



PENNSYLVANIA HIV PREVENTION

COMMUNITY PLANNING UPDATE

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

2005 HIV Prevention Plan Update

It was announced at the 17 November meeting of the HIV Prevention Community Planning Committee (CPG) that the Federal Project Officer had reviewed the 2005 Plan Update submitted in September. She was very pleased with Committee efforts that had gone into the process over the past year. The 2005 Plan Update is available online at

<http://www.stophiv.com> or CD-ROM discs or paper copies can be sought from the Pennsylvania Prevention Project in Pittsburgh 412-383-1775 or rbear3@pitt.edu.

In addition, at the November meeting the annual Committee Plan development process was evaluated by students from the public health program of East Stroudsburg University as guided by members of the Community Planning Group (CPG) Evaluation Subcommittee.

New Committee Members

Approximately six to eight new Committee members will be sought for the 2005 Planning process. Applications were sent to interrelated organizations throughout the Commonwealth as well as posted at the <http://www.stophiv.com> web site. Emphasis was placed on increasing representation from the HIV infected community.

New members will attend a one-day orientation on Wednesday 19 January with a reception that evening. Members will attend their first full meeting on Thursday 20 January.

2005 Meeting Dates

The CPG will continue to meet at the Best Western Inn and Suites of Harrisburg/Middletown 819 Eisenhower Boulevard, Harrisburg, PA 17109 (717-939-1600).

Meeting dates for 2005:

New Member Orientation

Wednesday

19 January

Meetings

Thursday

20 January

Wednesday/Thursday

16-17 March

18-19 May

20-21 July

17-18 August

Wednesday

21 September

16 November

Philadelphia Youth Risk Behaviors

At the November Committee meeting Judith Haignere, PhD, MPH, CHES of Temple University presented the Philadelphia Youth Risk Behaviors 1991, 1995, 1997, 2001 and 2003.

The purpose of the Youth Risk Behaviors Survey (YRBS) is to

measure priority health risk behaviors that contribute to the leading cause of mortality, morbidity and social problems among youth.

The YRBS is developed by the Division of Adolescent and School Health (DASH) of the Center for Disease Control and Prevention (CDC) in collaboration with representatives from 71 state and local departments of education and 19 other federal agencies.

Six Behavioral Categories are addressed:

- 1) Behaviors that result in intentional or unintentional injuries,
- 2) Tobacco use,
- 3) Alcohol and other drug use,
- 4) Sexual behaviors that result in HIV infection, other sexually transmitted infections (STI's) and/or unintended pregnancies,
- 5) Dietary behaviors and
- 6) Physical activity

The 89-item multiple choice 2003 YRBS was administered in Spring, 2003 to 1,471 high school students from 30 randomly selected public schools in Philadelphia. One hundred percent of the randomly selected high schools and 77 percent of the randomly selected students in grades 9 to 12 voluntarily agreed

to participate in the survey. The YRBS has been administered in Philadelphia every odd-numbered year since 1991. However, because the 1993 survey was not scientifically administered, the findings are not presented. No other school district in the Commonwealth administers the YRBS.

2003 Demographics:

| | |
|------------------------|-------|
| Females | 50.3% |
| Males | 49.7% |
| 9 th grade | 36% |
| 10 th grade | 27.4% |
| 11 th grade | 19.2% |
| 12 th grade | 17.1% |
| African American | 65.6% |
| Hispanic/Latino | 12.7% |
| White | 16.4% |
| All other races | 3.4% |
| Multiple races | 1.8% |

Highlights from the survey:

The percentage of students who smoked a cigarette before age 13 has declined significantly from 25% in 1991 to 17% in 2003. While 60% of students (more than the national average) have tried smoking cigarettes at some time in their lives.

Current smoking has decreased by almost two-thirds for Hispanics, but almost 50% for African Americans and by almost one-third for whites. However, in 2003, White students were still significantly more likely to be smokers and to have tried cigarettes than African American and Hispanic students.

