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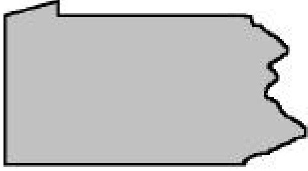

PENNSYLVANIA HIV PREVENTION COMMUNITY PLNNING UPDATE

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

2002-2003 Plan Submitted

The Centers for Disease Control and Prevention initiated a five-year planning cycle commencing in Calendar year 1999. Pennsylvania's HIV Prevention Community Planing Committee decided to divide that span into a three-year (1999-2001) and a two-year (2002-2003) Plan. Philadelphia has voting representation on the statewide Committee. However, it receives HIV prevention funding directly from the CDC and therefore has its own community-planning group. In addition, a representative of the Division of HIV/AIDS regularly attends meetings of both committees.

Pennsylvania's HIV Prevention Community Planning Committee is a group of individuals united for a common purpose. Members serve by virtue of their life experience and expertise, not as representatives of any agency or organization. The Committee is charged with developing an HIV prevention plan that includes objectives and recommended interventions and related HIV prevention activities. In addition, the Committee reviews the Department of Health's annual application to the CDC for HIV prevention funding to insure that the document concurs with the prevention plan.

The forty member Committee met for two days in May, July, and August to create the document based upon guidelines provided by the CDC. The final meeting occurred in early September in which the Committee reviewed the Division of HIV/AIDS grant application for the procurement of HIV prevention services and insured that it concurred with the allocation of HIV prevention resources as outlined within the Plan. The Plan was submitted to the CDC by the 17 September deadline. The Plan is also available at the http://www.stophiv.com web site.

Priority Populations

The content and context of interventions for HIV prevention depend on the intended audience and where that group is located in the AIDS epidemic. Prevention interventions will have their greatest impact, and therefore their greatest relevance, when populations with the highest rates of HIV seroprevalence and the highest rates of risk behaviors are targeted. Designing target populations must therefore reflect the epidemic in terms of populations at greatest risk.

The largest addition to the data this year is information about HV prevention services provided to transmission groups. Such information consists of service data for local county and municipal health departments. The new data changes the ranking of populations only slightly. Populations that were ranked 5 and 6 last year (Black heterosexual and White injection drug users) were tied at rank 5 this year. Data from Ryan White HIV/AIDS Regional Planning Coalitions and from publicly funded counseling and testing programs were given low weight in the overall ranking, but will be given higher weight in subsequent years. Data from the statewide needs assessments for targeted populations (injection drug users, men who have sex with men, and heterosexuals) are still being gathered and analyzed. That information is therefore only partially factored into the overall findings in prioritization.

Since Hispanics and Latino(a)s may be incorporated into other race categories the Committee will explore concerns about better accounting for Hispanic and Latino(a) populations in the next update of the Plan. Factors used for the ranking process were: (1) predominant mode or risk behavior such as blood-to-blood, unprotected anal sex, unprotected vaginal sex, and unprotected oral sex; (2) estimated live HIV cases in transmission categories as a proportion of the total living with HIV in Pennsylvania not including Philadelphia; (3) estimated unadjusted relative risk or likelihood of death, relative survival time for transmission category, and relative likelihood of increase or decrease in prevalence pool of infected persons; (4) prevalence of predominant risk behavior during most recent behavioral survey; (5) average annual rate of increase in AIDS incidence in most recent 4-5 year time period; (6) rate of change in HV prevalence and direction; (7) gonorrhea and syphilis rates; (8) relative size of transmission category population; (9) services allocated to transmission category relative to transmission category percentage of total; (10) number of factors within the transmission category that are barriers to prevention, and (11) race ethnicity as proportion of AIDS incidence 1995-1997.

