded and state-funded contractors and subcontractors. Where process-monitoring data are not available, the Resource Inventory relies upon agency self-reporting of target populations and interventions. Data on the number of individuals served by the interventions were not collected. For some agencies, the target population is identified as "General Public" because either the agency has not been funded to target a specific population or the actual process monitoring data indicates that the agency reported serving the "General Public".

For this Resource Inventory, the state-funded, confidential/anonymous counseling and testing sites (HIV clinics) were designated as serving the "General Public" because they are walk-in sites open to the general public. Services are not targeted to a specific population. A more accurate indication of services provided at these sites may be the actual risk behaviors reported by individuals that utilized these services. This

information is available through the data collected by the Department's HIV Counseling, Testing and Referral (CTR) database. These data will be incorporated into the next Resource Inventory. Department-funded STD and TB target populations were based on client demographics as reported by the STD and TB program management staff. Again, next year, the CTR data may provide a clearer picture of the self-reported risk behaviors, and thus the target populations reached. The Community Planning Group is aware of these limitations and will refine the process of data collection for the Resource Inventory for next year.

Gap Analysis

This section describes the process of synthesizing data from the epidemiological profile, needs assessment and resource inventory, to conduct a gap analysis that delineates both met and unmet needs of priority populations. The Gap Analysis identifies gaps in HIV prevention services by geographic area (county). Integral to this process was a concurrent process that identified a set of prevention interventions necessary to reduce transmission in prioritized target populations. This process ensured that prevention interventions - for identified priority target populations - are based on behavioral and social science, outcome effectiveness, and/or have been adequately tested with intended consumers for cultural appropriateness, relevance and acceptability.

The Interventions Subcommittee requested technical assistance to develop a process for prioritizing a set of science-based prevention interventions for each of the priority populations. This occurred following the completion of the process of prioritizing target populations, conducted by the Epidemiology Subcommittee. This process resulted in a "Final Grid" that identifies a set of appropriate science-based prevention interventions necessary to reduce transmission for each prioritized target population. Those interventions have been identified as both "effective" (intervention effectiveness as identified by the CDC) and "needed" (cultural/ethnic appropriateness as identified by the target population needs assessments).

The next step in completing the CSA is to use the "Final Grid" (needed and effective interventions) and compare this to the Resource Inventory (what is being provided) to determine met and unmet needs and gaps in service. This comparison will also determine where geographically in the jurisdiction to target interventions to have the greatest impact on reducing HIV transmission. The Interventions Subcommittee and the Needs Assessment Subcommittee consulted the Epidemiology Subcommittee for a recommendation on prioritizing the counties. The Epidemiology Subcommittee recommended targeting the following 14 "High Outcome" counties: Allegheny, Cumberland, Dauphin, Delaware, Erie, Huntington, Lehigh, Lycoming, Northumberland, Philadelphia, Somerset, Union, Wayne, and York. Philadelphia was not included because it is not within the purview of this CPG.

"High Outcome" counties were defined as counties with high average annual case rates (>7.3 cases/100,000; 50th percentile) and high average annual rate of change (> +15%; 62nd percentile) in cases diagnosed between 1993-1997. In 2004 the next 14 high outcome counties were examined: Adams, Berks, Chester, Clearfield, Greene,

Lakawanna, Lancaster, Lebanon, Mifflin, Montgomery, Northamptom, Pike, Snyder and Sullivan.

Appropriate Science-Based Interventions

Definitions of CPG Prevention Interventions

The list of interventions, such as Individual- Group- and Community-level interventions (ILI. GLI & CLI) or Health Communications and Public Information (HCPI) are defined in a table.

Gap Analysis Grids

The Interventions Subcommittee examined the next 14 HIV incidence "high outcome" counties to determine their effective and needed priority interventions, interventions recommended by the CDC and occurring interventions.

Unmet Needs

The final Gap Analysis grids completed by the Interventions Subcommittee indicate the current unmet needs in each of the next 14 HIV incidence "high outcome" counties. In addition, population race/ethnicity data from the 2000 Census is included along with data reflecting percentage of rural population as designated by the Center for Rural Pennsylvania also based upon the 2000 Census. Current HIV prevention priority populations are calculated on a statewide basis, hence when reviewed at a regional or county level those same priority populations may not be present in substantial numbers. The text-boxes provide some perspective of local demographics when compared to statewide priorities.

Rural Work Group

The Pennsylvania CPG has established a rural work group, consisting of volunteer committee members, who are applying their efforts outside of regular committee meeting time to address the unique and often not understood concerns of rural areas within our state. They generally meet at 7:30 AM on regular CPG meeting dates to discuss the integration of rural concerns into the CPG planning process.

Young Adult Roundtable HIV Prevention Intervention

This is a peer-based group-level intervention, rooted in community planning, that is being designed by and for sexually-active young people (ages 13-24). The intervention targets risk behaviors through a comprehensive, interactive and skills-based risk reduction program that focuses on HIV/STI counseling and testing, treatment, protection skills and informed decision-making. The intervention curriculum will be completed by December 2004 and will be piloted among high-risk populations of young people in four locations across the state in 2005.

Evaluation

The Evaluation Subcommittee of the CPG designs frameworks for evaluation, establishes standards and benchmarks, assesses capacity, and plans for the allocation of resources for outcome evaluation in prevention/intervention programs. This subcommittee is responsible for identifying best evaluation practices, reviewing and recommending

resources and infrastructure needed for evaluation to be conducted within government agencies and community-based AIDS service organizations.

PEMS

The Program Evaluation and Monitoring System (PEMS), is a CDC mandated data reporting program in the final stages of completion. CDC will provide the training on how to use the program and determine the official startup date for using it.

PEMS is an Internet browser-based evaluation system for health departments and CDC directly funded community-based organizations. PEMS provides a standardized and integrated approach to improve the reporting and data quality for CDC funded HIV/AIDS prevention programs. It includes common data elements and non-identifying client-level data and provides greater flexibility in querying, analyzing and reporting data. PEMS also allows the CDC to be more responsive to requests for information.

CPG Process Evaluation

The committee chose to process CPG concerns by having trained non-CPG members gather data through open-ended questions posed to small groups of CPG members. It was felt that this method provided greater objectivity and a lack of conflict of interest. The results of the November 2003 review of the calendar year 2003 planning process were presented at a subsequent CPG meeting. Most findings of this evaluation were immediately implemented by the CPG.

Provider Poster Session

The purpose of the Poster Presentation was to elicit an initial dialogue between funded agencies/organizations and the CPG. Any first step in designing a framework for an evaluation needs to establish dialogue and capacity. This process provided great insight to the local challenges of providing targeted HIV prevention. It informed the CPG in its development of a community-based HIV prevention Plan. The Poster Session evaluation data are being analyzed.

Living Project Preliminary Evaluation

The Living Project completed its final year as a demonstration project subcontracted with the Pennsylvania Prevention Project at the Graduate School of Public Health at the University of Pittsburgh to provide HIV prevention outreach to Latina women in the Lehigh Valley (Allentown/Bethlehem) area of Pennsylvania.

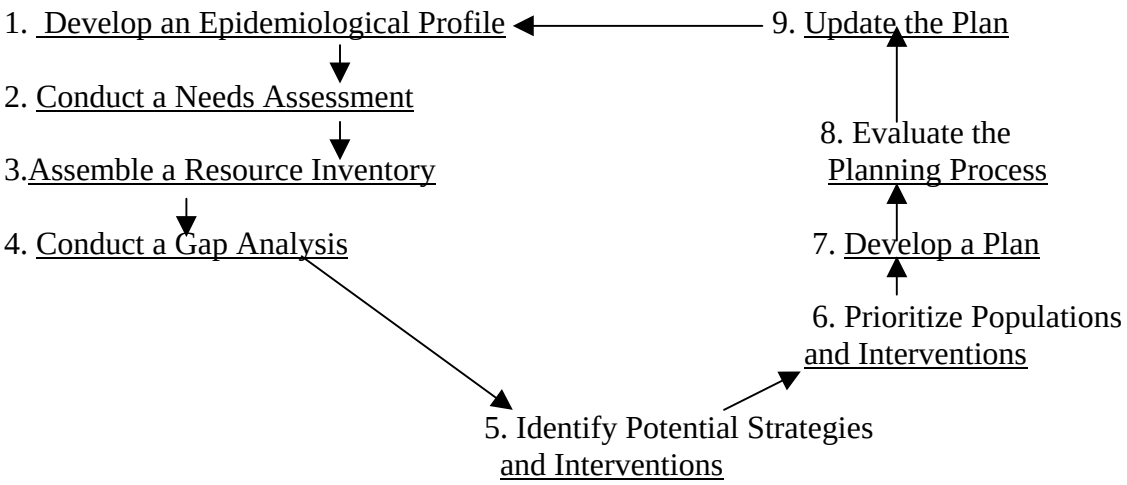
The Living Project was begun in July 1999 as a Pennsylvania Department of Health initiative to target Hispanic and African-American women of childbearing age (primarily 16 to 21) with HIV-prevention information and services. The project was housed in the larger New Directions Treatment Services, a narcotic addiction treatment program in the Lehigh Valley founded in 1980 as a non-profit independent agency. New Directions was chosen because of prior history with IDU clients and contact with young women of childbearing age. Lehigh Valley is especially appropriate as the 2000 census showed that in the cities of Allentown, Bethlehem and Easton, 10.2% of the population were of Hispanic origin and 3.6% were African-Americans. In that region, Latinos and African-

Americans have been disproportionately impacted by the AIDS epidemic and 67.5% of all reported cases have been among those two groups.

I. INTRODUCTION

1. Nine Steps to HIV Prevention Community Planning

In conjunction with key products of a comprehensive HIV prevention plan the CDC outlines Nine Steps to HIV Prevention Community Planning to complete the cycle of Plan development.



2. CPG Planning Cycle

A. Recruitment and Orientation

The Pennsylvania CPG conducted an orientation for ten new members on 21 January 2004 creating a full complement of forty-two members. Four of these new members were appointed from the Young Adult Roundtable Executive Committee, the first time that all young adult representation has been replaced at one time. It should also be noted that a 15-year-old is among those new appointments and may be the youngest full-time voting member of a CPG in the nation. In addition, one new member was appointed during 2004 from the Division of Sexually Transmitted Diseases, Bureau of Communicable Diseases of the Health Department. Following an absence of a few years the Committee again has representation from the Transgender community as well as strengthened representation from faith-based and substance abuse communities. The 2004 CPG membership appears on the back cover of this Plan Update.

B. Planning Timeline/Cycle

The creation of a Comprehensive Plan and Update requires that the CPG develop a process to insure the completion of those documents for annual submission to the Division of HIV/AIDS as part of their CDC grant application submission. Therefore, at the November 2003 Committee meeting the timeline described below was developed.

CPG Planning Cycle -Summary
(Based on 5-year CDC cycle: 2004 - 2008) Revised: 6/16/04

PA CPG Planning Cycle	Products To Be Developed	Due Dates
1-year cycle (2004)	Comprehensive HIV Prevention Plan for 2004	Submitted 10/03
2-year cycle (2005/2006)	Plan Update for 2005 Comprehensive Plan for 2005/2006	Update due 9/15/04 Plan due 9/05
2-year cycle (2007/2008)	Plan Update for 2007 Comprehensive Plan for 2007/2008	Update due 9/06 Plan due 9/07

C. 2004-2005 CPG Meeting Schedule and Work Plan for 2005/2006 Plan Update

November 19, 2003

	Objective	Subcommittee	Comments
1	Conduct CPG Process Monitoring (focus groups).	Evaluation and CPG	**Completed**
2	Review overall Work Plan.	CPG	**Completed**
3	"HIV/AIDS in Rural PA" presentation by Penn State University.	CPG	**Completed**
4	Recruit a member for CPG Epidemiology Subcommittee with expertise in epidemiology (not DOH employee).	Epidemiology	Nomination forms distributed by DOH 10/24. **Completed**
5	Steering Committee to review/revise Work Plan Objectives for next meeting and develop agenda.		Make time for Subcommittees to meet at next meeting. **Completed**

January 21 & 22, 2004

	Objective	Subcommittee	Comments
	1/21: Orientation		
1	Conduct orientation of new members.	CPG/DOH/PPP	**Completed**
2	Epidemiology presentation: "Epidemiology – The Basic Building Block of Planning" (Update Phase I), Includes Phase II Update of the New Integrated Epi Profile for 2004.		Scheduled on agenda - Will this include the revised "priority populations"? **No, this will not be completed this year. Will be completed next year (2005).**
	1/22: CPG meeting		
1	Epidemiology update: "HIV/AIDS in PA" (Update Phase II).	Epidemiology - Benjamin Muthambi	**Partially completed. Will schedule time to finish at March meeting.**

2	Presentation of CPG Process Monitoring Findings.	Evaluation – Steve Godin	Scheduled on agenda **Completed**
3	Presentation of CPG Survey Part II, findings.	Evaluation – Steve Godin	Scheduled on agenda **Completed**
4	Needs assessment update presentation/Report by PPP.	Needs Assessment / PPP	Is this the needs assessment of HIV + individuals? *Not scheduled. Presentation will be provided to Needs Assessment Subcommittee at the March meeting. Subcommittee will then provide a presentation to the CPG in may.
	Subcommittees To Meet.		
1	Obtain Epi Profile Update (Phase II) from Epidemiology Subcommittee.	Provided by Epidemiologic to Needs Assessment & Interventions	This will be presented during CPG orientation & meeting. Update provided to all CPG members on **CD.**
2	Review of Community Services Assessment goals. Determine if additional needs assessment data are required.	Needs Assessment	**Completed**
3	Provide recommendations to DOH/PITT on obtaining additional needs assessment data.	Needs Assessment	In process of review and making recommendations
4	Review the responses submitted from DOH contractors on the updated Resource Inventory.	Intervention	Commenced the process
5	Begin to conduct Gap Analysis. Determine what information is needed from other subcommittees. Review/revise “grids”	Interventions	Review the HIV+ needs assessment information and use to determine interventions that are “needed”. Will the “Revised Priority Populations” be completed? **Not until 2005.** Does the Evaluation Subcommittee have any information to provide on “effective” interventions?
6	Steering Committee to review/revise Work Plan Objectives for next meeting.		

March 17 & 18, 2004

	Objective	Subcommittee	Comments
1	Conduct CPG Survey Part 1. (17^{th})	CPG	(Member demographics – needed for plan) **Completed**
2	Review posters of department-funded prevention projects and make recommendations to department. (17^{th})	Evaluation	Process monitoring data and counseling and testing data will also be provided to the CPG for review. **Rescheduled for may.**
3	Finish "Epidemiology Presentation" (Part 2) for CPG. (18^{th})	Epidemiology	Benjamin Muthambi **Rescheduled for may**
	Subcommittees to meet		
1	Needs assessment update presentation/report by PPP to Needs Assessment Subcommittee.	Needs Assessment /PPP	Is this the needs assessment of HIV + individuals? Yes, and emerging risk groups. Presentation will be provided to Needs Assessment Subcommittee at the March meeting. - **Completed** Subcommittees will then provide a presentation to the CPG in may.
2	Review and revise priority populations. Determine if additional needs assessments need to be conducted.	Needs Assessment	B. Muthambi indicated that Priority Populations would not be revised until 2005.
3	Review & finalize resource inventory.	Needs Assessment & Interventions	**Completed**
4	Begin to conduct Gap Analysis. Determine what information is needed from other subcommittees. Review/revise "grids".	Interventions	Review the HIV+ needs assessment information and use to determine interventions that are "needed". Will the "revised priority populations" be completed? **Not until 2005.** Does the Evaluation Subcommittee have any additional information to provide on "effective" interventions?
5	Begin to conduct Gap Analysis of next 10 "high-outcome" counties.	Interventions	Has all required information been received from the other subcommittees?
7	Epi Profile will be completed.		**Update completed**
9	Steering Committee to review/revise Work Plan Objectives for next meeting and develop agenda.	Steering Committee	Are subcommittees documenting their work to facilitate in writing the plan update?

May 19 & 20, 2004

	Objective	Subcommittee	Comments
1	Review posters of department-funded prevention projects & make recommendations to department.	Evaluation	Process monitoring data and counseling and testing data will also be provided to the CPG for review. **Rescheduled from March. Completed**
2	Finish "Epidemiology Presentation" (Part 2) for CPG. (20th)	Epidemiology	Benjamin Muthambi **Completed**
3	Presentation to CPG by Needs Assessment Subcommittee on HIV + and emerging risk groups. 20th)	Needs Assessment /PPP	**Rescheduled for July.**
4	**Subcommittees to meet:**		
	Complete Gap Analysis and Prioritization of Interventions.	Interventions	**Completed**
	Begin to draft Plan Update!!!	All	
5	Steering Committee to review/revise work plan objectives for next meeting and develop agenda.	Steering Committee	**Completed**

July 21 & 22, 2004

	Objective	Subcommittee	Comments
	Report by Epidemiology Subcommittee.	Epidemiology	**Completed**
	Report by Needs Assessment Subcommittee.	Needs Assessment	**Completed**
	Report by Interventions Subcommittee on CSA (Resource Inventory & Gap Analysis).	Interventions	**Completed**
	Report by Evaluation Subcommittee.	Evaluation	**Completed**
	CPG Survey Part I presentation to CPG.	Evaluation/DOH	**Completed**
	CPG membership comparison to epidemic in jurisdiction.	Evaluation/DOH	**Completed**
	CPG membership "slots" review.	DOH	**Completed**
	Draft plan update presented to CPG for review.	PPP	**Completed**
	Subcommittees to meet to revise draft plan.	CPG	**Completed**

August 18, 2004

	Objective	Subcommittee	Comments
	Review of final draft of Plan	PPP/CPG	**Completed**
	Review of draft CDC application & budget	DOH	**Completed** Draft CDC application review moved to September
	Linkages presentation to CPG	DOH	**Completed**
	Discussion on plan update and application	CPG	**Completed**
	Vote on consensus on plan update & application	CPG	Moved to September
	CPG Survey Part II (evaluates CPG process)	CPG	**Completed**
	Discussion of CPG member nominations and recruitment process and recruit Nominations Workgroup members	DOH/CPG	**Completed**
	Subcommittees meet to edit draft Plan Update	All	**Completed**

September 15, 2004

	Objective	Subcommittee	Comments
	Subcommittees to met to review final Plan Update and draft CDC application (Interim Progress Report) Note: Plan Update & Application due to CDC October 4th	All	**Completed**
	Subcommittees present comments/concerns regarding concurrence to CPG.	DOH	**Completed**
	Vote on Concurrence on Plan Update & Application	CPG	**Completed**
	YART status report		**Completed**
	CPG to discuss status of process monitoring (November) Vote?	CPG	**Completed**
	Subcommittees meet to review/revise overall Work Plan for 05/06 Comprehensive Plan	CPG	**Completed**
	OraQuick Presentation	DOH	postponed
	Status of revised Bylaws discussion/approval?		Steering Committee

D. 2004-2005 CPG Meeting Schedule and Work Plan for 2005/2006 Plan

November 17, 2004

	Objective	Subcommittee	Comments
	CPG Process Monitoring		Tentative
	Poster Presentation by HIV Prevention Program Field Staff		"
	OraQuick Presentation	DOH	"
	PEMS Presentation	DOH	"
	By Laws discussion/vote		"
	CDC Procedural Guidance presentation	DOH	"

January 2005 (2 days)

	Objective	Subcommittee	Comments
	Orientation		
	Overview presentation of EPI profile (to include Phase III of the Integrated Epi Profile)		

March 2005 (2 days)

	Objective	Subcommittee	Comments
	CPG Survey Part I	Evaluation	
	Presentation of recommended interventions/unmet needs.	Interventions	

May 2005 (2 days)

	Objective	Subcommittee	Comments
	Present and review final plan		

July 2005 (2 day)

	Objective	Subcommittee	Comments
	Present and review final application		
	Linkages table presentation		
	CPG Survey Part II.		

August 2005 (1 day)

	Objective	Subcommittee	Comments
	Vote on consensus	CPG	

***comprehensive 05/06 plan and application due to the CDC September 15th.**

September 2005 (1 day)

	Objective	Subcommittee	Comments
	Plan andplication due to CDC	DOH	
	Develop new work plan CDC	CPG	

II. HIV/AIDS EPIDEMIOLOGICAL PROFILE

Purpose
The HIV/AIDS Epidemiological Profile describes the impact of the HIV epidemic in the jurisdiction and provides the foundation for prioritizing target populations.

1. Current HIV/AIDS Epidemiological Profile

Attached in *Appendix I* (2004 Plan/Application submission) are the 2002-3 Updates and the 1999 Epidemiological ProfileThese documents collectively serve as the **interim** basis for the 1st year (2005) of the 2-year prevention plan for the Calendar Years 2005-2006 (1 year + 2 years of 5-year cycle: CY2004-CY2008). The profile was presented to the Committee before the prioritization process and a summary has been presented at the beginning of each planning year to new members during their orientation.

2. Profile Development Work in Progress

A new Integrated HIV/AIDS Epidemiological Profile (for Prevention and Care) is under development that will replace the current profile attached and referenced above. We instituted an incremental process for the redevelopment of the Integrated Epidemiological Profile because resources were only recently allocated for providing Epidemiologic support for prevention and care planning in 2004. Through this incremental process, Phase I and II components of the new Integrated HIV/AIDS Epidemiological Profile are completed and have been incorporated into a CD/compendium of "Epidemiology Resources for Prevention and Care Planning" (see *Appendix J* for attached CD). These 2004 update data, in addition to the current Epi Profile and its 2002-3 updates *(Appendix I)*, are also included in the CD. These data serve as a transitional/interim profile and the basis of the planning process in the 2004-5 planning years (during which the CPG has been developing the next 2-year plan expected for CY2005-CY2006). These 2004 update data in the CD (current Epi Profile and its 2002-3 updates) have been distributed and were presented to the CPG in January and May 2004.

Pennsylvania began HIV reporting in October 2002 and will begin implementation of HIV incidence surveillance in 2004/5. However, the interim updates towards development of the new Integrated HIV/AIDS Epidemiological Profile will not be based on HIV reporting and incidence data until 2006. This is because these newer data will not be ready for use to make meaningful inference until then.

As a bridging solution, this new profile will use a much wider range of data sources in addition to AIDS data to enable better inference on the progression of the HIV/AIDS Epidemic. The strengths and limitations of each data source used in the Epidemiological Profile will also be described. The new Integrated HIV/AIDS Epidemiological (Epi) profile will provide better information about defined populations at high risk for HIV infection. The CPG will then consider, in an update of the prioritization process, a refocus of attention to persons who are living with HIV and at risk of transmitting HIV infection to others. Data gaps will be explicitly identified in the Epidemiological Profile

and plans for acquiring these data will be outlined. As is the case with the current profile, the Epidemiological Profile will contain a narrative interpretation of data presented.

Appendix L (2004 Plan/Application submission) contains an outline and Phase II & III analyses of the New Integrated HIV/AIDS Epidemiological Profile and the timeline for the development of the New Integrated HIV/AIDS Profile. In 2004, the Department of Health's Bureau of Epidemiology re-assigned an "Epidemiologist for HIV Public Health Programs" to fill the position created in 2003; this position's responsibilities include the development of Phase II and III of the Integrated HIV/AIDS Epidemiological Profile (for Prevention and Care).

3. Written Process for CPG Subcommittees to Submit Data Requests to the DOH Bureau of Epidemiology

The guidelines for the process through which committee members may contribute suggestions of additional data sources/analyses for the Integrated HIV/AIDS Epidemiological Profile *(see Guidance in Appendix K and in next paragraph for the guidelines)* was presented to the CPG members prior to and during the update of the Epi Profile and before re-prioritization of target populations to focus on persons living with HIV.

A. Guidance for Recommending Additional Local, Regional or Statewide Data Sources/Analyses for Use in the Planning Process and the Development of the Integrated HIV/AIDS Epidemiologic Profile for Prevention and Care.
Note: Proposed data source/analyses abstract/summary should be no more than 1 page in length and typed in >=10 pt font

1. Outline the main statewide or specialized planning questions/objectives that you propose to answer with the proposed data source/study data/analyses;
2. Clarify how the proposed data source/study data/analyses addresses the main planning objectives/questions outlined in #1 above;
    a. Describe the study/objectives/purpose of the study/data collection/source/analyses proposed;
    b. Describe the study population/setting, sample size, representativeness of study and generalizability/applicability of findings of study/data source from which the data to be analyzed is derived;
    c. Describe the study methods and procedures (attach data collection forms used to collect the data to be analyzed where applicable) and
    d. Describe the public health applicability/recommendations possible/anticipated or already established from study findings.
3. Summarize the public health inference for planning that is possible/anticipated from the use of findings/data from the proposed data source/study data.

[Recommendation: The HIV Epidemiology Section recommends that CPG members request the above details in an abstract formatted according to the above guidelines from the researchers/investigators or study management of all data sources/analyses that are recommended for use in the planning process. Most scientific studies and many formal data collection processes, that are likely to be useful for this purpose, already have

abstracts/summaries of project descriptions formatted in the standardized HHS/NIH format described above under items 1 & 2].

4. Young Adult Roundtable (YART) Input on Epidemiology Data Needs and the Epidemiology Subcommittee Clarification(s) and Response Plan(s)

This section presents the Young Adult Roundtable (YART) consensus statement on Epidemiology data that they consider to be needed to facilitate planning for prevention of HIV among young adults. The subsection subtitled "Young Adult Roundtable Consensus Statement on Epidemiology Data Needs and Epidemiology Clarifications and/or Response Plans" presents the statements of problems, goals and objectives identified by the YART. These statements are quoted verbatim from the YART consensus statement and Epidemiology Clarifications and/or Response Plans appear next to each objective.

Young Adult Roundtable Consensus Statement on Epidemiology Data Needs

A. Consensus Statement Introduction This Consensus Statement describes which statistics should be looked at when developing a view of HIV/AIDS infection among young people in Pennsylvania. Most of the information needed for accurate targeting of young people is not currently being collected in Pennsylvania. The Roundtables recognize this as a particularly severe problem and asks the question "How can programs and interventions be effectively targeted if no epidemiological data is available to support the targeting of these programs?" Effective HIV prevention programs for young people in Pennsylvania cannot be developed and targeted without accurate and sufficient epidemiological data. Although we know that half of all new HIV infections in the U.S. are among individuals under the age of 25, and half of these are among individuals under the age of 22 (CDC)(1), we do not know HIV incidence and prevalence data for young people in Pennsylvania.

What information (data) should be used to help paint the most accurate picture that reflects the HIV epidemic among *young people* (13-24 years of age) in Pennsylvania? How much of this information is already available? How much is not known? Why is this information not known? How should all of this information (data) be gathered from *young people*?

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Epidemiology Clarifications and/or Response Plans:

Introduction and Clarifications: The Consensus Statement on Epidemiology Data Needs from the YART is a well done and detailed effort with an outline of specific data needs for planning of HIV prevention for adolescents and young adults. The HIV Epidemiology subcommittee offers the following general clarifications and response plans to address the data needs identified. In the next section identifying problems, goals and objectives, more specific responses are provided for each objective indicated.

-HIV Incidence and Prevalence Surveillance: HIV incidence and prevalence data constitute the key Epidemiologic data needed to support HIV prevention planning including prioritization and targeting of prevention services for adolescents and young adults. These data are now being collected by the Pennsylvania Department of Health and will be available in updates of the Epidemiologic Profile due for the planning years 2006-

2007. The Pennsylvania (PA) Department of Health (DOH) recognized the increased limitations on usefulness of AIDS incidence data to estimate HIV incidence and prevalence trends after highly active antiretroviral therapy (HAART) was introduced in 1996/7. In response, the Department began a process to make HIV reportable in PA. HIV case reporting began in October 2002; and PA DOH became eligible for HIV incidence surveillance funding (to supplement HIV case reporting) from CDC for the first time for 2004 and preparatory implementation for this project was begun in 2004. These two population-level surveillance studies will operate in tandem from 2005 onwards and will generate population level data on HIV incidence and prevalence that is needed for all population groups, including adolescents and young adults. Data from the two surveillance systems will be integrated and is expected to be ready for analyses for planning by 2006-2007, depending on how quickly the system and the trends generated will begin to stabilize.

-***Interim Bridging Solution & Data Sources***: In the meantime, a variety of data sources are currently being analyzed to provide indicators of HIV risk in the general population including adolescents and young adults, and most of these data will be available in the new Integrated HIV Epidemiological Profile that is expected to be available in 2005. The data sources being utilized for these analyses include surrogate data on STI's, teenage pregnancy rates, abortions, etc. The 2005 Integrated HIV Epidemiologic Profile will therefore address some of the data needs raised by the YART and will be the basis for an update of the model for prioritization of target populations.

-***Behavioral Surveillance***: In addition, the Bureau of Epidemiology's HIV Epidemiology Section is also planning to propose changes in the Department's behavioral surveillance activity to facilitate collection of behavioral data on recent HIV risk behaviors that are indicative of potential risk for HIV, *including among adolescents and young adults*.

-***Providing Guidance on Recommending Additional Data Sources to the CPG Including Representatives of the YART***: In 2003 and 2004, the Epidemiology subcommittee provided the planning committee with a list of a variety of data sources that are currently being analyzed, provided guidance on how to recommend additional data sources, and also solicited input for analyses to support various aspects of prevention planning. In 2005, the Planning Committee (including YART and other subcommittees) will be provided with closer support to enable them to translate their recommendations for additional analysis according to the established process;

-***Bridging the evident gap of knowledge at the planning level regarding HIV Epidemiology work in progress*****:** the Prevention Planning Committee will be provided with an orientation to ongoing HIV Epidemiology work during the 2005 planning year;

-***Coordination of consultations on HIV Epidemiology and other studies in progress or planned***: This activity is slated to begin at the Planning Committee level (including YART) in 2005 and will elicit input on specific issues that need to be taken into account or modified in the data collection processes for HIV Epidemiology studies in progress or planned.

B. YART-Identified Problems, Goals, Objectives and Epidemiology Clarifications and/or Response Plans for Each Objective:
This subsection presents the YART consensus statements of problems, goals and objectives identified by the YART quoted verbatim from the YART Consensus Statement and Epidemiology Clarifications and/or Response Plans appear next to each objective.

Problem #1: HIV incidence and prevalence among *young people* in PA is unknown.
Goal #1: Gather quarterly statistics to determine the **demographics** of *young people* whom are being infected/re-infected by HIV and the **modes of transmission** by which infection occurred.
Objective #1: The age groups identified by this data should be subdivided as follows: 13-15, 16-17, 18-20, and 21-24 year olds. This breakdown reflects social factors, such as driving and legal drinking age, that influence behavior. Roundtable members agree that the age of 18 is important to recognize because many *young people* move away from home and gain more independence.
***[Epidemiology Clarification(s) and/or Response Plan(s)**: The breakdown of age groups can be adjusted where statistically feasible, taking into account sample sizes available for analyses of meaningful trends, and national standardization used for comparisons with other reference data and census data.]*
Objective #2: HIV data should be used to establish target populations (and interventions) in Pennsylvania. Surrogate data suggests that young African Americans, young Latinos/Latinas, young men who have sex with men and young women are at a particularly high risk of HIV infection. HIV infection data should be used to support or disprove the current findings that suggest that these groups are at high risk. HIV reporting (for *young people*) has only recently been implemented; therefore it is too early to draw any conclusions from this newly accumulated data. When sufficient data becomes available, it should be used to reevaluate target populations of *young people*.
***[Epidemiology Clarification(s) and/or Response Plan(s)**: HIV reporting data will be used when it becomes available, see Section C for further information]*.
Objective #3: It is imperative to determine the number of *young people* who are accessing HIV testing services, and in addition those who return for test results. Prevention programs can use this information to target and plan for *young people* who are not getting tested or who are not returning for test results. Data currently being collected at testing sites is not specific to *young people*.
***[Epidemiology Clarification(s) and/or Response Plan(s)**: Data currently collected by the Counseling and Testing program includes age of service recipients and can be analyzed by age group to show the number of young people who are accessing HIV testing services and those who return for test results. Analyses currently underway for the Integrated HIV Epidemiologialc Profile will elucidate this issue. Recommendations of data analyses are to be submitted (using the "Guidance" and form referenced in Section C above) to the Epi Subcommittee by October 30 each year indicating what data each subcommittee needs for planning work during the following year]*.

Objective #4: Needle exchange programs should be used to gather demographic data about young users in PA.
[Epidemiology Clarification(s) and/or Response Plan(s)*: The Department of Health is not currently involved in needle exchange intervention or research programs. However, it is possible for the Department to collect data on/among needle exchange users through commissioning supplemental observational studies such as needs assessments and surveys in this risk group. This request will be referred to the Needs Assessment Subcommittee for collaborative/joint review and possible follow-up with the Epi Subcommittee during 2005]*.
Objective #5: sharing injection drug paraphernalia transmits HIV, and therefore, sharing infected blood. Injection drugs include but are not limited to heroin and steroids. Therefore, the drug-related behaviors through which *young people* contract HIV need to be identified.
[Epidemiology Clarification(s) and/or Response Plan(s)*: The Department of Health can collect the recommended supplemental on needle-sharing and drug related behaviors through commissioning supplemental observational studies such as needs assessments and surveys in this risk group. This request will be referred to the Needs Assessment Subcommittee for collaborative/joint review and possible follow-up with the Epi Subcommittee during 2005]*.
Objective #6: Statistics regarding income, household size, geographic location, and religion should be collected. Again, this information would allow for proper targeting.
[Epidemiology Clarification(s) and/or Response Plan(s)*: The Department of Health collects/obtains some of the recommended information from the general population including subpopulations at risk for HIV through the population census. Analyses of such data are planned for the Integrated HIV Epidemiological Profile currently in development. In addition, such supplemental data can also be collected through commissioning supplemental observational studies such as needs assessments and surveys in samples of at risk populations. This request will be referred to the Needs Assessment Subcommittee for collaborative/joint review and possible follow-up with the Epi Subcommittee during 2005]*.

Goal #2: Gather statistics to determine the **demographics** of *young people* who are living with AIDS.
Objective #1: Determine the number of young people who are living with AIDS, in relation to the total number of people living with AIDS in Pennsylvania
[Epidemiology Clarification(s) and/or Response Plan(s)*: The Department is already collecting demographic data on AIDS cases and is therefore able to perform the recommended analyses; and has already made such analyses available. HIV reporting data will also be used for this purpose when it becomes available, see Section C for further information. Analyses currently underway for the Integrated HIV Epidemiological Profile will further elucidate this issue. Recommendations of data analyses/studies are to be submitted (using the "Guidance" and form referenced in Section C above) to the Epi Subcommittee by October 30 each year indicating what data each subcommittee needs for planning work during the following year]*.

Objective #2: Statistics regarding income, household size, geographic location, and religion should be collected. Again, this information would allow for proper targeting.
[Epidemiology Clarification(s) and/or Response Plan(s)*: This issue has been addressed under Goal 1, Objective #6. Analyses currently underway for the Integrated HIV Epidemiological Profile will elucidate this issue to the degree permissible with available data. Recommendations of data analyses are to be submitted (using the "Guidance" and form referenced in Section C above) to the Epi Subcommittee by October 30 each year indicating what data each subcommittee needs for planning work during the following year].*

Goal #3: Data needs to be collected to identify the specific HIV risk (sexual and drug using) behaviors of *young people* in PA.
Objective #1: PA should reinstate and expand the YRBS to survey HIV risk (sexual and drug using) behaviors. Previously the state of Pennsylvania participated in the nationwide CDC sponsored Youth Risk Behavior Survey (YRBS). This survey collected information from high school students on a variety of risk behaviors including drug use and sexual practices. This data would allow for effective preventative measures.
[Epidemiology Clarification(s) and/or Response Plan(s)*: Departments of Education are the State partner agencies that CDC's Division of Adolescent and School Health (DASH) has designated to collaborate with on projects such as the Youth Risk Behavior Surveillance System. The YART has correctly identified this gap in critical information that is needed for planning prevention services for adolescents and young adults. Recommendations of data analyses or studies are to be submitted (using the "Guidance" and form referenced in Section C above) to the Epi Subcommittee by October 30 each year indicating what data each subcommittee needs for planning work during the following year. Upon receipt of the relevant data needs and study recommendations, the HIV Epidemiology Subcommittee and the CPG will develop a response plan to be submitted to the Department of Health and the Department of Education with a request to assess the feasibility of restarting the YRBSS in Pennsylvania. The YART is thus invited to submit the relevant recommendation with the relevant information indicated on the recommendation form for review and follow-up with the Epi Subcommittee and CPG during 2005].*
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Objective #2: Until sufficient HIV infection data among young people is available, surrogate data should be used to identify target populations. Useful statistics in determining the unprotected sexual behaviors of *young people* would be rates of STIs, pregnancies, abortions, and emergency contraceptive use. Statistics that have yet to be collected include frequency of protected and unprotected anal, oral, and vaginal sex; the age of first sexual encounter; and the number of partners per year. Trends among behaviors of *young people* should be extracted from this information, aiding in the formation of interventions.
[Epidemiology Clarification(s) and/or Response Plan(s)*: This issue has been addressed under Goal 1, Objective #6. Analyses currently underway for the Integrated HIV Epidemiologic Profile will elucidate this issue to the degree permissible with available data. Recommendations of data analyses are to be submitted (using the "Guidance" and form referenced in Section C above) to the Epi Subcommittee by October 30 each year*

indicating what data each subcommittee needs for planning work during the following year].

Objective #3: Risk behavior data should be specific to demographics: race, gender, geographic location, and sexual orientation.

[Epidemiology Clarification(s) and/or Response Plan(s)*: Data currently collected by the Department's HIV/AIDS Case reporting system includes data on demographics, sex, geographic location and probable mode of transmission. The current Epidemiological Profile already analyzes data on adolescents and young adults by demographics (age and race/ethnicity, sex, geographic location) and probable mode of transmission. This approach is continued in the analyses currently underway for the Integrated HIV Epidemiological Profile. The recommended supplemental data on sexual orientation and gender (note: gender is used in this context to denote part of an individual's self-perception of sexual identity, which is not necessarily biological sex at birth) may not be currently feasible to collect through the HIV/AIDS case reporting system. However, the Department of Health can collect the recommended supplemental data through commissioning supplemental observational studies such as needs assessments and surveys in representative samples of the target populations of interest. This request will be referred to the Needs Assessment Subcommittee for collaborative/joint review and possible follow-up with the Epi Subcommittee during 2005.*

Recommendations of data analyses are to be submitted (using the "Guidance" and form referenced in Section C above) to the Epi Subcommittee by October 30 each year indicating what data each subcommittee needs for planning work during the following year.]

5. Summary of Data Sources/Analyses for Phase I – II of Integrated Epidemiological Profile Development

The following table provides a cursory summary in the development of the Integrated Epidemiological profile for both HIV prevention and care.

ASSIGNEE **ANALYSIS SECTION**	**# ITEMS TO DO**	**STATUS** **# ITEMS COMPLETED** **# ITEMS NOT DONE/ PENDING**
(mainly raw data analysis) - In progress		
A. AIDS SURVEILLANCE DATA: FIGURES	11 FIGURES (11 Tables and Figures) 4 MAPS	In progress
A. EPS DATA: FIGURES	4 TABLES and FIGURESS	
A. AIDS SURVEILLANCE DATA: TABLES	10 TABLES	
(requesting end-product data) - In progress		
B: C&T DATA	4 TABLES and FIGURES 1 TABLE	In progress
C: STD DATA	13 TABLES & FIGURES	
D: NEEDS ASSESSMENT	4 TABLES and FIGS	
E. CARE SERVICES DATA (CAREWARE)	2 TABLES	
F. DRUG-RELATED HOSP & ER VISITS (HC4?)	3 TABLES and FIGS	
G. BEHAVIORAL RISK FACTOR SURVEILLANCE SYSTEM	1 TABLE and FIG 1 TABLE	
H. TEENAGE PREGNANCY DATA	2 TABLES and FIGS	
I. BACKGROUND POPULATION DATA	7 TABLES SET OF DENOMINATOR TABLES	
J. HIV-RELATED DEATHS/MORTALITY	2 TABLES	
K. PUBLIC INSURANCE COVERAGE: ADAP/SPBP	2 TABLES	

Note: This is to be done in phases during current year 0 (2003), and year 1(2004) and 2(2005) of the next 3 or 5 year plans for HIV public health programs and grant cycles.

