



PENNSYLVANIA HIV PREVENTION

COMMUNITY PLANNING UPDATE

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

**New 2005 HIV Prevention
Community Planning
Members**

Several new members participated in an HIV prevention community planning orientation on Wednesday 19 January at the Best Western Inn, Middletown/Harrisburg.

Members of the Community Planning Group (CPG), Department of Health (DOH) and Pennsylvania Prevention Project (PPP) presented various facets of the HIV prevention community planning process as well as their experiences with community planning. As likely is true of many orientations time is at a premium. Therefore, members receive just an overview to a challenging community HIV prevention planning process.

Current members of the CPG talked of their experiences. PPP staff presented and dialogued around the importance of and necessity for a community HIV prevention planning process, CDC guidance and principles and the various roles of the CPG, DOH and PPP.

The DOH addressed the CDC program requirements and their Advancing HIV Prevention Initiative.

The PPP reviewed the CPG draft bylaws, rules for respectful engagement, conflict of interest, decision-making, and conflict resolution.

Chairs or alternates of each of the four Subcommittees—Epidemiology, Evaluation, Interventions and Needs Assessment—presented a brief overview of their subcommittee’s endeavors and how that all ties into the development of the annual HIV prevention Plan or Update. New members participated within their selected Subcommittee the following day and will decide which one they want to permanently participate on by the March meeting.

The fundamentals of Epidemiology, the basic building block of planning was presented by State HIV/AIDS Epidemiologist R. Benjamin Muthambi.

The day concluded with a review of the logistics of participating in these regular meetings, that is the necessary paper work and how to let the system work and support a members participation.

Each new member is assigned a mentor from the more experienced members of the Committee. Mentors assist their mentorees in understanding the processes as well as logistical concerns to better facilitate their participation.

New members for 2005:

Thomas Chisom is actively involved with HIV prevention and advocacy in Chester, PA

Jeff Funston is appointed from and represents the Department of Public Welfare. He works in the Managed Care and Special Needs Unit.

Meredith Gaskins is the Bucks County Health Department Epidemiologist.

Brian Green is the Manager for Quality Improvement for the Circle of Care, the Ryan White Title IV grantee in Philadelphia.

Stacey Kulp is appointed from and represents the Regional HIV Planning Coalitions (Ryan White Care Consortia) . She is Director of the Northeast Regional HIV Planning Coalition

Lloyd L. Lyter is a Professor of social work at Marywood University in Scranton and has many years' experience in working with substance abuse services.

Daphne Parker is appointed from the Pittsburgh AIDS Task Force representing the CDC directly funded Positive Prevention Initiative (PPI).

Grace Shu a medical doctor from Montour, serves as special advisor to the Institute of Human Virology at the University of Maryland and is Vice President of the Board of the China AIDS Foundation.

Jennifer Stup is appointed from and represents the Bureau of Drug and Alcohol Programs.

Yvette Wiggins works for the Positive Health Clinic, a Ryan White Tittle III provider at Allegheny General Hospital in Pittsburgh.

That evening members had a reception hosted by Committee member Ronnie Colcher. The following day new members participated in their first full Committee meeting of 2005.

HIV Prevention Poster Session in May

The CPG is planning to have their second annual poster session at their 18 May meeting in Harrisburg. This session will focus primarily on HIV prevention efforts of the State HIV Prevention Program Field Staff located at the six Health District Regional offices. Although not exclusively, these staff primarily offer HIV counseling, testing and referral services, partner counseling and referral services, CD4 and viral load testing, and HIV/AIDS surveillance.

Last year's event offered the opportunity for community HIV prevention providers to present and discuss with CPG members their local efforts as well as barriers to accomplishing HIV prevention in the local community. The insight gained was invaluable to better understanding the current system and HIV prevention needs of state and federally funded providers in the development of a statewide HIV prevention plan (not including Philadelphia).

Secondary HIV Prevention

(Kaiser Family Foundation HIV/AIDS Policy Brief) Earlier literature and guidance on HIV prevention in the primary care setting have focused largely on the role of the health care provider rather

than the structural components that enhance or inhibit the provision of prevention in the primary care setting. A shift to a more structural approach began with the Institutes of Medicine (IOM) report, *No Time to Lose*, which specifically addresses the importance of system-level changes needed to integrate HIV prevention into the clinical care setting.