Since 1991, the percentage of Philadelphia students who drank alcohol before age 13,

and those who report binge drinking have both declined significantly. The percentage of students who rode with a drunk driver has decreased significantly from 32% in 1991 to 24% in 2003.

In 2003, the percentage of White students who drank alcohol in the past month was almost double that of African-American students.

In 2003, almost a quarter of all students reported using marijuana in the past month, a figure higher than the 14% who reported current cigarette smoking. Forty-three percent reported having ever smoked marijuana in their lifetimes.

Current marijuana use is up significantly since 1991 among White students, and in 2003 White students were significantly more likely to report being current users than were African American students.

Other reported illicit drug use among students remained low in 2003. However, it should be noted that community substance-abuse prevention groups often believe that these figures are underreported.

Almost a third of all students reported being offered or sold drugs on school property in 2003, a figure slightly higher than the national average of 29%.

Among those students who had sexual intercourse in the last three months, condom use has increased since 1991. At 70%, the 2003

figure is even higher than the national average of 63%.

After dropping between 1991 and 1999, the percentage of students who report ever having had sexual intercourse has been increasing and in 2003 was 64%, well above the national average of 47%.

However, even with the decline, in 2003 African-American students were still significantly more likely to have had sexual intercourse before age 13 than were White and Hispanic students.

Since 1991, the percentage of students who considered suicide in the previous year declined significantly from 26 to 14%. The decline was seen among both boys and girls and across racial/ethnic groups, with the greatest decline among African-American students.

However, in 2003 girls were significantly more likely than boys to report considering suicide. Reports of actual suicide attempts increased significantly since 1991, with most of the overall increase appearing to be among boys.

In 2003, the total percentage of students who felt hopeless for two or more weeks was 34%. Feelings of hopelessness were particularly high among Hispanic students, with girls at 48% and boys at 34%.

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May 2004 Poster Session Highlight

This is the third highlight of an HIV prevention program from the CPG's May 2004 poster session. The CPG is planning to have another poster session in May 2005 focussing upon HIV prevention efforts of the State Health District Regional offices.

The North Central District AIDS Coalition, one of seven Ryan White HIV/AIDS Regional Planning Coalitions serves, 12 counties in north central Pennsylvania with HIV prevention and treatment services. (Bradford, Sullivan, Tioga, Clinton, Lycoming, Potter, Centre, Snyder, Columbia, Montour, Union and Northumberland)

Priority populations identified in the North Central District are: Men who have Sex with Men (MSM), injection drug users/substance abuse (IDU), youth at risk as defined by the Coalition, women ages 23-40 at risk as defined by the Coalition, and African American women at risk as identified by the Coalition.

The North Central District provides individual (ILI) and group level interventions (GLI) and outreach.

Individual level intervention components target and meet with individuals at locations known to possess a concentrated number of

at risk people. Workers identify themselves, stating their professional affiliation and purpose and discuss with the intervention recipient their at-risk behavior. They discuss ways to reduce that persons risk, conduct a skills building session, complete an individual prevention plan and provide the consumer with an opportunity to schedule a future meeting to update the individual prevention plan. The consumer is provided with additional contact information and possible referral information.

Individual intervention methods consist of impromptu sessions done in locations where targeted populations congregate. Impromptu sessions are done with individuals that have participated in presentations or group level interventions. Repeat sessions are done for individuals who have participated in individual level interventions in the past.

Settings for individual level interventions take place at Robert Packer Hospital in Sayre, Pennsylvania, AIDS service organization (ASO) offices, Red Rock Job Crop., County prisons, halfway houses and juvenile detention centers.

Individual level interventions have taken place at MSM "dinner parties," colleges and high schools, bars (particularly those that cater to MSM populations), drug and alcohol treatment and counseling centers, parks, public welfare offices, churches and beauty salons & barber shops.

The components of Group Level Interventions are to meet the group

of individuals that possess a targeted risk behavior or group of behaviors, identify the risk behaviors of the group, discuss with the group possible ways to reducing their individual risk, and provide a skills building session similar to that described in individual level interventions.