Recruitment of *Epidemiologist for HIV Public Health Programs* – April 2003 – October 2003;

- *redevelopment of job description for reclassification of current Master's position to Doctoral level position – completed*
- *submit to OA by July 30, 2003 and request position reclassification – awaiting OA approval*
- *posting of position at Doctoral level - August/September 2003*
- *interviews for position –September/October 2003*
- *projected start date - October/November 2003*
- ***Bureau of Epidemiology reassigned an existing doctoral-level Epidemiologist staff member to fill the position and transition to this position occurred from October/November 2003 – June 2004.***

New Integrated Epidemiological Profile for 2004 – Phase II update: due December 2003 **(year 1 next cycle)**

Key Milestones for the Use of Epi Profile in HRSA and CDC Applications: 2003 - 2004

- Phase I updates done in 2003/2004 will be incorporated into application for 2005 prevention plan and application: due 9/2004; For the 2004 prevention application to be submitted in 2003, the application will include the profile currently being updated in 2003. The actual plan for the 2004 application will be based on the current Epidemiological Profile (pre-2003 updates) and this timeline for the redevelopment of the profile. In addition a progress report on the redevelopment of the Epidemiological Profile will be included.

-coalition level components of Phase I update of integrated profile to be provided to coalitions – due 12/2003;

-incorporation of Phase II update of integrated profile and Epi support in HRSA application – due 12/2003 – 1/2004;

-Phase II update of integrated profile to be made available as part of orientation for prevention and care planning: 1/2004 and

-incorporation of Phase II update of integrated profile and Epi support for CDC prevention application: 2/2004 – 7/2004.

Integrated HIV/AIDS Epidemiological Profile for applications to be submitted in 2005 – Phase III update: due December 2004 **(year 2 HRSA/CDC next cycle)**

III. PRIORITIZATION OF TARGET POPULATIONS

Introduction

This section focuses on identifying and ranking a set of target populations that require prevention efforts due to high infection rates and high incidence of risky behavior. The CPG established the following model to rank-prioritize target populations/transmission groups at the statewide level to ensure that priority setting is fair. In pursuit of this goal, the CPG and the State HIV/AIDS Epidemiologist developed an empirical/evidence-based objective process to set priorities as opposed to a method that relies on subjective perceptions. This model continues to undergo peer review and refinement.

The CPG acknowledges the CDC requirement to prioritize HIV-infected persons as the highest priority population. The CPG was unable to complete a new process of prioritizing target populations to meet this requirement because the requirement was introduced late in the 2003 planning process. The CPG addressed this requirement by determining that for the current Plan, HIV-infected persons are also designated in each of the priority target populations. The Epidemiology Subcommittee has made a commitment to rank both HIV-infected high-risk populations (HIV-infected White MSM) and uninfected high-risk populations (Uninfected White MSM) as separate populations conducting the process of prioritization of target populations in 2004-5. There may potentially be 26 priority populations. The new priority model and its results are expected to be completed during the 2005-planning cycle for use in 2006 and beyond.

1. Summary of the Methods for Application of the Model for Prioritization of Target Populations

Transmission categories and factors for ranking of transmission categories were established based on the main modes of transmission and races/ethnicities identified by the Epidemiological Profile [See Abstract in Appendix M].

Factors for prioritizing the target populations were determined according to their potential correlation with likelihood of new infections. These included:

A. Factors related to transmission potential of probable mode of transmission:

- Predominant mode/risk behavior

B) Factors indicative of incidence (likelihood of new infections) and prevalence of HIV:

- Estimated live HIV cases in transmission category as proportion of total living with HIV in Pennsylvania
- Estimated unadjusted relative risk or likelihood of death as an indicator of relative survival time for transmission category which is in turn an indicator of relative likelihood of increase/decrease in prevalent pool of infected persons (assuming no decline in other contributing factors)

C) Factors that may impede or enhance access to prevention and care:

- Barriers to prevention
- Resources currently distributed to each target population

2. Utilization of Available Data, Collection of Data Not Available and Application of Data to Model

Data needed for each factor and target population were gathered if they existed, new data collection analyses were performed and made available, and data not readily available that needed to be collected were identified. Plans are continuously under review to collect the needed data.

i. The target population factors were assigned weights from 0-10, giving the most important or reliable greater weight, and the least important or reliable lesser weight;
ii. Categories within each factor were ranked and each factor assigned a relative weight compared to other factors in the model;
iii. The available data were inputted into the model and the rank for each factor was multiplied by the weight associated with the factor, resulting in a product score for that factor corresponding with the appropriate transmission category;
iv. The product for each factor by transmission category was then entered into the respective cell in the transmission category column;
v. The totals for each transmission category column were calculated; based on the sum of the scores of the transmission category column, the percentage for each transmission category were calculated and entered;
vi. Each transmission category was stratified by race/ethnicity to establish population transmission categories. Each transmission category sum of scores was thus stratified by race/ethnicity according to the relative percentage of incident AIDS cases (diagnosed in more recent years, 1995-1997) in each transmission category by race/ethnicity and
vii. The population-transmission group cross-tabulation yielded population-transmission groups that were ranked according to the percentage share of the total score for all population-transmission groups.

3. Summary Results of Prioritization Model for HIV/AIDS Ranked Population

Transmission Groups: 2003 By Sex/Age/Group

Rank	**Relative % (Overall Score)**	**Population/ Transmission Group (HIV+ & HIV-)**	**Sex M=Male/F=Female Distribution**	Age Group/ Miscellaneous	**Geographic Distribution**
1	18.6% (165)	White - MSM	M	*20-39; 13-19, 40-49;	NA*
2	15.8% (140)	Black - IDU	M & F, Mostly Male	*20-39; 13-19	NA
3	10.1% (90)	Black - MSM/IDU	M	*20-39	NA
4	9.0% (80)	White - MSM/IDU	M	*20-39	NA
5	8.3% (74)	Black - Hetero	F & M, Mostly Female sex partners of IDU	-history of STD, 13-19; -partners of IDU, 13-39;	NA
6 (tie)	8.2% (73)	White - IDU	M & F, Mostly Male	*20-39	NA
6 (tie)	8.2% (73)	White - Hetero	F & M, Mostly Female sex partners of IDU	-history of STD, 13-19; -partners of IDU, 13-39; -(?white F<13?)	NA
8	7.6% (67)	Hispanic - IDU	M & F, Mostly Male	++13-19; *20-39	NA
9	5.8% (52)	Black - MSM	M	13-(*20-29)-39	NA
10	4.4% (39)	Hispanic - Hetero	F & M, Mostly Female sex partners of IDU	-history of STD, 13-19; -partners of IDU, 13-39;	NA
11	3.0% (27)	Hispanic – MSM/IDU	M	*20-29	NA
12	1.0% (9)	Hispanic MSM	M	*20-29	NA
TOTAL ADULTS	100% - ?5%?				
13	1 %	Perinatal Transmission	Blacks & Hispanics Comparable, Whites 2%; See Table 1.	Hetero Females who are IDU and/or partners of IDU	NA
	?4 %?	Emerging Risk Group Needs Assessments	To be determined by CPG informants;		NA
TOTAL ALL GROUPS	100%	ALL RISK GROUPS	ALL RISK GROUPS	ALL RISK GROUPS	ALL RISK AREAS

NA*=Variable not applied in model

>>*^Please note that perinatal transmission has been removed from the final distribution model for adults ranked 1-12.

>>Prioritization for this mode of transmission may need to take into account the relative percent share of this mode of transmission in Table 1as a set-aside and also consider the large amount of resources currently spent in the public (through a Ryan White initiative to eliminate perinatal transmission) and private sector.

PLEASE NOTE the Pennsylvania Community HIV Prevention Planning Committee recognizes that the above prioritization of HIV risk populations is based on information pertaining to population-transmission groups. A number of other characteristics and life circumstances also define subgroups of individuals who are at risk of HIV within these larger groups defined in the model. The following subgroups are largely included in one or other groups defined in the model, for instance:
-female sex partners of IDU males, female sex partners of MSMs, female young adults and adolescents at risk for HIV through sex with men (included in risk group due to male and/or female heterosexual contact);
-young MSMs(included in risk groups due to MSM) and
-individuals experiencing poverty and/or homelessness, the incarcerated and those recently released from incarceration into local communities; non-IDU drug and alcohol users who have sex with people with HIV, individuals who are mentally ill, and transgender individuals(these groups may acquire HIV through predominant risk covered in any of the groups defined).

When local jurisdictions, service providers and organizations use the above model to establish local prioritization of risk populations, the Committee requests that these other characteristics and life circumstances that may be predominant within each local community be taken into consideration, to further refine local priority-setting.

4. Discussion, Limitations and Recommended Future Activities for Prioritization of Target Population Groups

In Pennsylvania, the initial primary/"macro prioritization" phase of the process of prioritization presented in this summary has rank-prioritized target population-transmission groups at the statewide level. The next phase may entail a radical shift on two fronts : a) a shift from focusing on at-risk HIV- populations to HIV+ populations as the key priority target population within each population-transmission group; and b) a shift from the current statewide paradigm of one set of statewide priority target populations to regional priority target populations. The latter shift will result in regional priority target populations that are more relevant to the epidemic in each region. As a result, prevention intervention plans will need to be tailored to meet the needs of the regional priority target populations.

The CPG recognizes the resource-intensiveness and limitations of planning resources to support regionalized consultative mechanisms. The CPG will therefore deliberate the consultative aspect further to determine a workable approach for taking regional perspectives into account in the translation of the regionalized priority-setting model. As additional identified data needed to fully operationalize the revised model become

available or as epidemic changes occur, such new data needs will be incorporated into the model and the priority target populations will be updated.

Further steps will entail secondary/micro-prioritization in regional/local contexts. Region- specific local target populations will be prioritized within each regional primary /macro priority target population. This process will prioritize secondary/micro factors such as social and other risk-defining factors such as 1) *younger age group* and *socioeconomic status among black MSM*; 2) *homelessness* among white IDU; 3) black hetero *sex workers* of *low socio-economic status* who *trade sex* with IDU; or, 4) *transgender*, *socioeconomic status* and *urban-setting* among white MSM. These secondary/ "micro" factors tend to be region-specific and their relevance will need to be assessed through region-specific sub-analyses and targeted needs assessments or surveys in the respective regional target populations. Through this more specific local secondary/micro prioritization within the regional priority population-transmission groups, regional/local data may inform secondary/micro-prioritization and targeting of harder to reach poorer or homeless IDU/other substance users, incarcerated persons and those discharged from incarceration; sex workers; low socioeconomic persons (viz. homeless persons); at-risk youth/young adults, etc. *Appendix N* presents an abstract/summary of the proposed plan and timeline for the revision of the prioritization of target populations for HIV prevention.

It is expected that data needed for prioritization of various emerging populations will be lacking. It is therefore recommended that the CPG set aside 3-5% of total resources available for this planning process in each year for special projects such as prioritization, rapid surveys and needs assessments among these target populations.

5. 2003 HIV Prevention Plan Guidance

Specific Objectives to be addressed and attributes to measure the attainment of those Objectives were provided within the 2003 CDC Plan Guidance. The Epidemiology Subcommittee has reviewed and updated those objectives and attributes specific to their work.

Objective D: Carry Out A Logical, Evidence-Based Process to Determine the Highest Priority, and Population-Specific Prevention Needs in the Jurisdiction.

Attribute 19 (Epidemiologic Profile): The Epidemiological (Epi) profile provides information about defined populations at high risk for HIV infection for the CPG to consider in the prioritization process. In consultation with the CDC Federal Project Officer it was agreed that an Epidemiological Profile developed in 1999 would be progressively updated in phases towards development of the New Integrated HIV Epidemiologic Profile. A timeline has been established for the development of updates towards the new Integrated Epidemiological Profile with the next two-year submission for 2005-2006. The 2004-5 update of the Epidemiologic Profile contains the thirteen defined populations at high risk for HIV infection across the Commonwealth of Pennsylvania not including Philadelphia.

Attribute 20 (Epidemiologic Profile): Strengths and limitations of data sources used in the epidemiological profile are described (general issues and jurisdiction-specific issues). In 2003, the Epidemiology Subcommittee reviewed the potential data sources. At the March 2004 meeting the Epidemiology Subcommittee communicated a written process for members to submit data requests to the Bureau of Epidemiology. In July 2004, a form format of the guidance was also distributed (*Appendix K*).

Attribute 21 (Epidemiological Profile): Data gaps are explicitly identified in the Epidemiological Profile. Pennsylvania became an HIV names-reporting jurisdiction in October 2002. Hence, it will be a considerable time until such data are usable for HIV prevention planning. The profile will continue to use surrogate data as well as sexually transmissible infection data and other indicators of HIV risk-related behaviors where data are available. The Young Adult Consensus Statement identifies several data needs relative to youth and young adults which will be addressed as outlined in the response plan. The Bureau of Epidemiology has utilized additional help that will assist in analyzing additional data sources for the profile.

Attribute 22 (Epidemiological Profile): The Epi profile contains narrative interpretations of data presented. The past updates of the epidemiological profile and the Profile due for release in the 2005 Plan also includes relevant narrative of each section and an overall basic summary overview of the Epidemic.

Attribute 23 (Epidemiological Profile): Evidence that the epidemiological profile was presented to the CPG members prior to the prioritization process. This epidemiological profile was presented to the full CPG in the summer of 1999. CPG members received the profile *prior* to the priority setting process for target populations as part of the development of the 2000 Plan. Data from this profile was directly used in the priority population process. In addition, as part of the Community HIV Prevention Planning process, new members receive an Epidemiology presentation as a component of the new member orientation provided in January (at the beginning of each annual planning cycle). Also, updates of the Integrated Epidemiological Profile and gap analyses will be used to update the revised priority target populations for people living with HIV.

List of Appendices
(2004 Plan/Application Submission)

Appendix I: 2002-3 Updates and the 1999 Epidemiological Profile [Sections A and C (CI-CIV) in the CD of Epidemiology Resources for Prevention and Care Planning];

Appendix J: CD of Epidemiology Resources for Prevention and Care Planning;

Appendix K: Guidance for Recommending Additional Local, Regional or Statewide Data Sources/Analyses for Use in the Planning Process and the Development of the Integrated HIV/AIDS Epidemiological Profile for Prevention and Care (form format);

Appendix L: Outline of Phase II & III analyses of the New Integrated HIV/AIDS Epidemiological Profile and the timeline for the development of the New Integrated HIV/AIDS Profile and 2004-2005 Integrated Workplan for HIV Epidemiology Subcommittee

Appendix M: Abstract of Prioritization of Target Populations for HIV Prevention

Appendix N: A work plan for revision of the current model for prioritization of target populations for HIV prevention (Note: this work plan includes the abstract/summary of the proposed plan and timeline for the revision of the prioritization of target populations for HIV prevention)

6. Project Abstract/Summary

To gather the needed information from many divergent sources relative to the development of a statewide prioritization of target populations the Bureau of Epidemiology has developed the following submission form:

Abstract/Summary of Project Plan for Revision of Statewide Prioritization of Target Populations for HIV Prevention in Pennsylvania

[Format based on "Guidance for Recommending Additional Analyses for Use in the Planning Process"]

Main statewide or specialized planning questions/objectives to be answered with the proposed data source/study data/analyses:
The main objectives of the project are to revise the statewide prioritization model for targeting populations for HIV prevention in Pennsylvania and collaborate with the CPG to incorporate the new priority target populations into the prevention plan.

How the proposed data source/study data/**analyses addresses the main planning objectives/questions outlined** in #1 above

Describe the specific **project/study objectives/purpose** of the study/data collection/source/analyses proposed

The specific project objectives are to develop a project plan and implement this plan to revise the prioritization model on aspects that include:
1) Introducing a mechanism within the revised model for refocusing the main target population within each population-transmission group to firstly identify HIV infected persons most likely to transmit HIV to others and secondly uninfected populations most at risk of acquiring HIV infection;
2) Introducing a mechanism within the revised model for changing the current statewide paradigm of one set of statewide priority target populations to include regional priority target populations that are more relevant to the epidemic in each region and
3) In addition to the above-outlined primary/"macro prioritization", the project will develop a mechanism to be used as a guideline for secondary/"micro prioritization" within each prioritized regional population-transmission group.

This additional step entails secondary/"micro-prioritization" in the regional/local context of region-specific local target populations within each regional primary /"macro" priority target population (mainly prioritization of secondary/micro factors such as social and other risk-defining factors: e.g. critical secondary factors that need to be taken into account in secondary/micro prioritization within each primary/ "macro" priority target population may include the following: *younger age group* and *socioeconomic status* among black MSM; *homelessness* among white IDU; black hetero *sex workers* of *low socio-economic status* who *trade sex* with IDU; or *transgender, socioeconomic status* and *urban-setting* among white MSM, etc. These secondary/ "micro" factors tend to be region-specific and their relevance will need to be assessed through region-specific sub-analyses and targeted needs assessments or surveys in the respective regional target populations. Through this more specific local secondary/micro prioritization within the regional priority population-transmission groups, regional/local data may inform secondary/micro-prioritization and targeting of harder to reach poorer or homeless IDU/other substance users, incarcerated persons and those discharged from incarceration; sex workers; low socioeconomic persons (viz. homeless persons); at-risk youth/young adults, etc.

a. **Study population/setting**, sample size, representativeness of study and generalizability/ applicability of findings of study/data source from which the data to be analyzed is derived.
   The study population for data collected for use in prioritization is the Pennsylvania population of persons infected with HIV who are at risk of transmitting HIV and those who are uninfected but at risk of new infections. The prioritization plan and data used to 'operationalize' the model must therefore be applicable on a statewide and regional level and data sources used must be of sufficient sample size to assure representativeness of the population groups that the results of the model will be applicable to. This is necessary to ensure that the findings/results of the analyses of the model are generalizable across the state and at a regional level.

b. **Study methods and procedures** (attach data collection forms used to collect the data to be analyzed where applicable);
The methods to be followed to revise the model for prioritization will follow the established procedures used for the current model in the abstract describing the current model and results. The procedures and model revision will be consistent with CDC guidance outlined below.

CDC-guidance for prioritization of target populations
All jurisdictions receiving CDC prevention funding must establish a prioritization process for target populations and interventions to be applied to the target populations. To support establishment of this process, the CDC provides guidance for establishing priorities.

Prioritization of HIV-prevention interventions for each target population.

The CDC recommends the following "key priority setting tasks":
1). Identify target populations.
2). Identify potential factors for prioritizing target populations (e.g., AIDS case rates, HIV transmission rates, barriers to prevention, etc.).
3). Gather existing data sets or identify new data you need for each factor for each population.
4). Weight target population factors (giving the most important or reliable greater weight, and the least important or reliable lesser weight).
5). Rank and score target populations using the above factors.
6). Use the above scores to prioritize the target populations.
7). Identify a list of interventions for each target population.
8). Identify factors for each intervention.
9). Gather data on each factor for each intervention.
10). Weight intervention factors.
11). Rank and score interventions for each target population using factors.
12). Prioritize interventions for each target population.
13). Review and evaluate the overall priority-setting process.
14). Incorporate the above prioritization process in writing the prevention plan.

Possible/anticipated Public Health applicability/recommendations:
The prioritization model will generate specific recommendations of population-transmission groups that should be targeted for HIV prevention at the statewide and regional level.

Summary of **Public Health inference for planning that is possible/anticipated** from the use of findings/data **from the proposed** data source/study data/**analyses**:
The findings of the revised model for prioritization of target populations for HIV prevention are to be used by the CPG to target prevention services to HIV infected persons most likely to transmit HIV to others and populations most at risk of

acquiring HIV infection. The results of the study are also disseminated by the CPG and the State to HIV prevention service delivery partners and are used by the State in allocating prevention resources and as a guide for services provided by the Department's HIV prevention service delivery partners. Regional HIV prevention service delivery partners will also use the prioritization as a guide for targeting prevention services at the regional/local level.

Timeline of Project & (% Projected FTE Effort):

Phase I: January – March 2005: plan development, revision of model, departmental and external peer review, and community planning review of conceptual framework (25% Effort);

Phase II: April – May 2005: procurement of data sources, application of data in model and generation of results (20% Effort);

Phase III: June 2005: departmental and external peer review, community planning review (20% Effort);

Phase IV: July 2005: alignment of target populations with priority interventions (25% Effort);

Phase V: August – September 2005: update of prevention plan (20% Effort) and

Phase VI: October 2005 onwards: dissemination of priority target populations and interventions (20% Effort).

IV. COMMUNITY SERVICE ASSESSMENT

Introduction

This section describes the prevention needs of populations at risk for HIV infection, prevention activities/interventions that currently exist to address needs, and service gaps or where needs are not being met. The CSA is a combination of three products: Needs Assessment, Resource Inventory, and Gap Analysis.

1. Needs Assessment

Needs assessment is critical in the work of the Epidemiology Subcommittee's development of priority populations as well as integral to the Interventions Subcommittee's gap analysis. Thus, the Needs Assessment Subcommittee has been working in 2004 assisting in analyzing needs assessment data for use in Plan development as well as identifying gaps in data for future needs assessments endeavors.

Needs Assessment Subcommittee members participated in the January 2004 New Member Orientation with a brief overview of their Subcommittee. In addition, at the January CPG meeting the Community Services Assessment was reviewed and recommendations for additional needs assessment data were considered. At the March meeting the Pennsylvania Prevention Project provided the CPG with an update on recent needs assessments conducted and those to be conducted in 2004. Priority populations were considered, but it was determined that they would be revised with the 2005 submission when improved data was available. Also at the March meeting the Resource Inventory was reviewed and updated in conjunction with the Interventions Subcommittee. At the July CPG meeting Needs Assessment Subcommittee members presented a comprehensive review of all completed needs assessments as well as the status of those in process. This also included HIV-positive and emerging risk groups.

A. Summary of Methods

The methods utilized to implement needs assessment are outlined below. Three committees are typically brought together to oversee the process: 1) "steering committee" consisting of PPP staff, committee members and other PA experts that oversees the literature review, identifies subgroups within the proposed risk population, and helps develop draft questions, 2) "design panel" consisting of members of the prior committee plus additional committee members that refines questions and identifies appropriate methods, 3) national experts that further refine questions and methods. The actual process consists of the following steps.

- **Literature Review:** Databases, web-sites, past needs assessment data, and other data sources are searched. The purpose is to identify relevant themes, gaps in literature, quality methods to be utilized and national experts to be contacted for advise.
- **Identification of Sampling Frame:** Not all subgroups of any population (e.g., IDUs, MSM) can be included due to funding limitations. The steering committee makes preliminary recommendations of appropriate subgroups for study based on relevant epidemiological data, feedback from the Committee and the literature review.

- **Development of Questions:** Questions are based on: 1) informational needs of the Committee; 2) topical areas as identified through the literature review, 3) past needs assessment questions; 4) discussions about subpopulations by the Committee; 5) PPP staff dialogue; and, 6) outside expert input. *The committees and national experts revise the initial draft of questions at least three to five times.*
- **Identification of Methods:** The design panel identifies the most appropriate methods (e.g., key-informant interviews for more marginalized [rural IDUs] and thus harder to reach populations; focus groups for more accessible subpopulations).
- **Development of Budget:** A detailed budget for the project is then developed. The budget includes payments to participants; interviewers, group facilitators, and recorders, refreshments, travel expenses, supplies and rental space.
- **Institutional Review Board:** Application must be made to, and approval received from, the University of Pittsburgh's Institutional Review Board. This is often an extremely complicated process due to the types of individuals involved in the needs assessment. Consent, protection from harm, anonymity, data analysis, and a host of other issues are reviewed.
- **Staffing and Training:** Individuals are then identified to recruit participants and to lead groups or implement interviews. These individuals are selected based on the quality of their relationships with the target populations and their relevant skills. Training topics include: 1) purpose of the study; 2) dynamics of each target population; 3) confidentiality; 4) facilitation or interviewing skills including helping participants feel comfortable, active listening, group skills, role of the moderator or interviewer, need for consistency from group to group, dealing with difficult people, and 5) other relevant issues.
- **Data Collection**: All groups and interviews are tape-recorded. Pilot focus groups and focus group facilitators and interviewers implement interviews. Staff of PPP reviews the tape recordings of these pilot groups and interviews and provides feedback to the facilitators and interviewers. Facilitators and recorders provide refreshments.
- **Analysis of Data:** In summary, three individuals listen to a cross-section of tapes and identify relevant themes based on each theme's frequency, intensity, and level of consensus. Reliability is evaluated. A matrix system is utilized based on the work of Miles and Huberman. Following this, the lead data analyst reviews the remaining tapes to record the data based on the identified themes with a back-up reviewer listening to selected tapes to ensure high quality. Findings are then checked for validity in sessions with Committee members who were also representatives of the populations under study. A draft report is circulated among a variety of individuals, including those from risk population, before the report is finalized.
- **Evaluation of Project**: Evaluation of this project occurs on several levels. First, all interview and focus group participants complete written evaluations. Focus group facilitators and recorders also complete an evaluation after completing their work. Group facilitators and PPP staff meet at the conclusion of the project to discuss the strengths and weaknesses of the needs assessment. Finally, data is presented to the Committee in part to have them provide evaluative feedback.

B. Results

In 2004, needs assessment activities were focused on young African-American adults, transgender/transsexual men and women, homeless men and women, Asian/Pacific Islander men who have sex with men, and HIV positive men and women. A total of 126 people (60 young adults, and 66 adults) participated in focus groups or face-to-face interviews. Young adults primarily participated in face-to-face interviews. Young African-American men who have sex with men, young African-American women, and young heterosexual, African-American men participated in separate groups. Adults primarily participated in focus groups, except for the homeless men and women who were interviewed face-to-face. Each group was found to have unique issues regarding prevention services. The following summarizes the results of the needs assessments conducted in the past year.

Transgender/Transsexual People

Facilitators and recorders conducted two focus groups in Eastern and Western PA. A total of sixteen transgender/transsexual men and women participated in the focus groups after first answering a short intake form describing themselves. Focus groups were tape-recorded.

Major Findings

- Transgender/transsexual people are not homogenous. They are diverse in identity, behaviors, and presentations.
- Many transgender/transsexual people experience multiple forms of discrimination and violence.
    - Discrimination and oppression of transgender people fosters isolation, reduces self-esteem, and limits access to HIV prevention and health promotion resources.
    - Many religious institutions do not accept any form of gender nonconformity.
    - Many transgender people have limited access to employment in the private and public sectors due to the prejudice and discrimination they face.
- The sex industry is a major income source for those unable to find jobs.
- Transgender people involved in the sex industry reported increased earnings when condoms are not used. Transgender people have limited opportunities for transgender/transsexual specific HIV prevention programs, literature, and/or prevention programs including those facilitated by peer educators.
- 81% of focus group participants reported having had an HIV test. That percentage dropped to 70% when those who identified as gay males were excluded.

Recommendations

- Gather data on transgender/transsexual men and women, have literature available that is oriented toward transgender/transsexual people, and conduct outreach to transgender/transsexual populations (stated with regard to State funded HIV testing programs).

- Make HIV prevention messages/literature and confidential HIV testing and counseling accessible to transgender/transsexual people who are involved in the sex industry.
- Develop and implement mobile prevention and education units (strongly recommended).
- Keep interventions brief and involve creative incentives to promote participation and follow-up.
- Make prevention literature/materials for transgender/transsexual people available that identify risks associated with unprotected sex and sharing needles. These should also identify safe-spaces for transgender people.
- Hire transgender/transsexual people to act as peer educators.
- Develop and implement more research to investigate the HIV/AIDS issues of transgender/transsexual people. It will be important that research projects utilize HIV testing to gather information about HIV prevalence among transgender/transsexual people in addition to collecting information about their risk factors.
- Make forms used by health department staff inclusive of transgender/transsexual individuals thus helping these individuals to identify themselves. It is important to communicate to transgender people that it is safe for them to identify themselves.

<u>Young Heterosexual African Americans</u> (16 & 17 year olds)

Confidential interviews were conducted at two sites in the Pittsburgh area. Participants were recruited from high school parenting programs and from community-based organizations that provide health promotions to at-risk teens.

Ten heterosexual males and ten heterosexual females participated in the confidential (taped) interviews after first answering a short intake form describing themselves. Race and gender matched professionals conducted each interview. The data from the intake forms and interviews found:

Major Findings

- 20% of those surveyed reported having taken an HIV test.
- Fears and stigmas associated with HIV were identified as barriers for HIV testing.
- Adolescents have limited discussions about HIV prevention with family or peers.
- Exposure to HIV prevention information, free condoms, and skills building appear to be limited to school-based health classes.
- Male respondents reported having discussions with parents about condom use for the prevention of unwanted pregnancies, but not about HIV prevention.
- Males shared that condom use was learned on a “trial & error” basis.
- Female respondents reported being offered HIV testing during routine gynecological appointments, but offered little or no prevention counseling or skills building.
- Female respondents further reported that they lacked the skills to effectively negotiate the use of condoms.

Recommendations

- Provide in-home HIV and STD prevention programming for peer/family groups of diverse ages.

    - In-home programming could foster positive (group) dialogue about HIV, STDs, and pregnancy prevention.
    - In-home programming could increase opportunities for on-site HIV testing and counseling, within the confines and safety of one's own home—or those of their friends/peers.
    - In-home programming could also be a means to educate family members over the age of 50 about their risk for HIV/STD infections and to increase awareness of harm reduction techniques. This is important because many older adults do not perceive of themselves as being at risk. Additionally, there are few prevention programs targeting this population.
- Design programs to encourage and support youth in knowing their HIV status, to make healthy and informed decisions, and to decrease fears/stigmas associated with HIV/AIDS.
- Make free condoms more available. This is especially true for youth in rural areas.
- Develop and implement billboard ads that list HIV prevention facts, promote testing and counseling, and identify local AIDS service organizations.
- Include skills-building and negotiating skills for males and females within youth prevention programming.
- Have trained peer educators be accessible at local community/recreation centers, AIDS service organizations, and school-based prevention programs.

<u>Young African American Men who have Sex with Men</u> (16 & 17 year olds)
Confidential interviews were conducted in two sites in the Pittsburgh area. Participants were recruited from high schools and from community based LGBT organizations providing youth programming. Ten young men who have sex with men (MSM) were interviewed after first answering a short intake form describing themselves.

Major Findings
- 20% reported having had an HIV test.
- HIV stigma is a barrier to testing.
- Youth, regardless of their sexual orientation, continue to view themselves at low-risk for HIV infections.
- Limited dialogue about HIV & STDs with family or peers.
- Limited access to free condoms.

Recommendations
- Market confidential HIV testing and counseling as an essential component for self-empowerment within HIV prevention programs.
- Develop and implement a "Knowledge is Power" type campaign to promote young MSMs to know HIV status and to help these youth gain skills for making informed choices about intimacy, condom negotiation and self-worth.
- Make trained peer educators accessible at local community/recreation centers, AIDS service organizations, and school-based prevention programs.
- Create and support community-based safe-spaces within the LGBT communities. These spaces should provide this population with opportunities to increase self-esteem and self-worth, promote dialogues about relationships, promote self-

empowerment, foster effective communication and listening skills, and provide harm reduction information and testing and counseling.

<u>Young Homeless Males & Females</u> (16 & 17 years old)
Confidential interviews were conducted in shelter sites in and around the greater Pittsburgh area. Participants were recruited from youth/runaway shelters and family-based shelters. Fifteen homeless males and fifteen homeless females were interviewed after a short intake describing themselves. Shelter employees were trained to recruit and facilitate the interviews.

Major Findings
- None reported ever having had an HIV test.
- Respondents reported being scared to be tested and equated a "positive" test result to a two-year life span.
- Young homeless African-American males do not talk to anyone about HIV/AIDS.
- Homeless youth do not know where to obtain free condoms.
- Homelessness negatively impacts feelings of security and may contribute to their participation in the sex industry.
- Homelessness makes sexual risk reduction secondary to day-to-day survival needs.
- Homeless youth increase their risk for HIV disease when they exchange sex for money, housing, food.
- Homeless youth reported limited opportunities for accessing HIV information, education and skills building.

Recommendations
- Staff development training for (shelter) employees in the areas of harm-reduction techniques, skills building, condom negotiation skills, information about local HIV statistics & infection rates, and HIV/AIDS community resources & linkages.
- On-site & off-site HIV Testing & Counseling facilities.
- Shelter facilities should provide ongoing HIV prevention programming and skills building for homeless adults.
- Free condoms should be made available for homeless adult residents.
- Mobile outreach programming for homeless persons not residing in sheltered facilities

<u>Adult Homeless Men and Women</u>
Confidential interviews were conducted in homeless shelter sites in and around the Greater Pittsburgh area. Fifteen homeless males and fifteen homeless females participated in the confidential (taped) interviews after a short intake describing themselves. Shelter staff were trained to recruit and facilitate the confidential (taped) interviews with homeless adults.

Major Findings:

- 10% reported having had an HIV test.
- Some homeless adults reported histories of substance use and/or histories of incarceration.
- Homeless adults have multiple sexual partners, participate in risky sexual activities, and use condoms infrequently.
- The day-to-day survival needs of homeless men and women take precedence over HIV prevention needs.
- Homeless adults have limited opportunities for learning harm reduction techniques.
- Homeless adults have limited access to free condoms.
- Homeless adults, like their younger counterparts, have limited negotiation skills.
- Homeless adults have a mistrust of community services, secondary to their perception that health care facilities are not receptive to meeting their physical and emotional needs.
- Homeless adults with mental illness may have impaired judgment and lack negotiation skills.

Recommendations:

- Provide consistent, ongoing HIV prevention programs for this population at homeless and runaway shelter facilities.
- Make timely and age-appropriate prevention literature easily accessible.
- Make free condoms more available and distribute information about their location widely.
- Make confidential HIV testing & counseling programs available at shelter facilities, in addition to ongoing HIV harm reduction information.
- Use mobile (street) prevention programming to educate people about harm reduction techniques and to provide a referral service for those seeking additional information, support, and/or treatment.
- Ask the Department of Health to work with homeless shelters to discuss how to link programs.

Asian/Pacific Islanders (API) (MSM):

- Facilitators and recorders conducted one API/MSM focus group in the Pittsburgh area. Another group is scheduled later this spring/summer.
- Total of 10 API MSMs participated in the focus group after first answering a short intake form describing themselves. Focus groups were recorded.

Major Findings:

- 60% reported having had an HIV test.
- API/MSMs rarely utilize the services provided by HIV prevention programs due to the stigma associated with HIV and homosexuality.
- APIs are a culturally diverse population, with multiple language barriers.
- APIs report having little or no API providers.
- Faith-based ministries would not be effective for reaching this population due to the stigma associated with HIV and homosexuality.
- API/MSMs reported an unwillingness to discuss HIV prevention with medical providers.

Recommendations:

- LGBT community-based centers establish confidential peer support and HIV education/prevention programs employing API trained providers.
- Print literature in API's native languages to ensure the prevention messages are communicated.
- Develop media promotions using API celebrities and community leaders that highlight HIV testing, counseling, and harm reduction techniques to assist with reducing HIV-related stigma.
- Make available prevention in private exam rooms, versus in a reception area.

Prevention with Positives Needs Assessment

Eight focus groups were conducted across the state comprising three groups each of MSMs and women (including IDUs), and two groups of IDUs (all male). Group members were also individually surveyed with a self-administered questionnaire. During a statewide conference on secondary prevention, self-administered survey questionnaires were conducted with 78 providers, including physicians, nurses, physician assistants, and social workers. Status: ANALYSIS CONTINUING
A self-administered survey questionnaire will be mailed to consumers whose names appear on the state AIDS Drug Assistance Program (ADAP) list. Given the response to a prior survey using the same list, over 1100 responses are anticipated. Status: IN PROCESS

Major Findings:

- Denial and apathy about acting to prevent further infection. Particularly among the newly diagnosed.
- Newer treatments may have led to increased risk taking because of improved health.
- Doctors, nurses, and other providers in general, do not talk about prevention. Some participants also noted that their providers do not provide condoms.
- Active addiction is a major barrier to prevention.
- Many participants perceived that HIV+ patients in rural areas received poor quality of care.

Recommendations:

- Recommend that HIV+ individuals and service providers be included in all future needs assessment planning.
- Recommend that physicians be given and trained to use a brief research-based intervention proven to be effective during regularly scheduled exams and check-ups.
- Recommend that physicians be given a referral resource, such as prevention case management, for patients requiring support beyond the brief intervention.
- Recommend that prevention activities be integrated along with ongoing Ryan White funded care services, such as case management, peer intervention, and group services.

Groups to be studied in 2005

During 2004, Committee members raised questions about HIV prevention issues about 5 groups. These groups are African-American women and Latinas who are fifty years of age and older, recent immigrants and those with undocumented residency status, severely mentally ill, prison populations and transgender populations. In order to provide the Committee with appropriate and sufficient information for next year's plan, the Needs Assessment Subcommittee will:

- Solicit specific questions about each population from Committee members.
- Design a plan to obtain the information. The plan may result in doing literature searches, interviewing experts, conducting focus groups, and surveying.
- Prepare reports for the Committee.
- Develop a simple form for Committee members and others to request needs assessments.

2. 2004—2005 Resource Inventory

Notes and Limitations of This Tool

This Resource Inventory is a compilation of multiple surveys conducted of the HIV Prevention Planning Group members, the Pennsylvania Department of Health, their contractors (county/municipal health departments, Ryan White HIV regional planning coalitions, University of Pittsburgh/PA Prevention Project, Council of Spanish Speaking Organizations of the Lehigh Valley), their subcontractors, other state government agencies, and data collected from the PA Prevention Project STOPHIV.COM resource directory database.

i. This Resource Inventory is a list of HIV prevention service providers regardless of their funding source. When possible, the funding source is identified. The Pennsylvania Department of Health utilizes both CDC and State funding for HIV Prevention Interventions.

ii. Agencies may be listed more than once because they receive funding from multiple sources, for multiple projects that may target different populations and provide different interventions.

iii. When available, Pennsylvania's Unified Data Collection System prevention intervention data was used to indicate the actual target populations served and interventions provided to each target population. This process monitoring data is available from only the Department's CDC-funded and state-funded contractors and subcontractors.

iv. Where process-monitoring data is not available, the Resource Inventory relies upon agency self-reporting of target populations and interventions.

v. Data on the number of individuals served by the interventions was not collected.

vi. For some agencies, the target population is identified as "General Public" because either the agency has not been funded to target a specific population or the actual process monitoring data indicates that the agency reported serving the "General Public".

vii. For this Resource Inventory, the state-funded, confidential/anonymous counseling and testing sites (HIV clinics) were designated as serving the "General Public" because they are walk-in sites open to the general public. Services are not targeted to a specific population. A more accurate indication of services provided at theses sites may be to look at the actual risk behaviors reported by individuals that utilized these services. This information is available through the data collected by Department's HIV Counseling, Testing and Referral (CTR) database. These data will be incorporated into the next Resource Inventory.

viii. Department-funded STD and TB target populations were based on client demographics as reported by the STD and TB program management staff. Again, next year, the CTR data may give us a clearer picture of the self-reported risk behaviors, and thus the target populations reached.

The Community Planning Group is aware of these limitations and will refine the process of data collection for the Resource Inventory for next year.

The Interventions Subcommittee reviewed and updated the extensive resource inventory developed with the Department of Health in the 2004 Plan. Once HIV prevention services are recorded then the lack of service emerges and a gap analysis of needed services is developed for priority populations not receiving HIV prevention services.

