



PENNSYLVANIA HIV PREVENTION COMMUNITY PLANNING UPDATE

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

2006 HIV Prevention Community Planning Committee New Members

Several new members from across the Commonwealth have been selected for three-year terms on the PA HIV Prevention Community Planning Committee, the Community Planning Group (CPG) for the PA Department of Health CDC HIV prevention community planning not including Philadelphia.

The CPG Nominations Work Group reviewed and selected the following six candidates:

Joy Braden from the Pittsburgh area, Diana Harrington also from the Pittsburgh area, Terry Kurz from Lancaster, Sarita Rodriguez from Erie, Sharita Washington from Doylestown, and Nathaniel Williams from Pittsburgh.

In addition, Nancy Martinez-King of Reading has been appointed to replace CPG member Eula Davis representing the PA Department Health District Office field staff. Matt Vazquez of Harrisburg is also appointed by the Young Adult Roundtable Executive Committee to replace outgoing

representative Alex Shamraevsky. Deb Brown has also been appointed to represent the Bureau of Drug and Alcohol Programs.

The Workgroup believed that there were not sufficient candidates from the Latino(a) community. Therefore, targeted recruitment has been extended to identify potential new CPG members within Latino(a) communities. As well there has not been representation from the Department of Corrections for an extended time. The Work Group is therefore doing targeted recruitment from local county jails and prisons.

New members will attend an orientation on Wednesday 18 January with a reception that evening to meet other members of the Committee, Department of Health and Pennsylvania Prevention Project support staff from the University of Pittsburgh Graduate School of Public Health. They will attend their first official CPG meeting the following day on Thursday 19 January.

Farewell to Committee Members

In general about 25% of the CPG departs each year and this

year is no exception. The following persons have departed after having served the Committee:

Steve Godin from East Stroudsburg and Marilyn Bergt from Pittsburgh shepherded the Evaluation Committee through some extensive work in the past two years. Their guidance and expertise will be missed. As well Alex Shamraevsky has represented the Young Adult Roundtables and utilized his talents in creating the gap analysis grids for the Interventions Subcommittee. We wish him the very best with his new work endeavors. Maggi Rambus also took the Interventions Committee through a few years of developing the Community Services Assessment (CSA) which includes utilizing the needs assessment and resource inventory to create the gap analysis. We also wish her the very best in her new work endeavors. Long-term member Dennis Hakanen who kept the CPG clearly focused on rural issues and concerns by creating the Rural Work Group. Well wishes and sincere gratitude is extended to these members.

New Hotel Site for Meetings

CPG meetings are conducted at a hotel within 15 miles of the Harrisburg Airport, among other criteria. Starting in January 2006 the site will be:

Holiday Inn West
5801 Carlisle Pike
Mechanicsburg PA 17050
717-697-0321

Meetings dates in 2006:

Orientation

Wednesday 18 January

Meetings:

Thursday

19 January

Wednesday & Thursday

15 & 16 March

17 & 18 May

19 & 20 July

16 & 17 August

Wednesday

20 September

15 November

New HIV Diagnoses 2001-2004

The CDC recently reported that in the 33 states that conducted confidential name-based reporting between 2001-2004, a total of 157,252 people were diagnosed with HIV. For the first time ever, this national total includes data from New York State, thus providing a more representative picture of the U.S. epidemic. New York State's HIV cases account for over 20 percent of all new

diagnoses reported during 2001-2004.

They further state that it is important to remember that the number of new HIV diagnoses is influenced by both the underlying trends in new HIV infection as well as trends in HIV testing (e.g. an increase in HIV testing, by itself, could not result in more cases of HIV being diagnosed). As a result, it often is difficult to interpret emerging trends, particularly in an era marked by concrete efforts to increase HIV testing among people in high-risk populations.

Despite a 5 percent drop in the rate of HIV diagnoses among blacks, racial disparities remain severe. The rate of HIV diagnoses in the U.S. remained relatively stable overall during 2001—2004 (i.e. 22.8 per 100,000 people in 2004). The rate of diagnosis among blacks, however, declined by about 5 percent per year (i.e., from 88.7 per 100,000 in 2001 to 76.3 per 100,000 in 2004).

Despite the decline, the rate of HIV diagnosis among blacks remained 8.4 times higher than the rate among whites in 2004 (i.e. 76.3 per 100,000 compared to 9.0 per 100,000). By race, more than half of all HIV diagnoses were among blacks.

By transmission category, men who have sex with men continued to account for the

largest number of diagnoses overall. The proportion of HIV diagnoses attributed to heterosexual exposure varied considerably by race, from a low of 6 percent among whites to a high of 25% among blacks. It is therefore essential that HIV/AIDS prevention programs for minority men address multiple routes of exposure.

Among females, the majority of HIV diagnoses, regardless of race, occurred through heterosexual exposure.

The estimated number of HIV diagnoses among men who have sex with men remained relatively stable between 2001-2003, but increased 8 percent between 2003 and 2004. This trend was consistent across all race categories.

