

PENNSYLVANIA HIV PREVENTION COMMUNITY PLANNING UPDATE

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

Pennsylvania Young Adult Roundtables

The CDC estimates that young people under the age of 25 account for 50% of all new HIV infections in the United States each year. Facilitating their involvement in our planning efforts is, therefore, a priority. The Pennsylvania Young Adult Roundtables, entering the home stretch of its seventh year, is a statewide (excluding Philadelphia) project that provides parity, inclusion and representation to high-risk young adults (ages 13-24) in the community planning process. The Roundtables continue to receive national recognition as a model program.

Though the Roundtables resumed in January with eight groups (Erie, Harrisburg, Norristown, Pittsburgh, Reading, Wilkes-Barre, Williamsport and York), the project lost one group (Wilkes-Barre) in March as a result of ongoing recruitment difficulties. We have, however, gained a new Roundtable group in the Lehigh Valley (young people in recovery from injection

drug use). Data from process evaluations completed by Roundtable and Planning Committee members over the past few years, has indicated the need to include additional groups of high-risk young people in our planning process. Therefore, three additional groups of high-risk young adults are in the process of being recruited for this year: Camp Hill (young people living with HIV), East Stroudsburg (young people who are gay, lesbian or bisexual), and a diverse group of high-risk rural young adults somewhere in the northeast region of the state.

Thank you to members of the PA HIV Prevention Community Planning Committee, the PA DOH, and the various Coalitions who have helped to identify recruiters for existing and new Roundtable groups.

If you have a contact person who works with high-risk, rural young adults in the northeast region, or if you have questions about the Roundtables, please contact

**John Faber at
800.445.9573.**

No Time to Lose: Getting More from HIV Prevention

The Institute of Medicine (IOM) recently published, No Time to Lose: Getting More from HIV Prevention. This in-depth review of the current state of HIV prevention illuminates many of the issues and concerns encountered by the Pennsylvania HIV Prevention Community Planning Committee. The IOM was funded by the Centers for Disease Control and Prevention to convene a Committee to review current HIV prevention efforts in the U.S. and develop a visionary framework for national HIV prevention strategy. The IOM convened liaisons from the Board of Health Promotion and Disease Prevention, expert consultants, federal organizations, state and local organizations, non-governmental organizations, and research institutes on rethinking HIV prevention.

The report indicates that there is a wide range of proven strategies to reduce behaviors that increase the risk of transmitting or

acquiring HIV. However, the ways in which prevention efforts are currently being implemented do not allow the nation to fully reap the benefits of these proven strategies. The Committee identified a number of problems.

First, expenditures on HIV prevention activities appear to be allocated to states in rough proportion to the distribution of persons with AIDS. While this approach may be useful for allocating funds for treatment, it is an inadequate marker of need for prevention services. Second, due to long-standing concerns about AIDS-related stigma and discrimination, prevention efforts have largely avoided interventions directed at individual who are HIV-infected, the very persons who are in a unique position to stop the spread of HIV. Third, community organizations that try to conduct prevention programs are often hampered by inadequate dissemination of state-of-the-art prevention research and limited technical assistance for program adaptation, implementation, and evaluation. Fourth neither the public nor the private sector has invested sufficiently in developing new biomedical tools and technologies that can help in

HIV prevention. Finally, social barriers, such as poverty, racism, gender inequality, and the stigma attached to HIV and AIDS, continue to seriously impede HIV prevention efforts.

From these findings the Committee recommends a new strategy for preventing HIV infections. As a starting point, the nation should adopt an explicit prevention goal: To avert as many new HIV infections as possible with the resources available for HIV prevention. To reach this goal, a new vision is needed that will improve the way the epidemic is monitored, change how prevention resources are allocated and how activities are prioritized and conducted, foster interactions between the public and private sectors to promote new prevention tools and technologies, and reduce or eliminate social barriers to HIV prevention. The Pennsylvania HIV Prevention Community Planning Committee will closely examine this document for guidance in establishing the best possible HIV prevention plan for the Commonwealth.