2004/2005 Pennsylvania (not including Philadelphia) Resource Inventory for HIV Prevention

STATEWIDE

Agency	Funding Source	Target Population	Interventions
Pennsylvania Department of Health (PA DOH) Contractor CHOICE AIDS Factline	State	General Public	HC/PI (Hotline)
PA DOH Contractor PA Prevention Project/University of Pittsburgh STOPHIV.COM Website	CDC	General Public	HC/PI (Electronic Media)
PA DOH Contractor Keystone University PA DOH Resource and Information Clearinghouse	State	General Public	HC/PI (Clearinghouse – Print Media)
PA DOH On-Site Training System "HIV & Substance Abuse Training"	State	Substance Abuse Treatment Counselors	HC/PI, Other
PA DOH On-Site Training System "HIV Prevention Counseling Training"	State	Required for all DOH-funded HIV test sites. Also available to other private sector agencies, upon request.	HC/PI, Other
PA DOH Contractor PA Mid Atlantic AIDS Education & Training Center "Teleconferences & Training Programs"	State, Other Federal	Private sector health care providers, case managers, mental health providers, drug and alcohol treatment providers, social workers, AIDS Services Organizations	HC/PI, Other
PA DOH Contractor PA Prevention Project/University of Pittsburgh "Primary & Secondary School Prevention Education Project"	CDC	Emerging Risk Group – Youth	HC/PI (Electronic Media), Other

OTHER

PA DOH Contractor PA Prevention Project/University of Pittsburgh "Young Adult Roundtable's HIV Peer Prevention Intervention" **NOTE: The site of this Capacity Building project has yet to be determined.**	CDC	Emerging Risk Group – Youth	GLI

ADAMS COUNTY

Agency	Funding Source	Target Population	Intervention
PA DOH HIV Field Staff N. Cabasquin-Ruiz	CDC	HIV+ (all risk groups)	PCRS for all CTR sites in this county, CTR
State Health Center (HIV Clinic)	State	General Public	CTR, PCRS, ILI, OR (condom dist.), HC/PI
State Health Center (TB Clinic)	State	White Heterosexual, Black Heterosexual, Hispanic Heterosexual, Emerging Risk Group - Homeless	CTR
Adams County Family Planning (STD Clinic)	CDC	White Heterosexual, Black Heterosexual, Hispanic Heterosexual	CTR
Herr's Ridge Family Practice (STD Clinic)	CDC	White Heterosexual, Black Heterosexual, Hispanic Heterosexual	CTR
Planned Parenthood of Central PA (STD Clinic)	CDC	White Heterosexual, Black Heterosexual, Hispanic Heterosexual	CTR
Adams County Prison PA DOH HIV Field Staff N. Cabasquin-Ruiz	CDC	Black Heterosexual, White Heterosexual, Black MSM, White MSM, Black IDU, White IDU	CTR, PCRS, ILI, HC/PI
HIV Planning Coalition Contractor Planned Parenthood of Central PA	State	General Public, Emerging Risk Group – Youth, Perinatal (women)	ILI, GLI, OR, HC/PI
AIDS Community Resource Program	State	White MSM, Black MSM, Hispanic MSM, White Heterosexuals, Black Heterosexuals, Hispanic Heterosexuals, White IDU, Black IDU, Hispanic IDU, Emerging Risk Group – Youth	GLI, OR, HC/PI
Adams County Shelter for the Homeless		Emerging Risk Group – Homeless, Hispanic Heterosexual, Hispanic IDU, White Heterosexual, White IDU, Black Heterosexual, Black IDU	OR (condom dist.), HC/PI
American Red Cross – Adams County Chapter		General Public	HC/PI
Gettysburg Hospital		General Public	CTR, ILI, HC/PI
Keystone Farmworker Program		Hispanic Heterosexuals, Hispanic IDU, Hispanic MSM	CTR, ILI, HC/PI
The Hope Initiative		HIV +	OR

ALLEGENY COUNTY

Agency	Funding Source	Target Population	Intervention
Mon Yough PA DOH Participating Provider Agreement (PPA)	CDC	Black Heterosexual, Black IDU, Black MSM	CTR, ILI
Allegheny County Health Department (ACHD)	CDC/State/ Other	HIV+ (all risk groups)	PCRS for all CTR sites in this county.
ACHD (HIV Clinic)	State/Other	General Public	CTR, PCRS, ILI, OR (condom dist.), HC/PI
ACHD (STD Clinic)	CDC/State/ Other	White Heterosexual, Black Heterosexual, Hispanic Heterosexual	CTR
ACHD (TB Clinic)	CDC/State/ Other	White Heterosexual, Black Heterosexual, Hispanic Heterosexual, Emerging Risk Groups – Youth, Homeless	CTR
ACHD & Contractors: Actual Prevention Interventions reported on Process Monitoring Forms.	CDC/State/ Other	General Public	HC/PI
	CDC/State/ Other	White MSM	ILI, GLI, OR
	CDC/State/ Other	Black IDU	ILI, GLI, OR
	CDC/State/ Other	Black MSM/IDU	
	CDC/State/ Other	White MSM/IDU	ILI
	CDC/State/ Other	Black Heterosexual	ILI, GLI, OR
	CDC/State/ Other	White IDU	ILI, GLI, OR
	CDC/State/ Other	White Heterosexual	ILI, GLI, OR
	CDC/State/ Other	Hispanic IDU	ILI, GLI, OR
	CDC/State/ Other	Black MSM	ILI, GLI, OR
	CDC/State/ Other	Hispanic Heterosexual	ILI, GLI, OR
	CDC/State/ Other	Hispanic MSM/IDU	
	CDC/State/ Other	Hispanic MSM	ILI, GLI, OR
	CDC/State/ Other	Perinatal	ILI, GLI, OR, PCM
	CDC/State/ Other	Emerging Risk Groups	ILI
ACHD Subcontractor: Kingsley Association (CBO)	CDC/State	Black Heterosexual	ILI, GLI, OR
ACHD Subcontractor: Housing Authority of the City of Pittsburgh	CDC/State	Black Heterosexual, Black IDU, White Heterosexual, White IDU, Hispanic Heterosexual, Hispanic IDU, HIV+	CTR, OR, HC/PI

ACHD Subcontractor: Mon Yough Community Services (CBO)	CDC/State	Black IDU, White IDU, Women	ILI, CTR, OR
ACHD Subcontractor: Seven Project (CBO)	CDC/State	HIV+, Black MSM	CTR, ILI, GLI, OR, HC/PI
ACHD Subcontractor: Pittsburgh AIDS Task Force (PATF)	CDC/State/ Other	HIV+, White MSM, Black MSM, White IDU, Black IDU, White Heterosexual, Black Heterosexual, Women	CTR
ACHD Consultants: 5 Outreach Workers	CDC/State	White MSM, Black MSM, White IDU, Black IDU, White Heterosexual, Black Heterosexual	CTR,ILI, OR
Allegheny County Prison	County	Black Heterosexual, White Heterosexual, Black MSM, White MSM, Black IDU, White IDU	ILI, GLI, CTR
Alpha House (Substance abuse treatment)	Other Federal	White IDU, Black IDU, White Heterosexual, Black Heterosexual	ILI, CTR
Birmingham Clinic (Substance abuse treatment)	Other Federal	White IDU, Black IDU, White Heterosexual, Black Heterosexual	ILI, CTR
Cornell Abraxas (Substance abuse treatment)	Other Federal	Emerging Risk Group – Youth, Black IDU, Black Heterosexual, White IDU, White Heterosexual	ILI, CTR
Cornell Abraxas Center for Adolescent Females (Substance abuse treatment)	Other Federal	Emerging Risk Group – Youth, White IDU, Black IDU, White Heterosexual, Black Heterosexual, Perinatal	ILI, CTR
Family Links (Substance abuse treatment)	Other Federal	White IDU, Black IDU, White Heterosexual, Black Heterosexual, Emerging Risk Group - Youth	ILI, CTR
Gateway Rehabilitation Center (Substance abuse treatment)	Other Federal	White IDU, Black IDU, White Heterosexual, Black Heterosexual	ILI, CTR
Homewood Brushton YMCA (Substance abuse treatment)	Other Federal	White IDU, Black IDU, White Heterosexual, Black Heterosexual	ILI, CTR
House of the Crossroads (Substance abuse treatment)	Other Federal	White IDU, Black IDU, White Heterosexual, Black Heterosexual	ILI, CTR
Mercy Behavioral Health (6 sites) (Substance abuse treatment)	Other Federal	White IDU, Black IDU, White Heterosexual, Black Heterosexual	ILI, CTR
Mon Yough Drug & Alcohol Community Services	Other Federal	White IDU, Black IDU, White Heterosexual, Black Heterosexual	ILI, CTR
Operation Nehemiah/JAMAA (Substance abuse treatment)	Other Federal	White IDU, Black IDU, White Heterosexual, Black Heterosexual	ILI, CTR
Salvation Army Public Inebriate Program (6 sites) (Substance abuse treatment)	Other Federal	White IDU, Black IDU, White Heterosexual, Black Heterosexual, Emerging Risk	ILI, CTR

		Group - Homeless	
PERSAD Center (CBO) (Sexual minority mental health & substance abuse treatment)	Other Federal & Other	HIV+, White MSM, Black MSM, White IDU, Black IDU, White MSM/IDU, Black MSM/IDU	CTR, ILI, GLI, OR, HC/PI
TADISO (6 sites) (Substance abuse treatment)	Other Federal	White IDU, Black IDU, White Heterosexual, Black Heterosexual	ILI, CTR
Alternatives Regional Chemical Abuse Program (7 sites) (Substance abuse treatment)	Other Federal	White IDU, Black IDU, White Heterosexual, Black Heterosexual	ILI, CTR
HIV Planning Coalition Contractor Youth Empowerment Project University of Pittsburgh	State	White MSM, Black MSM, Emerging Risk Group – Youth	ILI, GLI, OR, hc/pi
HIV Planning Coalition Contractor New Life Urban Ministries (CBO)	State	Black Heterosexual Agency states that it also serves White Heterosexual, White IDU, Black IDU, Emerging Risk Groups – Homeless, Transgender	Coalition funded for OR Agency states that it also provides ILI, GLI, PCM, HC/PI, & CTR.
HIV Planning Coalition Contractor Pittsburgh AIDS Task Force	State	Black Heterosexual, Emerging Risk Group – Youth (Black), Perinatal (women)	CTR, ILI, GLI, OR, HC/PI
HIV Planning Coalition Contractor PERSAD Center	State	General Public	HC/PI
HIV Planning Coalition Contractor Kingsley Association (CBO)	State	Black Heterosexual	OR
HIV Planning Coalition Contractor: Seven Project	State	HIV+, Black MSM	GLI
HIV Planning Coalition Contractor Strength, Inc. (CBO)	State	Black IDU, black Heterosexual	ILI, GLI, CTR
Discovery House (Substance abuse treatment)		White IDU, Black IDU	CTR
Prevention Point Pittsburgh (Syringe exchange)		White IDU, Black IDU	ILI, OR, HC/PI, PCM
Prevention Point Pittsburgh – Positive Health Clinic		HIV+, White IDU, Black IDU, Hispanic IDU	OR (condom dist.), HC/PI
Pittsburgh Men's Study (University research)	Other Federal	White MSM, Black MSM, Black IDU, White IDU	CTR, ILI, HC/PI
Project Pinova (CBO)	Other Federal	Emerging Risk Group – Black Youth	PCM
Ministry AOD Family Center (CBO)		White IDU, Black IDU, White Heterosexual, Black Heterosexual	ILI
Shepherd Wellness Center (CBO)		White MSM, Black MSM, Emerging Risk Group - Transgender	HC/PI
Shuman Center (CBO)		Emerging Risk Group - Youth	ILI, CTR
Partnership for Minority HIV/AIDS Prevention (CBO)		Black Heterosexual, Emerging Risk Group – Black Youth	CTR, OR, HC/PI
Mercy Hospital Van (Operation Safety Net)		Emerging Risk Group - Homeless	CTR
Family Health Council		White Heterosexual, Black	ILI, OR, HC/PI, CTR

		Heterosexual	
Carnegie Mellon University		White Heterosexual, Black Heterosexual, White MSM, Emerging Risk Group - Youth	CTR
Allegheny General Hospital/Positive Health Clinic		HIV+	CTR, HC/PI
American Red Cross Southwestern PA Chapter		General Public	HC/PI
Bethlehem Haven of Pittsburgh (Health care for homeless women)		Women/Perinatal, Emerging Risk Group - Homeless	CTR, HC/PI
Children's Hospital of Pittsburgh		Emerging Risk Group – Youth	CTR
East End Cooperative Ministry House of the Good Samaritan		Emerging Risk group – Homeless, White IDU, Black IDU	OR (condom distribution), HC/PI
East Liberty Family Health Care Center		General Public, Black Heterosexual	CTR
Family Health Council (3 sites)		Perinatal	OR (condom distribution), HC/PI
Family HIV Clinic		HIV+, Emerging Risk Group - Youth	CTR, ILI, HC/PI
Forbes Metro Family Practice		General Public	OR (condom distribution)
Forbes Family Practice		General Public	OR (condom distribution)
Health Care to Underserved Populations		Emerging Risk Group – Homeless	CTR
Health Independence and Vitality (ASO)		HIV+, Black Heterosexual, Black MSM, Black IDU	GLI, OR, HC/PI
Hemophilia Center of Western PA		Hemophilia	OR (condom distribution)
Magee Hill House Program (outpatient clinic, family planning)		General Public, Black Heterosexual, Black IDU, Hispanic Heterosexual, Hispanic IDU	CTR, HC/PI
Magee Women's Hospital		Women/Perinatal, Black Heterosexual	CTR
Pittsburgh AIDS Treatment Center (PACT)		HIV+	CTR, OR
Mathilda H. Theiss Health Center, UPMC		General Public, Black Heterosexual	CTR, OR (condom dist.), HC/PI
McKeesport Family Health Center		General Public, Black Heterosexual	CTR, OR (condom dist.), HC/PI
McKeesport Hospital/Latterman Clinic		HIV+, General Public	CTR, OR (condom dist.), HC/PI
Mercy Family Health Center North		General Public	CTR
Metro Family Practice		HIV+	HC/PI
Ohio Valley General Hospital		General Public	CTR
Pediatric HIV Center of Children's Hospital		HIV+	CTR, ILI, HC/PI
PA/Mid Atlantic AIDS Education and Training Center	CDC/State	General Public	HC/PI, CLI
Planned Parenthood of Western PA		General Public	CTR, OR (condom dist.), HC/PI
Planned Parenthood/Women's Health Services		Black Heterosexual, White Heterosexual – Women	CTR, HC/PI
Primary Care Health Services		General Public	CTR, HC/PI
Rainbow Health Center		General Public	CTR, OR (condom dist.), HC/PI

Shadyside Hospital		General Public	CTR, OR, (condom dist.), HC/PI
UPMC Downtown Clinic		General Public	CTR
UPMC Hazelwood		General Public, Perinatal	CTR, HC/PI
VA Pittsburgh Health Care System		General Public (Veterans), HIV+	CTR, HC/PI
Wilkensburg Family Health Center		General Public	CTR, HC/PI
YMCA of Pittsburgh		Emerging Risk Group – Homeless	OR (condom dist.)
YWCA Bridge Housing		Emerging Risk Group – Homeless, Women	HC/PI
State Correctional Institution – Pittsburgh		HIV+	CTR, GLI

ARMSTRONG COUNTY

Agency	Funding Source	Target Population	Intervention
PA DOH HIV Field Staff R. Fuhrman	CDC	HIV+ (all risk groups)	PCRS for all CTR sites in this county, CTR
State Health Center (HIV Clinic)	State	General Public	CTR, PCRS, ILI, OR (condom dist.), HC/PI
State Health Center (TB Clinic)	State	White Heterosexual, Black Heterosexual, Emerging Risk Group - Homeless	CTR
Kittanning Family Health Center (STD Clinic)	CDC	White Heterosexual, Black Heterosexual	CTR
Armstrong County Prison PA DOH HIV Field Staff R. Fuhrman	CDC	White IDU, Black IDU, White Heterosexual, Black Heterosexual, White MSM, Black MSM	CTR, PCRS
Irene Stacy Community Mental Health Center		White Heterosexual, Black Heterosexual	CTR

BEAVER COUNTY

Agency	Funding Source	Target Population	Intervention
PA DOH HIV Field Staff R. Fuhrman	CDC	HIV+ (all risk groups)	PCRS for all CTR sites in this county, CTR
State Health Center (HIV Clinic)	State	General Public	CTR, PCRS, ILI, OR (condom dist.), HC/PI
State Health Center (STD Clinic)	CDC	White Heterosexual, Black Heterosexual	CTR
State Health Center (TB Clinic)	State	White Heterosexual, Black Heterosexual, Emerging Risk Group - Homeless	CTR
Aliquippa Family Planning (STD Clinic)	CDC	White Heterosexual, Black Heterosexual	CTR
Aliquippa Hospital (STD Clinic)	CDC	White Heterosexual, Black Heterosexual	CTR
Beaver County Prison Beaver County AIDS Service Organization (HIV PPA)	CDC	White IDU, Black IDU, White Heterosexual, Black Heterosexual, White MSM, Black MSM	CTR, ILI
Beaver County AIDS Service Organization (HIV PPA)	CDC/Other	HIV+, General Public, Black Heterosexual, Black MSM, Black IDU	CTR, ILI, GLI, OR (condom dist.), HC/PI

Life and Liberty (HIV PPA)	CDC	Black Heterosexual, Black MSM, Black IDU	ILI, CTR
HIV Planning Coalition Contractor Beaver County AIDS Service Organization	State	Black Heterosexual, Black MSM, Black IDU	OR
HIV Planning Coalition Contractor Family Health Council	State	General Public	OR, GLI, HC/PI
HIV Planning Coalition Contractor Pittsburgh AIDS Task Force	State	Black Heterosexual, Emerging Risk Group – Youth (Black), Perinatal (women)	CTR, ILI, GLI, OR, HC/PI
Gateway Rehabilitation Center (Substance abuse treatment)	Other Federal	White IDU, Black IDU White Heterosexual, Black Heterosexual	ILI, CTR
American Red Cross – Beaver County Chapter		General Public	HC/PI
Family Health Council		General Public, (women), Emerging Risk Group – Youth	CTR, OR (condom dist.)

BEDFORD COUNTY

Agency	Funding Source	Target Population	Intervention
PA DOH HIV Field Staff N. Cabasquin-Ruiz	CDC	HIV+ (all risk groups)	PCRS for all CTR sites in this county, CTR
State Health Center (HIV Clinic)	CDC	General Public, White Heterosexual, Black Heterosexual	CTR, PCRS, ILI, OR (condom dist.), HC/PI
State Health Center (STD Clinic)	CDC	White Heterosexual, Black Heterosexual	CTR, OR (condom dist.), HC/PI
State Health Center (TB Clinic)	State	White Heterosexual, Black Heterosexual, Emerging Risk Group - Homeless	CTR
Bedford County Prison PA DOH HIV Field Staff N. Cabasquin-Ruiz	CDC	White IDU, Black IDU, White Heterosexual, Black Heterosexual, White MSM, Black MSM	CTR, PCRS
HIV Planning Coalition Contractor Home Nursing Agency – AIDS Intervention Program (CBO)	State, other	General Public, White MSM, Black MSM, White Heterosexual, Black Heterosexual, Perinatal (women), Emerging Risk Group - Homeless	Funded by the Coalition for HC/PI Agency states that they also provide ILI, GLI, OR, PCM & PCRS.

BERKS COUNTY

Agency	Funding Source	Target Population	Intervention
PA DOH HIV Field Staff J. Foster & N. Martinez-King	CDC	HIV+ (all risk groups)	PCRS for all CTR sites in this county, CTR
State Health Center (HIV Clinic)	State	General Public	CTR, PCRS, ILI, OR (condom dist.), HC/PI
State Health Center (TB Clinic)	State	White Heterosexual, Black Heterosexual, Hispanic Heterosexual, Emerging Risk Group - Homeless	CTR
Planned Parenthood of NE PA	CDC	White Heterosexual, Black	CTR

(STD Clinic)		Heterosexual, Hispanic Heterosexual	
Berks County Prison PA DOH HIV Field Staff J. Foster	CDC	White IDU, Black IDU, Hispanic IDU, White Heterosexuals, Black Heterosexuals, Hispanic Heterosexual, White MSM, Black MSM, Hispanic MSM	CTR, PCRS
Berks AIDS Network (PPA)	State/Other	HIV +, White MSM, Black MSM, Hispanic MSM, White IDU, Black IDU, Hispanic IDU, White Heterosexual, Black Heterosexual, Hispanic MSM, Hispanic Heterosexual	CTR
New Directions Treatment Services (HIV PPA)	State	Hispanic IDU, Hispanic Heterosexual, Hispanic MSM	CTR
Council of Spanish Speaking Organizations of the Lehigh Valley (HIVPPA)	State	Hispanic Heterosexual, Hispanic IDU, Hispanic MSM	CTR
Council of Spanish Speaking Organizations of the Lehigh Valley (Reading Outreach Project) Actual Prevention Interventions reported on Process Monitoring forms.	State	General Public	ILI, GLI, OR
	State	White MSM	ILI, OR
	State	Black IDU	ILI, GLI, OR
	State	Black MSM/IDU	ILI, OR
	State	White MSM/IDU	ILI, GLI, OR
	State	Black Heterosexual	ILI, GLI, OR
	State	White IDU	ILI, GLI, OR
	State	White Heterosexual	ILI, GLI, OR
	State	Hispanic IDU	ILI, GLI, OR
	State	Black MSM	ILI, OR
	State	Hispanic Heterosexual	ILI, GLI, OR
	State	Hispanic MSM/IDU	ILI, GLI, OR
	State	Hispanic MSM	ILI, GLI, OR
	State	Perinatal	ILI, GLI, OR
	State	Emerging Risk Groups	
ADAAPT (Substance abuse treatment)	Other Federal	White IDU, Black IDU, Hispanic IDU, White Heterosexual, Black Heterosexual, Hispanic Heterosexual	ILI, CTR
Berks Counseling Center (Substance abuse treatment)	Other Federal	White IDU, Black IDU, Hispanic IDU, White Heterosexual, Black Heterosexual, Hispanic Heterosexual	ILI, CTR
Caron Adolescent (Substance abuse treatment)	Other Federal	White IDU, Black IDU, White Heterosexual, Black Heterosexual, Emerging Risk Group - Youth	ILI, CTR
Caron Inpatient (Substance abuse treatment)	Other Federal	White IDU, Black IDU, White Heterosexuals, Black Heterosexuals	ILI, CTR

Caron Outpatient (Substance abuse treatment)	Other Federal	White IDU, Black IDU, White Heterosexual, Black Heterosexual	ILI, CTR
Center for MH Dual Diagnosis (Substance abuse treatment)	Other Federal	White IDU, Black IDU, Hispanic IDU, White Heterosexual, Black Heterosexual, Hispanic Heterosexual	ILI, CTR
Children's Home of Reading (Substance abuse treatment)	Other Federal	White IDU, Black IDU, Hispanic IDU, White Heterosexual, Black Heterosexual, Hispanic Heterosexual Emerging Risk Group - Youth	ILI, CTR
Conewago – Wernersville (Substance abuse treatment)	Other Federal	White IDU, Black IDU, White Heterosexual, Black Heterosexual	ILI, CTR
Drug and Alcohol Center (Substance abuse treatment)	Other Federal	White IDU, Black IDU, White Heterosexual, Black Heterosexual	ILI, CTR
New Directions Treatment Services (Substance abuse treatment - methadone)	Other Federal	White IDU, Black IDU, Hispanic IDU	ILI, CTR
PA Counseling Services (Substance abuse treatment)	Other Federal	White IDU, Black IDU, Hispanic IDU, White Heterosexual, Black Heterosexual, Hispanic Heterosexual	ILI, CTR
HIV Planning Coalition Contractor American Red Cross	State	General Public (capacity building for other prevention programs)	Other Intervention
HIV Planning Coalition Contractor Berks AIDS Network	State	White MSM, Black MSM, Hispanic MSM, White IDU, Black IDU, Hispanic IDU, Hispanic Heterosexual, White Heterosexual, Black Heterosexual, HIV+	ILI, GLI, OR, HC/PI, PCM
HIV Planning Coalition Contractor Keystone Rural Health Center	State	Hispanic Heterosexual	ILI, GLI, OR
Red Cross Hispanic Center Mobile Unit		Hispanic Heterosexual, Hispanic IDU, Hispanic MSM	CTR, OR
Kutztown University		White Heterosexual, Black Heterosexual, White MSM, Black MSM, Emerging Risk Group - Youth	CTR
Rainbow Home		HIV+	CTR, ILI, HC/PI
St. Josephs Medical Center		General Public	CTR, OR (condom dist.), HC/PI

BLAIR COUNTY

Agency	Funding Source	Target Population	Intervention
PA DOH HIV Field Staff N. Cabasquin-Ruiz	CDC	HIV+ (all risk groups)	PCRS for all CTR sites in this county, CTR
State Health Center (HIV Clinic)	State	General Public	CTR, PCRS, ILI, OR (condom dist.), HC/PI
State Health Center (STD Clinic)	CDC	White Heterosexual, Black Heterosexual	CTR
State Health Center (TB Clinic)	State	White Heterosexual, Black Heterosexual, White IDU, Black IDU, Emerging Risk Group - Homeless	CTR
Altoona Hospital Family Planning Center (STD Clinic)	CDC	White Heterosexual, Black Heterosexual	CTR, HC/PI
Blair County Prison PA DOH HIV Field Staff N. Cabasquin-Ruiz	CDC	White IDU, Black IDU, White Heterosexual, Black Heterosexual, White MSM, Black MSM	CTR, PCRS, ILI, HC/PI
HIV Planning Coalition Contractor AIDS Intervention Project (ASO) Home Nursing Agency	State, other	General Public, White MSM, Black MSM, White Heterosexual, Black Heterosexual, White IDU, Black IDU, Hispanic Heterosexual, Hispanic MSM, Hispanic IDU, Perinatal (women), Emerging Risk Group – Homeless	Funded by the Coalition to provide HC/PI Agency states that they also provide ILI, GLI, OR, PCM & PCRS.

BRADFORD COUNTY

Agency	Funding Source	Target Population	Intervention
PA DOH HIV Field Staff D. Eberle	CDC	HIV+ (all risk groups)	PCRS for all CTR sites in this county, CTR
State Health Center (HIV Clinic)	State	White Heterosexual	CTR, PCRS, ILI, OR (condom dist.), HC/PI
State Health Center (TB Clinic)	State	White Heterosexual, White IDU, Emerging Risk Group - Homeless	CTR
Guthrie Family Planning (STD Clinic)	CDC	White Heterosexual	CTR
Bradford County Prison PA DOH HIV Field Staff D. Eberle	CDC	White IDU, Black IDU, White Heterosexual, Black Heterosexual, White MSM, Black MSM	CTR, PCRS, ILI, HC/PI
HIV Planning Coalition Contractor HIV/AIDS Support Network/Parker Hospital	State	White MSM, White IDU, Perinatal (women), White Heterosexual	ILI, GLI, OR

BUCKS COUNTY

Agency	Funding Source	Target Population	Intervention
Bucks County Dept. of Health	CDC/State/ Other	HIV+ (all risk groups)	PCRS for all CTR sites in the county.
Bucks County Dept. of Health (HIV Clinic)	State/Other	General Public	CTR, PCRS, ILI, OR (condom dist.), HC/PI
Bucks County Dept. of Health (STD Clinic)	CDC/State/ Other	White Heterosexual, Black Heterosexual, Hispanic Heterosexual,	CTR
Bucks County Dept. of Health (TB Clinic)	State/Other	White Heterosexual, Black Heterosexual, Hispanic Heterosexual, Emerging Risk Group - Homeless	CTR
Bucks County Department of Health: Actual Prevention Interventions reported on Process Monitoring Forms	CDC/State	General Public	HC/PI
	CDC/State	White MSM	ILI, OR
	CDC/State	Black IDU	
	CDC/State	Black MSM/IDU	
	CDC/State	White MSM/IDU	
	CDC/State	Black Heterosexual	GLI
	CDC/State	White IDU	
	CDC/State	White Heterosexual	GLI, OR
	CDC/State	Hispanic IDU	
	CDC/State	Black MSM	ILI, OR
	CDC/State	Hispanic Heterosexual	GLI
	CDC/State	Hispanic MSM/IDU	
	CDC/State	Hispanic MSM	
	CDC/State	Perinatal	
	CDC/State	Emerging Risk Groups	GLI
Bucks County Prison Bucks County Department of Health	CDC/State/ Other Federal & Other	Black IDU, White IDU, Hispanic IDU, White MSM, Black MSM, Hispanic MSM, Black Heterosexual, White Heterosexual, Hispanic Heterosexual	CTR, PCRS, ILI, HC/PI
Bucks County Department of Health Outreach to substance abuse treatment programs.	Other Federal	White IDU, Black IDU, Hispanic IDU, White Heterosexual, Black Heterosexual, Hispanic Heterosexual,	CTR, PCRS, ILI, HC/PI
Livengrin (3 sites) (Substance abuse treatment)	Other Federal	Black IDU, White IDU, Black MSM, White MSM, Black Heterosexual, White Heterosexual, Hispanic	ILI, CTR
HIV Planning Coalition Contractor Family Service of Bucks County HIV/AIDS Program & Project Reach	State/Other Federal/Other	General Public, HIV+	CTR, ILI, GLI, OR, HC/PI
Eastern Area Neighborhood Center (ASO)		General Public, HIV+	GLI, OR, HC/PI
Family Services of Bucks County	State	General Public, IDU, Mothers w/at Risk of HIV	GLI
Planned Parenthood Doylestown		General Public	CTR, OR (condom dist.), HC/PI

Planned Parenthood Warminster		General Public	CTR, OR (condom dist.), HC/PI
Weller Health Education Center (ASO)		Emerging Risk Group – Youth	HC/PI

BUTLER COUNTY

Agency	Funding Source	Target Population	Intervention
PA DOH HIV Field Staff R. Fuhrman	CDC	HIV+ (all risk groups)	PCRS for all CTR sites in the county, CTR
Butler County Prison PA DOH HIV Field Staff R. Fuhrman	CDC	White Heterosexual, White IDU, White MSM, Black Heterosexual, Black IDU, Black MSM	CTR, PCRS, ILI, HC/PI
Butler Family Health Council (STD Clinic)	CDC	White Heterosexual	CTR
Butler Memorial Hospital (STD Clinic)	CDC	White Heterosexual	CTR
Family Health Council of Slippery Rock (STD Clinic)	CDC	White Heterosexual	CTR
Butler Armstrong AIDS Alliance (ASO) (HIV PPA)	State/Other	General Public, White MSM, Black MSM, White IDU, Black IDU, HIV+	CTR, ILI, GLI, OR (condom dist.), HC/PI
Discovery House (HIV PPA) (Methadone treatment)	State	White IDU, Black IDU	ILI, CTR
Slippery Rock University Health Center		White Heterosexual, Black Heterosexual, Emerging Risk Group - Youth	CTR
Irene Stacy Community Mental Health Center		White MSM, White IDU, White Heterosexual	CTR
Family Planning Services of Mercer County (Grove City)		General Public	CTR, OR (condom dist.), HC/PI

CAMBRIA COUNTRY

Agency	Funding Source	Target Population	Intervention
PA DOH HIV Field Staff B. Hoza	CDC	HIV+ (all risk groups)	PCRS for all CTR sites in the county, CTR
State Health Center (HIV Clinic)	State	General Public	CTR, PCRS, ILI, OR (condom dist.), HC/PI
State Health Center (TB Clinic)	State	White Heterosexual, Black Heterosexual, White IDU, Black IDU, Emerging Risk Group - Homeless	CTR
Planned Parenthood of W. PA (STD Clinic)	CDC	White Heterosexual, Black Heterosexual	CTR, OR (condom dist.), HC/PI
Cambria County Prison PA DOH HIV Field Staff B. Hoza	CDC	White Heterosexual, White IDU, White MSM, Black Heterosexual, Black IDU, Black MSM	CTR, PCRS, ILI, HC/PI
Johnstown Free Clinic (HIV PPA)	CDC	Black Heterosexual, White Heterosexual	ILI, CTR
HIV Planning Coalition Contractor Keystone Economic Development Corporation	State	Black Heterosexual, Emerging Risk Group - Youth	ILI, GLI, OR, HC/PI
White Deer Run of W. PA		Black IDU, White IDU, Black	ILI, CTR

(Substance abuse treatment)		Heterosexual, White Heterosexual	
Community Care Management (ASO)		HIV+, White MSM, White Heterosexual, Black Heterosexual, Black MSM	OR (condom dist.), HC/PI

CAMERON COUNTY

Agency	Funding Source	Target Population	Intervention
PA DOH HIV Field Staff A. McCowien	CDC	HIV+ (all risk groups)	PCRS for all CTR sites in the county, CTR
State Health Center (HIV Clinic)	State	General Public	CTR, PCRS, ILI, OR (condom dist.), HC/PI
State Health Center (TB Clinic)	State	White Heterosexual, Black Heterosexual, Emerging Risk Group - Homeless	CTR
Cameron Health Care Center (STD Clinic)	CDC	White Heterosexual	CTR

CARBON COUNTY

Agency	Funding Source	Target Population	Intervention
PA DOH HIV Field Staff C. Zaleppa & P. Baloga	CDC	HIV+ (all risk groups)	PCRS, CTR
State Health Center (HIV Clinic)	State	General Public	CTR, PCRS, ILI, OR (condom dist.), HC/PI
State Health Center (TB Clinic)	State	White Heterosexual, Black Heterosexual, Emerging Risk Group - Homeless	CTR
Carbon County Prison PA DOH HIV Field Staff C. Zaleppa & P. Baloga	CDC	White Heterosexual, White IDU, White MSM, Black Heterosexual, Black IDU, Black MSM	CTR, PCRS, ILI, HC/PI
Youth Forestry Camp PA DOH HIV Field Staff C. Zaleppa & P. Baloga	CDC	Substance Abusers: White IDU, Black IDU, White Heterosexual, Black Heterosexual, Emerging Risk Group - Youth	CTR, PCRS, ILI, HC/PI
Carbon/Monroe/ Pike Drug & Alcohol Commission (HIV PPA)	CDC	Black IDU, White IDU, Black Heterosexual, White Heterosexual	CTR
HIV Planning Coalition Contractor Carbon/Monroe/ Pike Drug & Alcohol Commission	State	White MSM, Black IDU, White IDU, Black Heterosexual, White Heterosexual	ILI, GLI, OR, HC/PI
HIV Planning Coalition Contractor American Red Cross	State	General Public (capacity building for other prevention programs)	Other Intervention

CENTRE COUNTY

Agency	Funding Source	Target Population	Intervention
PA DOH HIV Field Staff D. Eberle	CDC	HIV+ (all risk groups)	PCRS for all CTR sites in the county, CTR
State Health Center (HIV Clinic)	State	General Public	CTR, PCRS, ILI, OR (condom dist.), HC/PI
State Health Center (TB Clinic)	State	White Heterosexual, Black Heterosexual, Emerging Risk Group - Homeless	CTR
Planned Parenthood State College (STD Clinic)	CDC	White Heterosexual, Black Heterosexual	CTR
Bellefonte Family Health Service (STD Clinic)	CDC	White Heterosexual	CTR
State College Medical Services (STD Clinic)	CDC	White Heterosexual, Black Heterosexual	CTR
Centre County Prison PA DOH HIV Field Staff D. Eberle	CDC	White Heterosexual, White IDU, White MSM, Black Heterosexual, Black IDU, Black MSM	CTR, PCRS
The AIDS Project of Centre County (ASO) (HIV PPA)	CDC/Other	General Public, White MSM, HIV+	CTR, ILI, GLI, OR (condom dist.), HC/PI
HIV Planning Coalition Contractor The AIDS Project of Centre County	State	White MSM, Perinatal (women), White IDU, Emerging Risk Group – Youth, White Heterosexual	ILI, GLI, OR
Centre County Youth Center		Emerging Risk Group - Youth	ILI
Pennsylvania State University/University Health Services - Ritenour Health Center		White Heterosexual, Black Heterosexual, Emerging Risk Group - Youth	CTR, OR (condom dist.), HC/PI
Family Health Services, Inc. Bellefonte & Philipsburg		General Public	CTR, HC/PI
Gay & Lesbian Switchboard		White MSM, Black MSM, Hispanic MSM	HC/PI

CHESTER COUNTY

Agency	Funding Source	Target Population	Intervention
Addiction Recovery Center		Substance Abusers	ILI, CTR
Advanced Treatment Systems		Substance Abusers	ILI, CTR
ChesPenn		Minorities, Latino – Substance Users	OR, CTR
Chester County Health Department	CDC/State/ Other	HIV+ (all risk groups)	PCRS for all CTR sites in this county.
Chester County Health Department (HIV Clinic)	State/Other	General Public	CTR, PCRS, ILI, OR (condom dist.), HC/PI
Chester County Health Department (STD Clinic)	CDC/State/ Other	White Heterosexual, Hispanic Heterosexual, Black Heterosexual,	CTR
Chester County Health Department (TB Clinic)	CDC/State/ Other	White Heterosexual, Hispanic Heterosexual, Black Heterosexual, Emerging Risk Group - Homeless	CTR
Chester County Prison	CDC/State/	White Heterosexual, Hispanic	CTR, PCRS, ILI, HC/PI

Chester County Health Department	Other	Heterosexual, Black Heterosexual, White IDU, Hispanic IDU, Black IDU, White MSM, Hispanic MSM, Black MSM	
Chester County Health Department: Actual Prevention Interventions reported on Process Monitoring Forms	CDC/State/ Other	General Public	ILI, OR, HC/PI
		White MSM	*interventions not targeted
		Black IDU	
		Black MSM/IDU	
		White MSM/IDU	
		Black Heterosexual	
		White IDU	
		White Heterosexual	
		Hispanic IDU	
		Black MSM	
		Hispanic Heterosexual	OR
		Hispanic MSM/IDU	
		Hispanic MSM	
		Perinatal	
		Emerging Risk Groups	
HIV Planning Coalition Contractor Chester County AIDS Support Services	State	HIV+, General Public	CTR, ILI, GLI, HC/PI
HIV Planning Coalition Contractor Planned Parenthood of Chester County	State	General Public	CTR, ILI, GLI, HC/PI
Chester County Infectious Disease Association – John Bartels, MD		HIV+	CTR, ILI, OR (condom dist.), HC/PI
Chester County AIDS Support Services (ASO)		HIV+	ILI, GLI, OR (condom dist.), HC/PI, CTR, PCRS
Crozer Chester Medical Center	State	Heterosexual, General Public, IDU	ILI, GLI, HC/PI
Fami (ASO)		HIV+	OR, HC/PI
Family Services of Chester County (ASO)		HIV+, General Public, Heterosexual	ILI, GLI, OR (condom dist.), CTR, PCRS
La Comunidad Hispana		Hispanic Heterosexual, Hispanic MSM, Hispanic IDU	CTR, ILI, GLI, OR, HC/PI
Northwest Human Services (4 sites)		Substance Abusers	ILI, CTR
Paoli Center for Addictive Diseases		Substance Abusers	ILI, CTR
Planned Parenthood of Chester County (4 sites)		General Public	CTR, PCRS, ILI
Project Salud		Hispanic Heterosexual, Hispanic MSM, Hispanic IDU	CTR, ILI, HC/PI
Riverside Care/Continuum/Coatesville Recovery Center		Substance Abusers	ILI, CTR
Samara House of Community		Substance Abusers – Women	ILI, CTR
Southern Chester County Medical Center		General Public	CTR, ILI, HC/PI, PCRS, GLI, OR
Veterans Affairs Medical Center/ HIV Clinic		HIV+	CTR, ILI, PCRS
W. C. Atkinson case management		HIV+	OR (condom dist.), HC/PI
West Chester University Health Center		White Heterosexual, Emerging Risk Group – Youth	CTR, OR (condom dist.), HC/PI

Women and Youth Alliance		Women and Youth	ILI

CLARION COUNTY

Agency	Funding Source	Target Population	Intervention
PA DOH HIV Field Staff A. McCowien	CDC	HIV+ (all risk groups)	PCRS for all CTR sites in this county, CTR
State Health Center (HIV Clinic)	State	General Public	CTR, PCRS, ILI, OR (condom dist.), HC/PI
State Health Center (TB Clinic)	State	White Heterosexual, Black Heterosexual, Hispanic Heterosexual, Emerging Risk Group - Homeless	CTR
Family Health Council – Clarion (STD Clinic)	CDC	General Public, White Heterosexual, Black Heterosexual, Hispanic Heterosexual	CTR, OR (condom dist.), HC/PI
Clarion County Prison PA DOH HIV Field Staff A. McCowien	CDC	White IDU, Black IDU, White Heterosexual, Black Heterosexual, White MSM, Black MSM	CTR, PCRS, ILI, HC/PI
Clarion University	State	White Heterosexual, Emerging Risk Group - Youth	CTR
Northwest PA Rural AIDS Alliance	State	HIV+	CTR, ILI, GLI, OR (condom dist.), HC/PI

CLEARFIELD COUNTY

Agency	Funding Source	Target Population	Intervention
PA DOH HIV Field Staff A. McCowien	CDC	HIV+ (all risk groups)	PCRS for all CTR sites in this county, CTR
State Health Center (HIV Clinic)	State	General Public	CTR, PCRS, ILI, OR (condom dist.), HC/PI
State Health Center (TB Clinic)	State	White Heterosexual, Emerging risk Group - Homeless	CTR
Family Heath Council, Clearfield (STD Clinic)	CDC	General Public, White Heterosexual	CTR, ILI, OR (condom dist.), HC/PI
Clearfield County AIDS Task Force		General Public, HIV+	GLI, OR, HC/PI

