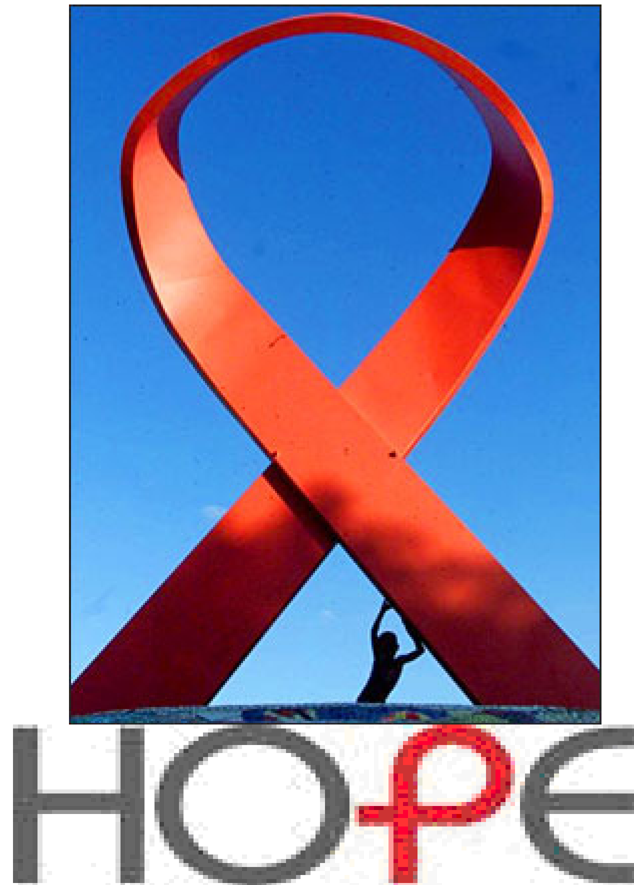
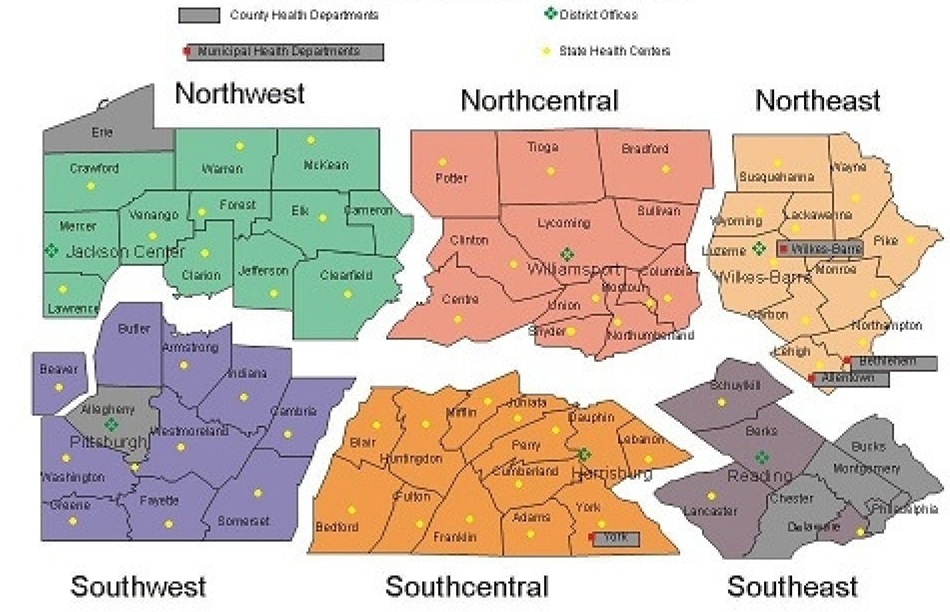


Pennsylvania Community HIV Prevention Plan Update 2010

Edward G. Rendell, Governor
Everette James, Secretary of Health



Developed by the Pennsylvania HIV Prevention Community Planning Committee, the Center for Disease Control and Prevention funded community planning group (CPG) for the Pennsylvania jurisdiction not including Philadelphia

In partnership with the Pennsylvania Department of Health, Bureau of Communicable Diseases, Division of HIV/AIDS and the Pennsylvania Prevention Project, University of Pittsburgh Graduate School of Public Health

September 1, 2009

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1. EXECUTIVE SUMMARY

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 2009 developing a Plan Update for 2010. 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 2010 HIV Prevention Plan is a contract extension of the Five-Year Plan submitted to the Centers for Disease Control and Prevention (CDC) in October 2003, which addressed HIV prevention from 2004 through 2008. 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 (717-783-0572) or the Pennsylvania Prevention Project, University of Pittsburgh Graduate School of Public Health (412-383-3000).

1.1. HIV Epidemiology Support for Prevention Planning

Over the past two years of planning cycles, the Epidemiology subcommittee has implemented an integrated roundtable review. The roundtable review is intended to facilitate increased comprehension of the data-driven linkages between epidemiology of HIV and the work of the respective subcommittees and how this contributes to the prevention plan and application. The review is conducted annually by the Epidemiology Subcommittee in collaboration with other subcommittees, namely needs assessment, interventions, and evaluation. Following the orientation meeting in November of the preceding year, the annual integrated roundtable review is conducted early in each year's planning cycle during the first three consecutive full Community Planning Group (CPG) meetings (January, March and May). The integrated roundtable review is frontloaded into an early stage of the planning cycle to ensure that CPG participants can gain an understanding and knowledge of the linkages in each subcommittee's response plans [including gaps which need to be addressed during subsequent plan development meetings (May, July & August) in an integrated process involving all subcommittees]. This process facilitates cross-committee understanding of linkages across subcommittees, integrated plan development and informed CPG member participation in the planning process up to and including the culminating point of the concurrence discussion. Further details of the roundtable review are presented in the planning cycle/timeline, and in subsection 3 of the Section on the Integrated Epidemiologic Profile.

The HIV Epidemiology Section also presents a statement of "problems, goals and objectives" identified by Young Adult Roundtable (YART) participants. (Please see section titled **YART-Identified Problems, Goals, Objective and Epidemiology Clarification and/or Response Plans for Each Objective**). This statement relates to

data needed to facilitate planning for HIV prevention among adolescents and young adults. These problems, goals and objectives are quoted from the YART Consensus Statement. The Epidemiology Subcommittee offers general clarifications and response plans to address the data needs identified by the YART participants, and refers relevant aspects for follow-up by the other subcommittees where applicable.

1.1.1. Current Model for Prioritization of Target/Risk Populations for HIV Prevention

This section focuses on the process of identifying and ranking a set of target populations that require prevention efforts due to high infection rates and high incidence of HIV risk-related behaviors. The CPG acknowledges the Centers for Disease Control and Prevention (CDC) requirement to prioritize HIV-infected persons as the highest priority population. This requirement was introduced late in the 2003-planning year and the CPG was therefore unable to complete a new process for prioritizing target populations 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 model. This initiative to fine-tune the prioritization process for implementation in the next planning period is continuing and more details are in the prioritization section. A summary of current work in progress is outlined at http://www.health.state.pa.us/hivepi-profile, subsection **8.2.** Revision of Prioritization Model.

1.2. Community Service Assessment

This section describes the prevention needs of populations at risk for HIV infection, prevention activities/interventions that currently exist to address needs, and service gaps or where needs are not being met. The Community Services Assessment (CSA) is a combination of three products: Needs Assessment completed by the Needs Assessment Subcommittee and Resource Inventory and Gap Analysis completed by the Interventions Subcommittee.

1.2.1. Needs Assessment

The primary purpose of the needs assessment activities is to provide data for the DOH and CPG to support their HIV-prevention planning processes and application to the CDC. It is also hoped that local health departments and community agencies can be provided with needs assessment findings to assist their prevention activities and that the assessments can serve as a model for others working across the U.S. in addition to providing information about needs and barriers to HIV prevention to individuals nationally.

In 2008-2009, at the direction of the CPG, Pennsylvania Prevention Project staff worked on the following projects:

Reprioritization of target populations are still in process, the needs assessment process will not change until the reprioritization plan is finalized. The committee will be working with the Integrated Planning Council and Ryan White funded coalitions to conduct a

study on the unmet needs of HIV positive men and women. The Registry project has been an18-month collaboration between the Pennsylvania Department of Health and the Pennsylvania Prevention Project (PPP) with the goal of establishing a statewide registry of HIV service providers. It is a long-term collaborative effort by the Integrated Planning Council and Ryan White funded coalitions to conduct a study on the unmet needs of HIV positive men and women. This project is ongoing from the previous year.

The Needs Assessment Committee will be examining the HIV prevention needs of MSM in greater detail in the coming year. The process will include testing the utility of an internet based survey for data collection and conducting focus groups on specific groups of MSM. The goals are to examine the kinds of issues that these specific groups of MSM report concerning HIV and toward prevention.

1.2.2. Gap Analysis

The Interventions Subcommittee continues to review the utilization of available prevention services. In accomplishing this goal, the 2007 HIV/AIDS Surveillance Annual Summary from the Pennsylvania Department of Health was used to establish current living population of AIDS cases within Ryan White HIV/AIDS Regional Planning Coalitions. Pennsylvania Universal Data Systems (PaUDS) data was reviewed for the utilization data (Total Count of Intervention Contacts including Interventions Delivered to Individuals (IDI), Interventions Delivered to Groups (IDG), Comprehensive Risk Counseling Services (CRCS) and Health Communications/Public Information (HC/PI) excluding General Public category.

In 2008-2009 the Subcommittee is continuing to update Diffusion of Effective Behavioral Interventions (DEBI) grids to incorporate new DEBIs, specifically CLEAR: Choosing Life: Empowerment! Action! Results!, d-up: Defend Yourself!, and SIHLE: Sisters Informing, Healing, Living and Empowering. In the 2009-2010 year the Subcommittee is planning on exploring the utilization by specific priority populations within each Regional HIV Planning Coalition as well as continuing to update the Resources Inventory and the DEBI grids. The Intervention Subcommittee is exploring new technology to conduct gap analysis. The use of *Geo Mapping* will provide geographical information on populations receiving HIV prevention interventions in Pennsylvania. The data generated will demonstrate HIV cases by county to be compared to interventions by county implemented for the target populations of HIV positive individuals, Men who have Sex with Men (MSM), high-risk heterosexual and Injection Drug Use (IDU).

1.3. Appropriate Science-Based Prevention Activities/Interventions

Although CDC Grant funds cannot be used for the provision of viral Hepatitis C prevention services, the Department's Division of HIV/AIDS shall coordinate and collaborate with other Department programs to integrate and facilitate the provision of HCV prevention services. The Department will continue to update the CPG on its collaborative activities with HCV and related programs. The Intervention Subcommittee

recommends exploration of needle exchange programs as a means of reducing HIV as well HCV infection.

There is a current study with five selected drug and alcohol treatment facilities (Pittsburgh, Philadelphia, Clearfield/Jefferson, Northampton, and Lehigh) testing for Hepatitis C infection. This pilot test only screens for Hepatitis C, but is attempting to answer the question of whether clients in drug treatment return for follow-up, among those who test positive for Hepatitis C will they return for confirmatory tests, will they follow through for medical evaluation, will they get vaccinated for viral Hepatitis A and B and essentially going into Hepatitis C treatment. No users of other drugs are included nor are homeless persons in this analysis.

What emerges from the study is the importance of case management that links clients to substance use treatment and vaccination. Certain factors influence client outcomes in Hepatitis management. Having health insurance certainly helps and women are more responsive than males in seeking Hepatitis C testing and following through. There is also a higher probability in this at-risk population of having received a Hepatitis B vaccination than in the general population. It is critical to help those who are hepatitis infected to reduce their alcohol consumption. The number going into substance abuse treatment was comparable to that of the general population. One in ten goes into treatment with this program. There is also a need to increase vaccinations for viral Hepatitis A and B in men who have sex with men.

Limitations of these data are that it is a cross-sectional study of a relatively short time period of two years. Another limitation is the self-reporting of risk factors. This cohort will be followed and assessed at six, nine and twelve months.

1.4. Rural Work Group

According to the Centers for Disease Control (CDC) and Prevention, Health Status: HIV/AIDS summer 2005 publication, AIDS rates have increased outside of metropolitan statistical areas (MSAs), and the demographic characteristics of people with HIV disease in rural populations may differ from those in urban populations. Compared with their urban counterparts, residents of rural areas may face additional barriers to accessing HIV testing and care, drug treatment, and mental health counseling. Such barriers include geographic isolation, poverty, unemployment, lack of education, lack of childcare services, and attitudinal and cultural factors. The Appalachian areas have long been medically underserved and economically disadvantaged. However, little information is available on the burden of HIV disease, including HIV infection without AIDS, in these rural communities.

In response, 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 address the unique and often not well-understood concerns of rural areas within our state.

The express purpose of the rural work group is to present the special demographic, geographic and social/cultural conditions that impact the HIV prevention needs of non-metropolitan populations in Pennsylvania. These needs must be included in the Pennsylvania HIV 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, & Higdon 2004). As information related to rural needs, and interventions of proven effectiveness are located and researched, they will be included in our plan as a means of assisting the non-metropolitan populations.

The Rural Work Group also realizes that there are few rural voices taking part in the policy discussions, and decision-making processes that shape the public health infrastructure. This is often true at both the state and Federal level.There are several factors at work that are responsible for this situation. One is the changing demographics of our communities. As rural areas continue to lose population relative to the urban and suburban areas, there is also a corresponding loss of political power in state legislatures. Many state governing bodies used to be dominated by their rural members. These rural voting blocks held great sway in many states, and ensured that rural communities had a place at the decision-making table. As the voting power has shifted toward urban and suburban-areas, rural communities have lost political power and, at the same time, there has been no effective lobbying organization devoted solely to rural public health. (The National Advisory Committee on Rural Health, February, 2000)

1.5. Evaluation

The Evaluation Subcommittee has completed the 2009 CPG process evaluation and the sixth annual poster presentation. This year's process focused upon HIV prevention services for immigrants, refugees and migrant workers.

The Health Department requires all CDC funded prevention programs—including local health departments—to use the PA Uniform Data System (PaUDS) 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 Health 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 CPG addressed planning process concerns by having trained non-CPG members gather data through open-ended questions posed to small groups of CPG members. It was felt that this method provided greater objectivity and a lack of conflict of interest. The results of the November 2008 review of the calendar year 2009 planning process were presented at a subsequent CPG meeting. Most findings of this evaluation were immediately implemented by the CPG.

The evaluation of the impact of the Plan on interventions is a relatively new activity using poster presentations by statewide agencies. Agencies are asked to create posters describing their work. The Evaluation Subcommittee 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.

The purpose of the Poster Presentations is to elicit an initial dialogue between funded agencies/organizations and the CPG. Any first step in designing a framework for an evaluation needs to establish dialogue and capacity. This process provides great insight to the local challenges of providing targeted HIV prevention. It informs the CPG in its development of a community-based HIV prevention Plan.

A comparison of the 2004, 2005, 2006, 2007, 2008, and 2009 poster sessions reveals several themes that are universal to all sessions. It should be remembered that each group of presenters differed from the other, as did the prescribed content of their presentations. The representatives of community based organizations involved in HIV prevention activities in 2004 were uncomfortable with the process because they thought that they were being evaluated. They became much more comfortable once they understood that the purpose was not to evaluate them but to increase communication between providers and the Department of Health and the Committee and to have the DOH and Committee better understand the work of the providers. Nevertheless, the concerns of the providers may have had an effect on what information they were willing to provide. PA Department of Health regional staff presented in 2005 on their prevention activities. In 2006 Community-based providers of prevention services presented. However, they focused on their experiences in conducting the Diffusion of Effective Behavioral Interventions (DEBI). In 2007, local county and municipal health departments presented evidence-based HIV prevention programs. In 2008, a combination of local, county and municipal health departments along with community based providers presented posters describing evidence-based HIV prevention programs being delivered in correctional facilities.

In 2009 the focus area was HIV prevention services for immigrants, refugees and migrant workers. The evaluation included seven posters of home grown interventions that may or may not have been based on an evidence based intervention (DEBI or EBI). As a result, this year’s summary is a clear picture of the programming available to the population of immigrants and refugees, but is not a standard summation of CDC funded programming. In fact, some organizations listed no prior knowledge of the State HIV prevention plan prior to the invitation from the CPG. The presentation process has evolved in such a way that the efficiency of the session has allowed for an increased level of comfort for presenters and CPG members.

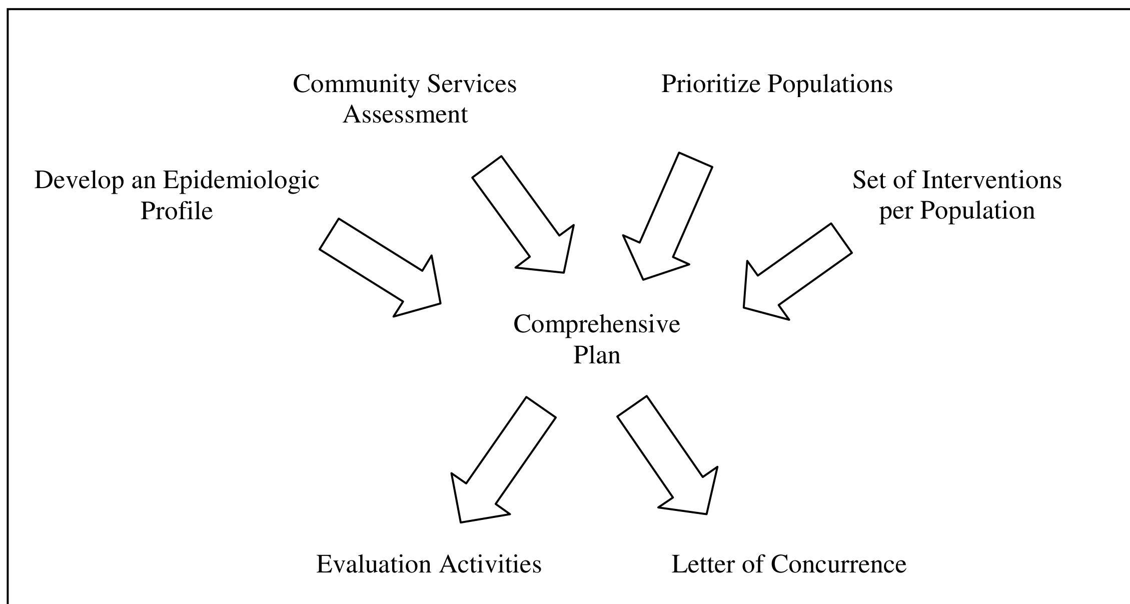
Dave Spring, Co-chair of the Evaluation Sub-committee, presented the poster session methodology at the 2008 HIV Prevention Leadership Summit and was well received. The Co-chair had an opportunity to speak with multiple representatives from several states to

speak to the effectiveness of the process. The exchange of ideas could help other CPGs to adapt poster presentations as a way of evaluating their own success.

The Young Adult Roundtable Process Evaluation is administrated annually (November) to Planning Committee members. This survey provides Planning Committee members the opportunity (both qualitatively and quantitatively) to comment on the progress of the Roundtables during the past year. The evaluative tool assesses young people's parity, inclusion, and representation in the planning process. Roundtable members use the Committee's feedback to strengthen the project and Roundtable member involvement in the community planning process. Due to the change in scheduling that required the CPG orientation to be conducted in November 2008 rather than January 2009, an evaluation was not conducted in 2008. Annual evaluations will resume in 2009.

1.6. HIV Prevention Community Planning

In a communication from the National Alliance of State and Territorial AIDS Directors (NASTAD) the Centers for Disease Control and Prevention (CDC) Prevention Program Branch (PPB) has requested NASTAD to provide an update on several program announcements affecting HIV Prevention Community Planning. PCB will be replacing two announcements this year with two-year "bridge" programs that will begin January 2010. It is expected that funding levels under these Funding Opportunity Announcements (FOA) will be comparable to FY 2009 levels. During this two year period, PPB will be developing a plan for a new five-year prevention program for health departments that can begin in January 2012. In the interim, CDC recommends jurisdictions make no significant or major revision relative to their current HIV prevention planning efforts.



1.7. CPG Planning Cycle –Summary

During the final CPG meeting in November and at the first meeting in January of each year the CPG members develop the CPG Planning Cycle for the upcoming year. This is the opportunity for each of the Subcommittees and Work Group(s) to effectively plan their direction and subsequent needs to complete the nine steps of community HIV prevention planning. The CG Planning Cycle is maintained by the Health Department and provided to each CPG member prior to the next meeting. The Steering Committee (Co-Chair, Community Co-Chair and each Subcommittee Co-Chair(s) & Work group representative) meet following each CPG meeting to update the cycle for the following meeting.

CPG Planning Cycle -Summary

(Based on 5-year CDC cycle: 2010 - 2016)

PA CPG Planning Cycle	Products to be developed:	Due Dates
1-year Cost extension		
2009 (cost extension)	• **Plan Update for 2010**	**October 5, 2009**
2-year Bridge program		
2010 **2011**	• **Plan Update for 2011** • **Plan Update for 2012**	
New 5-year planning cycle		
2012 **2013** **2014** **2015** **2016**	• **Comprehensive HIV Prevention Plan for 2013** • **Plan Update for 2014** • **Plan Update for 2015** • **Plan Update for 2016** • **Plan Update for 2017**	

Revised August 18, 2009

2008-2009 CPG Meeting Schedule & Work Plan for 2009 Plan
November 2008 – September 2009

November 19, 2008 (1 day)

	Objective	**Subcommittee**	**Comments**
	Welcome new members.		Completed
	Brief Announcements	DOH	Completed
	Icebreaker	PPP	Completed
	Orientation of new members (full day) 1. CPG Guidance 2. Comprehensive Plan & Key Planning Products 3. Description of subcommittees 4. Basic Epidemiology 5. CDC Program Announcement - What is a comprehensive HIV prevention program? 6. Advancing HIV Prevention Initiative 7. Roles & responsibilities 8. Group process 9. Evaluation	DOH, PPP & CPG	PPP to distribute Orientation Guide prior to meeting. Mentors have been assigned. Completed
	CPG Process Monitoring (focus groups) 1:00- 3:00 (2-hours)	All "old" members By-The-Numbers	3 break- out rooms Completed
	Subcommittees Meet to:		
	Subcommittees will not meet during this meeting.	Epidemiology	
		Needs Assessment	
		Interventions	
		Evaluation	
	Steering Committee Meets to:		
	Review member attendance and termination of members not meeting By Law requirements for attendance.		Completed
	Set agenda for next meeting.		Completed
	Presentations requested for January: • Travel, Lodging & Subsistence • Review of Act 148 • Review of CDC C&T Recommendations		Travel, Lodging & Subsistence scheduled for January

January, 21 & 22, 2009 (2-days)

	Objective	Subcommittee(s)	Comments
	1/21 (Day 1)		
	Welcome new members.		Completed
	YART Report		Completed
	Presentation of 2008 CPG Process Monitoring findings	Evaluation	Completed
	Presentation of CPG Survey Part II findings.	Evaluation	Completed
	Completion of CPG Survey Part I	All members	Completed. Need to follow-up with members not in attendance.
	Introduction to HIV Epidemiology for Prevention & Care Planning (80 minutes)	Epidemiology Dr. Muthambi	Completed
	Update on Reprioritization of Target Populations	Epidemiology Dr. Muthambi	Not scheduled
	Presentation: Planning Process Overview	Ken	Not scheduled
	Review of CDC Technical Review of IPR/Cost Extension and DOH Technical Review response	DOH	Not scheduled. Distributed via e-mail and copied provided at CPG meeting.
	Other presentations? • Travel, Lodging & Subsistence • Review of Act 148 • Review of CDC C&T Recommendations		Travel, Lodging & Subsistence – rescheduled for March due to change in lodging requirements.
	Subcommittees meet to:		**Need breakout rooms.**
	Elect chair & co-chair of each subcommittee	All subcommittees	Completed
	Finalize the development of the work plan for 2009	All subcommittees	Ongoing

	Orient new members to Comprehensive Plan key products specific to each subcommittee:
	• Epidemiologic Profile (Epi Subcommittee)
	• Community Services Assessment
	    o Resource Inventory (Interventions Subcommittee)
	    o Needs Assessment (Needs Assessment Subcommittee)
	    o Gap Analysis (Interventions Subcommittee)
	• Prioritize Target Populations (Epidemiology Subcommittee)
	• Identify Appropriate Science-based Prevention Interventions (Interventions Subcommittee)
	• Concurrence (ALL)
		All subcommittees	Ongoing

		Epidemiology	
	• Discuss needs assessment activities	Needs	Ongoing

	conducted by PPP. • Start thinking about priority populations in relation to integrated Roundtable Review.	Assessment	
		Interventions	
	Begin discussion for May Poster Presentation: • Floor plan and arrangements – reserve room. • Materials and equipment • Process • Select presenters	Evaluation	Ongoing
	Special evening event: Get Acquainted Reception.	***Everyone welcome!***	***Location to be announced.***
	1/22 (Day 2)		***Need breakout rooms.***
	Overview of Integrated Roundtable exercise.	Epidemiology	Completed
	Epidemiology Subcommittee (Dr. Muthambi) provides Epidemiologic Overview of 1 transmission group (Heterosexual & Perinatal)**.**	Epidemiology	Completed
	Subcommittees meet to prepare presentations for Round table Review	All	Completed
	Part I- January Meeting: **Integrated Round-Table Review and Discussion of Plans on Each Transmission Group with Other Subcommittees** (Epi Subcomm; Unmet Needs Assessments; Interventions Subcommittees; (Outcome) Evaluation): The integrated approach **adds** an integrated review mechanism to the current disjointed planning done in separate subcommittees and to conduct the integrated review in phases as the planning year progressed as opposed to waiting until the end of the planning cycle. The proposed format of input to the integrated review is as follows: a) Summary of Epidemiology of HIV in each of the 4 main transmission groups (and constituent target populations); identification of data gaps and plans for obtaining data needed; b) Summary of unmet needs assessments conducted/planned for each of the 4 main transmission groups (and constituent target populations); identification of data gaps and plans for obtaining data needed; c) Interventions for each transmission group (and constituent target populations) and gaps in needed interventions; d) Outcome Evaluation Minimum Standards and Guidance for Each Category of Interventions; **Expected Outcome**: The integrated review approach will enable the	CPG	**Format and time for integrated review for each transmission group:** 2 hours integrated review is proposed for each of the four transmission groups: -*Roundtable presentations to full committee*: 90 min (30 mins Epi overview on transmission group; 30 mins on Interventions, and 15 mins each for Unmet Needs Assessment and Outcome Evaluation); -*Integrated roundtable discussion with full committee*: 30 min **Timeline**: ***Part I-January meeting*: cover 1 transmission group (incl. their constituent target populations) (4 hrs needed). Hetero, and**

	full committee to: a) be more engaged and more informed on the development of plans by each subcommittee for each transmission group and its constituent target populations; and b) establish linkage and continuity of plans across subcommittee work. This approach is expected to increase understanding of the underlying Epidemiology of HIV in each transmission group and the prevention response plan alleviate the current disjointed nature of the planning as done in completely separate subcommittee tracks and only hurriedly reconciled at the end of the planning cycle.		**Perinatal** *Part II-March meeting*: cover 1 transmission group (incl. their constituent target populations) (4 hrs needed). **MSM** *Part III-May meeting*: cover 1 transmission group (incl. their constituent target populations) (4 hours needed). **IDU**
	Steering Committee Meets to:		
	Set agenda for next meeting.		Completed
	Requested presentations for March: • Travel, subsistence and lodging guidelines • Review of Act 148 • Review of CDC C&T Recommendations • Department of Education presentation on their CDC grant and YRBS overview. • Transgender issues • Update on internet interventions (PS & HC/PI) by PPP staff (Ray Yeo) • Review of post-test results of 1st Roundtable review		

<u>March 18 & 19, 2009 (2-days)</u>

	Objective	Subcommittee	Comments
	Day 1		
	YART Report		Completed
	Discussion/report on status of preparation of for May Poster Presentations	Evaluation	Completed
	Remind CPG members to complete CPG survey part I	Evaluation	Completed
	Presentation on CTR and PCRS outcomes (2008)	Division of HIV/AIDS	Not scheduled
	Presentation: CPG travel, subsistence, & lodging guidelines.	Division of HIV/AIDS	Completed
	Presentations: Overview of Act 148, revised CDC testing guidelines and update on Act 148 Advisory Group	Division of HIV/AIDS	Completed
	Presentation: review of Post-test results from January's Integrated Roundtable Review	Division of HIV/AIDS	Completed
	Subcommittees meet:		
		Epidemiology	
	• Discuss current needs assessment activities. • Start brainstorming for the new plan update.	Needs assessment	Completed
	• Meet with PPP to discuss Resource Inventory/Provider Registry.	Interventions	Completed
	• Final review in preparation for Poster Presentation • Select presenters • Revise letters, methods of data collection, directions for presenters • Anything else to be done?	Evaluation	Completed
	Open issues (may be an opportunity to meet with other subcommittees on potential joint collaborative matters, especially Needs Assessment).	All	
	Day 2		
	Overview of Integrated Roundtable exercise. Complete pre-test	Epidemiology	Completed
	Epidemiology Subcommittee (Dr. Muthambi) provides Epidemiologic Overview of 1 transmission group (MSM).	Epidemiology	Completed
	Subcommittees meet to prepare presentations for Round table Review	All	
	<u>Part II-March Meeting</u>: <u>Integrated</u>	CPG	**Format and**

	<u>**Round-Table Review and Discussion of Plans on Each Transmission Group with Other Subcommittees**</u> (Epi Subcomm; Unmet Needs Assessments; Interventions Subcommittees; (Outcome) Evaluation): The integrated approach <u>**adds**</u> an integrated review mechanism to the current disjointed planning done in separate subcommittees and to conduct the integrated review in phases as the planning year progressed as opposed to waiting until the end of the planning cycle. The proposed format of input to the integrated review is as follows: a) Summary of Epidemiology of HIV in each of the 4 main transmission groups (and constituent target populations); identification of data gaps and plans for obtaining data needed; b) <u>Summary of unmet needs assessments conducted/planned for each of the 4 main transmission groups (and constituent target populations); identification of data gaps and plans for obtaining data needed; c) Interventions for each transmission group (and constituent target populations)</u> and gaps in needed interventions; d) Outcome Evaluation Minimum Standards and Guidance for Each Category of Interventions; **Expected Outcome**: The integrated review approach will enable the full committee to: a) be more engaged and more informed on the development of plans by each subcommittee for each transmission group and its constituent target populations; and b) establish linkage and continuity of plans across subcommittee work. This approach is expected to increase understanding of the underlying Epidemiology of HIV in each transmission group and the prevention response plan alleviate the current disjointed nature of the planning as done in completely separate subcommittee tracks and only hurriedly reconciled at the end of the planning cycle.		**time for integrated review for each transmission group:** 2 hours integrated review is proposed for each of the four transmission groups: -*Roundtable presentations to full committee*: 90 min (30 mins Epi overview on transmission group; 30 mins on Interventions, and 15 mins each for Unmet Needs Assessment and Outcome Evaluation); -*Integrated roundtable discussion with full committee*: 30 min **Timeline**: ***Part II-March meeting*: cover 1 transmission group (incl. their constituent target populations) (4 hrs needed). MSM**

			Part III-May meeting: cover 1 transmission group (incl. their constituent target populations) (4 hours needed). IDU
	Conduct post-test	Epidemiology	Completed
	Steering Committee Meets to:		
	Set agenda for next meeting.		Completed
	Future presentations requested: 1. Department of Education review of CDC grant and update on YRBS 2. Transgender Issues (Rick F.) 3. Update on internet interventions (PPP) 4. Update on Prevention for Positives (PPP) 5. Review of post-test results from March Integrated Roundtable Review 6. Update on Expanded Testing Initiative (PSU) 7. MSM Strategic Plan Update (July agenda item) 8. Review of APR 9. Planning process overview 10. Review of jurisdictions 11. Funding overview 12. Update on Reprioritization Process		

<u>May 20 & 21, 2009 (2 days)</u>

	Objective	Subcommittee	Comments
			YART Executive Committee Members to attend this meeting.
	Day 1		
	Young Adult Roundtables (YART) status report to CPG. YART Executive Committee attends this meeting.	YART	Completed
	Subcommittees meet to:		
	Begin to develop Plan Update	***All***	
		Epidemiology	
		Needs Assessment	
	Search the CDC Compendium for Interventions with a Hepatitis C crossover.	Interventions	
		Evaluation	
	Open issues (may be an opportunity to meet with other subcommittees on potential joint collaborative matters, especially Needs Assessment).		
	CPG reconvenes:		
	CPG Poster Presentations: Distribute questions to CPG **Review posters of Department-funded HIV Prevention contractors/grantees** Networking with contractors and CPG	CPG/Evaluation	Completed
	Day 2		
	CPG provides written feedback on Poster Presentations	CPG	Completed
	Epidemiology Subcommittee provides direction to CPG on Integrated Roundtable Review	Epidemiology	Completed
	Epidemiology Subcommittee (Dr. Muthambi) provides Epidemiologic Overview of 1 transmission groups (IDU)		Completed
	Subcommittees meet to prepare presentations for Round table Review	All	
	<u>Part II-May Meeting</u>: <u>Integrated Round-Table Review and Discussion of Plans on Each Transmission Group with Other Subcommittees</u> (Epi Subcomm; Unmet Needs Assessments; Interventions Subcommittees; (Outcome) Evaluation): The integrated	CPG/Epidemiology	**Format and time for integrated review for each**

	approach **<u>adds</u>** an integrated review mechanism to the current disjointed planning done in separate subcommittees and to conduct the integrated review in phases as the planning year progressed as opposed to waiting until the end of the planning cycle. The proposed format of input to the integrated review is as follows: a) Summary of Epidemiology of HIV in each of the 4 main transmission groups (and constituent target populations); identification of data gaps and plans for obtaining data needed; b) Summary of unmet needs assessments conducted/planned for each of the 4 main transmission groups (and constituent target populations); identification of data gaps and plans for obtaining data needed; c) Interventions for each transmission group (and constituent target populations) and gaps in needed interventions; d) Outcome Evaluation Minimum Standards and Guidance for Each Category of Interventions; **Expected Outcome**: The integrated review approach will enable the full committee to: a) be more engaged and more informed on the development of plans by each subcommittee for each transmission group and its constituent target populations; and b) establish linkage and continuity of plans across subcommittee work. This approach is expected to increase understanding of the underlying Epidemiology of HIV in each transmission group and the prevention response plan alleviate the current disjointed nature of the planning as done in completely separate subcommittee tracks and only hurriedly reconciled at the end of the planning cycle.		**transmission group:** 2 hours integrated review is proposed for each of the four transmission groups: -*Roundtable presentations to full committee*: 90 min (30 mins Epi overview on transmission group; 30 mins on Interventions, and 15 mins each for Unmet Needs Assessment and Outcome Evaluation); -*Integrated roundtable discussion with full committee*: 30 min ***Part II-May meeting*: cover 3 transmission groups (incl. their constituent target) (4 hours needed). IDU** Completed
	Steering Committee Meets to:		

	Provide feedback on poster presentations and Roundtable Review		Completed
	Set agenda for next meeting.		Completed
	Future presentations requested: 1. Department of Education review of CDC grant and update on YRBS 2. Transgender Issues (Rick F.) 3. Update on internet interventions (PPP) 4. Update on Prevention for Positives (PPP) 5. Review of post-test results from March Integrated Roundtable Review 6. Update on Expanded Testing Initiative (PSU) 7. MSM Strategic Plan Update (July agenda item) 8. Review of APR 9. Planning process overview 10. Review of jurisdictions 11. Funding overview 12. Update on Reprioritization Process		

July 15 & 16, 2009 (2 day

	Objective	Subcommittee	Comments
	Day 1		
	Review of Rules of respectful Engagement	Rodger	Completed
	Report on Pre/Post-test results of Roundtable Review	Epidemiology	hold
	Report on CPG feedback from Poster Presentations	Evaluation	Conducted at May mtg.
	Presentation: HIV Prevention Efforts of the Pennsylvania Department of Education	Shirley B.	Hold – rescheduled for August
	Presentation: Planning Process Overview	Ken	hold
	Presentation: Results of CPG Survey Part I, and CPG membership comparison to Epidemic in Jurisdiction	Evaluation	Hold – rescheduled for August
	Project Update: Resource Registry	PPP (Katie)	Completed
	Project Update: Prevention for Positives	PPP (Scott)	Completed
	Project Update: Internet Interventions	PPP (Ray)	Completed
	Project Update: MSM Strategic Plan	PPP (Jessie & Sara)	Completed
	Subcommittees meet to:		
	Subcommittees to prepare draft Plan.	All	In process
	Open issues (may be an opportunity to meet with other subcommittees on potential joint collaborative matters, especially Needs Assessment).	Epidemiology & All	In process
	Continue to draft Plan for review at next meeting.	Needs Assessment	In process
	• Continue to draft Plan for review at next meeting. • Review and update Resource Inventory.	Interventions	In process
	Continue to draft Plan for review at next meeting.	Evaluation	In process
	Day 2		

	Presentation: Decisions for Life	John F.	
	Reports from HPLS		hold
	Update on Unmet Needs Project	Benjamin	hold
	Presentation: DOH Prevention Services (CTR, PS, HE/RR) Process Monitoring Data	Aaron & Jill	Completed
	Discussion & Motion to Approve CPG Process Monitoring for November	Eval.	Completed - approved
	Discussion & Recruitment for CPG Nominations & Recruitment Process	Ken	Completed – 6 members
	Presentation: Overview of CMHD RFA Process	Jill/Ken	Completed
	Presentation: Review of 2008 CDC Annual Progress Report	DOH	Electronic & hard copies provided to CPG members
	Subcommittees meet to:		
	Subcommittees to prepare draft Plan.	All	In process
		Epidemiology	In process
		Needs Assessment	In process
		Interventions	In process
		Evaluation	In process
	Open issues (may be an opportunity to meet with other subcommittees on potential joint collaborative matters, especially Needs Assessment).	All	In process
	Steering Committee Meets to:		
	Set agenda for next meeting.		Completed
	Future presentations requested: • Planning Process Overview • Overview of jurisdictions • Overview of activities/interventions funded • Funding overview • Reprioritization Project Update • Update on Expanded Testing Initiative • Department of Education presentation • Transgender Issues		

August 19 & 20, 2009 (2 days)

	Objective	Subcommittee	Comments
	Day 1: Draft Plan Review		
	YART Report		Completed
	Presentation of draft 2010 Plan	PPP(Rodger)/CPG	Completed
	Subcommittees meet to review & discuss draft Plan	All	Completed
	Subcommittee co-chairs present to CPG comments on draft Plan	Subcommittee co-chairs	Time will be provided for subcommittees to meet to revise/complete the Plan Update, as necessary.
	Open issues (may be an opportunity to meet with other subcommittees on potential joint collaborative matters, especially Needs Assessment).	All	Ongoing
	Agenda can be revised to allow subcommittee to meet the remainder of the afternoon to work on revisions to the Plan Update as necessary.		
	Report on results of CPG Survey Part I & CPG membership Comparison to Epidemic in Jurisdiction	Evaluation	Completed
	Update on Nominations & Recruitment – discussion on CPG's role in targeted recruitment and CPG gaps in representation	N & R Work Group	Completed
	Update on Changes to PPAs	Bob	Completed
	Subcommittees meet to begin to develop work plan for 2009		Completed
	Day 2: Presentations		
	Presentation: Department of Education – review of CDC grant and YRBS update	Shirley	Completed
	Review of 2008 CDC APR Technical Review & DOH response.	Ken	Completed
	Presentation: Transgender Issues	Rick, Julie & Emilia	Completed
	If necessary - Subcommittees meet to:		
	Subcommittees meet to review & discuss draft Plan Update	All	Completed
	Open issues (may be an opportunity to meet with other subcommittees on potential joint collaborative matters, especially Needs Assessment).	All	
	Steering Committee meets to:		
	Finalize Plan Update		Completed
	Set agenda for September meeting.		Completed
	Discuss concurrence process in September		On agenda in September

	Future presentations requested: • Planning Process Overview • Overview of jurisdictions • Overview of activities/interventions funded (September) • Funding overview (September) • Reprioritization Project Update • Update on Expanded Testing Initiative • Discussion of Prevention support for Epidemiologist • PSU – HIV Positive project • MSM Strategic plan update • Domestic Violence and HIV Project (Susan Spencer) • DEBI Overview training • Sexual Minority Sensitivity Orientation • Human Sexuality Presentation		

***Application due to the CDC on October 5th**

September 16, 2009 (1 day)

	Objective	**Subcommittee**	**Comments**
	YART Executive Committee report meeting	YART	YART Executive Committee Members to attend this meeting.
	Review of draft CDC budget and application	DOH/Ken	
	Review of CDC-funded services	DOH/Ken	
	"Linkages" presentation to CPG	DOH/Ken	
	Subcommittees meet to discuss concurrence	All subcommittees	
	Subcommittee co-chairs present comments/concerns regarding concurrence to CPG.	CPG	
	Vote on concurrenc/nonconcurrence/concurrence with reservations.	CPG	
	Conduct CPG Survey Part II	CPG	
	Plan & Application due to CDC October 5th	DOH	
	Status report on CPG Process Monitoring for November	Evaluation	
	Update on nomination and recruitment	DOH/Ken	
	Discussion of State HIV Prevention Budget	DOH/Ken	
	Remind subcommittees to submit data requests for 2010 – no later that November	Epi	

	2009.		
	Proposed amendment to CPG Bylaws	Steering Committee	
	Discussion of Mentors	Rodger	
	Subcommittees meet to:		
	Review Plan and CDC Application and discuss concurrence. Provide comments/concerns to Subcommittee Chairs for presentation to full CPG.	All	
	Develop work plan for 2010 Planning year.	All	Additional revisions can be submitted at each meeting.
		Epidemiology	
		Needs Assessment	
		Interventions	
		Evaluation	
	Open issues (may be an opportunity to meet with other subcommittees on potential joint collaborative matters, especially Needs Assessment).	All	Ongoing
	Steering Committee meets to:		
	Finalize Plan Update		
	Set agenda for November meeting.		
	Future presentations requested: • Planning Process Overview • Overview of jurisdictions • Reprioritization Project Update • Update on Expanded Testing Initiative • Discussion of Prevention support for Epidemiologist • PSU – HIV Positive project • MSM Strategic plan update • Domestic Violence and HIV Project (Susan Spencer) • DEBI Overview training • Sexual Minority Sensitivity Orientation • Human Sexuality Presentation		

2. INTEGRATED EPIDEMIOLOGIC PROFILE OF HIV/AIDS IN PENNSYLVANIA

The Integrated Epidemiologic Profile of HIV/AIDS in Pennsylvania (Profile) describes the impact of the HIV epidemic in the jurisdiction. This profile provides the epidemiologic/scientific basis for prioritization of target populations for HIV prevention and pin-pointing target populations to whom prevention interventions need to be focused, for identification of gaps in data needed for prevention planning which may be supplemented through needs assessments, and for describing population-level outcomes of interventions through describing changes in the Epidemic.

2.1. Current Integrated Epidemiologic Profile of HIV/AIDS in Pennsylvania

The current Epidemiologic Profile (for prevention and care) is attached in *Epidemiology Appendix 1* of this Plan Update application. Various aspects of the Epidemiologic Profile are presented to the Committee each year during part 2 of the Epidemiology orientation for new CPG members in January and in greater details during 3 roundtable reviews in January, March and May of each year's planning cycle; i.e. roundtable reviews of the linkages between a) the epidemiology/distribution of heterosexual (incl. perinatal), IDU, and MSM reservoirs of persons living with HIV infection (i.e. CDC-mandated top priority population for prevention services), and b) needs assessments, interventions and outcome evaluation/process monitoring indicators. The current profile is posted online at: http://www.health.state.pa.us/hivepi-profile

2.2. Profile Update Work in Progress

As part of the process of updating the Epidemiologic Profile, gaps in the data are identified annually (see below). The CPG continues to update the prioritization process to refocus attention specifically towards reservoirs of persons who are living with HIV and at risk of transmitting HIV to others, in addition to persons at high risk of acquiring HIV. The prioritization revision was completed by January 2007 and submitted to the full CPG in March 2007.

The Community Planning Group acknowledges that AIDS incidence and prevalence data as currently reported no longer accurately reflect the true impact of the HIV epidemic in Pennsylvania. The Commonwealth began HIV reporting in October 2002 and began HIV incidence and resistance surveillance in 2005-06 (HIV incidence and resistance studies were suspended due to CDC surveillance funding reductions in 2007). Through interim supplements of the Epidemiologic Profile such as the Annual Surveillance Summary, data from HIV reporting were made available for the first time in 2007 and have been posted online (http://www.health.state.pa.us/hiv-epi). More detailed analyses of HI V reporting data will be made available through the major update of the Epidemiologic Profile that's expected at the beginning of the next planning year.

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The current Integrated Epidemiologic Profile was based on AIDS cases diagnosed through December 31, 2003, reported through June 30, 2004 (to accommodate reporting delays), and was released in December 2004/January 2005. Several updates (including detailed regional and county mini-profiles) have been provided during each successive planning year while the Department awaited HIV reporting data. The next major update will be based on HIV reporting and (including AIDS cases) using data from cases diagnosed through December 31, 2007, reported through June 30, 2008 (due to longer reporting delays of the new HIV reporting system). As indicated, this major update of the Integrated Epidemiologic Profile is still under development and is expected at the beginning of the next planning year. In-between the major updates, interim abridged updates that are produced based on AIDS cases consist of the following supplements to the Integrated Epidemiologic profile: a) twice yearly publications of the HIV/AIDS Surveillance Biannual Summary along with the featured abstract series of incisive special analyses on key target populations; b) detailed regional and county-level AIDS prevalence and incidence mini-profiles published once every two years; and c) other special supplementary analyses that may be needed to support prioritization or other planning-related purposes..

2.3. Integrated Roundtable Review of Linkages between the Epidemiology of HIV and Other Aspects of the Prevention Plan (i.e. Needs Assessments, Interventions and Evaluation)

Over the past two planning year cycles, the Epidemiology Subcommittee has implemented an integrated roundtable review. This roundtable review is intended to facilitate increased comprehension of the data-driven linkages between epidemiology of HIV and the work of the respective sub committees and how this contributes to the prevention plan and application. The review is conducted annually by the Epidemiology Subcommittee in collaboration with other subcommittees, i.e. needs assessment, interventions, and evaluation. Following the orientation meeting November of the preceding year, the annual integrated roundtable review is conducted early in each year's planning cycle during the first three consecutive full CPG meetings (January, March and May). The integrated roundtable review is frontloaded into an early stage of the planning cycle to ensure that CPG participants can gain an understanding and knowledge of the linkages in each subcommittee's response plans including gaps in linkages which need to be addressed during subsequent plan development meetings (May, July and August). This process facilitates cross-committee understanding of linkages across subcommittees, integrated plan development and informed CPG member participation in the planning process up to and including the culmination point of the concurrence discussion.

The review begins with detailed input on the epidemiology of HIV highlighting each of the main transmission risk groups (i.e. injection drug use (IDU), heterosexual contact, men who have sex with men (MSM), MSM-IDU, and perinatal transmission) followed by input and discussion of each subcommittee's presentation of its response plans (and potential gaps in response plans) addressing the issues raised by epidemiology input on each of the main risk groups, and finally closing with a full CPG roundtable review of each of the subcommittee's inputs. Gaps in response plans are noted as items to be

addressed by each subcommittee in updates of its component of the prevention plan. A pre- and post-roundtable evaluation is conducted to examine the impact of the roundtable review on knowledge of response plans or gaps in response plans, and attitudes and perceptions of committee members regarding the prevention plan. Feedback on the results of the evaluation is discussed with the subcommittee and translated into action plans for the next roundtable review and for each subcommittee to follow-up. Further details of the roundtable review are presented in the planning cycle/timeline.

2.4. Written Process for CPG Subcommittees to Submit Data Requests/ Recommendations for New Data Sources/Analyses to the DOH Bureau of Epidemiology

A written process has been in place by which CPG Subcommittees may request/contribute/suggest additional data (guidance for recommending additional local, regional or statewide data sources/analyses for use in the planning process and the development of the Profile) by the submission of a form that is available online at http://www.health.state.pa.us/hivepi-profile (subsection 1.2. Planning Committees Input Mechanism)

Outline of Guidance for Requesting/Recommending Additional Local, Regional or Statewide Data Sources/Analyses for Use in the Planning Process and the Development of the Integrated Epidemiologic Profile of HIV/AIDS (for Prevention and Care)

(Note: Proposed data source/analyses abstract/summary should be no more than one page in length and typed in >=10 pt font)

1. Outline the main statewide or specialized planning questions/objectives that you propose to answer with the proposed data source/study data/analyses.
2. Clarify how the proposed data source/study data/analyses addresses the main planning objectives/questions outlined in #1 above.
   a. Describe the study/objectives/purpose of the study/data collection/source/analyses proposed.
   b. Describe the study population/setting, sample size, representativeness of study and generalizability/applicability of findings of study/data source from which the data to be analyzed is derived.
   c. Describe the study methods and procedures (attach data collection forms used to collect the data to be analyzed where applicable).
   d. Describe the public health applicability/recommendations possible/anticipated or already established from study findings.
3. Summarize the public health inference for planning that is possible/anticipated from the use of findings/data from the proposed data source/study data.

[**Recommendation to CPG members submitting requests**: To ensure that data requests truly reflect the data needs and are relevant to the CPG planning process, the HIV Epidemiology Subcommittee recommends that CPG members request the above details in an abstract formatted according to the above guidelines from the researchers and investigators of all data sources/analyses that are recommended for use in the planning

process. Most scientific studies and many formal data collection processes that are likely to be useful for this purpose already have abstracts/summaries of project descriptions formatted in the standardized Health & Human Services (HHS)/National Institutes of Health (NIH) format described above under items 1 & 2 above].

2.5. Update on Implementation of Guidance

Members of the Epidemiology Subcommittee are available to assist other CPG sub-committees and provide training to reiterate the process of requesting data from the Bureau of Epidemiology. Each year, the Epidemiology Subcommittee reminds the CPG membership (ideally in September) that data requests must be submitted by November to be included in the following year's planning process. In addition, the Epidemiology Subcommittee continues to work with other subcommittees on coordinating data needs with the care planning process and to ensure that epidemiology methods used in data collection processes assure representativeness, generalizability and standardization of studies commissioned by the planning committee. Several data requests that have been received have been reformatted in accordance with the guidance and are currently being followed up.

2.6. Young Adult Roundtable (YART) Input on Epidemiology Data Needs and the Epidemiology Subcommittee Clarification(s) and Response Plan(s)

This section presents the Young Adult Roundtable (YART) consensus statement on Epidemiology data that they consider necessary to facilitate planning for prevention of HIV among young adults. The subsection subtitled "Young Adult Roundtable Consensus Statement on Epidemiology Data Needs and Epidemiology Clarification(s) and/or Response Plan(s)" presents the statements of problems, goals and objectives identified by the YART. These statements are quoted verbatim from the YART consensus statement. Epidemiology Clarifications and/or Response Plans appear next to each objective. The consensus statement has not been changed since the previous update of the plan. (Note: Requests to the Needs Assessment subcommittee are noted in multiple Epidemiology Clarifications and/or Response Plans below and are being addressed. Responses to the next Consensus statement will be included in the next major plan update.)

2.6.1. Consensus Statement Introduction

This Consensus Statement describes which statistics should be looked at when developing a view of HIV/AIDS infection among young people in Pennsylvania. Most of the information needed for accurate targeting of young people is not currently being collected in Pennsylvania. The Roundtables recognize this as a particularly severe problem and asks the question, "How can programs and interventions be effectively targeted if no epidemiologic data are available to support the targeting of these programs?" Effective HIV prevention programs for young people in Pennsylvania cannot be developed and targeted without accurate and sufficient epidemiologic data. Although we know that half of all new HIV infections in the U.S. are among individuals under the age of 25, and half of these are among individuals under the

age of 22, we do not know HIV incidence and prevalence data for young people in Pennsylvania.
• What information (data) should be used to help paint the most accurate picture that reflects the HIV epidemic among *young people* (13-24 years of age) in Pennsylvania?
• How much of this information is already available? How much is not known? Why is this information not known? How should all of this information (data) be gathered from *young people*?

2.6.2. Epidemiology Clarifications and/or Response Plans

Introduction and Clarifications: The Consensus Statement on Epidemiology Data Needs from the YART is a well-done and detailed effort with an outline of specific data needs for planning of HIV prevention for adolescents and young adults. The HIV Epidemiology subcommittee offers the following general clarifications and response plans to address the data needs identified. The next section in which specific problems, goals and objectives are carefully described includes directed clarifications and response plans that are specific for each objective indicated.

HIV Incidence and Prevalence Surveillance: HIV incidence and prevalence data constitute the key epidemiologic data needed to support HIV prevention planning, including prioritization and targeting of prevention services for adolescents and young adults. These data are now being collected by the Pennsylvania Department of Health and will be available in updates of the Epidemiologic Profile due for the 2008 planning year. The Pennsylvania (PA) Department of Health (DOH) recognizes the increasing limitations on the usefulness of AIDS incidence data to estimate HIV incidence and prevalence trends since the introduction of highly active antiretroviral therapy (HAART) in 1996/1997. In response, the Department began a process to make HIV reportable in PA. HIV case reporting began in October 2002. PA DOH became eligible for HIV incidence surveillance funding (to supplement HIV case reporting) from CDC for the first time for 2004 and these two population-level surveillance studies are now operating in tandem from 2005 onwards and will generate population level data on HIV incidence and prevalence that is needed for all population groups, including adolescents and young adults. Data from the two surveillance systems will be integrated and made available when it is scientifically usable, depending upon how quickly the system and the trends generated begin to stabilize.