Ranking of targeted populations:

1. White men who have sex with men 13 to 49 years of age
2. Black injection drug users mostly males 13 to 39 years of age
3. Black men who have sex with men and who are also injection drug users 20 to 39 years of age
4. White men who have sex with men and are injection drug users 20 to 39 years of age
5. Black heterosexuals mostly female sex partners of injection drug users with a history of sexually transmitted infections 13 to 39 years of age

5 White injection drug users mostly male 20 to 39 years of age

6. White heterosexuals mostly female sexual partners of injection drug users with a history of sexually transmitted infections 13 to 39 years of age
7. Hispanic injection drug users mostly male 13 to 39 years of age
8. Black men who have sex with men 13 and 39 years of age, mostly 20 to 29 years of age
9. Hispanic heterosexuals mostly female sexual partners of injection drug users with a history of sexually transmitted infections 13 to 39 years of age
10. Hispanic men who have sex with men and injection drug users 20 to 29 years of age
11. Hispanic men who have sex with men 20 to 29 years of age
12. Perinatal transmission heterosexual females who are injection drug users or partners of injection drug users.

The Committee recognizes that the above prioritization of HIV risk populations is based on information pertaining to transmission groups. Many other characteristics and life circumstances also define groups of individuals who are at risk for HIV. Some such groups include female sexual partners of injection drug users, female sexual partners of men who have sex with men, female young adults and adolescents, young men who have sex with men, individuals experiencing poverty or homelessness, the incarcerated and those recently released from incarceration, non-injection drug users, alcohol and drug users who have sex with HIV-infected individuals, individuals who are mentally ill, and transgender individuals. Whenever service providers and organizations use the above ranking to establish local prioritization of risk populations, the Committee requests that they consider characteristics and life

circumstances defining groups such as those listed here.

New Committee Members

At the September Committee meeting they decided to add additional time for the Committee to complete their plan development process in 2002. Therefore, new Committee members will be added in December with an orientation scheduled for Tuesday 15 January. There is a need for about six new members. In particular members are being sought who are men who have sex with men, particularly African American and Hispanic/Latino who are from the Southwest and Southeast (not including Philadelphia) Ryan White HIV/AIDS Planning Coalitions as well as a representative of some of Pennsylvania's most rural environs. Applications can be requested from the Division of HIV/AIDS 717-783-0752 as well as they are online at the http://www.stophiv.com web site. The deadline for submission of applications is Thursday 29 November 2001.

Once new members have joined the Committee and experienced orientation in January there will be two days in March, May, and July with one day in August for completion of the Plan Update and concurrence in 2002.

Committee meetings are conducted at the Best Western Inn and Suites of Harrisburg/Middletown, 815 Eisenhower Boulevard (adjacent to Interchange 19 of the PA Turnpike), 717-939-1600.

2002 Meeting Dates
Tuesday 15 January (Orientation)
Wednesday 16 January
Tuesday & Wednesday 19-20 March
Wednesday & Thursday 15-16 May
Wednesday & Thursday 17-18 July
Wednesday 21 August
Wednesday 18 September
Wednesday 20 November.

National HIV Prevention Summit 2002

The tenth Community Planning Leadership Summit for HIV Prevention is scheduled 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 will have the opportunity to come together. Attendees will be able to share perspectives on the progress achieved, gain new knowledge and skills to enhance future planning processes, and network informally and learn from each other.

The Summit will offer over 60 workshops as well as institutes and other sessions designed to enhance the HIV prevention planning skills of participants. These sessions will be organized in four tracks: (1) Effective Interventions, (2) Future Trends in Community Planning, (3) Managing the Process, and (4) Steps of Community Planning. This annual event is the joint effort of the Centers for Disease Control and Prevention (CDC), Academy for Educational Development (AED), National Alliance of State and Territorial AIDS Directors (NASTAD), and the National Minority AIDS Council (NMAC).

A special emphasis will be placed upon the importance of parity, inclusion, and representation to community planning. Inclusion: assurance of meaningful inclusion of all needed perspectives. Representation: assurance that those representing a community truly reflect that community's values, norms, and behaviors. Parity: condition whereby all members are provided opportunities to participate and have equal voice in decision-making.

Roundtable Members

In 1996 the Pennsylvania Prevention Project at the University of Pittsburgh Graduate School of Public

Health developed the Young Adult Roundtables as an ongoing need assessment process to gain valuable information about youth and young adults. Young Adult Roundtables exist in nine communities (Camp Hill, Erie, Harrisburg, Lehigh Valley, Norristown, Pittsburgh, Reading, Williamsport, and York). Three individuals from the Young Adult Roundtable Executive Committee are elected by their peers to be voting members of the HIV Prevention Committee. Information collected from anonymous surveys from the youth and young adults of the Roundtables was recently reported. There are 131 Roundtable members not including the more recent Lehigh and Camp Hill groups, ranging in age from 13 to 27, with a mean average age of 19. The majority (65%) is female and 35% male.