CLINTON COUNTY

Agency	Funding Source	Target Population	Intervention
PA DOH HIV Field Staff D. Eberle	CDC	HIV+ (all risk groups)	PCRS for all CTR sites in this county, CTR
State Health Center (HIV Clinic)	State	General Public	CTR, PCRS, ILI, OR (condom dist.), HC/PI
State Health Center (TB Clinic)	State	White Heterosexual, Emerging Risk Group - Homeless	CTR
Lock Haven Family Planning (STD Clinic)	CDC	White Heterosexual, Black Heterosexual	CTR
Clinton County Prison PA DOH HIV Field Staff D. Eberle	CDC	White Heterosexual, White IDU, White MSM, Black Heterosexual, Black IDU, Black MSM	CTR, PCRS, ILI, HC/PI
HIV Planning Coalition Contractor	State	White IDU, Perinatal (women),	ILI, GLI

Campbell Street Family, Youth and Community		Emerging Risk Group – Youth, White Heterosexual	
HIV Planning Coalition Contractor The AIDS Project of Centre County	State	White MSM, Perinatal (women), White IDU, Emerging Risk Group – Youth, White Heterosexual	ILI, GLI, OR
Center for Independent Living of North Central PA			ILI

COLUMBIA COUNTY

Agency	Funding Source	Target Population	Intervention
PA DOH HIV Field Staff D. Eberle	CDC	HIV+ (all risk groups)	PCRS for all CTR sites in this county, CTR
State Health Center (HIV Clinic)	State	General Public	CTR, PCRS, ILI, OR (condom dist.), HC/PI
State Health Center (TB Clinic)	State	White Heterosexual, Black Heterosexual, Emerging Risk Group - Homeless	CTR
Dr. Ali Alley (STD Clinic)	CDC	White Heterosexual, Black Heterosexual	CTR
Family Health Services, Bloomsburg (STD Clinic)	CDC	White Heterosexual, Black Heterosexual	CTR
Family Health Services, Berwick		General Public	CTR, ILI, OR (condom dist.), HC/PI
Columbia County Prison PA DOH HIV Field Staff	CDC	Black Heterosexual, White Heterosexual, Black MSM, White MSM, Black IDU, White IDU	CTR, PCRS, ILI, HC/PI
HIV Planning Coalition Contractor Caring Communities for AIDS, Inc.	State	Perinatal (women), Emerging Risk Group – Youth, White Heterosexual	ILI, GLI, OR
Caring Communities for AIDS		HIV+	HC/PI

CRAWFORD COUNTY

Agency	Funding Source	Target Population	Intervention
PA DOH HIV Field Staff A. McCowien	CDC	HIV+ (all risk groups)	PCRS for all CTR sites in the county, CTR
State Health Center (HIV Clinic)	State	General Public	CTR, PCRS, ILI, OR (condom dist.), HC/PI
State Health Center (TB Clinic)	State	White Heterosexual, Black Heterosexual, Emerging Risk Group - Homeless	CTR
Conneaut Valley Health Services (STD Clinic)	CDC	White Heterosexual, Black Heterosexual	CTR, OR (condom dist.), HC/PI
Meadville Family Planning (STD Clinic)	CDC	White Heterosexual, Black Heterosexual	CTR
Crawford County Prison PA DOH HIV Field Staff A. McCowien	CDC	Black Heterosexual, White Heterosexual, Black MSM, White MSM, Black IDU, White IDU	CTR, PCRS, ILI, HC/PI
Erie County Health Department, Cory Office	CDC/State/ Other	General Public	CTR, PCRS, ILI, OR (condom dist.), HC/PI
Greenville Family Planning		General Public	CTR, OR (condom dist.),

			HC/PI

CUMBERLAND COUNTY

Agency	Funding Source	Target Population	Intervention
PA DOH HIV Field Staff E. Labajetta & N. Cabasquin-Ruiz	CDC	HIV+ (all risk groups)	PCRS for all CTR sites in this county, CTR
State Health Center (HIV Clinic)	State	General Public	CTR, PCRS, ILI, OR (condom dist.), HC/PI
State Health Center (TB Clinic)	State	White Heterosexual, Black Heterosexual, Emerging Risk Group - Homeless	CTR
Carlisle Hospital Sadler Clinic (HIV Clinic)	State	General Public	CTR, ILI, OR (condom dist.), HC/PI
Carlisle Planned Parenthood (STD Clinic)	CDC	White Heterosexual, Black Heterosexual	CTR, OR (condom dist.), HC/PI
Shippensburg Planned Parenthood (STD Clinic)	CDC	White Heterosexual, Black Heterosexual	CTR
Cumberland County Prison PA DOH HIV Field Staff	CDC	Black Heterosexual, White Heterosexual, Black MSM, White MSM, Black IDU, White IDU	CTR, PCRS, ILI, HC/PI
Sadler Clinic-AIDS Community Alliance (HIV PPA)	CDC	General Public	ILI, CTR
HIV Planning Coalition Contractor AIDS Community Alliance	State	White MSM, White MSM/IDU, White IDU, Perinatal (women), Emerging Risk Group - Youth	ILI, GLI, OR
HIV Planning Coalition Contractor Mt. Pleasant, Puerto Rican Organizing Committee	State	Hispanic Heterosexual, Hispanic IDU, Emerging Risk Group – Youth, Perinatal (Hispanic women), General Public	ILI, GLI, OR, HC/PI
HIV Planning Coalition Contractor The Program for Female Offenders	State	White Heterosexual (women), Black Heterosexual (women), Perinatal (women), Emerging Risk Group - Youth	GLI, PCM
Dickinson University		White Heterosexual, Black Heterosexual, White MSM, White MSM, Emerging Risk Group - Youth	CTR

DAUPHIN COUNTY

Agency	Funding Source	Target Population	Intervention
PA DOH HIV Field Staff N. Cabasquin-Ruiz	CDC	HIV+ (all risk groups)	PCRS for all CTR sites in this county, CTR
District Health Office (HIV Clinic)	State	General Public	CTR, PCRS, ILI, OR (condom dist.), HC/PI
District Health Office (TB Clinic)	State	White Heterosexual, Black Heterosexual, Hispanic Heterosexual, Emerging Risk Group - Homeless	CTR
Dr. Bakari (STD Clinic)	CDC	STD Clients	CTR
Hamilton Health Center (STD Clinic)	CDC	Black Heterosexual, Black IDU, Hispanic Heterosexual, Perinatal	CTR
Pinnacle Health System	CDC	White Heterosexual, Black	CTR

(STD Clinic)		Heterosexual	
Planned Parenthood (STD Clinic)	CDC	White Heterosexual, Black Heterosexual	CTR
Dauphin County Prison PA DOH HIV Field Staff	CDC	Black Heterosexual, White Heterosexual, Black MSM, White MSM, Black IDU, White IDU	CTR, PCRS, ILI, HC/PI
AIDS Community Alliance (ACA) (HIV PPA)	State/Other	White MSM, Black MSM, Hispanic MSM, HIV+, General Public	CTR, ILI, GLI, OR (condom dist.), HC/PI
Community Check-Up Center (HIV PPA)	State	Black Heterosexual, Hispanic Heterosexual, Emerging Risk Group – Youth, Perinatal	ILI, CTR
Hamilton Health Center (HIV PPA)	State	Black Heterosexual, Black IDU, Hispanic Heterosexual, Hispanic IDU, Perinatal	ILI, CTR
Mt. Pleasant Hispanic American Center (HIV PPA)	State/Other	Hispanic Heterosexual, Hispanic IDU, Hispanic MSM	CTR, ILI, OR (condom dist.), HC/PI
Visiting Nurses Association (VNA) of PA (HIV PPA) "walk-in site"	State	Black Heterosexual, Hispanic Heterosexual	ILI, CTR
Bethesda Mission Served by VNA (HIV PPA)	State	White IDU, Black IDU, Hispanic IDU, White Heterosexual, Black Heterosexual, Hispanic Heterosexual, Emerging Risk Group - Homeless	ILI, CTR
Capital Pavilion (Substance abuse treatment) Served by VNA (HIV PPA)	State	White IDU, Black IDU, Hispanic IDU	ILI, CTR
Salvation Army Served by VNA (HIV PPA)	State	Black IDU, Hispanic IDU	ILI, CTR
Battered Women's Shelter Served by VNA (HIV PPA)	State	Perinatal, White Heterosexual, Black Heterosexual, Hispanic Heterosexual	ILI, CTR
Kline Plaza Medical Center (HIV PPA)	State	General Public	ILI, CTR
Pinnacle Health System (HIV PPA)	State	General Public	ILI, CTR
Planned Parenthood of the Susquehanna Valley (HIV PPA)	State/Other	General Public	CTR, ILI, OR (condom dist.), HC/PI
HIV Planning Coalition Contractor AIDS Community Alliance	State	White MSM, White MSM/IDU, White IDU, Perinatal (women), Emerging Risk Group - Youth	ILI, GLI, OR
HIV Planning Coalition Contractor Mt. Pleasant, Puerto Rican Organizing Committee	State	Hispanic Heterosexual, Hispanic IDU, Emerging Risk Group – Youth, Perinatal (Hispanic women), General Public	ILI, GLI, OR, HC/PI
HIV Planning Coalition Contractor The Program for Female Offenders	State	White Heterosexual (women), Black Heterosexual (women), Perinatal (women), Emerging Risk Group - Youth	GLI, PCM
Conewago Place (Substance abuse treatment)	Other Federal	White IDU, Black IDU, White Heterosexual, Black Heterosexual	ILI, CTR
Daystar Center (Substance abuse treatment)	Other Federal	White IDU, Black IDU, White Heterosexual, Black Heterosexual	ILI, CTR
Discovery House (Methadone treatment)	Other Federal	White IDU, Black IDU	ILI, CTR

Gaudenzia Outpatient (Substance abuse treatment)	Other Federal	White IDU, Black IDU, White Heterosexual, Black Heterosexual	ILI, CTR
Harrisburg YMCA (Substance abuse treatment)	Other Federal	White IDU, Black IDU, White Heterosexual, Black Heterosexual	ILI, CTR
Naaman Center (Substance abuse treatment)	Other Federal	White IDU, Black IDU, White Heterosexual, Black Heterosexual	ILI, CTR
White Deer Run (Substance abuse treatment)	Other Federal	White IDU, Black IDU, White Heterosexuals, Black Heterosexuals	ILI, CTR
Council of Spanish Speaking Organizations of the Lehigh Valley (Harrisburg Outreach Project) Prevention Interventions reported on the Process Monitoring forms.	State	General Public	ILI, GLI, OR
	State	White MSM	ILI, OR
	State	Black IDU	ILI, GLI, OR
	State	Black MSM/IDU	ILI, OR
	State	White MSM/IDU	ILI, GLI, OR
	State	Black Heterosexual	ILI, GLI, OR
	State	White IDU	ILI, GLI, OR
	State	White Heterosexual	ILI, GLI, OR
	State	Hispanic IDU	ILI, GLI, OR
	State	Black MSM	ILI, OR
	State	Hispanic Heterosexual	ILI, GLI, OR
	State	Hispanic MSM/IDU	ILI, GLI, OR
	State	Hispanic MSM	ILI, GLI, OR
	State	Perinatal	ILI, GLI, OR
	State	Emerging Risk Groups	
Program for Female Offenders	State	Perinatal, Black Heterosexual, Hispanic Heterosexual, White Heterosexual	CTR
Children's Resource Center Polyclinic Hospital		Emerging Risk Group - Youth	CTR
SAFE Program		Perinatal	CTR
Schaffner Youth Center		Emerging Risk Group –Youth, White IDU, Black IDU, Hispanic IDU	CTR
American Red Cross		General Public	HC/PI
Central Allison Hill Community Center		Hispanic Heterosexual	OR (condom dist.), HC/PI
Gay & Lesbian Switchboard of Harrisburg		MSM	HC/PI
Names Project		General Public	HC/PI
Pediatric Comprehensive Care Clinic		HIV+	CTR, ILI, OR (condom dist.), HC/PI
Pinnacle Health Hospital – Polyclinic Hospital		HIV+	CTR, ILI, OR (condom dist.), HC/PI

DELAWARE COUNTY

Agency	Funding Source	Target Population	Intervention
PA DOH HIV Field Staff E. Davis	CDC	HIV+ (all risk groups)	PCRS for all CTR sites in this county, CTR
State Health Center (HIV Clinic)	State	General Public	CTR, PCRS, ILI, OR (condom dist.), HC/PI
State Health Center (TB Clinic)	State	White Heterosexual, Black Heterosexual, Hispanic Heterosexual, Emerging Risk Group - Homeless	CTR
State Health Center (STD Clinic)	CDC	White Heterosexual, Black Heterosexual, Hispanic Heterosexual	CTR
Delaware County Prison PA DOH HIV Field Staff E. Davis	CDC	Black Heterosexuals, White Heterosexuals, Black MSM, White MSM, Black IDU, White IDU	CTR, PCRS, ILI, HC/PI
Delaware County Prison Served by ChesPenn Health Services (HIV PPA)	CDC	Black IDU, Black Heterosexual, Black MSM, White IDU, White Heterosexual, White MSM, Hispanic IDU, Hispanic Heterosexual, Hispanic MSM	ILI, CTR
Delaware County AIDS Network (HIV PPA)	CDC/Other	White MSM, general Public, HIV+	CTR, ILI, OR (condom dist.), HC/PI
AIDS Care Group (ASO) (10 substance abuse treatment sites)	Other Federal	HIV+, White IDU, Black IDU, White Heterosexuals, Black Heterosexuals, White MSM, Black MSM	ILI, CTR, OR
AIDS Care Group	State	MSM, MSM/IDU, Heterosexual, Mothers w/at Risk of HIV, General Public	ILI, GLI, OR, HC/PI
Crozer Chester Medical Center		General Public	CTR, OR, HC/PI
Crozer Chester Methadone (Substance abuse treatment – methadone)	Other Federal	White IDU, Black IDU, Hispanic IDU	ILI, CTR
ChesPenn Health Services (HIV/substance abuse outreach project)	Other Federal	White IDU, Black IDU, Hispanic IDU, Black Heterosexual	ILI, CTR, OR, HC/PI
ChesPenn Health Services (STD Clinic)	CDC	General Public, Black Heterosexual, White Heterosexual, Hispanic Heterosexual, HIV+	CTR, ILI, OR (condom dist.), HC/PI
HIV Planning Coalition Contractor AIDS Care Group	State	Black Heterosexual, Black MSM, Black IDU, Hispanic MSM, Hispanic Heterosexual, Hispanic IDU	CTR, ILI, GLI, HC/PI
HIV Planning Coalition Contractor Crozer Chester Medical Center	State	General Public	CTR, ILI, GLI, HC/PI
American Red Cross, Chester Wallingford Chapter		General Public	HC/PI
Family & Community Service of Delaware County		General Public, HIV+	OR (condom dist.), HC/PI
Planned Parenthood of Southeastern PA		General Public	CTR, ILI, OR (condom dist.), HC/PI
Recovery Center, Crozer Chester Medical Center		HIV+	CTR, ILI, OR (condom dist.), HC/PI

ELK COUNTY

Agency	Funding Source	Target Population	Intervention
PA DOH HIV Field Staff A. McCowien	CDC	HIV+ (all risk groups)	PCRS for all CTR sites in this county, CTR
State Health Center (HIV Clinic)	State	General Public	CTR, PCRS, ILI, OR (condom dist.), HC/PI
State Health Center (TB Clinic)	State	White Heterosexual, Emerging Risk Group - Homeless	CTR
Family Health Council (STD Clinic)	CDC	White Heterosexual	CTR, ILI, OR (condom dist.), HC/PI
Elk County Prison PA DOH HIV Field Staff A. McCowien	CDC	Black Heterosexuals, White Heterosexuals, Black MSM, White MSM, Black IDU, White IDU	CTR, PCRS, ILI, HC/PI
American Red Cross		General Public	HC/PI

ERIE COUNTY

Agency	Funding Source	Target Population	Intervention
Erie County Health Department (ECHD)	CDC/State/ Other	HIV+ (all risk groups)	PCRS for all CTR sites in this county.
ECHD (HIV Clinic)	CDC/State/ Other	General	CTR, PCRS, ILI, OR (condom dist.), HC/PI
ECHD (STD Clinic)	CDC/State/ Other	White Heterosexual, Black Heterosexual, Hispanic Heterosexual	CTR
ECHD (TB Clinic)	CDC/State/ Other	White Heterosexual, Black Heterosexual, Hispanic Heterosexual, Emerging Risk Group - Homeless	CTR
STOP Erie ECDH Outreach	CDC/State/ Other	White MSM, Black MSM, Hispanic MSM, White IDU, Black IDU, Hispanic IDU, Black Heterosexual, Hispanic Heterosexual, White Heterosexual	CTR, ILI, OR
Erie County Prison ECHD	CDC/State/ Other	Black Heterosexual, White Heterosexual, Hispanic Heterosexual, Black MSM, White MSM, Hispanic MSM, Black IDU, White IDU, Hispanic IDU	CTR, PCRS, ILI, HC/PI
Cambridge Prison	CDC/State/ Other	Black Heterosexual, White Heterosexual, Hispanic Heterosexual, Black IDU, White IDU, Hispanic IDU	GLI
Albion Prison	CDC/State/ Other	Black Heterosexual, White Heterosexual, Hispanic Heterosexual, Black MSM, White MSM, Hispanic MSM, Black IDU, White IDU, Hispanic IDU	GLI
Juvenile Detention Centers ECHD	CDC/State/ Other	Emerging Risk Group – Youth, White IDU, Black IDU, Hispanic IDU	CTR, PCRS, ILI, HC/PI
Pre-release Program	CDC/State/	Black Heterosexual, White	CTR, PCRS, ILI,

	Other	Heterosexual, Hispanic Heterosexual, Black MSM, White MSM, Hispanic MSM, Black IDU, White IDU, Hispanic IDU	HC/PI
ECHD Actual Prevention Interventions reported on the Process Monitoring forms.	CDC/State/ Other	General Public	ILI, GLI, OR, HC/PI
	CDC/State/ Other	White MSM	ILI, GLI
	CDC/State/ Other	Black IDU	ILI, GLI
	CDC/State/ Other	Black MSM/IDU	
	CDC/State/ Other	White MSM/IDU	ILI
	CDC/State/ Other	Black Heterosexual	ILI, GLI, OR
	CDC/State/ Other	White IDU	ILI, GLI
	CDC/State/ Other	White Heterosexual	ILI, GLI, OR
	CDC/State/ Other	Hispanic IDU	ILI, GLI
	CDC/State/ Other	Black MSM	GLI
	CDC/State/ Other	Hispanic Heterosexual	ILI, GLI, OR
	CDC/State/ Other	Hispanic MSM/IDU	ILI
	CDC/State/ Other	Hispanic MSM	GLI
	CDC/State/ Other	Perinatal	ILI, GLI, OR
	CDC/State/ Other	Emerging Risk	OR
ECHD Contractor: Hispanic American Council	CDC/State/ Other	Hispanic Heterosexuals, Hispanic IDU, Hispanic MSM	CTR, ILI, GLI, OR, HC/PI
ECHD Contractor: Minority Health Education Delivery System	CDC/State/ Other	Hispanic Heterosexuals, Hispanic IDU, Hispanic MSM	CTR, ILI, HC/PI
Shout Outreach/Gaudenzia Crossroads Hall		White MSM, Black MSM, Hispanic MSM, Black IDU, White IDU, Hispanic IDU	ILI, GLI, OR, CTR, HC/PI
HIV Planning Coalition Contractor Erie County Department of Health (City of Erie & county)	State	Emerging Risk Group – Youth, Black Heterosexual, Hispanic Heterosexual	ILI, GLI, OR, HC/PI
HIV Planning Coalition Contractor Gaudenzia, SHOUT Outreach (City of Erie)	State	Emerging Risk Group – Youth, White IDU, Black IDU, Hispanic IDU, Black Heterosexual, Hispanic Heterosexual	CTR, ILI, GLI, OR, HC/PI
HIV Planning Coalition Contractor Minority Health Education Delivery System (City of Erie)	State	Black Heterosexual, Hispanic Heterosexual, Emerging Risk Group – Asian Pacific Islander	GLI, HC/PI

Gaudenzia Crossroads Outreach to substance abuse treatment.	Other Federal	White IDU, Black IDU, Hispanic IDU, White Heterosexual, Black Heterosexual, Hispanic Heterosexual	ILI, CTR, GLI
Deerfield Treatment (Substance abuse treatment)	Other Federal	White IDU, Black IDU, Hispanic IDU, White Heterosexual, Black Heterosexual, Hispanic Heterosexual	ILI, CTR, GLI
Guadenzia Intermediate Punishment Program (Substance abuse treatment)	Other Federal	White IDU, Black IDU, Hispanic IDU, White Heterosexual, Black Heterosexual, Hispanic Heterosexual	ILI, CTR, GLI
Gaudenzia Outpatient & Partial (Substance abuse treatment)	Other Federal	White IDU, Black IDU, Hispanic IDU, White Heterosexual, Black Heterosexual, Hispanic Heterosexual	ILI, CTR, GLI
Guadenzia Residential Treatment (Substance abuse treatment)	Other Federal	White IDU, Black IDU, Hispanic IDU, White Heterosexual, Black Heterosexual, Hispanic Heterosexual	ILI, CTR, GLI
GECAC Treatment Services (Substance abuse treatment)	Other Federal	White IDU, Black IDU, Hispanic IDU, White Heterosexual, Black Heterosexual, Hispanic Heterosexual	ILI, CTR, GLI
John F. Kennedy Center (Community Center)	Other	White IDU, Black IDU, Hispanic IDU, White Heterosexual, Black Heterosexual, Hispanic Heterosexual	ILI, CTR, OR
Dr. Daniel Snow Recovery House (Substance abuse treatment)	Other Federal	White IDU, Black IDU, Hispanic IDU, White Heterosexual, Black Heterosexual, Hispanic Heterosexual	ILI, CTR
Edmund L. Thomas Juvenile Detention Center Services provided by ECHD.	CDC/State/ Other	Emerging Risk Group - Youth	CTR, ILI, HC/PI
Behrend College Services provided by ECHD.	CDC/State/ Other	White Heterosexual, Black Heterosexual	CTR, ILI, HC/PI
Edinboro University Services provided by ECHD.	CDC/State/ Other	White Heterosexual, Black Heterosexual	CTR, ILI, HC/PI
Mercyhurst College Services provided by ECHD.	CDC/State/ Other	White Heterosexual, Black Heterosexual	CTR, ILI, HC/PI
St. Paul's Neighborhood Clinic		General Public	CTR
GECAC Youth Empowerment Program		Emerging Risk Group - Youth	ILI
Harbor Creek Youth Services		Emerging Risk Group - Youth	ILI
Community Health Network (Homeless Outreach)		Emerging Risk Group - Homeless	ILI, CTR
Martin Luther King Center		Black Heterosexual	ILI
Northwest PA Rural AIDS Alliance		General Public	ILI, GLI, OR, HC/PI
St. Pauls Episcopal Cathedral, HIV/AIDS Outreach Ministry		General Public	HC/PI

FAYETTE COUNTY

Agency	Funding Source	Target Population	Intervention
PA DOH HIV Field Staff B. Hoza	CDC	HIV+ (all risk groups)	PCRS for all CTR sites in this county, CTR
State Health Center (HIV Clinic)	State	General Public	CTR, PCRS, ILI, OR (condom dist.), HC/PI
State Health Center (TB Clinic)	State	White Heterosexual, Emerging Risk Group – Homeless	CTR
State Health Center (STD Clinic)	CDC	White Heterosexual	CTR

Uniontown Family Health Council (STD)	CDC	White Heterosexual	CTR
Highlands Hospital		General Public	CTR, ILI, HC/PI

FOREST COUNTY

Agency	Funding Source	Target Population	Intervention
PA DOH HIV Field Staff A. McCowien	CDC	HIV+ (all risk groups)	PCRS, CTR
State Health Center (HIV Clinic)	State	General Public	CTR, PCRS, ILI, OR (condom dist.), HC/PI
State Health Center (TB Clinic)	State	White Heterosexual, Emerging Risk Group - Homeless	CTR
State Health Center (STD Clinic)	CDC	White Heterosexual	CTR
Cornell Abraxas (Substance abuse treatment)	Other Federal	White IDU, Black IDU, Hispanic IDU, White Heterosexual, Black Heterosexual, Hispanic Heterosexual, Emerging Risk Group - Youth	ILI, CTR

FRANKLIN COUNTY

Agency	Funding Source	Target Population	Intervention
PA DOH HIV Field Staff N. Cabasquin-Ruiz	CDC	HIV+ (all risk groups)	PCRS, CTR
State Health Center (HIV Clinic)	State	General Public	CTR, PCRS, ILI, OR (condom dist.), HC/PI
State Health Center (TB Clinic)	State	White Heterosexual, Black Heterosexual	CTR
Chambersburg Family Health Services (STD Clinic)	CDC	White Heterosexual, Black Heterosexual	CTR
Franklin County Prison PA DOH HIV Field Staff N. Cabasquin-Ruiz	CDC	Black Heterosexual, White Heterosexual, Black MSM, White MSM, Black IDU, White IDU	CTR, PCRS, ILI, HC/PI
HIV Planning Coalition Contractor Family Health Services	State	Black Heterosexual, White Heterosexual, Hispanic Heterosexual, Emerging Risk Group – Homeless, Perinatal (women)	GLI, OR, HC/PI
Family Health Services of South Central PA		General Public	CTR, ILI, OR (condom dist.), HC/PI
Keystone Health Center		General Public	CTR, ILI, OR (condom dist.), HC/PI

FULTON COUNTY

Agency	Funding Source	Target Population	Intervention
PA DOH HIV Field Staff N. Cabasquin-Ruiz	CDC	HIV+ (all risk groups)	PCRS for all CTR sites in this county, CTR
State Health Center (HIV Clinic)	State	General Public	CTR, PCRS, ILI, OR (condom dist.), HC/PI
State Health Center (STD Clinic)	CDC	White Heterosexual, Black Heterosexual,	CTR
State Health Center (TB Clinic)	State	White Heterosexual, Black Heterosexual, Emerging Risk Group - Homeless	CTR
Fulton County Prison PA DOH HIV Field Staff N. Cabasquin-Ruiz	CDC	Black Heterosexual, White Heterosexual, Black MSM, White MSM, Black IDU, White IDU	CTR, PCRS, ILI, HC/PI
HIV Planning Coalition Contractor AIDS Intervention Project (ASO) Home Nursing Agency	State, other	General Public, White MSM, White Heterosexual, White IDU, Perinatal (women)	Coalition funding provides HC/PI Agency states that they also provide ILI, OR, PCM & PCRS.
HIV Planning Coalition Contractor Family Health Services	State	Black Heterosexual, White Heterosexual, Hispanic Heterosexual, Emerging Risk Group – Homeless, Perinatal (women)	GLI, OR, HC/PI

GREENE COUNTY

Agency	Funding Source	Target Population	Intervention
PA DOH HIV Field Staff R. Fuhrman	CDC	HIV+ (all risk groups)	PCRS for all CTR sites in this county, CTR
State Health Center (HIV Clinic)	State	General Public	CTR, PCRS, ILI, OR (condom dist.), HC/PI
State Health Center (STD Clinic)	CDC	White Heterosexual, Black Heterosexual,	CTR
State Health Center (TB Clinic)	State	White Heterosexual, Black Heterosexual, Emerging Risk Group - Homeless	CTR
Greene County AIDS Task Force		General Public	HC/PI

HUNTINGDON COUNTY

Agency	Funding Source	Target Population	Intervention
PA DOH HIV Field Staff N. Cabasquin-Ruiz	CDC	HIV+ (all risk groups)	PCRS for all CTR sites in this county, CTR
State Health Center (HIV Clinic)	State	General Public	CTR, PCRS
State Health Center (STD Clinic)	State	White Heterosexual, Black Heterosexual	CTR
State Health Center (TB Clinic)	State	White Heterosexual, Black Heterosexual, Emerging Risk Group	CTR

		- Homeless	
Huntingdon County Prison PA DOH HIV Field Staff N. Cabasquin-Ruiz	CDC	Black Heterosexual, White Heterosexual, Black MSM, White MSM, Black IDU, White IDU	CTR, PCRS, ILI, HC/PI
Huntingdon Family Health Services		General Public	CTR, ILI, OR, HC/PI
Youth Forestry Camp		Emerging Risk Group – Youth	CTR
HIV Planning Coalition Contractor AIDS Intervention Project (ASO) Home Nursing Agency	State, other	General Public, White MSM, Black MSM, White Heterosexual, Black Heterosexual, White IDU, Black IDU, Hispanic Heterosexual, Hispanic MSM, Hispanic IDU, Perinatal (women)	Coalition funding provides HC/PI Agency states that they also provide ILI, GLI, OR, PCM & PCRS.

INDIANA COUNTY

Agency	Funding Source	Target Population	Intervention
PA DOH HIV Field Staff B. Hoza	CDC	HIV+ (all risk groups)	PCRS, CTR
State Health Center (HIV Clinic)	State	General Public	CTR, PCRS, ILI, OR (condom dist.), HC/PI
State Health Center (TB Clinic)	State	White Heterosexual, Black Heterosexual, Emerging Risk Group - Homeless	CTR
State Health Center (STD Clinic)	CDC	White Heterosexual, Black Heterosexual	CTR
Indiana Family Health Council (STD Clinic)	CDC	White Heterosexual	CTR
Indiana County Prison PA DOH HIV Field Staff B. Hoza	CDC	Black Heterosexuals, White Heterosexuals, Black MSM, White MSM, Black IDU, White IDU	CTR, PCRS, ILI, HC/PI
Keystone Economic Development Corporation	State	Black Heterosexual	OR, HC/PI

JEFFERSON COUNTY

Agency	Funding Source	Target Population	Intervention
PA DOH HIV Field Staff A. McCowien	CDC	HIV+ (all risk groups)	PCRS, CTR
State Health Center (HIV Clinic)	State	General Public	CTR, PCRS, ILI, OR (condom dist.), HC/PI
State Health Center (TB Clinic)	State	White Heterosexual, Black Heterosexual, Emerging Risk Group - Homeless	CTR
Punxsutawney Family Planning (STD Clinic)	CDC	White Heterosexual	CTR
State Health Center (STD Clinic)	CDC	White Heterosexual	CTR
Jefferson County Prison PA DOH HIV Field Staff A. McCowien	CDC	Black Heterosexuals, White Heterosexuals, Black MSM, White MSM, Black IDU, White IDU	CTR, PCRS, LIL, HC/PI

JUNIATA COUNTY

Agency	Funding Source	Target Population	Intervention
PA DOH HIV Field Staff N. Cabasquin-Ruiz	CDC	HIV+ (all risk groups)	PCRS for all CTR sites in this county, CTR
State Health Center (HIV Clinic)	State	General Public	CTR, PCRS, ILI, OR (condom dist.), HC/PI
State Health Center (STD Clinic)	State	White Heterosexual, Black Heterosexual	CTR
State Health Center (TB Clinic)	State	White Heterosexual, Black Heterosexual, Emerging Risk Group - Homeless	CTR
Juniata County Prison PA DOH HIV Field Staff E. Labajetta & N. Cabasquin-Ruiz	CDC	Black Heterosexual, White Heterosexual, Black MSM, White MSM, Black IDU, White IDU	CTR, PCRS, ILI, HC/PI
HIV Planning Coalition Contractor AIDS Community Alliance	State	White MSM, White MSM/IDU, White IDU, Perinatal (women), Emerging Risk Group - Youth	ILI, GLI, OR

LACKAWANNA COUNTY

Agency	Funding Source	Target Population	Intervention
PA DOH HIV Field Staff C Zaleppa	CDC	HIV+ (all risk groups)	PCRS for all CTR sites in this county, CTR
State Health Center (HIV Clinic)	State	General Public	CTR, PCRS, ILI, OR (condom dist.), HC/PI
Scranton Planned Parenthood (STD Clinic)	CDC	White Heterosexual, Black Heterosexual	CTR
State Health Center (TB Clinic)	State	White Heterosexual, Black Heterosexual, Emerging Risk Group - Homeless	CTR
Lackawanna County Prison PA DOH HIV Field Staff C Zaleppa	CDC	Black Heterosexual, White Heterosexual, Black MSM, White MSM, Black IDU, White IDU	CTR, PCRS, ILI, HC/PI
United Neighborhood Centers of Lackawanna County (HIV PPA)	CDC	Black IDU, Black Heterosexual	ILI, CTR
HIV Planning Coalition Contractor Drug & Alcohol Treatment Services	State	White IDU, Black IDU	ILI
HIV Planning Coalition Contractor United Neighborhood Centers of Lackawana County	State	Hispanic Heterosexual, Emerging Risk Group – Youth (Black)	ILI, GLI, OR, HC/PI, Other
HIV Planning Coalition Contractor American Red Cross – Wyoming Valley Chapter	State	General Public, White Heterosexual, Black Heterosexual, White MSM, White IDU, Emerging Risk Group – Youth, Emerging Risk Group – Homeless, Perinatal (women)	ILI, GLI, OR, HC/PI
Catholic Social Services/HIV Program		General Public, HIV+	HC/PI, PCM
American Red Cross – Scranton Chapter		General Public	HC/PI
Lackawana County AIDS Council		General Public, HIV+	GLI, HC/PI

LANCASTER COUNTY

Agency	Funding Source	Target Population	Intervention
PA DOH HIV Field Staff A. Smee	CDC	HIV+ (all risk groups)	PCRS for all CTR sites in this county, CTR
State Health Center (HIV Clinic)	State	General Public	CTR, PCRS, ILI, OR (condom dist.), HC/PI
SE Lancaster Health Center (HIV Clinic)	State	General Public	CTR, PCRS, ILI, OR (condom dist.), HC/PI
State Health Center (TB Clinic)	State	White Heterosexual, Black Heterosexual, Hispanic Heterosexual, Emerging Risk Group - Homeless	CTR
Lancaster General Hospital (STD Clinic)	CDC	White Heterosexual, Black Heterosexual, Hispanic Heterosexual	CTR
Lancaster Planned Parenthood (STD Clinic)	CDC	White Heterosexual, Black Heterosexual, Hispanic Heterosexual	CTR
SE Lancaster Health Center (STD Clinic)	CDC	White Heterosexual, Black Heterosexual, Hispanic Heterosexual	CTR
Lancaster County Prison PA DOH HIV Field Staff A. Smee	CDC	Black Heterosexuals, White Heterosexuals, Black MSM, White MSM, Black IDU, White IDU	CTR, PCRS, ILI, HC/PI
AIDS Community Alliance (HIV PPA)	CDC	Hispanic Heterosexual, Hispanic MSM, Hispanic IDU	ILI, CTR
Elizabethtown College Served by AIDS Community Alliance (HIV PPA)	CDC	White Heterosexual, White MSM	ILI, CTR
Millersville University Served by AIDS Community Alliance (HIV PPA)	CDC	White Heterosexual, White MSM	ILI, CTR
Ujima Outreach Services (HIV PPA)	CDC	Black Heterosexual, Black IDU, Black MSM	ILI, CTR
Urban League of Lancaster County (HIV PPA)	CDC/Other	Black Heterosexual, Black IDU, Black MSM, Hispanic IDU, Hispanic Heterosexual, Hispanic MSM, HIV+, General Public	ILI, CTR, OR, HC/PI
Council of Spanish Speaking Organizations of the Lehigh Valley (Lancaster Outreach Project – Spanish American Civic Association) Actual Prevention Interventions reported on the Process Monitoring forms.	State	General Public	ILI, GLI, OR
	State	White MSM	ILI, OR
	State	Black IDU	ILI, GLI, OR
	State	Black MSM/IDU	ILI, OR
	State	White MSM/IDU	ILI, GLI, OR
	State	Black Heterosexual	ILI, GLI, OR
	State	White IDU	ILI, GLI, OR
	State	White Heterosexual	ILI, GLI, OR
	State	Hispanic IDU	ILI, GLI, OR
	State	Black MSM	ILI, OR

	State	Hispanic Heterosexual	ILI, GLI, OR
	State	Hispanic MSM/IDU	ILI, GLI, OR
	State	Hispanic MSM	ILI, GLI, OR
	State	Perinatal	ILI, GLI, OR
	State	Emerging Risk Groups	
Spanish American Civic Association/Nuestra Clinica (Substance abuse treatment)	Other Federal	Hispanic IDU, Hispanic Heterosexual, Hispanic MSM	CTR, ILI, GLI, OR (condom dist.), HC/PI
HIV Planning Coalition Contractor Spanish American Civic Association/Nuestra Clinica	State	Hispanic IDU, Hispanic Heterosexual, Emerging Risk Group _ youth, general Public	ILI, GLI, HC/PI
HIV Planning Coalition Contractor AIDS Community Alliance	State	White MSM, White MSM/IDU, White IDU, Perinatal (women), Emerging Risk Group - Youth	ILI, GLI, OR
Brethren Mennonite AIDS Hotline		White MSM, White Heterosexual, White IDU	HC/PI
Ephrata Community Hospital		General Public	CTR, HC/PI
The Gathering Place (ASO)		HIV+, General Public	HC/PI
Lancaster General Hospital		General Public	CTR, ILI, HC/PI
Lancaster General Hospital: Susquehanna Division		General Public	CTR
Visiting Nurse Association/VNA Hospice		General Public, HIV+	HC/PI

LAWRENCE COUNTY

Agency	Funding Source	Target Population	Intervnetion
PA DOH HIV Field Staff A. McCowien	CDC	HIV+ (all risk groups)	PCRS for all CTR sites in this county, CTR
State Health Center (HIV Clinic)	State	General Public	CTR, PCRS, ILI, OR (condom dist.) HC/PI
New Castle Family Planning (STD Clinic)	CDC	White Heterosexual, Black Heterosexual	CTR
State Health Center (TB Clinic)	State	White Heterosexual, Black Heterosexual	CTR
Lawrence County Prison PA DOH HIV Field Staff A. McCowien	CDC	Black Heterosexuals, White Heterosexuals, Black MSM, White MSM, Black IDU, White IDU	CTR, PCRS, ILI, HC/PI
HIV Planning Coalition Contractor Family Health Council	State	Emerging Risk Group – Youth	GLI, HC/PI
Lawrence County AIDS Network		General Public, HIV+	HC/PI

LEBANON COUNTY

Agency	Funding Source	Target Population	Intervention
PA DOH HIV Field Staff N. Cabasquin-Ruiz	CDC	HIV+ (all risk groups)	PCRS for all CTR sites in this county, CTR
State Health Center (HIV Clinic)	State	General Public	CTR, PCRS, ILI, OR (condom dist.) HC/PI
State Health Center (TB Clinic)	State	White Heterosexual, Black Heterosexual, Emerging Risk Group - Homeless	CTR
Good Samaritan Family Planning	CDC	White Heterosexual, Black	CTR

Center (STD Clinic)		Heterosexual	
Lebanon Family Health (STD Clinic)	CDC	White Heterosexual, Black Heterosexual	CTR
Lebanon County Prison PA DOH HIV Field Staff N. Cabasquin-Ruiz	CDC	Black Heterosexuals, White Heterosexuals, Black MSM, White MSM, Black IDU, White IDU	CTR, PCRS, ILI, HC/PI
AIDS Community Alliance (HIV PPA)	CDC	General Public	ILI, CTR
HIV Planning Coalition Contractor AIDS Community Alliance	State	White MSM, White MSM/IDU, White IDU, Perinatal (women), Emerging Risk Group - Youth	ILI, GLI, OR
HIV Planning Coalition Contractor Mt. Pleasant, Puerto Rican Organizing Committee	State	Hispanic Heterosexual, Hispanic IDU, Emerging Risk Group – Youth, Perinatal (Hispanic women), General Public	ILI, GLI, OR, HC/PI
Good Samaritan Family Practice		General Public	CTR, ILI, OR (condom dist.), HC/PI
Veteran's Affairs Medical Center, HIV Clinic		HIV+ (veterans), Emerging Risk Group - Homeless	HC/PI