Interim Bridging Solution & Data Sources: In the meantime, a variety of data sources are currently being analyzed to provide indicators of HIV risk in the general population including adolescents and young adults, and most of these data are now available in the 2005 Integrated HIV Epidemiologic Profile, and relevant findings from additional updates and supplemental analyses were presented during the roundtable reviews. The data sources being utilized for these analyses include surrogate data on Sexually Transmitted Infections (STI), teenage pregnancy rates, abortions, etc. The 2005 Integrated HIV Epidemiologic Profile addresses some of the data needs raised by the YART and will be the basis for an update of the model for prioritization of target populations.

Behavioral Surveillance: In addition, the Department of Health's HIV Epidemiology Section and Division of Community Epidemiology in the Bureau of Epidemiology have pursued proposals for reinstatement and application for CDC-funds for the youth risk behavioral surveillance (YRBS) by the Department of Education (which is the primary agency that CDC funds for these studies). The YRBS has now been approved for resumption in PA including parts of the state outside Philadelphia during the Spring of 2009.

Providing Guidance on Recommending Additional Data Sources to the CPG Including Representatives of the YART: In 2003 and 2004, the Epidemiology Subcommittee provided the planning committee with a list of a variety of data sources that are currently being analyzed, provided guidance on how to recommend additional data sources, and also solicited input for analyses to support various aspects of prevention planning. The Planning Committee (including YART and other subcommittees) continues to work closely with the Epidemiology Subcommittee to enable them to follow the data request guidelines for additional analysis as per established process.

Bridging the gap of knowledge at the planning level regarding HIV Epidemiology work in progress: The Prevention Planning Committee was provided with an orientation that included ongoing HIV Epidemiology work during the planning year.

Coordination of consultations on HIV Epidemiology and other studies in progress or planned: This activity has been in progress within the Department and at the Planning Committee level in 2007 and is anticipated to elicit further input on specific issues that need to be taken into account or modified in the data collection processes for HIV Epidemiology studies in progress or planned.

2.6.3. YART-Identified Goals, Objectives and Epidemiology Clarifications and/or Response Plans for Each Objective

This subsection presents the Young Adult Roundtable (YART) consensus statements of problems, goals, and objectives identified by the YART quoted verbatim from the YART Consensus Statement along with Epidemiology Clarifications and/or Response Plans that appear next to each objective. It is meant to address the lack of data regarding the prevalence of HIV among young people in Pennsylvania.

Goal #1: Gather quarterly statistics to determine the **demographics** of *young people* who are being infected/re-infected by HIV and the **modes of transmission** by which infection occurred.

> **Objective #1:** The age groups identified by this data should be subdivided as follows: 13-15, 16-17, 18-20, and 21-24 year olds. This breakdown reflects social factors, such as driving and legal drinking age, that influence behavior. Roundtable members agree that the age of 18 is important to recognize because many *young people* move away from home and gain more independence.

Epidemiology Clarification(s) and/or Response Plan(s): The breakdown of age groups is adjusted where statistically feasible, taking into account sample sizes available for analyses of meaningful trends, and national standardization used for comparisons with other reference data and census data.

Objective #2: HIV data should be used to establish target populations (and interventions) in Pennsylvania. Surrogate data suggests that young African Americans, young Latinos/Latinas, young men who have sex with men and young women are at a particularly high risk of HIV infection. HIV infection data should be used to support or disprove the current findings that suggest that these groups are at high risk. HIV reporting (for *young people*) has only recently been implemented; therefore it is too early to draw any conclusions from this newly accumulated data. When sufficient data become available, it should be used to reevaluate target populations of *young people*.

Epidemiology Clarification(s) and/or Response Plan(s): Surrogate data from Sexually Transmitted Disease surveillance are used to elucidate the potential for recent HIV transmission among young adults and adolescents in the meantime; HIV reporting and incidence data will be used when they become available.

Objective #3: It is imperative to determine the number of *young people* who are accessing HIV testing services, and in addition those who return for test results. Prevention programs can use this information to target and plan for *young people* who are not getting tested or who are not returning for test results. Data currently being collected at testing sites is not specific to *young people*.

Epidemiology Clarification(s) and/or Response Plan(s): We suggest referring this issue to the counseling and testing program for review and follow-up. Data currently collected by the Counseling and Testing program include age of service recipients and can be analyzed by age group to show the number of young people who are accessing HIV testing services and those who return for test results. Update analyses currently underway for the Integrated HIV Epidemiologic Profile will elucidate this issue. Recommendations of data analyses are to be submitted (using the "Guidance" and form referenced in Section 4 above) to the Epidemiology Subcommittee by November each year indicating what data each subcommittee needs for planning work during the following year.

Objective #4: Needle exchange programs should be used to gather demographic data about young users in PA.

Epidemiology Clarification(s) and/or Response Plan(s): The Department of Health is not currently involved in needle exchange intervention or research programs. However, it is possible for the Department to collect data on/among needle exchange users through commissioning supplemental observational studies such as needs assessments and surveys in this risk group or service users. This request has been referred to the Needs Assessment Subcommittee for

collaborative/joint review and possible follow-up with the Epidemiology Subcommittee.

Objective #5: Sharing injection drug paraphernalia shares infected blood and therefore transmits HIV. Injection drugs include but are not limited to heroin and steroids. Therefore, the drug-related behaviors through which *young people* contract HIV need to be identified.

Epidemiology Clarification(s) and/or Response Plan(s): The Department of Health can collect the recommended supplemental data on needle-sharing and drug related behaviors through commissioning supplemental observational studies such as needs assessments and surveys in this risk group. This request has been referred to the Needs Assessment Subcommittee for collaborative/joint review and possible follow-up with the Epidemiology Subcommittee.

Objective #6: Statistics regarding income, household size, geographic location, and religion should be collected. Again, this information would allow for proper targeting.

Epidemiology Clarification(s) and/or Response Plan(s): The Department of Health collects/obtains some of the recommended information from the general population including subpopulations at risk for HIV through the population census. Analyses of such data are planned for the Integrated HIV Epidemiologic Profile currently in development. In addition, such supplemental data can also be collected through commissioning supplemental observational studies such as needs assessments and surveys in samples of at risk populations. This request has been referred to the Needs Assessment Subcommittee for collaborative/joint review and possible follow-up with the Epidemiology Subcommittee.

Goal #2: Gather statistics to determine the **demographics** of *young people* who are living with AIDS.

Objective #1: Determine the number of young people who are living with AIDS, in relation to the total number of people living with AIDS in Pennsylvania

Epidemiology Clarification(s) and/or Response Plan(s): The Department is already collecting demographic data on AIDS cases and is therefore able to perform the recommended analyses. The Department has already made such analyses available. HIV reporting data will also be used for this purpose when it becomes available, see Section 4 for further information. Analyses for the Integrated HIV Epidemiologic Profile were performed to further elucidate this issue. Further recommendations of data analyses/studies may be submitted (using the "Guidance" and form referenced in Section 4 above) to the Epidemiology Subcommittee by November each year indicating what data each subcommittee need for planning work during the following year.

Objective #2: Statistics regarding income, household size, geographic location, and religion should be collected. Again, this information would allow for proper targeting.
Epidemiology Clarification(s) and/or Response Plan(s): This issue has been addressed under Goal 1, Objective #6. Analyses currently underway for the Integrated HIV Epidemiologic Profile will elucidate this issue to the degree permissible with available data. In addition, such supplemental data can also be collected through commissioning supplemental observational studies such as needs assessments and surveys in samples of at risk populations. This request has been referred to the Needs Assessment Subcommittee for collaborative/joint review and possible follow-up with the Epidemiology Subcommittee]. Further recommendations of data analyses are to be submitted (using the "Guidance" and form referenced in Section 4 above) to the Epidemiology Subcommittee by November each year indicating what data each subcommittee need for planning work during the following year.

Goal #3: Data need to be collected to identify the specific HIV risk (sexual and drug using) behaviors of *young people* in PA.

Objective #1: PA should reinstate and expand the Youth Risk Behavior Survey (YRBS) to survey HIV risk (sexual and drug using) behaviors. Previously the state of Pennsylvania participated in the nationwide CDC sponsored YRBS. This survey collected information from high school students on a variety of risk behaviors including drug use and sexual practices. These data would allow for effective preventative measures.

Epidemiology Clarification(s) and/or Response Plan(s): Departments of Education are the State partner agencies that CDC's Division of Adolescent and School Health (DASH) has designated to collaborate with on projects such as the Youth Risk Behavior Surveillance System as these surveys are aimed at a population best reached through the school systems. The YART has correctly identified this gap in critical information that is needed for planning prevention services for adolescents and young adults. Recommendations of data analyses or studies are to be submitted (using the "Guidance" and form referenced in Section 4 above) to the Epidemiology Subcommittee by November each year indicating what data each subcommittee needs for planning work during the following year. Upon receipt of the relevant data needs and study recommendations, the HIV Epidemiology Section has referred this request to the Department of Education through the Division of Community Epidemiology in the Department of Health. The YART is thus invited to submit any other relevant recommendations with the relevant information indicated on the recommendation form for review and follow-up with the Epidemiology Subcommittee and CPG.

Objective #2: Until sufficient HIV infection data among young people are available, surrogate data should be used to identify target populations. Useful statistics in determining the unprotected sexual behaviors of *young people* would

be rates of sexually transmitted infections (STI), pregnancies, abortions, and emergency contraceptive use. Statistics that have yet to be collected include frequency of protected and unprotected anal, oral, and vaginal sex; the age of first sexual encounter; and the number of partners per year. Trends among behaviors of *young people* should be extracted from this information, aiding in the formation of interventions.

Epidemiology Clarification(s) and/or Response Plan(s): This issue has been addressed under Goal 1, Objective #6. Analyses for the Integrated HIV Epidemiologic Profile have elucidated this issue to the degree permissible with available data. Further recommendations of data analyses are invited for submission (using the "Guidance" and form referenced in Section 4 above) to the Epidemiology Subcommittee by November each year indicating what data each subcommittee needs for planning work during the following year.

Objective #3: Risk behavior data should be specific to demographics: race, gender, geographic location, and sexual orientation.

Epidemiology Clarification(s) and/or Response Plan(s): Data currently collected by the Department's HIV/AIDS Case reporting system include demographics, sex, geographic location and probable mode of transmission. The current Epidemiologic Profile already analyzes data on adolescents and young adults by demographics (age and race/ethnicity, sex, geographic location, and probable mode of transmission). This approach is continued in the analyses for the new Integrated HIV Epidemiologic Profile. The recommended supplemental data on sexual orientation and gender (Note: gender is used in this context to denote part of an individual's self-perception of sexual identity, which is not necessarily biological sex at birth) may not be currently feasible to collect through the HIV/AIDS case reporting system. However, the Department of Health can collect the recommended supplemental data through commissioning supplemental observational studies such as needs assessments and surveys in representative samples of the target populations of interest. This request has been referred to the Needs Assessment Subcommittee for collaborative/joint review and possible follow-up with the Epidemiology Subcommittee. Recommendations of data analyses are to be submitted (using the "Guidance" and form referenced in Section 4 above) to the Epidemiology Subcommittee by November each year indicating what data each subcommittee need for planning work during the following year.

2.7. Tentative Integrated Timeline of Updates of Epidemiologic and Data Support Work -Products for CDC- and HRSA-Funded Activities to be done jointly by the Prevention Community Planning Group and the Integrated Care Planning Council

2.7.1. Updates of Comprehensive Needs Assessment (Including the Integrated Epidemiologic Profile of HIV/AIDS and various other data products)

The Comprehensive Needs Assessment should be updated regularly. Certain aspects need to be updated annually while other aspects need to be updated every two years. The Prevention Committee and Care Planning Council will develop the Integrated Timeline jointly.

2.7.2. Timing of Updates of Each Component of the Comprehensive Needs Assessment

The updates of each component will be done based on Academy of Educational Development (AED)/Health Resources & Services Agency (HRSA) guidance for unmet needs assessments. Updates will be performed based on the following timeline:

- Integrated Epidemiologic Profile of HIV/AIDS in Pennsylvania
    - Major updates will occur every second year
    - Interim updates/supplements include the 'Biannual Summary,' and the 'Featured Abstracts Series' twice-yearly
- The Resource Inventory will be updated every one to two years
- The Profile of Provider Capacity and Capability will be updated every two years
- The estimation and assessment of Unmet Needs - A Comprehensive update will occur every two years (reconciling unmet needs and service gaps). Estimation of unmet needs will be updated every second year
- The assessment of service needs among affected populations (including service gap analyses and surveys of needs and barriers) will also be updated every second year

List of Epidemiology Appendices
(Attached to Plan/Application Submission)

Epidemiology Appendix 1: 2004/2005 Integrated Epidemiologic Profile of HIV/AIDS in Pennsylvania; http://www.health.state.pa.us/hivepi-profile (including updates and supplements through 2008)

Epidemiology Appendix 2(Attached PDF): Step 1 Abstract/Summary of Step 1* of the Refined Model's Interim Methods & Results for Statewide Prioritization of Regional HIV Prevention Service Areas in Pennsylvania.

3. PRIORITIZATION OF TARGET POPULATIONS (SECTION UPDATED IN 2008)

This section focuses on identifying and ranking a set of target populations that require prevention efforts due to high infection rates and high incidence of risky behavior. The CPG established the current model (under revision) to rank-prioritize target populations/ transmission groups at the statewide level to ensure that priority setting is fair. In pursuit of this goal, the CPG and the State HIV/AIDS Epidemiologist developed an empirical/evidence-based objective process to set priorities as opposed to a method that relies on subjective perceptions. This model continues to undergo peer review and refinement.

This section also focuses on the process of identifying and ranking those target populations with high infection rates and high incidence of risky behavior. The CPG acknowledges the CDC requirement to prioritize HIV-infected persons as the highest priority population. This requirement was introduced late in the 2003 plan year and the CPG was therefore unable to complete a new process for prioritizing target populations until 2004. In 2005, the CPG convened an ad hoc prioritization workgroup to work with the Department and a 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. The CPG is addressing this CDC requirement as outlined in the framework of the revision of prioritization below.

3.1. Current Model for Prioritization of Target/Risk Populations for HIV Prevention in Pennsylvania

3.1.1. Summary of the Methods for Application of the Model for Prioritization of Target Populations

Transmission categories and factors for ranking of transmission categories were established based on the main modes of transmission and races/ethnicities identified by the Epidemiologic Profile. Factors for prioritizing the target populations were determined according to their potential correlation with likelihood of new infections. The current prioritization model is summarized in the Epidemiologic Profile at http://www.health.state.pa.us/hivepi-profile, subsection 8.1. You can also find the Abstract/Summary of Current Prioritization Methods and Current Prioritization Model on line at: http://www.dsf.health.state.pa.us/health/lib/health/hiv/EpiResources-05/EpiResources/Profile/8.1.prioritization.pdf
.
The three types of factors used in the model are:

1) Factors related to transmission potential of probable mode of transmission **(**Predominant mode/risk behavior)

2) Factors indicative of incidence, with a likelihood of new infections, and prevalence of HIV **(**Estimated live HIV cases in transmission category as proportion of total living with

HIV in Pennsylvania and estimated unadjusted relative risk or likelihood of death as an indicator of relative survival time for transmission category which is in turn an indicator of relative likelihood of increase/decrease in the prevalent pool of infected persons, assuming there is no decline in other contributing factors).

3) Factors that may impede or enhance access to prevention and care (Barriers to prevention and resources currently distributed to each target population)

3.1.2. Utilization of Available Data, Collection of Data Not Available and Application of Data to Model

Data needed for each factor and target population were gathered if they existed, new data collection analyses were performed and made available, and data not readily available that needed to be collected were identified. Plans are continuously under review to collect the needed data. The collection of data went as follows:
i. The target population factors were assigned weights from 0-10, giving the most important or reliable greater weight, and the least important or reliable lesser weight.
ii. Categories within each factor were ranked and each factor assigned a relative weight compared to other factors in the model.
iii. The available data were inputted into the model and the rank for each factor was multiplied by the weight associated with the factor, resulting in a product score for that factor corresponding with the appropriate transmission category.
iv. The product for each factor by transmission category was then entered into the respective cell in the transmission category column.
v. The totals for each transmission category column were calculated. Based on the sum of the scores of the transmission category column, the percentages for each transmission category were calculated and entered.
vi. Each transmission category was stratified by race/ethnicity to establish population transmission categories. Each transmission category sum of scores was thus stratified by race/ethnicity according to the relative percentage of incident AIDS cases (diagnosed in more recent years, 1995-1997) in each transmission category by race/ethnicity.
vii. The population-transmission group cross-tabulation yielded population-transmission groups that were ranked according to the percentage share of the total score for all population-transmission groups.

Summary Results of Prioritization Model for Ranking of HIV/AIDS Target Populations for HIV Prevention, 2002 (V.10.00)

Rank	Relative % (Overall Score)	Population/ Transmission Group	Sex M=Male/F=Female Distribution	Age Group/ Miscellaneous	Geographic Distribution
1	18.6% (165)	HIV+/HIV- White - MSM	M	*20-39; 13-19, 40-49;	NA*
2	15.8% (140)	HIV+/HIV- Black - IDU	M & F, Mostly Male	*20-39; 13-19	NA
3	10.1% (90)	HIV+/HIV- Black - MSM/IDU	M	*20-39	NA
4	9.0% (80)	HIV+/HIV- White - MSM/IDU	M	*20-39	NA
5	8.3% (74)	HIV+/HIV- Black - Hetero	F & M, Mostly Female sex partners of IDU	-history of STD, 13-19; -partners of IDU, 13-39;	NA
6 (tie)	8.2% (73)	HIV+/HIV- White - IDU	M & F, Mostly Male	*20-39	NA
6 (tie)	8.2% (73)	HIV+/HIV- White - Hetero	F & M, Mostly Female sex partners of IDU	-history of STD, 13-19; -partners of IDU, 13-39; -(?white F<13?)	NA
8	7.6% (67)	HIV+/HIV- Hispanic - IDU	M & F, Mostly Male	++13-19; *20-39	NA
9	5.8% (52)	HIV+/HIV- Black - MSM	M	13-(*20-29)-39	NA
10	4.4% (39)	HIV+/HIV- Hispanic - Hetero	F & M, Mostly Female sex partners of IDU	-history of STD, 13-19; -partners of IDU, 13-39;	NA
11	3.0% (27)	HIV+/HIV- Hispanic – MSM/IDU	M	*20-29	NA
12	1.0% (9)	HIV+/HIV- Hispanic MSM	M	*20-29	NA
TOTAL ADULTS	100% minus 5%				
13	1 %	HIV+/HIV- Perinatal Transmission	Blacks & Hispanics Comparable, Whites 2%; See Table 1.	Hetero Females who are IDU and/or partners of IDU	NA

Rank	Relative % (Overall Score)	Population/ Transmission Group	Sex M=Male/F=Female Distribution	Age Group/ Miscellaneous	Geographic Distribution
	4 %?	HIV+/HIV- Emerging Risk Group Needs Assessments	To be determined by CPG informants;		NA
TOTAL ALL GROUPS	100%	ALL RISK GROUPS	ALL RISK GROUPS	ALL RISK GROUPS	ALL RISK AREAS

NA*=Variable not applied in model
Perinatal transmission has been removed from the final distribution model for adults ranked 1-12. Prioritization for this mode of transmission may need to take into account the relative percent share of this mode of transmission in Table 1 as a set-aside and also consider the large amount of resources currently spent in the public (through a Ryan White initiative to eliminate Perinatal transmission) and the private sector.

PLEASE NOTE the Pennsylvania Community HIV Prevention Planning Committee recognizes that the above prioritization of HIV risk populations is based on information pertaining to population-transmission groups. A number of other characteristics and life circumstances also define subgroups of individuals who are at risk of HIV within these larger groups defined in the model. The following subgroups are largely included in one or other groups defined in the model: female sex partners of male injection drug users (IDU), female sex partners of men who have sex with men (MSMs), female young adults and adolescents at risk for HIV through sex with men (included in risk group due to male and/or female heterosexual contact); young men who have sex with men (MSM) (included in risk groups due to MSM) and individuals experiencing poverty and/or homelessness, the incarcerated and those recently released from incarceration into local communities; users of other non-injection drugs and alcohol who have sex with people with HIV; individuals who are mentally ill; and transgender individuals (these groups may acquire HIV through predominant risk covered in any of the groups defined).

When local jurisdictions, service providers and organizations use the above model to establish local prioritization of risk populations, the Committee requests that these other characteristics and life circumstances that may be predominant within each local community be taken into consideration, to further refine local priority-setting.

3.2. Overview & Progress Update on Proposed Refinement of Prioritization of Risk Populations for HIV Prevention in Pennsylvania

3.2.1. Objectives of State-Commissioned Project for Revision of the Model for Prioritization of Target Populations for HIV Prevention

The specific project objectives are to develop a project plan and implement this plan to revise the prioritization model on aspects that include: Introducing a mechanism within the revised plan/model for refocusing the main target population within each population-

transmission group to firstly identify HIV infected persons most likely to transmit HIV to others and secondly uninfected populations most at risk of acquiring HIV infection. Introducing a mechanism within the revised plan/model for changing the current statewide paradigm of one set of statewide priority target populations to include regional priority target populations that are more relevant to the epidemic in each region. In addition to the above-outlined primary/"macro prioritization", the project will develop a mechanism to be used as a guideline for secondary/"micro prioritization" within each prioritized regional population-transmission group.

[The secondary process described above entails prioritization of micro factors or "micro-prioritization" within each prioritized regional "macro" population-transmission group in the context of region-specific local target populations. These "micro" factors tend to be region-specific and include social and other risk-accentuating factors: e.g. self-esteem and power dynamics among younger females who have unprotected sex with older males; socioeconomic status among black IDU; social stigma among black males who have sex with men and women (on the "down-low"); power dynamics among black heterosexual women who have sex with IDU males; non-injection substance use such as methamphetamines among MSM; socioeconomic status and rural/urban-setting among white MSM; socioeconomic status among black MSM; homelessness among IDU; black heterosexual sex workers of low socioeconomic status who trade sex for drugs; sex work among transgenders; social stability and barriers faced by migrant workers; rural vs. urban setting. The relevance of these "micro" factors will need to be assessed through region-specific sub-analyses, targeted needs assessments or surveys conducted, and incorporated into the model either as barriers or under some other prioritization factors that may be applicable in each region. By providing guidance for incorporating more specific secondary "micro" prioritization within the regional priority population-transmission groups, it is expected that more relevant regional/local data will enhance prioritization and targeting]

Additional details of the plan for revision of prioritization are online at http://www.health.state.pa.us/hivepi-profile, subsection 8.2. Revision of Prioritization Model.

3.2.2. Review of CDC Mandate and Recommendations

The CDC has mandated that the HIV-positive population in each state be given first priority in the prioritization process. Since the current state model for prioritizing risk populations was designed with HIV-negative high-risk populations in mind, the current model will need to be adjusted/refined to consider the particular prevention needs of those who are HIV-positive. It would be too resource- and time-consuming to fully integrate this model to consider HIV-positive and HIV-negative populations together in exactly the same process. Therefore, we recommend that two separate processes be conducted for the HIV-positive and HIV-negative populations. The same model will be used for each process, but with adjustments to the weight given to different types of data based on differing circumstances and quality of data per each of these two populations. (See Appendix 2)

The CDC's mandate to include the HIV-positive population in prioritization raises a further issue: It begs the question of whether the HIV-population should be considered as one large priority population, or whether sub-populations among those who are HIV positive should be considered in prioritization. The team agreed to recommend that sub-populations among HIV-positive be prioritized, as this is a more valid approach since sub-populations among HIV-positive also do not have a uniform likelihood of HIV transmission, barriers, and so forth.

3.2.3. Review of Literature and Other States' Practices

Through a contract with the University of Pittsburgh's Pennsylvania Prevention Project (PPP), the Department of Health commissioned a review of the state's process for prioritizing HIV Risk Populations. Investigators reviewed the literature on prevention needs of populations at high risk of HIV to learn whether updated needs assessment was needed in Pennsylvania. Also, the same investigators reviewed other state's processes for prioritizing risk populations. The results of both of these processes were discussed with members of the State Department of Health and PPP (the group reviewing needs assessment and prioritization processes will hereinafter be referred to as "the prioritization team"). Based on these discussions and consultations, the recommendations in the next section were developed.

3.2.4. Summary of Recommendations

Literature Review for Current Information of Relevance to Needs Assessments and Interventions. Three areas arose from the literature review as possible areas with need for further attention. Two of these areas appear to be currently addressed by the Needs Assessment Subcommittee of the PA HIV Prevention Community Planning Committee. Namely, this subcommittee is addressing the primary and secondary prevention needs of HIV-positive MSM on antiretroviral treatment and needs of minority women at heterosexual risk. A third area concerned the Internet as a context for prevention interventions among MSM. More details on each of these areas appear in the full report (see Appendix 2). Therefore, the only recommendations stemming from the review of prevention needs literature are:

The Needs Assessment Subcommittee read and incorporated into their current needs assessments, the attached report's discussions on (a) HIV-positive men who have sex with men (MSM) taking antiretroviral drugs; and, (b) minority women.
The Interventions Subcommittee read and incorporated into their recommendations on interventions this report's discussion on the use of the Internet as a context for

Step 1: Pursuant to the Community Planning Group (CPG)'s adoption of a regional prioritization framework along HIV prevention regions/service areas funded by the Department (ten County/municipal Health Departments and six Health District areas), the Department is developing a model/formula for regional distribution of HIV prevention resources to the above-mentioned HIV service areas generally targeted at the two main

populations of a) persons living with HIV and b) HIV- negative persons at risk of acquiring HIV infection.

Step 2*:* Refine current model for prioritization into two (2) versions custom-designed for application in each of the two main populations of a) HIV+ persons living with HIV and b) HIV- persons at risk of acquiring HIV infection within each region. The refined model would then be applied to each of these two main populations, so as to generate two sets of target populations for HIV prevention based on probable modes of transmission/behavioral risks (i.e., men who have sex with men (MSM), injection drug users (IDU), MSM/IDU, and heterosexual risks) stratified by race/ethnicity, sex/gender, and age within each of the two main populations.

Step 3**:** Apply each model to the two main populations of a) HIV+ persons living with HIV and b) HIV- persons at risk of acquiring HIV infection within each region and generate two sets of target populations for HIV prevention based on probable modes of transmission/behavioral risks (i.e., MSM, IDU, MSM/IDU, and heterosexual risks) stratified by race/ethnicity, sex/gender, and age within each of the two main populations. Following guidelines to be provided, prioritization "micro" factors within each target population would be implemented within each region/service area.
Step 4: Develop a statewide composite list based on the sums of the scores of the same target populations across regions, that is to show a statewide picture of the rank of each target population within each of the two main populations of a) HIV+ persons living with HIV and b) HIV- persons at risk of acquiring HIV infection at the statewide level.

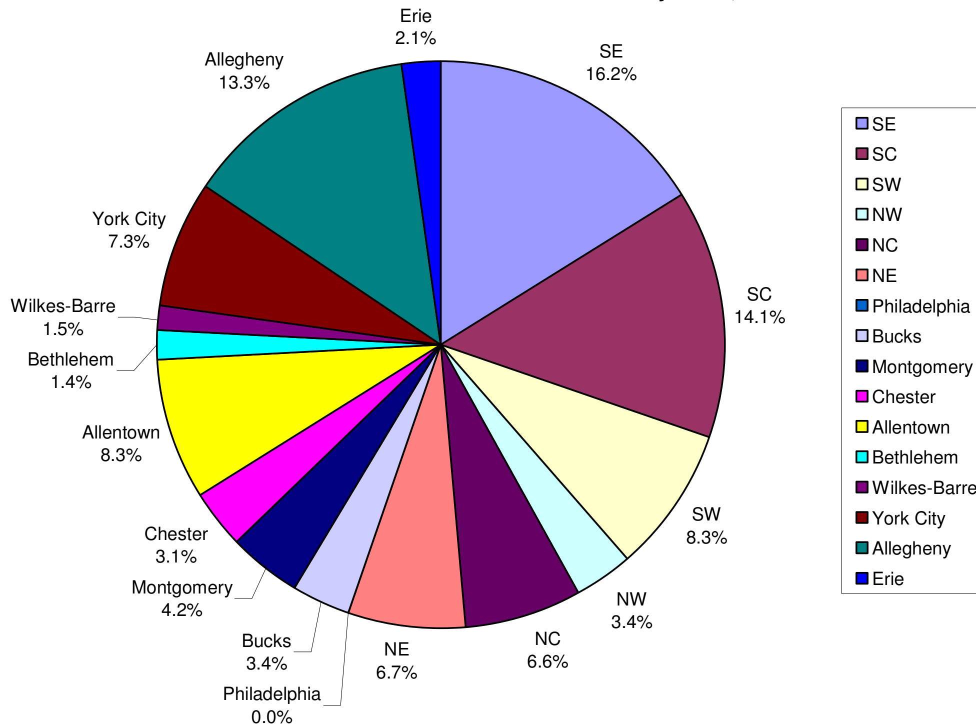
The implications of this process are:
The focus of prioritization is shifted to the regional/service area level where the actual prioritized target populations assume more meaning and have application. In each region, this method will generate two lists of priority populations in Pennsylvania: one for prevention among HIV-positives and one for HIV-negative populations.
The statewide lists of target populations are recognized to be of no practical application, given the diversity of the epidemic in PA, hence the statewide composite lists will only be produced to give an indication of the statewide distribution. Other recommendations for possible attention are also addressed in the full report attached and are not included in this summary because the issues addressed are beyond the scope of this project. These additional recommendations are provided (see Appendix 2) for whatever benefit they might be to the Committee and its work.

3.2.5. 2006 Progress Update on Refinement of Prioritization

Pursuant to the Community Planning Group's adoption of a regional prioritization framework along HIV prevention regions/service areas funded by the Department (ten County/municipal Health Departments and six Health District areas), the project is being implemented in phases along the 4-Step process outlined earlier. An update of the progress of work on these phases/steps is as follows:

Step 1**:** During 2004-2005, the Department collaborated with consultants to develop a model/formula for regional distribution of HIV prevention resources to the aforementioned HIV service areas. The results of the model are presented in the figure below. The translation of these results into actual allocations is done by the Department's HIV Prevention Program and is described in the application. An abstract including methods used for this regional resource distribution model and tabulations of results is provided in Epidemiology Appendix 2.

Figure 1. Results of an Interim Sub-Model for Resource Distribution to HIV Prevention Service Areas in Pennsylvania, 2005



Steps 2 – 4**:** Work on development of the models for within-region and statewide composite priority ranking of target populations for HIV prevention (HIV+ and HIV- subpopulations and their respective subgroups) has reached advanced stages and is scheduled for completion using HIV reporting data for the next new multi-year planning cycle.

3. 3 Responses to Objectives and Attributes from 2003 HIV Prevention Plan Guidance

Specific objectives to be addressed and attributes to measure the attainment of those objectives were provided within the 2003 CDC Plan Guidance. The Epidemiology Subcommittee has reviewed and updated those objectives and attributes specific to their work beginning with Objective D so labeled in the original announcement along with Attributes 19-23 that specifically relate to Epidemiology:

Objective D: Carry Out A Logical, Evidence-Based Process to Determine the Highest Priority, and Population-Specific Prevention Needs in the Jurisdiction.

Attribute 19 (Epidemiologic Profile): The Epidemiologic (Epi) profile provides information about defined populations at high risk for HIV infection for the CPG to consider in the prioritization process. The 2004-2005 Integrated Epidemiologic Profile of HIV/AIDS in Pennsylvania has been developed, presented and reviewed with the CPG (including updates and supplements in each successive year). The Integrated Epidemiologic Profile of HIV/AIDS in Pennsylvania identifies the thirteen-ranked/prioritized populations at high risk for HIV infection across the Commonwealth of Pennsylvania not including Philadelphia. These data will be utilized as input for the new prioritization model that is under development to target those individuals who are living with HIV and HIV negatives at risk of acquiring HIV infection.

Attribute 20 (Epidemiologic Profile): Strengths and limitations of data sources used in the Epidemiologic profile are described (general issues and jurisdiction-specific issues). The Integrated Epidemiologic Profile of HIV/AIDS in Pennsylvania contains the strengths and limitations of data sources used in the Epidemiologic Profile (http://www.health.state.pa.us/hivepi-profile, subsection 1.1. Data Sources and Methods).

Attribute 21 (Epidemiologic Profile): Data gaps are explicitly identified in the Epidemiologic Profile. Data gaps are identified where relevant in the profile. Pennsylvania became an HIV names-reporting jurisdiction in October 2002. The profile clearly addresses the limitations resulting from the recent inception of HIV reporting in the Commonwealth. The current profile continues to use AIDS data, surrogate data, as well as sexually transmissible infection data and other indicators of HIV risk-related behaviors where data are available. The Young Adult Roundtable Consensus Statement identifies several data needs that will be addressed as outlined in the response plan. The profile will be updated with HIV and other relevant data as they become available.

Attribute 22 (Epidemiologic Profile): The Epidemiologic Profile contains narrative interpretations of data presented. The Integrated Epidemiologic Profile of HIV/AIDS in Pennsylvania includes relevant narrative in each section and an overall basic summary overview of the Epidemic.

Attribute 23 (Epidemiologic Profile): Evidence that the Epidemiologic profile was presented to the CPG members prior to the prioritization process. This Epidemiologic profile was presented to the full CPG in January and March 2005, and an overview, updates and supplements were presented in each successive planning year. CPG members received the profile *prior* to the current revision of the priority-setting model for target populations. Data from this profile will be used in the priority setting process. In addition, as part of the Community HIV Prevention Planning process, new members receive an Epidemiology presentation as a component of the new member orientation provided in January (at the beginning of each annual planning cycle).

4. COMMUNITY SERVICE ASSESSMENT

This section describes the prevention needs of populations at risk for HIV infection, prevention activities/interventions that currently exist to address needs, and service gaps or where needs are not being met. The Community Services Assessment (CSA) is a combination of three products: Needs Assessment, Resource Inventory, and Gap Analysis.

4.1. Needs Assessment

4.1.1. Needs Assessment Summary Report

Complete Needs Assessment Reports can be found in *Appendix N* (2003 Five-Year Plan)

4.1.2. History

When the Committee began in 1994 HIV prevention programs were generally providing information to groups upon request. Since that time major strides have been made. The providers, the consumers, and the community now understand the need for targeting specific populations, culturally appropriate prevention, and science-based interventions. These changes have been nurtured by the Health Department's directive that the Pennsylvania Community HIV Prevention Plan (Plan) be used in designing all HIV prevention projects that they fund. This has had a major impact on who is reached by interventions and the quality of the programs that reach them. A second major change occurred in 1997 when the HIV Prevention Community Planning Committee (CPG) was invited by the State's Ryan White Coalitions to design their prevention standards to which all Ryan White funded agencies are required to adhere.

In addition, the State and the Committee have focused considerable attention on the most widely used HIV prevention intervention, namely, HIV antibody testing and counseling; and that Partner Counseling and Referral Services (PCRS) has been found to be an effective intervention for HIV positive men and women. The State has followed through on that recommendation. Further, the Committee and the State have helped design the most comprehensive evaluations of HIV testing and counseling in the country. The State has used those data to make necessary changes in publicly funded sites.

Focus groups, surveys and interviews were used to gather data related to barriers in at-risk populations. The needs assessment indentified barriers to intervention strategies as confidentiality concerns, stigma, the invisibility of many at-risk to the greater community, and distrust of those at-risk to the Medical establishment. The research allowed staff to strengthen community connections and to work with participant recruiters, facilitators, and interviewers known and trusted by those at-risk**.** Some of the major barriers in needs assessment are confidentiality concerns, stigma, the invisibility of many at-risk, and distrust of those at-risk. Focus groups surveys and interviews were used to gather the data. These methods allowed staff to work with participant recruiters, facilitators, and interviewers known and trusted by those at risk**.**

4.1.3. Designing Several Large Needs Assessments

In 1995-1996, 1999-2002, and 2003-2004 the Committee designed several large needs assessments. These assessments involved over 160 groups and dozens of interviews with those at risk of infection, including Men who have Sex with Men (MSM), Injection Drug User (IDU), heterosexual partners, and African-American women over age 50. The groups were chosen to represent the epidemic and reflected the racial, ethnic, age, sex, sexual orientation, and geographic location of people with AIDS in Pennsylvania. Groups that appeared to be on the growing edge of the epidemic were over-sampled and special efforts were made to include sub-populations in special need such as the physically and mentally challenged, transgender people, sex workers, recently incarcerated and others.

Needs Assessment data provide ideas from a broad cross section of people and it was this input that enriched the data. The needs assessment project made use of qualitative methods and various process evaluations identified ways to improve implementation strategies. Valuable information has been collected over the years describing priority populations. A detailed and systematic method has been developed to prioritize populations.

Based upon the Epidemiologic Profile and the Prioritized Target Populations and in consultation with the PA Department of Health, Division of HIV/AIDS (DOH), the PA HIV Prevention Community Planning Committee (CPG) has identified the target populations to be assessed and the types of needs assessments to be implemented. The DOH commissioned researchers at the University of Pittsburgh/PA Prevention Project (PPP) to carry out these assessments.

As stated above, extensive needs assessments were conducted among a number of at-risk populations between 1994 and 2008. The findings of these assessments have been previously reported. This report covers needs assessments of subgroups carried out since 2006.

The context in which these problems occur has, however, changed. A few examples: HIV is perceived of as being less threatening than it once was among many populations. Increasing numbers of individuals are living with HIV as a result of improved treatments and, thus, can transmit HIV. The HIV-related attitudes, beliefs, behaviors, and prevention needs of at-risk populations have evolved and are often not well understood. These types of data are required to effectively plan HIV interventions.

In the 2001 work plan, the CPG expressed their concern that HIV-positive individuals were not getting support for prevention. The Centers for Disease Control also began to acknowledge the need for HIV-positive individuals to be targeted for prevention. Studies suggest that anywhere from 20 to 40% of HIV-positive patients engage in high-risk behavior. In addition, sexually transmitted infections are still common among HIV-positives individuals in care. A recent literature review described seven factors that may be positively or negatively associated with high-risk behavior:

1) Recent treatment advances;
2) Having a sense of physical well being;
3) Living with a monogamous or primary partner;
4) More frequent use of alcohol and illegal drugs, particularly prior to sex;
5) Having a poor relationship with a physician;
6) Disclosure of status; and,
7) Prevention burnout.

While these findings are revealing, they may not provide adequate information to plan effective prevention programs. More specific information about the prevention needs of HIV-positive individuals in Pennsylvania is needed to support the development of effective HIV prevention programs. With the local and national concern growing on this issue, the Bureau of Communicable Diseases, Division of HIV/AIDS applied for supplemental funds to identify the needs and barriers to prevention among positives in Pennsylvania. The funds were received in January 2003.

Also, members of the PA Young Adult Roundtables have voiced the belief that youth are increasingly less concerned about HIV/AIDS and that education within our public schools is inadequate and if improved, could help reduce transmission of HIV among adolescents. As a result, the Roundtables requested that the CPG add objectives exploring the status and needs of adolescents with regard to HIV education within Pennsylvania's public schools. The CPG did so.

As a final example of the changing context of HIV and the resulting need for additional data, HIV testing data show that fewer young adults under 24 have been coming into HIV testing centers, presumably because of their decreasing sense of vulnerability with regard to HIV. However, a more complete understanding of why some adolescents seek HIV testing and others do not is required for effective HIV prevention planning. Thus the CPG asked that a small study be done to gather data from high-risk youth about their risk behaviors and about their reasons for getting or not getting tested. These data are available and have been reported to the CPG.

4. 2. Overall Purpose of Needs Assessments and Goals of Specific Projects

The primary purpose of the needs assessment activities is to provide data for the DOH and CPG to support their HIV-prevention planning processes and application to the CDC. It is also hoped that local health departments and community agencies can be provided with needs assessment findings to assist their prevention activities and that the assessments can serve as a model for others working across the U.S. in addition to providing information about needs and barriers to HIV prevention to individuals nationally.

As stated above, the CPG has been responsible for identifying needs assessment strategies and, in consultation with the DOH, has been responsible for identifying populations to be assessed. The identification of populations has been generally based on

a population's relative contribution to new HIV infections. More specifically, decisions were based on an:

- analysis of the Epidemiologic profile contained in the Plan
- the relative amount that was known about a particular population (populations for whom little is known may be prioritized)
- feedback from CPG members concerning their experiences and perceptions
  HIV remains a threat to the health and well being of a variety of individuals. For example:
    - After years of reductions in the transmission of HIV among Men who have Sex with Men (MSM,) studies have found increasing rates of HIV and other sexually transmitted infections (STDs) among this population
    - In most areas, transmission rates among injection drug users (IDU) remain high
    - People of color remain disproportionately affected by HIV
    - Half of all new HIV infections in the United States and, presumably, in Pennsylvania, are among young people under the age of twenty-five, with highest rates among young MSM and young people of color
    - MSM, IDU, and subgroups of heterosexuals in PA report that little HIV prevention exists that specifically targets these individuals

The DOH, CPG, and PPP are continuing work in regards to the CDC's priority of prevention for those who are HIV positive

In 2008-2009, at the direction of the CPG, Pennsylvania Prevention Project staff worked on the following four projects:

1. Continued to work on a long-term collaborative effort with the Integrated Planning Council and Ryan White funded coalitions to conduct a study on the unmet needs of HIV positive men and women. Unmet needs include prevention resources. Thus far, discussion has focused on instrument design and sampling. Data collection will not occur for a few years at least.
2. Beginning to recruit parents into focus groups to understand what they feel are the HIV prevention needs of their adolescent children
3. Conducted literature reviews about the HIV prevention needs of incarcerated men and women and the role religion has in regards to HIV prevention.
4. Conducted literature search and annotated bibliography of "down-low".

4. 3. Methods

- Literature Review: Databases, web sites, past needs assessments, and other data were searched to identify relevant themes, gaps in literature, and quality methods. Important issues and questions that needed to be assessed were identified.
- Identification of Sample: Not all subgroups of populations identified by the CPG could be included due to funding limitations. A steering committee of PPP staff, committee members and other PA experts made preliminary recommendations of

subgroups for study based on relevant Epidemiological data, feedback from the CPG, and the literature review.
- Questions were developed and were based on: 1) needs of the CPG; 2) topics identified through the literature review; 3) past needs assessments; 4) discussions by the CPG; and 6) outside expert input.
- Identification of Methods: A panel consisting of the needs assessment sub-committee identified the most appropriate methods (e.g., key-informant interviews for more marginalized and thus harder to reach populations).
- Development of Budget: A detailed budget for the project was then developed.
- Institutional Review Board: Application was made to and approval received from the University of Pittsburgh's Institutional Review Board.
- Staffing and training: Individuals were identified based on their relationships with target populations and relevant skills to recruit participants, lead groups, or implement interviews. Training included purpose of the study, dynamics of each population, confidentiality, facilitation or interviewing skills, and, other issues.
- Data Collection: Focus groups and interviews were tape-recorded. Pilot groups and interviews were implemented. Staff of PPP reviewed the tape recordings of these pilot groups and interviews and provided feedback to the facilitators and interviewers.
- Analysis of Data: Three individuals listened to a cross-section of tapes and identified themes based on each theme's frequency, intensity, and level of consensus. Reliability was evaluated. A matrix system was utilized based on the work of Miles and Huberman (<u>An Expanded Sourcebook: Qualitative Data Analysis</u>, 1994). The lead reviewer then analyzed the remaining tapes to record the data based on the identified themes with a back-up reviewer listening to selected tapes to ensure high quality. Findings were then checked for validity in sessions with CPG members who were also representatives of the targeted populations.
- Evaluation: Participants, facilitators and interviewers completed written evaluations. Facilitators and PPP staff met to evaluate project. Data was presented to the CPG to have them provide feedback.

4.4. Summaries

<u>Parent Focus Groups and Interviews (see Appendix for full report)</u>
The PA DOH had requested that PPP gather preliminary information regarding the HIV prevention needs of parents of adolescents less than 18 years of age. This request came at a time when both state and national HIV/AIDS data show increasing risks among adolescents, especially among racial and ethnic minorities. PPP has been asked to gain information from parents of adolescents. The specific aim of this study was to facilitate in-depth qualitative interviews with 11 parents of adolescents (seven individual interviews and 1 focus group with four people) with the purpose of understanding the types of information that parents of these previously identified adolescents need.

Key thematic issues that emerged from the studies involved education content available, stigma related to both status and sexual identity, the experiences of the sexualization of

young girls, the influence of the media and other uncontrollable outlets, the responsibilities and resources available to single parents, and the education background, knowledge and expertise of the parent or guardian themselves.

The study revealed that parents themselves are in need of training, not only on sexuality and HIV, but on how one can communicate with their children about these topics. Specific tools and guidelines, such as talking points and timelines, are needed by parents. These tools should be tailored for specific populations including single parents and co-parents.

The kind of HIV education these parents felt adolescents needed is not so different from what is currently available. Education should be hands on, age appropriate, and redundant; in other words, education should be consistent and complementary from all sources including teachers, doctors, and other child care professionals, to reinforce the health messages that adolescents receive. These messages should include strategies for safety and empowerment.

Participants had specific recommendations based on their own experiences for education. Parents listed using puberty and body changes as the gateway or initiation to conversations. Parents all made note that the emotional environment is crucial to the receptivity of the health message; the information presented can be embarrassing for children, which could hinder learning.

One very specific issue that parents want to see addressed is how sexuality is communicated through media. The messages are very sexual but are devoid of any discussion of HIV. The images of women are especially problematic for parents who see such images influencing the appearance and behavior of young women. Young women were especially mentioned as being targeted by older men for sexual relationships, who use gifts as a way to manipulate young women. Parents also acknowledged HIV stigma as being an important issue. HIV stigma still prevents many people from even talking about HIV, and will prevent people with HIV from talking about it or even admitting it to others. Such activity could also prevent people from accessing care and testing.

Parents specifically requested curriculums that were tailored for earlier age groups such as preadolescent children. They feel pre and early adolescent children require educational models very different from what parents are seeing as being currently available. They wish to have the tools to provide sex and HIV education at an age appropriate level and include training/tips for adults on how to perform such education.

<u>Differences between MSM in virtual & physical settings (Full Report in Appendix)</u>

Methods

This study examined the sexual activity of men who have sex with men (MSM) and the impact of location on partner selection. Staff facilitated four focus groups over a two-week period in February of 2009. Recruitment divided participants into two categories: those who utilized physical location (Physical Group, bathhouses, bars) to find sexual

partners, and those who used virtual locations (Virtual group: chat groups, Craigslist/message boards) to find sexual partners. Two groups of each type for a total of four groups with 20 total participants (N= 20) were conducted. Researchers recruited participants from an existing participant population within the Pitt Men's Study. Researchers used the Grounded Theory in the analysis of focus group transcripts and dialogue.

Results:
Participants discussed the benefits and drawbacks to both physical and virtual settings. In physical locations, participants felt that there was less opportunity to define sexual preferences and expectations in advance. The pool of partners was also limited to the venue at a specific time. There was an increased fear of rejection in a physical space; this fear increased with the aspect of public rejection and scrutiny.

In virtual locations, participants perceived an unlimited number of potential partners. Due to detailed profiles and website categorization, the participants could screen partners for sexual compatibility before initiating conversation. Participants felt it was easier to discuss sex and that it was more private. However, many participants felt that internet partners had more opportunities to falsify both physical and emotional attributes.

Participants also defined how they perceived physical and virtual locations. Participants sub-divided physical locations into venues that are either heterosexual or gay. Physical spaces can offer increased risk for physical violence. Further, participants might consider themselves be limited by their appearance and reputation in a public space. MSM who participated in the virtual space groups felt that physical locations took too much time to meet and obtain a partner, offered only a limited partner pool, and were inconvenient.

Participants who used physical locations to find sexual partners perceived virtual spaces as being unsafe. This group felt that the internet was "only for hooking up" and allowed people to be duplicitous in their description and profile. MSM virtual group participants felt the internet allowed for a deeper personal connection. These participants did note that people should follow specific online rules and that many people lie.

Of note, both participant populations noted a number of MSM were married and solicited sex in the same manner as those who were not.

Conclusion

- Environment plays an important role in behaviors of MSM depending on their perceptions of the space
- Spaces have different emotions/feelings attached to them that influence both choice of space and behavior within space.
- Similar activities are done in both spaces, but are acted out in different ways because of the presence other individuals or not having others around.
- MSM use multiple spaces over their life course.
- Spaces are used together.

- As one space becomes old (or the novelty wears off) MSM will move to another space, but sometimes returning to the space in which they began.

<u>MSM/IDU Literature review (Citations in Appendix)</u>

Within the United States the lifetime prevalence of injection drug use (IDU) has been estimated to be around 1.5%.[1] Around 19% of AIDS cases in the US were among the IDU population in 2006.[2] Of the 31,518 cases of HIV/AIDS diagnosed among adult or adolescent males in 2007 in 34 US States and 5 US dependent areas, around 4% were attributed to men who have sex with men and were injection drug users (MSM-IDU).[3] Between 2002 and 2007, around 3% of AIDS cases diagnosed in Pennsylvania were attributed to MSM-IDU.[4] Among IDU-related AIDS cases in the US in 2006, the proportions of AIDS diagnoses attributed to MSM-IDU were generally of the same magnitude across different age groups among adults and adolescents.[2] Among MSM-IDU, 6,300 received a diagnosis of AIDS in 1992. Since 1992 a decreasing trend in AIDS diagnoses has occurred in this group, with an estimated 1,844 MSM-IDU receiving a diagnosis of AIDS in 2006.[2] In 2006, 50 jurisdictions (45 states, 5 dependent areas, including PA) reported a total of 8,638 cases of HIV infection (not AIDS) related to IDU among adults and adolescents of which 23% were attributed to MSM-IDU.[2] MSM-IDU have the highest rate of HIV infection of any risk group in the US. MSM-IDU have higher HIV prevalence, incidence, and risk behaviors compared to other male IDU and non-IDU MSM. [5] MSM-IDU also provide an important source of HIV transmission between high prevalence and low prevalence groups through drug-use and sexual relationships with gay men and heterosexual women.[6] Both drug users and MSM are considered hidden populations for HIV surveillance and behavioral research and thus are difficult to study.

One study of MSM-IDU from San Francisco noted that HIV-positive MSM-IDU were more likely than HIV-negative MSM-IDU to be older, African American, less likely to be homeless, more likely to have engaged in anal intercourse with men over the past 6 months, less likely to have had vaginal sex with women in the past 6 months, and more likely to have used an Amphetamine injection.[5] There was a high prevalence of high risk behavior such as unprotected anal sex and needle sharing, with over a third of the study population reporting needle-sharing. The study also showed that MSM-IDU comprise a heterogeneous population with gay and bisexual self-identified MSM-IDU having significantly higher rates of positive HIV status than heterosexual self-identified MSM-IDU. Additionally three quarters of heterosexual MSM-IDU engaged in sex trading (for drugs or money). Although antiretroviral treatment (ART) among HIV positive MSM in San Francisco is common, only 15% of HIV positive MSM-IDU in this study reported ART use. Though most studies have focused on stimulant use (e.g. methamphetamines) among MSM-IDU, this study also revealed a high level of heroin use (62% for all participants) along with high use of syringe exchange programs suggesting that future interventions could incorporate methadone treatment and syringe exchange programs.

The MSM-IDU population can be stratified based not only on self-identified sexual orientation but also on drug use. The risk of HIV infection therefore differs with type of drug used. Studies of IDU have shown that injection of "speedballs" (combination of heroin and cocaine) compared to cocaine or heroin alone is associated with a higher risk of HIV infection.[7] Similarly, while the use of methamphetamines has been associated with HIV infection among MSM-IDU, the use of cocaine and heroin is much less studied.[5] One recent study examined primarily cocaine and heroin using MSM (including non-IDU) in New York City.[8] In this study, HIV positive participants generally participated in fewer high risk behaviors such as sex with multiple partners and exchange-for-sex partnerships and also reported higher socioeconomic status than HIV negative participants. The authors suggest that this may be because HIV positive individual may have known of their status for some time and subsequently reduced their high risk behaviors.

Black and Latino MSM populations generally have been under-recruited in studies of MSM individuals. [8] There are likely to be important differences among sexual risk behavior among MSM-IDU of different race/ethnicities. One study of drug using (non-IDU) MSM reported a sense of exclusion by the participants of color from the mainstream gay community, including at HIV positive organizations.[9] Studies have suggested that bisexual MSM of color are less likely to inform their female sex partner of their sexual identities thus increasing the risk of heterosexual transmission of HIV.[8, 10, 11] Studies of IDU in Black MSM have had mixed results, with some studies revealing higher IDU than white MSM while other studies showed equal or less prevalent IDU compared to white MSM.[12] The Latino MSM-IDU community is perhaps even more understudied. One study found Latino ethnicity among MSM to be inversely associated with IDU. [13] Deiss et al. studied MSM-IDU in two Mexican cities near the US border to explore risk behaviors among Latino MSM-IDU where the study population is likely to have some similarities with US Latino MSM-IDU.[14] This study revealed very high levels of sexual relationships with females and needle-sharing among the study population.

MSM-IDU have been reported to engage in multiple high-risk behaviors that may have a synergistic effect on HIV transmission.[15] The primary contributor of risk for the IDU population may not be needle-sharing, but rather the engagement in high risk activities such as unprotected sex.[16, 17] One study reported that MSM-IDU engaged in risky behaviors to satisfy a heightened need for immediate gratification.[15] Choice of drugs by MSM-IDU differed from non-MSM IDU (methamphetamines and cocaine vs. heroin) which contributed to an increased sex drive. There were between 45-60% of the study participants reported being high during sex half the times or more, which may allow for a greater risk of risky sexual behavior. This study strongly suggests that targeting just IDU or MSM related risky behavior may not be sufficient for interventions targeting MSM-IDU, especially as MSM-IDU may not identify with either the general MSM community (due to heterosexual self-identification) or the IDU community (due to not using heroin). Another study of young MSM-IDU in San Francisco reported that HIV infection was associated primarily with sexual risk factors including commercial sex work.[18] The study authors comment that commercial sex work among MSM-IDU provides additional

challenges to any intervention as it provides powerful commercial disincentives for condom use, and IDU who have sex with men primarily for money may not identify with the general gay community.