Group level intervention components consist of completing an individualized prevention plan with all group participants, provide the consumer with an opportunity to schedule a future meeting to update the plan, provide the consumer with additional contact information and possible referral to other agencies and provide the consumer with tools such as condoms and bleach kits.

Group level intervention methods are impromptu sessions with groups of individuals in the community where target groups are known to congregate, scheduled group level interventions at institutions where targeted populations gather, impromptu sessions done with a group that had participated in a presentation, and repeat session with former GLI participants.

Settings where group level interventions have occurred have been colleges, drug and alcohol treatment and counseling centers, county, state and federal prisons, youth centers, churches and community centers.

Components of outreach for an educational intervention may include a description of the risk behaviors, ways to decrease risk, how to use a condom, how to use a bleach kit and general HIV/AIDS

information. Outreach may lead to an individual or group level intervention.

Some of the identified barriers for interventions are that incentives are costly, stigma, possibly weather, skilled and knowledgeable staff, cultural barriers, locating targeted populations, cultural competency of staff, cost of tools, ability to distribute tools to certain communities and lack of trust.

Regional deliverables for this District were 5202 units of individual level interventions delivered to 2500 participants, 2570 units of group level interventions delivered to 2200 participants and 4153 units of outreach delivered to 2200 participants.

2005 National HIV Prevention Conference

The fourth National HIV Prevention Conference, convened by the Centers for Disease Control and Prevention (CDC) and dozens of other public, private and government agencies, is set for the Haytt Regency Atlanta in Atlanta, Georgia, from June 12-15 2005. The 2005 national HIV Prevention Conference, which concentrates solely on the urgently important science of HIV prevention, will give community organizations, individuals, public health professionals, clinicians and advocates the opportunity to exchange information about effective prevention approaches.

The National HIV Prevention Conference, which is held every two years, is noted for bringing together HIV prevention programs

and science—a blend not duplicated at other meetings.

For more information about abstract submission and other conference information, visit the conference web Site <http://www.2005hivprevconf.org> or call the conference hotline: 866-277-6313.

Kaiser Health Poll Report Public Opinion on the HIV/AIDS Epidemic in the United States

Overall, HIV/AIDS is a concern to many in the U.S., both as a personal concern and as a problem facing the nation. In 2004, 21% of the public name HIV/AIDS as the most urgent health problem facing the nation (a share that had been on the decline since 1995, but increased somewhat since 2002). HIV/AIDS ranks first among African Americans as the most urgent health problem facing the nation. Young people are more likely than their older counterparts to name HIV/AIDS as the most urgent health problem facing the nation.

A large majority of the public (71%) say that most of what they know about HIV/AIDS comes from the media, and people are well-informed about certain aspects of the HIV epidemic. Large shares know that there is no cure for AIDS (90%), that there are drugs that can lengthen the lives of those with HIV (88%) and that there is not currently an HIV vaccine available (79%). A smaller share of the public knows that a pregnant woman with HIV can take drugs to reduce the risk of her baby being infected (43%), know having another sexually

transmitted infection (STI) increases a person's risk of getting HIV (41%).

Most Americans are not aware of how the epidemic impacts different groups: 39% know that African Americans account for about half of all new HIV infections in the US, and 40% that half of all new HIV infections each year are among young people.

http://www.kff.org/healthpollreport/ec_2004/

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This Newsletter Is Now Available Online At <http://www.stophiv.com>
[This newsletter is produced at the Graduate School of Public Health, University of Pittsburgh, Pennsylvania Prevention Project for the Pennsylvania Department of Health's Division of HIV/AIDS Pennsylvania HIV Prevention Community Planning Committee. In addition, this quarterly newsletter is intended to keep the traditionally non HIV Prevention community posted of the activities of the Pennsylvania HIV Prevention Community Planning Committee and is distributed by the Division of HIV/AIDS]