



# PENNSYLVANIA HIV PREVENTION COMMUNITY PLANNING UPDATE

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

## Remembering Kiyoshi Kuromiya 1943-2000

We PWAs, diseased pariahs, are the future of America-fighting for a promise yet to be fully realized. So said world-renowned AIDS advocate Kiyoshi Kuromiya, who died of the disease May 10 in Philadelphia. He was 57. His final decline was triggered by complication from chemo for anal cancer. Born behind barbed wire in a World War II internment camp for Japanese Americans, Kuromiya led a lifelong fight against injustice. Throughout the '60s, he marched for civil rights, and he helped organize the country's first gay rights demo in 1965. He opposed the Vietnam War, supported the Black Panthers, fought for gay liberation and spoke out in the Asian-American movement.

Long before testing positive in 1989, he was a passionate AIDS activist, cofounding ACT UP/Philadelphia and We the People, a PWA self-empowerment organization. Kuromiya was perhaps best known as the founder of the Critical Path AIDS Project, whose newsletter, website ([www.criticalpath.org](http://www.criticalpath.org)), free Internet access and 24/7 hotline have helped thousands of PWAs. Kuromiya was a self-taught AIDS expert, traveling worldwide to track the latest data. An inveterate marijuana user (to forestall wasting), he also distributed the weed for free; a yoga master, he

advocated research on alternative meds. He also fought for special attention to the needs of PWAs of color.

## A Participant Observation Study Using Actors at 30 Publicly Funded HIV Counseling and Testing Sites in Pennsylvania

The following is an abstract from a recent article in the American Journal of Public Health (Am J Public Health.2000;90:1096-1099)

*Objectives.* This study was designed to augment an evaluation of Pennsylvania publicly funded HIV counseling and testing sites, particularly of the staff-client interaction.

*Methods.* Actors were trained as research assistants and sent to 30 randomly chosen sites to be tested and counseled for HIV disease. Instruments based on Centers for Disease Control and Prevention (CDC) guidelines were designed and used to evaluate them.

*Results.* Data were generated that identified the range of compliance with CDC guidelines and state policy. Among the finding were that 10 of 30 sites required signed consents despite a state policy allowing anonymous testing. Only 17% of providers developed a written risk reduction plan, even

though 69% of all sites surveyed by mail asserted that such plans were developed. Only 2 of 5 HIV-positive actors were offered partner notification services, even though 100% of sites visited by an interviewer claimed to offer such services.

*Conclusions.* The findings suggest that although evaluation methods such as mail surveys and site visits are useful for evaluating the existence of appropriate policies and protocols and gathering baseline data, they might not be sufficient for assessing actual staff-client interaction.

The Counseling and testing subcommittee has been working with the Department of Health to make revisions to the Plan Update which will further ensure compliance with CDC guidelines.

## HIV Prevention Planning Committee Update

The first meeting Dr. Muthambi (epidemiologist) presented the current problems with tracking HIV since the administration of AART medications, and their delaying the onset of AIDS. Prior to multiantiretroviral meds, HIV seroprevalence "mirrored" the AIDS statistics. Now that pattern has been upset. If/When reporting is in place it will take several years to begin to get an accurate picture of HIV seroprevalence.

This discussion was in preparation to a process for prioritizing populations and interventions leading to the annual update of the HIV Prevention Plan. Most of the Planning Committee members are not sufficiently experienced in the epi theory to make such distinctions. A peer review panel will be convened to do this. They will be comprised of epidemiologists, primarily outside the PA prevention and care planning process, HIV/AIDS Social/Behavioral Scientists, and HIV/AIDS Prevention Planners' subgroup. Several subcommittee members will serve on this panel and act as a liaison between the Panel and the Subcommittee/Committee.

### **HIV Prevention Plan 2001 Update**

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This is the third year of a three-year HIV prevention plan for the Commonwealth of Pennsylvania excluding Philadelphia. The Pennsylvania HIV Prevention Community Planning Committee has conducted meetings in May, July, and August to update the Plan. The Pennsylvania Department of Health, HIV/AIDS Division Centers for Disease Control and Prevention (CDC) grant application and Plan Update will be mailed to the CDC on Friday 15 September.