Philadelphia Joins Statewide HIV Prevention Planning Effort

Judith Peters, Community Co-Chair for the Philadelphia community-planning group for HIV prevention is a full voting member of the Pennsylvania HIV Prevention Community Planning Committee. Judith has been attending statewide meetings since March 2001. Philadelphia has always had an ex-officio member on the Committee since its inception in 1994, but for a variety of reasons they have not participated fully. In addition, representatives from the Division of HIV/AIDS are present at the Philadelphia meetings.

Over time the statewide Committee has identified numerous concerns relative to coordination of HIV prevention services between the collar counties (Montgomery, Chester, Delaware, and Bucks) and Philadelphia HIV prevention services. This direct tie with Philadelphia will now strengthen those ties as well as add to further HIV prevention efforts particularly within the realms of secondary HIV prevention. In addition,

Philadelphia is rich with experiences in a multitude of arenas and populations that can benefit statewide efforts and vice versa.

Year 2000 Process Evaluation of the Committee

A preliminary draft of the Year 2000 Process Evaluation on the operation of the statewide HIV Prevention Community Planning Committee will be released at the August Committee meeting for its approval. Each year the Pennsylvania HIV Prevention Community Planning Committee conducts a process evaluation based upon the guidance provided by the Centers for Disease Control and Prevention. The Committee members are randomly divided into two groups. External facilitators are employed to ask the questions, which are tape-recorded. The small group process evaluation, reflecting the operation of the Committee for the year 2000, was conducted on Wednesday 15 November 2000 with 56% (22) of the Committee present. In addition, an anonymous survey asking and quantifying the questions

was distributed to the Committee in early December with a return date of 26 January 2001 with 46% (18) respondents.

Evaluation information will guide the Training and Development Subcommittee to identify areas for improvement that may be addressed with further training and development efforts with the Committee. In addition, the Co-Chairs will examine the feedback closely to make adjustments in the operation and work process of the Committee.

In part the evaluation focuses upon the five core objectives of the Centers for Disease Control and Prevention for HIV prevention community planning. **Objective 1** Fostering the openness and participatory nature of the community planning process. **Objective 2** Ensuring that the community planning group(s) reflects the diversity of the epidemic in the jurisdiction, and that experts in Epidemiology, behavioral science, health planning, and evaluation are included in the process. **Objective 3** Ensuring that priority HIV prevention needs are determined based on an epidemiological profile and needs assessment. **Objective 4** Ensuring that

interventions are prioritized based on explicit consideration of priority needs, outcomes, cost effectiveness, social and behavioral science theory and community norms and values. **Objective 5** Fostering strong, logical linkages between the community planning process, plans, application for funding, and allocation of CDC HIV prevention recourses.

United Nations Conference on AIDS

Janice Kopelman, MSW, Director of the Bureau of Communicable Diseases, addressed the Planning Committee at its July meeting. She had the recent distinction of being one of only six non-governmental persons from the U.S. invited to the recent United Nations Global conference on AIDS.

Plan Development Commences in Earnest

The preliminary epidemiological data was presented at the May meetings. Much of the time at the July Committee

meeting was spent in small work groups. Small groups have been formed to address goals, objectives, and actions for (1) counseling and testing, (2) health education and risk reduction, (3) capacity building and public information, (4) prioritization of populations and interventions, and (5) linkages between allocation of HIV prevention resources of the Committee and procurement of HIV prevention services by the health department. The Committee will meet on 15 and 16 August and again on 5 September in Harrisburg. The final Plan for 2002 and 2003 as well as the grant application is due to the Centers for Disease Control and Prevention on Monday 17 September.

Young Adult Advisory Team

Over the past year a group of young adults with different experiences and representing a cross-section of high-risk young adults have come together from across the state to develop a viable intervention that addresses the HIV/AIDS, Sexually Transmitted Infections, and unintended pregnancy needs of young adults. A draft of the

intervention was presented to the Committee at their July meeting as well as their input was sought.

The presentation commenced with a statement, "In order to present the content of all modules and to accomplish the goal of this intervention, all activities and knowledge must be presented within a philosophical framework and a purposeful set of methods that have been proven effective and directly or indirectly impact risk reduction behaviors." The Committee was impressed with detail and work to insure that this intervention is solidly based in behavioral science and theory. They are anxious to see the final product of all this outstanding effort by young adults.

COMMUNITY PLANNING PHONE GUIDE

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