



PENNSYLVANIA HIV PREVENTION
COMMUNITY PLANNING UPDATE

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

**New Committee
Members**

An adhoc subcommittee met via telephone in early December to review applications for new Committee members. Seven new members were selected from around the Commonwealth to fill gaps in current membership.

Brian Robert Barnhart of Johnstown, Rafael J. Cañizares of Allentown, Steven Godin of East Stroudsburg, Larry D. Haverstadt-Cole of Wiliamsport, Angi Peacetree of Altoona, and Shaquail Small of Pittsburgh were assigned mentors and invited to the January Orientation. Darnel Christian of Pittsburgh representing the Young Adult Roundtables moved from the state and was replaced by Rebekah Heilman also from Pittsburgh.

Each new member is assigned a mentor from the current Committee. Mentors assist in clarifying the planning process and the various roles of committee members and co-chairs. In addition, they act as role models demonstrating a commitment to participating in the planning process. Mentors also attend the orientation with their charges as well as that evening's reception.

For the last several years a Committee member has graciously supported and coordinated an evening reception following the Orientation for new members to meet current members, staff of the department of health, and Pennsylvania Prevention Project staff.

This year's Orientation was strongly supported by Committee members who provided many of the sessions. On a scale of 1=extremely dissatisfied to 5=extremely satisfied the overall rating of this year's Orientation was 4.19.

Committee members Rod Gereda conducted the opening exercise. One evaluation comment stated, "Rod has an excellent way of having people open up." Co-Chair René Hartman discussed the expectations for Committee members. The group next reviewed the video, "HIV Prevention and Community Planning: Partners in Prevention Community Planning Overview."

Jesse Virago passionately presented why she is a Committee member of the HIV Prevention Community Planning Committee and Department of Health Co-Chair Joe Pease presented a budgetary overview.

Committee members presented information from the three work groups, Carol Yozviak-Counseling and Testing, Maggi Rambus-Health Education and Risk Reduction, and Sonny Concepcion-Priorities.

John Encandela of the Pennsylvania Prevention Project offered information on need assessment and evaluation while Tony Silvestre talked of behavioral science as a framework for HIV prevention in the community.

New Committee members participated in their first full meeting the following day. Future meetings are scheduled for:

- Tuesday & Wednesday
19-20 March
- Wednesday & Thursday
15-16 May
- Wednesday & Thursday
17-18 July
- Wednesday 21 August
- Wednesday 18 September
- Wednesday 20 November

Committee meetings are conducted at the:

Best Western Inn & Suites
Harrisburg/Middletown
815 Eisenhower Boulevard
(adjacent to the Interchange 19
Harrisburg East of the PA
Turnpike) 717-939-1600.

National HIV Prevention Summit 2002

The Annual Community Planning Leadership Summit for HIV Prevention was conducted 6-9 March 2002 at the Hyatt Regency Chicago. Health departments, community co-chairs, and community planning leaders involved in this process at the local, state, and national levels came together for Unity and Diversity: Committed to HIV Prevention.

Committee member Tracey Thomas of Erie along with John Encandela and Nicole Shoaf of the Pennsylvania Prevention Project (PPP) presented a roundtable discussion, "Prioritization of HIV Risk Populations and Prevention Interventions: The Pennsylvania Model." In addition, Co-Chairs Reneé Hartford and Joe Pease along with PPP staff Rodger L. Beatty, Michael Shankle, and Greg Fisher presented a poster session, "Using Process Evaluation to Guide Community Planning."

The Centers for Disease Control and Prevention (CDC) conducted a session to gather input on the HIV prevention community planning guidance. The CDC is engaging in an effort to obtain input and develop recommendations for improving and/or refining the Guidance. The process is timed to coincide with the development of the program

announcement to guide CDC cooperative agreements with state and local health departments for the next five-year project period beginning in January 2004.

In addition to over 60 workshops and roundtable discussions the Summit offered three hour in-depth institutes designed to build skills around a particular aspect of HIV prevention community planning or to build the leadership skills of participants around key HIV prevention issues.

This annual event is co-sponsored with the Academy for Educational Development (AED), The Centers for Disease Control and Prevention (CDC), National Alliance of State and Territorial AIDS Directors (NASTAD), and the National Minority AIDS Council (NMAC).

The concept of parity, inclusion and representation (PIR) is the cornerstone of successful community planning. The success of any health education message is measured by its ability to effectively reach and impact its target audience. With PIR as a priority, the Summit was presented in partnership with the following national technical assistance organizations: Advocates for Youth (AFY), American Psychological Association's Behavioral and Social Science Volunteer (BSSV) Program, Asian &

Pacific Islander American Health Forum (APIAHF), National Association of People with AIDS (NAPWA), National Native American AIDS Prevention Center (NNAAPC), and the United States-Mexico Border Health Association (USMBHA).

Committee Profile

HIV prevention community planning guidance core objectives provide direction to jurisdictions to be reflective of the epidemic in their area. At the end of December 2001 the Pennsylvania Department of Health HIV/AIDS Surveillance Quarterly Summary reported 26,256 cumulative diagnosed cases of AIDS in the Commonwealth since 1981 of which 52% (13,538) have died. A recent publication of the Institutes of Medicine, No Time to Lose: Getting More from HIV Prevention, reports that the current epidemiological surveillance system, which is based primarily on AIDS case reporting and more recently on HIV case reporting in selected states (not Pennsylvania), does not provide a complete or accurate picture of HIV incidence. The present system merely tracks where the epidemic has been rather than where it is going. Since Pennsylvania does not currently report HIV cases AIDS diagnosed cases from 1996 through 2000 are utilized for comparison. These data

would be a more accurate reflection of trends rather than 20 years of cumulative data.