The Committee subdivided into working groups to address concerns with HIV prevention for incarcerated populations and women as well as addressing the continual development of prioritization of populations and

HIV prevention interventions, and HIV antibody testing and counseling services. In addition, an instrument was developed to examine the linkages between the HIV prevention plan allocation of HIV prevention resources and the CDC grant application procurement of HIV prevention services.

Several recommendations have been made relative to HIV prevention for incarcerated populations and women and they will be included within the Plan Update. However, those recommendations will be further developed into specific goals, objectives and activities within the next multi-year Plan next summer. In the meantime the Executive Committee of the Young Adult Roundtables has also been meeting to update the Young Adult Consensus Statement to be included within the next planning cycle.

The HIV Prevention Plan Year Three Update will be available at the [stophiv.com](http://www.stophiv.com) Website along with the Year Two Update and the original multi-year Plan submitted in 1998. Most important to those in the field who do planning is the posting of the quarterly Pennsylvania HIV/AIDS statistics and the Epidemiological Profile from the HIV prevention plan at <http://www.stophiv.com>.

### **State Funded HIV Prevention Activities**

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The Pennsylvania Department of Health using non-CDC resources (state) fund an array of HIV

prevention services. This information should provide a greater appreciation of the full scope of state services especially those that address needs and priorities established by the HIV Community Prevention Planning Committee. Of the \$7.7 million available state dollars, a significant amount is dispersed to contractors throughout the state for community level interventions. A synopsis of these programs and the amount allocated follows:

The Council of Spanish Speaking Organizations of the Lehigh Valley receives funding to oversee street outreach projects in four cities with noticeable Latino population Reading, Lancaster, Bethlehem and Harrisburg. (\$140,000)

A multimedia campaign was developed to promote testing among women of childbearing years in an effort to reduce perinatal transmission. (\$100,000)

The Department maintains a toll-free hotline, which operates seven days per week and is available to handle calls related to HIV transmission, the location of counseling and testing sites, etc. (\$171,000)

The Pennsylvania AIDS Education and Training Center received state funds to provide one-day prevention counseling training to private sector providers. (\$50,000)

The Division of HIV/AIDS cooperates with the Bureau of Drug and Alcohol Programs to provide substance abuse treatment

centers the opportunity to cross train staff on HIV issues. (\$75,000)

All of the ten Independent County and Municipal Health Department (IHDs) receive state funds. Traditionally, CDC dollars were used for counseling and testing, and the state monies for health education/risk reduction activities. There has been some overlap in recent years. The departments are listed in descending order according to the amount of state dollars they receive. A brief description of activities is included because unlike the coalitions, these services generally are performed in-house with the exception of Philadelphia and Allegheny. Philadelphia- a significant portion of their funds is subcontracted to established and grass roots agencies, many of which have a minority focus. Erie County- minority outreach focus; also work with school districts; radio and TV programs; and education and testing for female sex workers. Allegheny county- street outreach; prevention services to the minority community and disadvantaged/incarcerated women through contracts with the Pittsburgh Coalition Regional Abuse, the Housing Authority and Mon Yough Community Service; education and training of HIV for county prison staff; Pittsburgh police, school health educators and health care workers; and the provision of an annual STD/HIV symposium. York City- outreach to Latino population; presentations to staff and “residents” of drug treatment programs, the prison and halfway houses for female offenders; and

the development and distribution of literature. Bucks County- school-based initiatives; prevention in alternative schools and teen specific drug and alcohol facilities; outreach in gay bars; women’s initiatives at women’s shelters, homeless shelters and a women specific drug and alcohol facility; and training’s for police, fire companies, emergency room staff and ambulance companies. Chester County- outreach in public housing projects; after school programs; and one on one sessions with soon to be discharged prisoners. Montgomery County- HIV education programs in schools and the county prison, training of drug and alcohol staff; and small group outreach in women’s shelters, halfway houses, etc. Allentown City- targeted and general education. Bethlehem City- concentration on outreach to the Latino community and among IV drug users, women and children. Wilkes Barre has successfully linked with the local drug and alcohol center, which programs all community counseling, etc. Health Departments are allocated approximately \$1.2 million to perform these services.