LEHIGH COUNTY

Agency	Funding Source	Target Population	Intervention
PA DOH Field Staff A. McCowien	CDC	HIV+ (all risk groups)	PCRS for all CTR sites in this county, CTR
State Health Center (HIV Clinic)	State	General Public	CTR, PCRS, ILI, OR (condom dist.) HC/PI
State Health Center (STD Clinic)	CDC	White Heterosexual, Black Heterosexual, Hispanic Heterosexual	CTR
State Health Center (TB Clinic)	State	White Heterosexual, Black Heterosexual, Hispanic Heterosexual, Emerging Risk Group - Homeless	CTR
Latinos for Healthy Communities (HIV PPA)	CDC	Hispanic Heterosexual, Hispanic IDU, Hispanic MSM	CTR
Allentown Health Bureau	CDC/State	HIV+ (all risk groups)	PCRS for all CTR sites in this county.
Allentown Health Bureau (HIV Clinic)	CDC/State	General Public	CTR, ILI, OR, (condom dist.), HC/PI
Allentown Health Bureau (STD Clinic)	CDC/State	White Heterosexual, Black Heterosexual, Hispanic Heterosexual,	CTR
Allentown Health Bureau (TB Clinic)	CDC/State	White Heterosexual, Black Heterosexual, Hispanic Heterosexual, Emerging Risk Group - Homeless	CTR
Allentown Health Bureau (Outreach to substance abuse treatment programs)	Other Federal	White IDU, Black IDU, Hispanic IDU, White Heterosexual, Black Heterosexual, Hispanic Heterosexual	CTR, GLI, HC/PI
Lehigh County Prison Allentown Health Bureau	CDC/State	Black Heterosexuals, White Heterosexuals, Black MSM, White MSM, Black IDU, White IDU, White MSM, Black MSM, Hispanic MSM	CTR, PCRS, ILI, HC/PI
Allentown Health Bureau: Actual Prevention Interventions reported on	CDC/State	General Public	ILI, GLI, OR, HC/PI

the Process Monitoring forms.			
	CDC/State	White MSM	ILI, GLI, OR
	CDC/State	Black IDU	ILI
	CDC/State	Black MSM/IDU	
	CDC/State	White MSM/IDU	
	CDC/State	Black Heterosexual	ILI, GLI, OR
	CDC/State	White IDU	ILI
	CDC/State	White Heterosexual	ILI, GLI, OR
	CDC/State	Hispanic IDU	ILI
	CDC/State	Black MSM	ILI, GLI, OR
	CDC/State	Hispanic Heterosexual	ILI, GLI, OR
	CDC/State	Hispanic MSM/IDU	
	CDC/State	Hispanic MSM	ILI, GLI, OR
	CDC/State	Perinatal	
	CDC/State	Emerging Risk	ILI, OR
New Directions Treatment Services (Substance abuse treatment)	Other Federal	Hispanic IDU, White IDU, Black IDU, Perinatal	CTR, ILI, GLI, OR
HIV Planning Coalition Contractor American Red Cross	State	General Public (capacity building for other prevention programs)	Other Intervention
HIV Planning Coalition Contractor Keystone Rural Health Center	State	Hispanic Heterosexual	ILI, GLI, OR
HIV Planning Coalition Contractor New Directions Treatment Services	State	Hispanic IDU, White IDU, Black IDU, Hispanic Heterosexual, Black Heterosexual, White Heterosexual, Hispanic MSM/IDU, White MSM/IDU, Black MSM/IDU, Perinatal	ILI, GLI, OR
New Directions Treatment Services	United Way	Black Heterosexual, White Heterosexual, Hispanic IDU, Black IDU, White IDU	ILI, GLI, OR, CTR
University of Pittsburgh New Directions Treatment Services	CDC	Hispanic, Black, White Heterosexual Women, Hispanic, Black, White IDU Women	ILI, GLI, OR, PCM
HIV Planning Coalition Contractor The Program for Women and Families	State	Perinatal (women)	GLI
HIV Title II and III Planning Coalition Contractor AIDS Activity Office Lehigh Valley Hospital	CDC	HIV+, General Public	CTR
American Red Cross of the Greater Lehigh Valley		General Public	HC/PI
Lehigh County Conference of Churches, Wellness Center		General Public	CTR
Planned Parenthood of Northeast PA		General Public	CTR, ILI, OR (condom dist.), HC/PI
Program for Women and Families, Inc. – The Respect Program		White, Black, Hispanic female IDU, White, Black, Hispanic heterosexual females (partner of IDU), Incarcerated young White, Black, Latino heterosexual men, incarcerated young White, Black, Latino MSM and IDU	GLI

LYCOMING COUNTY

Agency	Funding Source	Target Population	Intervention
PA DOH HIV Field Staff D. Eberle	CDC	HIV+ (all risk groups)	PCRS for all CTR sites in this county, CTR
State Health Center (HIV Clinic)	State	General Public	CTR, PCRS, ILI, OR (condom dist.), HC/PI
State Health Center (TB Clinic)	State	White Heterosexual, Black Heterosexual, Emerging Risk Group - Homeless	CTR
Williamsport Hosp. Family Center (STD Clinic)	CDC	White Heterosexual, Black Heterosexual	CTR
Lycoming County Prison PA DOH HIV Field Staff D. Eberle	CDC	Black Heterosexuals, White Heterosexuals, Black MSM, White MSM, Black IDU, White IDU	CTR, PCRS, ILI, HC/PI
AIDS Resource Alliance (HIV PPA)	CDC	White MSM, Black MSM, White IDU, Black IDU, HIV+	CTR, ILI, OR (condom dist.), HC/PI
HIV Planning Coalition Contractor AIDS Resource Alliance	State	White MSM, Black MSM, White IDU, Black IDU, Perinatal (women), White Heterosexual, Black Heterosexual, Emerging Risk Group – Youth	ILI, GLI, OR
HIV Planning Coalition Contractor Campbell Street Family, Youth and Community	State	White IDU, Black IDU, White Heterosexual, Black Heterosexual, Perinatal (women), Emerging Risk Group – Youth	ILI, GLI
Campbell Street Family, Youth & Community Assoc, Inc.		General Public, Emerging Risk Group - Youth	HC/PI
Healthy Concepts (Family Planning)		General Public, Women/Perinatal	CTR, ILI, OR (condom dist.), HC/PI
North Central District AIDS Coalition		General Public	HC/PI
Family Center for Reproductive Health		General Public	CTR, ILI, OR (condom dist.), HC/PI
Williamsport Hospital and Medical Center		General Public	CTR, ILI, OR (condom dist.), HC/PI

LUZERNE COUNTY

Agency	Funding Source	Target Population	Intervention
PA DOH HIV Field Staff	CDC	HIV+ (all risk groups)	PCRS for all CTR sites in this county (excluding the city of Wilkes-Barre), CTR
State Health Center (HIV Clinic)	State	General Public	CTR, PCRS, ILI, OR (condom dist.), HC/PI
State Health Center (TB Clinic)	State	White Heterosexual, Black Heterosexual, Hispanic Heterosexual, Emerging Risk Group - Homeless	CTR

Hazelton Planned Parenthood (STD Clinic)	CDC	White Heterosexual, Black Heterosexual, Hispanic Heterosexual	CTR
Wyoming Valley AIDS Council (HIV PPA)	CDC/Other	HIV+, White MSM	CTR, ILI, OR (condom dist.), HC/PI
Wyoming Valley Family Practice (STD Clinic)	CDC	White Heterosexual, Black Heterosexual, Hispanic Heterosexual	ILI, CTR
Wilkes Barre City Health Department	CDC/State	HIV+ (all risk groups)	PCRS for all CTR sites in the city of Wilkes Barre.
Wilkes Barre City Health Department (HIV Clinic)	State	General Public	CTR, PCRS, ILI, OR (condom dist.), HC/PI
Wilkes Barre City Health Department (STD Clinic)	CDC	White Heterosexual, Black Heterosexual, Hispanic Heterosexual	CTR
Wilkes Barre City Health Department (TB Clinic)	State	White Heterosexual, Black Heterosexual, Hispanic Heterosexual, Emerging Risk Group - Homeless	CTR
Luzerne County Prison PA DOH HIV Field Staff Wilkes Barre City Health Department	CDC	Black Heterosexual, White Heterosexual, Hispanic Heterosexual, Black MSM, White MSM, Hispanic MSM, Black IDU, White IDU, Hispanic IDU	CTR, PCRS
Wilkes Barre City Health Dept. Actual Prevention Interventions reported on the Process Monitoring forms.	CDC/State	General Public	ILI, GLI, OR, HC/PI
		White MSM	*Interventions not targeted
		Black IDU	
		Black MSM/IDU	
		White MSM/IDU	
		Black Heterosexual	
		White IDU	
		White Heterosexual	
		Hispanic IDU	
		Black MSM	
		Hispanic Heterosexual	
		Hispanic MSM/IDU	
		Hispanic MSM	
		Perinatal	
		Emerging Risk	
HIV Planning Coalition Contractor Serento Gardens Alcohol & Drug Services	State	White IDU, Hispanic IDU	ILI
HIV Planning Coalition Contractor United Neighborhood Centers of Lackawana County	State	Hispanic Heterosexual, Emerging Risk Group – Youth (Black)	ILI, GLI, OR, HC/PI, Other
HIV Planning Coalition Contractor Wyoming Valley Alcohol & Drug Services, Inc.	State	White IDU, Black IDU	ILI
HIV Planning Coalition Contractor American Red Cross – Wyoming Valley Chapter	State	General Public, White Heterosexual, Black Heterosexual, White MSM, White IDU, Emerging Risk Group – Youth, Emerging Risk Group –	ILI, GLI, OR, HC/PI

		Homeless, Perinatal (women)	
American Red Cross – Wyoming Valley Chapter		General Public	HC/PI
Northeastern Regional HIV Planning Coalition		General Public	HC/PI

MCKEAN COUNTY

Agency	Funding Source	Target Population	Intervention
PA DOH HIV Field Staff A. McCowien	CDC	HIV+ (all risk groups)	PCRS for all CTR sites in this county, CTR
State Health Center (HIV Clinic)	State	General Public	CTR, PCRS, ILI, OR (condom dist.), HC/PI
State Health Center (TB Clinic)	State	White Heterosexual, Emerging Risk Group - Homeless	CTR
McKean Family Planning (STD Clinic)	CDC	White Heterosexual	CTR
McKean County AIDS Resource Network		General Public	HC/PI

MERCER COUNTY

Agency	Funding Source	Target Population	Intervention
PA DOH HIV Field Staff A. McCowien	CDC	HIV+ (all risk groups)	PCRS for all CTR sites in this county, CTR
State Health Center (HIV Clinic)	State	General Public	CTR, PCRS, ILI, OR (condom dist.), HC/PI
State Health Center (TB Clinic)	State	White Heterosexual, Black Heterosexual, Emerging Risk Group - Homeless	CTR
Family Planning of Mercer County (STD Clinic)	CDC	White Heterosexual, Black Heterosexual	CTR
Farrell Primary Health Network (STD Clinic)	CDC	White Heterosexual, Black Heterosexual	CTR
Greenville Family Planning (STD Clinic)	CDC	White Heterosexual, Black Heterosexual	CTR
Grove City Family Planning (STD Clinic)	CDC	White Heterosexual, Black Heterosexual	CTR
Mercer County Prison PA DOH HIV Field Staff A. McCowien	CDC	Black Heterosexuals, White Heterosexuals, Black MSM, White MSM, Black IDU, White IDU	CTR, PCRS, ILI, HC/PI
HIV Planning Coalition Contractor Family Health Council	State	Emerging Risk Group – Youth	GLI, HC/PI
HIV Planning Coalition Contractor Mercer Behavioral Health	State	White IDU, Black IDU, Emerging Risk Group – Youth, White Heterosexual, Black Heterosexual, White MSM, Black MSM	ILI, GLI, HC/PI
Family Planning of Mercer County Behavioral Health Commission		General Public	CTR, ILI, OR (condom dist.), HC/PI
AIDS Service Program of Mercer		General Public, HIV+	ILI, GLI, OR

County			(condom dist.), HC/PI
Sharon Primary Health Network			

MIFFLIN COUNTY

Agency	Funding Source	Target Population	Intervention
PA DOH HIV Field Staff N. Cabasquin-Ruiz	CDC	HIV+ (all risk groups)	PCRS for all CTR sites in this county, CTR
State Health Center (HIV Clinic)	State	General Public	CTR, PCRS, ILI, OR (condom dist.), HC/PI
State Health Center (STD Clinic)	CDC	White Heterosexual	CTR
State Health Center (TB Clinic)	State	White Heterosexual, Emerging Risk Group - Homeless	CTR
Mifflin County Prison PA DOH HIV Field Staff N. Cabasquin-Ruiz	CDC	Black Heterosexuals, White Heterosexuals, Black MSM, White MSM, Black IDU, White IDU	CTR
HIV Planning Coalition Contractor AIDS Community Alliance	State	White MSM, White MSM/IDU, White IDU, Perinatal (women), Emerging Risk Group - Youth	ILI, GLI, OR
Lewistown Women's Health Services		Perinatal	

MONTGOMERY COUNTY

Agency	Funding Source	Target Population	Intervention
Montgomery County Health Dept.	CDC/State/ Other	HIV+ (all risk groups)	PCRS for all CTR sites in this county.
Montgomery County Health Dept. (HIV Clinic) Pottstown Willow Grove Norristown	State	General Public	CTR, ILI, OR (condom dist.), HC/PI
Montgomery County Health Dept. (STD Clinic) Pottstown Willow Grove Norristown	CDC	White Heterosexual, Black Heterosexual, Hispanic Heterosexual	CTR
Montgomery County Health Dept. (TB Clinic) Pottstown Willow Grove Norristown	State	White Heterosexual, Black Heterosexual, Hispanic heterosexual, Emerging Risk Group – Homeless	CTR
Montgomery County Health Dept. (Outreach to substance abuse treatment sites)	CDC/State/ Other	White MSM, Black MSM, Hispanic MSM, White IDU, Black IDU, Hispanic IDU, White Heterosexual, Black Heterosexual, Emerging Risk Group – Homeless	CTR, PCRS, ILI, HC/PI
Montgomery County Health Dept. Actual Prevention Interventions reported on Process Monitoring forms.	CDC/State	General Public	ILI, GLI, OR, HC/PI
	CDC/State	White MSM	
	CDC/State	Black IDU	ILI
	CDC/State	Black MSM/IDU	

	CDC/State	White MSM/IDU	
	CDC/State	Black Heterosexual	ILI, OR
	CDC/State	White IDU	ILI, OR
	CDC/State	White Heterosexual	ILI, OR
	CDC/State	Hispanic IDU	ILI
	CDC/State	Black MSM	
	CDC/State	Hispanic Heterosexual	ILI, OR
	CDC/State	Hispanic MSM/IDU	
	CDC/State	Hispanic MSM	
	CDC/State	Perinatal	ILI, GLI
	CDC/State	Emerging Risk	
HIV Planning Coalition Contractor Family Service of Montgomery County/Project Hope	State	General Public, HIV+, Heterosexual	ILI, GLI, OR, HC/PI
Alternatives, Inc. (Substance abuse treatment)		White MSM, White MSM/IDU, Black MSM, Black MSM/IDU, Hispanic MSM, Hispanic MSM/IDU	CTR, ILI, GLI, HC/PI, OR, CLI
Montgomery County AIDS Task Force		General Public	HC/PI
Montgomery Fornance Family Practice		General Public	CTR, ILI, HC/PI
Valley Forge Medical Center (Substance abuse treatment for PWA)		HIV+, White IDU, Black IDU, Hispanic IDU, White MSM, Black MSM, Hispanic MSM, White Heterosexual, Black Heterosexual, Hispanic Heterosexual	CTR, ILI, GLI, HC/PI, other

MONROE COUNTY

Agency	Funding Source	Target Population	Intervention
PA DOH HIV Field Staff C. Zaleppa & P. Baloga	CDC	HIV+ (all risk groups)	PCRS, CTR
State Health Center (HIV Clinic)	State	General Public	CTR, PCRS, ILI, OR (condom dist.), HC/PI
State Health Center (TB Clinic)	State	White Heterosexual, Black Heterosexual, Emerging Risk Group - Homeless	CTR
Stroudsburg Planned Parenthood (STD Clinic)	CDC	White Heterosexual, Black Heterosexual	CTR, ILI, OR (condom dist.), HC/PI
Monroe County Prison PA DOH HIV Field Staff C. Zaleppa & P. Baloga	CDC	Black Heterosexual, White Heterosexual, Black MSM, White MSM, Black IDU, White IDU	CTR, PCRS
Carbon/Monroe/ Pike Drug & Alcohol Commission (PPA)	CDC	White MSM, Black IDU, White IDU, Black Heterosexual, White Heterosexual	CTR
HIV Planning Coalition Contractor Carbon/Monroe/ Pike Drug & Alcohol Commission	State	Black IDU, White IDU, Black Heterosexual, White Heterosexual	ILI, GLI, OR, HC/PI
HIV Planning Coalition Contractor American Red Cross	State	General Public (capacity building for other prevention programs)	Other Intervention
American Red Cross – Monroe County Chapter		General Public	HC/PI

MONTOUR COUNTY

Agency	Funding Source	Target Population	Intervention
PA DOH HIV Field Staff D. Eberle	CDC	HIV+ (all risk groups)	PCRS for all CTR sites in this county, CTR
State Health Center (HIV Clinic)	State	General Public	CTR, PCRS, ILI, OR (condom dist.), HC/PI
State Health Center (STD Clinic)	State	White Heterosexual, Black Heterosexual	CTR
State Health Center (TB Clinic)	State	White Heterosexual, Black Heterosexual	CTR
Montour County Prison PA DOH HIV Field Staff D. Eberle	CDC	Black Heterosexual, White Heterosexual, Black MSM, White MSM, Black IDU, White IDU	CTR, PCRS, ILI, HC/PI
HIV Planning Coalition Contractor Caring Communities for AIDS, Inc.	State	Perinatal (women), Emerging Risk Group – Youth, White Heterosexual	ILI, GLI, OR
HIV Planning Coalition Contractor AIDS Resource Alliance	State	White MSM, Black MSM, White IDU, Black IDU, Perinatal (women), White Heterosexual, Black Heterosexual, Emerging Risk Group – Youth	ILI, GLI, OR
Caring Communities For AIDS (ASO)		General Public, HIV+	GLI, HC/PI
Danville Center for Adolescent Females		Emerging Risk Group – Youth, White Heterosexual, Black Heterosexual	CTR
North Central Secure Treatment Unit		White Heterosexual, Black Heterosexual, White IDU, Black IDU	CTR
Family Health Services		General Public	CTR, ILI, HC/PI
Northwestern Academy			CTR

NORTHAMPTON COUNTY

Agency	Funding Source	Target Population	Interventions
PA DOH HIV Field Staff E. Eberle	CDC	HIV+ (all risk groups)	PCRS for all CTR sites in this county, CTR
State Health Center (HIV Clinic)	State	General Public	CTR, PCRS, ILI, OR, (condom dist.), HC/PI
State Health Center (TB Clinic)	State	White Heterosexual, Black Heterosexual, Hispanic Heterosexual, Emerging Risk Group - Homeless	CTR
Community Care Center (STD Clinic)	CDC	*White Heterosexual, Hispanic Heterosexual, Black Heterosexual*	CTR
Easton Planned Parenthood (STD Clinic)	CDC	*White Heterosexual, Hispanic Heterosexual, Black Heterosexual*	CTR
Marvine Family Center (HIV Clinic)	State	*General Public*	CTR
Safe Harbor Homeless Shelter	CDC/State	Emerging Risk Group – Homeless,	CTR

(HIV Clinic)		White IDU, Black IDU, Hispanic IDU	
AIDS Service Center (HIV PPA)	CDC	*HIV+, Black Heterosexual, Hispanic Heterosexual, General*	CTR, ILI, GLI, OR
Easton Hospital (HIV PPA)	CDC	*Black Heterosexual, Hispanic Heterosexual*	ILI, CTR
Bethlehem City Health Bureau	*CDC/State/ Other*	HIV+ (all risk groups)	*PCRS at all CTR sites in this county*
Bethlehem City Health Bureau (HIV Clinic)	*State*	*General Public*	*CTR, ILI, OR (condom dist.), HC/PI*
Bethlehem City Health Bureau (STD Clinic)	*CDC*	*White Heterosexual, Black Heterosexual, Hispanic Heterosexual*	*CTR*
Bethlehem City Health Bureau (TB Clinic)	*State*	*White Heterosexual, Black Heterosexual, Hispanic Heterosexual, Emerging Risk Group - Homeless*	*CTR*
Northampton County Jail Bethlehem City Health Bureau	CDC/State	Black Heterosexual, White Heterosexual, Black MSM, White MSM, Black IDU, White IDU	CTR, PCRS, ILI, HC/PI
Bethlehem City Health Bureau Actual Prevention Interventions reported on the Process Monitoring forms.	CDC/State/ Other	General Public	ILI, GLI, OR
	CDC/State/ Other	White MSM	ILI, GLI
	CDC/State/ Other	Black IDU	ILI, GLI, OR
	CDC/State/ Other	Black MSM/IDU	
	CDC/State/ Other	White MSM/IDU	
	CDC/State/ Other	Black Heterosexual	ILI, GLI, OR
	CDC/State/ Other	White IDU	ILI, GLI, OR
	CDC/State/ Other	White Heterosexual	ILI, GLI, OR
	CDC/State/ Other	Hispanic IDU	ILI, GLI, OR
	CDC/State/ Other	Black MSM	ILI
	CDC/State/ Other	Hispanic Heterosexual	ILI, GLI, OR
	CDC/State/ Other	Hispanic MSM/IDU	

	CDC/State/ Other	Hispanic MSM	ILI
	CDC/State/ Other	Perinatal	ILI, GLI, OR
	CDC/State/ Other	Emerging Risk	ILI, OR
Latino AIDS Outreach Program	State	Hispanic Heterosexual, Hispanic IDU, Hispanic MSM	CTR, ILI, GLI, OR, HC/PI
Northampton County Juvenile Detention Center	CDC/State	Emerging Risk Group - Youth	CTR
Council of Spanish Speaking Organizations of the Lehigh Valley (Lehigh Valley Outreach Project)	State	General Public	ILI, GLI, OR
	State	White MSM	ILI, OR
	State	Black IDU	ILI, GLI, OR
	State	Black MSM/IDU	ILI, OR
	State	White MSM/IDU	ILI, GLI, OR
	State	Black Heterosexual	ILI, GLI, OR
	State	White IDU	ILI, GLI, OR
	State	White Heterosexual	ILI, GLI, OR
	State	Hispanic IDU	ILI, GLI, OR
	State	Black MSM	ILI, OR
	State	Hispanic Heterosexual	ILI, GLI, OR
	State	Hispanic MSM/IDU	ILI, GLI, OR
	State	Hispanic MSM	ILI, GLI, OR
	State	Perinatal	ILI, GLI, OR
	State	Emerging Risk Groups	
HIV Planning Coalition Contractor AIDS Services Center	State	*HIV+, White IDU, Black IDU, Hispanic IDU, White MSM, Black MSM, Hispanic MSM, White Heterosexual, Black Heterosexual, Hispanic Heterosexual,*	ILI, GLI, OR, HC/PI
HIV Planning Coalition Contractor American Red Cross	State	General Public (capacity building for other prevention programs)	Other Intervention
HIV Planning Coalition Contractor New Directions Treatment Services	State	Hispanic IDU, White IDU, Black IDU, Hispanic Heterosexual, Black Heterosexual, White Heterosexual, Hispanic MSM/IDU, White MSM/IDU, Black MSM/IDU, Perinatal	ILI, GLI, OR
Bethlehem Hispanic Wellness Center		*Hispanic Heterosexual*	CTR
St. Luke's Women's Clinic (Prenatal Clinic)		Perinatal	CTR, ILI, HC/PI
Advocates for Healthy Children		Emerging Risk Group – Youth	HC/PI
Planned Parenthood of Northeast PA		General Public	CTR, ILI, HC/PI

NORTHUMBERLAND COUNTY

Agency	Funding Source	Target Population	Interventions
PA DOH HIV Field Staff D. Eberle	CDC	HIV+ (all risk groups)	PCRS for all CTR sites in this county, CTR
State Health Center (HIV Clinic)	State	General Public	CTR, PCRS, ILI, OR (condom dist.), HC/PI
State Health Center (STD Clinic)	CDC	White Heterosexual, Black Heterosexual	CTR
State Health Center (TB Clinic)	State	White Heterosexual, Black Heterosexual	CTR
Northumberland County Prison PA DOH HIV Field Staff D. Eberle	CDC	Black Heterosexual, White Heterosexual, Black MSM, White MSM, Black IDU, White IDU	CTR, PCRS, ILI, HC/PI
HIV Planning Coalition Contractor Family Planning Services of S.U.N.	State	Perinatal (women), White IDU, White Heterosexual, Emerging Risk Group – Youth	ILI, GLI, OR
HIV Planning Coalition Contractor AIDS Resource Alliance	State	White MSM, Black MSM, White IDU, Black IDU, Perinatal (women), White Heterosexual, Black Heterosexual, Emerging Risk Group – Youth	ILI, GLI, OR
S.U.N. Home Health Services, Inc. Counties		General Public	OR (condom dist.), HC/PI
Ctr. For Independent Living of N. Central PA		General Public	ILI, HC/PI

PERRY COUNTY

Agency	Funding Source	Target Population	Inervention
PA DOH HIV Field Staff N. Cabasquin-Ruiz	CDC	HIV+ (all risk groups)	PCRS for all CTR sites in this county, CTR
State Health Center (HIV Clinic)	State	General Public	CTR, PCRS, ILI, OR (condom dist.), HC/PI
State Health Center (TB Clinic)	State	White Heterosexual, Emerging Risk group - Homeless	CTR
Newport Planned Parenthood (STD Clinic)	CDC	White Heterosexual	CTR
Perry County Prison PA DOH HIV Field Staff N. Cabasquin-Ruiz	CDC	Black Heterosexual, White Heterosexual, Black MSM, White MSM, Black IDU, White IDU	CTR, PCRS, ILI, HC/PI
Loysville Youth Development Center PA DOH HIV Field Staff N. Cabasquin-Ruiz	CDC	*Emerging Risk Group – Youth, White Heterosexual, Black Heterosexual, Hispanic Heterosexual, White IDU, Black IDU, Hispanic IDU*	CTR, PCRS, ILI, HC/PI
HIV Planning Coalition Contractor	State	White MSM, White MSM/IDU,	ILI, GLI, OR

AIDS Community Alliance		White IDU, Perinatal (women), Emerging Risk Group - Youth	
HIV Planning Coalition Contractor Mt. Pleasant, Puerto Rican Organizing Committee	State	Hispanic Heterosexual, Hispanic IDU, Emerging Risk Group – Youth, Perinatal (Hispanic women), General Public	ILI, GLI, OR, HC/PI

PIKE COUNTY

Agency	Funding Source	Target Population	Intervention
PA DOH HIV Field Staff C Zaleppa	CDC	HIV+ (all risk groups)	PCRS for all CTR sites in this county, CTR
State Health Center (HIV Clinic)	State	*General Public*	CTR, PCRS, ILI, OR (condom dist.), HC/PI
State Health Center (TB Clinic)	State	White Heterosexual, Black Heterosexual, Emerging Risk Group - Homeless	CTR
Pike County Prison PA DOH HIV Field Staff C Zaleppa	CDC	Black Heterosexual, White Heterosexual, Black MSM, White MSM, Black IDU, White IDU	CTR, PCRS
Carbon/Monroe/ Pike Drug & Alcohol Commission (PPA)	CDC	Black IDU, White IDU, Black Heterosexual, White Heterosexual	ILI, CTR
HIV Planning Coalition Contractor Drug & Alcohol Treatment Services	State	White IDU, Black IDU	ILI
HIV Planning Coalition Contractor United Neighborhood Centers of Lackawana County	State	Hispanic Heterosexual, Emerging Risk Group – Youth (Black)	ILI, GLI, OR, HC/PI, Other
HIV Planning Coalition Contractor American Red Cross – Wyoming Valley Chapter	State	General Public, White Heterosexual, Black Heterosexual, White MSM, White IDU, Emerging Risk Group – Youth, Emerging Risk Group – Homeless, Perinatal (women)	ILI, GLI, OR, HC/PI

POTTER COUNTY

Agency	Funding Source	Target Population	Intervention
PA DOH HIV Field Staff D. Eberle	CDC	HIV+ (all risk groups)	PCRS for all CTR sites in this county, CTR
State Health Center (HIV Clinic)	State	*General Public*	CTR, PCRS, ILI, OR (condom dist.), HC/PI
State Health Center (STD Clinic)	CDC	White Heterosexual, Black Heterosexual,	CTR
State Health Center (TB Clinic)	State	White Heterosexual, Emerging Risk Group - Homeless	CTR
Potter County Prison PA DOH HIV Field Staff D. Eberle	CDC	Black Heterosexual, White Heterosexual, Black MSM, White MSM, Black IDU, White IDU	CTR, PCRS
HIV Planning Coalition Contractor Campbell Street Family, Youth and Community	State	White IDU, Black IDU, perinatal (women), Emerging Risk Group – Youth	ILI, GLI

SCHUYLKILL COUNTY

Agency	Funding Source	Target Population	Intervention
PA DOH HIV Field Staff J. Foster & N. Martinez-King	CDC	HIV+ (all risk groups)	PCRS for all CTR sites in this county, CTR
State Health Center (HIV Clinic)	*State*	General Public	*CTR, PCRS, ILI, OR (condom dist.), HC/PI*
Shamokin Family Planning (STD Clinic)	*CDC*	White Heterosexual, Black Heterosexual	*CTR*
State Health Center (TB Clinic)	*State*	White Heterosexual, Black Heterosexual, Emerging Risk Group – Homeless	*CTR*
Schuylkill Wellness Services (HIV PPA)	*CDC/Other*	White IDU, White Heterosexual	*CTR*
Schuylkill Wellness Services (Outreach to 7 substance abuse treatment sites)	*Other Federal*	White IDU, Black IDU, White Heterosexual, Black Heterosexual	*ILI, CTR*
Schuylkill County Drug & Alcohol/Central Intake/First Step	*Other Federal*	White IDU, Black IDU, White Heterosexual, Black Heterosexual	*ILI, CTR*
HIV Planning Coalition Contractor American Red Cross	State	General Public (capacity building for other prevention programs)	Other Intervention
HIV Planning Coalition Contractor Berks AIDS Network	State	White MSM, Black MSM, Hispanic MSM, White IDU, Black IDU, Hispanic IDU, Hispanic Heterosexual, White Heterosexual, Black Heterosexual, HIV+	ILI, GLI, OR, HC/PI
Northwest Academy			*ILI, CTR*
Family Service Agency		HIV+	*GLI*

SNYDER COUNTY

Agency	Funding Source	Target Population	Intervention
PA DOH HIV Field Staff D. Eberle	CDC	HIV+ (all risk groups)	PCRS for all CTR sites in this county, CTR
State Health Center (HIV Clinic)	State	General Public	CTR, PCRS, ILI, OR (condom dist.), HC/PI
State Health Center (STD Clinic)	CDC	White Heterosexual, Black Heterosexual,	CTR
State Health Center (TB Clinic)	State	White Heterosexual, Black Heterosexual, Emerging Risk Group - Homeless	CTR
Snyder County Prison PA DOH HIV Field Staff D. Eberle	CDC	Black Heterosexual, White Heterosexual, Black MSM, White MSM, Black IDU, White IDU	CTR, PCRS, ILI, HC/PI
HIV Planning Coalition Contractor	State	Perinatal (women), White IDU,	ILI, GLI, OR

Family Planning Services of S.U.N.		White Heterosexual, Emerging Risk Group – Youth	
S.U.N. Home Health Services, Inc. Counties		General Public	OR (condom dist.), HC/PI

SOMERSET COUNTY

Agency	Funding Source	Target Population	Intervention
PA DOH HIV Field Staff B. Hoza	CDC	HIV+ (all risk groups)	PCRS for all CTR sites in this county, CTR
Somerset County Prison PA DOH HIV Field Staff B. Hoza	CDC	Black Heterosexuals, White Heterosexuals, Black MSM, White MSM, Black IDU, White IDU	CTR, PCRS, ILI, OR (condom dist.), HC/PI
State Health Center (HIV Clinic)	State	General Public	CTR, PCRS, ILI, OR (condom dist.), HC/PI
Somerset Planned Parenthood (STD Clinic)	CDC	General Public, White Heterosexual, Black Heterosexual	CTR
State Health Center (TB Clinic)	State	White Heterosexual, Black Heterosexual, Emerging Risk Group - Homeless	CTR
Windber Medical Center		General Public	CTR, ILI, HC/PI

SUSQUEHANNA COUNTY

Agency	Funding Source	Target Population	Intervention
State Health Center (HIV Clinic)	State	General Public	CTR, PCRS, ILI, OR (condom dist.), HC/PI
State Health Center (TB Clinic)	State	White Heterosexual, Black Heterosexual, Emerging Risk Group - Homeless	CTR
HIV Planning Coalition Contractor Drug & Alcohol Treatment Services	State	White IDU, Black IDU	ILI
HIV Planning Coalition Contractor United Neighborhood Centers of Lackawana County	State	Hispanic Heterosexual, Emerging Risk Group – Youth (Black)	ILI, GLI, OR, HC/PI, Other
HIV Planning Coalition Contractor American Red Cross – Wyoming Valley Chapter	State	General Public, White Heterosexual, Black Heterosexual, White MSM, White IDU, Emerging Risk Group – Youth, Emerging Risk Group – Homeless, Perinatal (women)	ILI, GLI, OR, HC/PI
Christians for AIDS Awareness		General Public	HC/PI
Susquehanna County AIDS Awareness Coalition		HIV+	GLI

SULLIVAN COUNTY

Agency	Funding Source	Target Population	Intervention
PA DOH HIV Field Staff D. Eberle	CDC	HIV+ (all risk groups for PCRS) General Public (CTR)	CTR, PCRS
HIV Planning Coalition Contractor Caring Communities for AIDS, Inc.	State	Perinatal (women), Emerging Risk Group – Youth, White Heterosexual	ILI, GLI, OR
HIV Planning Coalition Contractor HIV/AIDS Support Network/Parker Hospital	State	White MSM, White IDU, Perinatal (women), White Heterosexual	ILI, GLI, OR
REFER TO LYCOMING CO. FOR ADDITIONAL RESOURCES			

TIOGA COUNTY

Agency	Funding Source	Target Population	Intervention
PA DOH HIV Field Staff D. Eberle	CDC	HIV+ (all risk groups)	PCRS for all CTR sites in this county, CTR
State Health Center (HIV Clinic)	State	General Public	CTR, PCRS, ILI, OR (condom dist.), HC/PI
State Health Center (TB Clinic)	State	White Heterosexual, Emerging Risk Group - Homeless	CTR
Blossburg Laurel Health Center (STD Clinic)	CDC	White Heterosexual	CTR
Elkland Laurel Health Center (STD Clinic)	CDC	White Heterosexual	CTR
Lawrenceville Laurel Health Ctr. (STD Clinic)	CDC	White Heterosexual	CTR
Mansfield Laurel Health Center (STD Clinic)	CDC	White Heterosexual	CTR
Wellsboro Laurel Health Center (STD Clinic)	CDC	White Heterosexual	CTR
Westfield Laurel Health Center (STD Clinic)	CDC	White Heterosexual	CTR
Tioga County Prison PA DOH HIV Field Staff D. Eberle	CDC	Black Heterosexual, White Heterosexual, Black MSM, White MSM, Black IDU, White IDU	CTR, PCRS
HIV Planning Coalition Contractor HIV/AIDS Support Network/Parker Hospital	State	White MSM, White IDU, Perinatal (women), White Heterosexual	ILI, GLI, OR
HIV Planning Coalition Contractor AIDS Resource Alliance	State	White MSM, Black MSM, White IDU, Black IDU, Perinatal (women), White Heterosexual, Black Heterosexual, Emerging Risk Group – Youth	ILI, GLI, OR
Tioga County Women's Coalition		Perinatal	OR, HC/PI

UNION COUNTY

Agency	Funding Source	Target Population	Intervention
PA DOH HIV Field Staff D. Eberle	CDC	HIV+ (all risk groups)	PCRS for all CTR sites in this county, CTR
State Health Center (HIV Clinic)	State	General Public	CTR, PCRS
State Health Center (STD Clinic)	State	White Heterosexual, Black Heterosexual	CTR
State Health Center (TB Clinic)	State	White Heterosexual, Black Heterosexual, Emerging Risk Group - Homeless	CTR
Union County Prison PA DOH HIV Field Staff D. Eberle	CDC	Black Heterosexual, White Heterosexual, Black MSM, White MSM, Black IDU, White IDU	CTR, PCRS
HIV Planning Coalition Contractor Family Planning Services of S.U.N.	State	Perinatal (women), White IDU, White Heterosexual, Emerging Risk Group – Youth	ILI, GLI, OR
HIV Planning Coalition Contractor AIDS Resource Alliance	State	White MSM, Black MSM, White IDU, Black IDU, Perinatal (women), White Heterosexual, Black Heterosexual, Emerging Risk Group – Youth	ILI, GLI, OR
S.U.N. Family Planning Lewisburg		General Public	CTR, ILI, OR (condom dist.), HC/PI
S.U.N. Family Planning Selinsgrove		General Public	CTR, ILI, OR (condom dist.), HC/PI
Center for Independent Living of N. Central PA		General Public	ILI

VENANGO COUNTY

Agency	Funding Source	Target Population	Intervention
PA DOH HIV Field Staff A. McCowien	CDC	HIV+ (all risk groups)	PCRS for all CTR sites in this county, CTR
State Health Center (HIV Clinic)	State	General Public	CTR, PCRS, ILI, OR (condom dist.), HC/PI
State Health Center (STD Clinic)	State	White Heterosexual, Black Heterosexual	CTR
State Health Center (TB Clinic)	State	General Public, White Heterosexual, Black Heterosexual, Emerging Risk Group - Homeless	CTR
Family Planning Service (STD Clinic)	CDC	White Heterosexual, Black Heterosexual	CTR, ILI, HC/PI
Venango County Prison PA DOH HIV Field Staff A. McCowien	CDC	Black Heterosexuals, White Heterosexuals, Black MSM, White MSM, Black IDU, White IDU	CTR, PCRS
HOPE ASO of City and Surrounding Areas		General Public	HC/PI
Titusville Area Hospital		General Public	CTR, ILI, HC/PI
Venango/Forest AIDS Network		General Public	HC/PI

WARREN COUNTY

Agency	Funding Source	Target Population	Intervention
PA DOH HIV Field Staff A. McCowien	CDC	HIV+ (all risk groups)	PCRS for all CTR sites in this county, CTR
State Health Center North Warren (HIV Clinic)	State	General Public	CTR, PCRS, ILI, OR (condom dist.), HC/PI
Family Health Council Warren (STD Clinic)	CDC	White Heterosexual, Black Heterosexual	CTR
State Health Center (TB Clinic)	State	White Heterosexual, Black Heterosexual, Emerging Risk Group - Homeless	CTR
Warren County Jail PA DOH HIV Field Staff A. McCowien	CDC	Black Heterosexuals, White Heterosexuals, Black MSM, White MSM, Black IDU, White IDU	CTR, PCRS

WAYNE COUNTY

Agency	Funding Source	Target Population	Intervention
PA DOH HIV Field Staff C. Zaleppa	CDC	HIV+ (all risk groups)	PCRS for all CTR sites in this county, CTR
State Health Center (HIV Clinic)	State	General Public	CTR, PCRS, ILI, OR (condom dist.), HC/PI
State Health Center (TB Clinic)	State	White Heterosexual, Black Heterosexual, Emerging Risk Group - Homeless	CTR
HIV Planning Coalition Contractor Drug & Alcohol Treatment Services	State	White IDU, Black IDU	ILI
HIV Planning Coalition Contractor United Neighborhood Centers of Lackawana County	State	Hispanic Heterosexual, Emerging Risk Group – Youth (Black)	ILI, GLI, OR, HC/PI, Other
HIV Planning Coalition Contractor American Red Cross – Wyoming Valley Chapter	State	General Public, White Heterosexual, Black Heterosexual, White MSM, White IDU, Emerging Risk Group – Youth, Emerging Risk Group – Homeless, Perinatal (women)	ILI, GLI, OR, HC/PI

WASHINGTON COUNTY

Agency	Funding Source	Target Population	Intervention
PA DOH HIV Field Staff R. Fuhrman	CDC	HIV+ (all risk groups)	PCRS for all CTR sites in this county, CTR
State Health Center (HIV Clinic)	State	General Public	CTR, PCRS, ILI, OR (condom dist.), HC/PI
State Health Center (STD Clinic)	CDC	White Heterosexual, Black Heterosexual	CTR
State Health Center (TB Clinic)	State	White Heterosexual, Black Heterosexual, Emerging Risk Group - Homeless	CTR
Washington County Prison PA DOH HIV Field Staff R. Fuhrman	CDC	White Heterosexual, Black Heterosexual, White IDU, Black IDU, White MSM, Black MSM	CTR, PCRS
Family Health Council Washington		General Public	CTR, ILI, OR (condom dist.), HC/PI
Planned Parenthood of Western PA		General Public	CTR, ILI, OR (condom dist.), HC/PI

