



PENNSYLVANIA HIV PREVENTION COMMUNITY PLANNING UPDATE

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

2006 HIV Prevention Plan Submitted to the CDC

The Pennsylvania HIV Prevention Community Planning Committee, the Community Planning Group (CPG) for the Commonwealth of Pennsylvania not including Philadelphia, has been at work since January 2005 developing a Plan Update for 2006. The Epidemiology, Evaluation, Interventions and Needs Assessment Subcommittees along with the Rural Work Group have met on a regular basis to insure that the nine steps of community planning are met to produce the key products of a comprehensive HIV Prevention Plan.

The 2006 HIV Prevention Plan is an update of the Plan submitted to the Centers for Disease Control and Prevention (CDC) in October 2003, which addressed HIV prevention for the calendar year 2004. As such this Plan focuses on the CDC key products of a comprehensive HIV Prevention Plan and refers to the 2004 HIV Prevention Plan. The 2004 Plan, excluding the appendices, can be accessed at the <http://www.stophiv.com> or by contacting the Division of

HIV/AIDS, Bureau of Communicable Diseases, PA Department of Health (717-787-5302) or the Pennsylvania Prevention Project, Graduate School of Public Health, University of Pittsburgh (412-383-

3000). The 2006 Plan will be available at stophiv.com in November.

One of the more rewarding efforts was the Evaluation Subcommittee's development and implementation of the second annual provider poster session to better inform the CPG of both state and federally funded community-based HIV prevention interventions.

The Integrated Epidemiologic Profile of HIV in Pennsylvania (for Prevention and Care) was completed in January 2005 and replaces the previous profile. It can be viewed online at <http://www.health.state.pa.us/hive-pi-profile>.

Pennsylvania began HIV reporting in October 2002 and began HIV incidence and resistance surveillance in 2004/5. However, these data will not be ready for use until 2006/7.

The Plan Update also focuses on the process of identifying and ranking a set to target populations that require prevention efforts due to high infection rates and high incidence of risky behavior. The CPG acknowledges the CDC requirement to prioritize HIV-infected person as the highest priority population. This requirement as introduced late in the 2003-planning year and the CPG was therefore unable to complete a new process for

until 2004. In 2005, the CPG convened an ad hoc prioritization workgroup to work with the Health Department (and its consultant team) to refine and update the prioritization process. This workgroup continues to fine-tune the prioritization process for implementation in the next planning period. A summary of current work in progress is outlined at <http://www.helath.state.pa.us/hive-pi-profile>, subsection 8.2. Revision of Prioritization Model.

The Pennsylvania CPG has established a rural work group, consisting of volunteer committee members who are applying their efforts outside of regular committee meeting time to address the unique and often not understood concerns of rural areas within our state. This is a particularly important effort because twenty-five percent of Pennsylvanians (about 3 million individuals) live in rural areas of the state. Of the 67 counties in Pennsylvania, 48 are classified as rural. Of those 16 counties designated as urban, 14 contain rural municipalities (boroughs or townships with population densities of less than 274 people per square mile). Also of note is the fact that there is more landmass in Pennsylvania designated as part of Appalachia than any other state with the exception of West Virginia (Center for Rural PA, 2004).

The express purpose of the rural work group is to address the special demographic, geographic and social/cultural conditions that impact the HIV prevention needs of non-metropolitan populations in Pennsylvania so that these needs can be included in the prevention plan. Although rural areas are significant sources of the state's natural resources and are of primary importance to the economy of Pennsylvania, the needs of rural people are often overlooked because of population dispersion and inadequate political infrastructures (Willits & Luloff, 2004).

As information related to rural needs and interventions of proven effectiveness are located and researched they will be included in the plan as a means of assisting non-metropolitan prevention groups. This process will aid in adapting the recommended procedures to meet the needs of unique rural areas.