Prevention services for HIV-infected persons should be a standard of care in all clinical settings (e.g. primary care settings, sexually transmitted disease clinics, drug and alcohol treatment facilities and mental health settings). Health care providers should have adequate training, time and resources to conduct effective HIV prevention counseling. Enabling this activity may require adjustments in health care provider time allocations and/or specific financial incentives from public and private sources of health coverage.

The CDC has undertaken several recent initiatives consistent with IOM recommendations, reflected in the *Advancing HIV Prevention* protocol and recently released recommendations for integration of prevention into the clinical care setting.

Through ongoing attention to prevent risky sexual and needle-sharing behaviors, transmission

of HIV infection can be reduced as well as prevented. Medical care providers can substantially affect HIV transmission by screening their HIV-infected patients for risk behaviors; communicating prevention messages; discussing sexual and drug use behavior; positively reinforcing changes to safe behavior; referring patients for services such as substance abuse treatment; facilitating partner notification, counseling, and testing; and identifying and treating other sexually transmitted diseases.

HIV prevention encompasses a wide range of services important to identifying at-risk and HIV-infected persons to reduce the risk of transmission. Many of these prevention services are compatible with the clinical care setting and may be integrated or closely linked with it. In addition, the medical care setting offers an opportunity to reach a large cohort of at-risk and HIV-infected persons. Among those who are already HIV positive, the CDC estimates that approximately 445,000 (out of an estimated 850,000 to 950,000 people living with HIV/AIDS) are receiving ongoing medical care. Those at risk for HIV may already be receiving (non-HIV) medical services in the care setting (e.g. STD treatment, family planning services, emergency room care and others).

Most HIV testing in the U.S. is done in the medical care setting including for those who are at risk and newly diagnosed with HIV. Analysis of data from the CDC's HIV/AIDS Reporting System (HARS) in 25 states found that about half of those diagnosed with HIV between 1994 and 1999 were tested in an inpatient (27%) or private medical doctor setting (22%). Eleven percent was tested at an HIV counseling or testing site. Analysis of data from the CDC's HIV Testing Survey (HITS) of those at-risk found that most were tested in public health clinics including community health centers, followed by private doctors offices.

These data underscore the importance of the clinical setting as an opportunity to intervene to reduce the risks associated with HIV transmission. They also provide critical information about where such interventions could be targeted.

Update on Reprioritization of Target Populations

At the 16 March CPG meeting in Harrisburg the Epidemiology Subcommittee addressed the revision of Statewide Prioritization of Target Populations for HIV Prevention in Pennsylvania. The specific project objectives are to develop a project plan and implement

this plan to revise the prioritization model on aspects that include: 1) introducing a mechanism within the revised model for refocusing the main target population within each population-transmission group to firstly identify HIV infected persons most likely to transmit HIV to others and secondly uninfected populations most at risk of acquiring HIV infection, 2) introducing a mechanism within the revised model for changing the current statewide paradigm of one set of statewide priority target populations to include regional priority target populations that are more relevant to the epidemic in each region and 3) in addition, the project will develop a mechanism to be used as a guideline within each prioritized regional population-transmission group to assess social and other risk-defining factors.

This prioritization model will generate specific recommendations of population-transmission groups that should be targeted for HIV prevention at the statewide and regional level. The findings of this revised model for prioritization of target populations for HIV prevention are to be used by the CPG to target prevention services to HIV infected persons most likely to transmit HIV to others and populations most at risk of acquiring HIV infection. The results of the study are also

disseminated by the CPG and the State to HIV prevention service delivery partners and are used by the State in allocating prevention resources and as a guide for services provided by the Department's HIV prevention service delivery partners. Regional HIV prevention service delivery partners will also use the prioritization as a guide for targeting prevention services at the regional/local level.

The current priority populations outlined in the 2005 Plan Update will be in effect until the submission of a full Plan in 2006 reflecting reprioritized target populations for HIV prevention.