WESTMORELAND COUNTY

Agency	Funding Source	Target Population	Intervention
PA DOH HIV Field Staff R. Fuhrman	CDC	HIV+ (all risk groups)	PCRS for all CTR sites in this county, CTR
State Health Center (HIV Clinic) Greensburg	State	General Public	CTR, PCRS, ILI, OR (condom dist.), HC/PI
State Health Center (STD Clinic) Greensburg	CDC	White Heterosexual, Black Heterosexual	CTR
State Health Center (TB Clinic) Greensburg	State	White Heterosexual, Black Heterosexual, Emerging Risk Group - Homeless	CTR
State Health Center (HIV Clinic) Monessen	State	General Public	CTR, PCRS, ILI, OR (condom dist.), HC/PI
State Health Center (STD Clinic) Monessen	CDC	White Heterosexual, Black Heterosexual	CTR
State Health Center (TB Clinic) Monessen	State	White Heterosexual, Black Heterosexual, Emerging Risk Group - Homeless	CTR

Community Health Clinic (HIV PPA)	CDC	Black Heterosexual, Hispanic Heterosexual	CTR, ILI,
Southwest Behavioral Care (Substance abuse treatment) (HIV PPA)	CDC	White IDU, Black IDU, Hispanic IDU, White Heterosexual, Black Heterosexual, Hispanic Heterosexual	ILI, CTR
Mon Valley AIDS Task Force		General Public, HIV+	HC/PI
Westmoreland AIDS Service Organization		General Public, HIV+	GLI, HC/PI
Westmoreland Regional Hospital		General Public	CTR, ILI, HC/PI

WYOMING COUNTY

Agency	Funding Source	Target Population	Intervention
PA DOH HIV Field Staff C Zaleppa	CDC	HIV+ (all risk groups)	PCRS for all CTR sites in this county, CTR
State Health Center (HIV Clinic)	State	General Public	CTR, PCRS, ILI, OR (condom dist.), HC/PI
State Health Center (TB Clinic)	State	White Heterosexual, Black Heterosexual	CTR
HIV Planning Coalition Contractor United Neighborhood Centers of Lackawana County	State	Hispanic Heterosexual, Emerging Risk Group – Youth (Black)	ILI, GLI, OR, HC/PI, Other
HIV Planning Coalition Contractor Wyoming Valley Alcohol & Drug Services, Inc.	State	White IDU, Black IDU	ILI
HIV Planning Coalition Contractor American Red Cross – Wyoming Valley Chapter	State	General Public, White Heterosexual, Black Heterosexual, White MSM, White IDU, Emerging Risk Group – Youth, Emerging Risk Group – Homeless, Perinatal (women)	ILI, GLI, OR, HC/PI
Wyoming Valley AIDS Council			HC/PI, CTR
Wyoming Valley Chapter, American Red Cross			OR

YORK COUNTY

Agency	Funding Source	Target Population	Intervention
PA DOH HIV Field Staff N. Cabasquin-Ruiz	CDC	HIV+ (all risk groups)	PCRS for all CTR sites in this county (excluding the city of York), CTR
State Health Center (HIV Clinic)	State	General Public	CTR, PCRS, ILI, OR (condom dist.), HC/PI
State Health Center (TB Clinic)	State	General Public	CTR
Hanna Penn Health Center (STD Clinic)	CDC	General Public	CTR

Hanover Health Center (STD Clinic)	CDC	General Public	CTR, ILI, HC/PI
Homer Hetrick Center (STD Clinic)	CDC	General Public	CTR
York County Prison PA DOH HIV Field Staff N. Cabasquin-Ruiz	CDC	Black Heterosexual, White Heterosexual, Black MSM, White MSM, Black IDU, White IDU	CTR, ILI, PCRS
York City Health Bureau	CDC/State/Other	HIV+ (all risk groups)	PCRS for all CTR sites in the city.
York City Health Bureau Prevention interventions, excluding CTR & PCRS.	CDC/State/Other	General Public	HC/PI
	CDC/State/Other	White MSM	
	CDC/State/Other	Black IDU	
	CDC/State/Other	Black MSM/IDU	
	CDC/State/Other	White MSM/IDU	
	CDC/State/Other	Black Heterosexual	ILI, OR, PCM
	CDC/State/Other	White IDU	
	CDC/State/Other	White Heterosexual	ILI, OR, PCM
	CDC/State/Other	Hispanic IDU	
	CDC/State/Other	Black MSM	
	CDC/State/Other	Hispanic Heterosexual	ILI, OR, PCM
	CDC/State/Other	Hispanic MSM/IDU	
	CDC/State/Other	Hispanic MSM	
	CDC/State/Other	Perinatal	ILI
	CDC/State/Other	Emerging Risk	OR
Atkins House Served by York City Health Bureau	CDC/State Other	White IDU, Black IDU, Hispanic IDU, White Heterosexual, Black Heterosexual, Hispanic Heterosexual	CTR, ILI, GLI, HC/PI
York City Health Bureau contractor: Planned Parenthood (HIV Clinic & STD Clinic)	CDC/State/Other	General Public, White Heterosexual, Black Heterosexual, Hispanic Heterosexual	CTR, ILI, OR (condom dist.), HC/PI
York City Health Bureau contractor: York Health Corporation (Outreach)	CDC/State/Other	White IDU, Black IDU, Hispanic IDU, White Heterosexual, Black Heterosexual, Hispanic Heterosexual, White MSM, Black MSM, Hispanic MSM	CTR, ILI, OR, HC/PI
York City Health Department contractor: York Health Corporation (Perinatal Project)	CDC/State	Perinatal	GLI, CLI
York City Health Bureau contractor:	CDC/State/Ot	HIV+, White Heterosexual, Black	PCM

York Health Corporation (PCM project)	her	Heterosexual, Hispanic Heterosexual	
HIV Planning Coalition Contractor Planned Parenthood of Central PA	State	General Public, Emerging Risk Group – Youth, Perinatal (women)	ILI, GLI, OR, HC/PI
HIV Planning Coalition Contractor Atkins House	State	Perinatal (Black & Hispanic women)	ILI, GLI
The Hope Initiative		General Public	OR
Youth Development Center		Emerging Risk group - Youth	CTR
Hanover General Hospital		General Public	CTR, HC/PI
Caring Together		HIV+	ILI, GLI, HC/PI

3. Gap Analysis

This section describes the process of synthesizing data from the epidemiological profile, needs assessment and resource inventory, to conduct a gap analysis that delineates both met and unmet needs of priority populations and identifies gaps in HIV prevention services by geographic area (county). Integral to this process was a concurrent process that identified a set of prevention interventions necessary to reduce transmission in prioritized target populations. This process also ensured those prevention interventions for identified priority target populations are based on behavioral and social science, outcome effectiveness, and/or have been adequately tested with intended consumers for cultural appropriateness, relevance, and acceptability.

Following the completion of the process of prioritizing target populations, conducted by the Epidemiology Subcommittee, the Interventions Subcommittee requested technical assistance to develop a process for prioritizing a set of science-based prevention interventions for each of the priority populations. Technical assistance was arranged through the CDC project officer, and during a CPG meeting on July 17, 2002, Denise Raybon of the Academy for Educational Development, conducted technical assistance for the CPPG members on “Setting HIV Prevention Priorities”.

The CPG and specifically, the Interventions Subcommittee found the technical assistance and prioritization examples from other states helpful, but had difficulty in making the examples meet our needs, especially since the ever-changing Community Planning Guidance (Guidance) no longer required the “prioritization” of interventions. The Interventions Subcommittee reviewed the draft Guidance during the August 2003 CPG meeting, paying particular attention to the Attributes related to “Prevention Activities/Interventions”, and developed a “grid” approach to identify a set of interventions for each of the priority populations that meet the Prevention Activities/Interventions Attributes, and are identified as both “needed” by the target populations and “effective” for the target populations. The “grid” approach allowed the Interventions Subcommittee to develop a set of interventions (based upon the CDC’s and CPG’s list of intervention types) for each of the CPG’s prioritized target populations, and then use this list to conduct the gap analysis.

Step 1
The Interventions Subcommittee constructed a Grid that listed the CPG ranked populations/transmission groups (x-axis) and the CDC/CPG list of prevention interventions (y-axis). This Grid format is the basis for all subsequent activities used to identify a set of science-based prevention interventions for each of the prioritized target populations and to identify met and unmet needs, and service gaps.

Grid #1

		CTR	PCRS	ILI	GLI	OR	PCM	HC/PI	Other (CLI)
Ranked Population Target Group	Ranked Population Target Group								
HIV+	HIV-								
1. White MSM	White MSM								
2. Black IDU	Black IDU								
3. Black MSM/IDU	Black MSM/IDU								
4. White MSM/IDU	White MSM/IDU								
5. Black Heterosexual	Black Heterosexual								
6. White IDU	White IDU								
7. White Heterosexual	White Heterosexual								
8. Hispanic IDU	Hispanic IDU								
9. Black MSM	Black MSM								
10. Hispanic Heterosexual	Hispanic Heterosexual								
11. Hispanic MSM/IDU	Hispanic MSM/IDU								
12. Hispanic MSM	Hispanic MSM								
13. Perinatal Transmission	Perinatal Transmission								
14. Emerging Risk Groups	Emerging Risk Groups								
Youth	Youth								
Transgender	Transgender								
Homeless	Homeless								
Asian Pacific Islander	Asian Pacific Islander								

Step 2
The Interventions Subcommittee reviewed the complete Needs Assessment reports *(Appendix N of the 2004 Plan submission*) and identified the HIV prevention "needs" indicated by each prioritized target population. The Grid was completed by placing a check mark in the corresponding cell of the Grid for each intervention recommended by the prioritized target population in the Needs Assessment reports. The completed Grid identifies intervention needed/requested by each prioritized target population, as identified in the Needs Assessments report.
The Interventions Subcommittee believes that this process addresses Guidance Attribute #43 by providing evidence that the prevention intervention is acceptable to the target population.

Grid #2
HIV Prevention Intervention "Needs"
As identified in the Pennsylvania Prevention Project's Needs Assessments
Final Completed 5/22/03

		CTR	PCRS	ILI	GLI	OR	PCM	HC/PI	Other (CLI)
Ranked Population Target Group	Ranked Population Target Group								
HIV+	HIV-								
1.White MSM	White MSM			X	X	X		X	X
2.Black IDU	Black IDU	X		X	X	X	X	X	X
3.Black MSM/IDU	Black MSM/IDU	X		X	X	X	X	X	X
4.White MSM/IDU	White MSM/IDU	X		X	X	X	X	X	X
5.Black Heterosexual	Black Heterosexual			X	X	X		X	
6.White IDU	White IDU	X		X	X	X	X	X	X
7.White Heterosexual	White Heterosexual			X	X	X		X	
8.Hispanic IDU	Hispanic IDU	X		X	X	X	X	X	X
9.Black MSM	Black MSM			X	X	X		X	X
10.Hispanic Heterosexual	Hispanic Heterosexual			X	X	X		X	
Hispanic MSM/IDU	Hispanic MSM/IDU	X		X	X	X	X	X	X
Hispanic MSM	Hispanic MSM			X	X	X		X	X
Perinatal Transmission	Perinatal Transmission							X	
Emerging Risk Groups	Emerging Risk Groups								
Youth	Youth	X		X	X	X	X	X	X
Transgender	Transgender				X	X		X	
Homeless	Homeless					X			
Asian Pacific Islander	Asian Pacific Islander	Data incomplete – currently being collected.							

Note: Current needs assessment data is not specific to serostatus. Additional data will be collected in 2005, specific to HIV+ individuals in all target groups. Due to the CDC's mandate of making HIV+ individuals the #1 priority, needs assessment data has been generalized for both HIV+ and HIV- target groups.

Step 3
The Interventions Subcommittee utilized the CDC "Compendium of HIV Prevention Interventions with Evidence of Effectiveness", (*Appendix Q of the 2004 Plan*), to identify interventions that demonstrate evidence of effectiveness for reducing sex and/or drug-related risks, for each of the prioritized target populations. The Grid was completed by placing a check mark (X) in the corresponding cell of the Grid, for each intervention identified in the Compendium, for each specific priority population. The completed Grid identifies 74 science-based interventions effective for preventing HIV transmission, for each priority population.

The Interventions Subcommittee believes that this process addresses Guidance Attributes #42, 44, 45, and 46. The Interventions Subcommittee inferred that inclusion of an intervention in the CDC Compendium indicated that the intervention demonstrated: application of existing behavioral and social science, and pre- and post-test outcome evidence to show effectiveness in averting or reducing high-risk behavior within the target population (Attribute 42); evidence that the intervention is feasible to implement for the intended population in the intended setting (Attribute 44); evidence that the intervention was developed by or with input from the target population (Attribute 45); and, focus, level, factors expected to affect risk, setting, and frequency/duration (Attribute 46).

Grid #3
HIV Prevention Interventions with "Evidence of Effectiveness"
As identified in the CDC Compendium of Prevention Interventions
Final Completed 5/22/03

		CTR	PCRS	ILI	GLI	OR	PCM	HC/PI	Other (CLI)
Ranked Population Target Group	Ranked Population Target Group								
HIV+	HIV-								
1.White MSM	White MSM			X	X	X		X	X
2.Black IDU	Black IDU			X	X	X			X
3.Black MSM/IDU	Black MSM/IDU			X		X			X
4.White MSM/IDU	White MSM/IDU			X		X			X
5.Black Heterosexual	Black Heterosexual			X	X	X		X	X
6.White IDU	White IDU			X	X	X			X
7.White Heterosexual	White Heterosexual			X		X			X
8.Hispanic IDU	Hispanic IDU			X	X	X			X
9.Black MSM	Black MSM			X	X	X		X	X
10.Hispanic Heterosexual	Hispanic Heterosexual			X	X	X		X	X
11.Hispanic MSM/IDU	Hispanic MSM/IDU			X		X			X
12.Hispanic MSM	Hispanic MSM			X	X	X		X	X
13.Perinatal Transmission	Perinatal Transmission								
14.Emerging Risk Groups	Emerging Risk Groups								
Youth	Youth			X	X	X		X	X
Transgender	Transgender								
Homeless	Homeless			X	X		X		
Asian Pacific Islander	Asian Pacific Islander			X	X	X		X	

Note: Due to the CDC's mandate of making HIV+ individuals the #1 priority, data has been generalized for both HIV+ and HIV- target groups.
No CTR, PCRS or PCM interventions were indicated in the Compendium.
No interventions for perinatal or transgender target groups were indicated in the Compendium.

The Interventions Subcommittee recognizes that the CDC "New Strategies for a Changing Epidemic" recommends:
• CTR for all target groups
• PCRS for all HIV+ target groups
• Special emphasis on CTR for Perinatal

The Interventions Subcommittee also acknowledges that the CDC Guidelines on HIV Prevention Case Management (PCM) indicate that "priority for PCM services should be given to HIV seropositive persons having or likely to have difficulty initiating or sustaining practices that reduce or prevent HIV transmission and re-infection".

Step 4
The Interventions Subcommittee combined Grid #2 and Grid#3 to identify interventions for each priority population that are both "needed" and "effective". This resulted in the "Final Grid". This "Final Grid" provided the basis of the "Gap Analysis Grid".
Intervention Subcommittee's "Final Grid" (combination of GRID #2 & #3)
HIV Prevention Intervention **"Needs" (N)**: As identified in the Pennsylvania Prevention Project's Needs Assessments & HIV Prevention Interventions with **"Evidence of Effectiveness" (E)**:
As identified in the CDC Compendium of Prevention Interventions
Completed 5/22/03

		CTR	PCRS	ILI	GLI	OR	PCM	HC/PI	Other (CLI)
Ranked Population Target Group	Ranked Population Target Group								
HIV+	HIV-								
1.White MSM	White MSM	E	E	E N	E N	E N	E+	E N	E N
2.Black IDU	Black IDU	E N	E	E N	E N	E N	E+ N	N	E N
3.Black MSM/IDU	Black MSM/IDU	E N	E	E N	N	E N	E+ N	N	E N
4.White MSM/IDU	White MSM/IDU	E N	E	E N	N	E N	E+ N	N	E N
5.Black Heterosexual	Black Heterosexual	E	E	E N	E N	E N	E+	E N	E
6.White IDU	White IDU	E N	E	E N	E N	E N	E+ N	N	E N
7.White Heterosexual	White Heterosexual	E	E	E N	N	E N	E+	N	E
8.Hispanic IDU	Hispanic IDU	E N	E	E N	E N	E N	E+ N	N	E N
9.Black MSM	Black MSM	E	E	E N	E N	E N	E+	E N	E N
10.Hispanic Heterosexual	Hispanic Heterosexual	E	E	E N	E N	E N	E+	E N	E
11.Hispanic MSM/IDU	Hispanic MSM/IDU	E N	E	E N	N	E N	E+ N	N	E N
12.Hispanic MSM	Hispanic MSM	E	E	E N	E N	E N	E+	E N	E N
13.Perinatal Transmission	Perinatal Transmission	E	E				E+	N	
14.Emerging Risk Groups	Emerging Risk Groups	E	E				E+		
Youth	Youth	E N	E	E N	E N	E N	E+ N	E N	E N
Transgender	Transgender	E	E		N	N	E+	N	
Homeless	Homeless	E	E	E	E	N	E+		
Asian Pacific Islander	Asian Pacific Islander	E	E	E	E	E	E+	E	

Notes:
• Current "Needs Assessment" or "Effectiveness" data is not specific to serostatus.
• Due to the CDC's mandate of making HIV+ individuals the #1 priority, data has been generalized for both HIV+ and HIV- target groups.
• No CTR, PCRS or PCM interventions were indicated in the Compendium.
• No interventions for perinatal or transgender target groups were indicated in the Compendium.
• The Interventions Subcommittee recognizes that the CDC "New Strategies for a Changing Epidemic" recommends:
1. CTR for all target groups (marked with an *E*)
2. PCRS for all HIV+ target groups (marked with an *E*)
3. Special emphasis on CTR for Perinatal (marked with an *E*)

The Interventions Subcommittee also acknowledges that the CDC Guidelines on HIV Prevention Case Management (PCM) indicate that "priority for PCM services should be given to HIV seropositive persons having or likely to have difficulty initiating or sustaining practices that reduce or prevent HIV transmission and re-infection". (Marked with an *E+)*
Additional "Needs Assessment" data will be collected in 2004, specific to HIV+ individuals in all target groups.

This "Final Grid" identifies a set of appropriate science-based prevention interventions necessary to reduce transmission for each prioritized target population, that have been identified as both "effective" (intervention effectiveness as identified by the CDC) and "needed" (cultural/ethnic appropriateness as identified by the target population needs assessments).
Step 5 (Gap Analysis)
The next step in completing the CSA is to use the "Final Grid" (What interventions are needed and effective) and compare this to the Resource Inventory (what is being provided) and determine met and unmet needs, and service gaps.
To facilitate the use of the "Final Grid" as a data collection tool, the interventions that were identified as both "needed" and "effective" have been shaded. The resulting grid is identified as the "Gap Analysis Grid".

Intervention Subcommittee's "Gap Analysis Grid"
Key: The dark shaded cells denote the prevention interventions that have been identified by the Interventions Subcommittee as necessary to reduce HIV transmission in prioritized target populations (based on effectiveness and appropriateness). The lighter shaded cells denote interventions recommended by the CDC.
A number in a cell indicates that this intervention is occurring ("met need").
The absence of a number in a dark shaded cell indicates an "unmet need".

COUNTY _____ RANK _____

		CTR	PCRS	ILI	GLI	OR	PCM	HC/PI	Other (CLI)
Ranked Population Target Group	Ranked Population Target Group								
HIV+	HIV-								
1.White MSM	White MSM								
2.Black IDU	Black IDU								
3.Black MSM/IDU	Black MSM/IDU								
4.White MSM/IDU	White MSM/IDU								
5.Black Heterosexual	Black Heterosexual								
6.White IDU	White IDU								
7.White Heterosexual	White Heterosexual								
8.Hispanic IDU	Hispanic IDU								
9.Black MSM	Black MSM								
10.Hispanic Heterosexual	Hispanic Heterosexual								
11.Hispanic MSM/IDU	Hispanic MSM/IDU								
12.Hispanic MSM	Hispanic MSM								
13.Perinatal Transmission	Perinatal Transmission								
14.Emerging Risk Groups	Emerging Risk Groups								
Youth	Youth								
Transgender	Transgender								
Homeless	Homeless								
Asian Pacific Islander	Asian Pacific Islander								

Instructions for Completing the "Gap Analysis Grid"

Tools Required:

• Epidemiological Profile/Recommendation from Epidemiology Subcommittee: list of "High Outcome" counties.
• Resource Inventory
• Gap Analysis Grid

Process:

• Assign a rank to each of the "High Outcome" counties, based on a data source recommended by the EPI Subcommittee. This will prioritize the counties where interventions will have the greatest impact on reducing HIV transmission.
• Fill out one Grid sheet, for each county, with the county name and corresponding rank assigned in Step 1.
• Complete a Gap Analysis Grid for each county by reviewing the interventions and target groups listed in the Resource Inventory. If an intervention is noted in the Resource Inventory for the target group, place a check mark in the corresponding cell of the Grid. Cells may have multiple check marks. This indicates, "met needs".
• After all interventions for target groups from the Resource Inventory are marked on the Grid for the county, shaded areas without check marks will indicate "unmet needs".
• From each completed Grid, compile a list of the unmet needs (interventions) for target groups identified by this process. This will be your list of prioritized interventions for each target group by geographic area (county).

Step 6 (Gap Analysis)

The final step of the CSA process consisted of identifying gaps in service of the set of prevention interventions identified as necessary to reduce transmission in the prioritized target populations. The Gap Analysis synthesized data from the epi-profile, needs assessment and resource inventory. The actual identification of the service gaps was accomplished by completing a "Gap Analysis Grid" for geographic locations (counties) in the jurisdiction, using epi-profile data (average rate of change in the number of AIDS cases, and average annual incidence rate), to identify where prevention interventions will have the greatest impact in reducing HIV transmission. The Interventions Subcommittee and the Needs Assessment Subcommittee collaborated on this task.

As stated above, an integral part of this process was to consider where geographically in the jurisdiction to target interventions, in order to have the greatest impact on reducing HIV transmission. The Interventions Subcommittee and the Needs Assessment Subcommittee consulted the Epidemiology Subcommittee for a recommendation on prioritizing the counties. The Epidemiology Subcommittee recommended targeting the following "High Outcome" counties: Allegheny, Cumberland, Dauphin, Delaware, Erie, Huntington, Lehigh, Lycoming, Northumberland, Philadelphia, Somerset, Union, Wayne, and York. Philadelphia was not included because it is not within the purview of this CPG. "High Outcome" counties were defined as counties with high average annual case rates (>7.3 cases/100,000; 50th percentile) AND high average annual rate of change (> +15%; 62nd percentile) due to all cases diagnosed 1993-1997. The epidemiological analysis and source of this recommendation is included in the Epidemiological Profile, 2002-2003 Update.

The Interventions Subcommittee and the Needs Assessment Subcommittee conducted the Gap Analysis at the CPG meeting on July 16 and 17, 2003.

The process was as follows:

• The Needs Assessment and Interventions Subcommittees approved the prioritization data source recommended by the Epidemiology Subcommittee to identify geographic locations within the jurisdiction where prevention interventions will have the greatest impact in reducing HIV transmission. Both Subcommittees agreed to use the "14 Overall High Outcome Counties" data. This list was reduced to "13 Overall High Outcome Counties" because Philadelphia was not included.
• The Subcommittee members agreed to re-evaluate this process next year to see how to "fine tune" the process and what new data may be available to us – i.e. HIV reporting, improved process monitoring data, etc.
• The "tools" needed to do the gap analysis (prevention definitions, resource inventory, 13 gap grids with county names and rank, and gap analysis (instructions) were distributed, instructions for completing the "Gap Grid" were discussed and an example was demonstrated.
• Members of the two Subcommittees formed work groups, assigned counties and completed the gap analysis grids by reviewing the resource inventory for each county and indicating on the grid what prevention interventions are available (met needs) for those at risk within the county. Subcommittee members indicated on the Gap Grid if the intervention is being provided multiple times.
• Subcommittee members completed Gap Analysis Grids on counties they were familiar with. During this process, Subcommittee members noted that there was some inaccurate information in the Resource Inventory. Adjustments were made as the Gap Analysis Grids were completed, based upon the knowledge of the Subcommittee members.
• A list of unmet needs (interventions identified as "needed & effective" for each target population, but not indicated on the resource inventory) was collected from the completed Gap Grids and listed on newsprint for each of the "13 High Outcome Counties".
• Subcommittee members discussed the need to further prioritize these unmet needs, according to interventions and target populations, within each county.
• The Needs Assessment Committee decided to leave this work to the Interventions Subcommittee.
• Epidemiological data on the "Incidence of AIDS in PA", for each of the "13 High Outcome Counties" was distributed and discussed with the Interventions Subcommittee members. Subcommittee members agreed to consider this data in prioritizing target populations, within each of the "13 High Outcome Counties".
• In addition, the Subcommittee members agreed to prioritize the unmet needs within each of the "13 High Outcome Counties" by intervention type based upon best practices, as recommended by the CDC.
• The Subcommittee members reviewed all of the unmet needs for each of the "13 High Outcome Counties" and ranked the unmet interventions by intervention type and target population.
• A completed list of ranked unmet needs was compiled.
• The Interventions Subcommittee provided a verbal presentation of the Gap

Analysis process to the CPG and a written report was distributed to all CPG Members.

Continuing Process:
This year the Interventions subcommittee continued the process of analyzing the prevention activities in the next "High Output Counties", based on the epidemiological information available. The next 14 counties (Sullivan, Pike, Snyder, Lebanon, Greene, Berks, Clearfield, Lancaster, Northhampton, Adams, Chester, Montgomery, Mifflin, and Lacakawanna) were analyzed using the previous year's methods of determining what activity happens in each community. Using the same "Gap Analysis Grid" as explained above for last year's submission.

This year's list of unmet needs has the following limitations.

1. Although some of the counties seem to have long lists of unmet needs, we take note that it is possible that some of the target populations do not exist in the counties that were analyzed. Where possible, the list has been annotated to indicate census data from 2002.
2. Some of the counties indicate high average incidence rates due to the location of State Correctional facilities in the counties. Where possible the list is annotated where those facilities exist.

It is recognized that our work, although exhaustive, is not perfect. We hope each year to improve our list of offered and accurate information and can assist the coalitions in planning to use funds to reach and teach those populations within their borders in an effective and cost efficient manner.

In order to continue the work of the interventions subcommittee, and analyze current use of resources in Pennsylvania Counties; the next 14 counties ranked based on incidence rates were analyzed. The gap analysis grids indicate use of current resources, and indicate gaps in service for each of the counties.

We also present here a list of unmet needs for each of the counties analyzed. Both CDC recommended, and identified effective interventions are listed. A grid score of 1 in any intervention area warranted a notation of "additional efforts needed". Further note should be taken that all perceived needs in services apply to both persons who are HIV-positive and HIV-negative.

Further comparison of the most current census records for each county will refine the community services assessment and help illuminate actual need for services, rather than perceived absences of effort to reach targeted populations. This exercise will result in use of CDC recommended interventions to reach targeted populations which will be cost effective in helping to affect the outcome of this epidemic.

V. Appropriate Science-Based Activities/Interventions

Introduction

Intervention Subcommittee members participated in the January 2004 New Member Orientation with a brief overview of their Subcommittee. At their January Subcommittee meeting members commenced a review of responses submitted by Department of Health subcontractors for an updated resource inventory. They also determined what information was needed from other subcommittees to revise and complete the gap analysis grids. At their March meeting they commenced examining the next 14 "high outcome" counties for inclusion in the Plan Update (Sullivan, Pike, Snyder, Lebanon, Greene, Berks, Clearfield, Lancaster, Northampton, Adams, Chester, Montgomery, Mifflin and Lackawana). The gap analysis and prioritization of interventions was completed at the May subcommittee meeting. At the July meeting the Interventions Subcommittee provided a comprehensive overview of their section for the Plan Update. Working in conjunction with the Needs Assessment Subcommittee the Interventions Subcommittee completes a statewide (not including Philadelphia) resource inventory. In addition, the Interventions Subcommittee examines the gap between HIV prevention services delivered and expressed targeted population HIV prevention needs thus illustrating unmet needs.

1. CPG Prevention Intervention Definitions

Counseling, Testing and Referral (CTR)	Counseling and testing refers to a voluntary client-centered, interactive process that provides information about testing procedures and how to prevent the transmission and acquisition of HIV infection. Clients also learn their serostatus, participate in a personal risk assessment and develop a personal risk reduction plan. Referral links individuals with high-risk behaviors and those infected with HIV to prevention, psychological, and medical resources needed to meet their primary and secondary HIV prevention needs.
Individual- level Interventions (ILI)	Health education and risk-reduction counseling provided to one individual at a time. ILIs assist clients in making plans for individual behavior change and ongoing appraisals of their own behavior and include skills building activities. These interventions also facilitate linkages to services in both clinic and community settings (e.g., substance abuse treatment settings) in support of behaviors and practices that prevent transmission of HIV, and they help clients make plans to obtain these services. **Note: According to a strict categorization, outreach and prevention case management also are individual-level interventions. However, for the purposes of this reporting, ILI does *not* include outreach or prevention case management, which each constitutes their own intervention categories.**
Group-level Interventions (GLI)	Health education and risk-reduction counseling (see above) that shifts the delivery of service from the individual to groups of varying sizes. GLIs use peer and non-peer models involving a wide-range of skills, information, education and support. **Note: Many providers may consider general education activities to be group-level interventions. However, for the purposes of this reporting, GLI does *not* include "one-shot" educational presentations or lectures (that lack a skills component). Those types of activities should be included in the Health Communication/Public Information category.**

Outreach (OR)	HIV/AIDS educational interventions generally conducted by peer or paraprofessional educators face-to-face with high-risk individuals in the client's neighborhoods or other areas where clients typically congregate. Outreach usually includes distribution of condoms, bleach, sexual responsibility kits, and educational materials. Includes peer opinion leader models.
Prevention Case Management (PCM)	Client-centered HIV prevention activity with the fundamental goal of promoting the adoption of HIV risk-reduction behaviors by clients with multiple, complex problems and risk-reduction need; a hybrid of HIV risk-reduction counseling and traditional case management that provides intensive, ongoing, and individualized prevention counseling, support and service brokerage.
Partner Counseling and Referral Services (PCRS)	A systematic approach to notifying sex and needle sharing partners of HIV-infected persons of their possible exposure to HIV so they can avoid infection or, if already infected, can prevent transmission to others. PCRS helps partners gain earlier access to individualized counseling, HIV testing, medical evaluation, treatment, and other prevention services.
Health Communications Public Information (HC/PI)	The delivery of planned HIV/AIDS prevention messages through one of more channels to target audiences to build general support for safe behavior, support personal risk-reduction efforts, and/or inform persons at risk for infection how to obtain specific services. **Electronic Media**: Means by which information is electronically conveyed to large groups of people; includes radio, television, public service announcements, news broadcasts, infomercials, etc., which reach a large-scale (e.g., city-, region-, or statewide) audience. **Print Media**: These formats also reach a large-scale or nationwide audience; includes any printed material, such a newspapers, magazines, pamphlets, and "environmental media" such as billboards and transportation signage. **Hotline**: Telephone service (local or toll-free) offering up-to-date information and referral to local services, e.g., counseling/testing and support groups. **Clearinghouse**: Interactive electronic outreach systems using telephones, mail, and the Internet/Worldwide Web to provide responsive information service to the general public as well as high-risk populations. **Presentations/Lectures**: These are information-only activities conducted in-group settings; often called "one-shot" education interventions.
Other Interventions	Category to be used for those interventions that cannot be described by the definitions provided for the other six types of interventions (example forms A-F). This category includes community-level interventions (CLI). CLI are interventions that seek to improve the risk reductions and behaviors in a community through a focus on the community as a whole, rather than by intervening with individuals or small groups. Attempting to alter social norms, policies, or characteristics of the environment often does this. Examples of CLI include community mobilizations, social marketing campaigns, community-wide events, policy interventions, and structural interventions.

2. Gap Analysis Grids

The Interventions Subcommittee examined the next 14 HIV incidence "high outcome" counties to determine their individual effective and needed priority interventions, interventions recommended by the CDC and occurring interventions.

Key: The dark shaded cells denote the interventions that have been identified by the Subcommittee as priority interventions ("effective" and "needed"). The lighter shaded cells denote interventions recommended by the CDC.
A number within a cell indicates the number of interventions that are occurring ("met need"). The absence of a number in a dark shaded cell indicates an "unmet need".

COUNTY **SULLIVAN** RANK 14

		CTR	PCRS	ILI	GLI	OR	PCM	HC/PI	Other (CLI)
Ranked Population Target Group	Ranked Population Target Group								
HIV+	HIV-								
15. White MSM	White MSM	1	1	1	1	1			
16. Black IDU	Black IDU	1	1						
17. Black MSM/IDU	Black MSM/IDU	1	1						
18. White MSM/IDU	White MSM/IDU	1	1						
19. Black Heterosexual	Black Heterosexual	1	1						
20. White IDU	White IDU	1	1	1	1	1			
21. White Heterosexual	White Heterosexual	1	1	2	2	2			
22. Hispanic IDU	Hispanic IDU	1	1						
23. Black MSM	Black MSM	1	1						
24. Hispanic Heterosexual	Hispanic Heterosexual	1	1						
25. Hispanic MSM/IDU	Hispanic MSM/IDU	1	1						
26. Hispanic MSM	Hispanic MSM	1	1						
27. Perinatal Transmission	Perinatal Transmission	1	1	2	2	2			
28. Emerging Risk Groups	Emerging Risk Groups	1	1	1	1	1			
Youth	Youth	1	1	1	1	1			
Transgender	Transgender	1	1						
Homeless	Homeless	1	1						
Asian Pacific Islander	Asian Pacific Islander	1	1						

COUNTY **PIKE** RANK 15

		CTR	PCRS	ILI	GLI	OR	PCM	HC/PI	Other (CLI)
Ranked Population Target Group	Ranked Population Target Group								
HIV+	HIV-								
1.White MSM	White MSM	4	2	2	1	2		2	
2. Black IDU	Black IDU	5	2	3		1	`	1	
3. Black MSM/IDU	Black MSM/IDU	2	1	1		1		1	
4. White MSM/IDU	White MSM/IDU	3	1	1		1		1	
5. Black Heterosexual	Black Heterosexual	5	2	3	1	2		2	
6. White IDU	White IDU	5	2	4	1	2		2	
7. White Heterosexual	White Heterosexual	5	2	3	1	2		2	
8. Hispanic IDU	Hispanic IDU	3	1	1		1		1	
9. Black MSM	Black MSM	4	2	1		1		1	
10. Hispanic Heterosexual	Hispanic Heterosexual	2	1	2	1	2		2	1
11. Hispanic MSM/IDU	Hispanic MSM/IDU	2	1	1		1		1	
12. Hispanic MSM	Hispanic MSM	2	1	1		1		1	
13. Perinatal Transmission	Perinatal Transmission	2	1	2	1	2		2	
14. Emerging Risk Groups	Emerging Risk Groups	3	1	3	2	3		3	1
Youth	Youth	2	1	3	2	3		3	1
Transgender	Transgender	2	1	1		1		1	
Homeless	Homeless	3	1	2	1	2		2	
Asian Pacific Islander	Asian Pacific Islander	2	1	1		1		1	

COUNTY **SNYDER** RANK 16

		CTR	PCRS	ILI	GLI	OR	PCM	HC/PI	Other (CLI)
Ranked Population Target Group	Ranked Population Target Group								
HIV+	HIV-								
1. White MSM	White MSM	3	3	2		2		3	
2. Black IDU	Black IDU	3	3	2		2		3	
3. Black MSM/IDU	Black MSM/IDU	2	2	1		2		2	
4. White MSM/IDU	White MSM/IDU	2	2	1		2		2	
5. Black Heterosexual	Black Heterosexual	5	2	1		2		3	
6. White IDU	White IDU	3	3	3	1	3		3	
7. White Heterosexual	White Heterosexual	5	3	3	1	3		3	
8. Hispanic IDU	Hispanic IDU	2	2	1		2		2	
9. Black MSM	Black MSM	3	3	2		2		3	
10. Hispanic Heterosexual	Hispanic Heterosexual	2	2	1		2		2	
11. Hispanic MSM/IDU	Hispanic MSM/IDU	2	2	1		2		2	
12. Hispanic MSM	Hispanic MSM	2	2	1		2		2	
13. Perinatal Transmission	Perinatal Transmission	2	2	2	1	3		2	
14. Emerging Risk Groups	Emerging Risk Groups	3	2	2	1	3		2	
Youth	Youth	2	2	2	1	3		2	
Transgender	Transgender	2	2	1		2		2	
Homeless	Homeless	3	2	1		2		2	
Asian Pacific Islander	Asian Pacific Islander	2	2	1		2		2	

COUNTY **LEBANON** RANK 17

		CTR	PCRS	ILI	GLI	OR	PCM	HC/PI	Other (CLI)
Ranked Population Target Group	Ranked Population Target Group								
HIV+	HIV-								
1. White MSM	White MSM	5	3	5	2	4		5	
2. Black IDU	Black IDU	5	3	5	1	3		4	
3. Black MSM/IDU	Black MSM/IDU	4	2	4	1	3		3	
4. White MSM/IDU	White MSM/IDU	4	2	5	2	4		3	
5. Black Heterosexual	Black Heterosexual	9	3	5	1	3		4	
6. White IDU	White IDU	5	3	5	1	4		4	
7. White Heterosexual	White Heterosexual	8	3	5		3		4	
8. Hispanic IDU	Hispanic IDU	4	2	5	1	3		3	
9. Black MSM	Black MSM	5	3	4	1	3		4	
10. Hispanic Heterosexual	Hispanic Heterosexual	4	2	5	1	3		3	
11. Hispanic MSM/IDU	Hispanic MSM/IDU	4	2	4	1	3		3	
12. Hispanic MSM	Hispanic MSM	4	2	4	1	3		3	
13. Perinatal Transmission	Perinatal Transmission	4	2	5	2	4		3	
14. Emerging Risk Groups	Emerging Risk Groups	4	2	4	1	3		3	
Youth	Youth	4	2	5	2	4		3	
Transgender	Transgender	4	2	3	1	3		3	
Homeless	Homeless	6	2	3	1	3		3	
Asian Pacific Islander	Asian Pacific Islander	4	2	3	1	3		3	

COUNTY **GREENE** RANK 18

		CTR	PCRS	ILI	GLI	OR	PCM	HC/PI	Other (CLI)
Ranked Population Target Group	Ranked Population Target Group								
HIV+	HIV-								
1. White MSM	White MSM	3	2	1	1	1		2	
2. Black IDU	Black IDU	3	2	1	1	1		2	
3. Black MSM/IDU	Black MSM/IDU	3	2	1	1	1		2	
4. White MSM/IDU	White MSM/IDU	3	2	1	1	1		2	
5. Black Heterosexual	Black Heterosexual	4	3	1	1	1		2	
6. White IDU	White IDU	3	2	1	1	1		2	
7. White Heterosexual	White Heterosexual	4	3	1	1	1		2	
8. Hispanic IDU	Hispanic IDU	3	2	1	1	1		2	
9. Black MSM	Black MSM	3	2	1	1	1		2	
10. Hispanic Heterosexual	Hispanic Heterosexual	3	2	1	1	1		2	
11. Hispanic MSM/IDU	Hispanic MSM/IDU	3	2	1	1	1		2	
12. Hispanic MSM	Hispanic MSM	3	2	1	1	1		2	
13. Perinatal Transmission	Perinatal Transmission	3	2	1	1	1		2	
14. Emerging Risk Groups	Emerging Risk Groups	3	2	1	1	1		2	
Youth	Youth	3	2	1	1	1		2	
Transgender	Transgender	3	2	1	1	1		2	
Homeless	Homeless	3	2	1	1	1		2	
Asian Pacific Islander	Asian Pacific Islander	3	2	1	1	1		2	

COUNTY **BERKS** RANK 19

		CTR	PCRS	ILI	GLI	OR	PCM	HC/PI	Other (CLI)
Ranked Population Target Group	Ranked Population Target Group								
HIV+	HIV-								
1. White MSM	White MSM	7	3	6	3	6	1	5	1
2. Black IDU	Black IDU	14	2	12	4	6	1	4	1
3. Black MSM/IDU	Black MSM/IDU	2	1	3	1	4		2	1
4. White MSM/IDU	White MSM/IDU	2	1	3	2	4		2	1
5. Black Heterosexual	Black Heterosexual	17	2	15	2	5	1	4	1
6. White IDU	White IDU	14	2	12	5	7	1	4	1
7. White Heterosexual	White Heterosexual	14	2	15	3	6	1	4	1
8. Hispanic IDU	Hispanic IDU	11	3	10	5	8	1	1	1
9. Black MSM	Black MSM	5	2	5	3	6	1	6	1
10. Hispanic Heterosexual	Hispanic Heterosexual	14	3	11	4	8	1	4	1
11. Hispanic MSM/IDU	Hispanic MSM/IDU	2	1	3	2	4		2	1
12. Hispanic MSM	Hispanic MSM	7	3	7	5	8	1	4	1
13. Perinatal Transmission	Perinatal Transmission	2	1	3	2	4		2	1
14. Emerging Risk Groups	Emerging Risk Groups	2	1	2	1	3		2	1
Youth	Youth	6	1	3	1	3		2	1
Transgender	Transgender	2	1	2	1	3		2	1
Homeless	Homeless	3	1	2	1	3		2	1
Asian Pacific Islander	Asian Pacific Islander	2	1	2	1	3		2	1

