



PENNSYLVANIA HIV PREVENTION COMMUNITY PLANNING UPDATE

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

HIV Prevention Plan Year 2000 Update

The statewide HIV Prevention Community Planning Committee met for two days in May, July, and August to refine the current multi-year HIV prevention plan for the year 2000. This year's epidemiological profile was significantly improved from previous years. This was the primary result of the creation of an epidemiological panel of individuals from the University of Pittsburgh and the state health department. In addition, the Committee, based upon the feedback provided in the Plan's review by the Centers for Disease Control and Prevention (CDC) Federal Project Officer and their external review team, updated the multi-year Plan for the year 2000. On a scale of 1 = not stated/not found to 5 = outstanding the overall rating of the multi-year Plan was 4 = very good.

Focus was provided in the areas of: (1) counseling, testing, referral, and partner notification, (2) priority populations, and (3) the crosswalk between the creation of priorities in the HIV prevention plan and the department of health's procurement of HIV prevention services in their Centers for Disease Control and Prevention grant application.

The improved epidemiological profile caused the Committee to

reevaluate the current priority populations. Based upon epidemiologically-indicated ranked priority groups the following are the new priority populations as outlined in the Update: (1) Black Male injection drug users and their heterosexual partners, (2) White men who have sex with men, (3) Black men who have sex with men, (4) Hispanic male injection drug users, and their heterosexual partners, (5) Black female injection drug users and their sex partners, (6) Female heterosexuals and their offspring, (7) White male injection drug users and their heterosexual female sex partners, (8) White female injection drug users and their sex partners, (9) Hispanic Female injection drug users and their sex partners, (10) Hispanic men who have sex with men, and (11) Currently incarcerated substance abusers and those with a history of incarceration and substance use. In addition, the Prevention Planning and Evaluation Subcommittee will continue to refine the selection of priority populations over the next year with the development of a more comprehensive selection process and instrument.

The Committee also examined very closely the potential for creating HIV antibody testing and counseling services more accessible to the target populations most at risk for HIV infection. The Counseling and Testing Subcommittee articulated the following concerns to be

addressed in the coming year: What is being accomplished relative to advertising and marketing of counseling and testing sites? OraSure needs to be more widely supported and used for outreach counseling and testing services. A possible demonstration project for youth outside of the school system, in other words, on the street. Counseling and testing sites will be linked to the Ryan White HIV/AIDS Regional Planning Coalitions outreach efforts for secondary prevention as well as to provide primary HIV prevention endeavors. Outreach is being defined as, taking counseling and testing and educational services to the priority populations identified as at risk for HIV infection. It has recently been noted, particularly with young men who have sex with men (MSM) in San Francisco, that they have been engaging in sexual behaviors that place them at greater risk for HIV infection. In addition, those who have been successful in reducing their viral loads with multiple drug therapies have been engaging in risky sexual practices. This mistaken belief that a low viral load permits one to engage in such activities is a primary focus for secondary prevention efforts. Once an individual is HIV infected prevention efforts need to address how to keep the disease from progressing within that individual as well as counsel them on not engaging in risky sexual or needle sharing practices that may further the spread HIV.

The Funding Guidelines Subcommittee will also develop an instrument to guide discussion and assist the Committee in determining if the allocation of HIV prevention resources established by the HIV prevention plan are consistent with the procurement of HIV prevention services in the CDC grant application submitted by the department of health.

The Committee met in September and concurred with that the Year 2000 Plan Update, within the limitations of resources, did match the department of health's CDC grant application. The Year 2000 Plan Update was submitted as required on Friday 17 September to the CDC. The Year 2000 Plan Update will be made available on the www.stophiv.com website.

Committee Members

The Committee will conduct its annual process evaluation, that is a self-evaluation of how it operates (its process), at their November meeting. This process evaluation is conducted in two parts: (1) a facilitated group discussion reviewing the National Core Objectives for Community HIV Prevention Planning and (2) an anonymous survey. The Committee also elects a Community Co-Chair at their November meeting. In early January the membership applications for new Committee members will be disseminated across the state. New members attend a one-day orientation in March and the next planning cycle

begins in earnest with two-day meetings in May, July, and August. Anyone interested in participating on the statewide (excluding Philadelphia) HIV Prevention Community Planning Committee should contact Joe Pease, Director of the Division of HIV/AIDS 717/783-0572. Philadelphia receives HIV prevention funding directly from the Centers for Disease Control and Prevention. However, particularly for the counties of Delaware, Chester, Bucks, and Montgomery surrounding Philadelphia, they have intricate relationships with the city that clearly impact on each jurisdiction's HIV prevention responsibilities.

Stophiv.com Wins "Editor's Choice Award" from HealingWell.com

The Pennsylvania Prevention Project's stophiv.com Internet site was selected as the winner of the highly regarded "Editor's Choice Award" from HealingWell.com. This award is reserved for selected health Websites that exhibit exceptional web design, reliable and quality health information on disease and disorder topics, and accessibility and support.