Apart from HIV, MSM-IDU are at risk for other health issues. One study found that HIV positive MSM with Hepatitis C infection (HCV) had a trend towards higher IDU than those without HCV.[19] Another reported HCV to be strongly associated with IDU in a cohort of MSM.[20]. Another study reported a low prevalence of HCV in MSM who do not use drugs pointing to a possible important difference between MSM and MSM-IDU groups.[21] Another study reported a higher rate of self-reported history of tuberculosis and sexually transmitted infections– most commonly syphilis or gonorrhea – among MSM-IDU compared to non-MSM IDU.[14] IDU has also been identified as a risk among HIV positive MSM for Community-Associated Methicillin-Resistant Staphylococcus aureus (CA-MRSA) skin Infections.[22]

Possible Future Investigation: There seemed to be few studies specifically looking at Latino/Hispanic MSM-IDU. Also as the MSM-IDU community may be stratified according to type of drug used, with very different risk associated with heroin vs. methamphetamine and cocaine use, it is important to study different drug using populations within the MSM-IDU community. Also the importance of polydrug use was acknowledged by some studies and as such this needs to be further investigated.

4.5. Activities related to the Registry Project

The Registry project has been an18-month collaboration between the Pennsylvania Department of Health and the Pennsylvania Prevention Project (PPP) with the goal of establishing a statewide registry of HIV service providers. It is a long-term collaborative effort by the Integrated Planning Council and Ryan White funded coalitions to conduct a study on the unmet needs of HIV positive men and women

This product will allow for better interaction among providers, improved access to information for consumers, and a greater ability to capture unmet needs throughout the region by researchers, policy makers and funding agencies. This project has included an examination of national, regional and local resources to draft the most comprehensive level of detail that meets the needs of both epidemiologist and consumers. The Registry will also attempt to assist agency and individual consumers with marketing of events, and the listing of employment, grant and networking opportunities. Additionally, individuals will be able to create and maintain a portable HIV service provide employment profile that allows for tracking of statewide human resource capacity.

Registry Users Definitions:

- Consumers: existing state resources
- Workers: trainings, networking, volunteer and job opportunities, portable resume
- Agencies: marketing of services and events, networking, data outputs
    - Measurement of agency capacity for state reporting compliance

    - Links to funding opportunities
- Coalitions and contract agencies: information sharing, data and reports
- Pennsylvania Department of Health: data and reporting for GAP Analysis

The Registry is currently being reviewed by HIV Community Planning Groups and Coalitions. Testing by consumers and individual agencies will begin in September of 2009. The proposed "go live" date for the Registry is late Spring 2010.

Definition of HIV service provider
State, federal and international health organizations were queried to find a foundational definition for HIV service providers. Through this process it was determined that no standardized definition of such a provider exists. The definition of an HIV service provider as defined by the Registry Project is currently: An HIV service provider for the purpose of this registry is a provider who is serving the HIV related health needs of HIV infected, affected, and at-risk people using appropriate science-based and professionally recognized methods of treatment and/or service. Services include primary medical, psychological, support services, and health prevention activities/interventions. The services must be culturally competent. The registry reserves the right to list, not list, add or remove any service from the list.

Definition of service categories
A preliminary best practice in the scope of HIV care was created to serve as a template for data collection and data organization on the registry site. To gain a full range of data, existing servicing categories from the State of Ohio, New Jersey and California (Los Angeles) were included as were the Coalition Planning Sheets, the HRSA Careware Core services from 2006 and 2007, the Medical Monitoring Project Provider Survey, the Facility Attributes Information Worksheet, and the Facility Contacts Lab Contact Access Database. Also, included was information collected from interviews facilitated with Allegheny County based HIV service agencies. Other sources that were queried but may not have been incorporated due to lack of relevant data or insufficient data were: PANO (the Pennsylvania Nonprofit Association), GUIDESTAR, and the Pennsylvania MidAtlantic AIDS Education and Training Center.

Definition of service employee profiles
A list of service categories is being designed to serve as a template for the registry data collection. Websites of existing service agencies have been queried for a framework of core skills. Additionally, guidelines from HRSA, the Ryan White Care Act, and Philadelphia department of Health have been incorporated into these categories.

Definition of agency profiles
The existing Pennsylvania Prevention Project Resource Directory, PAUDs and PEMS are serving as a template for a universal agency profile.

4.6. Pennsylvania Prevention Project/Pitt Men's Study Internet Activities

The Pennsylvania Prevention Project and the Pitt Men's Study joined efforts in January of 2008 to create a web-based intervention program for gay and bisexual men in Pennsylvania. This goal of this program is to:

1. maintain the "Health Alerts" email list service,
2. create and maintain an online partner notification application,
3. maintain a chat room "sexual health educator" presence on the gay.com, Manhunt, and Adam4adam websites,
4. create and maintain a website that would serve as a general source of STI information and community resources,
5. and research other possible methods for conducting effective online interventions.

Pitt Men's Study Health Alerts

After several months of research and testing, the Pitt Men's Study Health Alert list service was officially launched in early October of 2007, with advertisements in the local gay newspaper and a bulk mailing to Pitt Men's Study participants (1000 plus gay and bi men). The first message was sent on November 5th to 70-plus initial subscribers in the greater Pittsburgh area.

As of February of 2008, the list service became a state-wide program, with on-going advertisements in the local Out Magazine, The Philadelphia Gay News, The Erie Gay News, and the Washington Blade. The list continues to grow, however slowly, with a current total of 146 subscribers.

In March of 2009, the list was upgraded to a new University of Pittsburgh service that will allow for graphics and manipulation of text. This system has been recently tested in-house and the first public message will be sent by the end of April, 2009.

Given the slow rate of subscription, Health Alerts will also continue to be sent to Yahoo gay and bisexual groups in the state. In this way, another 1,500+ gay and bi men will be reached with the important health information.

Health Alerts are also posted in Gay.com chat rooms across the state.

Additional marketing of the list service is on-going via advertisements on the Pitt Men's Study website, Pittsburgh's Out Magazine and in the Erie Gay News. Additional advertisements are planned for later in 2009.

Partner Notification

The partner notification application was completed in December of 2008 and released to State Department of Health officials, along with instructions for testing. A meeting was

held at the PPP offices with those officials, in early April of this year, and a list of changes and updates was compiled. These changes have been made and the application is ready for Beta testing by state officials.

Chat Room Intervention

The chat room outreach project has been thoroughly researched and a resulting literature review was compiled in late 2007. Based on the available information, a chat room "health educator" went on line in April 2008 for an average of five to ten hours per week on *Gay.com, Adam4adam,* and *Manhunt*. The purpose of which, like the list service, is to inform MSM in the state about sexual health risks and to provide links to STI-related resources.

The bulk of the general information provided to chat room participants comes from a standardized list of Q & A responses created by the PPP staff and edited by Health Department officials. Other resources include StopHIV.com and the Pitt Men's Study website. Difficult or unusual issues posed by chat room participants are forwarded to the Pitt Men's Study medical staff.

In March of 2009, an official relationship was created between PPP's online outreach efforts and the local Allegheny County Health Department testing facility in order to provide direct access to testing for localized MSM.

Over the last year, conversations were conducted with more than 250 individuals.

Creating a Website Resource – www.m4mHEALTHYsex.org

Creation of the STI information-based website was completed in February of 2009. Testing is on-going and updates are being made before its release to the public in May. Features of this website include:

- A "virtual online health educator" to answer questions posed by users with sexual health questions. Answers are given in the form of an animated avatar, using the same transcript of questions and answers used for chat room outreach. Questions not answerable by the existing database will be forwarded to the Pitt Men's Study medical staff. Once an answer is obtained, it will then be added to the website's database.
- Links to other noteworthy resources, including the Pitt Men's Study website, the National STD and HIV Testing Resource Directory, links to LGBT-friendly medical providers, and other pertinent organizations.
- A news-based page with articles and information regarding the health issues of MSM.

Research of Other Potential Online Interventions

In late February of 2009, PPP began research into other methods of conduction online interventions. The goal was to identify research-proven applications that might be deployed in Pennsylvania for the purpose of reducing the incidents of new HIV infections among MSM in the state. So far, the results of the research have turned up one potential project:

The Wyoming Rural AIDS Prevention Project (WRAPP)—Funded by the National Institutes of Health in 2004, WRAPP was designed to increase awareness and thereby reduce the incidents of HIV infection among rural MSM. Although results are still preliminary and research is on-going, the application showed some promise. Currently, PPP has acquired the code for the intervention and hopes to implement the application online for Pennsylvania MSM.

Research into additional methods of conduction online interventions is ongoing.

4.7 Pennsylvania Youth Risk Behavior Survey (YRBS)

The Young adult Roundtable had requested more data regarding the HIV risks of young people. In 2009, the state initiated the YRBS and will be able to address the issues mentioned by the young adult roundtable.

4.8. Future Needs Assessment Activities

Reprioritization of target populations are still in process, the needs assessment process will not change until the reprioritization plan is finalized.

The committee will be working with the Integrated Planning Council and Ryan White funded coalitions to conduct a study on the unmet needs of HIV positive men and women, which is ongoing from the previous year. The registry project is the direct result of this collaboration.

Two studies of service needs are almost complete. One examines whether HIV positive men's and women's lack of knowledge about services are affecting their access. The other examines MSM usage of HIV testing services and the barriers they face.

In the next year the needs assessment activities will focus upon the HIV prevention needs of men who have sex with men. The current epidemiological profile lists men who have sex with men as having the highest risks of HIV infection. Studies will be conducted via the internet and through focus groups on specific subgroups of MSM (Black, Hispanic, White, Rural, gay/bi transmen, and MSM-IDU). The goal is to examine the risks and needs of these groups in comparison to previous needs assessments. The internet study will examine the feasibility of using such methods for needs assessments in comparison to the focus groups that have been conducted in the past and those to be conducted in the future. Focus groups of MSM to be conducted will be used in comparison to previous needs assessments conducted by the CPG. The goal is to examine differences in the findings found between the current focus groups and those conducted ten years earlier.

1. A study examining the service needs of HIV positive men and women. The study examines whether people's lack of knowledge is affecting their service usage.
2. A study examining men who have sex with men's access and usage of HIV testing services.
3. An internet based survey for men who have sex with men.
4. Focus Groups to examine the HIV prevention needs of various categories of MSM.
    a. African American
    b. Latino
    c. Youth
    d. Rural
    e. White Gay Men
    f. Internet Users
    g. Sex Workers (defined by those who have direct intimate contact with clients)
    h. Gay/Bi Trans Men
    i. IDU
    j. Men over 50 years of age.

4.9. Pennsylvania Young Adult Roundtables

Overview and Philosophy
The Pennsylvania Young Adult Roundtable project is a needs assessment tool of the Pennsylvania HIV Prevention Community Planning Committee. The project is NOT an intervention. The Roundtables' primary purpose is to involve youth in Pennsylvania in the HIV Prevention Community Planning process. The project accomplishes this purpose by "giving youth a voice" in the statewide HIV Prevention planning process. During Roundtable meetings, youth evaluate HIV materials (videos, brochures, etc.), make recommendations to improve HIV prevention for Pennsylvania youth, and develop the Roundtable HIV Prevention Consensus Statement. Secondary purposes of the YART include providing HIV/AIDS education/sensitivity and linking youth with local HIV prevention activities. University of Pittsburgh staff facilitates the meetings, listens to Roundtable members, and does not make any judgments about them or their discussed behaviors. Roundtable members are considered the experts, as they have the opinions and recommendations needed in statewide HIV prevention planning.

Needs Assessment Data
Each of the current seven statewide Roundtables is composed of young adults at high risk of HIV infection/re-infection. Each Roundtable meets five times per year for three hours. Typical meetings consist of informal discussions about HIV, its transmission and prevention, and reactions to and evaluations of HIV prevention videos and magazines produced for young people. The groups meet in a location recommended by a local recruiter and acceptable to the group members. Refreshments, usually pizza and soda, are served at each meeting. A new Young Adult Roundtable group, focusing on rural GLBT youth, was implemented in Lancaster, PA, in April 2009.

Priorities

We wish to determine:

- What HIV prevention programs exist for young people?
- What programs are needed for young people?
- The gaps that exist between their needs and existing programs.
- The barriers that exist for young people across the state.
- New ways to outreach with young people.

In November 2008, approximately 50 Young Adult Roundtable members convened in State College, PA, for a YART Summit. Co-funded by the Pennsylvania Departments of Health and Education, the Summit succeeded in fostering interconnections between members of different YART groups. Workshops on improving sexuality education, leadership skills, statistical reasoning, diversity and sensitivity, and HIV epidemiology were well-attended. Plans were made to offer a YART Summit biannually contingent on consistent financial support from the Department of Education.

In January 2009, members convened a Consensus Revision conference to generate ideas in order to revise the Young Adult Roundtable Consensus Statement. Content was analyzed for goals and objectives achieved, and new goals and objectives were suggested. The document was further revised at the May 2009 Executive Committee meeting, and will be finalized by the end of 2009.

In February and April 2009, YART members were surveyed about their ability to have conversations about safer sex with their sexual partners. A very small portion (<5%) of YART members reported having had experience having these kinds of conversations. At the May 2009 Executive Committee meeting, YART representatives suggested that members work on practice scripts on negotiating sexual safety with partners. These scripts would have a dual purpose: not only would they provide youth with valuable practice in a non-threatening environment, they could also be used to educate and inspire other youth who could be having similar conversations. In that vein, it was agreed that the conversations would be (with consent of YART actors who were over 18 years) digitally video-recorded and posted to a YART YouTube channel. This channel has been created and is hosted at www.youtube.com/YoungAdultRoundtable. Filming is scheduled to begin in September 2009. This initiative suggests that there is an important gap in teaching young people to have relevant, practical sexual conversations with potential sexual partners that needs to be addressed at a programmatic level. Agencies that work with young people should not assume that they are capably speaking with their partners about sexual risk.

Based upon the Epidemiologic profile and the prioritized target population and in consultation with the Department of Health, the CPG has identified the target populations to be assessed and the types of needs assessments to be implemented, which are to be carried out by University of Pittsburgh staff. This report covers needs assessments of at risk subgroups conducted within 2006:

1. Continued to work on a long-term collaborative effort with the Integrated Planning Council and Ryan White funded coalitions to conduct a study on the unmet needs of HIV positive men and women.
2. Utilized the Youth Empowerment Project data to provide needs assessment data.
3. Conducted literature reviews of MSM failure of prevention and Heterosexual women with partners in prison.
4. Developing focus groups with parents about the HIV prevention needs of their children.

Since reprioritization is still in progress, we will focus on the unmet needs collaboration with the Integrated Planning Council and Ryan White funded coalitions to provide ongoing assessment of the prevention needs of HIV positive individuals. Future needs assessments will include recommendations that will be:

- Presented and distributed to the CPG.
- Utilized by various AIDS service organizations, coalitions, etc.

4.10. 2008—2009 Resource Inventory

This Resource Inventory is a compilation of multiple surveys conducted of the HIV Prevention Planning Group members, the Pennsylvania Department of Health, their contractors (nine county/municipal health departments, seven Ryan White HIV regional planning coalitions, University of Pittsburgh/Pennsylvania Prevention Project, Council of Spanish Speaking Organizations of the Lehigh Valley), their subcontractors, other state government agencies, and data collected from the Pennsylvania Prevention Project STOPHIV.COM resource directory database. It should be noted:

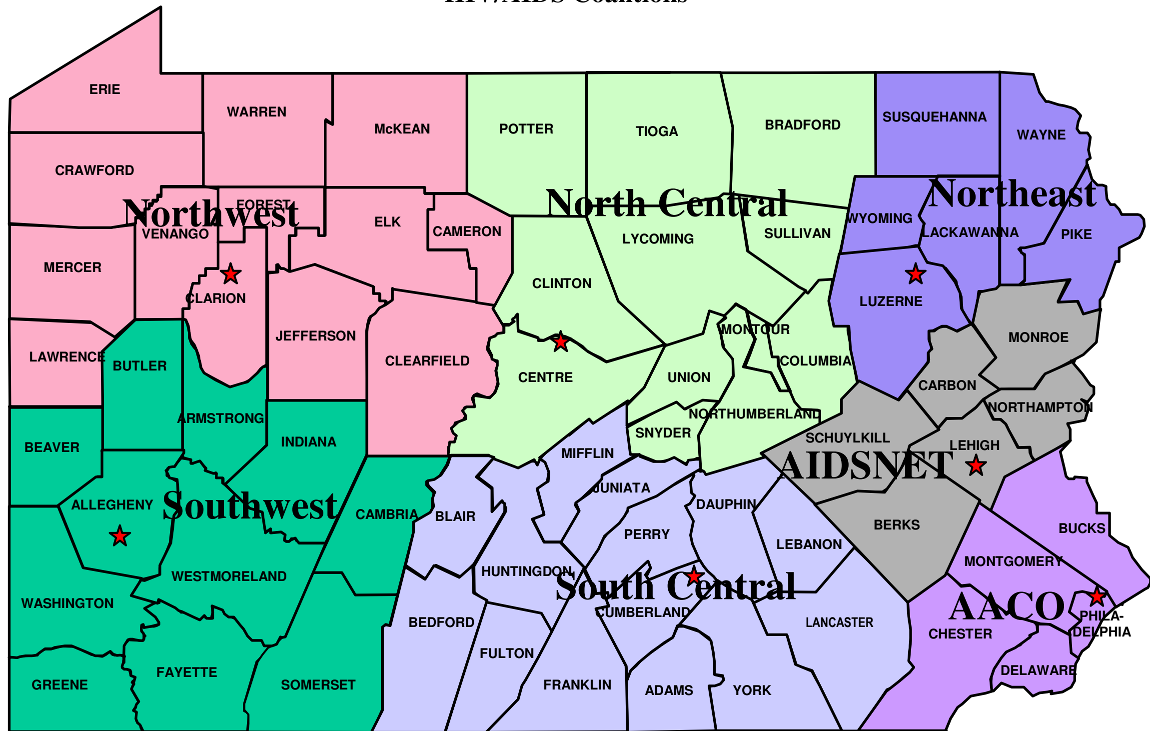
- This Resource Inventory is a list of HIV prevention service providers regardless of their funding source. The Pennsylvania Department of Health utilizes both CDC and State funding for HIV Prevention Interventions.
- Agencies may be listed more than once because they receive funding from multiple sources, for multiple projects that may target different populations and provide different interventions. Additionally, agencies may be providing services in multiple counties.
- When available, Pennsylvania's Uniform Data System (PaUDS) prevention intervention data were used to indicate the actual target populations served and interventions provided to each target population. This process monitoring data are available from only the Department's CDC-funded and state-funded contractors and subcontractors.
- Where process-monitoring data are not available, the Resource Inventory relies upon agency self-reporting of target populations and interventions
- Data on the number of individuals served by the interventions was not collected
- For some agencies, the target population is identified as "General Public" because either the agency has not been funded to target a specific population or the actual process monitoring data indicates that the agency reported serving the "General Public"

- For this Resource Inventory, the state-funded, confidential/anonymous counseling and testing sites (HIV clinics) were designated as serving the "General Public" because they are walk-in sites open to the general public. Services are not targeted to a specific population. A more accurate indication of services provided at these sites may be to look at the actual risk behaviors reported by individuals that utilized these services. This information is available through the data collected by Department's HIV Counseling, Testing and Referral (CTR) database
- Department-funded sexually transmitted infections (STI) and tuberculosis (TB) target populations were based on client demographics as reported by the STI and TB program management staff. Again the CTR data may give us a clearer picture of the self-reported risk behaviors, and thus the target populations reached. The Community Planning Group is aware of these limitations and will refine the process of data collection for the Resource Inventory
- The Interventions Subcommittee reviewed and updated the extensive resource inventory developed with the Department of Health in the 2006 Plan Update. Once HIV prevention services are recorded then the lack of service emerges and a gap analysis of needed services is developed for priority populations not receiving HIV prevention services

4.11. Resource Inventory Findings

The resource inventory is an important part of the Community Service Assessment (CSA). Each year, the Interventions Subcommittee reviews and updates this document. This year, the Resource Inventory was sent to the nine county, municipal health departments, seven Ryan White HIV/AIDS Regional Planning Coalitioons, Planning Committee members as well as other stakeholders familiar with HIV prevention services in their communities for review and update. The Resource Inventory was also cross-referenced with data from the Pennsylvania Uniform Data System (PaUDS) to assure its' accuracy.

HIV/AIDS Coalitions



The AIDS Activities Coordinating Office (AACO) Region

The AACO region consists of Bucks, Chester, Delaware, Montgomery and Philadelphia Counties. The total population of this region is 2,332,097 not including Philadelphia. Including Philadelphia, the total population is 3,849,647[1].

Key: IDU – Injection drug user; MSM – Men who have Sex with Men; MSM/IDU – Men who have Sex with Men who are Injection Drug Users

PROVIDER	PREVENTION SERVICES	TARGET POPULATION(S)
BUCKS COUNTY		
Aldie Counseling Center 3369 Progress Drive Bensalem, PA 19020 215.642.3230	Counseling, Testing and Referral Services (CTR)	HIV+ IDU MSM Heterosexual General Public
Bucks County Department of Health Neshaminy Manor Center Health Building, 2nd Floor 1282 Almshouse Road Doylestown, PA 18901 215.345.3318 www.buckscounty.org Government Service Center 7321 New Falls Road Levittown, PA 19055 215.949.5805	CD4 and Viral Load Testing Counseling, Testing and Referral Services (CTR), Partner Services (PS) Health Education/Risk Reduction (HE/RR) Outreach, Health Communication/Public Information (HC/PI), **HIV Clinic** **STD Clinic** **Tuberculosis Clinic**	General Public
Bucks County Community Corrections 1730 South Easton Road Doylestown, PA 18901 215.345.3700	CD4 and Viral Load Testing Counseling, Testing and Referral Services (CTR), Partner Services (PS) Health Education/Risk Reduction (HE/RR) Outreach, Health Communication/Public Information (HC/PI)	HIV+ IDU MSM Heterosexual General Public Emerging Risk Group – Women
Family Service Association of Bucks County HIV/AIDS Program Cornerstone Executive Suites	Group Level Intervention (GLI), Outreach, Health Communication/Public Information (HC/PI)	IDU MSM Heterosexual General Public

[1] 2000 US Census Data

PROVIDER	PREVENTION SERVICES	TARGET POPULATION(S)
3 Cornerstone Drive Langhorne, PA 19047 215.757.6916 www.fsabc.com	Case Management Support Groups Healthy Relationships	Emerging Risk Group – Women Emerging Risk Groups Homeless, Immigrants
Good Friends Inc. 868 West Bridge Street Morrisville, PA 19067 215.736.2861	Counseling, Testing and Referral Services (CTR)	IDU MSM Heterosexual General Public
Libertae 5242 Bensalem Boulevard Bensalem, PA 19020	Counseling, Testing and Referral Services (CTR)	HIV+ IDU Heterosexual General Public Emerging Risk Group – Women
Livengrin 4833 Hulmeville Road Bensalem, PA 19020 215.638.5200	Counseling, Testing and Referral Services (CTR)	General Public
Penn Foundation 807 Lawn Avenue Sellersville, PA 18960 215.257.9999	Counseling, Testing and Referral Services (CTR)	IDU MSM Heterosexual General Public
Planned Parenthood The Atrium 301 Main Street Suite 2E Doylestown, PA 18901 215.348.0555 www.ppbucks.org	Counseling, Testing and Referral Services (CTR), Group Level Intervention (GLI), Outreach, Health Communication/Public Information (HC/PI)	General Public Emerging Risk Group – Youth
Planned Parenthood The Atrium, Suite 303 610 Louis Drive Warminster, PA 18974 215.957.7980 www.ppbucks.org	Counseling, Testing and Referral Services (CTR), Group Level Intervention (GLI), Outreach, Health Communication/Public Information (HC/PI)	General Public Emerging Risk Group – Youth
Pyramid Healthcare 2705 Old Bethlehem Pike Quakertown, PA 18951	Counseling, Testing and Referral Services (CTR)	IDU MSM Heterosexual

PROVIDER	PREVENTION SERVICES	TARGET POPULATION(S)
		General Public Emerging Risk Group – Youth
Today Inc. 1990 Woodbourne Road Langhorne, PA 18940 215.968.4713	Counseling, Testing and Referral Services (CTR)	IDU MSM Heterosexual General Public Emerging Risk Group – Youth
CHESTER COUNTY		
Addiction Recovery Center 1011 West Baltimore Park Suite 101 West Grove, PA 19390	Counseling, Testing and Referral Services (CTR)	IDU MSM Heterosexual General Public
Advanced Treatment Systems 1825 East Lincoln Highway Coatesville, PA 19320 610.466.9250	Counseling, Testing and Referral Services (CTR)	IDU MSM Heterosexual General Public
ChesPenn Family Health Center 1029 East Lincoln Highway Coatesville, PA 19320 610.344.5562	Counseling, Testing and Referral Services (CTR)	General Public
Chester County Department of Health 601 Westtown Road, Suite 190 West Chester, PA 19382 Atkinson Health Care 830 East Chestnut Street Coatesville, PA 19320 Oxford Health Care 35 North 3rd Street Oxford, PA 19363 610.344.5562	CD4 and Viral Load Testing Counseling, Testing and Referral Services (CTR), Partner Services (PS) Health Education/Risk Reduction (HE/RR) Outreach, Health Communication/Public Information (HC/PI) HIV/STD Clinics Tuberculosis Clinic	HIV+ IDU MSM Heterosexual General Public Emerging Risk Group – Homeless, Immigrants, Women, Youth
Chester County Infectious Disease Association – John Bartels, MD 213 Reeceville Road, Suite 13 Coatesville, PA 19320 610.383.7505	Counseling, Testing and Referral Services (CTR), Individual Level Intervention (ILI), Outreach, Health Communication/Public Information (HC/PI)	HIV+

PROVIDER	PREVENTION SERVICES	TARGET POPULATION(S)
Chester County Prison 501 South Wawaset Road West Chester, PA 19382 610.793.1510	Counseling, Testing and Referral Services (CTR), Partner Services (PS), Individual Level Intervention (ILI), Health Communication/Public Information (HC/PI)	IDU MSM Heterosexual
Family Services of Chester County, Project ONE 14 East Biddle St West Chester, PA 19380 610.466.0603	Individual Level Intervention (ILI), Group Level Intervention (GLI), Outreach, Health Communication/Public Information (HC/PI)	HIV+ IDU MSM Heterosexual General Public
First United Church of Christ 145 Chestnut Street Spring City, PA 19475 610.344.5562	Counseling, Testing and Referral Services (CTR)	General Public
Gaudenzia West Chester Outpatient 110 Westtown Road, Suite 115 West Chester, PA 19382 610.429.1414	Counseling, Testing and Referral Services (CTR)	General Public
HELP Counseling Counterpoint 503 North Walnut Road, Suite E Kennett Square, PA 19438 610.444.0555	Counseling, Testing and Referral Services (CTR)	General Public
La Comunidad Hispana 314-316 East State Street Kennett Square, PA 19348 610.444.4545 www.lacommunidadhispana.org	Counseling, Testing and Referral Services (CTR), Individual Level Intervention (ILI), Group Level Intervention (GLI), Outreach, Health Communication/Public Information (HC/PI)	Hispanic Heterosexual Hispanic IDU Hispanic MSM
Northwestern Human Services of Phoenixville 21 Gay Street Phoenixville, PA 19460 610.933.0400	Counseling, Testing and Referral Services (CTR)	General Public
Paoli Center for Addictive	Counseling, Testing and	General Public

PROVIDER	PREVENTION SERVICES	TARGET POPULATION(S)
Diseases 21 Industrial Boulevard, Suite 200 Paoli, PA 19301	Referral Services (CTR)	
Planned Parenthood of Chester County 8 South Wayne Street West Chester, PA 19382 610.692.1770 1660 Baltimore Pike Avondale, PA 610.268.8848 1001 East Lincoln Highway Suite 101 Coatesville, PA 19320 610.383.5911 1041 West Bridge Street Suite 10A Phoenixville, PA 610.935.0599 www.plan4it.org	Counseling, Testing and Referral Services (CTR), Individual Level Intervention (ILI), Outreach, Health Communication/Public Information (HC/PI)	HIV+ General Public Emerging Risk Group – Youth
Project Salud of La Comunidad Hispana Kennett Square Medical Office Building, Suite 2 400 McFarlan Road Kennett Square, PA 19348 412.444.5278 www.lacommunidadhispana.org	Counseling, Testing and Referral Services (CTR), Individual Level Intervention (ILI), Health Communication/Public Information (HC/PI)	Hispanic Heterosexual Hispanic IDU Hispanic MSM
Riverside Care Continuum, Inc. 31 South 10th Avenue, Suite 6 Coatesville, PA 19320 610.383.9600	Counseling, Testing and Referral Services (CTR)	General Public
Southern Chester County Medical Center	Counseling, Testing and Referral Services (CTR), Individual Level Intervention (ILI), Health Communication/Public	General Public

PROVIDER	PREVENTION SERVICES	TARGET POPULATION(S)
	Information (HC/PI)	
The Clinic 143 Church Street Phoenixville, PA 19460 610.344.5562	Counseling, Testing and Referral Services (CTR)	General Public
Veterans Affair Medical Center and HIV Clinic Building 2, Room 250 1400 Blackhorse Hill Road Coatesville, PA 19320 610.384.7711	Counseling, Testing and Referral Services (CTR), Individual Level Intervention (ILI), Health Communication/Public Information (HC/PI)	HIV+
W.C. Atkinson Case Management 201 Reeceville Road Coatesville, PA 19320 610.383.8348	Outreach, Health Communication/Public Information (HC/PI)	HIV+
West Chester University Health Center Rosedale Avenue West Chester, PA 19383 610.436.1000 www.wcupa.edu	Counseling, Testing and Referral Services (CTR), Outreach, Health Communication/Public Information (HC/PI)	Heterosexual Emerging Risk Group – Youth
DELAWARE COUNTY		
AIDS Care Group 2304 Edgemont Avenue Chester, PA 19013 610.872.9101	Counseling, Testing and Referral Services (CTR), Group Level Intervention (GLI), Health Communication/Public Information (HC/PI)	HIV+ IDU MSM Heterosexual
American Red Cross Chester - Wallingford Chapter 1729 Edgemont Avenue Chester, PA 19013 610.874.1484 www.craftech.com/~redcross/	Health Communication/Public Information (HC/PI)	General Public
ChesPenn Health Services 2600 West 9th Street Chester, PA 19013 610.859.2059	Counseling, Testing and Referral Services (CTR), Individual Level Intervention (ILI), Outreach, Health	HIV+ IDU MSM Heterosexual General Public

PROVIDER	PREVENTION SERVICES	TARGET POPULATION(S)
www.chespenn.org	Communication/Public Information (HC/PI)	
Crozer Chester Medical Center Crozer Chester Community Hospital Chester, PA 19013 610.447.2000 www.crozer.org	Counseling, Testing and Referral Services (CTR), Individual Level Intervention (ILI), Group Level Intervention (GLI), Outreach, Health Communication/Public Information (HC/PI)	HIV+ General Public
Crozer Chester Methadone Clinic Crozer Chester Community Hospital Upland, PA 19013 610.447.2000 www.crozer.org	Counseling, Testing and Referral Services (CTR), Individual Level Intervention (ILI)	IDU
Delaware County State Health Center – HIV Clinic 5th and Penn Streets Chester, PA 19013 610.447.3250	Counseling, Testing and Referral Services (CTR), Partner Services (PS), Individual Level Intervention (ILI), Outreach, Health Communication/Public Information (HC/PI) HIV/STD Clinics Tuberculosis Clinic	IDU MSM Heterosexual General Public Emerging Risk Groups – Homeless, Immigrants
Family & Community Services of Delaware County 100 West Front Street Media, PA 19063 37 North Glenwood Avenue Clifton Heights, PA 19018 610.566.7540 (Media) 610.626.5800 (Clifton Heights)	Outreach, Health Communication/Public Information (HC/PI)	HIV+ General Public
George W. Hill Correctional Facility Box 23A Thornton, PA 19373	Counseling, Testing and Referral Services (CTR), Partner Services (PS), Individual Level Intervention (ILI), Health	IDU MSM Heterosexual

PROVIDER	PREVENTION SERVICES	TARGET POPULATION(S)
610.358.2150	Communication/Public Information (HC/PI)	
Harwood Home 9200 West Chester Pike Upper Darby, PA 19082 610.522.0522	Counseling, Testing and Referral Services (CTR)	General Public
Life Guidance Services, Inc. 800 Chester Pike Sharon Hill, PA 19079	Counseling, Testing and Referral Services (CTR)	General Public
Mercy Catholic Medical Center Lansdowne Avenue and Bailey Road Darby, PA 19023 610.237.4000	Counseling, Testing and Referral Services (CTR)	General Public
Mirmont Drug and Alcohol Rehabilitation Center 100 Yearsley Road Lima, PA 19037 610.522.0522	Counseling, Testing and Referral Services (CTR)	General Public
Planned Parenthood of Southeastern PA 216 West State Street Media, PA 19063 610.566.2830 Medical Building B 515 East Lancaster Avenue St. David's, PA 19087 610.687.9410 Parkview Shopping Center 605-607 Cedar Avenue Yeadon, PA 19050 610.626.9482	Counseling, Testing and Referral Services (CTR), Individual Level Intervention (ILI), Outreach, Health Communication/Public Information (HC/PI)	General Public
MONTGOMERY COUNTY		
Alternatives, Inc. 450 Bethlehem Pike Fort Washington, PA 19034 215.641.6863	Counseling, Testing and Referral Services (CTR), Individual Level Intervention (ILI), Group Level Intervention (GLI),	MSM MSM/IDU

PROVIDER	PREVENTION SERVICES	TARGET POPULATION(S)
800.342.5429 www.alternatives.com	Health Communication/Public Information (HC/PI)	
Family Services of Montgomery County, Project Hope 180 West Germantown Pike Suite 3B Norristown, PA 19401 610.272.1520 3125 Ridge Pike Eagleville, PA 19403 610.630.2211	Individual Level Intervention (ILI), Group Level Intervention (GLI), Outreach	HIV+ IDU MSM Heterosexual General Public
Montgomery County AIDS Task Force 536 Fort Washington Avenue Fort Washington, PA 19034 215.646.3683	Health Communication/Public Information (HC/PI)	General Public
Montgomery County Health Department, Montgomery County Human Services Center 1430 DeKalb Street Norristown, PA 19404 610.278.5117 364 King Street Pottstown, PA 19464 610.970.5040 102 York Road, Suite 401 Willow Grove, PA 19090 (215) 784-5415	CD4 and Viral Load Testing Counseling, Testing and Referral Services (CTR), Partner Services (PS), Individual Level Intervention (ILI), Health Communication/Public Information (HC/PI) DEBI Intervention: VOICES/VOCES HIV/STD Clinics Tuberculosis Clinic	HIV+ IDU MSM Heterosexual Emerging Risk Groups – Homeless
Montgomery County Correctional Facility 60 Eagleville Road Norristown PA, 19403 610.278.5117	Counseling, Testing and Referral Services (CTR)	General Public
Montgomery Fornace Family Practice 1330 Powell Street, Suite 409 Norristown, PA 19401	Counseling, Testing and Referral Services (CTR), Individual Level Intervention (ILI), Health	General Public

PROVIDER	PREVENTION SERVICES	TARGET POPULATION(S)
610.227.0964	Communication/Public Information (HC/PI)	
Planned Parenthood of Southeastern Pennsylvania 19 Lindenwold Avenue Ambler, PA 19002 215.542.8370 1220 Powell Street Norristown, PA 19401 610.279.6095 644 High Street Pottstown, PA 19469 610.326.8080 78 Second Street Collegeville, PA 19426 610.409.8891	Counseling, Testing and Referral Services (CTR), Individual Level Intervention (ILI), Outreach, Health Communication/Public Information (HC/PI)	General Public
Valley Forge Medical Center and Hospital 1033 West Germantown Pike Norristown, PA 19403 610.539.8500	Counseling, Testing and Referral Services (CTR), Individual Level Intervention (ILI), Group Level Intervention (GLI), Health Communication/Public Information (HC/PI), Other	HIV+ IDU MSM Heterosexual

AIDNET Region

The AIDSNET region consists of Berks, Carbon, Lehigh, Monroe, Northampton, and Schuylkill Counties. The total population of this region is 1,300,619*.

Key: IDU – Injection drug user; MSM – Men who have Sex with Men; MSM/IDU – Men who have Sex with Men who are Injection Drug Users

PROVIDER	PREVENTION SERVICES	TARGET POPULATION (S)
BERKS COUNTY		
ADAPPT 438 Walnut Street #901-909 Reading, PA	Counseling, Testing and Referral Services (CTR), Individual Level Intervention (ILI)	IDU Heterosexual
American Red Cross 701 Centre Avenue Reading, PA 19601 610.375.4383 www.berks.redcross.org	Other	General Public
Berks AIDS Network 429 Walnut Street PO Box 8626 Reading, PA 19603 610.375.6523 www.berksaidsnetwork.org	Counseling, Testing and Referral Services (CTR) Partner Services (PS), Individual Level Intervention (ILI), Outreach, Health Communication/Public Information (HC/PI) Comprehensive Risk Counseling and Services (CRCS) DEBI Intervention: VOCES/VOICES	HIV+ IDU MSM Heterosexual
Berks Counseling Center 524 Franklin Street Reading, PA 19602 610.373.4281 www.berkscounselingcenter.org	Counseling, Testing and Referral Services (CTR), Individual Level Intervention (ILI)	IDU Heterosexual
Berks County Prison 1287 County Welfare Road Leesport, PA 19533 610.208.4800	Counseling, Testing and Referral Services (CTR) Partner Services (PS)	IDU MSM Heterosexual

* 2000 US Census Data

PROVIDER	PREVENTION SERVICES	TARGET POPULATION (S)
www.co.berks.pa.us		
Berks County State Health Center HIV Clinic Reading State Building 625 Cherry Street Room 442 Reading, PA 19602 610.378.4377	Counseling, Testing and Referral Services, (CTR) Partner Services (PS), Individual Level Intervention (ILI), Outreach, Health Communication/Public Information (HC/PI)	General Public
Berks County State Health Center Tuberculosis Clinic Reading State Building 625 Cherry Street Room 442 Reading, PA 19602 610.378.4377	Counseling, Testing and Referral Services (CTR)	Heterosexual Emerging Risk Groups – Homeless
Blue Mountain House of Hope PO Box 67 Kempton, PA 19529	Counseling, Testing and Referral Services (CTR)	General Public
Caron Adolescent Treatment Center 17 Camp Road Wernersville, PA 19565 800.678.2332 www.caron.org	Counseling, Testing and Referral Services (CTR), Individual Level Intervention (ILI)	IDU Heterosexual Emerging Risk Group – Youth
Caron Inpatient Galen Hall, Box A Wernersville, PA 19565 800.678.2332 www.caron.org	Counseling, Testing and Referral Services (CTR), Individual Level Intervention (ILI)	IDU Heterosexual
Caron Outpatient 17 Camp Road Wernersville, PA 19565 800.678.2332 www.caron.org	Counseling, Testing and Referral Services (CTR), Individual Level Intervention (ILI)	IDU Heterosexual
Center for Mental Health Reading Hospital and Medical Center Building K and Spruce Streets West Reading, PA 19611	Counseling, Testing and Referral Services (CTR), Individual Level Intervention (ILI)	IDU Heterosexual

PROVIDER	PREVENTION SERVICES	TARGET POPULATION (S)
610.988.8186		
Children's Home of Reading 1010 Centre Avenue Reading, PA 19601 610.478.8266 www.childrenshomeofrdg.org	Counseling, Testing and Referral Services (CTR), Individual Level Intervention (ILI)	IDU MSM Heterosexual Emerging Risk Group – Youth
Conewago – Wernersville 165 Main Street Buildings 18,19,27,30 Wernersville, PA 19565 610.685.3733	Counseling, Testing and Referral Services (CTR), Individual Level Intervention (ILI)	IDU Heterosexual
Council of Spanish Speaking Organizations of the Lehigh Valley (CSSOLV) 520 East Fourth Street Bethlehem, PA 18015 610.686.7800	Counseling, Testing and Referral Services (CTR)	Hispanic IDU Hispanic MSM Hispanic Heterosexual
Drug and Alcohol Center	Counseling, Testing and Referral Services (CTR), Individual Level Intervention (ILI)	IDU Heterosexual
Kutztown University PO Box 730 Kutztown, PA 19530 610.683.4000 www.kutztown.edu	Counseling, Testing and Referral Services (CTR)	MSM Heterosexual Emerging Risk Group – Youth
New Directions Treatment Services 22 North Sixth Avenue West Reading, PA 19611 610.478.7164	Counseling, Testing and Referral Services (CTR), Individual Level Intervention (ILI)	IDU MSM Heterosexual
New Directions Treatment Services (methadone) 1810 Steelstone Road Allentown, PA 18109 610.478.7164	Counseling, Testing and Referral Services (CTR), Individual Level Intervention (ILI)	IDU

PROVIDER	PREVENTION SERVICES	TARGET POPULATION (S)
PA Counseling Services – PCS Reading City 938 Penn Street Reading, PA 19602 610.478.8088 www.pacounseling.org	Counseling, Testing and Referral Services (CTR), Individual Level Intervention (ILI)	IDU Heterosexual
Planned Parenthood of Northeast Pennsylvania 48 South Fourth Street Reading, PA 19602 610.376.8061 www.ppnep.org	Counseling, Testing and Referral Services (CTR)	Heterosexual
Rainbow Home of Berks County Wernersville State Hospital PO Box 300 Wernersville, PA 19565 610.678.6172 www.rainbowhome.org	Counseling, Testing and Referral Services (CTR), Individual Level Intervention (ILI), Health Communication/Public Information (HC/PI)	HIV+
Red Cross Hispanic Mobile Unit 429 Walnut Street Reading, PA 19601 610.375.6523 www.berks.redcross.org	Counseling, Testing and Referral Services (CTR), Outreach	Hispanic Heterosexual Hispanic IDU Hispanic MSM
St. Joseph's Medical Center 215 North Twelfth Street Reading, PA 19603 610.378.2000 www.sjmcberks.org	Counseling, Testing and Referral Services (CTR), Outreach, Health Communication/Public Information (HC/PI)	General Public
Teen Challenge PO Box 98 Rehrersburg, PA 19550 717.933.4181	Counseling, Testing and Referral Services (CTR)	General Public
CARBON COUNTY		
American Red Cross of the Lehigh Valley 2200 Avenue A	Other	General Public

PROVIDER	PREVENTION SERVICES	TARGET POPULATION (S)
Bethlehem, PA 18017 610.865.4400 www.redcrosslv.org		
Carbon County Correctional Facility Route 93 and Broad Street PO Box 69 Nesquehoning, PA 18240 717.325.2211	Counseling, Testing and Referral Services (CTR), Partner Services (PS), Individual Level Intervention (ILI), Health Communication/Public Information (HC/PI)	IDU MSM Heterosexual
Carbon County State Health Center HIV Clinic 616 North Street Jim Thorpe, PA 18229 570.325.6106	Counseling, Testing and Referral Services (CTR), Partner Services (PS), Individual Level Intervention (ILI), Outreach, Health Communication/Public Information (HC/PI)	General Public
Carbon County State Health Center Tuberculosis Clinic 616 North Street Jim Thorpe, PA 18229 570.325.6106	Counseling, Testing and Referral Services (CTR)	Heterosexual Emerging Risk Group – Homeless
Carbon/Monroe/Pike Drug and Alcohol Commission (PHAST) (Pocono HIV/AIDS Support Team) 128 South First Street Lehighton, PA 18235 610.377.5177 www.cmpda.cog.pa.us	Counseling, Testing and Referral Services (CTR), Partner Services (PS), Individual Level Intervention (ILI), Group Level Intervention (GLI), Outreach, Health Communication/Public Information (HC/PI)	IDU MSM Heterosexual
Youth Forestry Camp #2 Hickory Run State Park White Haven, PA 18661 570.443.9524 www.dpw.state.pa.us	Counseling, Testing and Referral Services (CTR), Partner Services (PS), Individual Level Intervention (ILI), Health Communication/Public Information (HC/PI)	IDU Heterosexual Emerging Risk Group – Youth

PROVIDER	PREVENTION SERVICES	TARGET POPULATION (S)
LEHIGH COUNTY		
AIDS Activity Office Lehigh Valley Hospital 17th and Chew Streets 6th Floor PO Box 7017 Allentown, PA 18105 610.402.CARE www.lvh.org	Counseling, Testing and Referral Services (CTR), Individual Level Intervention (ILI), Outreach, Health Communication/Public Information (HC/PI)	HIV+ General Public
Allentown Health Bureau Alliance Hall 245 North Sixth Street Allentown, PA 18102 610.437.7760 www.allentownpa.org	Counseling, Testing and Referral Services (CTR), Partner Services (PS), Group Level Intervention (GLI), Health Communication/Public Information (HC/PI) DEBI Interventions: Popular Opinion Leader (POL) with MSM VOICES/VOCES with MSM and IDU VOICES/VOCES at prisons VOICES/VOCES at colleges	HIV+ IDU Heterosexual
Allentown Health Bureau HIV Clinic Alliance Hall 245 North Sixth Street Allentown, PA 18102 610.437.7760 www.allentownpa.org	Counseling, Testing and Referral Services (CTR), Individual Level Intervention (ILI), Outreach, Health Communication/Public Information (HC/PI)	General Public
Allentown Health Bureau STD Clinic Alliance Hall 245 North Sixth Street Allentown, PA 18102 610.437.7760 www.allentownpa.org	Counseling, Testing and Referral Services (CTR)	MSM Heterosexual General Public
Allentown Health Bureau Tuberculosis Clinic	Counseling, Testing and Referral Services (CTR)	MSM Heterosexual

PROVIDER	PREVENTION SERVICES	TARGET POPULATION (S)
Alliance Hall 245 North Sixth Street Allentown, PA 18102 610.437.7760 www.allentownpa.org		General Public Emerging Risk Group – Homeless
Allentown Medical Services 2200 Hamilton Street, Suite 200 Allentown, PA 18104 610.782.0573	Counseling, Testing and Referral Services (CTR)	General Public
American Red Cross of the Greater Lehigh Valley 2200 Avenue A Bethlehem, PA 18017 610.865.4400 www.redcrosslv.org	Health Communication/Public Information (HC/PI)	General Public
Keystone Rural Health Center – Keystone Family Practice 820 Fifth Avenue Chambersburg, PA 717.263.4313 www.keystonehealth.org	Individual Level Intervention (ILI), Group Level Intervention (GLI), Outreach	Hispanic Heterosexual
Latinos for Healthy Communities – New Directions Treatment Services 716 Chew Street Allentown, PA 18012 610.434.6890	Counseling, Testing and Referral Services (CTR), Individual Level Intervention (ILI)	Hispanic Heterosexual Hispanic IDU Hispanic MSM
Lehigh County Conference of Churches, Wellness Center 534 Chew Street Allentown, PA 18102 610.433.6421 www.lcconchurch.org	Counseling, Testing and Referral Services (CTR)	General Public
Lehigh County Prison 38 North Fourth Street Allentown, PA 18102 610.782.3270 www.lehighcounty.org	Counseling, Testing and Referral Services (CTR), Partner Services (PS), Individual Level Intervention (ILI), Health Communication/Public	IDU MSM Heterosexual

PROVIDER	PREVENTION SERVICES	TARGET POPULATION (S)
	Information (HC/PI)	
Lehigh County State Health Center HIV Clinic 3730 Lehigh Street Suite 206 Whitehall, PA 18502 610.821.6770	Counseling, Testing and Referral Services (CTR), Partner Services (PS), Individual Level Intervention (ILI), Outreach, Health Communication/Public Information (HC/PI)	General Public
Lehigh County State Health Center STD Clinic 3730 Lehigh Street Suite 206 Whitehall, PA 18502 610.821.6770	Counseling, Testing and Referral Services (CTR)	Heterosexual
Lehigh County State Health Center Tuberculosis Clinic 3730 Lehigh Street Suite 206 Whitehall, PA 18502 610.821.6770	Counseling, Testing and Referral Services (CTR)	Heterosexual Emerging Risk Group – Homeless
New Directions Treatment Services 716 Chew Street Allentown, PA 18102 610.434.6890	Counseling, Testing and Referral Services (CTR), Individual Level Intervention (ILI), Group Level Intervention (GLI), Outreach DEBI Interventions: Community PROMISE VOCES/VOICES	IDU MSM MSM/IDU Heterosexual Perinatal
Planned Parenthood of Northeast PA 2901 Hamilton Boulevard Allentown, PA 18103 610.439.1033 www.ppnep.org	Counseling, Testing and Referral Services (CTR), Individual Level Intervention (ILI), Outreach, Health Communication/Public Information (HC/PI)	General Public
The Caring Place – Family Health Program 931 Hamilton Street 4th Floor	Counseling, Testing and Referral Services (CTR)	General Public

PROVIDER	PREVENTION SERVICES	TARGET POPULATION (S)
Allentown, PA 18101 610.433.5683		
The Program for Women and Families 1030 Walnut Street Allentown, PA 18012 610.433.6556	Group Level Intervention (GLI)	IDU MSM Heterosexual Incarcerated General Public Emerging Risk Groups – Youth, Women
Weller Health Education Center 325 Northampton Street Easton, PA 18042 610.258.8500 www.wellercenter.org	Health Communication/Public Information (HC/PI)	Emerging Risk Group – Youth
MONROE COUNTY		
American Red Cross – Monroe County Chapter 322 Park Avenue Stroudsburg, PA 18360 570.476.3800 www.arcofmonroecounty.com	Health Communication/Public Information (HC/PI), Other	General Public
Carbon/Monroe/Pike Drug and Alcohol Commission (PHAST) (Pocono HIV/AIDS Support Team) 724A Phillips Street Stroudsburg, PA 18360 570.421.1960 www.cmpda.cog.pa.us	Counseling, Testing and Referral Services (CTR), Partner Services (PS), Individual Level Intervention (ILI), Group Level Intervention (GLI), Outreach, Health Communication/Public Information (HC/PI)	IDU MSM Heterosexual
Monroe County Prison 4250 Manor Drive Stroudsburg, PA 18360 717.992.3232	Counseling, Testing and Referral Services (CTR), Partner Services (PS)	IDU MSM Heterosexual
Monroe County State Health Center HIV Clinic RR 2 Box 2003 Stroudsburg, PA 18360	Counseling, Testing and Referral Services (CTR), Partner Services (PS), Individual Level Intervention (ILI),	General Public

PROVIDER	PREVENTION SERVICES	TARGET POPULATION (S)
570.424.3020	Outreach, Health Communication/Public Information (HC/PI)	
Monroe County State Health Center Tuberculosis Clinic RR 2 Box 2003 Stroudsburg, PA 18360 570.424.3020	Counseling, Testing and Referral Services (CTR)	Heterosexual Emerging Risk Group – Homeless
Planned Parenthood of Northeast Pennsylvania 28 North Seventh Street Stroudsburg, PA 18360 570.424.8306 www.ppnep.org	Counseling, Testing and Referral Services (CTR), Individual Level Intervention (ILI), Outreach, Health Communication/Public Information (HC/PI)	Heterosexual
Rainbow Mountain 210 Mount Nebo Road East Stroudsburg, PA 18301	Counseling, Testing and Referral Services (CTR)	General Public
NORTHAMPTON COUNTY		
Advocates for Healthy Children, Inc.	Health Communication/Public Information (HC/PI)	Emerging Risk Group – Youth
AIDS Service Center 60 West Broad Street Suite 99 Bethlehem, PA 18018 610.974.8700	Counseling, Testing and Referral Services (CTR), Individual Level Intervention (ILI), Group Level Intervention (GLI), Outreach, Health Communication/Public Information (HC/PI)	HIV+ IDU MSM Heterosexual
American Red Cross of the Greater Lehigh Valley 2200 Avenue A Bethlehem, PA 18017 610.865.4400 www.redcrosslv.org	Other	General Public
Bethlehem City Health Bureau 10 East Church Street Bethlehem, PA 18018	Partner Services (PS) DEBI Interventions:	HIV+

PROVIDER	PREVENTION SERVICES	TARGET POPULATION (S)
610.865.7087 www.bethlehem-pa.gov	VOICES (5 sites) Healthy Relationships	
Bethlehem City Health Bureau – HIV Clinic 10 East Church Street Bethlehem, PA 18018 610.865.7087 www.bethlehem-pa.gov	Counseling, Testing and Referral Services (CTR), Individual Level Intervention (ILI), Outreach, Health Communication/Public Information (HC/PI)	General Public
Bethlehem City Health Bureau – STD Clinic 10 East Church Street Bethlehem, PA 18018 610.865.7087 www.bethlehem-pa.gov	Counseling, Testing and Referral Services (CTR)	Heterosexual
Bethlehem City Health Bureau - Tuberculosis Clinic 10 East Church Street Bethlehem, PA 18018 610.865.7087 www.bethlehem-pa.gov	Counseling, Testing and Referral Services (CTR)	Heterosexual Emerging Risk Group – Homeless
CADA 502 East 4th Street Bethlehem, PA 18015 610.434.6890	Counseling, Testing and Referral Services (CTR)	General Public
Casa Refugio 1436 East 5th Street Bethlehem, PA 18015 610.865.7058	Counseling, Testing and Referral Services (CTR)	General Public
Community Care Center 111 North 4th Street Easton, PA 18042 610.253.9868	Counseling, Testing and Referral Services (CTR)	Heterosexual
Council of Spanish Speaking Organizations of the Lehigh Valley (CSSOLV) 520 East Fourth Street Bethlehem, PA 18015	Individual Level Intervention (ILI), Group Level Intervention (GLI), Outreach	IDU MSM MSM/IDU Heterosexual Perinatal

PROVIDER	PREVENTION SERVICES	TARGET POPULATION (S)
610.686.7800		
Easton Hospital 250 South 21st Street Easton, PA 610.253.1460 www.easton-hospital.com	Counseling, Testing and Referral Services (CTR), Individual Level Intervention (ILI)	Heterosexual
Hogar Crea Freemanburg Men 1920 East Market Street Bethlehem, PA 18017 Women 1409 Pembroke Road Bethlehem, PA 18017 610.865.7058	Counseling, Testing and Referral Services (CTR)	General Public
Latino AIDS Outreach Program 128 West Fourth Street Bethlehem, PA 610.868.7800	Counseling, Testing and Referral Services (CTR), Individual Level Intervention (ILI), Outreach, Health Communication/Public Information (HC/PI)	Hispanic IDU Hispanic MSM Hispanic Heterosexual
Latino Outreach Program and Wellness Center 502 East Fourth Street Bethlehem, PA 18015 610.868.7800	Counseling, Testing and Referral Services (CTR)	Hispanic Heterosexual
Marvine Family Center 1400 Lebanon Street Bethlehem, PA 18017 610.868.7126	Counseling, Testing and Referral Services (CTR)	General Public
North Juvenile Detention Center 650 Ferry Street Easton, PA 18042 610.865.7058	Counseling, Testing and Referral Services (CTR)	General Public
Northampton County Jail 666 Walnut Street Easton, PA 18042	Counseling, Testing and Referral Services (CTR), Partner Services (PS), Individual Level	IDU MSM Heterosexual

PROVIDER	PREVENTION SERVICES	TARGET POPULATION (S)
610.559.3233	Intervention (ILI), Health Communication/Public Information (HC/PI)	
Northampton County Juvenile Detention Center 370 South Cedarbrook Road Allentown, PA 610.820.3233	Counseling, Testing and Referral Services (CTR)	Emerging Risk Group – Youth
Northampton County State Health Center HIV Clinic 1600 Northampton Street Easton, PA 18042 610.250.1825	Counseling, Testing and Referral Services (CTR), Partner Services (PS), Individual Level Intervention (ILI), Outreach, Health Communication/Public Information (HC/PI)	General Public
Northampton County State Health Center Tuberculosis Clinic1600 Northampton Street Easton, PA 18042 610.250.1825	Counseling, Testing and Referral Services (CTR)	Heterosexual Emerging Risk Group – Homeless
Planned Parenthood of Northeast Pennsylvania 2906 William Penn Highway Easton, PA 610.258.7195	Counseling, Testing and Referral Services (CTR), Individual Level Intervention (ILI), Health Communication/Public Information (HC/PI)	Heterosexual General Public
Recovery Revolutions, Inc. 26 Market Street Bangor, PA 18013 610.599.7700	Counseling, Testing and Referral Services (CTR)	General Public
Riverside CARE 44 East Broad Street Bethlehem, PA 18108 158 South 3rd Street Easton, PA 18042 610.865.7058	Counseling, Testing and Referral Services (CTR)	General Public
Safe Harbor Homeless Shelter – Easton	Counseling, Testing and Referral Services (CTR)	IDU Emerging Risk Group –

PROVIDER	PREVENTION SERVICES	TARGET POPULATION (S)
536 Bushkill Drive Easton, PA 610.865.7058		Homeless
St. Luke's Women's Health Centers 801 Ostrum Street East Wing 3 Bethlehem, PA 18015 610.954.4761 414/416 Northampton Street Easton, PA 18042 610.559.2175 www.slhn.lehighvalley.org	Counseling, Testing and Referral Services (CTR), Individual Level Intervention (ILI), Health Communication/Public Information (HC/PI)	Perinatal
The Program for Women and Children 1030 Walnut Street Allentown, PA 18012 610.433.6556	Group Level Intervention (GLI)	IDU MSM Heterosexual Incarcerated
Third Street Alliance 41 North 3rd Street Easton, PA 18045 610.434.6890	Counseling, Testing and Referral Services (CTR)	General Public
Victory House 314 Fillmore Street Bethlehem, PA 18015 610.434.6890	Counseling, Testing and Referral Services (CTR)	General Public
Weaversville Juvenile Intensive Treatment Unit 6710 Weaversville Road Northampton, PA 18067 610.865.7087	Counseling, Testing and Referral Services (CTR)	General Public
SCHUYLKILL COUNTY		
American Red Cross – Schuylkill and Eastern Northumberland Counties 1402 Laurel Boulevard Pottsville, PA 17901	Other	General Public

PROVIDER	PREVENTION SERVICES	TARGET POPULATION (S)
570.622.9550 www.infionline.net		
Berks AIDS Network 429 Walnut Street PO Box 8626 Reading, PA 19603 610.375.6523 www.berksaidnetwork.org	Individual Level Intervention (ILI), Group Level Intervention (GLI), Outreach, Health Communication/Public Information (HC/PI)	HIV+ Heterosexual IDU MSM
Schuylkill County First Step 108 South Claude A. Lord Boulevard Pottsville, PA 17901 570.621.2890	Counseling, Testing and Referral Services (CTR), Individual Level Intervention (ILI)	IDU Heterosexual
Schuylkill County State Health Center HIV Clinic 405 One Norwegian Plaza Pottsville, PA 17901 570.621.3112	Counseling, Testing and Referral Services (CTR), Partner Services (PS), Individual Level Intervention (ILI), Outreach, Health Communication/Public Information (HC/PI)	General Public
Schuylkill County State Health Center Tuberculosis Clinic 405 One Norwegian Plaza Pottsville, PA 17901 570.621.3112	Counseling, Testing and Referral Services (CTR)	Heterosexual Emerging Risk Group – Homeless
Schuylkill Wellness Services 512-514 North Center Street Pottsville, PA 17901 570.622.3980	Counseling, Testing and Referral Services (CTR), Individual Level Intervention (ILI)	IDU Heterosexual
Shamokin Family Planning 717 Race Street Shamokin, PA 17822 570.648.0582	Counseling, Testing and Referral Services (CTR)	Heterosexual

The North Central Region

The North Central region consists of Bradford, Centre, Clinton, Columbia, Lycoming, Montour, Northumberland, Potter, Snyder, Sullivan, Tioga and Union Counties. The total population for this region is 678,599.