COUNTY **CLEARFIELD** RANK 20

		CTR	PCRS	ILI	GLI	OR	PCM	HC/PI	Other (CLI)
Ranked Population Target Group	Ranked Population Target Group								
HIV+	HIV-								
1. White MSM	White MSM	3	1	2	2	3		3	
2. Black IDU	Black IDU	3	1	2	2	3		3	
3. Black MSM/IDU	Black MSM/IDU	3	1	2	2	3		3	
4. White MSM/IDU	White MSM/IDU	3	1	2	2	3		3	
5. Black Heterosexual	Black Heterosexual	3	1	2	2	3		3	
6. White IDU	White IDU	3	1	2	1	3		3	
7. White Heterosexual	White Heterosexual	6	1	3	2	4		4	
8. Hispanic IDU	Hispanic IDU	3	1	2	2	3		3	
9. Black MSM	Black MSM	3	1	2	2	3		3	
10. Hispanic Heterosexual	Hispanic Heterosexual	3	1	2	2	3		3	
11. Hispanic MSM/IDU	Hispanic MSM/IDU	3	1	2	2	3		3	
12. Hispanic MSM	Hispanic MSM	3	1	2	2	3		3	
13. Perinatal Transmission	Perinatal Transmission	2	1	2	1	3		3	
14. Emerging Risk Groups	Emerging Risk Groups	2	2	2	2	3		3	
Youth	Youth	3	1	2	2	3		3	
Transgender	Transgender	3	1	2	2	3		3	
Homeless	Homeless	3	1	2	1	3		3	
Asian Pacific Islander	Asian Pacific Islander	3	1	2	2	3		3	

COUNTY **LANCASTER** RANK 21

		CTR	PCRS	ILI	GLI	OR	PCM	HC/PI	Other (CLI)
Ranked Population Target Group	Ranked Population Target Group								
HIV+	HIV-	8	3	7	2	4		10	
1. White MSM	White MSM	10	4	10	3	6		10	
2. Black IDU	Black IDU	10	4	10	3	6		10	
3. Black MSM/IDU	Black MSM/IDU	7	3	7	2	5		8	
4. White MSM/IDU	White MSM/IDU	7	3	8	4	6		8	
5. Black Heterosexual	Black Heterosexual	15	5	10	3	6		10	
6. White IDU	White IDU	8	4	9	4	6		10	
7. White Heterosexual	White Heterosexual	14	4	10	3	5		10	
8. Hispanic IDU	Hispanic IDU	10	3	10	5	7		10	
9. Black MSM	Black MSM	10	4	10	2	6		10	
10. Hispanic Heterosexual	Hispanic Heterosexual	14	3	10	5	7		11	
11. Hispanic MSM/IDU	Hispanic MSM/IDU	8	3	8	4	6		9	
12. Hispanic MSM	Hispanic MSM	9	3	9	3	6		9	
13. Perinatal Transmission	Perinatal Transmission	7	3	8	4	5		8	
14. Emerging Risk Groups	Emerging Risk Groups	8	3	8	4	5		9	
Youth	Youth	7	3	8	4	5		9	
Transgender	Transgender	7	3	6	2	4		8	
Homeless	Homeless	8	3	6	2	4		8	
Asian Pacific Islander	Asian Pacific Islander	7	3	6	2	4		7	

COUNTY **NORTHAMPTON** RANK 22

		CTR	PCRS	ILI	GLI	OR	PCM	HC/PI	Other (CLI)
Ranked Population Target Group	Ranked Population Target Group								
HIV+	HIV-	10	*8*	10	2	2		1	
1. White MSM	White MSM	*10*	*8*	9	2	2		1	
2. Black IDU	Black IDU	10	*9*	11	3	3		1	
3. Black MSM/IDU	Black MSM/IDU	10	*9*	10	3	3		1	
4. White MSM/IDU	White MSM/IDU	10	*9*	9	2	2		1	
5. Black Heterosexual	Black Heterosexual	*9*	*8*	10	3	3		1	
6. White IDU	White IDU	10	*9*	10	2	2		1	
7. White Heterosexual	White Heterosexual	*9*	*8*	10	2	2		1	
8. Hispanic IDU	Hispanic IDU	10	*9*	10	3	3		1	
9. Black MSM	Black MSM	*9*	*8*	9	3	3		1	
10. Hispanic Heterosexual	Hispanic Heterosexual	*9*	*8*	10	3	3		1	
11. Hispanic MSM/IDU	Hispanic MSM/IDU	10	*9*	9	3	3		1	
12. Hispanic MSM	Hispanic MSM	*9*	*8*	11	3	3		1	
13. Perinatal Transmission	Perinatal Transmission	*8*	*7*	9	3	2		1	
14. Emerging Risk Groups	Emerging Risk Groups	*9*	*8*	10	2	2		1	
Youth	Youth	9	*8*	9	2	2		1	
Transgender	Transgender	*9*	*8*	10	2	2		1	
Homeless	Homeless	*10*	*8*	10	2	2		1	
Asian Pacific Islander	Asian Pacific Islander	*9*	*8*	10	4	3		1	

COUNTY **ADAMS** RANK 23

		CTR	PCRS	ILI	GLI	OR	PCM	HC/PI	Other (CLI)
Ranked Population Target Group	Ranked Population Target Group								
HIV+	HIV-								
1. White MSM	White MSM	3	2	4	2	3		6	
2. Black IDU	Black IDU	3	2	4	2	4		7	
3. Black MSM/IDU	Black MSM/IDU	2	1	3	1	2		4	
4. White MSM/IDU	White MSM/IDU	2	1	3	1	2		4	
5. Black Heterosexual	Black Heterosexual	7	2	4	2	4		6	
6. White IDU	White IDU	3	2	4	2	4		6	
7. White Heterosexual	White Heterosexual	7	2	4	2	4		6	
8. Hispanic IDU	Hispanic IDU	3	1	4	2	4		6	
9. Black MSM	Black MSM	3	2	4	2	3		7	
10. Hispanic Heterosexual	Hispanic Heterosexual	8	1	4	2	4		6	
11. Hispanic MSM/IDU	Hispanic MSM/IDU	2	1	3	1	2		5	
12. Hispanic MSM	Hispanic MSM	3	1	4	2	3		6	
13. Perinatal Transmission	Perinatal Transmission	2	1	3	1	2		4	
14. Emerging Risk Groups	Emerging Risk Groups	2	1	3	1	2		4	
Youth	Youth	2	1	3	2	3		5	
Transgender	Transgender	2	1	3	1	2		4	
Homeless	Homeless	3	1	3	1	3		5	
Asian Pacific Islander	Asian Pacific Islander	2	1	3	1	2		4	

COUNTY **CHESTER** RANK 24

		CTR	PCRS	ILI	GLI	OR	PCM	HC/PI	Other (CLI)
Ranked Population Target Group	Ranked Population Target Group								
HIV+	HIV-	6	2	8	3	7			
1. White MSM	White MSM	5	3	5	1	2		5	
2. Black IDU	Black IDU	5	3	5	1	2		5	
3. Black MSM/IDU	Black MSM/IDU	4	2	4	1	2		4	
4. White MSM/IDU	White MSM/IDU	4	2	4	1	2		4	
5. Black Heterosexual	Black Heterosexual	7	3	5	1	2		5	
6. White IDU	White IDU	5	3	5	1	2		5	
7. White Heterosexual	White Heterosexual	8	3	5	1	3		5	
8. Hispanic IDU	Hispanic IDU	7	3	5	2	3		5	
9. Black MSM	Black MSM	5	3	7	1	2		5	
10. Hispanic Heterosexual	Hispanic Heterosexual	9	3	5	2	4		6	
11. Hispanic MSM/IDU	Hispanic MSM/IDU	4	2	7	1	2		4	
12. Hispanic MSM	Hispanic MSM	7	3	4	2	3		7	
13. Perinatal Transmission	Perinatal Transmission	4	2	4	1	2		4	
14. Emerging Risk Groups	Emerging Risk Groups	5	2	4	1	2		5	
Youth	Youth	4	2	4	1	2		5	
Transgender	Transgender	4	2	4	1	2		4	
Homeless	Homeless	5	2	4	1	2		4	
Asian Pacific Islander	Asian Pacific Islander	4	2	4	1	2		4	

COUNTY **MONTGOMERY** RANK 25

		CTR	PCRS	ILI	GLI	OR	PCM	HC/PI	Other (CLI)
Ranked Population Target Group	Ranked Population Target Group								
HIV+	HIV-								
1. White MSM	White MSM	7	2	7	5	3		8	1
2. Black IDU	Black IDU	6	2	7	4	3		7	1
3. Black MSM/IDU	Black MSM/IDU	6	1	5	4	3		6	
4. White MSM/IDU	White MSM/IDU	6	1	5	4	3		6	
5. Black Heterosexual	Black Heterosexual	8	2	7	4	4		7	1
6. White IDU	White IDU	6	2	7	4	4		7	1
7. White Heterosexual	White Heterosexual	8	2	7	4	4		7	1
8. Hispanic IDU	Hispanic IDU	6	2	7	4	3		7	1
9. Black MSM	Black MSM	7	2	7	5	3		8	1
10. Hispanic Heterosexual	Hispanic Heterosexual	7	1	6	4	4		6	1
11. Hispanic MSM/IDU	Hispanic MSM/IDU	6	1	5	5	3		6	
12. Hispanic MSM	Hispanic MSM	7	2	7	3	3		8	1
13. Perinatal Transmission	Perinatal Transmission	3	1	5	3	3		5	
14. Emerging Risk Groups	Emerging Risk Groups	6	2	5	3	3		6	
Youth	Youth	4	1	4	3	3		5	
Transgender	Transgender	4	1	4	2	3		5	
Homeless	Homeless	5	2	5	2	3		6	
Asian Pacific Islander	Asian Pacific Islander	4	1	4	3	3		5	

COUNTY **MIFFLIN** RANK 26

		CTR	PCRS	ILI	GLI	OR	PCM	HC/PI	Other (CLI)
Ranked Population Target Group	Ranked Population Target Group								
HIV+	HIV-	2	2	2		1		1	
1. White MSM	White MSM	3	2	2	1	2		1	
2. Black IDU	Black IDU	3	2	1		1		1	
3. Black MSM/IDU	Black MSM/IDU	2	2	1		1		1	
4. White MSM/IDU	White MSM/IDU	2	2	2	1	2		1	
5. Black Heterosexual	Black Heterosexual	3	2	1		1		1	
6. White IDU	White IDU	3	2	2	1	2		1	
7. White Heterosexual	White Heterosexual	5	2	1		1		1	
8. Hispanic IDU	Hispanic IDU	2	2	1		1		1	
9. Black MSM	Black MSM	3	2	1		1		1	
10. Hispanic Heterosexual	Hispanic Heterosexual	2	2	1		1		1	
11. Hispanic MSM/IDU	Hispanic MSM/IDU	2	2	1		1		1	
12. Hispanic MSM	Hispanic MSM	2	2	1		1		1	
13. Perinatal Transmission	Perinatal Transmission	2	2	2	1	2		1	
14. Emerging Risk Groups	Emerging Risk Groups	2	2	1		1		1	
Youth	Youth	2	2	2	1	2		1	
Transgender	Transgender	2	2	1		1		1	
Homeless	Homeless	3	2	1		1		1	
Asian Pacific Islander	Asian Pacific Islander	2	2	1		1		1	

COUNTY **LACKAWANNA** RANK 27

		CTR	PCRS	ILI	GLI	OR	PCM	HC/PI	Other (CLI)
Ranked Population Target Group	Ranked Population Target Group								
HIV+	HIV-								
1. White MSM	White MSM	2	2	3	2	2	1	5	
2. Black IDU	Black IDU	3	2	5	2	2	1	5	
3. Black MSM/IDU	Black MSM/IDU	1	1	2	2	2	1	4	
4. White MSM/IDU	White MSM/IDU	1	1	2	2	2	1	4	
5. Black Heterosexual	Black Heterosexual	4	2	4	2	2	1	5	
6. White IDU	White IDU	2	2	4	2	2	1	5	
7. White Heterosexual	White Heterosexual	4	2	3	2	2	1	5	
8. Hispanic IDU	Hispanic IDU	1	1	2	2	2	1	4	
9. Black MSM	Black MSM	2	2	3	2	2	1	5	
10.	Hispanic Heterosexual	1	1	3	3	3	1	5	
11. Hispanic MSM/IDU	Hispanic MSM/IDU	1	1	2	2	2	1	4	
12. Hispanic MSM	Hispanic MSM	1	1	2	2	2	1	4	
13. Perinatal Transmission	Perinatal Transmission	1	1	2	2	2	1	4	
14. Emerging Risk Groups	Emerging Risk Groups	1	1	2	2	2	1	4	
Youth	Youth	1	1	3	2	3	1	5	
Transgender	Transgender	1	1	2	2	2	1	4	
Homeless	Homeless	2	1	2	2	2	1	4	
Asian Pacific Islander	Asian Pacific Islander	1	1	2	2	2	1	4	

3. Unmet Needs

The final Gap Analysis grids completed by the Interventions Subcommittee indicate the current unmet needs in each of the next 14 HIV incidence "high outcome" counties. In addition, population race/ethnicity data from the 2000 Census is included along with data reflecting percentage of rural population as designated by the Center for Rural Pennsylvania also based upon the 2000 Census. Current HIV prevention priority populations are calculated on a statewide basis, hence when reviewed at a regional or county level those same priority populations may not be present in substantial numbers. The text-boxes provide some perspective of local demographics when compared to statewide priorities.

SULLIVAN COUNTY (14th)

2000 Census

Total population	6,556 of which 21% (1,366) are under the age of 18
White	95.6%
Black or African American	2.2%
Hispanic or Latino	1.1%
American Indian and Native Alaskan	.8%
Asian	.2%
Other	.5%
Two or more races	.9%

100% rural

In all target population both for HIV+ and HIV- all services are limited

CTR	OR
PCRS	PCM

(Sullivan Cont.)

ILI	HC/PI
GLI	CLI

For some populations no services are available: Interventions Identified " Effective and Needed".

ILI:

Black IDU	Hispanic IDU
Black MSM/IDU	Black MSM
White MSM/IDU	Hispanic Heterosexual
Black Heterosexual	Hispanic MSM/IDU
Hispanic MSM	

GLI:

Black IDU
Hispanic IDU
Hispanic Heterosexual
Black Heterosexual
Black MSM
Hispanic MSM

OR:

Black IDU
White MSM/IDU
Hispanic IDU
Hispanic Heterosexual
Hispanic MSM
Black MSM/IDU
Black Heterosexual
Black MSM
Hispanic MSM/IDU

PCM

Black IDU
White MSM/IDU
Hispanic IDU
Youth
Black MSM/IDU
White IDU
Hispanic MSM/IDU

HC/PI:

White MSM
Black MSM
Hispanic MSM
Black Heterosexual
Hispanic Heterosexual
Youth

Other (CLI):

White MSM
Black MSM/IDU
White IDU
Black MSM
Hispanic MSM
Black IDU
White MSM/IDU
Hispanic IDU
Hispanic MSM/IDU
Youth

PIKE: (15th)

2000 Census

Total population	46,302 of which 27% (12,352) are under the age of 18
White	89.5%
Hispanic or Latino	5.0%
Black or African American	3.3%
Asian	.6%
American Indian and Native Alaskan	.2%
Other	1.3%
Two or more races	1.5%
100% Rural	

Interventions identified as effective and needed, additional efforts needed

ILI:

Black MSM/IDU
Hispanic IDU
Hispanic MSM/IDU
White MSM/IDU
Black MSM
Hispanic MSM

GLI:

White MSM
Black MSM/IDU
White IDU
Hispanic MSM/IDU
Youth
Black IDU
White MSM/IDU
Hispanic IDU
Hispanic MSM/IDU

OR:

Black IDU
White MSM/IDU
Hispanic IDU
Black MSM
Black MSM/IDU
White IDU
Hispanic MSM/IDU
Hispanic MSM

HC/PI:

Black MSM

Interventions identified as effective and needed; none occurring:

PCM:

Black IDU
Black MSM/IDU
White MSM/IDU
White IDU
Hispanic IDU
Hispanic MSM/IDU
Youth

Other (CLI):

White MSM
Black IDU
Black MSM/IDU
White MSM/IDU
White IDU
Hispanic IDU
Black MSM
Hispanic MSM/IDU
Hispanic MSM
Youth

SNYDER (16th)

2000 Census

Total population	37,546 of which 24% (9,014) are under the age of 18
White	97.9%
Hispanic or Latino	1.0%
Black or African American	.8%
Asian	.4%
Other	.3%
Two or more races	.5%
85.3% Rural	

Interventions identified as effective and needed, additional efforts needed

ILI:

Black MSM/IDU
Hispanic IDU
Hispanic MSM/IDU
White MSM/IDU
Hispanic Heterosexual
Hispanic MSM

GLI:

White IDU
Youth

Interventions identified as effective and needed; not occurring

GLI:

White MSM
Black Heterosexual
Black MSM
Hispanic MSM
Black IDU
Hispanic IDU
Hispanic Heterosexual
Youth

PCM:

Black IDU
Black MSM/IDU
White IDU
Hispanic MSM/IDU
Youth
White MSM/IDU
Hispanic IDU

Other (CLI):

White MSM
Black IDU
Black MSM/IDU
White MSM/IDU
White IDU
Hispanic IDU
Black MSM
Hispanic MSM/IDU
Hispanic MSM
Youth

LEBANON (17th)

2000 Census

Total population	120,327 of which 24% (28,516) are under the age of 18
White	94.5%
Hispanic or Latino	5.0%
Black or African American	1.3%
Asian	.9%
American Indian & Alaskan Native	.1%
Other	2.3%
Two or more races	.9%
57.7% Rural	

Interventions identified as effective and needed; additional efforts needed

GLI:

Black Heterosexual
Hispanic IDU
Hispanic Heterosexual
White IDU
Black MSM
Hispanic MSM

Interventions identified as effective and needed; none occurring

PCM:

Black IDU
White MSM/IDU
Hispanic IDU
Youth
Black MSM/IDU
White IDU
Hispanic MSM/IDU

Other (CLI):

White MSM
Black MSM/IDU
White IDU
Black MSM
Hispanic MSM
Black IDU
White MSM/IDU
Hispanic IDU
Hispanic MSM/IDU
Youth

GREENE (18th)

2000 Census

Total population	40,672 of which 22% (8,979) are under the age of 18
White	95.1%
Black or African American	3.9%
Hispanic or Latino	.9%
Asian	.2%
American Indian & Alaskan Native	.1%
Other	.3%
Two or more races	.5%
89.2% Rural	

Interventions identified as effective and needed; additional efforts needed

ILI:

White MSM
Black MSM/IDU
Black Heterosexual
White Heterosexual
Black MSM
Hispanic MSM/IDU
Youth
Black IDU
White MSM/IDU
White IDU
Hispanic IDU
Hispanic Heterosexual
Hispanic MSM

GLI:

White MSM
Black Heterosexual
Hispanic IDU
Hispanic Heterosexual
Youth
Black IDU
White IDU
Black MSM
Hispanic MSM

OR:

White MSM
Black MSM/IDU
Black Heterosexual
White Heterosexual
Black MSM
Hispanic MSM/IDU
Youth
Black IDU
White MSM/IDU
White IDU
Hispanic IDU
Hispanic Heterosexual
Hispanic MSM

Interventions identified as effective and needed; none occurring

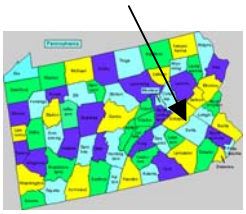
PCM:

Black IDU
Black MSM/IDU
White MSM/IDU
White IDU
Hispanic IDU
Hispanic MSM/IDU
Youth

Other (CLI):

White MSM
Black IDU
Black MSM/IDU
White MSM/IDU
White IDU
Hispanic IDU
Black MSM
Hispanic MSM/IDU
Hispanic MSM
Youth

BERKS (19th)



2000 Census

Total population	373,638 of which 25% (91,909) are under the age of 18
White	88.2%
Hispanic or Latino	9.7%
Black or African American	3.7%
Asian	1.0%
American Indian & Alaskan Native	.2%
Other	5.4%
Two or more races	1.5%
Not on rural listing	

Interventions recommended by the CDC; additional efforts needed

PCRS:

Black MSM/IDU	White MSM/IDU
Hispanic MSM/IDU	Perinatal Transmission
Youth	Transgender
Homeless	Asian Pacific Islander

Interventions identified as effective and needed; additional efforts needed:

PCM:

Black IDU	White IDU
Hispanic IDU	

Other (CLI):

White MSM	Black IDU
Black MSM/IDU	White MSM/IDU
White IDU	Hispanic IDU
Black MSM	Hispanic MSM/IDU
Hispanic MSM	Youth

Interventions identified as effective and needed, none occurring

PCM:

Black MSM/IDU	White MSM/IDU
Hispanic MSM/IDU	Youth

CLEARFIELD (20th)

2000 Census

Total population	83,382 of which 23% (18,922) are under the age of 18
White	97.4%
Black or African American	1.5%
Hispanic or Latino	.6%
Asian	.3%
American Indian & Alaskan Native	.1%
Other	.3%
Two or more races	.5%
77.2% Rural	

Interventions recommended by the CDC; additional efforts needed

PCRS:

All risk populations.

Interventions identified as effective and needed, none occurring

PCM:

Black IDU
Black MSM/IDU
White MSM/IDU
White IDU
Hispanic IDU
Hispanic MSM/IDU
Youth

Other (CLI):

White MSM
Black IDU
Black MSM/IDU
White MSM/IDU
White IDU
Hispanic IDU
Black MSM
Hispanic MSM/IDU
Hispanic MSM
Youth

LANCASTER (21st)

2000 Census

Total population	470,658 of which 27% (125,291) are under the age of 18
White	91.5%
Hispanic or Latino	5.7%
Black or African American	2.8%
Asian	1.4%
American Indian & Alaskan Native	.1%
Other	2.9%
Two or more races	1.3%
42.4% Rural	

Interventions identified as effective and needed, none occurring

PCM:

Black IDU
Black MSM/IDU
White MSM/IDU
White IDU
Hispanic IDU
Hispanic MSM/IDU
Youth

Other (CLI):

White MSM
Black IDU
Black MSM/IDU
White MSM/IDU
White IDU
Hispanic IDU
Black MSM
Hispanic MSM/IDU
Hispanic MSM
Youth

NORTHAMPTON (22nd)

2000 Census

Total population	267,066 of which 23% (62,267) are under the age of 18
White	91.2%
Hispanic or Latino	6.7%
Black or African American	2.8%
Asian	1.4%
American Indian & Alaskan Native	.2%
Other	3.1%
Two or more races	1.4%
Not on the Rural listing	

Interventions identified as effective and needed, additional efforts needed

HC/PI:

White MSM
Black MSM
Hispanic MSM
Black Heterosexual
Hispanic Heterosexual
Youth

Interventions identified as effective and needed, none occurring

PCM:

Black IDU
White MSM/IDU
Black MSM/IDU
White IDU

Other (CLI):

White MSM
Black MSM/IDU
White IDU
Black MSM
Hispanic MSM
Black IDU
White MSM/IDU
Hispanic IDU
Hispanic MSM/IDU
Youth

ADAMS (23rd)

2000 Census

Total population	91,292 of which 25% (22,764) are under the age of 18
White	95.4%
Hispanic or Latino	3.6%
Black or African American	1.2%
Asian	.5%
American Indian & Alaskan Native	.2%
Other	1.7%
Two or more races	1.0%
83.8% Rural	

Interventions recommended by the CDC, additional efforts needed

PCRS:

Black MSM/IDU
White MSM/IDU
Hispanic IDU
Hispanic Heterosexual
Hispanic MSM/IDU
Hispanic MSM
Perinatal Transmission
Youth
Transgender
Homeless
Asian Pacific Islander

Interventions identified as effective and needed, none occurring

PCM:

Black IDU
Black MSM/IDU
White MSM/IDU
White IDU
Hispanic IDU
Hispanic MSM/IDU
Youth

Other (CLI):

White MSM
Black IDU
Black MSM/IDU
White MSM/IDU
White IDU
Hispanic IDU
Black MSM
Hispanic MSM/IDU
Hispanic MSM
Youth

CHESTER (24th)

2000 Census

Total population	433,501 of which 26% (113,582) are under the age of 18
White	89.2%
Black or African American	6.2%
Hispanic or Latino	3.7%
Asian	2.0%
American Indian & Alaskan Native	.1%
Other	1.3%
Two or more races	1.1%
Not on rural listing	

Interventions identified as effective and needed, additional efforts needed

GLI:

White MSM
Black Heterosexual
Black MSM
Black IDU
White IDU
Youth

Interventions identified as effective and needed, none occurring

PCM:

Black IDU
White MSM/IDU
Hispanic IDU
Youth
Black MSM/IDU
White IDU
Hispanic MSM/IDU

Other (CLI):

White MSM
Black MSM/IDU
White IDU
Black MSM
Hispanic MSM
Black IDU
White MSM/IDU
Hispanic IDU
Hispanic MSM/IDU
Youth

MONTGOMERY (25th)

2000 Census

Total population	750,097 of which 24% (181,145) are under the age of 18
White	86.5%
Black or African American	7.5%
Asian	4.0%
Hispanic or Latino	2.0%
American Indian & Alaskan Native	.1%
Other	.7%
Two or more races	1.2%
Not on Rural listing	

Interventions recommended by the CDC, additional efforts needed

PCRS:

Black MSM/IDU	White MSM/IDU
Hispanic Heterosexual	Hispanic MSM/IDU
Perinatal Transmission	Youth
Transgender	Asian Pacific Islander

Interventions identified as effective and needed, additional efforts needed

Other (CLI):

White MSM	Black IDU
White IDU	Hispanic IDU
Black MSM	Hispanic MSM/IDU

Interventions identified as effective and needed, none occurring

PCM:

Black IDU	Black MSM/IDU
White MSM/IDU	White IDU
Hispanic IDU	Hispanic MSM/IDU
Youth	

Other (CLI):

Black MSM/IDU	White MSM/IDU
Hispanic MSM/IDU	Youth

MIFFLIN (26th)

2000 Census

Total population	46,486 of which 25% (11,451) are under the age of 18
White	98.5%
Hispanic or Latino	.6%
Black or African American	.5%
Asian	.3%
American Indian & Alaskan Native	.1%
Other	.2%
Two or more races	.4%
79.8% Rural	

Interventions identified as effective and needed, additional efforts needed

ILI:

Black IDU
Black Heterosexual
Hispanic IDU
Hispanic Heterosexual
Hispanic MSM
Black MSM/IDU
White Heterosexual
Black MSM
Hispanic MSM/IDU

GLI:

White MSM
Youth
White IDU

OR:

Black IDU
Black Heterosexual
Hispanic IDU
Hispanic Heterosexual
Hispanic MSM
Black MSM/IDU
White Heterosexual
Black MSM
Hispanic MSM/IDU

HC/PI:

White MSM
Black MSM
Hispanic MSM
White Heterosexual
Hispanic Heterosexual
Youth

Interventions identified as effective and needed, none occurring

PCM:

Black IDU
Black MSM/ IDU
White MSM/IDU
White IDU
Hispanic IDU
Hispanic MSM/ IDU
Youth

Other (CLI):

White MSM
Black IDU
Black MSM/IDU
White MSM/IDU
White IDU
Hispanic IDU
Black MSM
Hispanic MSM/IDU
Hispanic MSM
Youth

LACKAWANNA (27th)

2000 Census

Total population	213,295 of which 22% (46,429) are under the age of 18
White	96.7%
Hispanic or Latino	1.4%
Black or African American	1.3%
Asian	.8%
American Indian & Alaskan Native	.1%
Other	.5%
Two or more races	.7%
16.8% Rural	

Interventions recommended by the CDC, additional efforts needed

CTR:

Hispanic Heterosexual
Perinatal Transmission
Asian Pacific Islander
Hispanic MSM
Transgender

PCRS:

Black MSM/IDU
Hispanic IDU
Hispanic MSM/IDU
Perinatal Transmission
Transgender
Asian Pacific Islanders
White MSM/IDU
Hispanic Heterosexual
Hispanic MSM
Youth
Homeless

Interventions identified as effective and needed, additional efforts needed

CTR:

Black MSM/IDU
Hispanic IDU
Youth
White MSM/IDU
Hispanic MSM/IDU

PCM:

Black IDU
White MSM/IDU
Hispanic IDU
Youth
Black MSM/IDU
White IDU
Hispanic MSM/IDU

Interventions identified as effective and needed, none occurring

Other (CLI):

White MSM	Black IDU
Black MSM/IDU	White MSM/IDU
White IDU	Hispanic IDU
Black MSM	Hispanic MSM/IDU
Hispanic MSM	Youth

4. Rural Work Group

The Pennsylvania CPG has established a rural work group, consisting of volunteer committee members, who are applying their efforts outside of regular committee meeting time to address the unique and often not understood concerns of rural areas within our state.

The express purpose of the rural work group is to address the special geographic and social conditions that impact the HIV prevention needs of non-metropolitan populations so that these needs can be included in the prevention plan. As information related to rural needs and interventions of proven effectiveness are located and researched they will be included in our plan as a means of assisting non-metropolitan prevention groups to adapt recommended procedures within each of their unique rural areas.

Rural Counties in Pennsylvania***

Rural County	Percent Rural	Total Population	Percent Black	Percent Hispanic
Adams	83.8	91,292	1.2	3.6
Armstrong	85.2	72,392	0.8	0.4
Bedford	93.5	49,984	0.4	0.5
Blair	35	129,144	1.2	0.5
Bradford	79.5	62,146	0.3	0.5

Rural County	Percent Rural	Total Population	Percent Black	Percent Hispanic
Butler	67.4	174,083	0.8	0.6
Cambria	48.4	152,598	2.8	0.9
Cameron	57.7	5,974	0.4	0.6
Carbon	47.6**	58,759	0.3	1.3
Centre	42.7	135,758	2.6	1.7
Clarion	84.5	41,765	0.8	0.4
Clearfield	77.2	83,382	1.5	0.6
Clinton	75.2	36,774	0.5	0.3
Columbia	62.9	63,674	0.5	0.8
Crawford	75.9	90,366	1.6	0.6
Cumber-land	36.3	213,674	2.4	1.3
Elk	60.9	35,112	0.1	0.4
Erie	25.2	280,843	6.1	2.2
Fayette	70.8	148,644	3.5	0.4
Forest	100	4,946	2.2	1.2
Franklin	71.1	129,313	2.3	1.8
Fulton	100	14,261	0.7	0.4
Greene	89.2	40,672	3.9	0.9
Huntingdon	78	45,586	5.1	1.1
Indiana	79.1	89,605	1.6	0.5
Jefferson	70.1	45,932	0.1	0.4
Juniata	100	22,821	0.4	1.6
Lackawana	16.8	213,295	1.3	1.4
Lancaster	42.4	470,658	2.8	5.7

Rural County	Percent Rural	Total Population	Percent Black	Percent Hispanic
Lawrence	54.1	94,643	3.6	0.6
Lebanon	57.7	120,327	1.3	5
Luzerne	27.1	319,250	1.7	1.2
Lycoming	45.7**	116,709	2.7	0.8
McKean	69.8	45,936	1.9	1.1
Mercer	49	120,293	5.3	0.7
Mifflin	79.8	46,486	0.5	0.6
Monroe	80.3	128,541	2.1	3.1
Montour	55.1	17,571*	0.6	0.8
Northum-Berland	51.1	93,163**	0.5	0.9
Perry	94.1	43,602	0.4	0.7
Potter	82.9	17,115	0.3	0.6
Schuykill	58.3	150,336	2.1	1.1
Snyder	85.3	37,546	0.8	1
Somerset	80.5	80,023	1.6	0.7
Sullivan	100	6,038	1.2	0.5
Susquehan-na	100	42,238	0.3	0.7
Tioga	100	42,190	0.3	0.6
Union	74.4	40,546	7.1	4.1
Venango	60.3	57,565	1.1	0.5
Warren	75.2	43,863	0.2	0.3
Wayne	87.6	46,080	1.3	1.6
Wyoming	100	29,298	0.7	0.7
York	46	381,751	3.7	3.0

Rural County	Percent Rural	Total Population	Percent Black	Percent Hispanic
Pike	100	41,357	1.1	3.3

* Estimated ** Due to proximity to metropolitan area
***Designations established by the Center for Rural Pennsylvania based on 2000 Census data.

Formula for calculating above numbers:

Percent rural – taken directly from web site
Total population – taken directly from web site under heading age cohorts, pop. 2000
Males over 20 – (100% - % pop. Under 20) * 50% (since we want males and not females included here)
Percent black – taken directly from web site
Black males under 20 - % black * males over 20 number computed above
Percent Hispanic – taken directly from web site
Hispanic males over 20 - % Hispanic * males over 20 number computed above

5. Young Adult Roundtable HIV Prevention Intervention

This is a peer-based group-level intervention, rooted in community planning, that is being designed by and for sexually -active young people (ages 13-24). The intervention targets risk behaviors through a comprehensive, interactive and skills-based, risk reduction program that focuses on HIV/STI counseling and testing, treatment, protection skills and informed decision-making. The intervention curriculum will be completed by December 2004 and will be piloted among high-risk populations of young people in four locations across the state in 2005.

The Roundtable HIV Prevention Intervention emerged from Pennsylvania Young Adult Roundtable needs assessment data and from focus group and key informant data collected among young people and others across the state between 1993-1996 that highlighted a need for risk reduction, skills-based prevention interventions specifically for sexually-active young people. The Roundtable Intervention's unique design process employed basic principles of HIV prevention community planning: parity, inclusion, representation, collaboration and participation and resulted in a peer-based intervention that is both evidence-based and rooted in behavioral science.

Begun in 2000, the Roundtable HIV Prevention Intervention was designed by a planning group of eighteen diverse and high-risk young people (Young Adult Advisory Team or YAAT), ranging in age from 15-23 (median=19). More than half (61%) were female. One-third (33%) were African American, 22% Caucasian, 22% multi-racial, 17% Latina, and 1% Native American. Most (39%) identified as straight, 33% as gay, 22% as bisexual and 1% as lesbian.

YAAT, working in plenary from September 2000 to October 2001 and in a sub-committee of five members from December 2001 to the present, collaborated with members of the Pennsylvania Young Adult Roundtables, with University of Pittsburgh staff and with members of the PA CPG. The resulting Intervention, behavior-based and rooted in risk reduction, is one that is culturally appropriate for and tailored to the specific prevention needs of sexually active young people.

University of Pittsburgh staff provided information and technical assistance to YAAT members and facilitated and recorded monthly, weekend meetings in order to fortify the planning capacities of its members and to ensure the resulting intervention was bolstered by scientific theory and by the most current HIV prevention research. For example, YAAT members review the CDC's Guidelines for HIV Education and Risk Reduction, sample programs for young people from the CDC's Compendium of Effective HIV Prevention Interventions, and examples of how various behavioral science theories can be incorporated into an intervention. Presentations on program evaluation help YAAT members to incorporate process and outcome evaluative components in the Intervention.

As part of the formative process and in keeping with the community planning process, YAAT, with the administrative support of University of Pittsburgh staff, sought oral and written feedback about the intervention from members of the PA HIV Prevention Community Planning Committee. YAAT members acknowledged the invaluable experience and expertise of CPG members and, therefore, their ability to contribute to the intervention and its goal of preventing HIV/STI infection/re-infection among sexually active young adults.

YAAT members identified the following critical objectives for their Intervention:

- To assist young adults in identifying, understanding, and sharing their risk factors, and barriers to risk reduction in order to: facilitate the learning process, assist the facilitator in customizing the intervention, meet participants where they are, and, thereby, reduce their risk of STI/HIV infection/reinfection and associated risks of unintended pregnancy.
- To increase young adults' awareness of current, local and accessible community resources that provide culturally competent services that will meet their needs and, thereby, reduce their risk of STI/HIV infection/reinfection and associated risks of unintended pregnancy
- To ensure that the intervention is properly implemented, continually improved, and is meeting its goal
- To provide young adults with factual information about HIV/AIDS, STIs, unintended pregnancy and related risk factors, and their impact on one's health and susceptibility to STI/HIV infection/reinfection and associated risks of unintended pregnancy
- To encourage HIV/STI counseling and testing so that young adults know and understand their HIV/STI status
- To develop intra-personal and inter-personal skills that will enable young adults to make healthier, less risky decisions that impact their sexual behaviors.

- Using current HIV/AIDS, STI, and pregnancy data to increase young adults' awareness of the scope of the epidemic and their own personal risk
- To encourage young adults, through critical thinking and social analysis, to identify and to analyze personal values and social/cultural norms, the relationship between them, and their impact on an individual's risk behaviors.
- To develop technical skills that will enable young adults to protect themselves from STI/HIV infection/reinfection and unintended pregnancy

Topics, developed from these preliminary objectives, were expanded and further developed into the curriculum content, which is designed for implementation with groups of up to fifteen participants for 8 sessions over a period of four weeks:

INTERVENTION MODULES		
	Title	Sample Learning Objectives
SESSION ONE	Personal Risk Assessment	• identify personal risk factors for HIV infection/re-infection
MODULE ONE	HIV Primary and Secondary Prevention and Treatment	• understand levels of risk of common modes of HIV transmission • identify importance of STI and HIV treatment
MODULE TWO	Protection Skills	• demonstrate male condom use efficacy
MODULE THREE	HIV Counseling and Testing/Resources	• understand HIV counseling and testing experience and results • identify local, accessible test sites
MODULE FOUR	Cultural/Community Norms, Personal Values, and Decision-Making Skills	• identify social forces that impact risk reduction behaviors
MODULE FIVE	Social Competency, Communication Skills, and Decision-Making Skills	• demonstrate sexual negotiation efficacy
FINAL SESSION	Personal Risk Re-Assessment and Wrap Up	• update personal risk reduction plan • complete Intervention evaluation

Specific methods in this Intervention, each rooted in behavioral science theory, have been identified by young, experienced outreach workers and young HIV prevention planners. It is hoped that these methods will maximize participant's knowledge and skill acquisition and their participation in the learning process throughout the Intervention. According to YAAT members, methods should always be engaging and interactive, as well as appropriate and sensitive to the diverse needs of group members. Methods employed in this intervention include:

- **Informational Presentation.** This method is similar to a lecture. Although young people have stated repeatedly that they dislike and do not learn well from lectures (and we have avoided them wherever possible), there are large pieces of factual information that cannot be presented in any other way. In these instances, facilitators are to present the information to the participants in small understandable pieces and back it up with facilitated discussions and other types of methods. To promote interaction and dialogue during an IP, facilitators should encourage participants to ask questions

- **Facilitated Discussion.** This is the preferred alternative to an IP. Facilitated discussions promote open dialogue within the group about the topic or information at hand, or following an activity. The facilitator is there to answer questions and to guide the group to an objective, but group members should always be involved and encouraged to take discussions where they need, while the facilitators keep the intended goal in sight.
- **Guest Speaker/ Personal Perspective.** This method, which most young people prefer, is when an outside speaker, such as an HIV counselor or a person living with HIV/AIDS, meets with participants to discuss a specific topic or to present a personal perspective on a given topic. Young people prefer guest speakers to be young, informed and skilled at public speaking.
- **Focused Activity/Game.** Roundtable members and most other young people identify fun and interactive as two essential components of effective learning. These specific methods have been identified as fun, interactive and effective in illustrating a key idea or skill.