Currently there are 43 voting members of the Committee:

Committee/ 96-'00 cases of AIDS
42% (18) are male **78%** (2,631)
58% (25) are female **22%** (758)

51% (22) are White **41%** (1,380)
30% (12) are Black **45%** (1,524)
16% (7) are Hispanic **14%** (473)
2% (1) are American Indian and
2% (1) are Asian **.38%** (13) other

Pennsylvania's population can fluctuate greatly from region to region. According to the most recent statistics, there are 12,046,112 residents of the Commonwealth: 88% White, 9.7% Black, 2.3% Hispanic/Latino(a) and 1% Asian/Pacific Islander. Many observers believe that all populations aside from White and Black are undercounted by the census.

The Commonwealth is divided into seven Ryan White HIV/AIDS Regional Planning Coalitions:

Committee/AIDS cases
23% (10) Southwest **21%**
19% (8) AIDSNET **14%**
16% (7) South Central **23%**
14% (6) TPAC **27%**
14% (6) Northeast **4%**
7% (3) Northwest **6%**
7% (3) North Central **5%**

However, it should be noted that there are various voting members representing unique categories that are appointed

and therefore there is little control concerning membership profiles. For example, there are two female members representing and appointed by the Departments of Education and Corrections, two females appointed by the Young Adult Roundtables, one female representing the Philadelphia AIDS Consortium and one woman representing and appointed by the Ryan White HIV/AIDS Regional Planning Coalitions. Eliminating these six women in the total changes the percentage of females from 58% to 51% and males from 42% to 49%. In addition, Committee members may be selected due to a specific expertise that they can provide, such as understanding and skills in epidemiology, need assessment, or behavioral science.

Nineteen-percent (8) of the 43 members are HIV infected and represent both men and women, African Americans, Latinos, men who have sex with men (MSMs), injection drug users (IDUs), and bisexuals.

Pennsylvania Prevention Project Staff

Debra Dennison is the research specialist/health educator for PA Prevention Project's education component. Working in collaboration with the state Departments of Health and Education her primary goal is to increase awareness of

HIV/AIDS and prevent new HIV infections among school age youth through the promotion of effective prevention and risk reduction HIV/AIDS education.

In response to the goals identified within the *Pennsylvania Community HIV Prevention Plan*, her initial responsibilities are to: (1) Conduct a Statewide HIV/AIDS Intervention Survey, (2) To identify Pennsylvania school districts at increased risk of new HIV infections. (3) To develop and maintain an HIV/AIDS education and prevention resource web page on the STOPHIV.com internet site, and (4) Promote the dissemination & implementation of effective HIV/AIDS educational materials & curricula

Debra brings to the project many years of public health experience, particularly within the local health department setting. She holds a BS degree in School Health, K-12, from the State University of New York at Cortland and a MS degree in Public Health, Community Health Education, from the University of Massachusetts at Amherst.

Uniform Data Collection

To effectively target HIV prevention efforts the Committee needs to know what is occurring across the Commonwealth relative to HIV

prevention. In essence, this is a gap analysis, that is the gap or difference between what is already occurring and that which needs to occur with HIV prevention interventions in specific priority populations.

According to the CDC HIV prevention at the individual level (ILI) embodies both health education and strategies for changing health behavior through client-centered counseling. Most HIV risk education counseling takes place in conjunction with HIV antibody testing, in both pretest and post-test sessions. Models for risk reduction counseling have also emerged outside of HIV testing and include innovations brought about through case management, substance abuse treatment, and HIV-AIDS hotlines.

Interventions for HIV prevention delivered at the group level (GLI) bring individuals together to learn about AIDS, discuss safer sex practices, and participate in education activities. Group interventions are typically delivered in community settings, such as clinics, schools, recreation centers, and community-based organizations. Group interventions tend to be intensive, involving several hours of face-to-face contact, and facilitate interaction among participants. In particular, such interventions emphasize collective experiences,

encouraging members to learn from each other.

Community level (CLI) intervention for HIV risk reduction interventions occur within defined geographic areas and entire populations. Changes in behavior are typically of a small magnitude, since an intervention's effects are distributed across a population. However, in areas with a high incidence of HIV, small reductions in a population's risk behaviors can result in significant reductions in HIV transmission.

Pennsylvania Prevention Project staff John Encandela and Nicole Shoaf have been providing ongoing technical assistance. Since August 2000 agencies receiving CDC prevention funds began using the CDC's definitions and guidelines for reporting intervention plan data. These agencies began reporting HIV-prevention information using the process monitoring forms on 1 July 2001.

This process will assist the Committee to better target priority populations and the necessary related priority interventions by more fully understanding the needs for HIV prevention.

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

[This newsletter is produced at the Graduate School of Public Health, University of Pittsburgh, Pennsylvania Prevention Project for the Pennsylvania Department of Health's Division of HIV/AIDS Pennsylvania HIV Prevention Community Planning Committee. In addition, this quarterly newsletter is intended to keep the traditionally non HIV Prevention community posted of the activities of the Pennsylvania HIV Prevention Community Planning Committee and is distributed by the Division of HIV/AIDS]