



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 Member Extension

Since the 19 January Orientation of new members there have been six additions to the Pennsylvania HIV Prevention Community Planning Group. Three new members come with expertise in Epidemiology. John Zurlo, MD and Tanya Crook, MD both from Penn State University's Hershey Medical Center as well as Reza Nassiri, DSc, FACCP from the Lake Erie College of Osteopathic Medicine. The CPG has not had representation from the area of corrections for a few years. Andera Norris, RN is the HIV/AIDS Coordinator for the PA Department of Corrections Training Academy as well as Jack Pishke is from the Allegheny County Bureau of Corrections. Brian Green has represented the Philadelphia CPG and is replaced by their new Community Co-Chair Consvelia McCourt.

A mini-orientation was provided on Wednesday evening following the regular CPG meeting to those that could participate.

The CPG is now composed of 44 members representing the HIV/AIDS epidemic in Pennsylvania. In addition, nominations are still open to recruit Latino/Hispanic men who have sex with men and men who have sex with men and also inject drugs in the Lehigh Valley area. Anyone with an interest should contact the Health Department Co-Chair Ken McGarvey at the Division of HIV/AIDS, 717-783-0572 kmcgarvey@state.pa.us.

Young Adult Roundtables Featured in the NASTAD Newsletter

The March 2006 National Alliance of State and Territorial AIDS Directors Bulletin featured the University of Pittsburgh's Pennsylvania Prevention Project Young Adult Roundtables. The benefits of youth involvement for building credibility and ownership among youth as well as for helping adults better understand and value young people's perspectives and contributions, continue to lead HIV prevention programs to explore new methods to engage youth.

This article was a joint effort between Michael D. Shankle, MPH of the Pennsylvania Prevention Project and Joe Pease, MPH Director of the Department of Health's Division of HIV/AIDS. Young Adult Roundtables began with four statewide groups in 1995. Roundtables are designed to provide young people aged 13 to 24, parity, inclusion and representation in Pennsylvania's HIV prevention community planning process. Each of the current six groups is comprised of 15-20 "high-risk" young adults from diverse communities across the state. Each Roundtable group meets five times during the year for three hours in order to discuss and to provide important HIV prevention needs assessment information to the Pennsylvania HIV Prevention Community Planning Group.

The Pennsylvania Young Adult Roundtable Executive Committee, consisting of two elected representatives and one alternate from each of the six groups, provides a conduit through which four young people are elected by their peers to be voting members of the Pennsylvania

HIV Prevention Community Planning Group. The Executive Committee meets a minimum for two times per year for 8 to 10 hours to develop consensus related to the HIV prevention needs of young people in Pennsylvania. The composition of the Roundtables works to reflect the AIDS epidemic among young people in Pennsylvania.

Because Roundtable members are recruited using convenience sampling, it is important to note that the opinions of Roundtable members, both individually and collectively, thought compelling and essential to the community planning process, do not represent all young people in Pennsylvania. However, it is noteworthy that the opinions and recommendations in the Roundtable HIV Prevention Consensus Statements are consistent with national perspective on young people published by Sexuality Information Education Council of the United States (SIECUS), Advocates for Youth, Planned Parenthood and the Kaiser Family Foundation.

Orasure Update

As was the case in June and September 2005, the Bureau of Laboratories (BOL) is currently experiencing a shortage of oral reagents used to process the Orasure

specimens. Reagents are the substance used to detect the presence of HIV antibodies in the fluid obtained from an Orasure specimen.

In realizing the impact that a shortage of oral reagents would have on national Orasure testing, the American Public Health Laboratories suggested that all reliant upon the oral fluid kit internally validate a serum-based assay for use with oral fluid.

The BOL ran parallel testing with a serum-based reagent for use with oral fluid. As the BOL received an oral specimen, it simultaneously ran two tests, one just the existing oral reagents and one using a serum based reagent. The findings of these two tests were then compared. The purpose of conducting the parallel testing was to validate the use of a serum based reagent as a substitute for the oral reagents. The BOL is currently using the serum-based reagent for processing all Elisa tests on Orasure specimens.

During the validation process the BOL tested 220 oral specimens (199 non-reactive, 21 reactive) with the serum reagent. The BioRad reagent successfully detected all 21 reactive results. There were no false negatives, but the BioRad did produce 5 false positives. These results were then confirmed to be negative after the completing the

Western Blot. Regardless of what type of Elisa kit that is used Western Blot confirms all Elisa reactive results before being reported. This has always been the policy of the BOL and will not change.

Other states are using serum-based reagents as a substitute. The American Public Health Laboratory is in the process of compiling all of those results and findings for submission to the CDC and FDA for review.