Key: IDU – Injection drug user; MSM – Men who have Sex with Men; MSM/IDU – Men who have Sex with Men who are Injection Drug Users

PROVIDER	PREVENTION SERVICES	TARGET POPULATION (S)
BRADFORD COUNTY		
Bradford County Prison 109 Pine Street Towanda, PA 18848 717.265.8151	Counseling, Testing and Referral Services (CTR), Partner Services (PS), Individual Level Intervention (ILI), Health Communication/Public Information (HC/PI)	IDU MSM Heterosexual
Bradford County State Health Center HIV Clinic RR 1 Box 4A Colonial Drive Towanda, PA 18848 570.265.2194	Counseling, Testing and Referral Services (CTR), Partner Services (PS), Individual Level Intervention (ILI), Outreach, Health Communication/Public Information (HC/PI)	Heterosexual
Bradford County State Health Center Tuberculosis Clinic RR 1 Box 4A Colonial Drive Towanda, PA 18848 570.265.2194	Counseling, Testing and Referral Services (CTR)	IDU Heterosexual Emerging Risk Group – Homeless
Guthrie Family Planning 1 Guthrie Square Department 455 Guthrie Clinic Sayre, PA 18840 717.888.2314	Counseling, Testing and Referral Services (CTR)	Heterosexual
HIV/AIDS Support Network Robert Packard Hospital 96 Hayden Street Sayre, PA 18840 570.882.5805 800.388.9416	Individual Level Intervention (ILI), Group Level Intervention (GLI), Health Communication/Public Information (HC/PI), Other	IDU MSM Heterosexual Perinatal

PROVIDER	PREVENTION SERVICES	TARGET POPULATION (S)
Towanda State Health Center 846 Main Street PO Box 29 Towanda, PA 18848 570.265.2194	Counseling, Testing and Referral Services (CTR)	General Public
CENTRE COUNTY		
Centre City Youth Center 148 Paradise Road Bellefonte, PA 16823 814.355.0650	Counseling, Testing and Referral Services (CTR)	General Public
Centre County Prison 213 East High Street Bellefonte, PA 16823 814.355.6794	Counseling, Testing and Referral Services (CTR), Partner Services (PS)	IDU MSM Heterosexual
Centre County State Health Center HIV Clinic 280 West Hamilton Avenue State College, PA 16801 814.865.0932 814.865.0933 814.865.0934	Counseling, Testing and Referral Services (CTR), Partner Services (PS), Individual Level Intervention (ILI), Outreach, Health Communication/Public Information (HC/PI)	General Public
Centre County State Health Center Tuberculosis Clinic 280 West Hamilton Avenue State College, PA 16801 814.865.0932 814.865.0933 814.865.0934	Counseling, Testing and Referral Services (CTR)	Heterosexual
Centre County Youth Service Bureau 410 South Fraser Street State College, PA 16801 814.237.5731 www.ccysb.com	Individual Level Intervention (ILI)	Emerging Risk Group – Youth
Centre Volunteers in Medicine (CVIM) 251 Easterly Parkway, Suite 102 State College, PA 16801	Counseling, Testing and Referral Services (CTR)	General Public (uninsured)

PROVIDER	PREVENTION SERVICES	TARGET POPULATION (S)
814.231.4843 web.cvim.net		
Gay and Lesbian Switchboard of Harrisburg 1300A North Third Street Harrisburg, PA 17102 717.234.0328 www.askglsh.org	Health Communication/Public Information (HC/PI)	MSM
Pennsylvania State University/University Health Services – Ritenour Health Center 237 Ritenour Building University Park, PA 16802 814.863.0461 www.sa.psu.edu	Counseling, Testing and Referral Services (CTR), Outreach, Health Communication/Public Information (HC/PI)	Heterosexual Emerging Risk Group – Youth
Planned Parenthood of Central Pennsylvania 3091 Enterprise Drive Suite 150 State College, PA 16801 814.867.7778 www.plannedparenthoodpa.org	Counseling, Testing and Referral Services (CTR)	Heterosexual
State College State Health Center 280 West Hamilton Avenue State College, PA 16801 814.865.0932	Counseling, Testing and Referral Services (CTR)	General Public
Tapestry for Health of Centre and Huntingdon Counties 240 Match Factory Place Bellefonte, PA 16823 1231 Warm Springs Avenue Suite 101 Huntingdon, PA 16652 814.355.2762 (Bellefonte) 814.643.5364 (Huntingdon) www.tapestryofhealth.org	Counseling, Testing and Referral Services (CTR), Health Communication/Public Information (HC/PI)	Heterosexual General Public
The AIDS Project of Centre County	Counseling, Testing and Referral Services (CTR),	HIV+ IDU

PROVIDER	PREVENTION SERVICES	TARGET POPULATION (S)
315 South Allen Street State College, PA 16801 200 East Presque Isle Street 6th Floor Philipsburg, PA 16866 814.234.7087 (State College) 814.342.6992 (Philipsburg)	Individual Level Intervention (ILI), Group Level Intervention (GLI), Outreach, Health Communication/Public Information (HC/PI), Other DEBI Interventions: Street Smart Teen AIDS Prevention (TAP)	MSM Heterosexual General Public Perinatal Emerging Risk Group – Youth
CLINTON COUNTY		
Campbell Street Family, Youth and Community Association 600 Campbell Street Williamsport, PA 17701 570.322.5515	Individual Level Intervention (ILI), Group Level Intervention (GLI)	IDU Heterosexual Perinatal Emerging Risk Group – Youth
Center for Independent Living of North Central PA 210 Market Street Suite A Williamsport, PA 17701 570.327.9070 www.cilncp.org	Individual Level Intervention (ILI)	
Clinic of Lock Haven Family Planning 955 Bellefonte Avenue Lock Haven, PA 17745 570.748.7770	Counseling, Testing and Referral Services (CTR)	Heterosexual
Clinton County Prison PO Box 419 McElhattan, PA 17748 717.769.7685 www.clintoncountycorrections.com	Counseling, Testing and Referral Services (CTR), Partner Services (PS), Individual Level Intervention (ILI), Health Communication/Public Information (HC/PI)	IDU MSM Heterosexual
Clinton County State Health Center HIV Clinic 215 East Church Street Lock Haven, PA 17745	Counseling, Testing and Referral Services (CTR), Partner Services (PS), Individual Level	General Public

PROVIDER	PREVENTION SERVICES	TARGET POPULATION (S)
570.893.2437 570.893.2438	Intervention (ILI), Outreach, Health Communication/Public Information (HC/PI)	
Clinton County State Health Center Tuberculosis Clinic 215 East Church Street Lock Haven, PA 17745 570.893.2437 570.893.2438	Counseling, Testing and Referral Services (CTR)	Heterosexual Emerging Risk Group – Homeless
Lock Haven Planned Parenthood 112 West Main Street Lock Haven, PA 17745 570.748.1895	Counseling, Testing and Referral Services (CTR)	General Public
The AIDS Project of Centre County 315 South Allen Street State College, PA 16801 200 East Presque Isle Street 6th Floor Philipsburg, PA 16866 814.234.7087 (State College) 814.342.6992 (Philipsburg)	Individual Level Intervention (ILI), Group Level Intervention (GLI), Outreach, Health Communication/Public Information (HC/PI), Other DEBI Interventions: Street Smart Teen AIDS Prevention (TAP)	IDU MSM Heterosexual Perinatal Emerging Risk Group – Youth
COLUMBIA COUNTY		
Caring Communities for AIDS 615 Market Street Bloomsburg, PA 17815 570.714.6323 www.caringcommunities4aids.org	Individual Level Intervention (ILI), Group Level Intervention (GLI), Outreach, Health Communication/Public Information (HC/PI)	HIV+ Heterosexual Perinatal Emerging Risk Group - Youth
Columbia County Prison 7th and Iron Streets Bloomsburg, PA 17815 570.784.4805	Counseling, Testing and Referral Services (CTR)	General Public
Columbia County State Health Center HIV Clinic 1123C Old Berwick Road Bloomsburg, PA 17815	Counseling, Testing and Referral Services (CTR), Partner Services (PS), Individual Level	General Public

PROVIDER	PREVENTION SERVICES	TARGET POPULATION (S)
570.387.4257	Intervention (ILI), Outreach, Health Communication/Public Information (HC/PI)	
Columbia County State Health Center Tuberculosis Clinic 1123C Old Berwick Road Bloomsburg, PA 17815 570.387.4257	Counseling, Testing and Referral Services (CTR)	Heterosexual Emerging Risk Group – Homeless
Dr. Ali Alley 301 West Third Street Berwick, PA 570.759.0351	Counseling, Testing and Referral Services (CTR)	Heterosexual
Family Health Network, Berwick	Counseling, Testing and Referral Services (CTR), Individual Level Intervention (ILI), Health Communication/Public Information (HC/PI)	IDU MSM Heterosexual
Family Health Services of Bloomsburg 2201 Fifth Street Hollow Road Suite 1 Bloomsburg, PA 17815 717.387.0236	Counseling, Testing and Referral Services (CTR)	Heterosexual
LYCOMING COUNTY		
AIDS Resource Alliance 200 Pine Street Suite 300 Williamsport, PA 17701 570.322.8448 www.charities.org/ara.html	Counseling, Testing and Referral Services (CTR), Individual Level Intervention (ILI), Group Level Intervention (GLI), Outreach, Health Communication/Public Information (HC/PI), Other DEBI Interventions: VOICES Real AIDS Prevention Project (RAPP)	HIV+ IDU MSM Heterosexual Emerging Risk Group – Youth

PROVIDER	PREVENTION SERVICES	TARGET POPULATION (S)
	Becoming a Responsible Teen (BART)	
Campbell Street Family, Youth and Community Association 600 Campbell Street Williamsport, PA 17701 570.322.5515	Individual Level Intervention (ILI), Group Level Intervention (GLI), Health Communication/Public Information (HC/PI)	IDU Heterosexual Perinatal Emerging Risk Group – Youth
Choices Recovery Program 307 Laird Street Plains, PA 18702 570.408.9320	Counseling, Testing and Referral Services (CTR)	General Public
Family Center for Reproductive Health Williamsport Hospital and Medical Center 777 Rural Avenue 7th Floor Williamsport, PA 17701 570.321.3131 www.shscares.org	Counseling, Testing and Referral Services (CTR), Individual Level Intervention (ILI), Outreach, Health Communication/Public Information (HC/PI)	General Public
Healthy Concepts	Counseling, Testing and Referral Services (CTR), Individual Level Intervention (ILI), Outreach, Health Communication/Public Information (HC/PI)	General Public Perinatal
Lycoming College Student Health Services 700 College Place Williamsport, PA 17701 570.321.4052	Counseling, Testing and Referral Services (CTR)	General Public
Lycoming County Prison 154 West Third Street Williamsport, PA 17701 570.326.4623	Counseling, Testing and Referral Services (CTR), Partner Services (PS), Individual Level Intervention (ILI), Health Communication/Public Information (HC/PI)	IDU MSM Heterosexual

PROVIDER	PREVENTION SERVICES	TARGET POPULATION (S)
Lycoming County State Health Center HIV Clinic 1000 Commerce Park Suite 106 Williamsport, PA 17701 570.327.3440 215 East Church Street Lock Haven, PA 17745 570.893.2437	Counseling, Testing and Referral Services (CTR), Partner Services (PS), Individual Level Intervention (ILI), Outreach, Health Communication/Public Information (HC/PI)	General Public
Lycoming County State Health Center Tuberculosis Clinic 1000 Commerce Park Suite 106 Williamsport, PA 17701 570.327.3440 215 East Church Street Lock Haven, PA 17745 570.893.2437	Counseling, Testing and Referral Services (CTR)	Heterosexual Emerging Risk Group – Homeless
North Central District AIDS Coalition 8 North Grove Street PO Box 658 Lock Haven, PA 17745 570.748.2850 www.ncdac.org	Health Communication/Public Information (HC/PI)	General Public
Williamsport Hospital and Medical Center 777 Rural Avenue 7th Floor Williamsport, PA 17701 570.321.3131 www.shscares.org	Counseling, Testing and Referral Services (CTR), Individual Level Intervention (ILI), Outreach, Health Communication/Public Information (HC/PI)	Heterosexual General Public
MONTOUR COUNTY		
AIDS Resource Alliance 200 Pine Street Suite 300	Individual Level Intervention (ILI), Group Level Intervention (GLI),	IDU MSM Heterosexual

PROVIDER	PREVENTION SERVICES	TARGET POPULATION (S)
Williamsport, PA 17701 570.322.8448 www.charities.org/ara.html	Outreach DEBI Interventions: VOICES Real AIDS Prevention Project (RAPP) Becoming a Responsible Teen (BART)	Emerging Risk Group – Youth
Caring Communities for AIDS 570.714.6323 www.caringcommunities4aids.org	Individual Level Intervention (ILI), Group Level Intervention (GLI), Outreach, Health Communication/Public Information (HC/PI), Other	HIV+ Heterosexual Perinatal Emerging Risk Group – Youth
Columbia – Montour Family Health Inc. 2201 Fifth Street Hollow Road Bloomsburg, PA 17815 570.387.0236	Counseling, Testing and Referral Services (CTR), Individual Level Intervention (ILI), Health Communication/Public Information (HC/PI)	General Public
Danville Center for Adolescent Females 13 Kirkbride Drive Danville, PA 17821 570.271.4700	Counseling, Testing and Referral Services (CTR)	Heterosexual Emerging Risk Group – Youth
Montour County Prison 117 Church Street Box 163 Danville, PA 17821 717.275.2306	Counseling, Testing and Referral Services (CTR), Partner Services (PS), Individual Level Intervention (ILI), Health Communication/Public Information (HC/PI)	IDU MSM Heterosexual
Montour County State Health Center HIV Clinic 329 Church Street Box 275 Danville, PA 17821 570.275.7092	Counseling, Testing and Referral Services (CTR), Partner Services (PS), Individual Level Intervention (ILI), Outreach, Health Communication/Public Information (HC/PI)	General Public
Montour County State Health Center STD Clinic	Counseling, Testing and Referral Services (CTR)	Heterosexual

PROVIDER	PREVENTION SERVICES	TARGET POPULATION (S)
329 Church Street Box 275 Danville, PA 17821 570.275.7092		
Montour County State Health Center Tuberculosis Clinic 329 Church Street Box 275 Danville, PA 17821 570.275.7092	Counseling, Testing and Referral Services (CTR)	Heterosexual
North Central Secure Treatment Unit 210 Clinic Road Danville, PA 17821 570.271.4711	Counseling, Testing and Referral Services (CTR)	IDU Heterosexual
Northwestern Academy 3800 State Road Route 61 Coal Township, PA 17866 570.644.5344	Counseling, Testing and Referral Services (CTR)	
NORTHUMBERLAND COUNTY		
AIDS Resource Alliance 200 Pine Street Suite 300 Williamsport, PA 17701 570.322.8448 www.charities.org/ara.html	Individual Level Intervention (ILI), Group Level Intervention (GLI), Outreach, Health Communication/Public Information (HC/PI) DEBI Interventions: VOICES Real AIDS Prevention Project (RAPP) Becoming a Responsible Teen (BART)	IDU MSM Heterosexual Emerging Risk Group – Perinatal, Youth
Center for Independent Living of North Central PA 210 Market Street Suite A Williamsport, PA 17701 570.327.9070 800.984.7492	Individual Level Intervention (ILI), Health Communication/Public Information (HC/PI)	General Public

PROVIDER	PREVENTION SERVICES	TARGET POPULATION (S)
www.cilncp.org		
Family Planning Services of S.U.N. 717 Race Street Shamokin, PA 17872 717.648.1521	Individual Level Intervention (ILI), Group Level Intervention (GLI), Outreach	IDU Heterosexual Perinatal Emerging Risk Group – Youth
Northumberland County Prison 39 North Second Street Sunbury, PA 17801 717.286.7981	Counseling, Testing and Referral Services (CTR), Partner Services (PS), Individual Level Intervention (ILI), Health Communication/Public Information (HC/PI)	IDU MSM Heterosexual
Northumberland County State Health Center HIV Clinic 247 Pennsylvania Avenue Sunbury, PA 17801 570.988.5513	Counseling, Testing and Referral Services (CTR), Partner Services (PS), Individual Level Intervention (ILI), Outreach, Health Communication/Public Information (HC/PI)	General Public
Northumberland County State Health Center STD Clinic 247 Pennsylvania Avenue Sunbury, PA 17801 570.988.5513	Counseling, Testing and Referral Services (CTR)	Heterosexual
Northumberland County State Health Center Tuberculosis Clinic 247 Pennsylvania Avenue Sunbury, PA 17801 570.988.5513	Counseling, Testing and Referral Services (CTR)	Heterosexual
S.U.N. Home Health Services, Inc. 61 Duke Street PO Box 232 Northumberland, PA 17857 888.478.6227 800.634.5232 570.473.8320	Outreach, Health Communication/Public Information (HC/PI)	General Public
Shamokin Family Planning 717 Race Street	Counseling, Testing and Referral Services (CTR)	General Public

PROVIDER	PREVENTION SERVICES	TARGET POPULATION (S)
Shamokin, PA 17872 570.648.0582		
POTTER COUNTY		
Campbell Street Family, Youth and Community Association 600 Campbell Street Williamsport, PA 17701 570.322.5515	Individual Level Intervention (ILI), Group Level Intervention (GLI),	IDU Perinatal Emerging Risk Group – Youth
Central Potter County Health Center 71 Elk Street Coudersport, PA 16915 814.274.7070	Counseling, Testing and Referral Services (CTR)	General Public
Charles Cole Memorial Hospital Second Street Coudersport, PA 16915	Counseling, Testing and Referral Services (CTR)	General Public
Potter County Prison 102 East Second Street Coudersport, PA 16915 814.274.9790	Counseling, Testing and Referral Services (CTR), Partner Services (PS)	IDU MSM Heterosexual
Potter County State Health Center HIV Clinic 269 Route 6 West, Room 2 Coudersport, PA 16915 814.274.3626	Counseling, Testing and Referral Services (CTR), Partner Services (PS), Individual Level Intervention (ILI), Outreach, Health Communication/Public Information (HC/PI)	General Public
Potter County State Health Center STD Clinic 269 Route 6 West, Room 2 Coudersport, PA 16915 814.274.3626	Counseling, Testing and Referral Services (CTR)	Heterosexual
Potter County State Health Center Tuberculosis Clinic269 Route 6 West Room 2 Coudersport, PA 16915 814.274.3626	Counseling, Testing and Referral Services (CTR)	Heterosexual Emerging Risk Group – Homeless

PROVIDER	PREVENTION SERVICES	TARGET POPULATION (S)
SNYDER COUNTY		
Family Planning Services of S.U.N. 713 Bridge Street Suite 7 Selinsgrove, PA 17870 570.372.0637	Individual Level Intervention (ILI), Group Level Intervention (GLI), Outreach	IDU Heterosexual Perinatal Emerging Risk Group – Youth
S.U.N. Home Health Services, Inc. 61 Duke Street PO Box 232 Northumberland, PA 17857 888.478.6227 800.634.5232 570.473.8320	Outreach, Health Communication/Public Information (HC/PI)	General Public
Snyder County Prison 600 Old Colony Road Selinsgrove, PA 17870 717.374.7912	Counseling, Testing and Referral Services (CTR), Partner Services (PS), Individual Level Intervention (ILI), Health Communication/Public Information (HC/PI)	IDU MSM Heterosexual
Snyder County State Health Center HIV Clinic 207 West Willow Avenue Middleburg, PA 17842 570.837.7981	Counseling, Testing and Referral Services (CTR), Partner Services (PS), Individual Level Intervention (ILI), Outreach, Health Communication/Public Information (HC/PI)	General Public
Snyder County State Health Center STD Clinic 207 West Willow Avenue Middleburg, PA 17842 570.837.7981	Counseling, Testing and Referral Services (CTR)	Heterosexual
Snyder County State Health Center Tuberculosis Clinic 207 West Willow Avenue Middleburg, PA 17842 570.837.7981	Counseling, Testing and Referral Services (CTR)	Heterosexual Emerging Risk Group – Homeless
SULLIVAN COUNTY		
AIDS Resource Alliance	Individual Level	IDU

PROVIDER	PREVENTION SERVICES	TARGET POPULATION (S)
200 Pine Street Suite 300 Williamsport, PA 17701 570.322.8448 www.charities.org/ara.html	Intervention (ILI), Group Level Intervention (GLI), Outreach, Health Communication/Public Information (HC/PI) DEBI Interventions: VOICES Real AIDS Prevention Project (RAPP) Becoming a Responsible Teen (BART)	MSM Heterosexual Emerging Risk Group – Perinatal, Youth
Family Center for Reproductive Health Williamsport Hospital 777 Rural Avenue 7th Floor Williamsport, PA 17701 570.321.3131 www.shscares.org	Counseling, Testing and Referral Services (CTR), Individual Level Intervention (ILI), Outreach, Health Communication/Public Information (HC/PI)	General Public
HIV/AIDS Support Network – Parker Hospital	Individual Level Intervention (ILI), Group Level Intervention (GLI), Outreach	IDU MSM Heterosexual Perinatal
HIV/AIDS Support Network – Robert Packard Hospital 96 Hayden Street Sayre, PA 18840 570.882.5805 800.388.9416	Individual Level Intervention (ILI), Group Level Intervention (GLI), Outreach, Health Communication/Public Information (HC/PI), Other	Heterosexual Perinatal Emerging Risk Group – Youth
Sullivan County State Health Center 1000 Commerce Park Drive #109 Williamsport, PA 17701 717.327.3400	Counseling, Testing and Referral Services (CTR)	General Public
TIOGA COUNTY		
HIV/AIDS Support Network – Parker Hospital	Individual Level Intervention (ILI), Group Level Intervention (GLI), Outreach	IDU MSM Heterosexual Perinatal
HIV/AIDS Support Network –	Individual Level	IDU

PROVIDER	PREVENTION SERVICES	TARGET POPULATION (S)
Robert Packard Hospital 96 Hayden Street Sayre, PA 18840 570.882.5805 800.388.9416	Intervention (ILI), Group Level Intervention (GLI), Health Communication/Public Information (HC/PI), Other	MSM Heterosexual Perinatal Emerging Risk Group – Youth
Laurel Health Center - Blossburg Family Planning 6 Riverside Plaza Blossburg, PA 16912 570.683.2174	Counseling, Testing and Referral Services (CTR)	Heterosexual
Laurel Health Center - Elkland Family Planning Clinic 103 Forest View Drive Ekland, PA 16920 814.258.5117	Counseling, Testing and Referral Services (CTR)	Heterosexual
Laurel Health Center - Lawrenceville Family Planning Clinic Route 15 Somers Lane Lawrenceville, PA 16929 570.827.0125	Counseling, Testing and Referral Services (CTR)	Heterosexual
Laurel Health Center - Mansfield Family Planning Clinic 40 West Wellsboro Street Mansfield, PA 16933 717.662.2002	Counseling, Testing and Referral Services (CTR)	White Heterosexual
Laurel Health Center - Wellsboro Family Planning Clinic 103 West Avenue Wellsboro, PA 16901 570.724.1010	Counseling, Testing and Referral Services (CTR)	Heterosexual
Laurel Health Center – Westfield Family Planning Clinic 236 East Main Street Westfield, PA 16950 814.367.5911	Counseling, Testing and Referral Services (CTR)	Heterosexual
Tioga County Prison	Counseling, Testing and	IDU

PROVIDER	PREVENTION SERVICES	TARGET POPULATION (S)
1768 Shimmery Hill Road Wellsboro, PA 16901 717.724.5911	Referral Services (CTR), Partner Services (PS)	MSM Heterosexual
Tioga County State Health Center HIV Clinic 44 Plaza Lane Wellsboro, PA 16901 570.724.2911	Counseling, Testing and Referral Services (CTR), Partner Services (PS), Individual Level Intervention (ILI), Outreach, Health Communication/Public Information (HC/PI)	General Public
Tioga County State Health Center Tuberculosis Clinic 144C East A Wellsboro, PA 16901 570.724.2911	Counseling, Testing and Referral Services (CTR)	Heterosexual Emerging Risk Group – Homeless
Tioga County Women's Coalition PO Box 933 Wellsboro, PA 16901 717.724.3554	Outreach, Health Communication/Public Information (HC/PI)	Perinatal
UNION COUNTY		
AIDS Resource Alliance 200 Pine Street Suite 300 Williamsport, PA 17701 570.322.8448 www.charities.org/ara.html	Individual Level Intervention (ILI), Group Level Intervention (GLI), Outreach, Health Communication/Public Information (HC/PI), Other DEBI Interventions: VOICES Real AIDS Prevention Project (RAPP) Becoming a Responsible Teen (BART)	IDU MSM Heterosexual Perinatal Emerging Risk Group – Youth
Center for Independent Living of North Central PA 210 Market Street Suite A Williamsport, PA 17701 570.327.9070 800.984.7492	Individual Level Intervention (ILI)	General Public

PROVIDER	PREVENTION SERVICES	TARGET POPULATION (S)
www.cilncp.org		
Family Planning Services of S.U.N. 717 Race Street Shamokin, PA 17872 717.648.1521	Individual Level Intervention (ILI), Group Level Intervention (GLI), Outreach	Heterosexual IDU Perinatal Emerging Risk Group – Youth
Union County Prison 103 South Second Street Lewisburg, PA 17837 717.524.7811	Counseling, Testing and Referral Services (CTR), Partner Services (PS)	IDU MSM Heterosexual
Union County State Health Center HIV Clinic 260 Reitz Boulevard Suite 3 Lewisburg, PA 17837 570.523.1124	Counseling, Testing and Referral Services (CTR), Partner Services (PS)	General Public
Union County State Health Center STD Clinic 260 Reitz Boulevard Suite 3 Lewisburg, PA 17837 570.523.1124	Counseling, Testing and Referral Services (CTR)	Heterosexual
Union County State Health Center Tuberculosis Clinic 260 Reitz Boulevard Suite 3 Lewisburg, PA 17837 570.523.1124	Counseling, Testing and Referral Services (CTR)	Heterosexual Emerging Risk Group – Homeless

The Northeast Region
The Northeast region consists of Lackawanna, Luzerne, Pike, Susquehanna, Wayne and Wyoming Counties. The total population of this region is 692,890.

Key: IDU – Injection drug user; MSM – Men who have Sex with Men; MSM/IDU – Men who have Sex with Men who are Injection Drug Users

PROVIDER	PREVENTION SERVICES	TARGET POPULATION (S)
LACKAWANNA COUNTY		
American Red Cross – Wyoming Valley Chapter 256 North Sherman Street Wilkes-Barre, PA 18702 570.823.7161 www.wyomingvalleyredcross.org	Individual Level Intervention (ILI), Group Level Intervention (GLI), Outreach, Health Communication/Public Information (HC/PI), Other DEBI Interventions: SISTA Safety Counts	IDU MSM Heterosexual Emerging Risk Groups – Homeless, Perinatal, Women, Youth
Circle of Care Maternal and Family Health Center Community Medical Center School of Nursing Building 3rd Floor 315 Colfax Avenue Scranton, PA 18510 570.961.5550 www.mfhs.org	Counseling, Testing and Referral Services (CTR)	General Public
Drug and Alcohol Treatment Services 116 North Washington Avenue 3rd Floor Scranton, PA 18503 570.961.1997	Individual Level Intervention (ILI)	IDU
Keystone College Student Health Services One College Green LaPlume, PA 18440 570.945.5141	Counseling, Testing and Referral Services (CTR)	General Public
Lackawanna County Correctional Facility 1371 North Washington Avenue Scranton, Pa 18503	Counseling, Testing and Referral Services (CTR), Partner Services (PS), Individual Level Intervention (ILI), Health	IDU MSM Heterosexual

PROVIDER	PREVENTION SERVICES	TARGET POPULATION (S)
570.963.6639	Communication/Public Information (HC/PI)	
Lackawanna County State Health Center HIV Clinic Room 110 100 Lackawanna Avenue Scranton, PA 18510 570.963.4567	Counseling, Testing and Referral Services (CTR), Partner Services (PS), Individual Level Intervention (ILI), Outreach, Health Communication/Public Information (HC/PI)	General Public
Lackawanna County State Health Center Tuberculosis Clinic 100 Lackawanna Avenue Scranton, PA 18510 570.963.4567	Counseling, Testing and Referral Services (CTR)	Heterosexual Emerging Risk Group – Homeless
Planned Parenthood of Northeast Pennsylvania 316 Penn Avenue Scranton, PA 18503 570.344.2626 www.ppnep.org	Counseling, Testing and Referral Services (CTR)	Heterosexual
Scranton Temple Health Clinic 640 Madison Avenue Scranton, PA 18510 570.941.5670	Counseling, Testing and Referral Services (CTR)	General Public
United Neighborhood Centers of Lackawanna County 410 Olive Street Scranton, PA 18508 570.346.0759	Individual Level Intervention (ILI), Group Level Intervention (GLI), Outreach, Health Communication/Public Information (HC/PI), Other DEBI Interventions: VOICES/VOCES Healthy Relationships	Hispanic Heterosexual Emerging Risk Group – Youth
University of Scranton Student Health Services 800 Linden Street Scranton, PA 18510	Counseling, Testing and Referral Services (CTR)	General Public
LUZERNE COUNTY		
American Red Cross – Wyoming	Individual Level	IDU

PROVIDER	PREVENTION SERVICES	TARGET POPULATION (S)
Valley Chapter 256 North Sherman Street Wilkes-Barre, PA 18702 570.823.7161 www.wyomingvalleyredcross.org	Intervention (ILI), Group Level Intervention (GLI), Outreach, Health Communication/Public Information (HC/PI), Other DEBI Interventions: SISTA Safety Counts	MSM Heterosexual Emerging Risk Groups – Homeless, Perinatal, Women, Youth
Genesis Project 329 South Pennsylvania Avenue Wilkes- Barre, PA 18702 570.820.0499	Counseling, Testing and Referral Services (CTR)	General Public
Luzerne County Prison 90 Water Street Wilkes-Barre, PA 18702 717.829.7750	Counseling, Testing and Referral Services (CTR), Partner Services (PS), Individual Level Intervention (ILI), Health Communication/Public Information (HC/PI)	IDU MSM Heterosexual
Luzerne County State Health Center HIV Clinic 297 South Main Street Wilkes-Barre, PA 18701 570.826.2071	Counseling, Testing and Referral Services (CTR)	Heterosexual Emerging Risk Group - Homeless
Luzerne County State Health Center Tuberculosis Clinic 103 Norwegian Plaza Pottsville, PA 17901 717.621.3112	Counseling, Testing and Referral Services (CTR), Partner Services (PS), Individual Level Intervention (ILI), Outreach, Health Communication/Public Information (HC/PI)	General Public
Northeastern Regional HIV Planning Coalition – United Way 8 West Market Street Wilkes-Barre, PA 18711 570.829.6711	Health Communication/Public Information (HC/PI)	General Public
Planned Parenthood of Northeast Pennsylvania 10 West Chestnut Street Hazelton, PA 18201	Counseling, Testing and Referral Services (CTR)	Heterosexual

PROVIDER	PREVENTION SERVICES	TARGET POPULATION (S)
570.545.0876 www.ppnep.org		
Serento Gardens Alcohol and Drug Services 145 West Broad Street Hazelton, PA 18201 570.445.9902	Individual Level Intervention (ILI)	IDU
United Neighborhood Centers of Lackawanna County 410 Olive Street Scranton, PA 18508 570.346.0759	Individual Level Intervention (ILI), Group Level Intervention (GLI), Outreach, Health Communication/Public Information (HC/PI), Other DEBI Interventions: VOICES/VOCES Healthy Relationships	Hispanic Heterosexual Emerging Risk Group – Youth
Wilkes-Barre City Health Department Kirby Health Center 71 N. Franklin Street Wilkes-Barre, PA 18701 570.208.4268	Counseling, Testing and Referral Services (CTR), Partner Services (PS)	HIV+
Wilkes-Barre City Health Department Tuberculosis Clinic Kirby Health Center 71 N. Franklin Street Wilkes-Barre, PA 18701 570.208.4268	Counseling, Testing and Referral Services (CTR)	Heterosexual Emerging Risk Group – Homeless
Wilkes-Barre Family Planning Family Care Center 2 Sharp Street Kingston, PA 18704 570.522.8916	Counseling, Testing and Referral Services (CTR)	General Public
Wyoming Valley AIDS Council 183 Market Street Suite 102 Kingston, PA 18703	Counseling, Testing and Referral Services (CTR), Health Communication/Public Information (HC/PI)	Emerging Risk Group – Women

PROVIDER	PREVENTION SERVICES	TARGET POPULATION (S)
570.823.5808		
Wyoming Valley Alcohol and Drug Services, Inc. 437 North Main Street Wilkes-Barre, PA 18705 570.820.8888 570.655.3900	Individual Level Intervention (ILI)	IDU
PIKE COUNTY		
American Red Cross – Wyoming Valley Chapter 256 North Sherman Street Wilkes-Barre, PA 18702 570.823.7161 www.wyomingvalleyredcross.org	Individual Level Intervention (ILI), Group Level Intervention (GLI), Outreach, Health Communication/Public Information (HC/PI), Other DEBI Interventions: SISTA Safety Counts	IDU MSM Heterosexual General Public Emerging Risk Groups – Homeless, Perinatal, Women, Youth
Carbon/Monroe/Pike Drug and Alcohol Commission 542 US Routes 6 and 209 Milford, PA 18337 570.296.7255 www.cmpda.cog.pa.us	Counseling, Testing and Referral Services (CTR), Individual Level Intervention (ILI)	IDU
Milford Family Planning Center Milford Professional Plaza 20 Buist Road Suite 103 Milford, PA 18337 570.296.8714	Counseling, Testing and Referral Services (CTR),	General Public
Pike County Prison 175 Pike City Boulevard Lords Valley, PA 18428 717.775.5500	Counseling, Testing and Referral Services (CTR), Partner Services (PS)	IDU MSM Heterosexual
Pike County State Health Center HIV Clinic #10 Buist Road Suite 401 Milford, PA 18337 570.296.6512	Counseling, Testing and Referral Services (CTR), Individual Level Intervention (ILI), Outreach, Health Communication/Public Information (HC/PI)	General Public

PROVIDER	PREVENTION SERVICES	TARGET POPULATION (S)
Pike County State Health Center Tuberculosis Clinic #10 Buist Road Suite 401 Milford, PA 18337 570.296.6512	Counseling, Testing and Referral Services (CTR)	Heterosexual Emerging Risk Group – Homeless
United Neighborhood Centers of Lackawanna County 410 Olive Street Scranton, PA 18508 570.346.0759	Individual Level Intervention (ILI), Group Level Intervention (GLI), Outreach, Health Communication/Public Information (HC/PI), Other DEBI Interventions: VOICES/VOCES Healthy Relationships	Hispanic Heterosexual Emerging Risk Group – Youth
SUSQUEHANNA COUNTY		
American Red Cross – Wyoming Valley Chapter 256 North Sherman Street Wilkes-Barre, PA 18702 570.823.7161 www.wyomingvalleyredcross.org	Individual Level Intervention (ILI), Group Level Intervention (GLI), Outreach, Health Communication/Public Information (HC/PI), Other DEBI Interventions: SISTA Safety Counts	IDU MSM Heterosexual General Public Emerging Risk Groups – Homeless, Perinatal, Women, Youth
Christians for AIDS Awareness	Health Communication/Public Information (HC/PI)	General Public
Drug and Alcohol Treatment Services 116 North Washington Avenue 3rd Floor Scranton, PA 18503 570.961.1997	Individual Level Intervention (ILI)	IDU
Susquehanna County State Health Center HIV Clinic 35 Spruce Street Montrose, PA 18801 570.278.3880	Counseling, Testing and Referral Services (CTR), Individual Level Intervention (ILI), Outreach, Health Communication/Public	General Public

PROVIDER	PREVENTION SERVICES	TARGET POPULATION (S)
	Information (HC/PI)	
Susquehanna County State Health Center Tuberculosis Clinic Suite 2 35 Spruce Street Montrose, PA 18801 570.278.3880	Counseling, Testing and Referral Services (CTR)	Heterosexual Emerging Risk Group – Homeless
United Neighborhood Centers of Lackawanna County 410 Olive Street Scranton, PA 18508 570.346.0759	Individual Level Intervention (ILI), Group Level Intervention (GLI), Outreach, Health Communication/Public Information (HC/PI), Other DEBI Interventions: VOICES/VOCES Healthy Relationships	Hispanic Heterosexual Emerging Risk Group – Youth
WAYNE COUNTY		
American Red Cross – Wyoming Valley Chapter 256 North Sherman Street Wilkes-Barre, PA 18702 570.823.7161 www.wyomingvalleyredcross.org	Individual Level Intervention (ILI), Group Level Intervention (GLI), Outreach, Health Communication/Public Information (HC/PI), Other DEBI Interventions: VOICES/VOCES Healthy Relationships	IDU MSM Heterosexual General Public Emerging Risk Groups – Homeless, Perinatal, Women, Youth
Drug and Alcohol Treatment Services 116 North Washington Avenue 3rd Floor Scranton, PA 18503 570.961.1997	Individual Level Intervention (ILI)	IDU
Honesdale Family Planning Center 321 Grandview Avenue Unit 4 Honesdale, PA 18431 570.253.5626	Counseling, Testing and Referral Services (CTR)	General Public

PROVIDER	PREVENTION SERVICES	TARGET POPULATION (S)
United Neighborhood Centers of Lackawanna County 410 Olive Street Scranton, PA 18508 570.346.0759	Individual Level Intervention (ILI), Group Level Intervention (GLI), Outreach, Health Communication/Public Information (HC/PI), Other DEBI Interventions: VOICES/VOCES Healthy Relationships	Hispanic Heterosexual Emerging Risk Group – Youth
Wayne County State Health Center HIV Clinic 615 Erie Heights Honesdale, PA 18431 570.253.7141	Counseling, Testing and Referral Services (CTR), Individual Level Intervention (ILI), Outreach, Health Communication/Public Information (HC/PI)	General Public
Wayne County State Health Center Tuberculosis Clinic 615 Erie Heights Honesdale, PA 18431 570.253.7141	Counseling, Testing and Referral Services (CTR)	Heterosexual Emerging Risk Group – Homeless
WYOMING COUNTY		
American Red Cross – Wyoming Valley Chapter 256 North Sherman Street Wilkes-Barre, PA 18702 570.823.7161 www.wyomingvalleyredcross.org	Individual Level Intervention (ILI), Group Level Intervention (GLI), Outreach, Health Communication/Public Information (HC/PI), Other DEBI Interventions: SISTA Safety Counts	IDU MSM Heterosexual General Public Emerging Risk Groups – Homeless, Perinatal, Women, Youth
Drug and Alcohol Treatment Services	Individual Level Intervention (ILI)	IDU
United Neighborhood Centers of Lackawanna County 410 Olive Street Scranton, PA 18508 570.346.0759	Individual Level Intervention (ILI), Group Level Intervention (GLI), Outreach, Health Communication/Public Information (HC/PI), Other DEBI Interventions:	Hispanic Heterosexual Emerging Risk Group – Youth

PROVIDER	PREVENTION SERVICES	TARGET POPULATION (S)
	VOICES/VOCES Healthy Relationships	
Wyoming County State Health Center HIV Clinic 2 Skyline Complex Tunkhannock, PA 18657 570.836.2981	Counseling, Testing and Referral Services (CTR), Individual Level Intervention (ILI), Outreach, Health Communication/Public Information (HC/PI)	General Public
Wyoming County State Health Center Tuberculosis Clinic 2 Skyline Complex Tunkhannock, PA 18657 570.836.2981	Counseling, Testing and Referral Services (CTR)	Heterosexual Emerging Risk Group – Homeless
Wyoming Valley AIDS Council 67-69 Public Square PO Box 2677 Wilkes-Barre, PA 18703 570.823.5808	Counseling, Testing and Referral Services (CTR), Health Communication/Public Information (HC/PI)	Emerging Risk Group – Women

The Northwest Region

The Northwest region consists of Cameron, Clarion, Clearfield, Crawford, Elk, Erie, Forest, Jefferson, Lawrence, McKean, Mercer, Venango and Warren Counties. The total population for this region is 950,620.

Key: IDU – Injection drug user; MSM – Men who have Sex with Men; MSM/IDU – Men who have Sex with Men who are Injection Drug Users.

