



PENNSYLVANIA HIV PREVENTION
COMMUNITY PLNNING UPDATE

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

**New Committee Members for
2003**

Seven new Committee members participated in a one-day orientation on Tuesday 14 January.

Marilyn Bergt was involved in full-time HIV/AIDS ministry in Detroit, Michigan from 1983 through 1996. Since her move to Pittsburgh in 1996 she has been a volunteer with different non-profit organizations doing various projects with HIV/AIDS. Currently Sister Marilyn serves as the Coordinator of Community Service in the Office of Campus Ministry and Community Service at LaRoche College near Pittsburgh.

Rodney N. Brooks is the Program Director for the CRHS cares project of Capital Region Health System at Hamilton Health Center in Harrisburg. CRHS cares integrates HIV and substance abuse prevention and primary care services in order to reduce the incidence of HIV infection and substance abuse within communities of color. Prior to joining CRHS Rodney was President and CEO of the Urban League of Harrisburg for five years.

Maria O. Deffley is a community health nurse for the York City Health Bureau for 11 years and frontline advocate for prevention of HIV. In addition, she has a cultural knowledge and ability to communicate with the Latino population. She is an HIV/AIDS and TB Programs Coordinator and HIV Testing and Counseling counselor as well as a certified Disease Intervention Specialist for sexually transmitted infections.

Keith D. Hill has a Doctorate of Theology and is part of the New Life Urban Ministries in Braddock near Pittsburgh. He is a frontline HIV care services provider in addition to working with substance abuse prevention.

Deborah Bray Preston is a Professor of Nursing at Penn State University. She has a Doctorate in Rural Sociology specializing in rural family and community health. She currently serves as a Principal Investigator of a federally funded research grant examining the effects of stigma on the HIV risk behaviors of rural men who have sex with men.

Jim Taylor has many years as a volunteer with frontline HIV

prevention. Jim often shares his story in south central Pennsylvania where he wants to make a difference in the lives in those infected and affected by HIV/AIDS.

Steven R. Simmelkjaer is employed as health educator and outreach worker by the Erie County Department of Health. In addition, he works with incarcerated fathers as a group facilitator. He has been involved in the drug and alcohol field for over 25 years in various capacities.

Overall satisfaction with the Orientation on assisting members to understand their role on the Committee was 4.50 on a scale of 5. Members further stated that the Orientation was an intentional and thoughtful crafting of an agenda based on previous experience and evaluation, which did not overwhelm new members. In addition, members expressed that the session was very informative and clear in focus and direction.

The primary role of the Committee in 2003 will be creating the goals, objectives, and activities of the next five-year (2004-2008) HIV-prevention plan for the Commonwealth not including Philadelphia. This process will start with developing a

collective vision for HIV prevention in 2008.

According to the Centers for Disease Control and Prevention (CDC) guidelines, Community HIV Prevention Planning reflects an open, candid, and participatory process, in which differences in cultural and ethnic background, perspective, and experience are essential and valued. It is characterized by shared priority setting between health departments administering and awarding HIV prevention funds and the communities for whom the prevention services are intended. Priority setting is accomplished through a community planning process that produces programs that are responsive to high priority, community-validated needs with defined populations.

National HIV Prevention Summit 2003

The Annual Community Planning Leadership Summit for HIV Prevention was conducted on 12-15 March at the Sheraton New York City.

Co-Chairs Joe Pease and Angi PeaceTree along with Committee member Steve Godin (who presented two poster sessions) and Rodger L. Beatty of the Pennsylvania Prevention Project participated in the 11th Community

Planning Leadership Summit for HIV Prevention.

Although it's the center for the HIV/AIDS epidemic, New York has never been the site for this national conference. The Conference Steering Committee felt it imperative to convene in New York in the wake of September 11th.

Committee member Steve Godin, from East Stroudsburg University, presented one poster session, Phase I Findings of a Regional Gap Analysis Using Software to Assess Unmet Need in a Six County-Wide Region in Pennsylvania. As well he presented a second poster session, Results from a Statewide Survey Measuring HIV & Consumers Satisfaction with Case Management Services.

Extensively featured were draft guidelines for the next five-year planning cycle covering the calendar years of 2004 through 2008.

In addition, local Plans will support the Centers for Disease Control and Prevention Strategic Plan of reducing the number of new infections by 50% (from 40,000 to 20,000 per year) by 2005. Therefore a primary emphasis will be placed upon secondary prevention efforts. That is culturally relevant targeted counseling and testing to risk

populations, getting them into treatment, and educated about transmitting HIV. New infections can only be transmitted from current infections.

Needs Assessment Update

In 2002, at the direction of the Committee, needs assessment interviews were initiated among 16 and 17-year-old males and females at risk for HIV and other sexually transmitted infections. The subpopulations of African Americans, Latino(a)s injection drug users, rural, heterosexual, and men who have sex with men were identified. Grace Kissie of the Pennsylvania Prevention Project provided an update at the March Committee meeting.