CPG Examines Effective HIV Prevention Interventions

The CPG Evaluation Subcommittee has examined various aspects of HIV prevention in the past few years in order to better understand what is occurring in Pennsylvania in order to better plan. They initiated this process a few years ago by creating a poster session in which the Ryan White HIV/AIDS Regional Planning Coalitions and county/municipal health departments presented information concerning their HIV prevention efforts. The Subcommittee determined that the best method for getting information was to have participants present their information in a poster format where CPG members could review and ask questions face-to-face. Strengths and weaknesses are

identified as well as the CPG has a good idea of what is occurring with both state and federally funded HIV prevention.

Last year the six State Regional Health District offices presented. Presenters were instructed to provide information on: (1) what interventions were effective and why, (2) what interventions are less effective and why, (3) what are the presenters' biggest barriers in doing effective HIV prevention and (4) what are the presenter's HIV prevention training needs if any?

Two types of interventions were judged to be effective and possess a high level of consensus among staff from the different offices. The first is counseling and testing at various sites such as drug & alcohol, Women Infants and Children (WIC), Sexually Transmitted Disease clinics and private provider agreements. Partner Counseling and Referral Services (PCRS) was thought to be an effective intervention by two-thirds of the presenters while one-third believed it to be less effective in their areas. It was noted that distance and time constraints were the primary barrier in the less effective programs.

Eighty-three percent of the providers stated that the lack

of funding for staff, vehicles to do outreach, materials and other needs was a major barrier. Lack of staff, staff being over worked and staff having to focus on much more than simply HIV was also highlighted. These presenters stated that it is often difficult to access schools and to implement the types of interventions that are needed. Language barriers were often mentioned in relation to Latino individuals.

Issues related to special needs of rural areas were also highlighted. In rural areas many people do not know where to get tested and often do not know that testing is free. Lack of confidentiality, real or imagined, was also a concern.

CPG Process Evaluation

On 16 November 2005 the CPG conducted a year-end evaluation of the CPG planning process. A qualitative evaluation was conducted to determine the effectiveness of the 2005 CPG planning process, using a nominal group process technique. The specific purpose of the evaluation was to determine the strength and weaknesses of the planning process over the past calendar year.

CPG members were randomly assigned to three groups. One of the six staff available from an outside

source were assigned to facilitate and record each of the groups.

Each group was asked, (1) what have been the strengths of the CPG planning process this past year, (2) what have been the weaknesses of the CPG planning process this past year and (3) what recommendations would you make to improve the CPG planning process this coming year?

Strengths—The planning process started earlier and this early start was helpful to the CPG members. This year, the workload was spread out, rather than being left to be completed at the end of the year. All subcommittees were collaborative and shared information. The planning process was well organized by the co-chairs with effective communication between the CPG members, staff with the Department of Health and the Pennsylvania Prevention Project at the University of Pittsburgh. The diversity of the CPG members was improved with specific attention given to improved expertise and capacity of the CPG to understand the Epidemiological Profile and data available for the planning process.

Weaknesses—The learning curve is significant for new CPG members. The perennial problem with nonattendance

and lack of commitment by some CPG members is disruptive to the planning process. There is a lack of adequate mentoring for new members. The volume of paperwork provided can be over-whelming.

Recommendations—

Improvements need to be made with regard to the orientation process with an emphasis on more comprehensive education of the new CPG members. All members need to contribute their share, rather than relying on core group members. Greater efforts need to be made to recruit CPG members that represent the face of HIV/AIDS in Pennsylvania. Efforts are needed to assess ways in which the paperwork and reading material provided to the CPG can be more streamlined.

2006 HIV Prevention Community Planning Summit

Over the past 12 years the HIV Prevention Community Planning Summit (HPLS) has brought together staff from community-based organizations, Community Planning Group community co-chairs, community planning leaders and health department to network and learn from each other about HIV prevention efforts including community

planning, capacity building, and program integration from around the country. The 2006 HPLS will be held from Sunday 4 June through Wednesday 7 June 2006 in Dallas TX at the Hilton Anatole Hotel.

Participants will be provided with a forum for information sharing, skills building, lessons learned and networking opportunities. In addition, given the ongoing crisis of HIV/AIDS in the African-American community, the 2006 HPLS is weaving a Pathway focus on strategies for addressing the epidemic in this community throughout all tracks. Recent surveillance information points to the ongoing and alarming disproportionate impact of HIV/AIDS in African American communities. African American men in the United States are diagnosed with HIV/AIDS at a rate nineteen (19) times higher than that of white women and African-American men are diagnose at a rate seven (7) times higher than that of white men.

HPLS tracks are:

- 1) Targeted, Sustained and Effective Interventions,
- 2) Knowledge of Serostatus, Community Planning, HIV Prevention, Care and Treatment Linkages, and
- 3) Strengthening Capacity/ Infrastructure of

Organizations, Communities, Evaluation Efforts, Epidemiology and Surveillance Systems.

The conference will consist of four-hour in-depth skills building Institutes, two-hour workshops, roundtable small group informational sessions, poster presentations and affinity sessions designed for a group of individuals with similar interest to meet, discuss, network and share information.

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