PROVIDER	PREVENTION SERVICES	TARGET POPULATION (S)
CAMERON COUNTY		
Cameron County State Health Center HIV Clinic 778 Washington Street St. Mary's, PA 15857 814.834.5351	Counseling, Testing and Referral Services (CTR), Partner Services (PS), Individual Level Intervention (ILI), Outreach, Health Communication/Public Information (HC/PI)	General Public
Cameron County State Health Center Tuberculosis Clinic 778 Washington Street St. Mary's, PA 15857 814.834.5351	Counseling, Testing and Referral Services (CTR)	Heterosexual Emerging Risk Group – Homeless
Cameron County Health Care Center 90 East Second Street Emporium, PA 15834 814.486.1115	Counseling, Testing and Referral Services (CTR)	Heterosexual
Northwest PA Rural AIDS Alliance 15870 Route 322 Suite 2 Clarion, PA 16214 814.764.6066 www.northwestalliance.org	Individual Level Intervention (ILI), Group Level Intervention (GLI), Outreach, Health Communication/Public Information (HC/PI)	All Risk Groups
CLARION COUNTY		
Clarion County Drug and Alcohol 214 South 7th Avenue Clarion, PA 16214 814.226.5888	Counseling, Testing and Referral Services (CTR)	General Public
Clarion County Prison	Counseling, Testing and	IDU

PROVIDER	PREVENTION SERVICES	TARGET POPULATION (S)
216 Amsler Avenue Shippensville, PA 16254 814.226.9615	Referral Services (CTR), Partner Services (PS), Individual Level Intervention (ILI), Health Communication/Public Information (HC/PI)	MSM Heterosexual
Clarion County State Health Center HIV Clinic Suite D 162 South Second Avenue Clarion, PA 16214 814.226.2170	Counseling, Testing and Referral Services (CTR), Partner Services (PS), Individual Level Intervention (ILI), Outreach, Health Communication/Public Information (HC/PI)	General Public
Clarion County State Health Center Tuberculosis Clinic 162 South Second Avenue Clarion, PA 16214 814.226.2170	Counseling, Testing and Referral Services (CTR)	Heterosexual Emerging Risk Group – Homeless
Clarion University – Keeling Health Center 840 Wood Street Clarion, PA 16214 814.393.2121	Individual Level Intervention (ILI), Group Level Intervention (GLI), Health Communication/Public Information (HC/PI)	Heterosexual Emerging Risk Group – Youth
Family Health Center of Clarion County 1064-A East Main Street Clarion, PA 16214 814.226.7500	Counseling, Testing and Referral Services (CTR), Outreach, Health Communication/Public Information (HC/PI)	Heterosexual General Public
Northwest PA Rural AIDS Alliance 15870 Route 322 Suite 2 Clarion, PA 16214 814.764.6066 www.northwestalliance.org	Counseling, Testing and Referral Services (CTR), Individual Level Intervention (ILI), Group Level Intervention (GLI), Outreach, Health Communication/Public Information (HC/PI)	HIV+ All Risk Groups
CLEARFIELD COUNTY		
Clearfield County State Health Center HIV Clinic 1123 Linden Street	Counseling, Testing and Referral Services (CTR), Partner Services (PS),	General Public

PROVIDER	PREVENTION SERVICES	TARGET POPULATION (S)
Clearfield, PA 16830 814.765.0542	Individual Level Intervention (ILI), Outreach, Health Communication/Public Information (HC/PI)	
Clearfield County State Health Center Tuberculosis Clinic 1123 Linden Street Clearfield, PA 16830 814.765.0542	Counseling, Testing and Referral Services (CTR)	Heterosexual Emerging Risk Group – Homeless
Discovery House CU 3888 Curwenville Grampian Road Curwenville, PA 16833 814.236.1929	Individual Level Intervention (ILI), Group Level Intervention (GLI), Outreach, Health Communication/Public Information (HC/PI)	IDU Non-IDU
Family Health Council 1036 Park Avenue Extension Clearfield, PA 16830 814.765.9677 www.fhcinc.org	Counseling, Testing and Referral Services (CTR), Individual Level Intervention (ILI), Outreach, Health Communication/Public Information (HC/PI)	Heterosexual General Public
Northwest PA Rural AIDS Alliance 15870 Route 322 Suite 2 Clarion, PA 16214 814.764.6066 www.northwestalliance.org	Prevention for Positives, Individual Level Intervention (ILI), Group Level Intervention (GLI), Outreach, Health Communication/Public Information (HC/PI)	HIV+ All Risk Groups
CRAWFORD COUNTY		
Conneaut Valley Health Center PO Box E 906 Washington Street Conneautville, PA 16406 814.587.2021	Counseling, Testing and Referral Services (CTR), Outreach, Health Communication/Public Information (HC/PI)	Heterosexual
Crawford County Correctional Facility 2100 Independence Drive Saegertown, PA 16433	Counseling, Testing and Referral Services (CTR), Partner Services (PS), Individual Level	IDU MSM Heterosexual

PROVIDER	PREVENTION SERVICES	TARGET POPULATION (S)
814.763.1190	Intervention (ILI), Health Communication/Public Information (HC/PI)	
Crawford County State Health Center HIV Clinic 900 Water Street Meadville, PA 16335 814.332.6947	Counseling, Testing and Referral Services (CTR), Partner Services (PS), Individual Level Intervention (ILI), Outreach, Health Communication/Public Information (HC/PI)	General Public
Crawford County State Health Center Tuberculosis Clinic 900 Water Street Meadville, PA 16335 814.332.6947	Counseling, Testing and Referral Services (CTR)	Heterosexual Emerging Risk Group – Homeless
Erie County Health Department – Corry Office 43 East Washington Street Corry, PA 16407 814.663.3891 814.664.3978 www.ecdh.org	Counseling, Testing and Referral Services (CTR)	General Public
Family Planning of Crawford County 747 Terrace Street Meadville, PA 16335 814.333.7088	Counseling, Testing and Referral Services (CTR)	Heterosexual
Greenville Family Planning 74 Shenango Street Greenville, PA 16125 724.588.2272	Counseling, Testing and Referral Services (CTR)	General Public
Northwest PA Rural AIDS Alliance 15870 Route 322 Suite 2 Clarion, PA 16214 814.764.6066	Individual Level Intervention (ILI), Group Level Intervention (GLI), Outreach, Health Communication/Public Information (HC/PI)	All Risk Groups

PROVIDER	PREVENTION SERVICES	TARGET POPULATION (S)
www.northwestalliance.org		
SCI Cambridge Springs 451 Fullerton Avenue Cambridge Springs, PA 16403 814.398.5400	Group Level Intervention (GLI)	IDU Heterosexual
ELK COUNTY		
American Red Cross – Elk/Cameron Counties Chapter 21 North Mary's St. Mary's, PA 15857 814.834.2915	Health Communication/Public Information (HC/PI)	General Public
Elk County Prison Box 448 Courthouse Ridgeway, PA 15853 814.776.5342	Counseling, Testing and Referral Services (CTR), Partner Services (PS), Individual Level Intervention (ILI), Health Communication/Public Information (HC/PI)	IDU MSM Heterosexual
Elk County State Health Center HIV Clinic 778 Washington Street St. Mary's, PA 15857 814.834.5351	Counseling, Testing and Referral Services (CTR), Partner Services (PS), Individual Level Intervention (ILI), Outreach, Health Communication/Public Information (HC/PI)	General Public
Elk County State Health Center Tuberculosis Clinic 778 Washington Street St. Mary's, PA 15857 814.834.5351	Counseling, Testing and Referral Services (CTR)	Heterosexual Emerging Risk Group – Homeless
Family Health Council 776 Washington Street St. Mary's, PA 15857 814.834.3090	Counseling, Testing and Referral Services (CTR), Individual Level Intervention (ILI), Outreach, Health Communication/Public Information (HC/PI)	Heterosexual
Northwest PA Rural AIDS Alliance	Individual Level Intervention (ILI), Group	All Risk Groups

PROVIDER	PREVENTION SERVICES	TARGET POPULATION (S)
15870 Route 322 Suite 2 Clarion, PA 16214 814.764.6066 www.northwestalliance.org	Level Intervention (GLI), Outreach, Health Communication/Public Information (HC/PI)	
ERIE COUNTY		
Abraxas II 502 West 6th Street Erie, PA 16507 814.459.0618	Counseling, Testing and Referral Services (CTR)	General Public
Booker T. Washington Center 1720 Holland Street Erie, PA 16503 814.453.5744	Counseling, Testing and Referral Services (CTR) DEBI Intervention: SISTA	General Public
Community Health Network 1202 State Street Erie, PA 16501	Counseling, Testing and Referral Services (CTR), Individual Level Intervention (ILI)	Emerging Risk Group – Homeless
Cove Forge Drug and Alcohol Center 2000 West 8th Street Erie, PA 16505 814.452.5603	Counseling, Testing and Referral Services (CTR)	General Public
Deerfield Dual Diagnosis Substance Abuse Services 2610 German Street Erie, PA 16504 814.878.2103 stairwaysbh.org	Counseling, Testing and Referral Services (CTR), Individual Level Intervention (ILI), Group Level Intervention (GLI)	IDU Heterosexual
Dr. Daniel Snow Recovery House 414 West Fifth Street Erie, PA 16507 814.456.5758	Counseling, Testing and Referral Services (CTR), Individual Level Intervention (ILI)	IDU Heterosexual
Edinboro Family Planning 118 East Plum Street Edinboro, PA 16412	Counseling, Testing and Referral Services (CTR)	General Public

PROVIDER	PREVENTION SERVICES	TARGET POPULATION (S)
814.734.7600		
Edinboro University of Pennsylvania Edinboro, PA 16444 814.732.2000	Counseling, Testing and Referral Services (CTR), Individual Level Intervention (ILI), Health Communication/Public Information (HC/PI)	Heterosexual
Edmund L. Thomas Juvenile Detention Center 4728 Lake Pleasant Road Erie, PA 16504 814.451.6191	Counseling, Testing and Referral Services (CTR), Individual Level Intervention (ILI), Health Communication/Public Information (HC/PI)	Emerging Risk Group – Youth
Erie County Department of Health 606 West Second Street Erie, PA 16507 814.451.6700 www.ecdh.org	Counseling, Testing and Referral Services (CTR), Partner Services (PS), Individual Level Intervention (ILI), Group Level Intervention (GLI), Outreach, Health Communication/Public Information (HC/PI) DEBI Interventions: Safety Counts Healthy Relationships	HIV+ IDU MSM Heterosexual General Public Emerging Risk Group - Youth
Erie County Department of Health – Corry Office 43 East Washington Street Corry, PA 16407 814.663.3891 www.ecdh.org	Counseling, Testing and Referral Services (CTR), Individual Level Intervention (ILI), Group Level Intervention (GLI), Outreach, Health Communication/Public Information (HC/PI)	General Public
Erie County Department of Health HIV Clinic 606 West Second Street Erie, PA 16507 814.451.6700 www.ecdh.org	Counseling, Testing and Referral Services (CTR), Partner Services (PS), Individual Level Intervention (ILI), Outreach, Health Communication/Public Information (HC/PI)	General Public
Erie County Department of	Counseling, Testing and	Heterosexual

PROVIDER	PREVENTION SERVICES	TARGET POPULATION (S)
Health STD Clinic 606 West Second Street Erie, PA 16507 814.451.6700 www.ecdh.org	Referral Services (CTR)	
Erie County Department of Health Tuberculosis Clinic 606 West Second Street Erie, PA 16507 814.451.6700 www.ecdh.org	Counseling, Testing and Referral Services (CTR)	Heterosexual Emerging Risk Group – Homeless
Erie County Prison 1618 Ash Street Erie, PA 16503 814.451.7524 814.451.7525	Counseling, Testing and Referral Services (CTR), Partner Services (PS), Individual Level Intervention (ILI), Health Communication/Public Information (HC/PI)	IDU MSM Heterosexual
Erie County Prison Pre-release Program 1618 Ash Street Erie, PA 16503 814.451.7524 814.451.7525	Counseling, Testing and Referral Services (CTR), Partner Services (PS), Individual Level Intervention (ILI), Health Communication/Public Information (HC/PI)	IDU MSM Heterosexual
Esper Treatment Center 25 West 18th Street Erie, PA 16501 814.451.6716	Counseling, Testing and Referral Services (CTR)	General Public
Gateway Rehabilitation Drug and Alcohol Detention Center 2860 East 28th Street Erie, PA 16510 814.899.0081	Counseling, Testing and Referral Services (CTR)	General Public
Gaudenzia Crossroads 414 West Fifth Street Erie, PA 16507	Counseling, Testing and Referral Services (CTR), Individual Level Intervention (ILI), Group	IDU Heterosexual

PROVIDER	PREVENTION SERVICES	TARGET POPULATION (S)
814.459.4775 www.gaudenzia.erie.org	Level Intervention (GLI)	
Gaudenzia Intermediate Punishment Program 414 West Fifth Street Erie, PA 16507 814.459.4775 www.gaudenzia.erie.org	Counseling, Testing and Referral Services (CTR), Individual Level Intervention (ILI), Group Level Intervention (GLI)	IDU Heterosexual
Gaudenzia Outpatient and Partial Treatment Center 414 West Fifth Street Erie, PA 16507 814.459.4775 www.gaudenzia.erie.org	Counseling, Testing and Referral Services (CTR), Individual Level Intervention (ILI), Group Level Intervention (GLI)	IDU MSM Heterosexual
Gaudenzia Residential Treatment Program 414 West Fifth Street Erie, PA 16507 814.459.4775 www.gaudenzia.erie.org	Counseling, Testing and Referral Services (CTR), Individual Level Intervention (ILI), Group Level Intervention (GLI)	IDU Heterosexual
GECAC Treatment Services 18 West Ninth Street Erie, PA 16501 814.459.4581 800.769.2436 www.gecac.org	Counseling, Testing and Referral Services (CTR), Individual Level Intervention (ILI), Group Level Intervention (GLI)	IDU Heterosexual
GECAC Youth Empowerment Program 18 West Ninth Street Erie, PA 16501 814.459.4581 800.769.2436 www.gecac.org	Individual Level Intervention (ILI)	Emerging Risk Group – Youth
Greater Calvary Full Gospel Baptist Church 2624 German Street Erie, PA 16504 814.459.1787	Counseling, Testing and Referral Services (CTR)	General Public

PROVIDER	PREVENTION SERVICES	TARGET POPULATION (S)
www.greatercalvaryfgbc.org		
Harbor Creek Youth Services 5712 Iroquois Avenue Harborcreek, PA 16421 814.899.7664 www.hys-erie.org	Individual Level Intervention (ILI)	Emerging Risk Group – Youth
Hispanic American Council of Erie 554 East 10th Street Erie, PA 16507 814.455.0212	Counseling, Testing and Referral Services (CTR), Individual Level Intervention (ILI), Group Level Intervention (GLI), Outreach, Health Communication/Public Information (HC/PI)	Hispanic Heterosexual Hispanic IDU Hispanic MSM
John F. Kennedy Center 2021 East 20th Street Erie, PA 16510 814.898.0400 users.stargate.net/~jfkdn/	Counseling, Testing and Referral Services (CTR), Individual Level Intervention (ILI), Outreach	IDU Heterosexual
Martin Luther King Center 312 Chestnut Street Erie, PA 16502 814.459.2761	Individual Level Intervention (ILI)	Heterosexual
Mercyhurst College 501 East 38th Street Erie, PA 16546 814.824.2000 www.mercyhurst.edu	Counseling, Testing and Referral Services (CTR), Individual Level Intervention (ILI), Health Communication/Public Information (HC/PI)	Heterosexual Heterosexual
Minority Health Education Delivery System (MHEDS) 2928 Peach Street Erie, PA 16508 814.453.6229	Counseling, Testing and Referral Services (CTR), Individual Level Intervention (ILI), Group Level Intervention (GLI), Health Communication/Public Information (HC/PI) DEBI Intervention: VOCES/VOICES	Black Heterosexual Hispanic IDU Hispanic MSM Hispanic Heterosexual Emerging Risk Group – Asian/Pacific Islander
Northwest PA Rural AIDS	Individual Level	HIV+

PROVIDER	PREVENTION SERVICES	TARGET POPULATION (S)
Alliance 15870 Route 322 Suite 2 Clarion, PA 16214 814.764.6066 www.northwestalliance.org	Intervention (ILI), Group Level Intervention (GLI), Outreach, Health Communication/Public Information (HC/PI), Prevention for Positives	General Public All Risk Groups
Safenet 1702 French Street Erie, PA 16507 814.458.8161	Counseling, Testing and Referral Services (CTR)	General Public
SCI Albion 10745 Route 18 Albion, PA 16475 814.756.5778	Group Level Intervention (GLI)	IDU MSM Heterosexual
SHOUT Outreach Program, Gaudenzia Crossroads 414 West Fifth Street Erie, PA 16507 814.459.4775 www.gaudenzia.erie.org	Counseling, Testing and Referral Services (CTR), Individual Level Intervention (ILI), Group Level Intervention (GLI), Outreach, Health Communication/Public Information (HC/PI)	IDU Heterosexual Emerging Risk Group – Youth
St. Paul’s Neighborhood Free Clinic 1608 Walnut Street Erie, PA 16502 814.454.8755 www.stpaulfreeclinic.org	Counseling, Testing and Referral Services (CTR)	General Public
Street Outreach Prevention (STOP) Erie 606 West 2nd Street Erie, PA 16507 814.451.6700	Counseling, Testing and Referral Services (CTR), Individual Level Intervention (ILI), Outreach	Black/Hispanic IDU MSM Heterosexual
The Pennsylvania State University - Behrend College 5091 Station Road Erie, PA	Counseling, Testing and Referral Services (CTR), Individual Level Intervention (ILI), Health Communication/Public	Heterosexual

PROVIDER	PREVENTION SERVICES	TARGET POPULATION (S)
814.898.6100	Information (HC/PI)	
FOREST COUNTY		
Cornell Abraxas I Blue Jay Village North Forest Street Marienville, PA 16239 814.927.6615	Counseling, Testing and Referral Services (CTR), Individual Level Intervention (ILI)	IDU MSM Heterosexual Emerging Risk Group – Youth
Forest County State Health Center HIV Clinic PO Box 405 South Elm Street Tionesta, PA 16353 814.755.3564	Counseling, Testing and Referral Services (CTR), Partner Services (PS), Individual Level Intervention (ILI), Outreach, Health Communication/Public Information (HC/PI)	General Public
Forest County State Health Center STD Clinic PO Box 405 South Elm Street Tionesta, PA 16353 814.755.3564	Counseling, Testing and Referral Services (CTR)	Heterosexual
Forest County State Health Center Tuberculosis Clinic PO Box 405 South Elm Street Tionesta, PA 16353 814.755.3564	Counseling, Testing and Referral Services (CTR)	Heterosexual Emerging Risk Group – Homeless
Northwest PA Rural AIDS Alliance 15870 Route 322 Suite 2 Clarion, PA 16214 814.764.6066 www.northwestalliance.org	Individual Level Intervention (ILI), Group Level Intervention (GLI), Outreach, Health Communication/Public Information (HC/PI)	All Risk Groups
JEFFERSON COUNTY		
Family Health Council - Punxsutawney 203 North Main Street Punxsutawney, PA 15767	Counseling, Testing and Referral Services (CTR)	Heterosexual

PROVIDER	PREVENTION SERVICES	TARGET POPULATION (S)
814.938.3421		
Jefferson County Prison 578 Service Center Road Brookville, PA 15825 814.849.1933	Counseling, Testing and Referral Services (CTR), Partner Services (PS), Individual Level Intervention (ILI), Health Communication/Public Information (HC/PI)	IDU MSM Heterosexual
Jefferson County State Health Center HIV Clinic 203 North Main Street Punxsutawney, PA 15767 814.938.6630	Counseling, Testing and Referral Services (CTR), Partner Services (PS), Individual Level Intervention (ILI), Outreach, Health Communication/Public Information (HC/PI)	General Public
Jefferson County State Health Center STD Clinic 203 North Main Street Punxsutawney, PA 15767 814.938.6630	Counseling, Testing and Referral Services (CTR)	Heterosexual
Jefferson County State Health Center Tuberculosis Clinic 203 North Main Street Punxsutawney, PA 15767 814.938.6630	Counseling, Testing and Referral Services (CTR)	Heterosexual Emerging Risk Group – Homeless
Northwest PA Rural AIDS Alliance 15870 Route 322 Suite 2 Clarion, PA 16214 814.764.6066 www.northwestalliance.org	Individual Level Intervention (ILI), Group Level Intervention (GLI), Outreach, Health Communication/Public Information (HC/PI)	All Risk Groups
Punxsutawney State Health Center 1000 West Mahoning Street Punxsutawney, PA 15767	Counseling, Testing and Referral Services (CTR)	General Public

PROVIDER	PREVENTION SERVICES	TARGET POPULATION (S)
814.938.6630		
LAWRENCE COUNTY		
Family Health Council 2 Cascade Galleria Plaza New Castle, PA 16101 724.658.6681 www.fhcinc.org	Counseling, Testing and Referral Services (CTR), Group Level Intervention (GLI), Health Communication/Public Information (HC/PI)	Heterosexual Emerging Risk Group - Youth
Lawrence County Prison 433 Court Street New Castle, PA 16101 412.654.5384	Counseling, Testing and Referral Services (CTR), Partner Services (PS), Individual Level Intervention (ILI), Health Communication/Public Information (HC/PI)	IDU MSM Heterosexual
Lawrence County State Health Center HIV Clinic 106 Margaret Street New Castle, PA 16101 724.656.3088	Counseling, Testing and Referral Services (CTR), Partner Services (PS), Individual Level Intervention (ILI), Outreach, Health Communication/Public Information (HC/PI)	General Public
Lawrence County State Health Center Tuberculosis Clinic 106 Margaret Street New Castle, PA 16101 724.656.3088	Counseling, Testing and Referral Services (CTR)	Heterosexual
New Castle Family Planning 15 West Washington Street New Castle, PA 16101 724.658.6681	Counseling, Testing and Referral Services (CTR)	General Public
Northwest PA Rural AIDS Alliance 15870 Route 322 Suite 2 Clarion, PA 16214 814.764.6066 www.northwestalliance.org	Individual Level Intervention (ILI), Group Level Intervention (GLI), Outreach, Health Communication/Public Information (HC/PI)	All Risk Groups

PROVIDER	PREVENTION SERVICES	TARGET POPULATION (S)
MCKEAN COUNTY		
Family Planning Services of McKean County 70 ½ Mechanic Street Bradford, PA 16701 814.368.6129	Counseling, Testing and Referral Services (CTR)	Heterosexual
McKean County State Health Center HIV Clinic 84-90 Boyleston Street Bradford, PA 16701 814.368.0426	Counseling, Testing and Referral Services (CTR), Partner Services (PS), Individual Level Intervention (ILI), Outreach, Health Communication/Public Information (HC/PI)	General Public
McKean County State Health Center Tuberculosis Clinic 84-90 Boyleston Street Bradford, PA 16701 814.368.0426	Counseling, Testing and Referral Services (CTR)	Heterosexual Emerging Risk Group – Homeless
Northwest PA Rural AIDS Alliance 15870 Route 322 Suite 2 Clarion, PA 16214 814.764.6066 www.northwestalliance.org	Individual Level Intervention (ILI), Group Level Intervention (GLI), Outreach, Health Communication/Public Information (HC/PI)	All Risk Groups
MERCER COUNTY		
AIDS Service Program of Mercer County 87 Stambaugh Avenue Suite 1 Sharon, PA 16146 724.981.3670 724.981.1671	Individual Level Intervention (ILI), Group Level Intervention (GLI), Outreach, Health Communication/Public Information (HC/PI)	HIV+ General Public
Discovery House 1868 East State Street Hermitage, PA 16148 724.981.9815	Counseling, Testing and Referral Services (CTR)	General Public

PROVIDER	PREVENTION SERVICES	TARGET POPULATION (S)
Family Planning of Mercer County 87 Stambaugh Avenue Suite 1 Sharon, PA 16146 724.981.3670 724.981.1671	Counseling, Testing and Referral Services (CTR), Group Level Intervention (GLI), Health Communication/Public Information (HC/PI)	Heterosexual Emerging Risk Group – Youth
Family Planning of Mercer County - Greenville 74 Shenango Street Greenville, PA 16125 724.588.2272	Counseling, Testing and Referral Services (CTR)	Heterosexual
Family Planning of Mercer County – Grove City 408B Hillcrest Medical Center Grove City, PA 16127 724.458.8505	Counseling, Testing and Referral Services (CTR), Outreach, Health Communication/Public Information (HC/PI)	Heterosexual General Public
Farrell Primary Health Network 602 Roemer Boulevard Farrell, PA 16121 724.285.2216	Counseling, Testing and Referral Services (CTR)	Heterosexual
Mercer Behavioral Health Commission 8406 Sharon Mercer Road Mercer, PA 16137 724.662.1550	Counseling, Testing and Referral Services (CTR), Individual Level Intervention (ILI), Group Level Intervention (GLI), Outreach, Health Communication/Public Information (HC/PI)	IDU MSM Heterosexual General Public Emerging Risk Group – Youth
Mercer County Prison 138 South Diamond Street Mercer, PA 16137 412.662.2700	Counseling, Testing and Referral Services (CTR), Partner Services (PS), Individual Level Intervention (ILI), Health Communication/Public Information (HC/PI)	IDU MSM Heterosexual
Mercer County State Health Center HIV Clinic	Counseling, Testing and Referral Services (CTR),	General Public

PROVIDER	PREVENTION SERVICES	TARGET POPULATION (S)
25 McQuiston Drive Jackson Center, PA 16133 724.662.4000	Partner Services (PS), Individual Level Intervention (ILI), Outreach, Health Communication/Public Information (HC/PI)	
Mercer County State Health Center Tuberculosis Clinic 25 McQuiston Drive Jackson Center, PA 16133 724.662.4000	Counseling, Testing and Referral Services (CTR)	Heterosexual Emerging Risk Group – Homeless
Northwest PA Rural AIDS Alliance 15870 Route 322 Suite 2 Clarion, PA 16214 814.764.6066 www.northwestalliance.org	Individual Level Intervention (ILI), Group Level Intervention (GLI), Outreach, Health Communication/Public Information (HC/PI), Prevention for Positives	HIV+ All Risk Groups
VENANGO COUNTY		
Family Health Council, Seneca Route 257 Box 409 Seneca, PA 16346 814.676.1811	Counseling, Testing and Referral Services (CTR)	General Public
Family Planning Service of Venango County PO Box 409 Seneca, PA 16346 814.676.1811	Counseling, Testing and Referral Services (CTR), Individual Level Intervention (ILI), Health Communication/Public Information (HC/PI)	Heterosexual
Northwest PA Rural AIDS Alliance 15870 Route 322 Suite 2 Clarion, PA 16214 814.764.6066 www.northwestalliance.org	Individual Level Intervention (ILI), Group Level Intervention (GLI), Outreach, Health Communication/Public Information (HC/PI), Prevention for Positives	HIV+ All Risk Groups
Titusville Area Hospital 406 West Oak Street Titusville, PA 16354	Counseling, Testing and Referral Services (CTR), Individual Level Intervention (ILI), Health	General Public

PROVIDER	PREVENTION SERVICES	TARGET POPULATION (S)
814.827.1851 www.titusvillehospital.org	Communication/Public Information (HC/PI)	
Turning Point PO Box 1030 Franklin, PA 16323 814.437.5393	Counseling, Testing and Referral Services (CTR)	General Public
Venango County Prison 1186 Elk Street Franklin, PA 16323 814.432.9629	Counseling, Testing and Referral Services (CTR), Partner Services (PS)	IDU MSM Heterosexual
Venango County State Health Center HIV Clinic Box 191 Seneca, PA 16346 814.677.0672	Counseling, Testing and Referral Services (CTR), Partner Services (PS), Individual Level Intervention (ILI), Outreach, Health Communication/Public Information (HC/PI)	General Public
Venango County State Health Center STD Clinic Box 191 Seneca, PA 16346 814.677.0672	Counseling, Testing and Referral Services (CTR)	Heterosexual
Venango County State Health Center Tuberculosis Clinic Box 191 Seneca, PA 16346 814.677.0672	Counseling, Testing and Referral Services (CTR)	Heterosexual General Public Emerging Risk Group – Homeless
WARREN COUNTY		
Family Health Council of Warren County 514 Third Avenue Amex Building North Warren, PA 16365 814.723.5852	Counseling, Testing and Referral Services (CTR)	Heterosexual
Family Planning Services of Warren County 2 South State Street	Counseling, Testing and Referral Services (CTR)	General Public

PROVIDER	PREVENTION SERVICES	TARGET POPULATION (S)
North Warren, PA 16365 814.723.5852		
Northwest PA Rural AIDS Alliance 15870 Route 322 Suite 2 Clarion, PA 16214 814.764.6066 www.northwestalliance.org	Individual Level Intervention (ILI), Group Level Intervention (GLI), Outreach, Health Communication/Public Information (HC/PI), Prevention for Positives	HIV+ All Risk Groups
Warren County Prison 407 Market Street Warren, PA 16365 814.723.7553	Counseling, Testing and Referral Services (CTR), Partner Services (PS)	IDU MSM Heterosexual
Warren County State Health Center HIV Clinic 223 North State Street North Warren, PA 16365 814.728.3566	Counseling, Testing and Referral Services (CTR), Partner Services (PS), Individual Level Intervention (ILI), Outreach, Health Communication/Public Information (HC/PI)	General Public
Warren County State Health Center Tuberculosis Clinic 223 North State Street North Warren, PA 16365 814.728.3566	Counseling, Testing and Referral Services (CTR)	Heterosexual General Public Emerging Risk Group – Homeless

The South Central Region

The South Central region consists of Adams, Bedford, Blair, Cumberland, Dauphin, Franklin, Fulton, Huntingdon, Juniata, Lancaster, Lebanon, Mifflin, Perry and York Counties. The total population of this region is 2,010,697

Key: IDU – Injection drug user; MSM – Men who have Sex with Men; MSM/IDU – Men who have Sex with Men who are Injection Drug Users.

PROVIDER	PREVENTION SERVICES	TARGET POPULATION (S)
ADAMS COUNTY		
Adams County Prison 625 Biglerville Road Gettysburg, PA 17325 717.344.7671	Counseling, Testing and Referral Services (CTR), Partner Services (PS), Individual Level Intervention (ILI), Health Communication/Public Information (HC/PI)	IDU MSM Heterosexual
Adams County Shelter for the Homeless 102 North Stratton Street Gettysburg, PA 17325 717.337.2413 717.337.2474	Outreach, Health Communication/Public Information (HC/PI)	IDU MSM Heterosexual Emerging Risk Group – Homeless
Adams County State Health Center HIV Clinic 414 East Middle Street Gettysburg, PA 17325 717.334.2112	Counseling, Testing and Referral Services (CTR), Partner Services (PS), Individual Level Intervention (ILI), Outreach, Health Communication/Public Information (HC/PI)	General Public
Adams County State Health Center Tuberculosis Clinic 414 East Middle Street Gettysburg, PA 17325 717.334.2112	Counseling, Testing and Referral Services (CTR)	Heterosexual Emerging Risk Group – Homeless
American Red Cross – Adams County Chapter 11 Lincoln Square Gettysburg, PA 17325 717.334.1814	Health Communication/Public Information (HC/PI)	General Public
Gettysburg Health Center at Herr's Ridge PO Box 378	Counseling, Testing and Referral Services (CTR)	Heterosexual

PROVIDER	PREVENTION SERVICES	TARGET POPULATION (S)
820 Chambersburg Road Gettysburg, PA 17325 717.337.4400		
Gettysburg Hospital 147 Gettysburg Street Gettysburg, PA 17325 717.334.2121 717.337.4125	Counseling, Testing and Referral Services (CTR), Individual Level Intervention (ILI), Health Communication/Public Information (HC/PI)	General Public
Keystone Farm Worker Program 424 East Middle Street Gettysburg, PA 17325 717.334.0001	Counseling, Testing and Referral Services (CTR), Individual Level Intervention (ILI), Health Communication/Public Information (HC/PI)	Hispanic Heterosexual Hispanic IDU Hispanic MSM
Planned Parenthood of Central Pennsylvania 963 Biglerville Road Gettysburg, PA 17325 717.344.9275 www.ppcpa.org	Counseling, Testing and Referral Services (CTR), Individual Level Intervention (ILI), Group Level Intervention (GLI), Outreach, Health Communication/Public Information (HC/PI)	Heterosexual General Public Emerging Risk Groups – Youth, Perinatal
BEDFORD COUNTY		
Alum Bank Community Health Center 121 Rolling Acres Drive Alum Bank, PA 15521 814.839.4191	Counseling, Testing and Referral Services (CTR)	General Public
Bedford County Prison 204 South Thomas Street Bedford, PA 15222 814.623.6513	Counseling, Testing and Referral Services (CTR), Partner Services (PS)	IDU MSM Heterosexual
Bedford County State Health Center HIV Clinic 130 Vondersmith Avenue Bedford, PA 15522 814.623.2001	Counseling, Testing and Referral Services (CTR), Partner Services (PS), Individual Level Intervention (ILI), Outreach, Health Communication/Public Information (HC/PI)	Heterosexual General Public

PROVIDER	PREVENTION SERVICES	TARGET POPULATION (S)
Bedford County State Health Center STD Clinic 130 Vondersmith Avenue Bedford, PA 15522 814.623.2001	Counseling, Testing and Referral Services (CTR), Outreach, Health Communication/Public Information (HC/PI)	Heterosexual
Bedford County State Health Center Tuberculosis Clinic 130 Vondersmith Avenue Bedford, PA 15522 814.623.2001	Counseling, Testing and Referral Services (CTR)	Heterosexual Emerging Risk Group – Homeless
Home Nursing Agency – AIDS Intervention Project 201 Chestnut Avenue PO Box 352 Altoona, PA 16603 814.944.2982 800.445.6262 www.homenursingagency.com	Partner Services (PS), Individual Level Intervention (ILI), Group Level Intervention (GLI), Outreach, Health Communication/Public Information (HC/PI)	IDU MSM Heterosexual General Public Emerging Risk Groups – Homeless, Perinatal
UPMC Family Health Services 602 East Pitt Street Bedford, PA 15522	Counseling, Testing and Referral Services (CTR)	General Public
BLAIR COUNTY		
Altoona Hospital Family Planning Center 501 Howard Avenue Building C Altoona, PA 16001 814.946.2012	Counseling, Testing and Referral Services (CTR), Health Communication/Public Information (HC/PI)	Heterosexual
Blair County Prison 422 Mulberry Street Holidaysburg, PA 16648 814.695.9731	Counseling, Testing and Referral Services (CTR), Partner Services (PS), Individual Level Intervention (ILI), Health Communication/Public Information (HC/PI)	IDU MSM Heterosexual
Blair County State Health Center HIV Clinic 615 Howard Avenue Altoona, PA 16601	Counseling, Testing and Referral Services (CTR), Partner Services (PS), Individual Level	General Public

PROVIDER	PREVENTION SERVICES	TARGET POPULATION (S)
814.946.7300	Intervention (ILI), Outreach, Health Communication/Public Information (HC/PI)	
Blair County State Health Center STD Clinic 615 Howard Avenue Altoona, PA 16601 814.946.7300	Counseling, Testing and Referral Services (CTR)	Heterosexual
Blair County State Health Center Tuberculosis Clinic 615 Howard Avenue Altoona, PA 16601 814.946.7300	Counseling, Testing and Referral Services (CTR)	IDU Heterosexual Emerging Risk Group – Homeless
Home Nursing Agency – AIDS Intervention Project 201 Chestnut Avenue PO Box 352 Altoona, PA 16603 814.944.2982 800.445.6262 www.homenursingagency.com	Individual Level Intervention (ILI) Group Level Intervention (GLI) Public Information	IDU MSM Heterosexual General Public Emerging Risk Groups – Homeless Transgender
CUMBERLAND COUNTY		
AIDS Community Alliance 401 Division Street Suite 100 Harrisburg, PA 17110 717.233.7190 800.867.1550 www.aca-pa.com	Individual Level Intervention (ILI), Group Level Intervention (GLI), Outreach	White IDU White MSM White MSM/IDU Emerging Risk Groups – Perinatal, Youth
Cumberland County Prison 1101 Claremont Road Carlisle, PA 17013 717.245.8787	Counseling, Testing and Referral Services (CTR), Partner Services (PS), Individual Level Intervention (ILI), Health Communication/Public Information (HC/PI)	IDU MSM Heterosexual
Cumberland County State Health Center HIV Clinic 431 East North Street	Counseling, Testing and Referral Services (CTR), Partner Services (PS),	General Public

PROVIDER	PREVENTION SERVICES	TARGET POPULATION (S)
Carlisle, PA 17013 717.243.5151	Individual Level Intervention (ILI), Outreach, Health Communication/Public Information (HC/PI)	
Cumberland County State Health Center Tuberculosis Clinic 431 East North Street Carlisle, PA 17013 717.243.5151	Counseling, Testing and Referral Services (CTR)	Heterosexual Emerging Risk Group – Homeless
Dickinson College PO Box 1773 Cherry and Louther Streets Carlisle, PA 17013 717.243.5121	Counseling, Testing and Referral Services (CTR)	MSM Heterosexual Emerging Risk Group – Youth
Planned Parenthood of the Susquehanna Valley 977 Walnut Bottom Road Carlisle, PA 17013 717.243.0515 www.ppsv.net	Counseling, Testing and Referral Services (CTR), Outreach, Health Communication/Public Information (HC/PI)	Heterosexual
PROGRAM for Female Offenders 1515 Derry Street Harrisburg, PA 17104 717.238.9950	Group Level Intervention (GLI), Comprehensive Risk Counseling and Services (CRCS)	Heterosexual Emerging Risk Groups – Perinatal, Youth
Sadler Health Center 100 North Hanover Street Carlisle, PA 17013 717.218.6671	Counseling, Testing and Referral Services (CTR), Individual Level Intervention (ILI), Outreach, Health Communication/Public Information (HC/PI)	General Public
Tri-County Planned Parenthood 206 East King Street Shippensburg, PA 17257 717.532.7896	Counseling, Testing and Referral Services (CTR)	Heterosexual

PROVIDER	PREVENTION SERVICES	TARGET POPULATION (S)
DAUPHIN COUNTY		
Adult Ambulatory Care Center 3645 North 3rd Street Harrisburg, PA 17110 717.782.2712	Counseling, Testing and Referral Services (CTR)	General Public
AIDS Community Alliance 401 Division Street Suite 100 Harrisburg, PA 17110 717.233.7190 800.867.1550 www.aca-pa.com	Individual Level Intervention (ILI), Group Level Intervention (GLI), Outreach	IDU MSM MSM/IDU Emerging Risk Groups – Perinatal, Youth
Battered Women's Shelter Contact YWCA 717.243.7273 800.654.1211	Individual Level Intervention (ILI)	Heterosexual Emerging Risk Group – Perinatal
Bethesda Mission Men's Shelter 611 Reily Street Harrisburg, PA 17102 717.257.4442 www.bethesda-mission.org	Counseling, Testing and Referral Services (CTR), Individual Level Intervention (ILI)	IDU Heterosexual Emerging Risk Group – Homeless
Capital Pavilion Half Way House 2012 North 4th Street Harrisburg, PA 17102 717.236.0132	Individual Level Intervention (ILI)	IDU
Conewago Place 424 Nye Road Hummelstown, PA 17036 717.533.0428	Counseling, Testing and Referral Services (CTR), Individual Level Intervention (ILI)	IDU Heterosexual
Dauphin County Prison 501 Mall Road Harrisburg, PA 17111 717.780.6800	Counseling, Testing and Referral Services (CTR), Partner Services (PS), Individual Level Intervention (ILI), Health Communication/Public Information (HC/PI)	IDU MSM Heterosexual
Dauphin County State Health	Counseling, Testing and	General Public

PROVIDER	PREVENTION SERVICES	TARGET POPULATION (S)
Center 30 Kline Plaza Harrisburg, PA 17104 717.787.8092	Referral Services (CTR)	
Daystar Center 123 North 18th Street Harrisburg, PA 17103 717.230.9898	Individual Level Intervention (ILI)	IDU Heterosexual
Discovery House 99 South Cameron Street Harrisburg, PA 17101 717.233.7290	Counseling, Testing and Referral Services (CTR), Individual Level Intervention (ILI)	IDU
Evergreen House 100 Evergreen Drive Harrisburg, PA 17102 717.238.6343	Counseling, Testing and Referral Services (CTR)	General Public
Frederick Health Center 100 Evelyn Drive Millersburg, PA 17061 717.692.4761	Counseling, Testing and Referral Services (CTR)	General Public
Gaudenzia Common Ground 2835 North Front Street Harrisburg, PA 17110 717.238.5553	Counseling, Testing and Referral Services (CTR)	General Public
Gaudenzia Concept 90 PO Box 10396 Harrisburg, PA 17105 717.232.3232	Counseling, Testing and Referral Services (CTR)	General Public
Gaudenzia Inc., Outpatient 2039 North Second Street Harrisburg, PA 17102 717.233.3424	Counseling, Testing and Referral Services (CTR), Individual Level Intervention (ILI)	IDU Heterosexual
Gay and Lesbian Switchboard of Harrisburg 1300A North Third Street Harrisburg, PA 17102	Health Communication/Public Information (HC/PI)	MSM

PROVIDER	PREVENTION SERVICES	TARGET POPULATION (S)
717.234.0328		
Hamilton Health Center 1821 Fulton Street Harrisburg, PA 17102 717.232.9971 1650 Walnut Street Harrisburg, PA 17110 717.230.3946	Counseling, Testing and Referral Services (CTR), Individual Level Intervention (ILI)	Black IDU Hispanic IDU Black Heterosexual Hispanic Heterosexual Emerging Risk Group – Perinatal
Harrisburg Area YMCA 410 Fallowfield Road Camp Hill, PA 17011 717.975.1897	Individual Level Intervention (ILI)	IDU Heterosexual
Kline Plaza Medical Center 43 Kline Village Harrisburg, PA 17104 717.232.0500	Counseling, Testing and Referral Services (CTR), Individual Level Intervention (ILI)	General Public
Outbound House 2901 North 6th Street Harrisburg, PA 17102 717.233.1035	Counseling, Testing and Referral Services (CTR)	General Public
Pediatric Comprehensive Care Clinic Milton Hershey Medical Center PO Box 850 Hershey, PA 17033 717.531.8882 717.531.7531 717.531.8521	Counseling, Testing and Referral Services (CTR), Individual Level Intervention (ILI), Outreach, Health Communication/Public Information (HC/PI)	HIV+
Pinnacle Health Adult Clinic 2645 North Third Street 4th Floor Harrisburg, PA 17110 717.782.2421	Counseling, Testing and Referral Services (CTR), Individual Level Intervention (ILI)	Heterosexual General Public
Pinnacle Health at Polyclinic Hospital	Counseling, Testing and Referral Services (CTR),	HIV+

PROVIDER	PREVENTION SERVICES	TARGET POPULATION (S)
2601 North Third Street Harrisburg, PA 17110 717.782.6800 877.543.5018	Individual Level Intervention (ILI), Outreach, Health Communication/Public Information (HC/PI)	
Pinnacle Health at Polyclinic Hospital - Children's Resource Center 2601 North Third Street Harrisburg, PA 17110 717.782.6800 877.543.5018	Counseling, Testing and Referral Services (CTR)	Emerging Risk Group – Youth
Planned Parenthood of the Susquehanna Valley 1514 North 2nd Street Harrisburg, PA 17102 717.234.2479	Counseling, Testing and Referral Services (CTR), Individual Level Intervention (ILI), Outreach, Health Communication/Public Information (HC/PI)	Heterosexual General Public
PROGRAM for Female Offenders 1515 Derry Street Harrisburg, PA 17104 717.238.9950	Counseling, Testing and Referral Services (CTR), Group Level Intervention (GLI), Comprehensive Risk Counseling and Services (CRCS)	Heterosexual Emerging Risk Groups – Perinatal, Youth
Salvation Army 125 South Hanover Street Carlisle, PA 17103 717.249.1411 112 Green Street Harrisburg, PA 17102 717.233.6755 2328 Locust Lane Harrisburg, PA 17109 717.238.8678 50 East King Street York, PA 17401 717.848.2364	Individual Level Intervention (ILI)	IDU

PROVIDER	PREVENTION SERVICES	TARGET POPULATION (S)
3650 Vartan Way Box 60095 Harrisburg, PA 17106 717.233.1035		
Sienna House PO Box 60217 Harrisburg, PA 17106 717.238.7455	Counseling, Testing and Referral Services (CTR)	General Public
The Naaman Center 4600 East Harrisburg Pike Elizabethtown, PA 17022 717.367.9115 888.243.4316 www.naamancenter.com	Counseling, Testing and Referral Services (CTR), Individual Level Intervention (ILI)	IDU Heterosexual
Visiting Nurses Association of Central PA 3315 Derry Street Harrisburg, PA 17111 717.233.1035 800.995.8207 www.vnacentrapa.org	Counseling, Testing and Referral Services (CTR), Individual Level Intervention (ILI)	Black Heterosexual Hispanic Heterosexual
White Deer Run Governor's Plaza S 2001 South Front Street Street Building 1 Suites 212-214 Harrisburg, PA 17102 717.221.8712 www.whitedeerrun.com	Counseling, Testing and Referral Services (CTR), Individual Level Intervention (ILI)	IDU Heterosexual
FRANKLIN COUNTY		
Family Health Services of South Central Pennsylvania 1854 Wayne Avenue Chambersburg, PA 17201 717.264.4666 www.ppcpa.org	Counseling, Testing and Referral Services (CTR)	Black Heterosexual White Heterosexual

PROVIDER	PREVENTION SERVICES	TARGET POPULATION (S)
Franklin County Prison 625 Franklin Farm Lane Chambersburg, PA 17201 717.264.9513	Counseling, Testing and Referral Services (CTR), Partner Services (PS), Individual Level Intervention (ILI), Health Communication/Public Information (HC/PI)	IDU MSM Heterosexual
Franklin County State Health Center HIV Clinic 518 Cleveland Avenue Chambersburg, PA 17201 717.264.4666	Counseling, Testing and Referral Services (CTR), Partner Services (PS), Individual Level Intervention (ILI), Outreach, Health Communication/Public Information (HC/PI)	General Public
Franklin County State Health Center Tuberculosis Clinic 518 Cleveland Avenue Chambersburg, PA 17201 717.264.4666	Counseling, Testing and Referral Services (CTR)	Heterosexual
Keystone Rural Health Center Keystone Family Practice 820 Fifth Avenue Chambersburg, PA 717.263.4313 www.keystonehealth.org	Individual Level Intervention (ILI), Group Level Intervention (GLI), Outreach	Hispanic Heterosexual
Planned Parenthood of Central PA 1854 Wayne Avenue Chambersburg, PA 17201 717.264.4666 www.plannedparenthood.org	Counseling, Testing and Referral Services (CTR), Individual Level Intervention (ILI), Group Level Intervention (GLI), Outreach, Health Communication/Public Information (HC/PI)	Heterosexual General Public Emerging Risk Groups – Perinatal, Youth
FULTON COUNTY		
Fulton County Prison North Second Street McConnellsburg, PA 17233 717.485.4221	Counseling, Testing and Referral Services (CTR), Partner Services (PS), Individual Level Intervention (ILI), Health Communication/Public Information (HC/PI)	IDU MSM Heterosexual

PROVIDER	PREVENTION SERVICES	TARGET POPULATION (S)
Fulton County State Health Center HIV Clinic Penn's Village Shopping Center PO Box 248 McConnellsburg, PA 17233 717.485.5137	Counseling, Testing and Referral Services (CTR), Partner Services (PS), Individual Level Intervention (ILI), Outreach, Health Communication/Public Information (HC/PI)	General Public
Fulton County State Health Center STD Clinic Penn's Village Shopping Center PO Box 248 McConnellsburg, PA 17233 717.485.5137	Counseling, Testing and Referral Services (CTR)	Heterosexual
Fulton County State Health Center Tuberculosis Clinic Penn's Village Shopping Center PO Box 248 McConnellsburg, PA 17233 717.485.5137	Counseling, Testing and Referral Services (CTR)	Heterosexual Emerging Risk Group - Homeless
Home Nursing Agency – AIDS Intervention Project 201 Chestnut Avenue PO Box 352 Altoona, PA 16603 814.944.2982 800.445.6262 www.homenursingagency.com	Partner Services (PS), Individual Level Intervention (ILI), Outreach, Comprehensive Risk Counseling and Services (CRCS), Health Communication/Public Information (HC/PI)	IDU MSM Heterosexual General Public Emerging Risk Group –
Planned Parenthood of Central PA 1854 Wayne Avenue Chambersburg, PA 17201 717.264.4666 www.plannedparenthood.org	Group Level Intervention (GLI), Outreach, Health Communication/Public Information (HC/PI)	Heterosexual General Public Emerging Risk Groups – Perinatal, Youth
HUNTINGDON COUNTY		
Home Nursing Agency – AIDS Intervention Project 201 Chestnut Avenue	Individual Level Intervention (ILI), Group Level Intervention (GLI),	IDU MSM Heterosexual

PROVIDER	PREVENTION SERVICES	TARGET POPULATION (S)
PO Box 352 Altoona, PA 16603 814.944.2982 800.445.6262 www.homenursingagency.com	Outreach, Health Communication/Public Information (HC/PI)	General Public Emerging Risk Group – Perinatal
Huntingdon County Prison 300 Church Street Huntingdon, PA 16652 814.643.2490	Counseling, Testing and Referral Services (CTR), Partner Services (PS), Individual Level Intervention (ILI), Health Communication/Public Information (HC/PI)	IDU MSM Heterosexual
Huntingdon County State Health Center HIV Clinic 6311 Margy Drive, Suite 1 Huntingdon, PA 16652 814.627.1251	Counseling, Testing and Referral Services (CTR), Partner Services (PS)	General Public
Huntingdon County State Health Center STD Clinic 6311 Margy Drive, Suite 1 Huntingdon, PA 16652 814. 627.1251	Counseling, Testing and Referral Services (CTR)	Heterosexual
Huntingdon County State Health Center Tuberculosis Clinic 6311 Margy Drive, Suite 1 Huntingdon, PA 16652 814. 627.1251	Counseling, Testing and Referral Services (CTR)	Heterosexual Emerging Risk Group - Homeless
Huntingdon Family Health Services JC Blair Hospital 1227 Warm Springs Avenue Huntingdon, PA 16652 814.643.5364	Counseling, Testing and Referral Services (CTR), Individual Level Intervention (ILI), Outreach, Health Communication/Public Information (HC/PI)	General Public
JUNIATA COUNTY		
AIDS Community Alliance 401 Division Street Suite 100 Harrisburg, PA 17110	Counseling, Testing and Referral Services (CTR), Individual Level Intervention (ILI), Group	IDU MSM Heterosexual Emerging Risk Groups –

PROVIDER	PREVENTION SERVICES	TARGET POPULATION (S)
717.233.7190 800.867.1550 www.aca-pa.com	Level Intervention (GLI), Outreach	Perinatal, Youth
Juniata County Prison Third and Bridge Streets Mifflintown, PA 17059 717.436.8448	Counseling, Testing and Referral Services (CTR), Partner Services (PS), Individual Level Intervention (ILI), Health Communication/Public Information (HC/PI)	IDU MSM Heterosexual
Juniata County State Health Center HIV Clinic 809 Market Street Port Royal, PA 17082 717.527.4185	Counseling, Testing and Referral Services (CTR), Partner Services (PS), Individual Level Intervention (ILI), Outreach, Health Communication/Public Information (HC/PI)	General Public
Juniata County State Health Center STD Clinic 809 Market Street Port Royal, PA 17082 717.527.4185	Counseling, Testing and Referral Services (CTR)	Heterosexual
Juniata County State Health Center Tuberculosis Clinic 809 Market Street Port Royal, PA 17082 717.527.4185	Counseling, Testing and Referral Services (CTR)	Heterosexual Emerging Risk Group - Homeless
LANCASTER COUNTY		
ACA Community Life Network 401 Division Street Suite 100 Harrisburg, PA 17110 717.233.7190	Counseling, Testing and Referral Services (CTR)	General Public
AIDS Community Alliance Southeast Lancaster Health Center 625 South Duke Street Lancaster, Pa 17602 717.299.6372	Counseling, Testing and Referral Services (CTR), Individual Level Intervention (ILI), Group Level Intervention (GLI), Outreach	IDU MSM Emerging Risk Groups – Perinatal, Youth

PROVIDER	PREVENTION SERVICES	TARGET POPULATION (S)
800.867.1550 www.aca-pa.com		
Brethren Mennonite AIDS Hotline 128 South Ann Lancaster, PA 17602 717.937.7140 717.299.7597	Health Communication/Public Information (HC/PI)	IDU MSM Heterosexual
Elizabethtown College One Alpha Drive Elizabethtown, PA 17022 717.736.1400 www.etown.edu	Individual Level Intervention (ILI)	MSM Heterosexual
Ephrata Community Hospital 169 Martin Avenue Ephrata, PA 17522 717.733.0311	Counseling, Testing and Referral Services (CTR), Health Communication/Public Information (HC/PI)	General Public
Lancaster County Prison 625 East King Street Lancaster, PA 17602 www.prison.co.lancaster.pa.us	Counseling, Testing and Referral Services (CTR), Partner Services (PS), Individual Level Intervention (ILI), Health Communication/Public Information (HC/PI)	IDU MSM Heterosexual
Lancaster County State Health Center HIV Clinic 1661 Old Philadelphia Pike Lancaster, PA 17602 717.299.7597	Counseling, Testing and Referral Services (CTR), Partner Services (PS), Individual Level Intervention (ILI), Outreach, Health Communication/Public Information (HC/PI)	General Public
Lancaster County State Health Center Tuberculosis Clinic 1661 Old Philadelphia Pike Lancaster, PA 17602 717.299.7597	Counseling, Testing and Referral Services (CTR)	Heterosexual Emerging Risk Group - Homeless
Lancaster General Hospital HIV and STD Clinics PO Box 355	Counseling, Testing and Referral Services (CTR)	Heterosexual

PROVIDER	PREVENTION SERVICES	TARGET POPULATION (S)
554 North Duke Street Lancaster, PA 17602 717.290.5511 717.299.7800		
Lancaster General Hospital 555 North Duke Street Lancaster, PA 17602 717.290.5511 717.299.7800	Counseling, Testing and Referral Services (CTR), Individual Level Intervention (ILI), Health Communication/Public Information (HC/PI)	General Public
Lancaster General Hospital – Susquehanna Division 306 North 7th Street Columbia, PA 17512 717.684.2841	Counseling, Testing and Referral Services (CTR)	General Public
Millersville University 1 South George Street PO Box 1002 Millersville, PA 17551 717.872.3011 www.millersville.edu	Individual Level Intervention (ILI)	Heterosexual MSM
Nuestra Clinica 445 East King Street Lancaster, PA 17602 717.295.7994	Counseling, Testing and Referral Services (CTR)	General Public
Planned Parenthood of the Susquehanna Valley 31 South Lime Street Lancaster, Pa 17602 717.299.2891 www.ppsv.net	Counseling, Testing and Referral Services (CTR)	Heterosexual
Southeast Lancaster Health Center 625 South Duke Street Lancaster, PA 17602 717.299.6371	Counseling, Testing and Referral Services (CTR)	General Public
Southeast Lancaster Health Services - HIV and STD Clinics	Counseling, Testing and Referral Services (CTR), Partner Services (PS),	General Public

PROVIDER	PREVENTION SERVICES	TARGET POPULATION (S)
625 South Duke Street PO Box 598 Lancaster, PA 17602 717.299.6372 www.selhs.org	Individual Level Intervention (ILI), Outreach, Health Communication/Public Information (HC/PI)	
Spanish American Civic Association – Nuestra Clinica 445 East King Street Lancaster, PA 17602 717.295.7994	Counseling, Testing and Referral Services (CTR), Individual Level Intervention (ILI), Group Level Intervention (GLI), Health Communication/Public Information (HC/PI)	Hispanic Heterosexual Hispanic IDU Hispanic MSM General Public Emerging Risk Groups – Youth
Summit Quest Academy 1170 South State Street Ephrata, PA 17522 800.441.7345	Counseling, Testing and Referral Services (CTR)	General Public
The Gathering Place PO Box 1222 440 Pershing Avenue Lancaster, PA 17602 717.295.4630	Counseling, Testing and Referral Services (CTR), Health Communication/Public Information (HC/PI)	HIV+ General Public
Ujima Outreach Services 512 East Strawberry Street Lancaster, PA 17602 717.509.1790	Individual Level Intervention (ILI)	Black Heterosexual Black IDU Black MSM
Urban League of Lancaster County 502 South Duke Street Lancaster, PA 17602 717.394.1966	Counseling, Testing and Referral Services (CTR), Individual Level Intervention (ILI), Outreach, Health Communication/Public Information (HC/PI)	HIV+ Black/Hispanic IDU MSM Heterosexual General Public
Visiting Nurse Association/VNA Hospice 1181 Old Homestead Lane Suite 105 Lancaster, PA 17601 717.397.8251 www.lancastergeneral.org	Health Communication/Public Information (HC/PI)	HIV+ General Public

PROVIDER	PREVENTION SERVICES	TARGET POPULATION (S)
LEBANON COUNTY		
AIDS Community Alliance 9 North 9th Street Lebanon, PA 17042 717.272.2044 800.867.1550 www.aca-pa.com	Counseling, Testing and Referral Services (CTR), Individual Level Intervention (ILI), Group Level Intervention (GLI), Outreach	IDU MSM MSM/IDU Emerging Risk Groups – Perinatal, Youth
Good Samaritan Family Practice Hyman S. Caplan Pavilion 2nd Floor 4th and Willow Streets Lebanon, PA 17042 717.274.0474	Counseling, Testing and Referral Services (CTR), Individual Level Intervention (ILI), Outreach, Health Communication/Public Information (HC/PI)	Heterosexual General Public
Lebanon County Prison 730 West Walnut Street Lebanon, PA 17042 717.274.5451	Counseling, Testing and Referral Services (CTR), Partner Services (PS), Individual Level Intervention (ILI), Health Communication/Public Information (HC/PI)	IDU MSM Heterosexual
Lebanon County State Health Center HIV Clinic 9 North Ninth Street Lebanon, Pa 17042 717.272.2044	Counseling, Testing and Referral Services (CTR), Partner Services (PS), Individual Level Intervention (ILI), Outreach, Health Communication/Public Information (HC/PI)	General Public
Lebanon County State Health Center Tuberculosis Clinic 9 North Ninth Street Lebanon, Pa 17042 717.272.2044	Counseling, Testing and Referral Services (CTR)	Heterosexual Emerging Risk Group – Homeless
Lebanon Family Health Services 615 Cumberland Street Lebanon, PA 17042 717.233.7190 www.lebanonfhs.org	Counseling, Testing and Referral Services (CTR)	Heterosexual

PROVIDER	PREVENTION SERVICES	TARGET POPULATION (S)
Veterans' Affairs Medical Center, HIV Clinic 1700 South Lincoln Avenue Lebanon, PA 17042 717.272.6621	Health Communication/Public Information (HC/PI)	HIV+ Emerging Risk Group – Homeless
MIFFLIN COUNTY		
AIDS Community Alliance 401 Division Street Suite 100 Harrisburg, PA 17110 717.233.7190 800.867.1550 www.aca-pa.com	Counseling, Testing and Referral Services (CTR), Individual Level Intervention (ILI), Group Level Intervention (GLI), Outreach	IDU MSM MSM/IDU Emerging Risk Groups – Perinatal, Youth
Lewistown Women's Health Services 516 West 4th Street Lewistown, PA 17044 717.248.0175	Counseling, Testing and Referral Services (CTR)	General Public Emerging Risk Group - Perinatal
Mifflin County Prison 103 West Market Street Mifflin, Pa 17044 717.248.1130	Counseling, Testing and Referral Services (CTR)	IDU MSM Heterosexual
Mifflin County State Health Center HIV Clinic 21 South Brown Street Lewistown, PA 17044 717.242.1252	Counseling, Testing and Referral Services (CTR), Partner Services (PS), Individual Level Intervention (ILI), Outreach, Health Communication/Public Information (HC/PI)	General Public
Mifflin County State Health Center STD Clinic 21 South Brown Street Lewistown, PA 17044 717.242.1252	Counseling, Testing and Referral Services (CTR)	Heterosexual
Mifflin County State Health Center Tuberculosis Clinic 21 South Brown Street Lewistown, PA 17044 717.242.1252	Counseling, Testing and Referral Services (CTR)	Heterosexual Emerging Risk Group – Homeless

PROVIDER	PREVENTION SERVICES	TARGET POPULATION (S)
PERRY COUNTY		
AIDS Community Alliance 401 Division Street Suite 100 Harrisburg, PA 17110 717.233.7190 800.867.1550 www.aca-pa.com	Counseling, Testing and Referral Services (CTR), Individual Level Intervention (ILI), Group Level Intervention (GLI), Outreach	IDU MSM MSM/IDU Emerging Risk Groups – Perinatal, Youth
Loysville Youth Detention Center RD #2 Box 365B Loysville, PA 17047 717.789.5501	Partner Services (PS), Individual Level Intervention (ILI), Health Communication/Public Information (HC/PI)	IDU Heterosexual Emerging Risk Group – Youth
Perry County Prison Box 6 South Carlisle Street New Bloomfield, PA 17068 717.582.2727	Counseling, Testing and Referral Services (CTR), Partner Services (PS), Individual Level Intervention (ILI), Health Communication/Public Information (HC/PI)	IDU MSM Heterosexual
Perry County State Health Center HIV Clinic RR #1 Box 35E 135 Red Hill Road Newport, PA 17074 717.567.2011	Counseling, Testing and Referral Services (CTR), Partner Services (PS), Individual Level Intervention (ILI), Outreach, Health Communication/Public Information (HC/PI)	General Public
Perry County State Health Center Tuberculosis Clinic RR #1 Box 35E 135 Red Hill Road Newport, PA 17074 717.567.2011	Counseling, Testing and Referral Services (CTR)	Heterosexual Emerging Risk Group – Homeless
Planned Parenthood of the Susquehanna Valley 133 South Fifth Street Newport, Pa 17074 717.567.3002 www.ppsv.net	Counseling, Testing and Referral Services (CTR)	Heterosexual

PROVIDER	PREVENTION SERVICES	TARGET POPULATION (S)
YORK COUNTY		
Atkins House 313 East King Street York, PA 17403 717.848.5454 www.atkinshouse.org	Counseling, Testing and Referral Services (CTR), Individual Level Intervention (ILI), Group Level Intervention (GLI), Health Communication/Public Information (HC/PI)	IDU Heterosexual Emerging Risk Group – Perinatal
Caring Together 116 South George Street York, PA 17403 717.851.3643 717.846.6776	Individual Level Intervention (ILI), Group Level Intervention (GLI), Health Communication/Public Information (HC/PI)	HIV+
Family First Health Hanover Health Center 404 York Street York, PA 17331 717.632.9052 www.familyfirsthealth.com	Counseling, Testing and Referral Services (CTR), Individual Level Intervention (ILI), Health Communication/Public Information (HC/PI)	General Public
Family First Health Prevention Case Management Project 116 South George Street York, PA 17401 717.846.6776 www.familyfirsthealth.com	Comprehensive Risk Counseling and Services (CRCS)	HIV+ Heterosexual
Family First Health 116 South George Street York, PA 17401 717.845.8617 www.familyfirsthealth.com	Counseling, Testing and Referral Services (CTR), Individual Level Intervention (ILI), Outreach, Health Communication/Public Information (HC/PI)	IDU MSM Heterosexual
Hannah Penn Health Center 415 East Boundary Avenue York, PA 17403 717.843.5174	Counseling, Testing and Referral Services (CTR)	General Public
Hanover General Hospital	Counseling, Testing and	General Public

PROVIDER	PREVENTION SERVICES	TARGET POPULATION (S)
300 Highland Avenue Hanover, PA 17331 717.633.2123	Referral Services (CTR), Health Communication/Public Information (HC/PI)	
Hanover Health Center 55 Frederick Street Hanover, PA 17331 717.632.9052	Counseling, Testing and Referral Services (CTR)	General Public
Homer Hetrick Center 308 Market Street Lewisberry, PA 17339 717.938.6695	Counseling, Testing and Referral Services (CTR)	General Public
Planned Parenthood of Central PA 728 South Beaver Street York, PA 17401 717.845.9681 2997 Caper Horn Road Red Lion, PA 17356 717.244.1412 Center Square Hanover, PA 17331 717.637.6544	Counseling, Testing and Referral Services (CTR), Individual Level Intervention (ILI), Group Level Intervention (GLI), Outreach, Health Communication/Public Information (HC/PI)	Heterosexual General Public Emerging Risk Groups – Perinatal, Youth
York City Health Bureau 435 West Philadelphia Street York, PA 17401 717.849.2252	Counseling, Testing and Referral Services (CTR), Partner Services (PS), Outreach, Health Communication/Public Information (HC/PI) DEBI Interventions: SISTA Condom Skills Education	HIV+ IDU MSM Heterosexual
York City Health Bureau – Tuberculosis Program 435 West Philadelphia Street York, PA 17401 717.849.2252	Counseling, Testing and Referral Services (CTR)	General Public

PROVIDER	PREVENTION SERVICES	TARGET POPULATION (S)
York County Prison 3400 Concord Road York, PA 17402 717.840.7580	Counseling, Testing and Referral Services (CTR), Partner Services (PS), Individual Level Intervention (ILI)	IDU MSM Heterosexual General Public
York County State Health Center HIV Clinic 1750 North George Street York, PA 17404 717.771.1336	Counseling, Testing and Referral Services (CTR), Partner Services (PS), Individual Level Intervention (ILI), Outreach, Health Communication/Public Information (HC/PI)	General Public
York County State Health Center Tuberculosis Clinic 1750 North George Street York, PA 17404 717.771.1336	Counseling, Testing and Referral Services (CTR)	General Public
York Development Center 3564 Meindel Road York, PA 17042 717.771.9570	Counseling, Testing and Referral Services (CTR)	General Public
Youth Detention Center 3564 Meindel Road York, PA 17402 717.840.7570	Counseling, Testing and Referral Services (CTR)	Emerging Risk Group – Youth

Southwest Region

The Southwest region consists of Allegheny, Armstrong, Beaver, Butler, Cambria, Fayette, Greene, Indiana, Somerset, Washington and Westmoreland Counties. The total population of this region is 2,793,985.