The recent increase in HIV diagnoses among men who have sex with men may reflect increases in HIV incidence, consistent with reported increases in risk behaviors and syphilis, but it may also reflect an increase in HIV testing among men who have sex with men. As a result of recent and continued efforts to encourage and expand HIV testing, CDC expects to see increases in HIV diagnoses, regardless of underlying trends in infection. However, data are not yet sufficient to determine the impact of these efforts in specific populations.

HIV diagnoses declined among injection drug users and heterosexuals, partly due to inclusion of New York State data. To improve the nation's ability to monitor the HIV epidemic, CDC recommends that all states and territories adopt confidential, name-based reporting systems. In addition, CDC is working with states to develop a new system for monitoring HIV incidence (new infections) more directly through the use of a testing method that distinguishes recent from longstanding infections. Data are expected for the system next year.

HIV/AIDS diagnoses continue to disproportionately impact blacks, with black men who have sex with men and black women most severely affected. Pennsylvania has confidential, name-based reporting including Philadelphia. However, data are too new to be useful and not included within this report.

CDC HIV Prevention Case Management (PCM) Changes

In a communication from the CDC they highlight changes in Prevention Case Management (PCM). PCM has traditionally been a client-centered HIV prevention activity that combines HIV risk-reduction counseling and traditional case management to provide

intensive, ongoing, individualized prevention counseling and support. CDC has developed new recommendations for programmatic changes to improve PCM counselors' abilities to address risk for HIV transmission and acquisition. These changes include renaming PCM to clarify the differences between Ryan White Case management, other case management and PCM activities.

Many community-based organizations have indicated that using the term "Prevention Case Management" has been problematic for staff and clients because of confusion with existing case management resources funded by other agencies. To reduce this confusion and reflect the aforementioned program changes, CDC has changed the name of the intervention from PCM to Comprehensive Risk Counseling and Services (CRCS).

CDC further states that they are aware that in community-based practices, many CBO's have used different names for CRCS that appeal to their clients such as "healthy Living" or Positive Choices." They encourage CBO's to continue using local names for CRCS that appeal to their clients.

The CDC makes the following programmatic recommendations:

- CRCS staff does not conduct case management if a client has or can be referred to other case management services
- CRCS staff should refer clients to available case management and other services and monitor clients' use of these services
- CRCS staff can provide case management or referrals if their is no existing case manager or referral system or if a particular service is not covered by existing case management services
- In all cases, CRCS staff work with other service providers and help with referrals and coordination

The CDC will be releasing a revised implementation manual for CRCS.

HIVAIDS and the United States

The Centers for Disease Control and Prevention (CDC) estimates that today there are 850,000—950,000 HIV –positive people living in the Unites States, more than at any other time in the epidemic. An estimated 180,000—280,0000 HIV positive individuals do not know they are

infected, and therefore are not benefiting from HIV care and treatment, and may also be unknowingly transmitting the virus. An additional 250,000 people living with HIV who are aware of their status may not be getting the care they need or prevention support to help them protect their partners. Altogether, roughly half of all people living with HIV in the United States are untested, untreated, or both.

Through December 2001, 833,452 AIDS cases have been reported to the Centers for Disease Control and Prevention. Of these cases:

82-percent were among **men**
17-percent were among **women**
1-percent were among **children less than 13 years of age.**

Forty-two percent of the cumulative AIDS cases were among Whites, 38 percent among Blacks, 16 percent among Hispanics and less than 1 percent each among Asian American/Pacific Islanders and American Indians/Alaska Natives. The ten states or territories reporting the highest number of AIDS cases cumulatively among their residents are as follows; New York, California, Florida, Texas, New Jersey, Illinois, **Pennsylvania**, Puerto Rico, Georgia and Maryland.

Of the estimated 40,000 new HIV infections each year, greater than 50% occur among African Americans.

Hispanics accounted for:
19.8 percent of total AIDS cases

20 percent of total AIDS cases among **women** and **23 percent** of total AIDS cases among **children.**

HIV/AIDS was the second leading cause of death for Hispanic men ages 35-44 in 2000. (The term Hispanic include those individuals who self-identify as "Latino/a" or "Hispanic.")

Black individuals accounted for:

49 percent of total AIDS case
58 percent of total AIDS cases among **women** and **59 percent** total AIDS case among **children**

HIV/AIDS was the leading cause of death for Black women ages 35-44 and leading cause of death for Black men ages 35-44 in 2000.

World AIDS Day

Thursday 1 December 2005 was the 18th World AIDS Day observed around the world.

The United States Reported in:

- 1989 gay & bisexual men accounted for 57% of AIDS Cases—2005 43%
- 1989 6% heterosexual transmission—2005 31%
- 1989 650,000 Americans HIV-positive—2005 1.1 million living with AIDS
- 1989 only one HIV drug, AZT—2005 27 antiretroviral drugs
- 1989 85,128 Americans with AIDS had died since 1981—2005 524,128

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

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