



PENNSYLVANIA HIV PREVENTION

COMMUNITY PLANNING UPDATE

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

**HIV Prevention Poster Session**

The Community Planning Group (CPG) conducted their second annual poster session to learn more about HIV prevention services being provided in the Commonwealth. The poster sessions help the Committee determine the varied needs when writing the annual HIV Prevention Plan for the Department of Health.

This years focus was on the state and federally funded HIV prevention services of the six State Health Department Regional Health District offices. There are ten local county and municipal health departments and those State Health District Offices cover the remainder of the state.

The primary HIV prevention services provided by Health District Offices are HIV antibody testing and counseling services with partner notification and referral services. They also collaborate with the seven Ryan White HIV/AIDS Regional Planning Coalitions. Many of the Districts also work with

local county jails and prisons.

**Decisions for Life**

In addition to the Health District Office posters, the Young Adult Roundtable HIV prevention intervention, "Decisions for Life" provided an update poster.

Decisions for Life is a peer-based group-level intervention designed by and for sexually active young people ages 13 to 25 using principles of HIV prevention community planning.

Half of all new HIV infection in the U.S., the vast majority of which is sexually transmitted, is among young people under the age of 25. Between a quarter to a third of HIV infected individuals are unaware of their serostatus.

One-fourth of the 15 million cases of sexually transmitted infections (STI's) reported in the U.S. each year is among teenagers. STI co-infection with HV increases risk of HIV infection by 3 to 9 times. 90% of adolescents experiment with sexual behaviors. Sexually active young people lack

sufficient HIV and STI information and knowledge.

The project goal is to design an HIV prevention intervention for sexually active young people, using principles of HIV prevention community planning. That is parity, inclusion, representation, participation, collaboration and is evidence-based. A diverse team of 18 young people from Harrisburg, Reading, Norristown, and Pittsburgh was recruited and met for over 126 hours in 21 meetings. Pennsylvania Prevention Project, at the University of Pittsburgh Graduate School of Public Health, staff provided facilitation and recorded the process as well as providing epidemiological data, behavioral science information and information from the Centers for Disease Control and Prevention Compendium of Interventions and Guidelines for Health Education and Risk Reduction.

### Sample Process Evaluation Qualitative Data

“I’m doing something for a lot of young adults that will help prevent HIV/AIDS and STI’s.”

“We are actively raising our voices and trying to make a change in the world.”

“I love having the opportunity to work with a diverse group with different views.”

“I learned so much and was able to share my ideas. I feel like I made a difference in the group. “

Intervention methods and content are rooted in behavioral science theory and one or more of the following theories can be linked to individual methods and selected content:

#### **Health Belief Model:**

Individuals make decisions based on their perception of their own risk and the perceived benefits of adopting new behaviors.

#### **Theory of Reasoned**

**Action:** Individuals base their decision on desired outcomes through a rational decision making process that is influenced by peers and other social and personal factors.

#### **Social Learning Theory:**

Learning and skill development take place through social interaction and self-efficacy.

#### **AIDS Risk Reduction**

**Model:** Behavior change requires a person to label that behavior as risky, make a commitment to change the behavior and then take action to perform the change.

#### **Transactional**

#### **Theory/Stages of Change:**

Behavior change occurs when an individual progresses through/between precontemplation, contemplation, preparation, action and maintenance stages, each requiring specific skill attainment.

#### **Popular Education:**

Teachers or facilitators and students or participants learn reciprocally from one another through a dialogical process.

**Harm Reduction:** Although individuals may perform harmful behaviors, the main goal is to reduce the negative effects of (not necessarily eradicate) these behaviors.

#### **Diffusion of Innovation:**

New ideas and behaviors can be introduced into and change an entire community through key community leaders.

### **Pennsylvania Young Adult Roundtables: Trends in Member Demographics**

The first Young Adult Roundtables began in 1995 with four groups; one in Allentown, Erie, Pittsburgh and York. Roundtables have the mission of providing high-risk young people in Pennsylvania, not including Philadelphia, parity, inclusion and representation in the HIV prevention community planning process. The number of Roundtable groups has varied over the past ten years, generally resulting in greater numbers of young people each year in a greater variety of locations throughout the state, participating in the planning process. Average group size has fluctuated, but hovers around the goal of fifteen.