HIV Prevention Capacity Building

In August 2004 the HIV/AIDS Division conducted its biannual gathering of programs with a focus on local capacity building for HIV prevention.

Representatives were invited from Ryan White HIV/AIDS Planning Coalitions, local county and municipal health departments and other subcontractors to meet and discuss possibilities with potential technical assistance providers. At their previous meeting programs developed a list of technical assistance needs.

The Pennsylvania Department of Health and the Pennsylvania Prevention Project (PPP) University of Pittsburgh Graduate School of Public Health provided an array of possible training topics.

On February 15th Debra Dennison from PPP conducted a capacity building training entitled, "*The Down Low, A Cultural Perspective*," at the Valley Forge Medical Center and Hospital, Norristown PA. This training examined the origins of the term "down low," the role pop culture and the media has had on our understanding of the term and its impact on the HIV/AIDS epidemic in Black America. Methods utilized included a PowerPoint presentation, movie and hip-hop video clips, and handouts.

For additional information on the on-site technical assistance program for HIV prevention contractors, contact Julia Montgomery at the Pennsylvania Department of Health, 717-783-0572 or jmontgomer@state.pa.us.

Procedural Guidance and Diffusion of Effective Behavioral Interventions (DEBI)

The *Procedural Guidance* was developed by the Centers for Disease Control and Prevention (CDC) as a means of bringing

the best available science on HIV prevention to organizations that are working to meet the prevention needs of their communities. Although the CDC recognizes the contribution of programs that have not yet received rigorous evaluation, the redoubling of prevention efforts has led to the need to place a premium on programs with evidence of effectiveness for reducing the behaviors associated with the transmission of HIV. Through a thorough review of the literature on HIV prevention interventions and with contributions from researchers and program experts, this Guidance is presented as a means to bring consistency to, and support for, the delivery of evidence-based HIV prevention interventions and strategies.

This Guidance along with intervention kits produced by the Replicating Effective Programs (REP) project and disseminated by the Diffusion of Effective Behavioral Interventions (DEBI) represent the best currently available science related to HIV prevention.

The REP project translates HIV prevention interventions that have been shown to be effective at reducing risk behaviors into everyday language and puts them into user-friendly packages of materials. REP interventions

are available on the web at:
<http://www.cdc.gov/hiv/projects/rep/default.htm>

The DEBI project is a national-level strategy to provide training and on-going technical assistance on selected evidence-based HIV/STD interventions to state and community program staff. DEBI interventions are available on the web at <http://www.effectiveinterventions.org>.

Young Adult Roundtables (YART)

The Pennsylvania Young Adult Roundtables entered its eleventh year of providing young adults (13-24 years of age) parity, inclusion, and representation in the Pennsylvania Community HIV Prevention planning process. The project, which is funded by the Pennsylvania Department of Health/Division of HIV/AIDS, has received national recognition as a model for involving youth in the statewide planning process. The project currently has six groups, specific targeted demographics of young adults, reflective of those populations most-at-risk of HIV infection in Pennsylvania. Groups currently operate in the communities of Allentown, Carbondale, Erie, Harrisburg, Pittsburgh, and Williamsport. 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 Committee.

Over the past several years, Roundtable members have identified the need to recruit a Roundtable of young people living with HIV/AIDS. Despite five years of inquiries with a variety of individuals and organizations across the state, we have been unable to recruit a Roundtable of young people living with HIV/AIDS, a population which, according to national statistics, exists and is growing across our nation and in our state.

Therefore, we turn to you for your assistance and guidance in recruiting such a group of young adults. If you have contact with individuals working with young people living with HIV/AIDS, please have them contact Michael D. Shankle (1.866.897.5004), Director of the Pennsylvania Young Adult Roundtables. Any assistance would be greatly appreciated. Thanks for your continued support of our program.

Ken McGarvey
 DOH, Co-Chair
 (717) 783-0572
kmgarvey@state.pa.us EMAIL

Angi PeaceTree
 Community Co-Chair
 (814)-946-5411 X3084

Rodger L. Beatty
 Facilitator
 (412) 383-1775
 (412) 383-1513 FAX
rbear3@pitt.edu EMAIL

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]