The Department requires all CDC funded prevention programs including local health departments to collect data about their activities. These data include the demographic and risk-behaviors of people reached by the program and other variables. This system collects much of the same data that Program Evaluation Monitoring System (PEMS) intends to collect. Once the data are cleaned and summarized, they are sent back to the agencies and to the Department where they are used to identify strengths and weaknesses and to revise programs so that they better conform to the Committee's Plan.

The Program Evaluation and Monitoring System (PEMS), is a CDC mandated data reporting program in the final stages of completion. CDC will provide the training on how to use the program and determine the official startup date for using it.

PEMS is an Internet browser-based evaluation system for health departments and CDC directly funded community-based organizations. PEMS provides a standardized and integrated approach to improve the reporting and data quality for CDC funded HIV/AIDS prevention programs. It includes common data elements and non-identifying client-level data and provides greater flexibility in querying, analyzing and reporting data. PEMS also allows the CDC to be more responsive to requests for information.

The second evaluation of the impact of the Plan on interventions is a relatively new (2 years old) activity using poster presentations by Department funded HIV prevention contractors/grantees (local Departments of Health, the seven Ryan White Coalitions and other contractors) and HIV Prevention Program Field Staff. Agencies are asked to create posters describing their work. The Evaluation Sub-committee members develop a grid to identify all of the issues that Committee members want evaluated and collect the data at the presentations. The data are then analyzed and recommendations developed. This

innovative program also promotes communication and networking between the Committee and providers.

2006 New Members Sought

Based on requirements issued by the Centers for Disease Control and Prevention (CDC) in 1994, the Pennsylvania Department of Health formed a statewide HIV Prevention Community Planning Committee, to help the Department develop its annual HIV Prevention Plan. The planning group is co-chaired by staff of the Division of HIV/AIDS, and a co-chair elected by the Committee.

This statewide HIV Prevention Community Planning Committee is representative of the populations at risk for HIV infection; relevant state and local governmental organizations; experts in fields related to prevention (such as Epidemiology, social research, market research, behavioral science, and public health planning and evaluation); organizations providing HIV prevention and related services, and people living with HIV/AIDS. Members do not attend as representatives of their organization and may not benefit financially as a direct result of being on the Committee. Applicants are screened to determine if there is any conflict of interest, either personally, or through an employer.

In cooperation with the Pennsylvania Department of Health, the Planning Committee develops a community prevention

plan for the entire Commonwealth, with the exception of Philadelphia, which develops its own. The Health Department's use of CDC funds for the planning, implementation and evaluation of HIV prevention programs are guided by the plan. The HIV Prevention Community Planning Committee membership is restricted to a size that, while accomplishing the intent of the HIV Prevention Community Planning process, does not become so large that it cannot function effectively (approximately 35-45 members).

A considerable amount of the work of the committee will be conducted in four sub-committees (Epidemiology, Evaluation, Interventions and Needs Assessment). New members are required to participate in a subcommittee.

The Health Department pays legitimate expenses associated with travel to the meeting in Harrisburg. Plane tickets can be provided in advance of the meeting and hotel vouchers are provided the day of the meeting. (Please be advised that the meeting site hotel requires a personal credit card to guarantee a room reservation. A list of local hotels that do not require a credit card to secure reservations is available.) Other transportation costs (bus, train, taxi, mileage) are reimbursed after the fact. Car rentals are not permitted. A continental breakfast and full lunch are provided the day of the meeting. In addition, a daily subsistence allowance is provided to cover meal expenses during a 24-hour travel period. The

Department does not reimburse childcare expenses, lost wages, or entertainment expenses.

An independent selection committee will review all applications and recommend new members to the Committee. It is expected that the selection process will be completed by the end of November. An orientation for the new members of the HIV Prevention Community Planning Committee will be conducted on Wednesday 18 January 2006.

The remaining meeting dates in 2006 are 19 January, 15-16 March, 17-18 May, 19-20 July, 16-17 August, 20 September, and 15 November. All meetings are in Harrisburg. The first day, of two-day meetings, run from 9:00-4:30. The second day of two-day meetings, and one-day meetings, run from 9:00-3:00.

