



## PENNSYLVANIA HIV PREVENTION COMMUNITY PLANNING UPDATE

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

### **2007 HIV prevention Plan Update**

Following a year of diligent work with the HIV Prevention Community Planning Group (CPG) the Division of HIV/AIDS submitted the 2007 HIV Prevention Plan Update to the Center's for Disease Control and Prevention (CDC) by the Friday 15 September deadline. The CDC HIV prevention planning process is on a five-year cycle that commenced with the 2004 Plan developed in 2003. The Plan is updated every year with the next full Plan due in 2008 covering the 2009 calendar year.

The CPG is composed of approximately 40 members from across the Commonwealth, not including Philadelphia, representing the AIDS epidemiology in the jurisdiction as well as other designated planning expertise. The CPG is jointly chaired by Ken McGarvey from the Division of HIV/AIDS and Community Co-Chair Angi PeaceTree from Altoona. The members of the CPG elect the Community Co-Chair. The CPG is organized through four standing committees:

1) Epidemiology, 2) Evaluation, 3) Interventions and 4) Needs Assessment.

The Pennsylvania Community Planning Group (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 well-understood concerns of rural areas within the state.

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.

The Department of Health is committed to HIV Prevention Community Planning and ensuring that HIV prevention resources target priority populations and interventions set forth in the HIV Prevention Plan. The Department has established the following priorities that correspond to the priorities set forth in the Plan: a) The provision of targeted HIV

Counseling, Testing & Referral (CTR) and expanding access to CTR services, b) An emphasis on Prevention Case Management & Referral Services (PCRS) in the public sector and expansion/collaboration with the private sector, c) Implementation of activities/interventions for prevention for persons diagnosed with HIV and their partners, and d) Training for and implementation of evidence-based interventions.

### **HIV Prevention Community Planning New Member Solicitation**

Applications for new Community Planning Group members to join the community HIV prevention planning process are now online at the <http://www.stophiv.com> web site. Applications will be accepted until 1 November. The CPG has appointed a Nominations and Recruitment Work Group that will review and evaluate those applications and select a number of people that fulfill the needs represented on the CPG. Potential new members will be contacted in early December and if able to

commit to the planning process they will be invited to an orientation in mid January 2007.

### **Jewish Healthcare Foundation Hosts VOICES/VOCES TOF**

By Michelle Murawski, Associate Coordinator

The Jewish Healthcare Foundation's HIV/AIDS program hosted a "VOICES/VOCES" training of facilitators (TOF) for the southwest region's prevention providers on August 10<sup>th</sup> and 11<sup>th</sup>, recognizing the increasing importance of science-based interventions and demonstration of organizational capacity to provide effective interventions. Debra Dennison of the Pennsylvania Prevention Project facilitated the training and provided a superb experience for all involved.

As coordinator for the training, Michelle had never participated in a DEBI intervention prior to this opportunity. After just the first day, she stated that she was impressed by the comprehensiveness of the training and the different types of learning (such as role play, reading, group participation and discussion) used to allow everyone to understand and implement the intervention. The participants were very

interactive and - along with Deb - created a lively environment that promoted learning.

The training provided clarity of "VOICES/VOCES" core components, the intent of the intervention, an opportunity to role play the intervention and other useful supplemental guidance that would otherwise not be captured from a manual or website. I strongly recommend providers and program staff members who are considering implementing the "VOICES/VOCES" DEBI to attend training prior to implementation so that providers are aware and able to implement the requirements that are needed to effectively execute the intervention with fidelity.

Thank you again PA Prevention Project, from the entire HIV/AIDS program at the Jewish Healthcare Foundation for bringing the opportunity to our providers in Southwestern Pennsylvania.

### **Prevention for Positives**

The Pennsylvania Prevention Project at the University of Pittsburgh Graduate School of Public Health conducted a needs assessment of persons living with HIV primarily in clinical care in various sites throughout the Commonwealth. The purpose was to assess needs and barriers of HIV positive

individuals in care as well as to better understand patient's HIV prevention needs as well as any interventions offered at those clinics. **Study One** reviewed pertinent literature from 1995 to 2006 (114 articles) in order to determine how Pennsylvania may be similar to or differ from other areas. **Study Two** was composed of 8 focus groups (3 MSM, 3 women and 2 male IDU). **Study Three** was a self-administered questionnaire with 78 service providers attending a statewide conference on secondary HIV prevention. **Study Four** consisted of a self-administered questionnaire with 203 adults in care.