Finally, all seven Ryan White Planning Coalitions are funded with state dollars to provide prevention/education services to priority populations in their regions. Most of these funds are allocated to community based organizations for service provision. The Coalitions, and the amount of state funds they received in FY 1999-00 for prevention (administrative dollars are not included) are as follows:

The Philadelphia AIDS Consortium	\$1,101,286
AIDSNET Coalition	\$462,030
Northeast Coalition	\$308,925
North Central Coalition	\$288,507
Northwest Coalition	\$298,613
Southwest Coalition	\$497,590
South-central Coalition	\$591,457

### Website HIV Treatment Page

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A treatment information page was developed this year for the *stophiv.com* Internet site. The site contains the current treatment guidelines and recommendations as published in the Center for Disease Control and Prevention’s [Morbidity and Mortality Weekly Report](#) (Center for Disease Control and Prevention. MMWR.). This site is linked with the Pennsylvania/Mid-Atlantic AIDS Education and Training Center Website and the National AIDS Education and Training Center Website at the HIV/AIDS Bureau, Health Resources and Services Administration (HRSA).

Over the past two years, the PA Prevention Project *stophiv.com* collaborated with the Pennsylvania/Mid-Atlantic AIDS Education and Training Center in the development of the *Pennsylvania/Mid-Atlantic AIDS Education and Training Center’s Online Question and Answer Service* at the University of

Pittsburgh Graduate School of Public Health. Pennsylvania/Mid-Atlantic AIDS Education and Training Center faculty and staff support the project. In addition, this project is fully funded by the Ryan White, Part F, Bureau of HIV/AIDS Division of Training and Technical Assistance. This web site provides the latest treatment information, as well as, giving health professionals across the state of Pennsylvania access to HIV/AIDS clinical specialists regarding care and treatment of people living with HIV/AIDS. It is the goal of the site to provide HIV-related consultative services to health care providers in rural and underserved areas, to facilitate access to state-of-the-art HIV related information, and to improve access to quality health care for people living with HIV/AIDS. The Pennsylvania/Mid-Atlantic AIDS Education and Training Center provides the service, which is a major priority of the National AIDS Education and Training Center Program.

### **Linkages Between Primary and Secondary HIV Prevention Activities**

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According to CDC guidance primary HIV prevention is defined as halting the transmission or acquisition of HIV infection. Secondary prevention is defined as halting or delaying the onset of illness in an HIV infected individual.

Coordination and cooperation between primary and secondary HIV prevention activities will be strengthened by collaboration between the Planning Committee and the seven Regional Ryan White Coalitions. These latter Coalitions, to a large extent, address the integration between primary and secondary prevention in that they subcontract with both HIV/AIDS care and services providers and HIV prevention/education providers. Collaboration between the Planning Committee and these Coalitions are enhanced by two processes initiated by the Committee and PA Department of Health:

- A statewide, uniform data collection system for HIV prevention/education interventions. The Coalitions have been part of the process of formulating this data collection and reporting system, and are in an ideal position to integrate this system with a new data collection/reporting system that they are compiling relating to HIV/AIDS care and services.
- The new prioritization process which will build in assessment of (geographical) regional epidemiological and gap-analysis data. Regional analysis of these data, spearheaded by the Planning Committee, will assist regional Coalitions in determining each of their primary and secondary prevention needs. Additionally, the statewide needs assessment process, which takes into consideration

regional differences, will provide a model for regional Coalitions to conduct their own geographic-based needs assessments in the future.

In addition, this year Ann Stuart Thacker, R.N. of AIDSNET, the Ryan White HIV/AIDS Regional Planning Coalition based in Allentown, has been appointed by her peers as a liaison and voting member of the Planning Committee.

### **Federal Project Officer Visits HIV Prevention Planning Committee**

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Karen Willis Federal Project Officer assigned to Pennsylvania from the Center for Disease Control and Prevention participated in the July HIV Prevention Community Planning Committee meeting in Harrisburg. In addition, Stefan Weir, and Erika Edding from the Centers for Disease Control and Prevention also attended the two full days of meetings. They participated within and contributed to the small groups working on various portions of the Plan Update 2001.