Understanding the need for continual participant and facilitator feedback and the importance of accountability to ensure the Intervention's ongoing effectiveness, YAAT members included the following monitoring and evaluation components:

INTERVENTION MONITORING & EVALUATION	
• process monitoring	• participant surveys
• process evaluation	• participant surveys • participant discussions • facilitators' surveys/debriefings
• outcome evaluation	• pre/post Intervention risk assessment surveys with 6-month follow-up • pre/post test module surveys

As detailed in the Intervention's introduction written by YAAT members, sexually active young adults often feel as though they are judged for their sexual behaviors. YAAT members believe, therefore, that it is critical to create a safe, non-judgmental, sex positive, culturally sensitive environment in order to establish lines of open communication and to ensure participants' comfort. Furthermore, although the Intervention is focused on sexual activity and sexual health, it was also important for YAAT members to include information and resources that will address individuals' social, mental and emotional health as well as physical health concerns that are not related specifically to sexual activity. Finally, in order for this Intervention to accomplish its goal of long term behavior change, the Intervention must continually encourage participants to make informed decisions and choose their own path.

The Intervention's opening declaration, written by YAAT members in July 2001, captures the spirit, motivations and goals of the Intervention's designers:

> This is our voice. We have been plagued by AIDS, an epidemic that seems incurable and is spreading rapidly in our lives and affecting our families, friends, partners and communities. It is our responsibility to educate ourselves, while promoting less risky behaviors.
>
> We are a team that represents a cross-section of high-risk young adults. We have come together with different experiences; therefore, we are better equipped to convey the HIV/AIDS, STI and unintended pregnancy prevention needs of young adults. We recognize the need for peer-based, sex-positive HIV/AIDS, STI and unintended pregnancy prevention programs and interventions.
>
> According to the Centers for Disease Control and Prevention the majority of young adults is sexually active and is being infected by HIV and other STIs at alarming rates. When we came together we knew that abstinence-only and abstinence-plus programs are not meeting young adults' needs; therefore, we have designed this original intervention, based on harm reduction principles, to reach those who we represent.
>
> We have provided an intervention that empowers sexually active young adults to make healthier decisions that will reduce their risk of STI and HIV infection/re-infection, of AIDS and of unintended pregnancy.

VI. Evaluation

Introduction

Evaluation Subcommittee members participated in the January 2004 New Member Orientation with a brief overview of their Subcommittee. Members presented the 2003 Committee Process Evaluation results from the November CPG meeting. The CPG Survey Part II was also distributed to the CPG in January. In May the Evaluation Subcommittee implemented a Poster Session with 22 HIV prevention providers receiving state and/or federal HIV prevention funds. In addition, counseling and testing data was provided to the CPG at the May meeting. The CPG Survey Part I was completed by Committee members at the July meeting. In addition, at the July meeting the Evaluation Subcommittee provided a comprehensive overview of their section for the Plan Update.

1. PEMS

The Program Evaluation and Monitoring System (PEMS), is a CDC mandated data reporting program in the final stages of completion. CDC will provide training on how to use the program and determine the official startup date for using it.

PEMS is an Internet browser-based evaluation system for health departments and directly funded community-based organizations. PEMS provides a standardized and integrated approach to improve the reporting and data quality for CDC funded HIV/AIDS prevention programs. It includes common data elements and non-identifying client-level data and provides greater flexibility in querying, analyzing and reporting data. PEMS also allows the CDC to be more responsive to requests for information.

PEMS will provide better linkage among the following activities:

- Community Planning
- Counseling, Testing and Referral
- Partner Counseling and Referral Services
- Health Education/Risk Reduction
- Health Communication/Public Information
- HIV Prevention Community Planning
- Perinatal Transmission Prevention
- HIV Prevention of Infected Persons

PEMS will help Pennsylvania by providing summary measures to improve program planning and program implementation. It will also allow PA to see if the priority populations are being served and if the intended services are being offered to that priority population. Finally, PEMS will provide program outcomes.

PEMS draft data variables have been reviewed and revised since the beginning of the year. The final data variables are expected in July 2004. These variables will drive the design of PEMS software, software training, data collection training, and the system requirements necessary for agencies. This software will be "rolled out" in three different releases:

PEMS SOFTWARE RELEASES		
PEMS release	**Content of Release**	**Deployment Timeline**
Release 1.0	Agency Information, Program Planning and Community Planning Priority Population and Intervention Worksheets	August 2004 through January 2005
CT interim data collection	An interim solution for collecting and submitting new CT data for our jurisdiction	August 2004
Release 2.0	Client level data variables for all interventions and activities. Also includes export utility to enable grantees to electronically submit data to CDC	February 2005 through June 2005
Release 3.0	Performance indicators and remaining Community Planning data, approximately 20 standard reports for information analysis, and prioritized enhancements based on Release 1.0 and Release 2.0 feedback	September 2005 through February 2006

Health Department HIV Prevention Data Collection and Submission

2004-2005

Beginning July 1, 2004, the CDC will require all grantees to initiate collection of new agency information, budget information (FY2004), program planning data, and some Community Planning data. In addition, Pennsylvania has been selected to begin collecting new Counseling and Testing variables. Collection of the PEMS client-level data for the remaining interventions will not be required until January 1, 2005. A more detailed description of the data collection and submission requirements is as follows:

PROCESS/OUTCOME MONITORING REPORTS per 2001 EVALUATION GUIDANCE			
Data Type	**Reporting Period**	**Collection Procedure**	**Submission**
Process Monitoring Data	2003	Per 2001 Evaluation Guidance	April 2004 Paper Submission
Outcome Monitoring Data	2003	Per 2001 Evaluation Guidance	April 2004 Paper Submission
PCRS Aggregate Data	2004	Per 2001 Evaluation Guidance	April 2005 Paper Submission
Other Process Monitoring Data (HE/RR and HC/PI)	2004	Per 2001 Evaluation Guidance	April 2005 Paper Submission

BUDGET INFORMATION per 2001 EVALUATION GUIDANCE			
Data Type	**Reporting Period**	**Collection Procedure**	**Submission**
Budget Tables	2003	Per 2001 Evaluation Guidance	April 2004 Paper Submission

AGENCY, BUDGET, AND PROGRAM PLANNING DATA			
Data Type	**Reporting Period**	**Collection Procedure**	Quarterly Submission Start Date
Agency Information	7/1/04 to 12/31/04	Per new Evaluation Guidance	April 2005 Electronic Submission
Budget Data	2004	Per new Evaluation Guidance	April 2005 (annual submission only) Electronic Submission
Program Planning Information	7/1/04 to 12/31/04	Per new Evaluation Guidance	April 2005 Electronic Submission

COUNSELING AND TESTING DATA			
Data Type	**Reporting Period**	**Collection Procedure**	Quarterly Submission Start Date
Legacy CT variables for most jurisdictions	2004	Per new Evaluation Guidance	April 2004
New CT variables for Pennsylvania	7/1/04 to 12/31/04	Per new Evaluation Guidance	To be determined
New CT variables for all jurisdictions	2005	Per new Evaluation Guidance Beginning January 1, 2005	April 2005 Electronic Submission

OTHER CLIENT-LEVEL DATA			
Data Type	**Reporting Period**	**Collection Procedure**	Quarterly Submission Start Date
PCRS	2005	Per new Evaluation Guidance Beginning January 1, 2005	April 2005 Electronic Submission
HE/RR Outreach, PCM	2005	Per new Evaluation Guidance Beginning January 1, 2005	April 2005 Electronic Submission
HCPI Aggregate Report	2005	Per new Evaluation Guidance Beginning January 1, 2005	April 2005 Electronic Submission

Purpose of Community Planning Data

The Community Planning data collection tolls provide a standardized approach for assessing the implementation and quality of the community planning process. The data collected through these instruments will provide health departments, CPGs, CDC and other stakeholders with information about the planning process, the development of a comprehensive HIV Prevention Plan, and the extent to which the selection and funding of HIV prevention interventions correspond to the Plan's priorities and recommendations.

The purpose of evaluating Community Planning is based on the premise that when Community Planning is implemented as intended, it produces a sound, needs-based, comprehensive HIV prevention plan that will guide health departments in the allocation for HIV prevention interventions in their jurisdictions. These evaluation activities support and are integral parts of the CDC's PEMS for health departments and community based organizations. In addition to information on Community Planning, PEMS will include data on service delivery, program performance indicators and budgetary/contractual information. Within PEMS, Community Planning data will be linked with several types of HIV prevention activities so that we can monitor prevention program activities, evaluate their outcomes and the differences between what is planned for HIV prevention and what takes place in the field.

COMMUNITY PLANNING			
Data Type	**Reporting Period**	**Collection Procedure**	Submission Date
Linkage Table – Plan to Resource Allocation	2003	Per 2001 Evaluation Guidance	April 2004 Paper Submission
Priority Population and Priority Intervention Worksheets	2004	Per new Evaluation Guidance	April 2005 Electronic Submission
Membership Survey – Aggregate Report	2004	Per new Evaluation Guidance	April 2005 Paper Submission
Linkage Table – Plan to Application	2004	Per new Evaluation Guidance	April 2005 Paper Submission
Linkage Table – Plan to Resource Allocation	2004	Per new Evaluation Guidance	April 2005 Paper Submission
Priority Population and Priority Intervention Worksheet	2005	Per new Evaluation Guidance	April 2006 Electronic Submission
Membership Survey – Individual Report	2005	Per new Evaluation Guidance	April 2006 Electronic Submission
Linkage Table – Plan to Application	2005	Per new Evaluation Guidance	April 2006 Electronic Submission
Linkage Table – Plan to Resource Allocation	2005	Per new Evaluation Guidance	April 2006 Electronic Submission

PROGRAM PERFORMANCE INDICATORS			
Data Type	**Reporting Period**	**Collection Procedure**	Submission Date
Revised Baseline Measures	2004-2008	Per Technical Assistance Guidelines for CDC's HIV Prevention Program Indicators	April 2004 Paper Submission
Revised Baseline Measures, 2004, 2005, and 5 year Performance Targets	2004-2008	Per Technical Assistance Guidelines for CDC's HIV Prevention Program Indicators	September 2004 Paper Submission
Revised Baseline Measures, 5-Year Performance Targets	2004-2008	Per Technical Assistance Guidelines for CDC's HIV Prevention Program Indicators	April 2005 Paper Submission
Performance Indicator Annual Report	2004	Per Technical Assistance Guidelines for CDC's HIV Prevention Program Indicators	April 2005 Paper Submission
Revised Baseline Measures, 2004, 2005, and 5-year Performance Targets	2004-2008	Per Technical Assistance Guidelines for CDC's HIV Prevention Program Indicators	September 2005 Electronic Submission
Performance Indicator Annual Report	2005	Per Technical Assistance Guidelines for CDC's HIV Prevention Program Indicators	April 2006 Electronic Submission

2. 2003 CPG Planning Process Evaluation

The CPG draft by-laws, section 3.3.4, state that "the Evaluation Sub-committee is charged with evaluating the CPG planning process, which leads to the development of the Plan, which is submitted to the CDC." The committee chose to process CPG concerns by having trained non-CPG members gather data through open-ended questions posed to small groups of CPG members. It was felt that this method provided greater objectivity and a lack of conflict of interest. The results were presented at a subsequent CPG meeting. Most findings of this evaluation were immediately implemented by the CPG.

At the November 19, 2003 Committee meeting students, under the supervision of CPG member Steve Godin—Chair of the Evaluation Subcommittee, conducted small group interviews for the annual Committee Process Evaluation.

EVALUATION OF THE 2003 CPG PLANNING EFFORT:
FINDINGS FROM THE NOMINAL GROUP PROCESS

Submitted by:

Deirdre Holland; Andrea Sitler; Joe Halowich; Jody Laverdure; Lisa Williams; & Tifanie Hudgins

Supervised by:
Steven Godin, Ph.D., MPH, CHES
Evaluation Subcommittee Chair

A. Introduction

On November 19, 2003, the CPG met in Harrisburg, Pennsylvania, at the Best Western Hotel. As part of this meeting, a qualitative evaluation was done on the 2003 CPG planning process using the nominal group method within three groups of CPG members. The specific purpose of the nominal group process was to evaluate the facilitation of CPG planning provided by staff from the Pennsylvania State Department of Health and the University of Pittsburgh. CPG members were also asked to provide recommendations (if any) about how to improve the planning process in future years.

B. Methodology

The group facilitators employed the nominal group process to examine the CPG members' perceived "strengths", "weaknesses" of the planning process, and the CPG's recommendations about how to improve the planning process in the future.

CGG members were randomly assigned to groups, which were conducted by one group facilitator and one recorder per group. Each group was assigned to different rooms to conduct the evaluation. Group A consisted of nine members, Group B had eight, and Group C contained seven participants. Each group was asked the following three questions in this order:

1) When looking at the facilitation role that PA-DOH and University of Pittsburgh played, what do you believe was/were the strength(s) of the CPG planning process?

2) When looking at the facilitation role that PA-DOH and University of Pittsburgh played, what do you believe was/were the weakness(es) of the CPG planning process?

3) What recommendations (if any) would you make to the PA-DOH to improve the CPG planning process and/or the effectiveness of HIV prevention in PA for the coming year?

Group A's Voting Process

The voting in Group A was done in two rounds. During the first round of voting on the set of answers given, each participant had the chance to vote three times for what he or she felt were the best answers. After this round of voting was complete, the top three choices were singled out. Then, during the second round of voting, each participant only had one vote for one of the top three answers remaining. This second vote led to one answer that received the top vote.

Dynamics of Group A

Group A was a diverse group in terms of participation. Several members had many answers to the questions; whereas, others did not have much to comment. Many times throughout the nominal group, members began to debate and had to be stopped so that all participants could freely state their opinion. A few members made it clear that they were not happy with the evaluation and stated that these were not the questions that they wanted to be asked. Others also voiced that it is difficult to compare the Pennsylvania Department of Health with the University of Pittsburgh because they had different responsibilities and roles.

Group B's voting process

The voting in Group B was done in two rounds for each question. After all answers were given for each question, members voted for what they felt was the most important answer to each question. The facilitator pointed to and read briefly each answer to be voted on, and members raised their hands to vote. Tally marks were made for each vote next to the corresponding answers. The top three answers with the most votes were selected for a final vote. Members again raised their hands to vote for what they felt was the most important of the three selected answers to determine the one most important answer for each question. [Voting for questions one and three during each first round ended with a tie for the third highest vote getter. Therefore, the final vote for each of these rounds was on the top two answers selected.]

Dynamics of Group B

Members of Group B worked well through this nominal group process. Most people answered all three questions. At times, members gave more than one answer. Occasionally members did pass when an answer they agreed with was already stated.

Group members actively participated to help clarify answers stated, and no debating occurred. Brief disagreements discussed were clarified and listed as separate answers when necessary.

Group C's Voting Process

The voting in Group C was conducted in three rounds for questions 1 and 2; and in two rounds for question 3. For questions 1 and 2, the group voted for the three statements they agreed with most. In the second round, they had one vote for their top choice of responses. The third round was for an agree or disagree vote for the category of "both University of Pittsburgh and the Department of Health". For the third question, round one allowed each member to select the three remarks they most agreed with followed by round two, which consisted of a single vote for the top choice.

Dynamic of Group C

This group was also diverse in participation. Most of the eight members contributed to every question posed, with complete participation in the third and final question. At the insistence of the group members, questions 1 and 2 were divided into three separate categories: University of Pittsburgh, Department of Health, and both. They felt that the evaluation would be more appropriate and applicable if these were split into the aforementioned categories. Therefore, under the category of both there was one round of voting for agree or disagree. All members, for both questions, agreed unanimously.

C. Results

The numbers bolded on the tables are the top votes for each round of voting.

Group A

CPG Focus Group A (n= 9 members)

1st Vote	2nd Vote	**Question 1: STRENGTHS….**
6	2	**1. Frequently they saved us by keeping us on task and on schedule.**
		2. Good communication.
2		3. Encourage CPG to use varying skills to the Nth degree.
7	**6**	**4. Organizational skills and respect for diversity. University of Pitt was a tremendous resource for committee (i.e.: research data and helping with the planning process). University of Pitt had different, bigger resources. University of Pitt and PA- DOH liaisons are well informed about HIV. Diversity works well; unbiased.**
2		5. University of Pitt gave significant information, presented data. They were never offended when questions were asked, handled conflict well, objective and receptive to feedback. PA- DOH was professional in coordinating direction; they did what they were asked to do.
		6. The committee has the strongest co-chairs now compared to six years ago. (There was no leadership then.)
		7. Expedience with which information is given from Pitt and PA-DOH.
1		8. Both Pitt and PA-DOH are very committed.
		9. The youth and those from rural areas are valued.
3		10. Facilitators kept everyone on task and ran things smoothly.
5	1	**11. Pitt provides wonderful epidemiology resources.**

1st Vote	2nd Vote	**Question 2: WEAKNESSES….**
		1. Changes in Pitt's staff make it difficult to know who to go to for data.
5	**7**	2. **Too much paper work with too little time to review it.**
5		3. **This year, PA-DOH confused the facilitation. There was miscommunication and no accountability when things did not get done**.
2		4. PA-DOH withheld directions from the committee. Sometimes the committee needed more direction than it was given.
3		5. **Not enough time in orientation of new members.**
2		6. Too much reliance on one person (from Pitt).
2		7. PA-DOH does not convey direction in relation to CDC guide.

- Some members felt that the questions being asked were too academic and did not address the issues that needed to be addressed.

1st Vote	2nd Vote	**Question 3: RECOMMENDATIONS….**
9		1. **Ensure effective communication of CDC guidelines to the committee (on time and in laymen's terms). This should be done within only one meeting.**
		2. To improve CPG process, work with the committee to strengthen guidelines from PA-DOH and Pitt, especially concerning leave of absence.
5		3. **PA-DOH should become more aggressive in improving relations with the Department of Education about mandating programs on HIV in the elementary schools.**
2		4. The PA-DOH should maintain the current chair.
1		5. Better relations and more collaboration should be seen between the Dept. of Corrections and the PA-DOH
		6. One meeting should be set aside for the epidemiology presentation so that it is not rushed.
4		7. More funding for technical assistance and for others than the chairs to attend national conferences/meetings.
7		8. **The orientation process should be more detailed and ongoing throughout the year. Also the mentoring program should be strengthened.**

*The group felt that all three top votes (#1, 8, and 3) should be given priority and did not want to conduct a second round of voting.

Group B

CPG Focus Group B (7 members)

1st Vote	2nd Vote	**Question 1: STRENGTHS….**
2	**4**	1. **Ken's work ethic and organization and ability to clarify.**
1	0	2. Last 1/3 of year, received more structure and guidance of tasks.
0	0	3. Last ½ of year, received needed information that was requested.
1	0	4. Patience and thoroughness of both PA-DOH & Pitt
0	0	5. Continuity of key personnel.
0	0	6. Dr. Muthambi's commitment to the process.
0	0	7. Rodger's commitment to the process.
0	0	8. Complete and timely information available.
1	0	9. Ability to adjust to changes.
0	0	10. Feedback from youth roundtables, due to UPITT organization of the roundtables.
2	3	11. **Facilitation more focused which led to a more focused process.**

1st Vote	2nd Vote	**Question #2-WEAKNESSES….**
1	0	1. Poor financial planning with the use of PITT staff at CPG meetings…too many people sitting around doing nothing at the meeting.
2	0	**2. Lack of clearly defined roles between PA-DOH and UPITT.**
0	0	3. Poor planning and structure of agenda to maximize effective committee planning.
4	**7**	**4. PA-DOH and UPITT are not truthful and forthright with the CPG about information from the CDC.**
0	0	5. Lack of information and vague information; disempowers work
0	0	6. The lack of facilitation lead to the CPG's apathy and frustration and non-attendance for some.
0	0	7. Lack of accountability and reporting of CPG initiated programs.

1st Vote	2nd Vote	**Questions #3-RECOMMENDATIONS….**
0	0	1. To be more proactive in relaying info that is needed for the CPG to complete work.
2	2	**2. More defined roles/tasks of the facilitation bodies (PA-DOH & UPITT) and CPG.**
3	**5**	**3. Continue improved clarity and organization of agendas and evaluate CPG meeting dates to coincide with grant cycle.**
0	0	4. More follow-up and accountability about the programs that are funded.
1	0	5. Give 2 feedback's per year with definitive information about programs in progress or needed programs.
1	0	6. More proactive efforts to increase attendance of CPG members including adequate training.

Group C

CPG Focus Group C (8 members)

1st Vote	2nd Vote	Question #1: STRENGTHS….
		University of Pittsburgh
3	**3**	**1. Well organized**
		2. Thorough generation of all papers in process
4	**5**	**3. Cooperation with DOH**
		4. Unbiased
		Department of Health
		5. New fresh Ken
2	0	6. Task-oriented meetings
		7. Focus-oriented
1		8. Greatly improved interaction w/ DOH representatives
		9. Stabilized facilitation (Ken)
2	**4**	**10. Committed to diversity of committee**
3	**4**	**11. Listened to members and made appropriate changes**
		Both U of Pitt and DOH
8	8	**12. Cooperate really well**
8	8	**13. Commitment of diverse people to HIV prevention (groups and members of committee)**
8	8	**14. Both groups cooperated to make this committee come together for the goal of HIV prevention**

1st Vote	2nd Vote	Question #2: Weaknesses
		University of Pittsburgh
2	2	**1. They used agency specific language**
		2. Information needed not timely
		3. Liaisons only accessible when they want something
		4. Too much identity within CPG
1	1	5. Status of ongoing projects unknown
4	**4**	**6. Strong hold on CPG, the process, and DOH**
		7. Existence of projects unknown
		8. Conflicted with "ivory tower syndrome"
		Department of Health
1		9. Sometimes confusion of leadership
		10. Appeared shackled by politics
2	3	**11. Piggybacks on Pitt too much**
2	1	12. Dictatorial and withholds key information at strategic moments
1		13. Cumbersome bureaucracy
2	**4**	**14. Burnt out effect of employees has negative effectiveness**
		15. Overloading field staff
		Both U of Pitt and DOH
8	8	**16. Communication barriers between Pitt, DOH, and CPG**
8	8	**17. Inability to remain objective stifled CPG discussion and creativity**

1st Vote	2nd Vote	Question #3: RECOMMENDATIONS….
		1. Track HIV like other STDs
1	**3**	**2. DOH work with county prison systems to make sure HIV testing is done**
1	2	3. Pay more attention to cultural and regional differences
		4. DOH process implementation of plan
		5. Pay more attention to troops doing HIV prevention work
		6. Let CPG know what coalitions are doing during process, not at end
		7. Be forthright and timely providing information from federal and other government agencies
		8. CPG get copy of all reports submitted to CDC
1	2	9. More interaction of coalitions, integrated council and other state agencies with CPG
		10. Access to "experts" as liaisons with a focus on increasing epidemic workers and representatives on committee
		11. More intentional rural focus in a rural state
		12. More consideration for non-agency members reimbursement needs
		13. More clear direction on eliminating perceived and/or real barriers to testing
		14. More uniformity and increased opportunities and participation of other counties for rapid testing as a pilot project
5		**15. Ability to summarize materials sent to CPG members**

4. Discussion

After collecting the answers from all three groups, the responses were analyzed to determine the overall strengths, weaknesses, and recommendations of the CPG planning process. Similar themes arose from the three groups and are reviewed below.

A. Common Themes

After thorough examination of the responses, these are the themes that were consistently identified by the members of all three groups:

- Organization was a common answer. The organizational skills helped keep the process going and achieve goals on time.
- Facilitation was also praised in helping to keep everyone on task.
- Another common strength mentioned was the commitment of diverse people to the work in HIV/AIDS prevention.
- Communication between the CPG, University of Pittsburgh, and the PA-DOH was a common weakness. This was due to poor communication between the groups and the use of agency specific language.
- The PA-DOH and University of Pittsburgh have not been truthful and forthright with the CPG.
- The University of Pittsburgh has too much of a strong hold on the CPG, the process, and the PA-DOH.
- A common recommendation made was to improve communication. This needs to be accomplished in the CDC guidelines (with the wording written in laymen's terms) to the committee, in the clarity and organization of agendas, and to achieve better interaction with other coalitions and agencies.
- Group members also mentioned reaching out more to sites such as correction facilities, to make sure HIV testing is done, as well as administering educational programs in elementary schools.

B. Secondary Themes

These were other responses that shared a commonality, but exhibited a lesser degree of consistency, among the groups:

- Ken listened, stabilized, and made adjustments to the facilitation process.
- Ken's work ethic and organizational skills.
- University of Pittsburgh was unbiased.
- Stronger leadership now than in the past.
- Miscommunication led to unclear and confusing information, which in turn lead to frustration of the CPG members.
- Project status was often unknown resulting in little accountability.
- University of Pittsburgh and PA-DOH withheld information too often.
- Too much use of "agency-specific" language.
- Information that was needed by the CPG was not provided in a timely fashion.
- The orientation process should be more detailed and ongoing throughout the year.
- Negative impact and effectiveness due to staff burnout.
- Become more proactive in relaying information to the CPG in a timely fashion.
- Provide the CPG with copies of reports sent to the CDC.

3. HIV Prevention Provider's Poster Session

Section 3.3.4 of the CPG draft by-laws further states that "this sub-committee is also responsible for designing frameworks for evaluation, establishing standards and benchmarks, assessing capacity, and planning for the allocation of resources for outcome evaluation in prevention/intervention programs. This sub committee is responsible for identifying best evaluation practices, reviewing and recommending resources and infrastructure needed for evaluation to be conducted within government agencies, Community-Based AIDS Service Organizations.

The purpose of this Poster Presentation was to elicit an initial dialogue between funded agencies/ organizations and the CPG. Any first step in designing framework for evaluations needs to establish dialogue and capacity.

A. Methodology

Letters were sent to funded organizations inviting them to present a Poster about their funded projects at the May, 2004 CPG meeting. A second letter was sent confirming the invitation and further clarifying questions and concerns. Follow up telephone calls were made by sub-committee members for any needed additional clarification and to confirm attendance.

The Evaluation sub-committee formulated a set of questions for all CPG members to use as they were visiting the various Posters.

CPG members interviewed participating organizations using the prepared questions and provided feedback to the committee on a prepared summary sheet. Using these Summary Sheets the sub-committee collated the raw data. These data are being analyzed.

1) Does your organization/subcontractors use the CPG plan in developing the fiscal year goals and objectives? If not, why?

2) Regarding your target population . . . which interventions do you feel are working . . . and why?

3) Out of all the HIV prevention work your organization/subcontractors do . . . what type of prevention /education do you think is the most difficult to implement and why? Which are the easiest, and why?

4) What do you feel are the biggest barriers to doing effective HIV prevention in your community or region?

4) Is there any need for HIV prevention training for staff in your organization or your subcontractors, and if so . . . what areas?

The following prevention funded organizations participated: AIDSNET of Bethlehem, Allentown Bureau of Health, Bethlehem Bureau of Health, Bucks County Department of

Health, Chester County Department of Health, CHOICE AIDSFactline, Council of Spanish Speaking Organizations of the Lehigh Valley, Erie County Department of Health, Gaudenzia Shout Outreach of Erie, Latinos for Health Communities of Allentown, Montgomery County Department of Health, North Central District AIDS Coalition, Northeastern Regional HIV Prevention Planning Coalition, Pennsylvania Young Adult Roundtables HIV Prevention Intervention, Pennsylvania Prevention Project stophiv.com web site and education portal, Pittsburgh AIDS Task Force, South Central HIV/AIDS Planning Coalition, and the United Way of Wyoming Valley.

One agency has submitted a preliminary CDC intervention mandated individual- and group-level evaluation.

The Living Project completed its final year as a demonstration project subcontracted with the Pennsylvania Prevention Project to provide HIV prevention outreach to Latina women in the Lehigh Valley (Allentown/Bethlehem) area of Pennsylvania.

4. Living Project Evaluation

Intervention Types:
Individual Level Interventions (ILI)
Group Level Interventions (GLI)
Outreach

A. Intervention Goals
- To lower the risk of incidence of HIV transmission in Latina and African- American women of childbearing age.
- Reduce virus transmissions to the fetus in infected pregnant women.
- Promote community awareness about HIV/AIDS transmission and prevention.
- Present and clarify issues and misconceptions about HIV/AIDS transmission.
- Encourage positive communication and behavior changes.

B. Target Populations
- African American and Hispanic young adults, ages 16-21.
- Pregnant African-American and Hispanic Women

C. Evidence and Justification for the Intervention
The Living Project was begun in July 1999 as a PA Department of Health initiative to target Hispanic and African-American women of childbearing age (primarily 16 to 21) with HIV-prevention information and services. The project was housed in the larger New Directions Treatment Services, a narcotic addiction treatment program in the Lehigh Valley founded in 1980 as non-profit, independent agency. Since 1980, New Directions has served clients in need of addiction services in the Lehigh Valley (with offices in Allentown and Reading). Responding to the link between use of illegal drugs and HIV risks, the project began to integrate HIV-related services in 1988 with HIV-counseling and testing, and in 1990 with a full time HIV outreach educator.

DOH and PPP identified a cascading effect of HIV transmission. A cascade of sub-epidemics exists, operating in the following manner. The proportion of HIV infection through IDU is increasing for both males and females across the state. Of AIDS cases among females, over 80% in the past ten years have occurred among females of childbearing age (13-44). The main risk factors for women of childbearing age are IDU and sex with IDU male or males know to be HIV positive. Over 70% of AIDS cases among women of childbearing age were directly or indirectly related to IDU. These women have the potential of maternally transmitting HIV to their infants if they become pregnant. As would be expected given the data on modes of HIV transmission among cases of AIDS in childbearing women, the leading maternal risk factors for perinatally infected infants/children are IDU and sex with IDU or male known to be HIV positive. Over 65% of cases of AIDS involving perinatal transmission were directly or indirectly associated with IDU. (1)

DOH and PPP--New Directions Treatment Services provides a variety of programs including street outreach and presentations on HIV/AIDS, medical treatment and case management of HIV positive drug treatment patient, and HIV counseling and testing of both agency patients and the general public. The agency has developed collaborative relationships with HIV/AIDS case manager and the clinics and social service department at Lehigh Valley and St. Luke's Hospitals, Allentown and Bethlehem Health Bureaus, the AIDS Service Center, Latino AIDS Outreach and Lehigh Valley Community Mental Health Center and other private medical practitioners. In addition, the agency has physicians, nurse practitioners and RNs on their staff.

New Directions was chosen because of prior history with IDU clients and contact with young women of childbearing age. Lehigh Valley is especially appropriate because according to the 2000 census showed that in the cities of Allentown, Bethlehem, and Easton, 10.2% of the population were of Hispanic origin and 3.6% were African-Americans. In that region, Latinos and African-Americans have been disproportionately impacted by the AIDS epidemic and 67.5% of all reported cases have been among those two groups (2). The Latino community represents the majority of cases with almost five cases among Latinos for every one case in the African-American community. Women in the Lehigh Valley represent 20% of all cases, but only 6% of the total population for ages 15 to 24. (3)

D. Methods of Data Collection

Data was compiled from the risk assessment surveys and information collected on the data collection sheets for outreach.

- The risk assessment was given in three parts: a baseline risk assessment upon entering the study, risk assessments at one month and another at three months. The participants were drawn from young people who were easily reached through the current HIV prevention interventions and planning conducted by The New Directions Treatment Program. The intent of information gathered was to describe HIV prevention needs and barriers among young people, ages 16 to 21, therefore, no

experimentation, treatment, or application of an intervention was necessary to conduct the study.

- No screening was necessary in recruiting participants to the baseline survey and consequently, to the follow-up surveys. The research procedure entails asking the respondents to complete a series of questions about HIV/AIDS and HIV prevention. Since the procedure involves no clinical tests or applications, there was no clinical way to determine any significant, unanticipated disease or condition during the survey process. However, when oral information was given by participants that would signify that they might be HIV infected, or that they were affected emotionally or mentally from actual infection or the possibility of infection, researchers were equipped to provide information on referral services at the conclusion of the survey.

- Participants were asked to answer a series of questions that were devised by experts in HIV prevention and members of each of the risk populations involved in the needs assessment. The survey protocol was based on the Youth Behavioral Risk Survey (YRBS), an epidemiological surveillance system that was established by the CDC to monitor the prevalence of youth behaviors that most influence health. The YRBS focuses on priority health risk behaviors established during youth that result in the most significant mortality, morbidity, disability and social problems. Survey results are used by the CDC to monitor how priority health risk behaviors among high school students increase, decrease or remain the same over time; evaluate the impact of broad national, state and local efforts to prevent priority health risk behaviors (4). The survey was adjusted to collect demographics and program specific data and is part of a program function.

- Each participant was read an informed consent that was signed by the interviewee and the principal investigator. The participants were reminded that their name has not been given to anyone associated with this risk assessment by the recruiter, and that they should not write their name anywhere on the survey. Participants were told that this makes their participation entirely anonymous and that however the answer the survey cannot be attributed to them. This consent form ensures that ONLY the data collected from these surveys will be released to the University of Pittsburgh.

- Interviews with 140 participants for the baseline risk assessment took place in the New Directions Treatment Center in either the Allentown or Reading offices. This is a safe and secure place in which many HIV prevention planning and intervention and youth activities have been held over the years. The risk assessment occurring at 1 and 3 months took place in the interviewees home or at some other location that the interviewer and interviewee agree on that is safe and secure.

- Since the risk assessment is pre-experimental, pilot and descriptive in nature, statistical significance is not relevant for this study. The survey was created to be relevant to populations at risk for HIV infection. Questions were compiled using the Youth Risk Behavior Survey (YRBS).

- Data will be compiled from the surveys. Interviewers will have the participants complete a series of questions contained in the study protocol.

E. Descriptive Statistics/Client Demographics

For July to December 2002, a total of 3348 contacts were made. The following tables describe the demographics of those contacts.

Gender		
Male	1615	48.2%
Female	1719	51.4%
Transgender	0	0%
Undetermined	14	0.4%
Total	*3348*	*100%*
Race		
White	378	11.3%
Black/African American	730	21.8%
Race Not Targeted/Other	2240	66.9%
Total	*3348*	*100%*
Ethnicity		
Hispanic/Latino	2231	66.6%
Not Hispanic/Latino	0	0%
Ethnicity Not Targeted	1117	33.4%
Total	3348	100%
Age		
<14 Years	120	3.6%
14-19 Years	1668	49.8%
20-29 Years	702	21%
30-39 Years	356	10.6%
40-40 Years	161	4.8%
50+ Years	23	0.7%
Age Not Targeted	318	9.5%
Total	*3348*	*100%*

Summary of Findings

Results Of the Initial Data Collection from the Living Project.

	Baseline	One Month	Three Month
	n=49	n=49	n=34
Race/Ethnicity (multiple responses were Possible)			
Latina	81.3%	79.2%	85.3%
Black	22.9%	22.9%	17.7%
White	4.2%	2.1%	2.9%
Other	2.1%	2.1%	0%
Age			
Under 18 years of age	66.7%	64.6%	52.9%
18-25 years of age	14.6%	16.7%	29.4%
25+	18.8%	18.8%	17.6%
Talk with adults about HIV/AIDS			
Often	27.5%	36.6%	55.6%
Seldom	32.5%	41.5%	33.3%
Never	40.0%	22.0%	11.1%
Missing Cases	8	7	7
Talk to your children about HIV/AIDS			
Often	18.2%	24.1%	20.0%
Seldom	12.1%	3.5%	10.0%
Never		10.3%	20.0%
Not a Parent	57.6%	51.7%	30.0%
Children too young	12.1%	10.3%	20.0%
Missing Cases	15	19	14
Past 30 days, days have at least one drink of alcohol			
0 days	69.6%	87.5%	67.7%
1 or 2 days	21.7%	6.3%	25.8%
3+ days	8.8%	6.2%	6.5%
Missing Cases	2		3
Past 30 days, 5 or more drinks within a couple of hours			
0 days	87.5%	89.6%	81.8%
1 or 2 days	8.3%	4.17%	15.2%
3+ days	4.2%	6.2%	3.0%

Past 30 days, Use drugs to get high			
0 times	91.3%	95.8%	97.0%
1 or two times	6.5%	2.1%	3.0%
20 or more times	2.2%	2.1%	
Missing Cases	2		1
Ever had sex	53.2%	50.0%	66.7%
Missing Cases	1		1
When you have sex, insist partner to wear a condom			
Very Likely	71.9%	72.4%	76.2%
Somewhat Likely	15.6%	17.2%	9.5%
Not Likely	12.5%	10.3%	14.3%
Missing Cases	16	19	13
Past 30 days, Number of people you had sex with			
Not had sex in the past 30 days	32.0%	24.0%	20.8%
1 person	60.0%	72.0%	70.8%
2 person	8.0%	4.0%	8.3%
Missing Cases	23	23	10
Drink or use drugs before sex the last time	0%	10.7%	3.7%
Missing Cases	18	20	7
The last time you had sex what method did you and your partner use to prevent pregnancy?			
No method	38.5%	30.8%	20.8%
Pills	0%	3.9%	8.3%
Condom	34.5%	46.2%	50.0%
Depo	7.7%	7.7%	12.5%
Withdrawal	7.7%	7.7%	4.2%
Other	3.9%	3.9%	4.2%
Not sure	7.7%	0%	0%
Missing Cases	22	22	10
The last time you had sex, use a condom	34.6%	57.7%	54.2%
Missing Cases	22	22	10

The last time you had sex, how prevent STI			
No method	32.0%	29.6%	29.2%
Condom	52.0%	55.6%	62.5%
Withdrawl	8.0%	7.4%	4.2%
Other	4.0%	3.7%	4.2%
Not sure	4.0%	3.7%	0%
Missing Cases	23	21	10
How likely partner uses a condom every time for vaginal or anal sex			
Very Likely	67.9%	85.2%	81.5%
Somewhat Likely	17.9%	11.1%	14.8%
Not Likely	14.3%	3.7%	3.7%
Missing Cases	20	21	7

F. Results

Those recruited were primarily Latinas under 18 years of age. Many initially did not talk about HIV/AIDS with adults, but that changed over time. Little change occurred regarding these young women talking to their own children. Most have not had any alcohol in the past 30 days, fewer reported binge drinking. The majority of those recruited did not report any drug use. Most had sex before and were very likely to insist that their partner wear a condom. Most reported only one partner in the past 30 days. A few reported using alcohol or drugs before sex. Condoms were reported as being the most common form of birth control and STI prevention. A third reported using a condom the last time they used sex at baseline, but that rose to over 50% at 1 and 3 month follow-ups. Those that reported that they were very likely to use a condom every time for vaginal or anal sex slightly increased over the follow-up periods as well. Overall, the greatest change occurred with their communication with adults about HIV/AIDS, likelihood of condom use the last time they had sex, and their intention to use condoms every time for vaginal or anal sex. The majority of the missing data are likely due to the lack of sexual activity by less than half the group (22 cases at baseline).

G. Qualitative Report

The most significant evolution has occurred with respect to the target population: The project initially focused on Latina and black women in their 20s and 30s, gradually shifted to a predominantly teenage audience for peer educator trainings and home parties, and recently shifted again, setting 16 as the minimum age for participants and implementing a series of changes designed to engage older women (e.g., those in their 20s and 30s).

Based on staff interviews, it appears that the shift to serving a largely teenage audience occurred naturally, as a result of variables that included reluctance of adult women to participate, less-than-optimal cooperation by adult-serving agencies, and eagerness of a local teen center to collaborate. Staff members have repeatedly said that it was not their intention to serve predominantly teens, but rather that teens had been the ones willing to participate. “We didn’t intend to make the change; it just happened. It evolved,” one said. Staff has also voiced strong feelings that the teens they have served are at risk and in

need of HIV prevention services. “It turns out that these are the right people that we’re targeting,” one staff member said late in 2002. “They are very very much at high risk.” She also noted that while the program’s original purpose was to prevent perinatal transmission, “if we can prevent the mother (from becoming infected), that’s even better.”

Recent efforts to refocus on an older audience were initiated by New Directions’ Executive Director, who voiced concerns about potential “excessive liability” from serving young teens and about staying true to the program’s original purpose. He described this as “going out into the community and finding adult women at high risk.” Resulting changes have included the hiring of two part-time staff whose focus will be WIC clinics, the welfare office and other agencies where low-income, at-risk women are likely to be found.

In terms of other changes, staff interviews paint the picture of a program that has been flexible, creative and dogged in addressing problems and fine-tuning its interventions. Process evaluation, though not named as such, appears to have been an important focus of regular staff meetings. Examples of changes made during the course of the program to address problems and/or increase participation include: changing the incentive from gift certificate to cash to attempt to attract more adults; changing the timing of the incentive for peer educators in order to encourage more home parties; changing the way outreach is done to engage more women; changing the timing and format of peer educator trainings to accommodate participants’ schedules; varying the location of trainings; and using resources creatively – e.g., offering young minority women scholarships to the teen center to facilitate their participation in peer educator training offered there.

H. <u>How results will be used for program improvement</u>
The information gathered from the survey is significant because it will provide the basis for future data gathering among a larger sample of young people statewide. Also, the information will provide critical data to the project itself, HIV prevention planning in Pennsylvania and future services to prevention of HIV among young people.

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