The stophiv.com web site houses the first and only statewide on-line comprehensive resource directory for HIV/AIDS information in Pennsylvania. The purpose of the web site is to provide a nonjudgmental, interactive public forum that provides clear

information, forms healthy attitudes, develops appropriate HIV infection prevention skills, and links those already infected to resources that may improve their quality of life. The resource directory can assist clients, care providers, family and friends in locating needed services. With more than 1,250 listings of HIV/AIDS services provided by numerous agencies and organizations in Pennsylvania available on the web site, HIV infected individuals, physicians, families and friends can easily access information on education and prevention, health care, support groups, screening and testing, case management, financial assistance, and transportation.

Community HIV Prevention Interventions

The multi-year community HIV prevention plan informs and provides for the development of several community-based HIV prevention interventions. Guidelines developed by the Committee assert that community demonstration projects shall be funded for a three-year time frame during which they will be evaluated to determine their effectiveness in HIV prevention. During the third year of funding the Pennsylvania Prevention Project staff will work closely with the project to seek alternative funding in order to continue the project. This strategy also supports the capacity building objectives of the HIV prevention plan. That is, through community-wide planning and community

leadership development creating local capacity to address and sustain the myriad of local HIV prevention needs.

A team of community individuals reviewed requests for proposals with assistance from the Pennsylvania Prevention Project (PPP). In particular the proposals needed to base their work on a sound epidemiological profile, research supported HIV behavioral change models, and a comprehensive understanding of the HIV prevention needs of the priority populations to be addressed.

The Pennsylvania Prevention Project at the Graduate School of Public Health, University of Pittsburgh has entered into a number of contracts for community demonstration projects. Three of those projects, oriented towards youth and young adults, will be modeled after the very successful NiteStar Theatre Project from New York City. Artist's Inc, in Erie, Pittsburgh Play Back Theatre, and Wilkes University in Wilkes-Barre have been contracted to plan and develop these projects within their communities over the next three years.

Social Learning Theory-which assumes the reciprocal interaction between the individual, behavior, and the environment-positing that behavior change is achieved through modeling, a basic acting technique that is the foundation of this demonstration project. Young actors will perform as characters dealing with specific HIV prevention issues that are later

discussed by the audience during a facilitated discussion.

Through a series of four to five subsequent visits with the same audience, this interactive process with peers will help audience members (and actors) to develop intentions to change risk behaviors as their understanding of personal risk increases and alternative solutions to risk behaviors are explored. This cognitive change process underlies the Theory of Reasoned Action.

In addition the University has contracted with New Directions, a drug and alcohol treatment facility in Bethlehem, to plan and develop with a consortium of agencies an intervention to address perinatal transmission of HIV in the Lehigh Valley area. This project is particularly focused on Latina and African-American women. This intervention will draw primarily on Social Cognitive Theory that posits that physical and social environments are influential in reinforcing and shaping the beliefs that determine behavior. Changes in any of the three components-behavior, physical, or social environments-influence the other two. In addition, this perinatal demonstration project is based on concepts from the Health Belief Model where an individual's actions are based on beliefs and the Theory of Reasoned Action that sees the intention as the main influence of behavior.

Two projects modeled on the favorable SHOUT outreach to injection drug users (IDU) project of Serenity Hall in Erie will be planned and developed in the York and Lancaster communities.

The final two community demonstration projects are directed toward Latino and African-American men who have sex with men (MSM) in the communities of Erie and Pittsburgh. The implementation of street outreach to injection drug users as well as men who have sex with men to provide HIV risk reduction information that encourages them to seek HIV counseling and testing is supported by the research findings of the AIDS Community Demonstration Projects Research Group (1999). It is also based on the theories of peer influence and diffusion of innovations which posit that people are most likely to adopt new behaviors when favorable evaluations of the behavior are conveyed to them by similar others whom they respect. Social cognitive theory views learning as social processes influenced by interactions and shaping the beliefs that determine behavior.

Many Paths, One Goal: Preventing HIV

The Community Planning Leadership Summit 2000 will be conducted at the Wilshire Grand Hotel Los Angeles, California from 29 March through 1 April 2000. The 1999 Summit was conducted at the Pittsburgh Hilton in late March. Health Department, Community Co-Chairs, and the leaders within Community Planning involved in this process at the local, state, and national levels will have the opportunity to come together to share

perspectives on the progress achieved in the sixth year, to gain new knowledge and skills to enhance future planning processes, and to network informally and learn from each other.

“Many Paths, One Goal: Preventing HIV,” is the theme for this year’s summit. The 2000 Community Planning Leadership Summit for HIV Prevention will offer 60 workshops, institutes and other sessions designed to enhance the HIV prevention planning skills of participants. Organized in three tracks: (1) The Steps of Community Planning, (2) Effective Interventions & Emerging Issues, and (3) Managing the Process: Leadership Skills for Community Planning. The registration fee is \$175 and covers the cost of four plenary meals, one reception, and all conference materials. The National Minority AIDS Council (NMAC) is contracted by the Centers for Disease Control and Prevention (CDC) to plan and facilitate the Summit which is jointly sponsored with the Academy for Educational Development (AED) and the National Association of State and Territorial AIDS Directors (NASTAD).

COMMUNITY PLANNING PHONE GUIDE

Joseph M. Pease
DOH, Co-Chair
(717) 783-0572

Richard L. Shaw
Community Co-Chair
(215) 598-7500

Rodger L. Beatty
Facilitator
(412) 383-1775
(412) 383-1513 FAX

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]