Ms. Willis provided an update of the plan review process. It has been determined that one-third of the Plans would be reviewed annually. Hence a Plan would have full review from both the Federal Project Office as well as the external review team every three years. The Federal Project Officer would review the Plan during the intervening years.

## MSMs Who Are Also IDUs

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As had started in November a portion of each Committee meeting is dedicated to a discussion of priority populations. That discussion commenced with several meetings being dedicated to the discussion of injection drug use. It is recognized that great expertise is already present at the HIV Prevention Community Planning Committee. Therefore these discussions are not meant to be inclusive of all there is to know, but as a means for the Committee to learn from others on the Committee.

The next priority population to be discussed is Men who have Sex with Men (MSM). It seemed a natural bridge between these two populations is the intersection of the Centers for Disease Control and Prevention transmission category of Men who have Sex with Men and Injection Drug Users (MSM/IDU). Once that discourse is complete the discussion will shift to MSMs.

A packet containing research literature about self-identified gay men and substance abuse was distributed including injection drug use. It was noted that very little is labeled within research as "Men who have Sex with Men." In addition, most research within this arena is more related to non-injected drugs or often referred to as recreational drug use. Also within the packet were the most recent statistics relative to the HIV transmission category of MSM/IDU. Those numbers are very different from those provided

at the local state level. That is a primary reflection of the state categorizing MSM/IDU in a different and more accurate manner.

It was noted by several Committee members that this category is very difficult to identify, particularly by self-reporting. The literature tends to support many more willing to identify as injection drug users and on occasion having sex with other men for a variety of reasons. This category more clearly than others takes the debate back to labeling the behavior and not the individuals. It is what people do that puts them at risk for HIV infection and not who they are regardless of whom is labeling or categorizing them.

## State Health Improvement Plan

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The Pennsylvania Prevention Project works with the State Health Improvement Plan (SHIP) to exchange information about community-based HIV prevention programs in order to create linkages and promote communication and collaboration. This is in part accomplished by creating communication between Committee members, other local HIV prevention leaders, and the local partnership members of the SHIP.

In addition, in January 2000 Jeff Levy, Ph.D., Assistant Research Professor at the Center for Health Services Research and Policy, George Washington University presented the Health Resources and Services Administration

(HRSA) and the Centers for Disease Control and Prevention (CDC) managed care-purchasing specifications for the prevention and medical management of HIV/AIDS. Carol S. Ranck, R.N., (former original Committee member), Director of Special Needs Division of the Bureau of Managed Care Operations, Office of Medical Assistance Programs, Pennsylvania Department of Public Welfare presented the Pennsylvania managed care program.

Large segments of folks with HIV and at risk for HIV get their care through Medicaid. Medicaid can and should pay for prevention services. The lack of prevention services in a Medicaid setting is a problem of execution, not coverage. Managed care provides an opportunity to have public health set the standard for prevention. Medicaid is the single largest payer of medical services for people with AIDS. More than 50% of adults and more than 90% of children with AIDS are on Medicaid. Early detection of HIV infection means earlier and less expensive medical treatments in the long-term.

Prevention elements in the system are: (1) risk assessment on the initial visit and regularly thereafter, (2) education concerning risk reduction, (3) testing and counseling, (4) condoms, (5) drugs to prevent perinatal transmission, and (6) referral to partner services. Prevention Planning groups can encourage Medicaid to provide prevention services through Managed Care Organizations.

Specifications can become reality by creating relationships among public health departments, prevention planning committees, Medicaid agencies, and managed care organizations. They can provide good models of primary care-based prevention. They can foster service relationships between managed care organizations and funded community-based organizations.

Medicaid is an Entitlement. HIV-related Medicaid spending has increased by 33% over the past five years, while Centers for Disease Control and Prevention HIV-related funding has increased by 10% over the past five years.

An adhoc subcommittee on HIV Prevention and Managed Care was formed. They recommend that the Department of Health explore methods in which community-based AIDS services organizations could receive technical assistance to comprehend the complex Managed Care system. The intent of such technical assistance is to assist community-based AIDS service organizations foster relationships in which they can provide HIV prevention services for managed care organizations.

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This Newsletter Is Now Available  
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*[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]*