



PENNSYLVANIA HIV PREVENTION COMMUNITY PLANNING UPDATE

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

Third Annual HIV Prevention Poster Session

The third annual Pennsylvania Department of Health and Community Planning Group (CPG) HIV Prevention Poster Session took place at the Holiday Inn Harrisburg West in Mechanicsburg, PA on Wednesday 17 May.

This year the CPG invited selected AIDS prevention staff to present a poster session describing their experiences implementing science-based prevention interventions and Diffusion of Effective Behavioral Interventions (DEBI) programs. The purpose of these sessions is to open a dialogue between the CPG members and the HIV prevention service providers. The poster session is not an evaluative effort. The poster session is intended to provide a reality check about what the experiences have been for those doing HIV prevention.

The CPG needs to hear not only about what has been going well in implementing DEBI and science-based interventions, but also, what has not been working. As a

result, the CPG can be more successful in providing a prevention plan that is usable by the contractors and effective with the target populations they serve.

Twelve poster presentations were displayed and presented:

- 1) AIDS Services in Asian Communities, Philadelphia—Superheroes (Popular Opinion Leader)
- 2) American Red Cross—Modified Safety Counts
- 3) Co-County Wellness Services/Berks AIDS Network—Voices/Voces, SISTA and Safety Counts
- 4) [?AGENCY? Health Harm Reduction Program Holistic Health Recovery Program](#), and Adolescents Living Safely
- 5) Latinos for Health Communities of NTDS
- 6) Office of Health Promotion and Education Pennsylvania State University—SISTA
- 7) Persad Center, Pittsburgh—Youth

HIV/AIDS Prevention Services

- 8) Pittsburgh AIDS Task Force—SISTA, Popular Opinion Leader and Rapid HIV Testing
- 9) Positive Health Clinic of Allegheny General Hospital, Pittsburgh—Playing it Safe Program
[\(Prevention Case Management for individuals with HIV\)](#)
- 10) [?AGENCY? Prevention and Street Smart](#)
- 11) Shout Outreach, Erie—Safety Counts
- 12) The AIDS Project, Centre & Clinton Counties—Mpowerment Project, Teens for AIDS

Information from the process will be compiled and analyzed for the July CPG meeting. In addition, the CDC Federal Project Officer, Lisa Manley and CDC Hepatitis C Coordinator Hope King were present. They were very impressed with the process and in their experience of working with HIV prevention community planning, believe that this is a unique process for information gathering as well as creating an important

dialogue in understanding HIV prevention in the local community.

Young Adult Roundtable 2006 Demographics

The Young Adult Roundtable (YART) is a unique needs assessment process developed between the Pennsylvania Prevention Project at the University of Pittsburgh Graduate School of Public Health and the Pennsylvania Department of Health. YART has been nationally recognized by such bodies as the Centers for Disease Control and Prevention (CDC) and the National Association of State and Territorial AIDS Directors (NASTAD) to provide youth and young adults representation, parity inclusion, and direct access to the HIV prevention planning process.

In 2006 there are six YART groups, one in Allentown, Carbondale, Erie, Harrisburg, Pittsburgh and Williamsport. Information collected from anonymous survey's indicate:

- 136 participants with a mean average group size of 17 and an age range between 13 and 26 years
- 46.3% (63) new members in 2006
- 74% members for five+ years

- 50.7% female/49.3% male
- 7.3% identified as straight, 13.9% gay, 7.4% bisexual, 4.4% lesbian, 2.2% unsure and 0.7% no response
- 43.4% African American/Black, 28.7% Caucasian/White, 14.7% Latino/Hispanic and 13.2% multiracial
- 41.2% believe themselves to be at **no risk** for HV infection, 13.2% **some risk**, 40.4% **low risk**, 2.9% at **high risk** and 2.2% no response
- 95.6% never injected any drug while 2.9% injected a drug
- 50% have never been tested for HIV, 49.3% have been tested and 55.2% have been tested two or more times.
- 85.3% have never been diagnosed with a sexually transmitted infection while 10.3% have been diagnosed with an STI
- 41.9% have always used protection with their partner, 34.6% have used protection some of the time and 11% have never used protection.
- Six of the eight Ryan White HIV AIDS Regional Planning Coalitions are represented (The

Philadelphia AIDS Coalition—TPAC consisting of Philadelphia and the four surrounding counties is not represented in 2006 YART.)

SISTA Capacity Building Event in York PA

Joanne Sullivan of the York City Health Bureau provided the following account: Ashay! – to Debra Dennison of the Pennsylvania Prevention Project and all participants of the capacity building SISTA overview held in York, April 11-13, 2006. It was an awesome experience! On day two York mayor John Brenner, made room in his schedule to welcome participants to the city of York and applauded their personal and agency commitment to HIV/AIDS prevention. A special note of support was given to the York City Bureau of Health for their efforts in public health.