Certain groups of young people, by virtue of their demographic or behavioral characteristic, (typically those comprised of young men who have sex with men, young people living with HIV/AIDS and young people in recovery from injection drug use) have been challenging to recruit and/or maintain. Recruitment, for example, has thus far been an insurmountable challenge in statewide attempts over the years to initiate a Roundtable comprised of young people living with HIV/AIDS.

Each year new Roundtable members are recruited to existing groups in order to compensate for group attrition, which is typically between 35-50%. New members are recruited to existing groups by demographic or behavioral criteria that match the existing group composition (such as African-American, Latino, recovering injection drug users, young mothers and lesbian, gay, bisexual, and transgender young adults).

Age is clearly a primary factor when recruiting Roundtable members, who, ideally, are between the ages of 13-18. With certain populations, such as young men who have sex with men, the age range is extended (usually to 21) in order to accommodate the special environmental and personal factors that effect these young people. The age criterion for requirement remains an important factor, however, in maintaining a young cohort of Roundtable members who are truly representative of young adults in our state.

There are six Young Adult Roundtables in 2005 (Allentown, Erie, Harrisburg, Northeast PA, Pittsburgh and Williamsport) with 118 young adults with a mean average of 20 members per site.

### 2005 Roundtable Demographics

65 new members and 12 members with 5+ years

Average age 18 with a range of 13-25

42% female  
56% male

42% African American  
28% European American  
13% Latino/Hispanic  
17% multi-racial

Participants identify themselves as  
70% straight  
15% gay  
4% bisexual  
4% lesbian  
1% not sure

### Prevention for Positives Update

A growing body of literature recommends that HIV prevention be provided to all HIV-positive patients throughout their span of treatment. Acknowledging this need, the Centers for Disease Control mandated prevention with positives as a top priority and developed evidence-based recommendations for the integration of prevention into medical care for HIV-positive individuals. Locally, Committee members were expressing growing awareness of this issue in their communities and they requested that the Department

of Health take action. Subsequently, needs assessment data from the University of Pittsburgh also further documented the need.

In August 2004, the University of Pittsburgh and the Department of Health distributed a request for proposals to fund an HIV prevention-with-positives intervention in a medical care setting in Pennsylvania (excluding Philadelphia). The stated purpose is to reduce HIV-transmission risk behaviors among HIV-positive patients. Toward this end, the grantee would have to incorporate CDC recommendations, including a Prevention Case Management component, into the program. In brief, these recommendations include routine risk-assessment for every patient, provision of an appropriate behavioral intervention if needed, additional assessment for the need of more intensive support, provision or referral of partner notification, and when appropriate, provision of intensive interventions including but not limited to prevention case management.

In the fall of 2004, the University of Pittsburgh, the Department of Health, and several volunteers from the Pennsylvania HIV Prevention Planning Committee evaluated

the submitted proposals. Now in 2005, two grants were awarded to St. Luke's Hospital in Bethlehem and Allegheny General Hospital in Pittsburgh. Startup has initiated on both programs, which are expected to run at least three years in order to demonstrate how to best accomplish the program goals and objectives. Thanks to all for their participation and commitment, the evaluation process was all the more successful for it!

### **CDC National HIV Prevention Conference**

The 2005 CDC HIV Prevention Conference was conducted 12-15 June in Atlanta, Georgia. Authors from the United States and other countries submitted over 720 abstracts.

The number of Americans living with HIV or AIDS has passed the 1-million mark for the first time, reflecting an increasing success in prolonging survival with treatments and a continuing failure in controlling the spread of new infections, government researchers said Monday.

Three-quarters of those infected are males and nearly half of them are black, according to data from the Centers for Disease Control and Prevention presented Monday at the National HIV Prevention Conference in Atlanta.

Men having sex with men account for 45% of the cases, according to the new data. About 25% do not know they are infected. The number of those infected represents a sharp increase from the figures released in December. It was estimated then that between 850,000 and 950,000 Americans were living with HIV at the end of 2002. The new figures, for the end of 2003, represent a best estimate of between 1,039,000 and 1,185,000 people.

In part, the new data reflect better reporting by the states, indicating that previous estimates were low. But the numbers also reflect a continued increase in infections, about 40,000 new cases per year and 18,000 deaths, for a net gain of 22,000 cases each year. That 40,000 figure has remained constant for more than a decade.

Dr. Carlos del Rio of Emory University in Atlanta presented new data indicating that the infection rate may actually be increasing and may now be as high as 60,000 new cases per year.

Researchers believe that a large fraction of the new cases, if not most of them, are caused by people who do not know they are infected.

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