Key: IDU – Injection drug user; MSM – Men who have Sex with Men; MSM/IDU – Men who have Sex with Men who are Injection Drug Users.

PROVIDER	PREVENTION SERVICES	TARGET POPULATION(S)
ALLEGHENY COUNTY		
Adagio Health 100 Forbes Avenue Kossman Building Suite 1000 Pittsburgh, PA 15222 412.288.2140	Counseling, Testing and Referral Services (CTR), Individual Level Intervention (ILI), Outreach, Health Communication/Public Information (HC/PI)	Heterosexual Emerging Risk Group – Perinatal
Allegheny County Health Department 3441 Forbes Avenue Pittsburgh, PA 15213 412.578.8080 412.578.8332 www.achd.net	Partner Services (PS)	HIV+
Allegheny County Health Department – Outreach Workers 3441 Forbes Avenue Pittsburgh, PA 15213 412.578.8080 412.578.8332 www.achd.net	Counseling, Testing and Referral Services (CTR), Individual Level Intervention (ILI), Outreach	IDU MSM Heterosexual
Allegheny County Health Department HIV Clinic 3441 Forbes Avenue Pittsburgh, PA 15213 412.578.8080 412.578.8332 www.achd.net	Counseling, Testing and Referral Services (CTR), Partner Services (PS), Individual Level Intervention (ILI), Outreach, Health Communication/Public Information (HC/PI)	General Public
Allegheny County Health Department STD Clinic 3441 Forbes Avenue Pittsburgh, PA 15213	Counseling, Testing and Referral Services (CTR)	Heterosexual

PROVIDER	PREVENTION SERVICES	TARGET POPULATION(S)
412.578.8080 412.578.8332 www.achd.net		
Allegheny County Health Department Tuberculosis Clinic 3441 Forbes Avenue Pittsburgh, PA 15213 412.578.8080 412.578.8332 www.achd.net	Counseling, Testing and Referral Services (CTR)	Heterosexual Emerging Risk Groups – Youth, Homeless
Allegheny County Jail 950 Second Avenue Pittsburgh, PA 15219 412.350.2000	Counseling, Testing and Referral Services (CTR), Individual Level Intervention (ILI), Group Level Intervention (GLI)	IDU MSM Heterosexual
Alpha House – Substance Abuse Treatment 435 Shady Avenue Pittsburgh, PA 15206 412.363.4220 www.alphahouseinc.org	Counseling, Testing and Referral Services (CTR), Individual Level Intervention (ILI)	IDU Heterosexual
Alternatives Regional Chemical Abuse Program 70 South 22nd Avenue Pittsburgh, PA 15203 412.381.2100	Counseling, Testing and Referral Services (CTR), Individual Level Intervention (ILI)	IDU Heterosexual
American Red Cross Southwestern PA Chapter PO Box 1769 225 Boulevard of the Allies Pittsburgh, PA 15230 412.263.3100	Health Communication/Public Information (HC/PI)	General Public
American Women's Services 320 Fort Pitt Boulevard Pittsburgh, PA 412.765.3660	Counseling, Testing and Referral Services (CTR)	General Public
Bethlehem Haven of Pittsburgh Fifth Avenue Commons	Counseling, Testing and Referral Services (CTR), Health	Emerging Risk Groups – Homeless, Perinatal, Women

PROVIDER	PREVENTION SERVICES	TARGET POPULATION(S)
905 Watson Street Pittsburgh, PA 15219 412.391.1348 www.bethlehemhaven.org	Communication/Public Information (HC/PI)	
Carnegie Mellon University Student Health Center 1060 Morewood Avenue Pittsburgh, PA 15213 412.268.2157 www.cmu.edu	Counseling, Testing and Referral Services (CTR)	MSM Heterosexual Emerging Risk Group – Youth
Central Outreach & Referral Center 2040 Centre Avenue Pittsburgh, PA 15219 412-471-9806		
Cornell Abraxas Center for Adolescent Females 306 Penn Avenue Pittsburgh, PA 15221 412.244.3710 www.cornellcompanies.com	Counseling, Testing and Referral Services (CTR), Individual Level Intervention (ILI)	IDU Heterosexual Emerging Risk Groups – Perinatal, Youth
Cornell Abraxas III 437 Turrett Street Pittsburgh, PA 15206 412.691.0904 www.cornellcompanies.com	Counseling, Testing and Referral Services (CTR), Individual Level Intervention (ILI)	IDU Heterosexual Emerging Risk Group – Youth
Discovery House 1391 Washington Boulevard Pittsburgh, PA 15206 412.661.9222	Counseling, Testing and Referral Services (CTR)	IDU
East End Cooperative Ministry House of the Good Samaritan 6545 Hamilton Street Pittsburgh, PA 15206 412.441.0259	Outreach, Health Communication/Public Information (HC/PI)	IDU Emerging Risk Group – Homeless
East Liberty Family Health Care Center	Counseling, Testing and Referral Services (CTR)	Black Heterosexual Hispanic IDU

PROVIDER	PREVENTION SERVICES	TARGET POPULATION(S)
7171 Churchland Street Pittsburgh, PA 15206 412.661.2802 (East Liberty) 412.361.8284 (Lincoln/Lemington)		General Public
Family Links – Family Counseling Center 844 Proctor Way Pittsburgh, PA 15210 Outpatient Treatment Center Hosanna House 807 Wallace Avenue Suite 204 Pittsburgh, PA 15221 412.381.8230 (Allentown) 412.661.1800 (East Liberty) www.familylinks.org	Counseling, Testing and Referral Services (CTR), Individual Level Intervention (ILI)	IDU Heterosexual Emerging Risk Group – Youth
Forbes Family Practice 2570 Haymaker Road Monroeville, PA 15146 412.858.2760	Outreach	General Public
Forbes Metro Family Practice 901B West Street Pittsburgh, PA 15221 412.247.2310 www.metrofamilypractice.org	Outreach	General Public
Gateway Rehabilitation Center Moffett Run Road Aliquippa, PA 15001 412.766.8700 800.472.1177 www.gatewayrehab.org	Counseling, Testing and Referral Services (CTR), Individual Level Intervention (ILI)	IDU Heterosexual
Health Care to Underserved Populations Montefiore Hospital Suite 933W 200 Lothrop Street	Counseling, Testing and Referral Services (CTR)	Emerging Risk Group – Homeless

PROVIDER	PREVENTION SERVICES	TARGET POPULATION(S)
Pittsburgh, PA 15213 412.692.4706		
Hemophilia Center of Western PA 3636 Boulevard of the Allies Pittsburgh, PA 15213 412.209.7280 412.209.7288 412.209.7293	Outreach	Hemophiliacs
Holy Family Institute 8235 Ohio River Boulevard Pittsburgh, PA 15202 412.766.5434	Counseling, Testing and Referral Services (CTR)	General Public
Homewood Brushton YMCA Counseling Services 7140 Bennett Street Pittsburgh, PA 15208 412.243.2900	Counseling, Testing and Referral Services (CTR), Individual Level Intervention (ILI)	IDU Heterosexual
House of Crossroads – Substance Abuse Treatment 2012 Centre Avenue Pittsburgh, Pa 15219 412.281.5080	Counseling, Testing and Referral Services (CTR), Individual Level Intervention (ILI)	IDU Heterosexual
Housing Authority of the City of Pittsburgh 700 Fifth Avenue 4th Floor Pittsburgh, PA 15219 412.456.5079 www.hacp.org	Counseling, Testing and Referral Services (CTR), Outreach, Health Communication/Public Information (HC/PI)	HIV+ IDU Heterosexual
JAMAA -Ministry AOD Family Center 216 North Highland Avenue Pittsburgh, PA 15206 412.362.8054 www.operationnehemiah.org	Counseling, Testing and Referral Services (CTR), Individual Level Intervention (ILI)	IDU Heterosexual
Kingsley Association 6435 Frankstown Avenue	Counseling, Testing and Referral Services (CTR),	Black Heterosexual Emerging Risk Group –

PROVIDER	PREVENTION SERVICES	TARGET POPULATION(S)
Pittsburgh, PA 15206 412.661.8751 www.kingsleyassociation.org	Individual Level Intervention (ILI), Group Level Intervention (GLI), Outreach, Health Communication/Public Information (HC/PI)	Youth
Latterman Family Health Center 2347 Fifth Avenue McKeesport, PA 15132 412.673.5504	Counseling, Testing and Referral Services (CTR), Outreach, Health Communication/Public Information (HC/PI)	HIV+ General Public
Lydia's Place 710 Fifth Avenue Pittsburgh, PA 15219 412.391.1013 www.lydiasplace.org	Counseling, Testing and Referral Services (CTR) DEBI Intervention: SISTA	HIV+ Black Heterosexual General Public
Macedonia F.A.C.E. 2851 Bedford Avenue Pittsburgh, PA 15219 412.687.8004	Counseling, Testing and Referral Services (CTR), Individual Level Intervention (ILI)	Black IDU Black MSM Black Heterosexual
Magee Women's Hospital 300 Halkett Street Pittsburgh, PA 15213 412.641.4455 www.magee.edu	Counseling, Testing and Referral Services (CTR)	Black Heterosexual Emerging Risk Groups – Perinatal, Women
Mathilda H. Theiss Health Center UPMC 373 Burrows Street Pittsburgh, PA 15213 412.383.1550	Counseling, Testing and Referral Services (CTR), Outreach, Health Communication/Public Information (HC/PI)	Black Heterosexual General Public
McKeesport Family Health Center 627 Lysle Boulevard McKeesport, PA 15132 412.664.4112	Counseling, Testing and Referral Services (CTR), Outreach, Health Communication/Public Information (HC/PI)	Black Heterosexual General Public
Mercy Behavioral Health 1200 Reedsdale Street Pittsburgh, PA 15233	Counseling, Testing and Referral Services (CTR), Individual Level Intervention (ILI)	IDU Heterosexual

PROVIDER	PREVENTION SERVICES	TARGET POPULATION(S)
412.323.4500 412.488.4040 888.424.2287 www.mercybehavioral.org		
Mercy Family Health Center North 5700 Corporate Drive, Suite 265 Pittsburgh, PA 15237 412.369.5900 www.mercylink.org	Counseling, Testing and Referral Services (CTR)	General Public
Mercy Hospital of Pittsburgh Operation Safety Net 1400 Locust Street Pittsburgh, PA 15219 412.232.5739 www.mercylink.org	Counseling, Testing and Referral Services (CTR)	Emerging Risk Group – Homeless
Metro Family Practice 901B West Street Pittsburgh, PA 15221 412.247.2310 www.metrofamilypractice.org	Health Communication/Public Information (HC/PI)	HIV+
Mon Yough Community Services 331 Shaw Avenue McKeesport, PA 15132 412.675.8500 www.mycs.org	Counseling, Testing and Referral Services (CTR), Individual Level Intervention (ILI)	IDU MSM Heterosexual Emerging Risk Group – Women
Mon Yough Drug and Alcohol Community Services 335 Shaw Avenue McKeesport, PA 15132 412.675.8560 412.375.8500	Counseling, Testing and Referral Services (CTR), Individual Level Intervention (ILI)	IDU Heterosexual
New Life Ministries 1008 7th Avenue Suite 206 Beaver Falls, PA 15011 724.843.8540	Counseling, Testing and Referral Services (CTR), Individual Level Intervention (ILI), Group Level Intervention (GLI), Outreach, Comprehensive Risk	IDU Heterosexual Emerging Risk Groups – Youth, Transgender

PROVIDER	PREVENTION SERVICES	TARGET POPULATION(S)
	Counseling and Services (CRCS), Health Communication/Public Information (HC/PI)	
Ohio Valley General Hospital PO Box 113 McKees Rocks, PA 15136 412.777.6161	Counseling, Testing and Referral Services (CTR)	General Public
PA/Mid Atlantic AIDS Education and Training Center 200 Lothrop Street Pittsburgh, PA 15213 412.647.7228 www.publichealth.pitt.edu	Health Communication/Public Information (HC/PI), Community Level Intervention (CLI)	General Public
Partnership for Minority HIV/AIDS Prevention 201 S. Highland Avenue Suite 101 Pittsburgh, PA 15206 412.441.0259 www.pmhap.org	Counseling, Testing Referral Services (CTR), Outreach, Group Level and Individual Level Interventions, Health Communication/Public Information (HC/PI)	IDU Black Heterosexual Emerging Risk Group – Black Youth
Pediatric HIV Center of Children's Hospital 3705 Fifth Avenue Pittsburgh, PA 15213 412.683.6073 412.692.5355 www.chp.edu	Counseling, Testing and Referral Services (CTR), Individual Level Intervention (ILI), Health Communication/Public Information (HC/PI)	HIV+
PERSAD Center 5150 Penn Avenue Pittsburgh, PA 15224 412.441.9786 www.persadcenter.org	Counseling, Testing and Referral Services (CTR), Individual Level Intervention (ILI), Group Level Intervention (GLI), Outreach, Health Communication/Public Information (HC/PI)	HIV+ IDU MSM MSM/IDU
Pitt Men's Study PO Box 7319 Pittsburgh, PA 15213	Counseling, Testing and Referral Services (CTR), Individual Level Intervention	IDU MSM

PROVIDER	PREVENTION SERVICES	TARGET POPULATION(S)
412.624.2008 800.987.1963 www.stophiv.com/pms/	(ILI), Health Communication/Public Information (HC/PI)	
Pittsburgh AIDS Center for Treatment (PACT) 200 Lothrop Street, Room 607 Pittsburgh, PA 15213 412.647.7228 412.647.3112	Counseling, Testing and Referral Services (CTR), Outreach	HIV+ General Public
Pittsburgh AIDS Task Force 5913 Penn Avenue Pittsburgh, PA 15206 412.345.0576 www.patf.org	Counseling, Testing and Referral Services (CTR), Individual Level Intervention (ILI), Group Level Intervention (GLI), Outreach, Health Communication/Public Information (HC/PI) DEBI Interventions: Popular Opinion Leader (POL) SISTA	HIV+ MSM Heterosexual Emerging Risk Groups – Youth, Perinatal, Women
Planned Parenthood of Western Pennsylvania - Women's Health Services 933 Liberty Avenue Pittsburgh, PA 15222 412.434.8971 www.ppwp.org	Counseling, Testing and Referral Services (CTR), Outreach, Health Communication/Public Information (HC/PI)	Heterosexual General Public Emerging Risk Group – Women
Positive Health Clinic of Allegheny General Hospital 320 East North Avenue Pittsburgh, PA 15212 412.359.3360 412.359.3131 www.wpahs.org/AGH	Counseling, Testing and Referral Services (CTR), Outreach, Health Communication/Public Information (HC/PI)	HIV+ IDU
Prevention Point Pittsburgh 907 West Street 5th Floor	Individual Level Intervention (ILI), Outreach, Comprehensive Risk	HIV+ IDU

PROVIDER	PREVENTION SERVICES	TARGET POPULATION(S)
Pittsburgh, PA 15208 412.491.0916 412.247.3404 www.pppgh.org	Counseling and Services (CRCS), Health Communication/Public Information (HC/PI)	
Primary Care Health Services 7227 Hamilton Avenue Pittsburgh, PA 15208 412.244.4700	Counseling, Testing and Referral Services (CTR), Health Communication/Public Information (HC/PI)	General Public
Project Pinova	Comprehensive Risk Counseling and Services (CRCS)	Emerging Risk Group – Black Youth
Pyramid Health Care Birmingham Towers Suite 321, 2100W Pittsburgh, PA 15203 412.241.5341	Counseling, Testing and Referral Services (CTR)	General Public
Rainbow Health Center	Counseling, Testing and Referral Services (CTR), Outreach, Health Communication/Public Information (HC/PI)	General Public
Salvation Army Public Inebriate Program/Adult Rehabilitation Center 54 South 9th Street Pittsburgh, PA 15203 412.481.7900	Counseling, Testing and Referral Services (CTR), Individual Level Intervention (ILI)	IDU Heterosexual Emerging Risk Group – Homeless
SCI – Pittsburgh PO Box 99901 Pittsburgh, PA 15233 412.761.1955	Counseling, Testing and Referral Services (CTR), Group Level Intervention (GLI)	HIV+
Seven Project, Inc. 305 Pennoak Drive Pittsburgh, PA 15235 412.867.5057	Counseling, Testing and Referral Services (CTR), Individual Level Intervention (ILI), Group Level Intervention (GLI), Outreach, Health Communication/Public Information (HC/PI)	HIV+ Black MSM Black Heterosexual

PROVIDER	PREVENTION SERVICES	TARGET POPULATION(S)
Shadyside Hospital 5230 Centre Avenue Pittsburgh, PA 15232 412.623.2121	Counseling, Testing and Referral Services (CTR), Outreach, Health Communication/Public Information (HC/PI)	General Public
Shepherd Wellness Community 4800 Sciota Street Pittsburgh, PA 15224 412.683.4477 www.swonline.org	Health Communication/Public Information (HC/PI)	MSM Emerging Risk Group – Transgender
Shuman Juvenile Detention Center 7150 Highland Drive Pittsburgh, PA 15206 412.665.4143	Counseling, Testing and Referral Services (CTR), Individual Level Intervention (ILI)	Emerging Risk Group – Youth
TADISO 1524 Beaver Avenue Pittsburgh, PA 15233 5907 Penn Avenue Pittsburgh, PA 15206 412.322.8415 www.tadiso.org	Counseling, Testing and Referral Services (CTR), Individual Level Intervention (ILI)	IDU Heterosexual
UPMC Downtown Clinic 339 6th Avenue 5th Floor Pittsburgh, PA 15222 412.560.8762	Counseling, Testing and Referral Services (CTR)	General Public
UPMC Family HIV Clinic 200 Lothrop Street Pittsburgh, PA 15213 412.647.3112	Counseling, Testing and Referral Services (CTR), Individual Level Intervention (ILI), Health Communication/Public Information (HC/PI)	HIV+ Emerging Risk Group - Youth
UPMC Hazelwood 4918 Second Avenue Pittsburgh, PA 15207 412.521.6705	Counseling, Testing and Referral Services (CTR), Health Communication/Public Information (HC/PI)	General Public Emerging Risk Group – Perinatal
Veteran's Pittsburgh Health Care System	Counseling, Testing and Referral Services (CTR),	HIV+ General Public

PROVIDER	PREVENTION SERVICES	TARGET POPULATION(S)
University Drive CIIIE-U Pittsburgh, PA 15240 412.688.6000	Health Communication/Public Information (HC/PI)	
Whale's Tale 250 Shady Avenue Pittsburgh, PA 15208 412.661.1800	Counseling, Testing and Referral Services (CTR)	General Public
Wilkinsburg Family Health Center Hosanna House 807 Wallace Avenue 2nd Floor Suite 203 Pittsburgh, PA 15221 412.247.5216	Counseling, Testing and Referral Services (CTR), Health Communication/Public Information (HC/PI)	General Public
YMCA of Pittsburgh 2621 Centre Avenue Pittsburgh, PA 15219 412.621.1762	Outreach	Emerging Risk Group – Homeless
Youth Empowerment Project www.persadcenter.org	Individual Level Intervention (ILI), Group Level Intervention (GLI), Outreach, Health Communication/Public Information (HC/PI)	Black MSM White MSM Emerging Risk Group – Youth
YWCA Bridge Housing PO Box 8645 Pittsburgh, PA 15221 412.371.2723	Health Communication/Public Information (HC/PI)	Emerging Risk Groups – Homeless, Women
ARMSTRONG COUNTY		
Armstrong County Prison 171 Staley's Court Road Kittanning, PA 16201 724.545.9222	Counseling, Testing and Referral Services (CTR), Partner Services (PS)	IDU MSM Heterosexual
Armstrong County State Health Center HIV Clinic	Counseling, Testing and Referral Services (CTR),	General Public

PROVIDER	PREVENTION SERVICES	TARGET POPULATION(S)
239 Butler Road Kittanning, PA 16201 724.543.2818 724.543.2700	Partner Services (PS), Individual Level Intervention (ILI), Outreach, Health Communication/Public Information (HC/PI)	
Armstrong County State Health Center Tuberculosis Clinic 239 Butler Road Kittanning, PA 16201 724.543.2818 724.543.2700	Counseling, Testing and Referral Services (CTR)	Black Heterosexual White Heterosexual Emerging Risk Group - Homeless
Department of Health Westmoreland County Regional HIV Health Nurse Southwestern PA 233 West Otterman Street Greensburg, PA 15601 (724)-830-2701	Counseling, Testing and Referral Services (CTR), Partner Counseling and Referral Services (PCRS), Individual Level Intervention (ILI), Health Communication/Public Information (HC/PI)	General Public HIV+ IDU MSM Heterosexual
Armstrong Family Planning 310 Market Street Kittanning, PA 16201 724.543.7035	Counseling, Testing and Referral Services (CTR)	General Public
Irene Stacy Community Mental Health Center 112 Hillvue Drive Butler, PA 16001 724.287.0791	Counseling, Testing and Referral Services (CTR)	Heterosexual
BEAVER COUNTY		
Adagio Health 468 Franklin Avenue Aliquippa, PA 15001 724.375.8110	Counseling, Testing and Referral Services (CTR), Group Level Intervention (GLI), Outreach, Health Communication/Public Information (HC/PI)	General Public Emerging Risk Group – Youth
Aliquippa Family Planning 468 Franklin Avenue Aliquippa, PA 15001 724.375.8110	Counseling, Testing and Referral Services (CTR)	Heterosexual

PROVIDER	PREVENTION SERVICES	TARGET POPULATION(S)
Aliquippa Hospital	Counseling, Testing and Referral Services (CTR)	Heterosexual
American Red Cross – Beaver/Lawrence County Chapter 133 Friendship Circle Beaver, PA 15009 1.800.999.2566 www.forcomm.net/arcbeaver/	Health Communication/Public Information (HC/PI)	General Public
Beaver County Prison 6000 Woodlawn Road Aliquippa, PA 15001 724.378.8177	Counseling, Testing and Referral Services (CTR), Individual Level Intervention (ILI)	IDU MSM Heterosexual
Beaver County State Health Center HIV Clinic 300 South Walnut Lane Beaver, PA 15090 412.773.7436	Counseling, Testing and Referral Services (CTR), Partner Services (PS), Individual Level Intervention (ILI), Outreach, Health Communication/Public Information (HC/PI)	General Public
Beaver County State Health Center STD Clinic 300 South Walnut Lane Beaver, PA 15090 412.773.7436	Counseling, Testing and Referral Services (CTR)	Heterosexual
Beaver County State Health Center Tuberculosis Clinic 300 South Walnut Lane Beaver, PA 15090 412.773.7436	Counseling, Testing and Referral Services (CTR)	Heterosexual Emerging Risk Group - Homeless
Department of Health Westmoreland County Regional HIV Health Nurse Southwestern PA 233 West Otterman Street Greensburg, PA 15601 (724)-830-2701	Counseling, Testing and Referral Services (CTR), Partner Counseling and Referral Services (PCRS), Individual Level Intervention (ILI), Health Communication/Public Information (HC/PI)	General Public HIV+ IDU MSM Heterosexual
Gateway Rehabilitation Center	Counseling, Testing and Referral Services (CTR),	IDU Heterosexual

PROVIDER	PREVENTION SERVICES	TARGET POPULATION(S)
Moffett Run Road Aliquippa, PA 15001 412.766.8700 724.378.4461 www.gatewayrehab.org	Individual Level Intervention (ILI)	
Life and Liberty 761 Merchant Street PO Box 761 Ambridge, PA 15003 724.266.5951	Counseling, Testing and Referral Services (CTR), Individual Level Intervention (ILI)	Black IDU Black MSM Black Heterosexual
Open Door Community Outreach Center PO Box 606 Aliquippa, PA 15001 724.378.5489	Counseling, Testing and Referral Services (CTR)	General Public
Pittsburgh AIDS Task Force Penn Office West 905 West Street 4th Floor Pittsburgh, PA 15221 412.242.2500 www.patf.org	Counseling, Testing and Referral Services (CTR), Individual Level Intervention (ILI), Group Level Intervention (GLI), Outreach, Health Communication/Public Information (HC/PI) DEBI Interventions: SISTA POL	Black Heterosexual Emerging Risk Groups – Black Youth, Perinatal
BUTLER COUNTY		
Adagio Health 255 Grove City Road Slippery Rock, PA 16057 724.794.2060	Counseling, Testing and Referral Services (CTR)	General Public
Butler County Prison 121 Vogeley Way PO Box 1208 Butler, PA 16003 724.284.5256	Counseling, Testing and Referral Services (CTR), Partner Services (PS), Individual Level Intervention (ILI), Health Communication/Public Information (HC/PI)	IDU MSM Heterosexual
Butler Family Health Council	Counseling, Testing and	Heterosexual

PROVIDER	PREVENTION SERVICES	TARGET POPULATION(S)
165 Brugh Avenue Suite 306 Butler, PA 16001 724.282.2730	Referral Services (CTR)	
Butler Memorial Hospital 216 North Washington Street Butler, PA 16001 724.283.0322 www.butlerhealthsystem.org	Counseling, Testing and Referral Services (CTR)	Heterosexual
Butler/Armstrong AIDS Alliance 112 Hillvue Drive Butler, PA 16001 724.283.3636 800.531.1793	Counseling, Testing and Referral Services (CTR), Individual Level Intervention (ILI), Group Level Intervention (GLI), Outreach, Health Communication/Public Information (HC/PI)	HIV+ IDU MSM General Public
Department of Health Westmoreland County Regional HIV Health Nurse Southwestern PA 233 West Otterman Street Greensburg, PA 15601 (724)-830-2701	Counseling, Testing and Referral Services (CTR), Partner Counseling and Referral Services (PCRS), Individual Level Intervention (ILI), Health Communication/Public Information (HC/PI)	General Public HIV+ IDU MSM Heterosexual
Discovery House 326 Thompson Park Drive Cranberry Township, PA 16066 724.779.2012	Counseling, Testing and Referral Services (CTR), Individual Level Intervention (ILI)	IDU
Family Planning Services of Butler County 323 Sunset Drive Butler, PA 16001 724.282.2730	Counseling, Testing and Referral Services (CTR), Outreach, Health Communication/Public Information (HC/PI)	General Public
Irene Stacy Community Mental Health Center 112 Hillvue Drive Butler, PA 16001	Counseling, Testing and Referral Services (CTR)	IDU MSM Heterosexual

PROVIDER	PREVENTION SERVICES	TARGET POPULATION(S)
724.287.0791		
Sharing of Hope 200 Second Avenue Freedom, PA 15042 724.869.2902 412.634.2024	Outreach	HIV+
Slippery Rock University McLachlin Student Health Center Slippery Rock, PA 16057 724.738.2052 www.sru.edu	Counseling, Testing and Referral Services (CTR)	Heterosexual Emerging Risk Group – Youth
CAMBRIA COUNTY		
Cambria County Prison 425 Manor Drive Box 595 Ebensburg, PA 15931	Counseling, Testing and Referral Services (CTR), Partner Counseling and Referral Services (PCRS), Individual Level Intervention (ILI), Health Communication/Public Information (HC/PI)	**Incarcerated** IDU MSM Heterosexual
Cambria County State Health Center /HIV Clinic/Tuberculosis Clinic 184 Donald Lane, Suite #1 Johnstown, PA 15901 (814)-248-3120	Counseling, Testing and Referral Services (CTR), Partner Counseling and Referral Services (PCRS), Individual Level Intervention (ILI), Outreach, Health Communication/Public Information (HC/PI)	General Public IDU MSM Heterosexual Emerging Risk Group - Homeless
Christ Centered Community Church 227 Market St (Outreach Bldg.) Johnstown, PA 15901 (814)-535-7532	Counseling, Testing and Referral Services (CTR), Individual Level Intervention (ILI)	Heterosexual
Conemaugh Health Systems Family Medical Center 1086 Franklin St, Johnstown, PA 15905 814-	Individual Level Intervention (ILI)	HIV+

PROVIDER	PREVENTION SERVICES	TARGET POPULATION(S)
Community Care Management Conemaugh Hospital, Lee Campus 320 Main Street, Room B111 Johnstown, PA 15901 (814)-534-6732	Counseling, Testing and Referral Services (CTR), Partner Counseling and Referral Services (PCRS), Individual Level Intervention (ILI),Outreach, Health Communication/Public Information (HC/PI) Group Level Intervention (GLI)	HIV+ IDU MSM Heterosexual White MSM Emerging Risk Group-Youth
Department of Health Westmoreland County Regional HIV Health Nurse Southwestern PA 233 West Otterman Street Greensburg, PA 15601 (724)-830-2701	Counseling, Testing and Referral Services (CTR), Partner Counseling and Referral Services (PCRS), Individual Level Intervention (ILI), Health Communication/Public Information (HC/PI)	General Public HIV+ IDU MSM Heterosexual
Planned Parenthood of Western PA 817 Franklin Street Johnstown, PA 15901 (814)-535-5545	Counseling, Testing and Referral Services (CTR), Outreach, Health Communication/Public Information (HC/PI)	Heterosexual
White Deer Run of Western PA 109 Sumner Street, Box 286 Cresson, PA 16630	Counseling, Testing and Referral Services (CTR), Individual Level Intervention (ILI)	IDU Heterosexual
FAYETTE COUNTY		
Adagio Health 22 Mill Street Uniontown, PA 15401 724.437.1582	Counseling, Testing and Referral Services (CTR)	Heterosexual
Albert Gallatin AIDS Program 22 South Main Street Masontown, PA 15461 724.583.7822	Health Communication/Public Information (HC/PI)	HIV+ General Public
Department of Health Westmoreland County Regional HIV Health Nurse	Counseling, Testing and Referral Services (CTR), Partner Counseling and	General Public HIV+ IDU

PROVIDER	PREVENTION SERVICES	TARGET POPULATION(S)
Southwestern PA 233 West Otterman Street Greensburg, PA 15601 (724)-830-2701	Referral Services (PCRS), Individual Level Intervention (ILI), Health Communication/Public Information (HC/PI)	MSM Heterosexual
Fayette County State Health Center HIV Clinic 100 New Salem Road Uniontown, PA 15401 412.439.7400	Counseling, Testing and Referral Services (CTR), Partner Services (PS), Individual Level Intervention (ILI), Outreach, Health Communication/Public Information (HC/PI)	General Public
Fayette County State Health Center STD Clinic 100 New Salem Road Uniontown, PA 15401 412.439.7400	Counseling, Testing and Referral Services (CTR)	Heterosexual
Fayette County State Health Center Tuberculosis Clinic 100 New Salem Road Uniontown, PA 15401 412.439.7400	Counseling, Testing and Referral Services (CTR)	Heterosexual Emerging Risk Group – Homeless
Highlands Hospital 401 East Murphy Avenue Connellsville, PA 15425 724.628.1500	Counseling, Testing and Referral Services (CTR), Individual Level Intervention (ILI), Health Communication/Public Information (HC/PI)	General Public
GREENE COUNTY		
Department of Health Westmoreland County Regional HIV Health Nurse Southwestern PA 233 West Otterman Street Greensburg, PA 15601 (724)-830-2701	Counseling, Testing and Referral Services (CTR), Partner Counseling and Referral Services (PCRS), Individual Level Intervention (ILI), Health Communication/Public Information (HC/PI)	General Public HIV+ IDU MSM Heterosexual
Greene County AIDS Task Force Greene County Memorial Hospital Bonar and 7th Streets Waynesburg, PA 15370	Health Communication/Public Information	General Public

PROVIDER	PREVENTION SERVICES	TARGET POPULATION(S)
724.627.3101		
Greene County State Health Center HIV Clinic 423 East Oak View Drive Waynesburg, PA 15370 724.627.3168	Counseling, Testing and Referral Services (CTR), Partner Services (PS), Individual Level Intervention (ILI), Outreach, Health Communication/Public Information (HC/PI)	General Public
Greene County State Health Center STD Clinic 423 East Oak View Drive Waynesburg, PA 15370 724.627.3168	Counseling, Testing and Referral Services (CTR)	Heterosexual
Greene County State Health Center Tuberculosis Clinic 423 East Oak View Drive Waynesburg, PA 15370 724.627.3168	Counseling, Testing and Referral Services (CTR)	Heterosexual Emerging Risk Group - Homeless
INDIANA COUNTY		
Community Care Management Conemaugh Hospital Lee Campus 320 Main Street, Room B111 Johnstown, PA 15901 814-534-6732	Counseling, Testing and Referral Services (CTR), Partner Counseling and Referral Services (PCRS), Individual Level Intervention (ILI),Outreach, Health Communication/Public Information (HC/PI) Group Level Intervention (GLI)	HIV+ HIV+ IDU MSM Heterosexual Emerging Risk Group-Youth
Conemaugh Health Systems Family Medical Center 1086 Franklin St, Johnstown, PA 15905	Individual Level Intervention (ILI)	HIV+
Department of Health Westmoreland County Regional HIV Health Nurse Southwestern PA 233 West Otterman Street Greensburg, PA 15601 (724)-830-2701	Counseling, Testing and Referral Services (CTR), Partner Counseling and Referral Services (PCRS), Individual Level Intervention (ILI), Health Communication/Public Information (HC/PI)	General Public HIV+ HIV+ IDU MSM Heterosexual
Indiana County Prison 55 North 9th Street	Counseling, Testing and Referral Services (CTR),	**Incarcerated** HIV+

PROVIDER	PREVENTION SERVICES	TARGET POPULATION(S)
Indiana, PA 15701 412.349.2225	Partner Counseling and Referral Services (PCRS), Individual Level Intervention (ILI), Health Communication/Public Information (HC/PI)	IDU MSM Heterosexual
Indiana County State Health Center HIV Clinic/STD Clinic/Tuberculosis Clinic 75 North 2nd Street Indiana, PA 15701 724.357.2995	Counseling, Testing and Referral Services (CTR), Partner Counseling and Referral Services (PCRS), Individual Level Intervention (ILI), Outreach, Health Communication/Public Information (HC/PI)	General Public Heterosexual Emerging Risk Group - Homeless
Adagio Health 1097 Oak Street Indiana, PA 15701 724.349.2022	Counseling, Testing and Referral Services (CTR)	Heterosexual
SOMERSET COUNTY		
Conemaugh Health Systems Family Medical Center 1086 Franklin St, Johnstown, PA 15905 814-	Individual Level Intervention (ILI)	HIV+
Community Care Management Conemaugh Hospital, Lee Campus 320 Main Street, Room B111 Johnstown, PA 15901 (814)-534-6732	Counseling, Testing and Referral Services (CTR), Partner Counseling and Referral Services (PCRS), Individual Level Intervention (ILI),Outreach, Health Communication/Public Information (HC/PI) Group Level Intervention (GLI)	HIV+ IDU MSM Heterosexual Emerging Risk Group-Youth
Somerset County Prison 127 East Fairview Street Somerset, PA 15501 814.443.3679	Counseling, Testing and Referral Services (CTR), Partner Counseling and Referral Services (PCRS), Individual Level Intervention(ILI), Outreach, Health Communication/Public Information (HC/PI)	IDU MSM Heterosexual

PROVIDER	PREVENTION SERVICES	TARGET POPULATION(S)
Somerset County State Health Center HIV Clinic 651 South Center Avenue Somerset, PA 15501 814.445.7981	Counseling, Testing and Referral Services (CTR), Partner Counseling and Referral Services (PCRS), Individual Level Intervention (ILI), Outreach, Health Communication/Public Information (HC/PI)	General Public
Somerset County State Health Center Tuberculosis Clinic 651 South Center Avenue Somerset, PA 15501 814.445.7981	Counseling, Testing and Referral Services (CTR)	IDU MSM Heterosexual Emerging Risk Group - Homeless
Department of Health Westmoreland County Regional HIV Health Nurse Southwestern PA 233 West Otterman Street Greensburg, PA 15601 (724)-830-2701	Counseling, Testing and Referral Services (CTR), Partner Counseling and Referral Services (PCRS), Individual Level Intervention (ILI), Health Communication/Public Information (HC/PI)	General Public HIV+ IDU MSM Heterosexual
Somerset Planned Parenthood 118 South Kimberly Ave Somerset, PA 15501 814.443.6549	Counseling, Testing and Referral Services (CTR)	General Public Heterosexual
Windber Medical Center 600 Somerset Avenue Windber, PA 15963 814.467.6611 windbercare.com	Counseling, Testing and Referral Services (CTR), Individual Level Intervention (ILI), Health Communication/Public Information (HC/PI)	General Public
WASHINGTON COUNTY		
Adagio Health 75 East Maiden Street Washington, PA 15301 724.228.7113	Counseling, Testing and Referral Services (CTR), Individual Level Intervention (ILI), Outreach, Health Communication/Public Information (HC/PI)	General Public
California University of Pennsylvania	Counseling, Testing and Referral Services (CTR)	General Public

PROVIDER	PREVENTION SERVICES	TARGET POPULATION(S)
250 University Avenue California, PA 15419		
Department of Health Westmoreland County Regional HIV Health Nurse Southwestern PA 233 West Otterman Street Greensburg, PA 15601 (724)-830-2701	Counseling, Testing and Referral Services (CTR), Partner Counseling and Referral Services (PCRS), Individual Level Intervention (ILI), Health Communication/Public Information (HC/PI)	General Public HIV+ IDU MSM Heterosexual
Planned Parenthood of Western PA 817 Franklin Street Johnstown, PA 15901 814.535.5545 www.ppwp.org	Counseling, Testing and Referral Services (CTR), Individual Level Intervention (ILI), Outreach, Health Communication/Public Information (HC/PI)	General Public
Washington County Prison 29 West Cherry Avenue Washington, PA 15301 724.228.6845	Counseling, Testing and Referral Services (CTR), Partner Services (PS)	IDU MSM Heterosexual
Washington County State Health Center 167 North Main Street Suite 100 Washington, PA 15301 724.223.4540	Counseling, Testing and Referral Services (CTR), Partner Services (PS), Individual Level Intervention (ILI), Outreach, Health Communication/Public Information (HC/PI) HIV/STD Clinics Tuberculosis Clinic	General Public
WESTMORELAND COUNTY		
Adagio Health 3058 Leechburg Road Lower Burrell, PA 15068 724.337.3400	Counseling, Testing and Referral Services (CTR)	General Public
Community Health Clinic 422 Ninth Street New Kensington, PA 15068 724.335.3335	Counseling, Testing and Referral Services (CTR), Individual Level Intervention (ILI)	Black Heterosexual Hispanic Heterosexual
Conemaugh Health Systems	Individual Level Intervention	HIV+

PROVIDER	PREVENTION SERVICES	TARGET POPULATION(S)
Family Medical Center 1086 Franklin St, Johnstown, PA 15905 814-	(ILI)	
Community Care Management Conemaugh Hospital, Lee Campus 320 Main Street, Room B111 Johnstown, PA 15901 (814)-534-6732	Counseling, Testing and Referral Services (CTR), Partner Counseling and Referral Services (PCRS), Individual Level Intervention (ILI),Outreach, Health Communication/Public Information (HC/PI) Group Level Intervention (GLI)	HIV+ IDU MSM Heterosexual Emerging Risk Group-Youth
Comprehensive Substance Abuse Services 211 Huff Avenue Suite C Greensburg, PA 15601 724.853.8623	Counseling, Testing and Referral Services (CTR)	General Public
Department of Health Westmoreland County Regional HIV Health Nurse Southwestern PA 233 West Otterman Street Greensburg, PA 15601 724.830.2701	Counseling, Testing and Referral Services (CTR), Partner Counseling and Referral Services (PCRS), Individual Level Intervention (ILI), Health Communication/Public Information (HC/PI)	General Public HIV+ IDU MSM Heterosexual
Mon Valley AIDS Task Force PO Box 416 Monessen, PA 15062 724.258.1270 724.258.2193 724.644.4436	Health Communication/Public Information (HC/PI)	HIV+ General Public
Southwest Behavioral Health Services Mon Valley Community Health Center Eastgate 8 Monessen, PA 15062	Counseling, Testing and Referral Services (CTR), Individual Level Intervention (ILI)	Black IDU Hispanic IDU White IDU Black Heterosexual Hispanic Heterosexual White Heterosexual

PROVIDER	PREVENTION SERVICES	TARGET POPULATION(S)
724.682.9000 Alle-Kiski 2120 Freeport Road New Kensington, PA 15068 724.339.6860		
Southwest Secure Treatment Unit State Route 1014 PO Box 94 Torrance, PA 15779 412.459.1100	Counseling, Testing and Referral Services (CTR)	General Public
Westmoreland County State Health Center HIV Clinic – Greensburg 233 West Otterman Street Greensburg, PA 15601 724.832.5315	Counseling, Testing and Referral Services (CTR), Partner Counseling and Referral Services (PCRS), Individual Level Intervention (ILI), Outreach, Health Communication/Public Information (HC/PI)	General Public
Westmoreland County State Health Center, Monessen Eastgate #8, Room 140 Monessen, PA 15062 724.684.2945	Counseling, Testing and Referral Services (CTR), Partner Counseling and Referral Services (PCRS), Individual Level Intervention (ILI), Outreach, Health Communication/Public Information (HC/PI) **HIV Clinic** **STD Clinic** **Tuberculosis Clinic**	General Public
Westmoreland County State Health Center STD Clinic – Greensburg 120 Harrison Avenue Greensburg, PA 15601 724.832.5315	Counseling, Testing and Referral Services (CTR) **STD Clinic** **Tuberculosis Clinic**	Heterosexual
Westmoreland Regional Hospital 532 East Pittsburgh Street Greensburg, PA 15601 724.832.4000	Counseling, Testing and Referral Services (CTR), Individual Level Intervention (ILI), Health Communication/Public Information (HC/PI)	General Public

PROVIDER	PREVENTION SERVICES	TARGET POPULATION(S)
Westmoreland Women's Health Center 626 North Main Street Greensburg, PA 15601 724.838.0980	Counseling, Testing and Referral Services (CTR)	General Public

4.12. Gap Analysis

The Intervention Subcommittee is exploring new technology to conduct gap analysis. The use of *Geo Mapping* will provide geographical information on populations receiving HIV prevention interventions in Pennsylvania. The data generated will demonstrate HIV cases by county to be compared to interventions by county implemented for the target populations of heterosexual, Men who have Sex with Men (MSM) and Injection Drug Use (IDU).

Limitations:

- Every agency that is funded by the PA DOH reports their prevention intervention data into PaUDS, however, agencies not funded by PA DOH do not report into PaUDS. As the geo mapping technology is based on PaUDS data, the services delivered by those agencies not funded by the PA DOH may not be captured within the geo mapping process.
- Prevention services are often not delivered in the same area as HIV care services are received. This may result in what appears to be underserved areas.

5. Interventions—Appropriate Science-Based Prevention Activities

5.1. Brief DEBI Project Overview

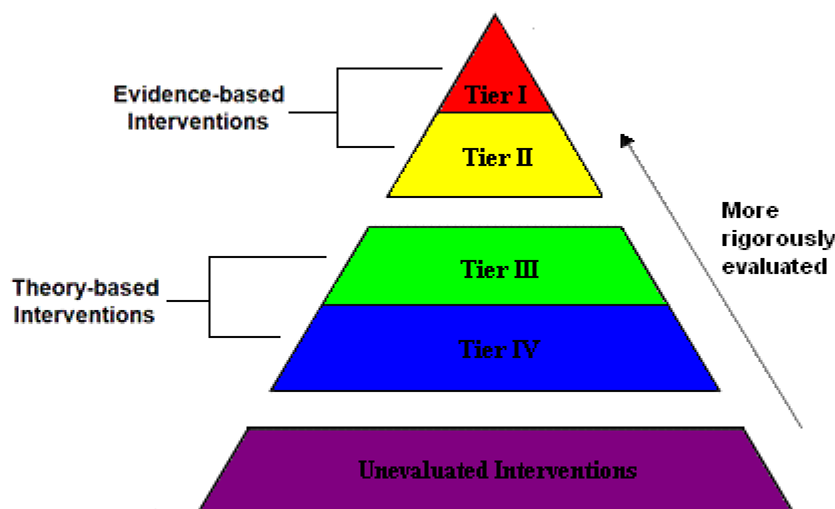
Evidence-based interventions (EBI) include, but are not limited to, interventions disseminated by the Diffusion of Effective Behavioral Interventions (DEBI) Project. The *DEBI Project* was designed to bring science-based, community-and group-level HIV prevention interventions to community-based service providers and state and local health departments.

The DEBI Project is a Center for Disease Control and Prevention (CDC) initiative that is done with the assistance of the Academy for Educational Development (AED). The goal is to enhance the capacity to implement effective interventions at the state and local levels, to reduce the spread of HIV and STDs, and to promote healthy behaviors.
The DEBI Project is meant to bridge the gap between research and what is put into practice. Under the project, high quality trainings, materials and technical assistance are provided to community-based organizations and local health departments implementing the interventions.

In-depth descriptions, fact sheets, sample budgets and procedural guidance information regarding the DEBI Project can be found at www.effectiveinterventions.org
In-depth descriptions of other Best-Evidence Interventions, by characteristic can be found at www.cdc.gov/hiv/topics/research/prs/subset-best-evidence-interventions.htm

5.2. Tiers of Evidence: A Framework for Classifying HIV Behavioral Interventions

The CDC has developed a tiered-framework for classifying HIV behavioral interventions based on their level of scientific evidence in reducing HIV risk. The framework identifies those interventions with the greatest chances of working in practice. The interventions with the strongest evidence are highlighted in the *Updated Compendium of Evidence-Based Interventions.*



The DEBI Project focuses on identifying, packaging, and disseminating Tier I (best-evidence) and Tier II (promising-evidence) interventions. Currently, the PA Department

of Health funds *any evidence-based intervention* within the framework i.e. Tier I and Tier II interventions.

5.3. Fidelity and Adaptation of Evidenced-based Interventions (EBI)

As per the PA Department of Health *fidelity and adaptation* are defined as:

- **Fidelity** is conducting an intervention by exactly following the core elements, procedures, and content that determined its effectiveness.
- **Adaptation** is the change(s) to the ***who (target population) and where*** in the original intervention.

The *core elements* are those aspects of the intervention that the researchers believed made the difference within the target populations. Therefore, in order to assert that the intervention is effective, it is imperative that core elements not be altered.

When the core elements of an intervention are dropped or added, reinvention has occurred. If an agency wants to change the target population of an intervention, the agency must *extensively* document:

- the adaptation and the justifications for the adaptation;
- the evidence-based process of adaptation that was conducted (including focus groups and piloting of activities).

An agency should feel encouraged to adapt an intervention to reach populations, settings and risk behaviors for which there is not an appropriate EBI/DEBI to fill in the gap. However, the adaptation process needs to be evidence-based, that is, based on real information collected by the agency to help in the adaptation process.

5.4. DEBI Nuance Section

Effective implementation of any intervention depends on the capacity of the agency implementing the intervention. **Minimal agency capacity building should strive for the following:**

- Administrative and staff attendance at the following trainings:
  - The DEBI Project: An Overview
  - Selecting Evidenced-Based Interventions
  - Adaptation
- Systematic identification and selection of target population[2], e.g. homeless youth
- Selection of evidence-based intervention (EBI) that best meets the needs of the target population as well as the capacity of the agency
- Agency capacity awareness (does the agency have the resources to implement *and maintain* the selected intervention for the specific target population)
- Training of facilitators' (TOF) course in the specific EBI intervention, e.g. Street Smart

Once an intervention is selected for the target population, **the budget should be meticulously itemized**. It may cost an agency up to $100,000 per year to implement an

[2] Knowledge of HIV prevalence within the population; accessibility to the population; agency experience and expertise in delivering interventions; and agency credibility within the community, in particular with the target population.

evidenced-based intervention with fidelity. This cost can be impacted by current agency staffing; EBI selected, and established community network and resources. There are several factors which need to be taken in consideration as it pertains to the cost per intervention:

1. The agency should have the capacity to maintain the intervention beyond the length of the funding stream
2. Number of program staff dedicated to intervention implementation (including salary and fringe benefits)
    - Facilitator skill-set may minimally require a foundational course in HIV/AIDS 101 up to a Master's level education, possessing counseling skills. Also, knowledge of drug and alcohol issues, cultural sensitivity, group processes and motivational interviewing will enhance intervention facilitation.
    - Account for staff turnover – intervention training for more than primary facilitator(s).
3. Each budget should include a travel line as staff will need to attend the trainings, updates and conferences for the selected intervention.
    - While the PA Department of Health builds EBI capacity, trainings for interventions, updates and conferences may involve out-of-state travel. Therefore, travel and lodging expenses needed to attend the required training(s) need to be itemized.
    - In-state travel to location(s) where intervention session(s) are conducted
4. Program incentives – a crucial component of many of the EBI interventions. The CDC and PA Department of Health do permit the use of federal and state funds for the *purchase of incentives* – cash incentives are prohibited
5. Program supplies, e.g. cost of the implementation kit, handouts, etc.

