



PENNSYLVANIA HIV PREVENTION COMMUNITY PLANNING UPDATE

A quarterly publication of the Pennsylvania Department of Health, Division of HIV/AIDS

2004 HIV Prevention Community Planning Group Meetings

The Committee will continue meeting at the Best Western Inn and Suites of Middletown/Harrisburg on the following dates in **2004**:

New Member Orientation

Wednesday

21 January

CPG meetings

Thursday

22 January

Wednesday/Thursday

17 & 18 March

19 & 20 May

21 & 22 July

Wednesday

18 August

15 September

17 November

Rural MSMs

At the November Committee meeting Anthony R. D'Augelli of Penn State University and Committee member Deborah Bray Preston, PhD, RN presented information on their study, Rural MSM: Challenges for HIV Prevention **The Rural Men's Study**. This NIH funded study was awarded to the College of Health and Human Development and School of Nursing at Pennsylvania State University.

Rural HIV infection is increasing in the United States. The majority of studies have been done in urban settings. In addition, few studies

have focused on stigma as a determinant of sexual risk behavior. There are over 42,000 individuals infected with HIV in rural areas across the US. This does not include people who are diagnosed in urban areas and return to rural areas. Only 8% of those infected in rural areas out-migrate.

The study used mailing lists of a non-profit political action group and a social/recreational group of MSM to get 30% of their 414 subjects. The majority (60%) of their subjects were gathered from social networks, gay pride festivals, social groups and so forth.

The study consisted of a cross sectional design with a single administration of an anonymous survey using a 20-page questionnaire. Subjects were given an honorarium. Five percent of study subjects identify as Hispanic and 95% non-Hispanic with 2% African American and 1% Asian. Seventy-percent works full time while 11% work part time. Six-percent are retired, 6% disabled and 6% do not work.

Approximately 34% of subjects were between 35 and 44 years of age while an additional 30% were between 45 and 60 years of age.

Sixty-percent were comfortable with being gay/bisexual while 34% were somewhat comfortable. They had relatively low scores on a measure of internalized homophobia. The more internalized homophobia subjects

were less open or identifiable and had fewer gay friends. Eight-percent reported wanting to be heterosexual and 5% went to counseling to change.

Nineteen-percent of the group have never been tested for HIV, 9% knew they were HIV-infected and 3% reported that they were likely or very likely to be HIV-infected.

This study showed that sexual risk was related to men's age and level of sexual sensation seeking. No direct relationship was found between stigma and risk level, however, there may be an indirect relationship between stigma and risk mediated by mental health status (self-esteem, internalized homophobia) and sexual sensation seeking. The greater the family, community and health care provider stigma the lower the individuals self esteem and the greater their depression and internalized homophobia.

Nearly half (47%) of the rural MSMs in this study were at moderate to high risk of HIV infection. No direct relationship was found between stigma and risk level; however, there may be an indirect relationship between stigma and risk mediated by mental health status and sexual sensation seeking.

New Committee Members Orientation

On Wednesday 21 January an orientation will be conducted for new members of the Pennsylvania HIV Prevention

Community Planning Committee. Four new members representing the Young Adult Roundtables and upwards of a half dozen new members will be present. New members will be selected in mid December based upon a Committee nomination process. The first newsletter in March 2004 will reflect information on new members and the Orientation.

2003 Committee Attendance

Committee meeting attendance in 2003 ranged from a high of 80% in January to a low of 58% in August. That is down from the 2002 high, also in January, of 86% and up from a low of 51% in September 2002. On average 69% of the Committee was present at meetings in 2003, down from 75% in 2002.

Fifty-percent (18) of the Committee attended 80 to 100% of the meetings; down from 59% in 2002. Twenty-eight-percent (10) of the Committee attended between 50 and 79% of the meetings, down from 35% in 2002. Thus, 22% (8) Committee members attended less than half of the meetings in 2003.

2004 Plan on CDs

The Health Department submitted a one-year (calendar 2004) Application and Plan in October 2003 as part of the Centers for Disease Control and Prevention five-year funding cycle (2004-2008). In 2004 the Committee will be developing a two-year Plan addressing 2005 and 2006.

In the past the Pennsylvania Prevention Project has provided paper copies of the Plan. This year, beginning in

January the Plan on CDs will be sent to Ryan White HIV/AIDS Regional Planning Coalitions, local county and municipal health departments and Department of Health field staff. Members of the Committee will have CDs provided at their initial meeting on 22 January. A limited number of paper copies will also be available for those not capable of using a CD format.

In addition, this year's submission contained a number of appendices, many of them not in electronic format. Therefore, they will not be part of the CD version of the Plan. Anyone desiring a copy of any of the appendices should contact Rodger Beatty at the Pennsylvania Prevention Project 412-383-1775, rbear3@pitt.edu.

As in previous years Plans are also available at the [www://http.stophiv.com](http://www.stophiv.com) web site.

2004 Plan

The Pennsylvania HIV Prevention Community Planning Committee, the CDC funded Community Planning Group (CPG) along with guidance and assistance with the Department of Health Bureau of Epidemiology and Pennsylvania Prevention Project developed a process for selecting priority populations in 2000.

The CPG established the following model to rank-prioritization of target populations/transmission groups, at the statewide level, in order to ensure that priority setting is fair. In pursuit of this goal, the CPG and the state HIV/AIDS Epidemiologist developed an empirically determined objective

process as opposed to a method that relies on subjective perceptions of CPG members to set priorities. 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, but recognizes that because the requirement was introduced late in the 2003 planning process, it was unable to complete a new process of prioritizing target populations. 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 when conducting the process of prioritization of target populations in 2004. Potentially, there may be 26 priority populations.