The Division of HIV/AIDS has a short time frame in which to carry out the HIV Prevention Community Planning process. Therefore, they are unable to extend the deadline for returning applications beyond 1 November 2005. Applications may be returned to the Division by fax at (717) 772-4309. Applications can also be downloaded from the <http://www.stophiv.com> web site and sent out.

Participatory HIV prevention community planning is an essential component of a comprehensive HIV prevention program. All members are expected to attend all meetings unless circumstances beyond their control prevent this from happening. Please take advantage

of this important opportunity to affect the direction of the HIV prevention planning process in Pennsylvania.

U.S. to Help China Combat HIV

In late August the Associated Press reported that Chinese health officials plan to announce an AIDS cooperation partnership with a U.S. institute, a measure that takes aim at combating what health officials fear will be a tenfold surge in HIV infection in China over the next five years.

The partnership between the Chinese Center for Disease Control and Prevention and the University of Maryland Institute of Human Virology—founded by Robert Gallo co-discoverer of the virus—covers collaboration on clinical trials, technical assistance and development of better and faster tests and vaccines.

The Maryland Institute which combines research, epidemiology and clinical research in an effort to get new discoveries to the neediest, can help the Chinese develop strategies and help teach physicians about diagnosis and management of the disease, among other issues. Other research will focus on the history of the disease in China and a study of traditional Chinese medicines for possible treatment.

The CPG is proud to know that CPG member Grace Shu, MD PhD from Mountoursville PA and also a member of the Institute, was very instrumental in creating this conference and working

diligently to secure these historic collaborations.

The HIV/AIDS Epidemic in the United States

Almost 930,000 cases of AIDS were diagnosed in the US. through 2003, including 43,171 cases diagnosed in 2003 alone. This represents a 4.6% increase over AIDS cases diagnosed in 2002.

An estimated 524,060 deaths among people with AIDS occurred through 2003, including 18,017 in 2003.

The Centers for Disease Control and Prevention estimates that 1,039,000—1,185,000 people were living with HIV or AIDS in the U.S. in 2003.

In 2003, 405,926 people were estimated to be living with AIDS, the most advanced stage of HIV disease.

All states now report HIV cases (in addition to AIDS cases), which will provide a fuller picture of the epidemic over time. Among the 33 areas with integrated HIV and AIDS surveillance since at least 1999, 32,048 HIV/AIDS cases were diagnosed in 2003 (these states represent 43% of reported AIDS cases).

AIDS cases have been reported in all 50 states, the District of Columbia and the U.S. dependencies, possessions, and associated nations. Ten states account for 71% of all reported cases.

The ranking of states by cumulative reported cases varies from the ranking by AIDS case rate.

Top 10 States AIDS Cases

New York
California
Florida
Texas
New Jersey
Illinois
Pennsylvania
Puerto Rico
Georgia
Maryland

Top 10 States AIDS Case Rate

District of Columbia
New York
Virgin Islands
Maryland
Puerto Rico
Florida
Delaware
Louisiana
Georgia
Connecticut

Declines in AIDS diagnoses due to HAART also appear to have ended, as AIDS diagnoses increased for the second year in a row between 2002 and 2003 (a 4.6% increase).

HIV transmission patterns have shifted over time. Heterosexual transmission accounts for a growing proportion of newly diagnosed AIDS cases, rising from 3% in 1985 to 31% in 2003. Over that same period, the share of new AIDS diagnoses due to sex between men fell from 65% to

42%. The share of AIDS diagnoses due to injection drug use was 19% in 1985, peaking at 31% in 1993 and was 22% in 2003.

By region the Northeast had the highest AIDS case rate per 100,000 in 2003 (21.1 per 100,000), followed by the South (18.8), West (10.0), and Midwest (6.9). The South had the greatest number of people estimated to be living with AIDS, death among persons with AIDS and AIDS diagnoses in 2003 followed by the Northeast, West and Midwest.

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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]