5.5. Participant Retention Issues Should Be Anticipated

Agencies should make a plan for participant retention issues. One method is to network with other agencies to understand how they may have overcome retention issues within the same target population. Also, agencies might survey their target population to assess the reasons behind decreased attendance, e.g. lack of childcare, transportation, legal issues, etc. Understanding deeper or unrecognized issues might could the agencies to restructure incentives to meet participant needs. One example might be to reduce payments minimally and to provide bus tokens for transportation.

5.6. Brief Description of Current DEBI Project Interventions (Revised 7/2009)

CLEAR (Choosing Life: Empowerment! Action! Results!) is an individual level health promotion intervention for males and females ages 16 and older living with HIV/AIDS and high-risk HIV-negative individuals. CLEAR is a client-centered program delivered using cognitive behavioral techniques to change behavior. The intervention provides clients with the skills necessary to be able to make healthy choices for their lives. The Centers for Disease Control and Prevention's (CDC's) guidelines on Comprehensive Risk Counseling and Services (CRCS), formerly known as Prevention

Case Management (PCM), identify CLEAR as a structured intervention that may be integrated into CRCS programs.

Community PROMISE (Peers Reaching Out and Modeling Intervention Strategies) is a *community-level*, HIV/STD prevention intervention that relies on role model stories and peer advocates from the community. Members of the target population who have made positive HIV/STD behavior change are interviewed and role models stories are written based upon the interviews. Peers advocates from the target populations are recruited and trained to distribute the role model stories and prevention materials within their social networks to help people move toward safer sex or risk reduction practices. Community PROMISE can serve any population, since it is created anew each time it is implemented in collaboration with the community. The intervention has been tested with African American, White, and Latino communities, including injection drug users and their sex partners, non-gay identified men who have sex with men, high risk youth, female sex workers, and high risk heterosexuals, among others. It is also being developed for individuals living with HIV.

d-up Defend Yourself! is a community-level intervention designed for and developed by Black men who have sex with men (MSM). *d-up!* is a cultural adaptation of the POL intervention and is designed to promote social norms of condom use and assist Black MSM to recognize and handle risk related racial and sexual bias. d-up! finds and enlists opinion leaders whose advice is respected and trusted by their peers. These opinion leaders are trained to change risky sexual norms in their own social networks. Opinion leaders participate in four training sessions and endorse condom use in conversations with their friends and acquaintances.

Focus on Youth (FOY) is a community-based, 8-session group intervention that provides youth with the skills and knowledge they need to protect themselves from HIV and other STDs. The curriculum, founded on the Protection Motivation Theory, uses fun, interactive activities such as games, role plays and discussions to convey prevention knowledge and skills. FOY targets African American youth, ages 12-15. There is also a short component for parents, Informed Parents and Children Together (ImPACT), that assists them in areas such as parental monitoring and effective communication.

Healthy Relationships is a 5-session, small-group intervention for men and women living with HIV/AIDS. It is based on Social Cognitive Theory and focuses on developing skills and building self-efficacy and positive expectations about new behaviors through modeling behaviors and practicing new skills. Decision-making and problem-solving skills are developed to enable participants to make informed and safe decisions about disclosure and behavior.

The Holistic Health Recovery Program (HHRP) is a 12 session, manual-guided, group-level program for HIV positive and HIV negative injection drug users. The primary goals of HHRP are health promotion and improved quality of life. More specific goals are abstinence from illicit drug use or from sexual risk behaviors; reduced drug use; reduced risk for HIV transmission; and improved medical, psychological, and social

functioning. HHRP is based on the Information-Motivation-Behavioral Skills (IMB) model of HIV prevention behavioral change. According to this model, there are three steps to changing behavior: Providing HIV prevention information, motivation to engage in HIV prevention and opportunities to practice behavior skills for HIV prevention.

Many Men, Many Voices (3MV) is a 7-session, group-level intervention program to prevent HIV and sexually transmitted diseases among African American men who have sex with men (MSM) who may or may not identify themselves as gay. The intervention addresses factors that influence the behavior of Black MSM: cultural, social, and religious norms; interactions between HIV and other sexually transmitted diseases; sexual relationship dynamics; and the social influences that racism and homophobia have on HIV risk behaviors. 3MV is designed to be facilitated by a peer in groups of 6-12 clients. The 2-3 hour sessions aim to foster positive self image; educate participants about their STD/HIV risks; and teach risk reduction and partner communication skills.

MIP (Modelo de Intervención Psychomédica) Psycho-Medical Intervention Model (PIM) MIP is a holistic behavioral intervention for reducing high-risk behaviors for infection and transmission of HIV among injection drug users (IDUs). The intervention is theory-driven and intensive, combining individualized counseling and comprehensive case management over a 3-6-month period. The strategies of motivational counseling, self efficacy, and role induction are used. The primary target population is injection-drug users who are 18 years of age and older recruited from the community; however the program can be adapted for other drug users, including IDUs in methadone treatment for the past year.

MPowerment is a community-level intervention designed for young gay and bisexual men, ages 18-29. MPowerment uses a combination of informal and formal outreach, discussion groups, creation of safe spaces, social opportunities, and social marketing to reach a broad range of young gay men with HIV prevention, safer sex, and risk reduction messages. The intervention is run by a core group of 10-15 young gay men from the community and paid staff. M-groups are peer-led, 2-3 hour meetings of 8-10 young gay men to discuss factors contributing to unsafe sex among the men.

Partnership for Health (PfH) is a brief safer sex intervention in HIV clinics that targets HIV positive patients. Partnership for Health uses message framing, repetition, and reinforcement during patient visits to increase HIV positive patients' knowledge, skills, and motivations to practice safer sex. The program is designed to improve patient-provider communication about safer sex, disclosure of HIV serostatus, and HIV prevention. Implementation of PfH includes development of clinic and staff "buy-in" and training.

Popular Opinion Leader (POL) is a community-level intervention designed to identify, enlist, and train opinion leaders to encourage safer sexual norms and behaviors within their social networks of friends and acquaintances through risk reduction conversations. POL can be used with various at-risk populations in a variety of venues. POL has been

tested with gay men in bars, African American women in low-income housing settings, and male commercial sex workers.

Project START is an individual-level, multi-session intervention for people being released from a correctional facility and returning to the community. It is based on the conceptual framework of Incremental Risk Reduction, and focuses on increasing clients' awareness of their HIV, STI, and Hepatitis risk behaviors after release and providing them with tools and resources to reduce their risk.

Real AIDS Prevention Project (RAPP) is a community mobilization program, designed to reduce risk for HIV and unintended pregnancy among women in communities at high risk by increasing condom use. This intervention relies on peer-led activities, including: outreach/one-on-one brief conversations with brochures, referrals, and condom distribution; small group safer sex discussions and presentations. RAPP is for sexually active women of reproductive age and their male partners.

RESPECT is an *individual-level*, client-focused, HIV prevention intervention, consisting of two brief interactive counseling sessions. This intervention can be easily incorporated into an HIV counseling/testing program, with HIV antibody testing offered to the client at the end of the first session; essentially it can be incorporated wherever discussion of client risk and risk reduction strategies occur. The provider follows a structured protocol to guide delivery of the intervention, using or creating a “teachable moment” to enhance a client’s perception of their risk and level of concern for HIV infection. RESPECT can be implemented for any population at increased risk for HIV/STD. This intervention was originally studied in heterosexual persons, 14 years and older, who were accessing services from an STD clinic.

Safe in the City (SITC) is a 23-minute HIV/STD prevention video for STD clinic waiting rooms. This video has been shown to be effective in reducing sexually transmitted diseases (STDs) among diverse groups of STD clinic patients. Safe in the City aims to increase condom use and other safer sex behaviors, and thereby reduce infections among patients who view the video in the clinic waiting room.

Safety Counts is an HIV prevention intervention for out-of-treatment active injection and non-injection drug users aimed at reducing both high-risk drug use and sexual behaviors. It is a behaviorally focused, **7-session** intervention, which includes both structured and unstructured psycho-educational activities in group and individual settings.

SIHLE (Sisters Informing Healing Living and Empowering) is a peer-led, social-skills training intervention aimed at reducing HIV sexual risk behavior among sexually active, African American teenage females, ages 14-18. It consists of four 3-hour sessions, delivered by two peer facilitators (ages 18-21) and one adult facilitator in a community-based setting. The sessions are designed for 10-12 African American teenage females. The sessions are gender-specific, culturally relevant and include behavioral skills practice, group discussions, lectures, role-playing, and take-home exercises.

SISTA (Sisters Informing Sisters on Topics about AIDS) is a group-level, gender- and culturally- relevant intervention, is designed to increase condom use with heterosexually active African American women. The 5 peer-led group sessions focus on ethnic and gender pride, HIV knowledge, and skills training around sexual risk reduction behaviors and decision making. The intervention is based on Social Learning theory as well as the theory of Gender and Power. The sessions include behavioral skills practice, group discussions, lectures, role-playing, prevention video viewing, and take-home exercises.

Street Smart is a skills-building program to help runaway and homeless youth, ages 11 to 18, practice safer sexual behaviors and reduce substance use. Street Smart is conducted over a six- to eight-week period with 10-12 youth. The program consists of eight 1½ to 2 hour group sessions, one individual counseling session, and one visit to a community-based organization that provides healthcare. The sessions address improving youths' social skills, assertiveness and coping through exercises on problem solving, identifying triggers, and reducing harmful behaviors. Agency staff provides individual counseling and trips to community health providers.

Together Learning Choices (TLC) is an intervention for young people ages 13-29 living with HIV. This program helps young people living with HIV identify ways to increase use of health care, decrease risky sexual behavior and drug and alcohol use, and improve quality of life. It emphasizes how contextual factors influence ability to respond effectively to stressful situations, solve problems, and act effectively to reach goals.

VOICES/*VOCES* (Video Opportunities for Innovative Condom Education & Safer Sex) A group-level, single-session video-based intervention designed to increase the intention of condom use among heterosexual African American and Latino men and women who visit STD clinics.

DEBI Overview

An evidence-based intervention (EBI) can include, but is not limited to, those interventions disseminated by the Diffusion of Effective Behavioral Interventions (DEBI) Project. The *DEBI Project* was designed to bring science-based, community-and group-level HIV prevention interventions to community-based service providers and state and local health departments. The goal is to enhance the capacity to implement effective interventions at the state and local levels, to reduce the spread of HIV and STDs, and to promote healthy behaviors.

Interventions for Persons with HIV

HIV Positive ***Ranked Population Target Group***	CLEAR	Community PROMISE	d-up: Defend Yourself!	Focus on Youth (FOY)	Healthy Relationships	Holistic Health Recovery Program (HHRP)	Many Men, Many Voices (3MV)	MIP (Modelo de Intervención Psychomédica)	MPowerment	Partnership for Health (PfH)	Popular Opinion Leader	Real AIDS Prevention Project (RAPP)	Project START	RESPECT	Safe In The City (SITC)	Safety Counts	SIHLE	SISTA Project	Street Smart	Together Learning Choices (TLC)	VOICES/*VOCES*
1. White MSM	X	X			X				X	X					X						
2. Black IDU	X	X			X	X				X					X	X					
3. Black MSM/IDU	X	X			X	X				X					X						
4. White MSM/IDU	X	X			X	X				X					X						
5. Black Heterosexual	X	X			X					X					X						X
6. White IDU	X	X			X	X				X					X	X					
7. White Heterosexual	X	X			X					X					X						
8. Hispanic IDU	X	X			X	X				X					X	X					
9. Black MSM	X	X			X				X	X					X						
10. Hispanic Heterosexual	X	X			X					X					X						X
11. Hispanic MSM/IDU	X	X			X	X				X					X						
12. Hispanic MSM	X	X			X				X	X					X						
13. Perinatal Transmission		X			X					X					X						
14. Emerging Risk Groups																					
Youth	X	X			X				X	X					X					X	
Transgender		X			X					X					X						
Homeless		X			X					X					X						
Asian Pacific Islander		X			X					X					X						

Interventions for Persons who are HIV Negative

HIV Negative *Ranked Population Target Group*	CLEAR	Community PROMISE	d-up: Defend Yourself!	Focus on Youth (FOY)	Healthy Relationships	Holistic Health Recovery Program (HHRP)	Many Men, Many Voices (3MV)	MIP (Modelo de Intervención Psychomédica)	MPowerment	Partnership for Health (PfH)	Popular Opinion Leader	Real AIDS Prevention Project (RAPP)	Project START	RESPECT	Safe In The City (SITC)	Safety Counts	SIHLE	SISTA Project	Street Smart	Together Learning Choices (TLC)	VOICES/*VOCES*
1. White MSM	X	X							X		X		X	X	X						
2. Black IDU	X	X				X		X			X		X	X	X	X					
3. Black MSM/IDU	X	X				X					X		X	X	X	X					
4. White MSM/IDU	X	X				X					X		X	X	X	X					
5. Black Heterosexual	X	X									X	X	X	X	X		X	X			X
6. White IDU	X	X				X		X			X		X	X	X	X					
7. White Heterosexual	X	X									X	X	X	X	X						
8. Hispanic IDU	X	X				X		X			X		X	X	X	X					
9. Black MSM	X	X	X				X		X		X		X	X	X						
10. Hispanic Heterosexual	X	X									X	X	X	X	X						X
11. Hispanic MSM/IDU	X	X				X					X		X	X	X	X					
12. Hispanic MSM	X	X							X		X		X	X	X						
13. Perinatal Transmission		X									X	X	X	X	X						
14. Emerging Risk Groups																					
Youth	X	X		X					X		X	X	X	X	X		X		X		
Transgender		X									X		X	X	X						
Homeless		X									X		X	X	X				X		
Asian Pacific Islander		X									X		X	X	X						

CLEAR

CLEAR (Choosing Life: Empowerment! Action! Results!) is an individual level health promotion intervention for males and females ages 16 and older living with HIV/AIDS and high-risk HIV-negative individuals. CLEAR is a client-centered program delivered using cognitive behavioral techniques to change behavior. The intervention provides clients with the skills necessary to be able to make healthy choices for their lives. The Centers for Disease Control and Prevention's (CDC's) guidelines on Comprehensive Risk Counseling and Services (CRCS), formerly known as Prevention Case Management (PCM), identify CLEAR as a structured intervention that may be integrated into CRCS programs.

HIV Positive								
Ranked Population Target Group	CTR	PCRS	ILI	GLI	OR	PCM	HC/PI	Other (CLI)
1. White MSM			X					
2. Black IDU			X					
3. Black MSM/IDU			X					
4. White MSM/IDU			X					
5. Black Heterosexual			X					
6. White IDU			X					
7. White Heterosexual			X					
8. Hispanic IDU			X					
9. Black MSM			X					
10. Hispanic Heterosexual			X					
11. Hispanic MSM/IDU			X					
12. Hispanic MSM			X					
13. Perinatal Transmission								
14. Emerging Risk Groups								
Youth			X					
Transgender								
Homeless								
Asian Pacific Islander								

HIV Negative								
Ranked Population Target Group	CTR	PCRS	ILI	GLI	OR	PCM	HC/PI	Other (CLI)
White MSM			X					
Black IDU			X					
Black MSM/IDU			X					
White MSM/IDU			X					
Black Heterosexual			X					
White IDU			X					
White Heterosexual			X					
Hispanic IDU			X					
Black MSM			X					
Hispanic Heterosexual			X					
Hispanic MSM/IDU			X					
Hispanic MSM			X					
Perinatal Transmission								
Emerging Risk Groups								
Youth			X					
Transgender								
Homeless								
Asian Pacific Islander								

Community PROMISE

Community PROMISE (Peers Reaching Out and Modeling Intervention Strategies) is a **community-level**, HIV/STD prevention intervention that relies on role model stories and peer advocates from the community. Members of the target population who have made positive HIV/STD behavior change are interviewed and role models stories are written based upon the interviews. Peers advocates from the target populations are recruited and trained to distribute the role model stories and prevention materials within their social networks to help people move toward safer sex or risk reduction practices. Community PROMISE **can serve any population**.

HIV Positive

Ranked Population Target Group	CTR	PCRS	ILI	GLI	OR	PCM	HC/PI	Other (CLI)
1. White MSM								**X**
2. Black IDU								**X**
3. Black MSM/IDU								**X**
4. White MSM/IDU								**X**
5. Black Heterosexual								**X**
6. White IDU								**X**
7. White Heterosexual								**X**
8. Hispanic IDU								**X**
9. Black MSM								**X**
10. Hispanic Heterosexual								**X**
11. Hispanic MSM/IDU								**X**
12. Hispanic MSM								**X**
13. Perinatal Transmission								**X**
14. Emerging Risk Groups								**X**
Youth								**X**
Transgender								**X**
Homeless								**X**
Asian Pacific Islander								**X**

HIV Negative

Ranked Population Target Group	CTR	PCRS	ILI	GLI	OR	PCM	HC/PI	Other (CLI)
White MSM								**X**
Black IDU								**X**
Black MSM/IDU								**X**
White MSM/IDU								**X**
Black Heterosexual								**X**
White IDU								**X**
White Heterosexual								**X**
Hispanic IDU								**X**
Black MSM								**X**
Hispanic Heterosexual								**X**
Hispanic MSM/IDU								**X**
Hispanic MSM								**X**
Perinatal Transmission								**X**
Emerging Risk Groups								**X**
Youth								**X**
Transgender								**X**
Homeless								**X**
Asian Pacific Islander								**X**

d-up: Defend Yourself!

d-up: Defend Yourself! is a **community-level** intervention designed for and developed by **Black men who have sex with men (MSM)**. d-up! is a cultural adaptation of the POL intervention and is designed to promote social norms of condom use and assist Black MSM to recognize and handle risk related racial and sexual bias. d-up! finds and enlists opinion leaders whose advice is respected and trusted by their peers. These opinion leaders are trained to change risky sexual norms in their own social networks. Opinion leaders participate in a four session training and endorse condom use in conversations with their friends and acquaintances.

HIV Positive								
Ranked Population Target Group	CTR	PCRS	ILI	GLI	OR	PCM	HC/PI	Other (CLI)
1. White MSM								
2. Black IDU								
3. Black MSM/IDU								
4. White MSM/IDU								
5. Black Heterosexual								
6. White IDU								
7. White Heterosexual								
8. Hispanic IDU								
9. Black MSM								**X**
10. Hispanic Heterosexual								
11. Hispanic MSM/IDU								
12. Hispanic MSM								
13. Perinatal Transmission								
14. Emerging Risk Groups								
Youth								
Transgender								
Homeless								
Asian Pacific Islander								

HIV Negative								
Ranked Population Target Group	CTR	PCRS	ILI	GLI	OR	PCM	HC/PI	Other (CLI)
White MSM								
Black IDU								
Black MSM/IDU								
White MSM/IDU								
Black Heterosexual								
White IDU								
White Heterosexual								
Hispanic IDU								
Black MSM								**X**
Hispanic Heterosexual								
Hispanic MSM/IDU								
Hispanic MSM								
Perinatal Transmission								
Emerging Risk Groups								
Youth								
Transgender								
Homeless								
Asian Pacific Islander								

Focus on Youth (FOY)

Focus on Youth (FOY) is a community-based, **8 session** group intervention that provides youth with the skills and knowledge they need to protect themselves from HIV and other STDs. The curriculum, founded on the Protection Motivation Theory, uses fun, interactive activities such as games, role plays and discussions to convey prevention knowledge and skills. FOY targets **African American youth, ages 12-15**. **There is also a short component for parents, Informed Parents and Children Together (ImPACT), that assists them in areas such as parental monitoring and effective communication.**

HIV Positive								
Ranked Population Target Group	CTR	PCRS	ILI	GLI	OR	PCM	HC/PI	Other (CLI)
1. White MSM								
2. Black IDU								
3. Black MSM/IDU								
4. White MSM/IDU								
5. Black Heterosexual								
6. White IDU								
7. White Heterosexual								
8. Hispanic IDU								
9. Black MSM								
10. Hispanic Heterosexual								
11. Hispanic MSM/IDU								
12. Hispanic MSM								
13. Perinatal Transmission								
14. Emerging Risk Groups								
Youth								
Transgender								
Homeless								
Asian Pacific Islander								

HIV Negative								
Ranked Population Target Group	CTR	PCRS	ILI	GLI	OR	PCM	HC/PI	Other (CLI)
White MSM								
Black IDU								
Black MSM/IDU								
White MSM/IDU								
Black Heterosexual								
White IDU								
White Heterosexual								
Hispanic IDU								
Black MSM								
Hispanic Heterosexual								
Hispanic MSM/IDU								
Hispanic MSM								
Perinatal Transmission								
Emerging Risk Groups								
Youth				**X**				
Transgender								
Homeless								
Asian Pacific Islander								

Healthy Relationships

Healthy Relationships is a **5 session**, small-group intervention for **men and women living with HIV/AIDS**. It is based on Social Cognitive Theory and focuses on developing skills and building self-efficacy and positive expectations about new behaviors through modeling behaviors and practicing new skills. Decision-making and problem-solving skills are developed to enable participants to make informed and safe decisions about disclosure and behavior.

HIV Positive

Ranked Population Target Group	CTR	PCRS	ILI	GLI	OR	PCM	HC/PI	Other (CLI)
1. White MSM				**X**				
2. Black IDU				**X**				
3. Black MSM/IDU				**X**				
4. White MSM/IDU				**X**				
5. Black Heterosexual				**X**				
6. White IDU				**X**				
7. White Heterosexual				**X**				
8. Hispanic IDU				**X**				
9. Black MSM				**X**				
10. Hispanic Heterosexual				**X**				
11. Hispanic MSM/IDU				**X**				
12. Hispanic MSM				**X**				
13. Perinatal Transmission				**X**				
14. Emerging Risk Groups				**X**				
Youth				**X**				
Transgender				**X**				
Homeless				**X**				
Asian Pacific Islander				**X**				

HIV Negative

Ranked Population Target Group	CTR	PCRS	ILI	GLI	OR	PCM	HC/PI	Other (CLI)
White MSM								
Black IDU								
Black MSM/IDU								
White MSM/IDU								
Black Heterosexual								
White IDU								
White Heterosexual								
Hispanic IDU								
Black MSM								
Hispanic Heterosexual								
Hispanic MSM/IDU								
Hispanic MSM								
Perinatal Transmission								
Emerging Risk Groups								
Youth								
Transgender								
Homeless								
Asian Pacific Islander								

Holistic Health Recovery Program (HHRP)

The Holistic Health Recovery Program (HHRP) is a **12 session**, manual-guided, **group-level** program for **HIV-positive and HIV negative injection drug users**. The primary goals of HHRP are health promotion and improved quality of life. More specific goals are abstinence from illicit drug use or from sexual risk behaviors; reduced drug use; reduced risk for HIV transmission; and improved medical, psychological, and social functioning. According to this model, there are three steps to changing behavior: Providing HIV prevention information, motivation to engage in HIV prevention and opportunities to practice behavior skills for HIV prevention.

HIV Positive								
Ranked Population Target Group	CTR	PCRS	ILI	GLI	OR	PCM	HC/PI	Other (CLI)
1. White MSM								
2. Black IDU				**X**				
3. Black MSM/IDU				**X**				
4. White MSM/IDU				**X**				
5. Black Heterosexual								
6. White IDU				**X**				
7. White Heterosexual								
8. Hispanic IDU				**X**				
9. Black MSM								
10. Hispanic Heterosexual								
11. Hispanic MSM/IDU				**X**				
12. Hispanic MSM								
13. Perinatal Transmission								
14. Emerging Risk Groups								
Youth								
Transgender								
Homeless								
Asian Pacific Islander								

HIV Negative								
Ranked Population Target Group	CTR	PCRS	ILI	GLI	OR	PCM	HC/PI	Other (CLI)
White MSM								
Black IDU				**X**				
Black MSM/IDU				**X**				
White MSM/IDU				**X**				
Black Heterosexual								
White IDU				**X**				
White Heterosexual								
Hispanic IDU				**X**				
Black MSM								
Hispanic Heterosexual								
Hispanic MSM/IDU				**X**				
Hispanic MSM								
Perinatal Transmission								
Emerging Risk Groups								
Youth								
Transgender								
Homeless								
Asian Pacific Islander								

Many Men, Many Voices (3MV)

Many Men, Many Voices (3MV) is a **7-session**, group-level intervention program to prevent HIV and sexually transmitted diseases among **African American men who have sex with men** (MSM) who may or may not identify themselves as gay. The intervention addresses factors that influence the behavior of Black MSM: cultural, social, and religious norms; interactions between HIV and other sexually transmitted diseases; sexual relationship dynamics; and the social influences that racism and homophobia have on HIV risk behaviors. 3MV is designed to be facilitated by a peer in groups of 6-12 clients.

HIV Positive								
Ranked Population Target Group	CTR	PCRS	ILI	GLI	OR	PCM	HC/PI	Other (CLI)
1. White MSM								
2. Black IDU								
3. Black MSM/IDU								
4. White MSM/IDU								
5. Black Heterosexual								
6. White IDU								
7. White Heterosexual								
8. Hispanic IDU								
9. Black MSM								
10. Hispanic Heterosexual								
11. Hispanic MSM/IDU								
12. Hispanic MSM								
13. Perinatal Transmission								
14. Emerging Risk Groups								
Youth								
Transgender								
Homeless								
Asian Pacific Islander								

HIV Negative								
Ranked Population Target Group	CTR	PCRS	ILI	GLI	OR	PCM	HC/PI	Other (CLI)
White MSM								
Black IDU								
Black MSM/IDU								
White MSM/IDU								
Black Heterosexual								
White IDU								
White Heterosexual								
Hispanic IDU								
Black MSM				**X**				
Hispanic Heterosexual								
Hispanic MSM/IDU								
Hispanic MSM				**X**				
Perinatal Transmission								
Emerging Risk Groups								
Youth								
Transgender								
Homeless								
Asian Pacific Islander								

MIP (Modelo de Intervención Psychomédica)

A Psycho-Medical Intervention Model (PIM), **MIP** is a holistic behavioral intervention for reducing high-risk behaviors for infection and transmission of HIV among **injection drug users (IDUs)**. The intervention is theory-driven and intensive, combining individualized counseling and comprehensive case management **over a 3-6-month period**. The strategies of motivational counseling, self efficacy, and role induction are used. The target population is **injection-drug users who are 18 years of age** and older recruited from the community; however the program can be adapted for other drug users, including IDUs in methadone treatment for the past year.

HIV Positive								
Ranked Population Target Group	CTR	PCRS	ILI	GLI	OR	PCM	HC/PI	Other (CLI)
1. White MSM								
2. Black IDU								
3. Black MSM/IDU								
4. White MSM/IDU								
5. Black Heterosexual								
6. White IDU								
7. White Heterosexual								
8. Hispanic IDU								
9. Black MSM								
10. Hispanic Heterosexual								
11. Hispanic MSM/IDU								
12. Hispanic MSM								
13. Perinatal Transmission								
14. Emerging Risk Groups								
Youth								
Transgender								
Homeless								
Asian Pacific Islander								

HIV Negative								
Ranked Population Target Group	CTR	PCRS	ILI	GLI	OR	PCM	HC/PI	Other (CLI)
White MSM								
Black IDU			**X**					
Black MSM/IDU								
White MSM/IDU								
Black Heterosexual								
White IDU			**X**					
White Heterosexual								
Hispanic IDU			**X**					
Black MSM								
Hispanic Heterosexual								
Hispanic MSM/IDU								
Hispanic MSM								
Perinatal Transmission								
Emerging Risk Groups								
Youth								
Transgender								
Homeless								
Asian Pacific Islander								

MPowerment

MPowerment is a **community-level intervention** designed for young **gay and bisexual men, ages 18-29**. MPowerment uses a combination of informal and formal outreach, discussion groups, creation of safe spaces, social opportunities, and social marketing to reach a broad range of young gay men with HIV prevention, safer sex, and risk reduction messages. The intervention is run by a core group of 10-15 young gay men from the community and paid staff. M-groups are peer-led, 2-3 hour meetings of 8-10 young gay men to discuss factors contributing to unsafe sex among the men.

HIV Positive								
Ranked Population Target Group	CTR	PCRS	ILI	GLI	OR	PCM	HC/PI	Other (CLI)
1. White MSM				**X**	**X**			**X**
2. Black IDU								
3. Black MSM/IDU								
4. White MSM/IDU								
5. Black Heterosexual								
6. White IDU								
7. White Heterosexual								
8. Hispanic IDU								
9. Black MSM				**X**	**X**			**X**
10. Hispanic Heterosexual								
11. Hispanic MSM/IDU								
12. Hispanic MSM				**X**	**X**			**X**
13. Perinatal Transmission								
14. *Emerging Risk Groups*								
Youth				**X**	**X**			**X**
Transgender								
Homeless								
Asian Pacific Islander								

HIV Negative								
Ranked Population Target Group	CTR	PCRS	ILI	GLI	OR	PCM	HC/PI	Other (CLI)
White MSM				**X**	**X**			**X**
Black IDU								
Black MSM/IDU								
White MSM/IDU								
Black Heterosexual								
White IDU								
White Heterosexual								
Hispanic IDU								
Black MSM				**X**	**X**			**X**
Hispanic Heterosexual								
Hispanic MSM/IDU								
Hispanic MSM				**X**	**X**			**X**
Perinatal Transmission								
Emerging Risk Groups								
Youth				**X**	**X**			**X**
Transgender								
Homeless								
Asian Pacific Islander								

Partnership for Health (PfH)

Partnership for Health (PfH) is a **brief** safer sex intervention in HIV clinics that targets **HIV-positive patients**. Partnership for Health uses message framing, repetition, and reinforcement during patient visits to increase HIV positive patients' knowledge, skills, and motivations to practice safer sex. The program is designed to improve patient-provider communication about safer sex, disclosure of HIV serostatus, and HIV prevention. Implementation of PfH includes development of clinic and staff "buy-in" and training.

HIV Positive								
Ranked Population Target Group	CTR	PCRS	ILI	GLI	OR	PCM	HC/PI	Other (CLI)
1. White MSM			**X**					
2. Black IDU			**X**					
3. Black MSM/IDU			**X**					
4. White MSM/IDU			**X**					
5. Black Heterosexual			**X**					
6. White IDU			**X**					
7. White Heterosexual			**X**					
8. Hispanic IDU			**X**					
9. Black MSM			**X**					
10. Hispanic Heterosexual			**X**					
11. Hispanic MSM/IDU			**X**					
12. Hispanic MSM			**X**					
13. Perinatal Transmission			**X**					
14. Emerging Risk Groups			**X**					
Youth			**X**					
Transgender			**X**					
Homeless			**X**					
Asian Pacific Islander			**X**					

HIV Negative								
Ranked Population Target Group	CTR	PCRS	ILI	GLI	OR	PCM	HC/PI	Other (CLI)
White MSM								
Black IDU								
Black MSM/IDU								
White MSM/IDU								
Black Heterosexual								
White IDU								
White Heterosexual								
Hispanic IDU								
Black MSM								
Hispanic Heterosexual								
Hispanic MSM/IDU								
Hispanic MSM								
Perinatal Transmission								
Emerging Risk Groups								
Youth								
Transgender								
Homeless								
Asian Pacific Islander								

Popular Opinion Leader (POL)

Popular Opinion Leader (POL) is a **community-level** intervention designed to identify, enlist, and train opinion leaders to encourage safer sexual norms and behaviors within their social networks of friends and acquaintances through risk reduction conversations. POL can be used with **various at-risk populations** in a variety of venues. POL has been tested with gay men in bars, African American women in low-income housing settings, and male commercial sex workers.

HIV Positive								
Ranked Population Target Group	CTR	PCRS	ILI	GLI	OR	PCM	HC/PI	Other (CLI)
1. White MSM								
2. Black IDU								
3. Black MSM/IDU								
4. White MSM/IDU								
5. Black Heterosexual								
6. White IDU								
7. White Heterosexual								
8. Hispanic IDU								
9. Black MSM								
10. Hispanic Heterosexual								
11. Hispanic MSM/IDU								
12. Hispanic MSM								
13. Perinatal Transmission								
14. Emerging Risk Groups								
Youth								
Transgender								
Homeless								
Asian Pacific Islander								

HIV Negative								
Ranked Population Target Group	CTR	PCRS	ILI	GLI	OR	PCM	HC/PI	Other (CLI)
White MSM								**X**
Black IDU								**X**
Black MSM/IDU								**X**
White MSM/IDU								**X**
Black Heterosexual								**X**
White IDU								**X**
White Heterosexual								**X**
Hispanic IDU								**X**
Black MSM								**X**
Hispanic Heterosexual								**X**
Hispanic MSM/IDU								**X**
Hispanic MSM								**X**
Perinatal Transmission								**X**
Emerging Risk Groups								**X**
Youth								**X**
Transgender								**X**
Homeless								**X**
Asian Pacific Islander								**X**

Project START

Project START is an individual-level, multi-session intervention for people being released from a correctional facility and returning to the community. It is based on the conceptual framework of Incremental Risk Reduction, and focuses on increasing clients' awareness of their HIV, STI, and Hepatitis risk behaviors after release and providing them with tools and resources to reduce their risk.

HIV Positive

Ranked Population Target Group	CTR	PCRS	ILI	GLI	OR	PCM	HC/PI	Other (CLI)
1. White MSM								
2. Black IDU								
3. Black MSM/IDU								
4. White MSM/IDU								
5. Black Heterosexual								
6. White IDU								
7. White Heterosexual								
8. Hispanic IDU								
9. Black MSM								
10. Hispanic Heterosexual								
11. Hispanic MSM/IDU								
12. Hispanic MSM								
13. Perinatal Transmission								
14. Emerging Risk Groups								
Youth								
Transgender								
Homeless								
Asian Pacific Islander								

HIV Negative

Ranked Population Target Group	CTR	PCRS	ILI	GLI	OR	PCM	HC/PI	Other (CLI)
White MSM			X					
Black IDU			X					
Black MSM/IDU			X					
White MSM/IDU			X					
Black Heterosexual			X					
White IDU			X					
White Heterosexual			X					
Hispanic IDU			X					
Black MSM			X					
Hispanic Heterosexual			X					
Hispanic MSM/IDU			X					
Hispanic MSM			X					
Perinatal Transmission			X					
Emerging Risk Groups								
Youth			X					
Transgender			X					
Homeless			X					
Asian Pacific Islander			X					

Real AIDS Prevention Project (RAPP)

Real AIDS Prevention Project (RAPP) is a **community mobilization program**, designed to reduce risk for HIV and unintended pregnancy among women in communities at high risk by increasing condom use. This intervention relies on peer-led activities, including: outreach/one-on-one brief conversations with brochures, referrals, and condom distribution; small group safer sex discussions and presentations. RAPP is for **sexually active women of reproductive age and their male partners**.

HIV Positive								
Ranked Population Target Group	CTR	PCRS	ILI	GLI	OR	PCM	HC/PI	Other (CLI)
1. White MSM								
2. Black IDU								
3. Black MSM/IDU								
4. White MSM/IDU								
5. Black Heterosexual								
6. White IDU								
7. White Heterosexual								
8. Hispanic IDU								
9. Black MSM								
10. Hispanic Heterosexual								
11. Hispanic MSM/IDU								
12. Hispanic MSM								
13. Perinatal Transmission								
14. Emerging Risk Groups								
Youth								
Transgender								
Homeless								
Asian Pacific Islander								

HIV Negative								
Ranked Population Target Group	CTR	PCRS	ILI	GLI	OR	PCM	HC/PI	Other (CLI)
White MSM								
Black IDU								
Black MSM/IDU								
White MSM/IDU								
Black Heterosexual				**X**	**X**		**X**	**X**
White IDU								
White Heterosexual				**X**	**X**		**X**	**X**
Hispanic IDU								
Black MSM								
Hispanic Heterosexual				**X**	**X**		**X**	**X**
Hispanic MSM/IDU								
Hispanic MSM								
Perinatal Transmission				**X**	**X**		**X**	**X**
Emerging Risk Groups								
Youth				**X**	**X**		**X**	**X**
Transgender								
Homeless								
Asian Pacific Islander								

RESPECT

RESPECT is an *individual-level*, client-focused, HIV prevention intervention, consisting of **two brief interactive counseling sessions**. This intervention can be easily incorporated into an HIV counseling/testing program; essentially it can be incorporated wherever discussion of client risk and risk reduction strategies occur. The provider follows a structured protocol to guide delivery of the intervention, using or creating a "teachable moment" to enhance a client's perception of their risk and level of concern for HIV infection. It can be **implemented for any population at increased risk for HIV/STD**.

HIV Positive								
Ranked Population Target Group	CTR	PCRS	ILI	GLI	OR	PCM	HC/PI	Other (CLI)
1. White MSM			**X**					
2. Black IDU			**X**					
3. Black MSM/IDU			**X**					
4. White MSM/IDU			**X**					
5. Black Heterosexual			**X**					
6. White IDU			**X**					
7. White Heterosexual			**X**					
8. Hispanic IDU			**X**					
9. Black MSM			**X**					
10. Hispanic Heterosexual			**X**					
11. Hispanic MSM/IDU			**X**					
12. Hispanic MSM			**X**					
13. Perinatal Transmission			**X**					
14. Emerging Risk Groups			**X**					
Youth			**X**					
Transgender			**X**					
Homeless			**X**					
Asian Pacific Islander			**X**					

HIV Negative								
Ranked Population Target Group	CTR	PCRS	ILI	GLI	OR	PCM	HC/PI	Other (CLI)
White MSM			**X**					
Black IDU			**X**					
Black MSM/IDU			**X**					
White MSM/IDU			**X**					
Black Heterosexual			**X**					
White IDU			**X**					
White Heterosexual			**X**					
Hispanic IDU			**X**					
Black MSM			**X**					
Hispanic Heterosexual			**X**					
Hispanic MSM/IDU			**X**					
Hispanic MSM			**X**					
Perinatal Transmission			**X**					
Emerging Risk Groups			**X**					
Youth			**X**					
Transgender			**X**					
Homeless			**X**					
Asian Pacific Islander			**X**					

Safe In The City (SITC)

Safe in the City (SITC) is a 23-minute HIV/STD prevention video for STD clinic waiting rooms. This video has been shown to be effective in reducing sexually transmitted diseases (STDs) **among diverse groups of STD clinic patients**. Safe in the City aims to increase condom use and other safer sex behaviors, and thereby reduce infections among patients who view the video in the clinic waiting room.

HIV Positive								
Ranked Population Target Group	CTR	PCRS	ILI	GLI	OR	PCM	HC/PI	Other (CLI)
1. White MSM							**X**	
2. Black IDU							**X**	
3. Black MSM/IDU							**X**	
4. White MSM/IDU							**X**	
5. Black Heterosexual							**X**	
6. White IDU							**X**	
7. White Heterosexual							**X**	
8. Hispanic IDU							**X**	
9. Black MSM							**X**	
10. Hispanic Heterosexual							**X**	
11. Hispanic MSM/IDU							**X**	
12. Hispanic MSM							**X**	
13. Perinatal Transmission							**X**	
14. Emerging Risk Groups							**X**	
Youth							**X**	
Transgender							**X**	
Homeless							**X**	
Asian Pacific Islander							**X**	

HIV Negative								
Ranked Population Target Group	CTR	PCRS	ILI	GLI	OR	PCM	HC/PI	Other (CLI)
White MSM								**X**
Black IDU								**X**
Black MSM/IDU								**X**
White MSM/IDU								**X**
Black Heterosexual								**X**
White IDU								**X**
White Heterosexual								**X**
Hispanic IDU								**X**
Black MSM								**X**
Hispanic Heterosexual								**X**
Hispanic MSM/IDU								**X**
Hispanic MSM								**X**
Perinatal Transmission								**X**
Emerging Risk Groups								**X**
Youth								**X**
Transgender								**X**
Homeless								**X**
Asian Pacific Islander								**X**

Safety Counts

Safety Counts is an HIV prevention intervention for out-of-treatment active **injection and non-injection drug users** aimed at reducing both high-risk drug use and sexual behaviors. It is a behaviorally focused, **7-session** intervention, which includes both structured and unstructured psycho-educational activities in group and individual settings.

HIV Positive								
Ranked Population Target Group	CTR	PCRS	ILI	GLI	OR	PCM	HC/PI	Other (CLI)
1. White MSM								
2. Black IDU			**X**	**X**				
3. Black MSM/IDU								
4. White MSM/IDU								
5. Black Heterosexual								
6. White IDU			**X**	**X**				
7. White Heterosexual								
8. Hispanic IDU			**X**	**X**				
9. Black MSM								
10. Hispanic Heterosexual								
11. Hispanic MSM/IDU								
12. Hispanic MSM								
13. Perinatal Transmission								
14. *Emerging Risk Groups*								
Youth								
Transgender								
Homeless								
Asian Pacific Islander								

HIV Negative								
Ranked Population Target Group	CTR	PCRS	ILI	GLI	OR	PCM	HC/PI	Other (CLI)
White MSM								
Black IDU			**X**	**X**				
Black MSM/IDU								
White MSM/IDU								
Black Heterosexual								
White IDU			**X**	**X**				
White Heterosexual								
Hispanic IDU			**X**	**X**				
Black MSM								
Hispanic Heterosexual								
Hispanic MSM/IDU								
Hispanic MSM								
Perinatal Transmission								
Emerging Risk Groups								
Youth								
Transgender								
Homeless								
Asian Pacific Islander								

SIHLE

SIHLE (Sisters Informing Healing Living and Empowering) is a peer-led, social-skills training intervention aimed at reducing HIV sexual risk behavior among sexually active, African American teenage females, ages 14-18. It consists of four 3-hour sessions, delivered by two peer facilitators (ages 18-21) and one adult facilitator in a community-based setting. The sessions are designed for 10-12 African American teenage females. The sessions are gender-specific, culturally relevant and include behavioral skills practice, group discussions, lectures, role-playing, and take-home exercises.

HIV Positive								
Ranked Population Target Group	CTR	PCRS	ILI	GLI	OR	PCM	HC/PI	Other (CLI)
1. White MSM								
2. Black IDU								
3. Black MSM/IDU								
4. White MSM/IDU								
5. Black Heterosexual								
6. White IDU								
7. White Heterosexual								
8. Hispanic IDU								
9. Black MSM								
10. Hispanic Heterosexual								
11. Hispanic MSM/IDU								
12. Hispanic MSM								
13. Perinatal Transmission								
14. Emerging Risk Groups								
Youth								
Transgender								
Homeless								
Asian Pacific Islander								

HIV Negative								
Ranked Population Target Group	CTR	PCRS	ILI	GLI	OR	PCM	HC/PI	Other (CLI)
White MSM								
Black IDU								
Black MSM/IDU								
White MSM/IDU								
Black Heterosexual				**X**				
White IDU								
White Heterosexual								
Hispanic IDU								
Black MSM								
Hispanic Heterosexual								
Hispanic MSM/IDU								
Hispanic MSM								
Perinatal Transmission								
Emerging Risk Groups								
Youth				X				
Transgender								
Homeless								
Asian Pacific Islander								

SISTA Project

SISTA (Sisters Informing Sisters on Topics about AIDS) is a group-level, gender- and culturally- relevant intervention, is designed to increase condom use with **heterosexually active African American women**. The **5 peer-led group sessions** focus on ethnic and gender pride, HIV knowledge, and skills training around sexual risk reduction behaviors and decision making. The intervention is based on Social Learning theory as well as the theory of Gender and Power. The sessions include behavioral skills practice, group discussions, lectures, role-playing, prevention video viewing, and take-home exercises.

HIV Positive								
Ranked Population Target Group	CTR	PCRS	ILI	GLI	OR	PCM	HC/PI	Other (CLI)
1. White MSM								
2. Black IDU								
3. Black MSM/IDU								
4. White MSM/IDU								
5. Black Heterosexual								
6. White IDU								
7. White Heterosexual								
8. Hispanic IDU								
9. Black MSM								
10. Hispanic Heterosexual								
11. Hispanic MSM/IDU								
12. Hispanic MSM								
13. Perinatal Transmission								
14. Emerging Risk Groups								
Youth								
Transgender								
Homeless								
Asian Pacific Islander								

HIV Negative								
Ranked Population Target Group	CTR	PCRS	ILI	GLI	OR	PCM	HC/PI	Other (CLI)
White MSM								
Black IDU								
Black MSM/IDU								
White MSM/IDU								
Black Heterosexual				**X**				
White IDU								
White Heterosexual								
Hispanic IDU								
Black MSM								
Hispanic Heterosexual								
Hispanic MSM/IDU								
Hispanic MSM								
Perinatal Transmission								
Emerging Risk Groups								
Youth								
Transgender								
Homeless								
Asian Pacific Islander								

Street Smart

Street Smart is a skills-building program to help **runaway and homeless youth**, **ages 11 to 18**, practice safer sexual behaviors and reduce substance use. Street Smart is conducted over a six- to eight-week period with 10-12 youth. The program consists of **eight 1½ to 2 hour group sessions**, one individual counseling session, and one visit to a community-based organization that provides healthcare. The sessions address improving youths' social skills, assertiveness and coping through exercises on problem solving, identifying triggers, and reducing harmful behaviors. Agency staff provides individual counseling and trips to community health providers.

HIV Positive								
Ranked Population Target Group	CTR	PCRS	ILI	GLI	OR	PCM	HC/PI	Other (CLI)
1. White MSM								
2. Black IDU								
3. Black MSM/IDU								
4. White MSM/IDU								
5. Black Heterosexual								
6. White IDU								
7. White Heterosexual								
8. Hispanic IDU								
9. Black MSM								
10. Hispanic Heterosexual								
11. Hispanic MSM/IDU								
12. Hispanic MSM								
13. Perinatal Transmission								
14. Emerging Risk Groups								
Youth								
Transgender								
Homeless								
Asian Pacific Islander								

HIV Negative								
Ranked Population Target Group	CTR	PCRS	ILI	GLI	OR	PCM	HC/PI	Other (CLI)
White MSM								
Black IDU								
Black MSM/IDU								
White MSM/IDU								
Black Heterosexual								
White IDU								
White Heterosexual								
Hispanic IDU								
Black MSM								
Hispanic Heterosexual								
Hispanic MSM/IDU								
Hispanic MSM								
Perinatal Transmission								
Emerging Risk Groups								
Youth				**X**				
Transgender								
Homeless				**X**				
Asian Pacific Islander								

Together Learning Choices (TLC)

Together Learning Choices (TLC) is an intervention for **young people ages 13-29 living with HIV**. This program helps young people living with HIV identify ways to increase use of health care, decrease risky sexual behavior and drug and alcohol use, and improve quality of life. It emphasizes how contextual factors influence ability to respond effectively to stressful situations, solve problems, and act effectively to reach goals.

HIV Positive								
Ranked Population Target Group	CTR	PCRS	ILI	GLI	OR	PCM	HC/PI	Other (CLI)
1. White MSM								
2. Black IDU								
3. Black MSM/IDU								
4. White MSM/IDU								
5. Black Heterosexual								
6. White IDU								
7. White Heterosexual								
8. Hispanic IDU								
9. Black MSM								
10. Hispanic Heterosexual								
11. Hispanic MSM/IDU								
12. Hispanic MSM								
13. Perinatal Transmission								
14. Emerging Risk Groups								
Youth				**X**				
Transgender								
Homeless								
Asian Pacific Islander								

HIV Negative								
Ranked Population Target Group	CTR	PCRS	ILI	GLI	OR	PCM	HC/PI	Other (CLI)
White MSM								
Black IDU								
Black MSM/IDU								
White MSM/IDU								
Black Heterosexual								
White IDU								
White Heterosexual								
Hispanic IDU								
Black MSM								
Hispanic Heterosexual								
Hispanic MSM/IDU								
Hispanic MSM								
Perinatal Transmission								
Emerging Risk Groups								
Youth								
Transgender								
Homeless								
Asian Pacific Islander								

VOICES/*VOCES*

VOICES/*VOCES* (Video Opportunities for Innovative Condom Education & Safer Sex) A group-level, **single-session** video-based intervention designed to increase the intention of condom use among heterosexual African American and Latino men and women who visit **STD clinics**.

HIV Positive

Ranked Population Target Group	CTR	PCRS	ILI	GLI	OR	PCM	HC/PI	Other (CLI)
1. White MSM								
2. Black IDU								
3. Black MSM/IDU								
4. White MSM/IDU								
5. Black Heterosexual				**X**				
6. White IDU								
7. White Heterosexual								
8. Hispanic IDU								
9. Black MSM								
10. Hispanic Heterosexual				**X**				
11. Hispanic MSM/IDU								
12. Hispanic MSM								
13. Perinatal Transmission								
14. Emerging Risk Groups								
Youth								
Transgender								
Homeless								
Asian Pacific Islander								

HIV Negative

Ranked Population Target Group	CTR	PCRS	ILI	GLI	OR	PCM	HC/PI	Other (CLI)
White MSM								
Black IDU								
Black MSM/IDU								
White MSM/IDU								
Black Heterosexual				**X**				
White IDU								
White Heterosexual								
Hispanic IDU								
Black MSM								
Hispanic Heterosexual				**X**				
Hispanic MSM/IDU								
Hispanic MSM								
Perinatal Transmission								
Emerging Risk Groups								
Youth								
Transgender								
Homeless								
Asian Pacific Islander								

5.7. Hepatitis C (HCV) Collaboration

The Community Planning Group (CPG) and the Department of Health recognize the need to collaborate and coordinate with other related programs. The CPG has engaged in numerous discussions regarding hepatitis C virus (HCV) infection, HIV/HCV co-infection, and the target populations-transmission groups impacted by these epidemics. The CPG recognizes that HCV prevention is insufficiently funded.

Therefore, the CPG recommends the following actions be undertaken in the next planning cycle:

- Future prevention planning activities will be coordinated with and inclusive of the Department's HCV Coordinator. The Department of Health HCV Coordinator is a consultant to the CPG as well he does an annual update on hepatitis-C.
- Each Subcommittee (Epidemiology, Needs Assessment, Interventions and Evaluation) will be cognizant of the need to integrate HCV issues, and when appropriate, HCV issues will be addressed when developing Plan key products (Epidemiologic Profile, Community Services Assessment, Priority Target Populations, and Science-Based Interventions).

Although CDC Grant funds cannot be used for the provision of HCV prevention services, the Department's Division of HIV/AIDS shall coordinate and collaborate with other Department programs to integrate and facilitate the provision of HCV prevention services. Examples of such efforts that have occurred are as follows:

- Hepatitis and sexually transmitted infections (STI) training is made available thru the Division of HIV/AIDS on-site training system. These trainings are made available to HIV prevention staff, HIV counseling and testing staff and substance abuse treatment staff. HIV counseling and testing staff have been encouraged to incorporate HCV and STI prevention counseling within HIV prevention counseling sessions.
- The Division of HIV/AIDS, the Division of Immunizations and the Bureau of Drug and Alcohol Programs have collaborated to make hepatitis A and B vaccines available to substance abuse treatment facilities and to injection drug users thru the Department's State Health Centers.
- In 2005, a collaborative effort between the Division of HIV/AIDS and the Bureau of Drug and Alcohol Programs resulted in an initiative to utilize Substance Abuse Prevention and Treatment Block Grant; HIV set-aside funds for HCV testing of HIV infected clients in substance abuse treatment facilities.

This initiative resulted in the allocation of state funds to expand this initiative. The funds will be used to provide HCV testing to additional substance abuse treatment facilities and individuals not known to be HIV infected. The Department will continue to update the CPG on its collaborative activities with HCV and related programs. The hepatitis-C Coordinator provided an update of hepatitis at the July CPG meeting.

Hepatitis became reportable in 2003; hence, data is only from 2003 forward. Hepatitis-A was highest in 2003 primarily due to the outbreak at Chichi's restaurants in the Pittsburgh area. Three individuals died during this month long outbreak. In general there are approximately 100 cases of hepatitis-A during the year. However, in 2003 there were 822 cases of hepatitis-A. There are approximately 800 to 1200 cases of hepatitis-B and 9,000 cases of hepatitis-C during the year. Most hepatitis-A is endemic in southwestern and southeastern Pennsylvania, even without the Chichi's outbreak.

Most cases of hepatitis-B are sexual transmissions and most frequently seen in Asian and African immigrants. It is lower in Native American populations due to vaccination efforts. In addition, there are a number of hepatitis-B cases among men who have sex with men, which account for about 41% of infections and 15%, are with percutaneous injuries and cuts. Hepatitis-B is much more efficiently transmitted than HIV or hepatitis-C. Hepatitis-B can also be transmitted from a pregnant mother to her unborn child. Therefore, it is highly recommended that women of childbearing age receive hepatitis-B vaccinations. Examining the age of hepatitis-B infected cases reveals those between 15 and 40 years of age are mostly women. This may be a reflection of the more routine screening of women for hepatitis-B than men. Therefore, it becomes important to encourage men to be screened for Hepatitis-B as well

There are an inordinate number of hepatitis-C infections appearing in Wayne County in northeastern Pennsylvania. It was conjectured that perhaps its proximity to New York City might have a role. There are other isolated rural counties such as Forest, Union and Lycoming that have higher rates of hepatitis-C. It was noted that perhaps this is reflection of state correctional institutions in those counties. In addition, between the ages of 16 and 23 there are a lot more cases of hepatitis-C in girls than in boys as well in the 36 to 45 year group there is more Hepatitis-C in women than men. Hepatitis-C is not primarily sexually transmitted, but more likely transmitted via injection drug use with direct inoculation of infected blood. The bulk of national hepatitis-C cases reported are in the 30 to 44 year old cohort. Fifty-percent of those with hepatitis-C clear the virus naturally. Hepatitis-C also has a very long incubation period, so that it is surprising to see hepatitis among teenagers. Perhaps they were infected from their mothers at birth as well as blood transfusions in early life. Because there is only person at the state working with hepatitis-C there are very few investigations of reported cases.