Adolescents are approximately one-fourth of the yearly 15 million causes of sexually transmitted infections in the U.S. Adolescent females account for 53% of new AIDS cases reported among young people ages 13-19. African American teens represent 60% and Latino youth 24% of new AIDS cases.

African American men who have sex with men perceive themselves and their partners to be at low risk for HIV infections. Adolescents report oral sex is viewed as a low-risk activity and condoms are not a

consideration. African American females reported access to HIV testing, but minimized their involvement with pre/post test counseling. Adolescent males reported limited access to skills building techniques and condom application is learned via “trial and error.” Both rural and urban teens reported having limited access to free condoms. Adolescents reported that the stigma associated with HIV/AIDS prohibits them from getting an HIV test. Adolescent males and females reported being able to “tell by looking” if someone is infected with HIV/AIDS. Adolescents reported that people infected with HIV/AIDS are gay or injection drug users.

They also expressed the desire for peer prevention specialists that are knowledgeable and easily accessible, through such places as, community centers, health classes, local clinics, churches and so forth. Most adolescent females have heard of female condoms, but have never seen one. Many reported hearing poor reviews about their use and effectiveness.

Transgender person key informant interviews have been conducted and focus groups will be identified for further inquiry. Transgender persons are a minority population with multiple, seemingly, fragmented subgroups. The

lack of information being directed at this population led to the misperception that they were not necessarily at risk for HIV infection.

The needs assessment of homeless is to provide some idea as to who are those not getting prevention and to describe this population in Pennsylvania. Another function is to look at who is responsible for delivering programs to subgroups of homeless persons so that prevention services can be better targeted to the homeless.

Focus groups for Asian/Pacific Islanders and key informant interviews with incarcerated will also commence.

Committee Process Evaluation

The annual Committee process evaluation was conducted at the 20 November Committee meeting in Harrisburg. The Committee was randomly divided into three groups and persons not currently affiliated with the Committee facilitated an audiotaped discussion. Eighty-four-percent (31/37) of the Committee was present for the two-hour session. The structured questionnaire is based upon the five core objectives of HIV prevention community planning.

In addition, a separate survey was sent to each Committee member and 59% responded to the survey (22/37).

The response rate for both the facilitated groups as well as the anonymous survey were greater than the previous year. In **2001**, **75%** of the Committee **participated** in the groups compared to **84%** in **2002** as well as **50% responded** to the **anonymous survey** in **2001** while **59%** responded in **2002**.

In general Committee members believe that **membership recruitment, nomination, and selection** work well. Several Committee members suggest starting the new member selection much earlier in the year and/or just making it an ongoing process throughout the year. In addition, it is noted that the Committee continues to really lack “grassroots” members. **Seventy-seven percent (17/22)** of **respondents** to the survey are **extremely satisfied or satisfied** with the selection criteria. While **18.2% (4)** neither agree nor disagree. That is up from **70%** in 2001.

A few members questioned the productivity of two-day meetings. Several members also have difficulty in getting away for two consecutive days from their employment. Inconsistency of attendance stalls the process by having to repeat the process. People need

to be present for the entire meeting and not be running around most of it doing other business and taking phone calls.

Few comments reflected on the committee procedures for **conflict resolution**. Those issues focussed on either, **it is better than it used to be**, to **needing more training** to several comments stating that **conflict is a healthy process**; particularly with such a diverse and large group.

Meeting facilitation reflected the need for better definition of roles at the head table. That whomever is to be doing facilitation, it needs to be done better. Relative to facilitation, **54.6% (12)** were either **extremely satisfied** or **satisfied with facilitation**, but **22.7% (5)** were **neither satisfied nor dissatisfied** and **13.6% (3)** **dissatisfied** or **extremely dissatisfied**.

Many respondents to the **survey** identified commitment of members as being high, members as passionate with good expertise for such a diverse group, the new structure of the subcommittees with the Steering Committee, and willingness to work together as strengths of the Committee.

In contrast respondents indicated, among a number of

recommended changes, that they would like to enforce attendance policies, greater flexibility and facilitation at meetings, moving the meeting along, limit interruptions and member's discussion, and members need interpersonal relationship and communication skills training. **Barriers to participation** have not changed much since 2001 and include issues such as health concerns, domestic considerations, expenses, but most frequently identified was work conflict.

2002 Committee Attendance

Committee meeting attendance in 2002 ranged from a high in January of 86% (31/36) to a low of 51% (19/37) in September. On average 75% of the Committee was present in 2002.

Fifty-nine-percent (22/37) of Committee members attended 80% or more of the ten meeting days. Thirty-five-percent (13/37) attended at least half or five days of meetings.

At the end of 2002 the Committee created a new category of "leave of absence" in which a Committee member for reasons of economic or health hardship could be absent up to six months. They would be kept posted of all information and if capable contribute from home. They would, however, not be counted in the overall attendance statistics. At the end

of a six-month period their situation would be evaluated.

It was noted at the Prevention Summit in New York City that a few other community-planning groups have also instituted such categories primarily for illness.

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