More than 1/3 (40%) of members identify as Black or African American; 31% as White or Caucasian; 15% as Latino, Hispanic, or Puerto Rican;1% as Asian American/Pacific Islander; and 15% as other (multiracial).

Most (55%) of members identify as "straight," 18% as "bisexual," 16% as "gay," 6% as "lesbian," and 3% as not sure yet.

Most Roundtable members know someone who is living with or who has died from HIV/AIDS. A slim majority (52%) of Roundtable members does not smoke cigarettes. However, information from all Roundtable members across the state indicates that most (52%) have used at least one drug (alcohol, etc.), some (8%) have injected at least one type of drug (including steroids), and 4% have shared an injection needle with another person.

Most (57%) of Roundtable members have been tested for HIV infection, 46% have been tested two or more times. Most (80%) indicate that they have never been diagnosed with a sexually transmitted infection.

The vast majority (85%) of Roundtable members has had at least one sexual partner in the past year. Sixteen percent of members report having had only one sexual partner over the past 12 months, and that both member and partner have been tested for HIV. One-third (33%) of members have had multiple partners of unknown HIV status in the past 12 months. Twenty-one percent of members report "always" using protection during sex, 48% report "sometimes," and 15% report "never" using protection during sex.

HIV Prevention Data Collection

The Pennsylvania Department of Health, assisted by the Pennsylvania Prevention Project (PPP), has embarked on a number of data-gathering and data-planning activities supporting HIV prevention programming. Below are brief summaries of some of the key activities addressed in the latter half of 2000, as well as plans in each of these areas for the immediate future. Upcoming newsletters will feature more complete information about each of these areas:

HIV Prevention Needs Assessment: A need assessment pertaining to various categories of injection drug users (IDUs) at risk of HIV infection was instituted in 2000. Data collection, completed by the end of December, included focus groups and interviews with individuals representing young people who inject drugs or are active drug users at risk of injecting; rural IDUs; African-American and Latina women who are IDUs; and men who are IDUs. Information from this assessment will be finalized in the early part of 2001. A similar process in currently underway involving men who have sex with men and heterosexuals at risk of HIV infection. Further needs assessment activities focusing on specialized populations

(e.g., transgender individuals, people with mental health problems, etc.) are also in the planning stages.

Uniform Data Collection among Agencies Providing HIV Prevention/Education: Various partner agencies that provide HIV prevention/education services have come together in Harrisburg on several occasions throughout 2000 to discuss ways of collecting data about HIV prevention in a uniform manner. Among other things, uniform data collection would enhance the state's ability to plan for future HIV prevention. Demonstration projects administered by PPP have already adopted a data collection system that aligns with the Centers for Disease Control and Prevention's (CDC's) guidance regarding data collection. The state's Independent and Municipal Health Departments have instituted a portion of the data collection system and are planning complete implementation in 2001. Other agencies overseen by the seven Regional Ryan White Coalitions and Council of Spanish Speaking Organizations will be eventually adopting similar data collection procedures over time.

Evaluation of HIV Prevention Interventions: An HIV results-counseling client-satisfaction survey has just been completed at a sample of 60 HIV Counseling, Testing, Referral, and Partner Notification sites funded by the Pennsylvania Department of Health. The same survey was also used at 50 sites in 1999. The results of these surveys will be combined with findings from two rounds of a companion HIV prevention-counseling client-satisfaction survey conducted previously. The results-counseling survey focused only on those clients who tested HIV-negative; and the planning of a procedure for getting feedback from HIV-positive clients is underway.

Additionally, plans are being finalized for a process and outcome evaluation of the Living Project, a perinatal HIV prevention demonstration project administered by New Directions Treatment Services of Lehigh Valley. This evaluation will satisfy the CDC's requirement that all states and jurisdictions complete at least one outcome evaluation of an HIV-prevention intervention by 2003.

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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*]