### **Study One (Literature Review)**

- 20 to 40% of HIV positive individuals in care engaged in unprotected intercourse
- Sexually transmitted infections are common and in some studies more so than the general public
- Some of the factors associated with high-risk behavior identified recent treatment advances, having a sense of physical well-being, living with a monogamous or primary partner, more frequent use of alcohol and drugs

prior to sex, having a poor relationship with a physician, disclosure of HIV or sexual orientation status and prevention burnout

#### **Study Two** (Focus Groups)

- Physicians do not talk to patients
- Community-based organizations are the primary base of prevention education
- Participants were confused about the difference between prevention and education
- Prevention interventions are rarely available
- Newer treatments may have led to increased risk-taking because of improved health
- Denial and apathy exists among HIV+ people about the need for prevention
- Participants were knowledgeable about HIV transmission and risk-taking behaviors

#### **Study Three** (Provider Survey)

- Overwhelmingly, respondents were social workers, nurse, nurse practitioners, and physicians
- 60% said that they had not discussed prevention with most or all (75 to 100%) of their patients/clients

- 41% said that they had a written policy to provide STI/HIV prevention services to their patients/clients
- Time spent on HIV prevention amounted to a few minutes on the average visit
- 71% believed that they had enough time to spend on STI/HIV prevention with their patients/clients

#### Identified needs:

- 47% additional training needed on prevention
- 40% needed current literature and educational resources
- 28% desired additional time with patients/clients
- 22% needed resources for additional STI screening
- 19% needed more staff for counseling those at high risk
- 17% needed more staff for assessing risk behavior

#### **Study Four** (HIV+ Adult Survey)

- 203 respondents between the ages of 18 and 68
- 55% White, 39% African American, 3% Latino and 3% Native American

- 79% male and 21% female
- 7% transgender all whom reported being born as men and living as men
- 61% gay/lesbian, 28% straight, 12% Bisexual/Queer
- 39% less than \$10,000 annual income; 29% \$10,000 to \$20,000; 19% \$20,000 to \$40,000 and 13% greater than \$40,000
- 60% were diagnosed prior to and including 1995 and 40% 1996 or later
- 35% reported testing positive for a sexually transmitted infection since they tested HIV-positive
- 55% reported intercourse within the past six months, 67% of whom reported a primary partner and 55% of whom reported casual partners
- Those who reported casual partners in the past six months, 33% reported having intercourse without a condom either, always or most of the time, 67% disclosed their status sometimes or never; while 7% asked about their partner's HIV status sometimes or never

It was concluded that significant high-risk behavior exists among HIV+ individuals in care and that HIV+ patients are not getting sufficient prevention and education from providers and health care clinics. Additional training and resources are needed in medical clinics to provide prevention services and more research is needed on successful interventions with HIV+ individual as well physicians need to become more involved in prevention.

It is further recommended that a model be developed to establish standards for effective prevention with positives in a medical clinic or other health practice. It is recommended to identify and assess medical clinics and practice settings throughout Pennsylvania that would benefit from the model and strategically disseminate and provide support for the model throughout Pennsylvania. Disseminate the Prevention with Positives Needs Assessment to all AIDS-related medical and service providers across the Commonwealth and develop recommendations for HIV counseling and testing procedures to address post-test counseling for positives.

### **CDC Recommends Routine, Voluntary HIV Screenings in Health Care Settings**

The U.S. Centers for Disease Control and Prevention (CDC) published new recommendations for health care providers that are designed to make voluntary HIV screening a routine part of medical care for all patient aged 13 to 64. The recommendations are to simplify the HIV testing process in health care settings and increase early HIV diagnosis among the estimated more than 250,000 HIV-positive Americans who are unaware of their infection. The recommendation also includes new measures to improve diagnosis among pregnant women and further reduce mother-to-child transmission. Increasing the proportion of people who know their HIV status is an essential component of comprehensive HIV treatment and prevention efforts in the United States. CDC's recommendations were developed over a three-year period with extensive input from health care providers, public health experts, community-based

organizations, and advocates nationwide. The *Revised Recommendations for HIV Testing of Adults, Adolescents, and Pregnant Women in Health Care Settings* were published 22 September in the CDC's Morbidity and Mortality Weekly Report (MMWR).

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