Summary of the Methods for Application of the Prioritization of Target Populations: Transmission categories and factors by which the transmission categories would be ranked were established based on the main modes of transmission and races/ethnicity's identified by the Epidemiological Profile.

Factors for prioritizing the target populations were determined. These factors included: predominant mode/risk behavior; 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); barriers to prevention; resources currently distributed to each target population; etc.

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 and plans are continuously under review to collect the needed data.

- 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.
- Categories within each factor were ranked and each factor assigned a relative weight compared to other factors in the model.
- 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.
- The product for each factor by transmission category was then entered into the respective cell in the transmission category column.

- 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.
- 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;

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. As a priority the current Plan focuses upon HIV prevention needs of those who are HIV + as well as those within each category who are not HIV infected.

1. White MSMs
2. Black IDUs
3. Black MSM/IDUs
4. White MSM/IDUs
5. Black Heterosexuals
6. White IDU
6. White Heterosexuals
7. Hispanic IDUs
8. Black MSM
9. Hispanic Heterosexuals
10. Hispanic MSM/IDUs
11. Hispanic MSMs
12. Perinatal Transmission
13. Emerging Risk Groups

Six of Ten Heterosexual Adults Not Tested for HIV

Six of ten (59%) of heterosexual adults report that they have never been tested for HIV compared to only a third (35%) of lesbian, gay, bisexual and transsexual (LGBT) adults. The Centers for Disease Control and Prevention reports HIV infection on the rise in youth and young adults in the United States, two-thirds (67%) of young adults ages 18 to 24 responded they have never received an HIV test. However, 58% of African Americans and 45% of Hispanics—both populations disproportionately affected by HIV/AIDS—indicate they have been tested for HIV at least once, compared to only one-third of white Americans.

These are highlights from a nationwide Witeck-Combs Communications/Harris Interactive study of 2,056 adults of whom approximately 7% self-identified as being LGBT. The survey was conducted online between 21 and 27 October 2003.

A significant majority of heterosexual and LGBT respondents say their health care provider did not discuss HIV/AIDS testing and/or prevention with them during their last medical appointment (only 3% of heterosexuals vs. 12% of LGBTs said their provider discussed HIV prevention).

The most common response among those who have been tested, when asked where they had been tested last for HIV, was a health care provider's office (34% LGBT vs. 16% heterosexual). Other testing sites

include a community health center (2% GLBT vs. 8% heterosexual), public health department (7% LGBT vs. 5% heterosexual) or the workplace (4% LGBT vs. 7% heterosexual)

Of those who have been tested for HIV, LGBT adults are less likely to learn the results of their test compared to heterosexual adults (79% LGBT vs. 90% heterosexual).

Engaging in risky behavior (45%) and entering into a new intimate relationship (44%) were the top reason reported by LGBT respondents for getting tested for HIV. Overall, 43% of heterosexuals and 49% of African Americans surveyed said their top reason for getting tested was that it was offered by their health care provider as part of a routine visit.

The rapid-response HIV test, which produces test results in less than 20 minutes, was recently approved by the U.S. Food and Drug Administration for use in clinical settings. Only 19% of LGBT and 5% of heterosexual respondents said they were extremely or very likely to get a rapid-response HIV test during their next visit with their health care provider now that such tests are available.

Eight-four-percent of LGBT and 73% of heterosexual respondents agreed that people living with HIV or AIDS are often discriminated against because of their condition.

It seems that health care providers and patients continue to feel discomfort in talking about HIV/AIDS testing and prevention issues even when the survey tells us that doctor's office and hospitals are the most common

site for HIV testing and counseling.

"The results of this survey are illustrative of the critical work that lies ahead of HIV/AIDS service organizations across the country," said Paul Kuwata, Executive Director of the National Minority AIDS Council. "The question for all of us is: Are our messages resonating with people who are at risk of infection? It's clear we need to increase our collective efforts to provide basic HIV/AIDS education for individuals and groups around stigma, at-risk behavior, testing and counseling services and prevention."

1 Million Hits & Counting

Stophiv.com (<http://www.stophiv.com>) is thrilled to announce that for the first time since its inception in 1997, the site has had over 1 million hits in just one calendar year.

Stophiv.com is a website dedicated to providing HIV/AIDS prevention resources to the community. The site has gone through many changes since its first release. In the most recent development, the site provides a directory of thousands of providers who specialize in HIV and AIDS treatment and services; contains an interactive poll for learning about HIV and AIDS; includes facts and myths sections; connects individuals to treatment and prevention news; allows groups to post upcoming HIV/AIDS events on a community calendar; and much, much more.

Stophiv.com was created and is maintained by the Pennsylvania Prevention Project.

The Pennsylvania Prevention Project is part of the University of Pittsburgh, Graduate School of Public Health, Department of Infectious Diseases and Microbiology and is funded through a grant from the Pennsylvania Department of Health, Division of HIV/AIDS.

Currently, more than 3,000 visitors a day surf to [stophiv.com](http://www.stophiv.com). Thank you to everyone who has visited our site - and for coming back over and over again! Visit the website at <http://www.stophiv.com>, Pennsylvania's one stop for HIV/AIDS prevention information and resources.

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This Newsletter Is Now Available Online At <http://www.stophiv.com>

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