Over the last few years, we have all been inundated with information about the Diffusion of Effective Behavioral Interventions (DEBI), and have been encouraged to implement these science-based HIV interventions in our community or agency. SISTA, one of many DEBI

interventions, seemed like an intervention that could work in our York community. Never, in my wildest dreams did I envision just how beautifully this program would come to life!

While keeping to the script of the SISTA overview, Deb Dennison added touches that brought the material to life. There were no dull moments. A “Council of Elders,” was established to represent the respect given to elders in African American culture. Participants had the opportunity to embrace Afrocentric culture through poetry, song and stories, each providing a deepening understanding of the African American woman, her view of self and relationship to her partner(s), children, and family. A video, assertiveness model and handouts provoked discussions related to decision-making and assertiveness skills focused on the adoption of safer sex behaviors and self-empowerment. With respect to HIV/AIDS, we reviewed the science and statistical information; discussed various myths and conspiracy theories and their relationship to protecting oneself. African proverbs were utilized to empower and reflect on various HIV related behaviors and social norms. We had fun learning from and critiquing each participants “teach-back.”

Debra Dennison received high marks for this capacity building effort from all. The most common “negative” remarks on the evaluations were related to the disappointment of not receiving implementation kits.

As I write this summary of my SISTA experience, you should know that I am not a black woman. But a woman who is very interested in my SISTAS, no matter their race or ethnicity. This capacity building event provided me an opportunity to better understand some of African American culture and relationships. I learned so much from my SISTAS (and the two BROTHERS in attendance) through our discussions and role-playing. I do agree, though, that this intervention is best facilitated by an African American woman, one who will relate best with group participants, as they learn and establish trust among each other.

I have come to believe that the SISTA intervention can, and will, enhance the lives of young African American women in York, PA and improve their social and behavioral skills in reducing their risk of acquiring HIV/AIDS and other sexually transmitted diseases. I can't help thinking of an African proverb that says, “When the music changes, so does the dance.”

Here's to the music of SISTA! Those who share the SISTA message with others will surely make a difference in the lives of other African American women!

HIV Transmission in Prisons

The Morbidity and Mortality Weekly Report (MMWR) 21 April 2006 addressed the study: HIV Transmission Among Male Inmates in a State Prison System—Georgia, 1992-2005. The estimated prevalence of HIV infection is nearly five times higher for incarcerated populations (2.0%) than for the general U.S. population (0.4%). In 1988 the Georgia Department of Corrections initiated mandatory HIV testing of inmates upon entry into prison and voluntary HV testing of inmates on request or if clinically indicated. During July 1988—February 2005, a total of 88 male inmates were known to have had a both a negative HV test result upon entry into prison and a subsequent confirmed positive HIV test result during incarceration. Of these 88 inmates, 37 (42%) had had more than one negative HIV test result before their HIV diagnosis.

This report identified the following characteristics as associated with HIV seroconversion in prison: male- to-male sex in prison,

tattooing in prison, older age (greater than 26 at the time of the interview), having served greater than five years of the current sentence, black race and having a body mass index of less than 25.4 kg upon entry into prison.

Although no case of HIV transmission via tattooing has been documented, the procedure carries a theoretical risk of transmission if nonsterile equipment is used. Further investigation is required to explore commonalities in time frames, tattoo artists, or equipment among HIV-infected inmates who reported tattooing as their only risk behavior and to determine whether the association between tattooing and HIV seroconversion identified in this investigation is causal.

Three state prison systems (Alabama, Mississippi, and South Carolina) house HIV-infected inmates in separate facilities to provide focused medical care. At least three other state prison systems (California, Florida and Texas) house some HIV-infected inmates with advanced disease or those requesting separate housing in "centers for excellence" for medical care HIV-negative and HIV- infected

inmates mix for education, vocational training, religious, and other prison programs.

Although this investigation was conducted in a single state prison system, incarcerated populations in other corrections settings are at risk for HIV infection, both while in prison and after release into the community. Corrections officials, in partnership with public health officials, should assess the adequacy of existing programs and services for incarcerated populations and develop strategies to reduce HIV infection both in prisons and in the community.

Changes to CDC HIV/AIDS Hotline

The CDC HIV/AIDS hotline (800-342-2437) is now part of the CDC-INFO, the new one source for public health information from the CDC. Calls to the CDC HIV/AIDS hotline number are automatically being forwarded to CDC-INFO. This new service provides English, Spanish, and TTY service, 24 hours a day, seven days a week. As of January 2007, the old number (800-242-2437) will no longer be in services.

CDC-INFO
1-800-CDC-INFO
1-800-232-4636

1-888-232-6348 TTY
24-hours/ day
cdcinfo@cdc.gov

In addition, the CDC Division of HIV/AIDS Prevention (DHAP) launched a Spanish sub-site on their Internet page at <http://www.cdc.gov/hiv/spanish/default.htm>

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