There is a study with four selected drug and alcohol treatment facilities (one in Pittsburgh, two in Philadelphia and one in Harrisburg) testing for hepatitis-C infection. This pilot test only screens for hepatitis-C, but is attempting to answer the question of whether clients in drug treatment return for follow-up, among those who test positive for hepatitis-C will they return for confirmatory tests, will they follow through for medical evaluation, will they get vaccinated for hepatitis-A and –B and essentially going into hepatitis-C treatment. No users of other drugs are included nor are homeless persons in this analysis.

What emerges here is the importance of case management linking people to treatment and vaccination. Having health insurance certainly helps and women are more responsive than males in seeking hepatitis-C testing and following through. There is also a higher probability in this at risk population of having received a hepatitis-B vaccination than in the general population. It is critical to help those who are hepatitis infected to reduce their alcohol consumption. The number going into

treatment was comparable to that of the general population. One in ten goes into treatment with this program. There is also a need to increase vaccinations for hepatitis-A and –B in men who have sex with men.
Limitations of this data are that this is a cross-sectional study of a relatively short time period of two years. Another limitation is the self-reporting of risk factors. This cohort will be followed and assessed at six, nine and twelve months.

5.8. Rural Work Group

The Pennsylvania CPG has established a rural work group to address the unique and often not well-understood concerns of rural areas within our state. The Rural Work Group consists of volunteer committee members who are applying their efforts outside of regular committee meeting time. The express purpose of the rural work group is to present the special demographic, geographic and social/cultural conditions that impact the HIV prevention needs of non-metropolitan populations in Pennsylvania to the Centers for Disease Control and Prevention.

The Rural Work Group recognizes the impact of the un-addressed risk behaviors, and lack of appropriate HIV/AIDS prevention education adaptations, in our non-metropolitan communities. The group feels that the CPG must address these deficiencies throughout Pennsylvania's non-urban areas. 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, & Higdon 2004). As information related to rural needs, and interventions of proven effectiveness are located, they will be included in our plan as a means of assisting non-metropolitan prevention groups adapt recommended procedures within each of their unique rural areas.

5.8.1. Characteristics of Rural Pennsylvania

Twenty-five percent or about 3 million Pennsylvanians live in rural areas of the state. Of the 67 counties in Pennsylvania, 48 are classified as rural based on population density. Moreover, of the 19 counties designated as urban, approximately 17 contain rural municipalities (boroughs or townships). These also have extensive rural characteristics. 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. (Appalachia is a rugged swath of America hugging the mountains from Georgia to New York that has for generations been a symbol of poverty). Of the 48 rural counties depicted in Table V.1, 25 (60%) report poverty levels that are below that of Pennsylvania (10.5%) (Center for Rural PA 2007)

Issues in addition to poverty that impact rural areas are lack of medical care, increased cost and availability of local community services, restricted access to urban centers of specialty due to distance and transportation problems, and limited telecommunication access. According to the Pennsylvania Office of Rural Health, rural areas have fewer hospital beds and fewer primary care physicians, dentists, and other health care providers than do urban areas. In addition, although the population of rural non-whites increased from 2 percent to 4 percent between 1990 and 2000, most rural counties have extremely low percentages of ethnic and racial minorities. However, youth under 18 years of age account for 23% of the population, which is comparable to urban areas. Figure V.1 depicts rural and urban counties of Pennsylvania. Table V.1 lists the rural counties of Pennsylvania by population

density, percent Black and Hispanic and percent of living AIDS cases. **Population density is calculated by dividing the total population of an area by the total number of square miles. Thus, the population density of Pennsylvania is 274 persons per square mile. Rural counties are those with population densities of less than 274** (Center for Rural Pennsylvania 2007).

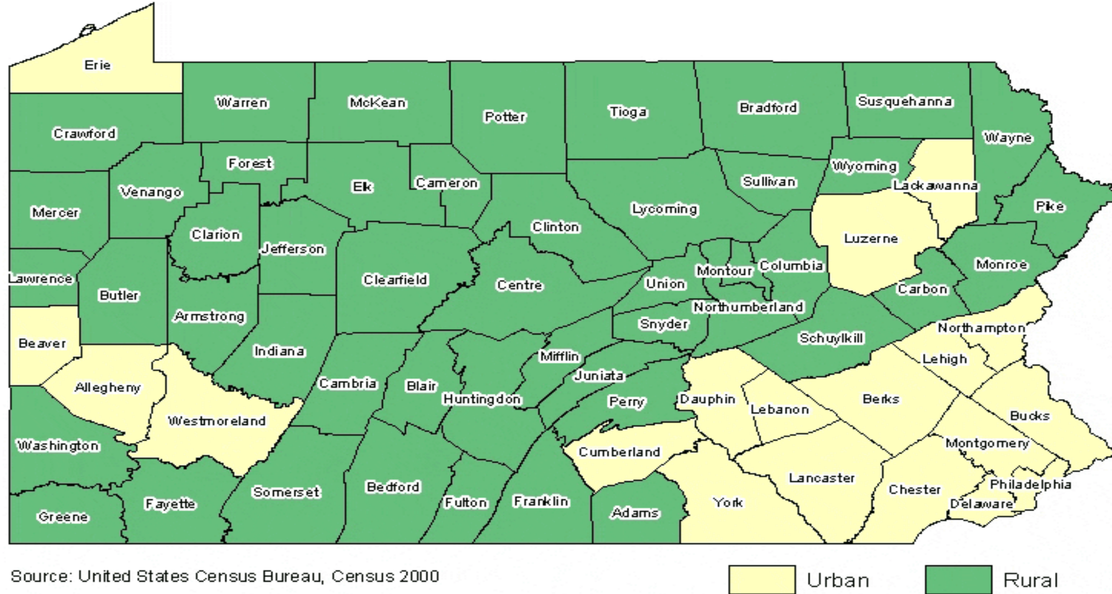


Figure V.1

Table V.1

Rural Counties in Pennsylvania with Greater than 40 Percent Rural Population

Rural County	Population Density *	Total Population *	Percent Black ***	Percent Hispanic ***	Living AIDS Cases ****
Adams	176	101,119	2.1	5.3	33
Armstrong	111	68,790	1.0	0.5	20
Bedford	49	49,727	0.5	0.7	12
Blair	246	125,174	1.6	0.7	50
Bradford	55	61.233	0.5	0.7	15

Rural County	Population Density	Total Population	Percent Black	Percent Hispanic	Living AIDS Cases
Butler	221	182,902	1.1	.8	29
Cambria	222	144,319	3.4	1.1	78
Cameron	15	5,266	0.6	0.8	0
Carbon	154	63,558	1.6	2.6	21
Centre	123	144,779	3.1	2.1	59
Clarion	69	39,989	1.0	0.5	7
Clearfield	73	82,896	2.1	0.8	39
Clinton	43	37,038	0.8	0.8	3
Columbia	132	65,004	1.2	1.5	24
Crawford	89	88,411	1.9	0.8	28
Elk	42	32,268	0.2	0.5	2
Fayette	188	143,925	4.1	0.5	39
Forest	12	6,825	17.6	4.4	4
Franklin	168	143,495	3.1	3.0	64
Fulton	33	14,935	1.1	0.4	4
Greene	71	39,344	3.9	1.0	17
Huntingdon	52	45,543	5.6	1.3	55
Indiana	108	87,479	1.9	0.6	16
Jefferson	70	45,105	0.3	0.6	6
Juniata	58	23,146	0.6	2.0	7
Lawrence	263	90,272	4.0	0.8	26

Rural County	Population Density	Total Population	Percent Black	Percent Hispanic	Living AIDS Cases
Lycoming	97	116,670	4.6	0.9	153
McKean	47	43,537	2.5	1.4	18
Mercer	179	116,652	5.4	0.8	43
Mifflin	113	46,062	0.7	0.7	8
Monroe	228	165,058	11.3	11.6	128
Montour	139	17,705	1.5	1.3	9
Northumberland	206	91,091	2.1	1.7	61
Perry	79	45,185	0.7	1.0	16
Pike	85	59,664	5.6	8.1	32
Potter	17	16,720	0.8	0.8	3
Schuylkill	193	147,254	2.9	1.9	92
Snyder	113	38,074	1.1	1.3	10
Somerset	74	77,454	2.4	0.9	46
Sullivan	15	6,124	2.9	1.3	3
Susquehanna	51	40,831	0.5	1.0	11
Tioga	36	40,574	0.9	0.7	8
Union	131	43,640	8.2	4.4	75
Venango	85	54,423	1.3	0.7	10
Warren	50	40,728	0.3	0.5	14
Washington	237	206,407	3.5	0.9	61
Wayne	65	52,016	2.9	2.9	45
Wyoming	71	27,759	0.8	1.0	11

* Population statistics are from The Center for Rural PA website as of July 2008
** Percentage of Rural Municipalities in a County is calculated using data found on

The Center for Rural PA website based from 2007

*** Race Statistics are as of 2007 and were found on The Center for Rural PA website

**** Number of AIDS cases are taken from the Commonwealth of Pennsylvania's, HIV and AIDS Surveillance Summary Report dated December 2007

Table V.1 illustrates the low percentages of Black and Hispanic people in Pennsylvania's rural counties. However, it must be noted that migrant populations that are not accounted for in census data, work in some of the north and southeastern counties of the state and are known to be at risk for HIV. Programming for these populations is in place. It is also noted that since the 1990 US Census that the Hispanic population in rural counties has steadily increased and at times exceeds the rural Black population in several counties.

Table V.1A

Counties in Pennsylvania with Less than 40 Percent Rural Population

Urban County	Population Density *	Total Population *	Percent Rural Municipalities **	Percent Black ***	Percent Hispanic ***	Living AIDS Cases ****
Allegheny	1,755	1,281,666	5.0	13.2	1.4	1,173
Beaver	417	172,476	34.0	6.3	1.0	73
Berks	435	621,643	23.0	3.7	3.3	496
Bucks	984	403,595	53.0	5.1	13.3	337
Chester	573	591,489	27.0	6.5	4.7	253
Cumberland	388	229,361	55.0	3.3	2.0	209
Dauphine	479	256,562	58.0	17.8	5.4	452
Delaware	2,990	553,619	0.0	18.5	5.7	724
Erie	350	279,175	68.0	6.7	2.6	165
Lackawanna	465	209,408	43.0	2.1	2.9	128
Lancaster	496	302,370	40.0	3.6	6.9	415
Lebanan	333	128,934	54.0	2.0	6.8	73
Lehigh	900	339,989	21.0	5.5	15.1	479
Luzerne	358	311,983	40.0	2.8	3.8	163

Urban County	Population Density *	Total Population *	Percent Rural Municipalities **	Percent Black ***	Percent Hispanic ***	Living AIDS Cases ****
Montgomery	1,553	778,048	4.0	8.6	3.1	457
Northampton	714	294,787	16.0	4.4	8.8	233
Philadelphia	11,230	1,447,395	0.0	45.0	10.7	10,062
Westmoreland	362	361,744	43.00%	2.4	0.7	95
York	422	424,997	47.00%	5.1	4.2	398

* Population statistics are from The Center for Rural PA website as of July 2008
** Percentage of Rural Municipalities in a County is calculated using data found on The Center for Rural PA website based from 2007
*** Race Statistics are as of 2007 and were found on The Center for Rural PA website
**** Number of AIDS cases are taken from the Commonwealth of Pennsylvania's, HIV and AIDS Surveillance Summary Report dated December 2007

5.8.2. Characteristics of Rural People in Pennsylvania

Just as rural urban variations exist, so do variations among rural people. The issues of rural diversity are related to demography, economics, culture and geographical differences. In general, rural populations have more elderly, higher unemployment and under-employment and higher percentages of underinsured and uninsured individuals (Hart, Larson & Lishner 2005). In addition, rural Pennsylvanians hold more conservative values and are less tolerant of diverse populations. Strong religious beliefs play a major role in dictating and shaping the values, attitudes and social norms of rural communities. Moreover, because of the small town "grapevine" it is difficult to maintain privacy, making confidentiality a problem (Preston et al. 2004).

The transgender populations in rural Pennsylvania are at greater risk of poverty as a result of unemployment, homelessness, family and social rejection, stigma, and the bias of strong religious beliefs. Failure to recognize the need for transgender specific DEBI's, and training for HIV prevention providers for this emerging high-risk group, cannot be overstated.

5.8.3. Rural HIV/AIDS

Although estimating HIV infection in rural areas is complicated because many residents seek diagnosis in urban centers, evidence suggests that the infection is increasing in rural areas of Pennsylvania. Several trends have been noted: continued in-migration of HIV infected individuals from metropolitan areas (some through the prison systems), increases in heterosexual infections, increases in infections due to intravenous drug use, increased infection in the MSM community and an increase in survival rates due to drug therapy (PA Department of Health, 2006). These trends place a significant burden on rural health care systems that are not always prepared to offer HIV education, counseling, care and treatment. In fact, relative to their urban counterparts, rural people

with HIV infection experience more difficulty accessing health and social services, less access to transportation, more stigma and greater fear that others will know their HIV serostatus. In addition, rural HIV infected persons experience more depressive symptoms and more thoughts of suicide than their urban counterparts (Heckman et al, 2007).

5.8.4. Summary of Findings Related to Rural Areas from CPG Poster Sessions

5.8.4.1. Results of 2004 Poster Presentation—Contracted Providers

In May 2004 the CPG organized a program evaluation of 15 funded agencies doing HIV prevention programming in Pennsylvania. The evaluation was done in poster presentation format. The purpose of the presentation was to initiate dialogue between funded agencies/organizations and the CPG, to elicit information for program evaluation, and to provide an opportunity for networking among presenters and CPG members. (See the Program Evaluation section for details on methodology, etc.) Data collected from the poster presentations related to rural HIV prevention issues are listed below:

- not enough resources, very rural; transportation a problem; not enough service providers, especially rural; many people in this area don't think HIV is a problem
- the mobility of the migrant population; access to MSM populations
- difficult in rural areas; stigma a problem
- lack of staffing for prevention; large area to cover; lack of money for incentives; recruitment most difficult
- continued stigma in rural PA; lack of skilled staff; lack of cultural competencies; (staff) unaware of how to access target populations; lack of funding to do the job right
- rural areas underserved (medically)
- Wayne & Pike counties most difficult to provide resources. (note: Pike fastest growing county in state. Large urban transplant populations; the northeast is such a rural difficult area, especially in my county
- targeting rural youth is a challenge; we need to get into the schools
- barriers – not enough resources, very rural; transportation a problem; not enough service providers, especially rural; many people in this area don't think HIV is a problem; only one HEP C provider
- external validity issues . . . what works at one location may not work elsewhere . . . "canned programs" that require lots of staff don't work in agencies with one staff member
- limited services to school age populations; in Clarion County they have reached only 2 of 7 school districts; does not provide services to school age, gay lesbian, transgender, questioning youth; does address IDU
- Stigma from "stoic German population" ; unable to go into the high school (York county)
- outreach – finding at risk populations - hard to reach, homeless, IVDUs, married MSM in rural areas, married Hispanic men;
- stigma, conservatism, access to programs, fewer providers; providers who need education in presenting programs (what works, especially in rural areas); many providers in rural areas said that "canned" programs developed in metro areas are hard to apply in rural (takes time and more providers); hard to specialize in rural areas

- all planning coalitions listed rural issues as a major barrier, whether because of transportation, the large geographic (service) area, or access to targeted populations; many sub-grantees have one paid prevention worker to do outreach and not enough resources to maintain a dependable trained volunteer pool; other barriers: lack of interest in peer education; lack of access to training of volunteers lack of co-operation of other resource groups; liability/safety issues for Public Sex Environment (PSE) outreach workers

All of the Planning Coalitions listed rural issues as major challenges, whether because of transportation, the large geographic service areas, or access to targeted populations; many sub-grantees have one paid prevention worker to do outreach and not enough resources to maintain a dependable trained volunteer pool; other barriers identified were the lack of interest in peer education; lack of access to training of volunteers; lack of co-operation of other resource groups; and liability/safety issues for PSE outreach workers

5.8.4.2. Results of 2005 Poster Presentation—Pa Department of Health Field Staff

In May 2005, a second poster presentation was held. PA DOH field staff made presentations. Presenters highlighted a variety of issues related to the special needs of rural areas. These included transportation but also access to care and language barriers. It was stated that in rural areas many people do not know where to get tested and often do not know that testing is free. Lack of confidentiality, real or imagined, was rated by three presenters as a major barrier as was methadone use among youth and high school drug use in general. Two presenters rated several other issues as barriers. These include entry barriers to notifying a contact, the mindset of corrections staff and policies of prisons (including the inability to distribute condoms), general community attitudes (both complacency about HIV and negative attitudes about "those people"), cultural barriers beyond language, and accessing MSM including the inability to outreach in parks in rural areas due to police activities.

5.8.4.3. Results of 2006 Poster Presentation—Agencies Utilizing DEBI Interventions

In May 2006, 14 agencies that were implementing DEBI interventions presented posters to the CPG. Issues related to utilizing these programs in rural areas were addressed.
Practically speaking, the narrowly focused target populations for many of the interventions, combined with the strong emphasis upon implementing them precisely as prescribed, are problematic in rural areas. Such rigid guidelines do not permit Community Based Organizations ((CBO) to respond to local community needs. Cost is also prohibitive when implementing DEBI's precisely as prescribed. The degree of staff turnover in prevention programs was stated as a major barrier.

In addition, no program specifically addresses the unique challenges of rural prevention such as little staffing and hard to find rural gay youth or other rural youth at risk. For example, it is difficult to recruit MSM for Group Level Interventions (GLIs) because it is dangerous to be out as gay, dangerous to be associated with an AIDS service organization and this population is so small (most are hidden) that people know each other too well to want to be in a group together.

5.8.4.4. Results of 2007 Poster Presentations – Evidence Based HIV Prevention Projects – County and Municipal Health Departments

Since none of the seven health departments and sub-contractors participating in this poster session represented efforts in rural communities, none of the presenters had found it necessary to adapt their interventions to address the unique barriers to prevention education in non-metropolitan areas, However, it is the consensus of the Rural Work Group that the majority of the barriers identified, and the strategies for overcoming stated barriers, would also be applicable in adaptations of interventions in a rural setting.

5.8.4.5. Results of 2008 Poster Presentations – Evidence Based HIV Prevention Projects— State and Local Prisons and Jails

During the May 2008 Pennsylvania Community Planning Group meeting, a poster session was held to review six HIV/AIDS interventions that had been implemented across the Commonwealth of Pennsylvania. The evaluation included six posters of four CDC DEBI (Diffusion of Effective Behavioral Interventions) and one non-DEBI intervention (based on social and behavioral theory) which had been implemented.

5.9. Results of the Rural Men's Study

Deborah Bray Preston, PhD, RN, Principal Investigator
Anthony R. D'Augelli, PhD. Co-Investigator
Funded 2001 to 2005 by NIMH: RO1-MH 62981

This study was undertaken to describe the life experiences regarding health and social issues related to sexual risk taking behavior of gay and bisexual men living in the most rural counties or parts of counties in Pennsylvania. We were able to access 414 men through their social, political and health care networks. Each completed a questionnaire. The findings were aggregated by Pennsylvania HIV/AIDS coalitions and are presented here. However, care must be taken in their interpretation because of the difficulties in reaching those that are hidden. The sample may not be representative of all rural men.

The men ranged in age from 18 to 76, 95% were Caucasian, 70% were employed and 6% were on disability. Overall, 8.6% were HIV positive and 57% reported having receptive anal sex (RAS) in past 6 months. Of those, 44% reported they did not use condoms consistently during RAS. In terms of relationships, 34% monogamous, 56% had multiple partners, and 33% stated they met partners on the Internet.

The following tables depict the findings of the study by Pennsylvania Ryan White HIV/AIDS Regional Planning Coalitions. Most numbers are percentages. Numbers listed under "Variable" are percentages and means for the entire study. M is the symbol for the mean or the average score while R is the symbol for range of scores.

Age, Education, Race and Ethnicity

Variable	North West % N=29	North Central % N=101	North East % N=68	South West % N=48	South Central % N=130	AIDS NET % N=37
Age	R = 27-54	R = 18-76	R = 20-70	R =22-69	R =18-75	R = 18-62
18-24 10	0	8	15	2	11	22
25-34 17	15	14	15	15	22	17
35-44 37	59	32	33	44	36	33
45-60 31	26	41	31	33	26	25
60+ 5	0	5	6	6	5	3
M =40 years	M = 40	M = 42	M = 40	M=42	M = 39	M = 37
Education						
High School 21	7	21	22	23	22	19
Post High School 39	38	26	46	48	39	41
College 24	31	20	19	21	27	25
Post Grad 17	24	33	13	8	11	14
Race/Ethnicity						
White	97	95	94	92	92	94
Black	3	2	1	4	1	3
Hispanic	0	4	4	4	7	3

Sexual Orientation and Victimization

Variable N=414 %	North West % N=29	North Central % N=101	North East % N=68	South West % N=48	South Central % N=130	AIDS NET % N=37
Identity						
Mostly Gay 5	0	7	8	2	6	3
Almost Gay 21	18	16	16	25	13	28
Totally Gay 74	82	77	76	73	81	69
Openness						
Hidden 14	17	21	15	11	7	17
Somewhat Open 60	55	52	51	65	70	66
Completely Open 26	28	27	34	24	23	17
Mean Openness 2.87	3.07	2.85	2.80	2.82	2.92	2.85
Harassment Scale=1-4						
Verbal 2.33	2.50	2.31	2.28	2.51	2.21	2.58
Physical 1.38	1.48	1.31	1.34	1.56	1.31	1.64

Sexual Risk Behaviors

Variable	North West % 29	North Central % 101	North East % 68	South West % 48	South Central % 130	AIDS NET % 37
RAS						
No 42	41	50	47	39	40	37
With Condom 13	7	16	8	11	16	14
W/out Condom 42	52	34	45	50	45	49
Partners						
No 9	7	18	12	6	4	8
One 39	38	42	33	33	43	35
Multiple 52	55	42	55	61	53	57
Risk (M) (1-4) 2.52	2.60	2.26	2.50	2.70	2.60	2.65
Sensation Seeking (M)(1-4) 1.94	1.79	1.79	1.95	2.04	2.04	1.96

More Sexual Risks

Variable	North West % N=29	North Central % N=101	North East % N=68	South West % N=48	South Central % N=130	AIDS NET % N=37
Go for Sex						
Philadelphia	14	18	22	9	25	43
Pittsburgh	34	8	3	49	15	11
Harrisburg	7	24	13	17	44	26
New Hope	0	2	19	4	7	23
New York City	14	10	28	13	18	34
Drugs with Sex in Past 6 Months 34	28	14	43	52	38	50
Alcohol with Sex in Past 6 Months 57	48	57	40	77	74	74

Mental Health and Stigma

Variable	North West M	North Central M	North East M	South West M	South Central M	AIDS NET M
Self-Esteem (1-4) 3.37	3.19	3.44	3.26	3.38	3.40	3.40
Internalized Homophobia (1-4) 1.73	1.88	1.72	1.70	1.82	1.67	1.76
Depression (1-4) 1.59	1.67	1.54	1.57	1.71	1.58	1.51
Family Stigma (1-5) *High=Tolerant* 3.52	3.68	3.49	3.42	3.67	3.49	3.51
Health Care Providers Stigma (1-5) 3.51	3.46	3.54	3.41	3.46	3.56	3.56
Community Stigma (1-5) 2.88	2.81	2.98	2.81	2.79	2.89	2.79

Note: Internalized Homophobia measures a man's feelings about being gay or bisexual. Low scores mean good feelings.

Figure V.2 Relationship of Stigma to Sexual Risk

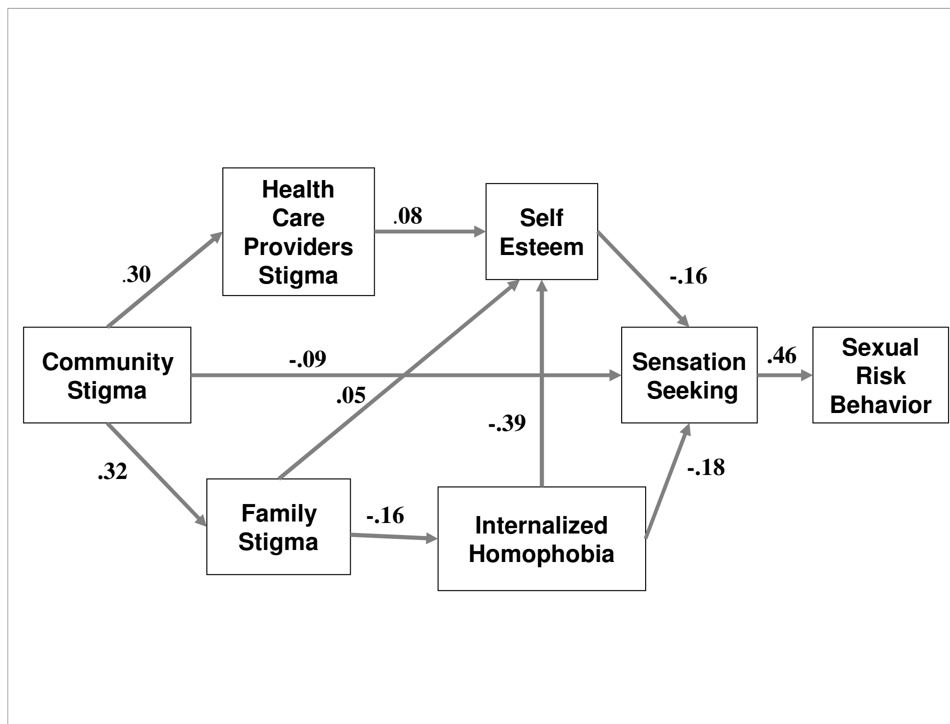


Figure V.2 shows that the stigma experienced by rural men is indirectly related to their sexual risk behavior through sensation seeking, self esteem and internalized homophobia.

In addition, community stigma (intolerance) was the highest form of stigma reported by the men. Moreover, the men's experience of being gay, their sexual health, degree of sexual harassment, experience of stigma and sexual risk taking behavior differed by the area in which they live.

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5.10. Decisions For Life

Decisions For Life (DFL) is a peer-based, group-level intervention designed by and for sexually active young people (ages 16-24). DFL is rooted in behavioral science and targets universal risk behaviors through a comprehensive, interactive and skills-based, risk reduction program that focuses on HIV/STI counseling and testing, treatment, risk reduction skills and informed decision-making.

INTERVENTION MODULES		
	Title	Sample Learning Objectives
SESSION ONE	Personal Risk Assessment	• identify personal risk factors for HIV infection/re-infection
MODULE ONE	HIV Transmission	• understand levels of risk of common modes of HIV transmission • identify importance of STI and HIV treatment
MODULE TWO	HIV Risk Reduction Skills & Strategies	• communication skills • demonstrate male condom use efficacy
MODULE THREE	HIV Counseling & Testing and Treatment	• understand HIV counseling and testing experience and results • identify local, accessible test sites

MODULE FOUR	Decision-Making & Social Norms and Personal Values	• identify social forces that impact risk reduction behaviors • understand personal sexual values
FINAL SESSION	Personal Risk Re-Assessment and Wrap Up	• update personal risk reduction plan • complete Intervention evaluation

DFL is rooted in community planning. Begun in 2000, DFL is being designed, implemented and evaluated by members of a Young Adult Advisory Team (YAAT) – a planning group of eighteen diverse and high-risk young people – in partnership with University of Pittsburgh staff. Through three external reviews, including one in July-August 2009, members of the Pennsylvania HIV Prevention Community Planning Committee and the DFL Community Advisory Board have provided invaluable recommendations to improve the Decisions For Life curriculum.

Currently in the final phase of a formative process, the DFL curriculum is being piloted among targeted populations of young people in locations throughout Pennsylvania. Members of the PA HIV Community Planning Committee have assisted in identifying local recruiters, young peer educators and guest speakers for the pilot groups:

Decisions For Life
Pilot Groups (2006-2009)

Target Population	n	Participant Age Range	Racial Distribution	Location	Attendance Rate*	Retention Rate**	Satisfaction Scores^
Gay/ Bisexual Males	10	16-20	40% (4) White 40% (4) Afr Am 20% (2) Latino	Pittsburgh	6.5	60%	3.82
Latinas	13	16-19	84% (11) Latina 15% (2) multiracial	Bethlehem	6.6	46%	3.18
Females from a Rural Community	15	18-21	80% (12) White 6% (1) API 6% (1) Latina 6% (1) multiracial	Honesdale	12.3	66%	3.62
African American females	21	14-17	77% (16) Afr Am 23% (5) multiracial	Reading	6.6	85%	3.64
Gay/Bisexual Males	16	17-20	68% (11) White 19% (3) Afr Am 13% (2) multiracial	Pittsburgh	6.4	57%	3.74
Gay/Bisexual Males	TBD	18-20		Reading (Summer 2009)			

* group size averaged over ten sessions
** comparison of attendance rates at first and last sessions
^ based on group average of 11, Likert-type items (scaled 1= very dissatisfied to 4= very satisfied) rated by participants in confidential session evaluations.

In order to enhance the aggregated qualitative and quantitative data from confidential evaluation forms, YAAT members personally interviewed members of each pilot group following final sessions. YAAT members have employed the wealth of information and experiences provided by pilot group participants, to modify and update the DFL curriculum, integrating topics from modules, eliminating topics or activities that were repeatedly cited as poor or unnecessary, and adding topics or activities that were repeatedly identified as lacking. As a result, the DFL curriculum has been

reduced, after ten revisions, from 40 hours to 29 hours. Additional revisions are anticipated after future pilot groups.

Initial outcome data suggests that DFL may, in fact, be effective in reducing rates of HIV risk behaviors:

- rate of sexual activity (oral, anal or vaginal) decreased 18%
- rate of unprotected receptive vaginal sex decreased 16%
- rate of receptive anal sex decreased 5% (although only two individuals reported having unprotected RAS, they provided explanations that suggest they are, in fact, utilizing risk reduction strategies**)
- rate of drug use during sex decreased 14%

Pre/Post Risk Behaviors

	pre (past 3 months)	post (~ 1.5 months)
rate sexual activity	63% (n=36/57)	45% (18/40)
receptive vaginal sex	RVS 86% (25/29) ● URVS 76% (19/25) ● PRVS 24% (6/25)	RVS 100% (15/15) ● URVS 60% (9/15)^ ● PRVS 40% (6/15)
receptive anal sex	RAS 16% (6/36) ● URAS 66% (4/6) ● PRAS 33% (2/6)	RAS 11% (2/18) ● URAS 100% (2/2)**
drugs + sex	41% (15/36)	27% (5/18)
# partners (range)	1.78 (1-7)	1.3 (1-5)
HIV test	25% ever tested (15/59)	12% first test (5/40)

^ 2 no explanation/4 have 1 partner tested/3 don't know partners' status
** 1 condom broke/1 partner tested

One of the primary DFL objectives is to encourage at-risk participants (and their partners) to "GET TESTED." 12% of DFL participants received their first HIV test during the intervention period. Additional data are needed to support these initial outcomes.

DFL pilot group members provided the following comments about the DFL curriculum in confidential written evaluations completed during the final session:

Young gay/bisexual males:

- I have lots of helpful information and tools! They will help me make risk reducing decisions and safer sex.
- Educated me totally about HIV, taught me the correct way to test a condom before opening it. Discussing risk levels is important also.
- It taught me a lot about safer sex and other ways to be intimate without putting myself at risk.
- Knowing the information helps tremendously, and now having my own risk reduction plan and my goal to continue to follow it helps a lot.

- THIS PROGRAM IS NEEDED. Should be available as soon as possible. Young people can greatly benefit from this information.
- Thank you for creating a program where other gay/bisexual people can discuss about life issues and ways to protect our community from the HIV virus. It's been an honor being a part of it and I hope you continue to alert other young men about he epidemic so that we can live happier and longer.
- They actually made it so we can connect with the program and retain the information.
- AWESOME!

Young Latinas:
- This program is a very big help to young adults like me!!
- I learned a lot of things about HIV that I never knew about.
- They have helped me change the way I was and made me think now before I act.
- Thanks! The information really helped a lot.
- I really liked the program.
- You did a good job to teach others how to protect themselves.
- It gave me information I can use in my sexual life to protect myself.
- It really helped me change my life and made me think of risks of HIV.
- It made me realize that it's important to take care of yourself.
- I liked the parts that really got me thinking about myself… they get to you.

Young Females from Rural Community:
- I think this is an awesome thing you've done. It is very important for young people to be fully informed with all of this. I really hope that this is available to everyone in the near future. Thank you.
- Before this "class" I had little to no understanding of what HIV is and how you can get it.
- I think it will definitely help me in the future because I will think twice now before I act. The facts about HIV were shocking and had an effect on me. I will definitely protect myself!
- I'm not concerned w/myself currently, but if my relationship ends I will use what I learned in other interactions.
- I learned so much about protecting myself and skills to have a healthy relationship(s).
- There were a lot of things about HIV + AIDS that I didn't know, or that I had the wrong info about it, so getting all the facts straight and learning more about it has made me really evaluate my behavior and I plan to reduce my risk.
- The meetings have really made me re-think behavior (past/ present/ future) and decisions.
- I think the curriculum we talked about were all very relevant to our age group and I think it made a lot of people think about their own behaviors.
- It has helped me and changed my way of life for the better. THANKS!! ☺

Young African American Females:

- It's a great program to be involved in even if you are not sexually active because it gives great information about the different aspects of sex, and where to get tested, etc. It can prepare you for your future when you are ready to have sex.
- It's a very good program, great idea. It's very much information. I've learned a lot of new things and if it weren't for this class I would not know half the things I know now. I think they should open groups like this all around the world.
- Thank you. It was a wonderful learning experience. Now I get to share the info I learned with peers, friends and family, and to keep the program alive because it really helps people be more aware of HIV/AIDS.
- Thank you for helping me understand HIV. It gave me the opportunity to see that it is a serious matter and by me protecting myself from unprotected sex I'm doing a wonderful thing.
- I think this was a Great Idea. I really honestly didn't get info like this anywhere else. I loved coming and now I'm informed about what is out there & what I can do. Those that put this together, it was helpful to me and can be helpful to others. So, thank you and I hope it will become a permanent program.
- That it was a fun and informative program. It was also useful, but at times long.
- To be sure to strap up, use a condom.
- Thanks. I've learned way more about AIDS then I ever could imagine.

With the ongoing support of PA DOH staff, YAAT and CPG members, and other community leaders across the state, DFL pilot groups are being planned among the following targeted groups:

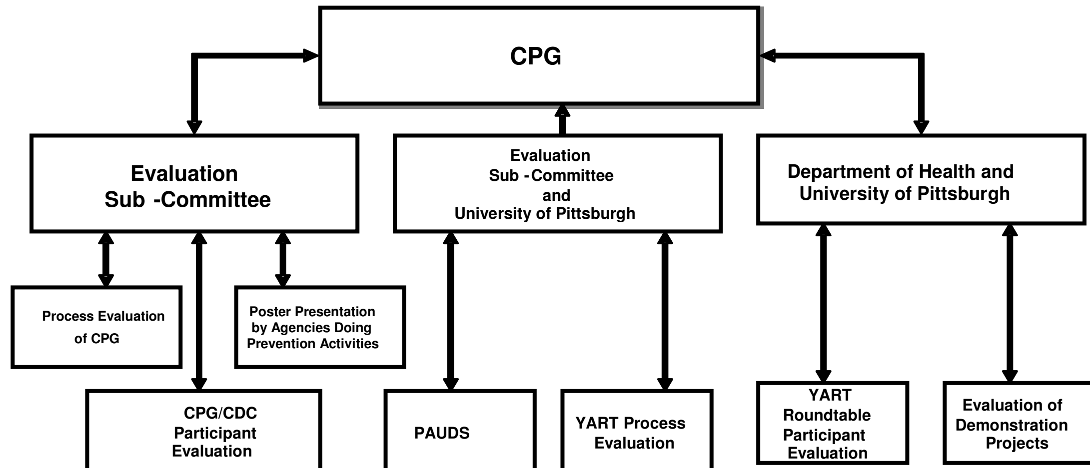
- YMSM (ages 15-17, racially diverse)
- YMSM (ages 18-20, racially diverse)

In June 2009 the DFL Community Advisory Board met in Harrisburg for its first meeting. The 21 members of the CAB include individuals from:

- PA CPG (2)
- DFL young adult advisory team (3)
- PA DOE (2)
- PA DPW (1)
- PA DOH (1)
- Harrisburg School District (1)
- Bethlehem Health Bureau (1)
- DFL peer educators/co-facilitators (2)
- Planned Parenthood (2)
- Pennsylvania Coalition to Prevent Teen Pregnancy (2)
- Clergy (1)
- Local ASOs (3)

The DFL CAB will meet twice each year and will assist in the ongoing implementation and evaluation of this innovative program throughout Pennsylvania.

6. EVALUATION



6.1. Introduction

At the first meeting of the HIV Community Planning Group (CPG) in 1994, the members clearly identified evaluation as a critical function of the CPG. Over time, CPG members working with professional evaluators developed a number of mechanisms for evaluating important CPG functions. These mechanisms were a three arm evaluation of the state's counseling and testing program; a process evaluation of the CPG's and the Young Adult Roundtables' planning processes; evaluations of CPG initiated prevention interventions; and an evaluation of all CDC funded interventions including local Departments of Health and local agency prevention activities.

The Committee highly values its evaluation activities and has integrated them into all phases of its work. Committee evaluations have been designed and implemented to ensure that they are valued as useful tools that will promote better programming rather than as surveillance activities that can be used punitively. As a result, they continue to produce recommendations that lead to valuable changes in Committee, Department, and agencies HIV-related activities.

6.2. Activities Conducted by the Evaluation Sub-Committee

The Evaluation Subcommittee conducts three evaluations; the first is a process evaluation of the CPG, the second is an evaluation the efficacy of the HIV Prevention Plan/Update by means of a poster presentation of HIV prevention activitgies and the third is CPG participant evaluation (see Figure VI.1). The process evaluation was designed to evaluate the CPG's internal functions, its relationship with the Pennsylvania Department of Health and the University of Pittsburgh staff, and

to identify strengths and weaknesses of the CPG. The results of the process evaluation are presented to the CPG and recommendations for change emerge and are implemented. This evaluation occurs every year at the November meeting after the annual plan is submitted.

The poster presentation is designed to evaluate the impact of the Prevention Plan on statewide prevention interventions. It is an evaluation activity using poster presentations by local Departments of Health, the seven Ryan White Coalitions and interventions carried out by other related agencies. Agencies are asked to create posters describing their work. The Evaluation Subcommittee members develop a series of questions to identify all of the issues that CPG members want evaluated. The CPG members collect the data for each question during the poster presentations. These data are then analyzed and recommendations developed. This innovative program also promotes communication and networking between the CPG members and providers of prevention programming.

The CPG participant evaluation identifies the demographic characteristics of the CPG members in order to determine whether they reflect the demographic characteristics of the HIV epidemic in Pennsylvania. In addition, the survey gathers data on eight objectives identified by the CDC related to CPG functions.

6.3. Process Evaluation of the 2008 CPG - Findings from the Nominal Group Process Submitted by By The Numbers

The CPG by-laws, section 3.3.4, state that "the Evaluation Subcommittee is charged with evaluating the CPG planning process, which leads to the development of the Plan, which is submitted to the CDC." The committee chose to process CPG concerns by having trained non-CPG members gather data through open-ended questions posed to small groups of CPG members. It was felt that this method provided greater objectivity and a lack of conflict of interest. The results are presented at a subsequent CPG meeting. Results are then used to support changes in the CPG. For example, the 2005 process evaluation results cited that improvements needed to be made in the CPG orientation process; the level of commitment of CPG members; the member recruitment process, and the reading material provided to members.

As part of the Pennsylvania HIV Prevention Community Planning Committee's overall evaluation process, the Pennsylvania Department of Health contracted with By The Numbers to perform an evaluation of the Community Planning Group (CPG) planning process. By The Numbers is a consulting firm in State College, Pennsylvania, that specializes in program evaluation.

This evaluation is based on the results of three focus groups held with CPG members from 1:00-3:00 pm on Wednesday, November 19, 2008, during a meeting of the Pennsylvania, HIV Prevention Community Planning Committee. The goal of the focus groups was to determine the strengths and weaknesses of the 2008 planning process and identify recommendations to improve the planning process in 2009.

Methodology

The focus groups were conducted using a nominal group process technique, which is more structured and quantitative than the typical method for carrying out focus groups. In the nominal group process technique as implemented here, the moderator of each focus group began by explaining three rules. First, participants were asked to refrain from all discussion as each person's response to a question was written on a flipchart. Participants were asked to listen carefully to each response and think about whether the nominated response triggered another response. Second, participants were asked to offer their best response when it was their turn. Third, participants were asked to nominate only one response statement at a time (in order to balance nominations around the group). Following this, the moderator read the first question aloud twice and gave participants a couple of minutes to think about it. The moderator went around the room in a clockwise direction, asking each person for their best response to the question. This continued until there were no more responses by any participant. Participants then had an open group discussion on two questions for each response statement: (1) Do we understand the statement as written? (2) Do we agree that the statement is a good response to the question? Participants had the option to eliminate, modify, and combine responses at this stage of the process.

Two rounds of voting were then held. In the first round, each participant voted for up to two themes (i.e., response statements) they felt were the best. The second round was limited to the three themes receiving the most votes in the first round, with each person voting for the theme (out of the three in the second round) which they felt was the best. If multiple themes were tied for second or third place in the first round, the second round was limited to the two themes receiving the most votes in the first round.

After the conclusion of this process for the first question, the entire process was repeated for questions two and three, with the moderator moving around the room in a counterclockwise direction for the second question and back to a clockwise direction for the third question. Each focus group had a moderator, who led the group, and a recorder, who wrote responses on a flip chart and tallied votes. The moderators and recorders were By The Numbers employees.

Focus group participants consisted of the meeting attendees who were CPG members in 2008. (New CPG members participated in an orientation session while the focus groups were being held.) Meeting attendees who were employees of the Pennsylvania Department of Health or the University of Pittsburgh did not participate in the focus groups. Participants were assigned at random to the three focus groups, labeled A, B and C. A similar nominal group process technique and the same set of questions were used in focus groups to evaluate the CPG planning processes.

Focus Group Questions

A series of three questions were developed and covered in each focus group:

1. What have been the strengths of the CPG planning process this past year?
2. What have been the weaknesses of the CPG planning process this past year?
3. What recommendations would you make to improve the CPG planning process this coming year?

6.4. Results of the CPG Participant Evaluation (2008)

The results of the CPG participant evaluation are reported in the Pennsylvania State Department of Health grant application to the CDC. The CPG Nominations and Recruitment Work Group use these results.

Results for Focus Group A

The themes emerging in focus group A in response to the first question, “What have been the strengths of the CPG planning process this past year?” are shown in Table 1. The theme receiving the most votes in both the first and second rounds of voting was “Efficiency of the subcommittees due to better understanding of the planning process.” The theme receiving the second highest number of votes in the first and second rounds was “Overall harmony because of leadership, organization, acceptance of diversity and commitment to the planning process.” Two themes receiving two votes each in the first round were “Good communication, follow-up and organization of the co-chairs” and “YART as a source of inspiration.” One theme, “Mentor support for YART and new members,” received a vote in the first round. Four additional themes were mentioned by participants that did not receive any votes in the first round, these being “Balance in the numbers of subcommittee members (except Epi),” “Rules of engagement promote flexibility and openness for discussion,” “Improved accommodations,” and “Presentations.”

Table 1
Strengths of the CPG Planning Process (Focus Group A)

Strength	1st Round Vote	2nd Round Vote
Efficiency of the subcommittees due to better understanding of the planning process	**7**	**6**
Overall harmony because of leadership, organization, acceptance of diversity and commitment to the planning process	**4**	**2**
Good communication, follow-up and organization of the co-chairs	**2**	**—**
YART as a source of inspiration	**2**	**—**
Mentor support for YART and new members	**1**	**—**
Balance in the numbers of subcommittee members (except Epi)	**0**	**—**
Rules of engagement promote flexibility and openness for discussion	**0**	**—**
Improved accommodations	**0**	**—**
Presentations	**0**	**—**

The themes emerging in focus group A in response to the second question, “What have been the weaknesses of the CPG planning process this past year?,” are shown in Table 2. The theme receiving the most votes in both the first and second rounds of voting was “Changing new member orientation to November.” The theme receiving the second highest number of votes in both rounds

was "Epi presentations were confusing." Focus group participants felt the slides were too crowded and small. The theme receiving the third highest number of votes in both rounds was "Redundancy of integrated roundtable reviews given reprioritization is still in progress."

Table 2
Weaknesses of the CPG Planning Process (Focus Group A)

Weakness	1st Round Vote	2nd Round Vote
Changing new member orientation to November	**5**	**4**
Epi presentations were confusing: slides were too crowded and small	**4**	**3**
Redundancy of integrated roundtable reviews given reprioritization is still in progress	**3**	**1**
Accommodations	**2**	—
Lack of Epi membership	**1**	—
Lack of instruction and direction for roles and responsibilities for subcommittee members	**1**	—
Confusion in definitions from CDC	**0**	—
Inadequate funds	**0**	—

Other themes receiving votes in the first round were "Accommodations," "Lack of Epi membership" and "Lack of instruction and direction for roles and responsibilities for subcommittee members." Two other themes were mentioned by participants that did not receive any votes in the first round, these being "Confusion in definitions from CDC" and "Inadequate funds."

The themes emerging in focus group A in response to the third question, "What recommendations would you make to improve the CPG planning process this coming year?" are shown in Table 3. The theme receiving all (100%) of the votes in the second round and most of the votes in the first round was "Access to HIV incidence/morbidity estimates." The other two themes making it to the second round of voting were "Provide tangible and meaningful direction to YART regarding CPG needs" and "More equitable distribution of responsibilities between subcommittee co-chairs."

Table 3
Recommendations for Improvement (Focus Group A)

Recommendation	1st Round Vote	2nd Round Vote
Access to HIV incidence/morbidity estimates	**6**	**7**
Provide tangible and meaningful direction to YART regarding CPG needs	**2**	**0**
More equitable distribution of responsibilities between subcommittee co-chairs	**2**	**0**
Have different presenters for Epi presentations	**1**	—
Move orientation back to January	**1**	—
Cut down on technical jargon and acronyms	**1**	—
Actively recruit and retain Epi members	**1**	—
Commitment to consistent attendance	**0**	—

Four themes received one vote each in the first round: “Have different presenters for Epi presentations,” “Move orientation back to January,” “Cut down on technical jargon and acronyms,” and “Actively recruit and retain Epi members.” One other theme mentioned by participants that did not receive any votes in the first round was “Commitment to consistent attendance.”

Results for Focus Group B

The themes emerging in focus group B in response to the first question, “What have been the strengths of the CPG planning process this past year?,” are shown in Table 4. The theme receiving the most votes in the second round, and tied with three other themes for second place in the first round, was “Different cultural backgrounds.” The theme receiving the second-most number of votes in the second round was “Those without formal training in planning are trained well due to the strength of leadership and varied talents and experience of the membership.” This response had the most votes in the first round, receiving 6 of the 16 votes during that round. “Highly structured procedures/Time on task” and “Networking/Idea sharing between regions” each received one vote in the second round and was tied with “Different cultural backgrounds” and one other response in the first round. “Amicable exchanges/friendliness” was also tied for second place in the first round with the three other responses, listed above, but did not receive any votes in the second round. “Fresh ideas from young people” and “Commitment of members” each received one vote in the first round but did not make it into the second round.

Seven additional themes were mentioned by participants that did not receive any votes in the first round, these being “Bigger effort to clarify process,” “Responsiveness to membership,” “Additional time allotted for subcommittee planning and plan updates,” “Subcommittee distribution,” “Inclusiveness,” “Support,” and “Good presenters who provide helpful information.”

Table 4
Strengths of the CPG Planning Process (Focus Group B)

Strength	1st Round Vote	2nd Round Vote
Different cultural backgrounds	**2**	**4**
Those without formal training in planning are trained well due to the strength of leadership and varied talents and experience of the membership	**6**	**2**
Highly structured procedures/Time on task	**2**	**1**
Networking/Idea sharing between regions	**2**	**1**
Amicable exchanges/friendliness	**2**	**0**
Fresh ideas from young people	**1**	**—**
Commitment of members	**1**	**—**
Bigger effort to clarify process	**0**	**—**
Responsiveness to membership	**0**	**—**
Additional time allotted for subcommittee planning and plan updates	**0**	**—**
Subcommittee distribution	**0**	**—**
Inclusiveness	**0**	**—**
Support	**0**	**—**

Good presenters who provide helpful information	**0**	**—**

The themes emerging in focus group B in response to the second question, "What have been the weaknesses of the CPG planning process this past year?," are shown in Table 5. Two themes were tied for first place in the second round, these being "Need for education regarding knowledge and appreciation of cultural, social, gender and sexual language and perceptions" and "Lack of full participation from all members and distribution of responsibility." In the first round, the former theme received the most votes and the latter theme received the second most votes. Four themes were tied for third place in the first round, and because of the ties were not included in the second round. These themes were: "More clarification to information being presented, such as overuse of acronyms without explanations," "Keeping on task with agenda items," "Need for simplification of data," and "Lack of input into rural work group process." One other theme received a vote on the first round, that being "Better understanding for new members of whole process."

Two additional themes were mentioned by participants, but did not receive any votes in the first round, these being "More information regarding heterosexual men" and "Non-members needing clarification on extent of participation."

Table 5
Weaknesses of the CPG Planning Process (Focus Group B)

Weakness	**1st Round Vote**	**2nd Round Vote**
Need for education regarding knowledge and appreciation of cultural, social, gender and sexual language and perceptions	**4**	**4**
Lack of full participation from all members and distribution of responsibility	**3**	**4**
More clarification to information being presented, such as overuse of acronyms without explanations	**2**	**—**
Keeping on task with agenda items	**2**	**—**
Need for simplification of data	**2**	**—**
Lack of input into rural work group process	**2**	**—**
Better understanding for new members of whole process	**1**	**—**
More information regarding heterosexual men	**0**	**—**
Non-members needing clarification on extent of participation	**0**	**—**

The themes emerging in focus group B in response to the third question, "What recommendations would you make to improve the CPG planning process this coming year?" are shown in Table 6. The theme receiving the most votes in the first and second rounds was "Brochure with CPG basics (CPG 101)." The theme with the second-highest number of votes in the second round was "Mandatory two-year terms for subcommittee co-chairs." In the first round, "Mandatory two-year terms for subcommittee co-chairs" was tied with "Assign a timekeeper" to receive the second most number of votes. This latter theme did not receive any votes in the second round.

Three other themes received votes in the first round but were not included in the second round of voting, these being "Members show initiative and share responsibility, along with those with more

experience delegate responsibilities,” “Clearly and consistently utilize ground rules and rules of procedure within meetings,” and “Second day of two-day meetings, as well as 1-day meetings, should end by 3pm.” In the first round, one additional theme was mentioned, but it did not receive any votes – “Different/better hotel.”

Table 6
Recommendations for Improvement (Focus Group B)

Recommendation	1st Round Vote	2nd Round Vote
Brochure with CPG basics (CPG 101)	**4**	**4**
Mandatory two-year terms for subcommittee co-chairs	**3**	**3**
Assign a timekeeper	**3**	**0**
Members show initiative and share responsibility, along with those with more experience delegate responsibilities	**2**	**—**
Clearly and consistently utilize ground rules and rules of procedure within meetings	**1**	**—**
Second day of two-day meetings, as well as 1-day meetings, should end by 3pm	**1**	**—**
Different/better hotel	**0**	**—**

Results for Focus Group C

The themes emerging in focus group C in response to the first question, “What have been the strengths of the CPG planning process this past year?,” are shown in Table 7. The theme receiving the most number of votes in the second round of voting and tied for second place in the first round was “Continuity/member retention.” Focus group participants noted that there is not significant turnover in the people attending CPG meetings. The theme receiving the second most number of votes in the second round of voting, and the most number in the first round, was “Diversity.” “Organization” came in third on the second round of voting and was tied with “Continuity/member retention” on the first round.

Table 7
Strengths of the CPG Planning Process (Focus Group C)

Strength	1st Round Vote	2nd Round Vote
Continuity/member retention	**2**	**3**
Diversity	**3**	**2**
Organization	**2**	**1**
Inclusion	**1**	**—**
Leadership	**1**	**—**
Infusion of new blood	**1**	**—**
Networking	**0**	**—**
Support	**0**	**—**
Communication	**0**	**—**

Themes receiving one vote each in the first round were “Inclusion,” “Leadership,” and “Infusion of new blood.” Three other themes were mentioned by participants that did not receive any votes in the first round, these being “Networking,” “Support,” and “Communication.”

The themes emerging in focus group C in response to the second question, “What have been the weaknesses of the CPG planning process this past year?” are shown in Table 8. The theme receiving the most number of votes in the second round, and tied for the most number in the first round, was “Lack of a prioritization population update.” The theme with the second most number of votes on the second round and tied for the most votes in the first round was “Gaps in demographic representation on CPG.” The theme “Lack of flight transportation to Harrisburg” received the third-most number of votes in the first round of voting, but did not receive any votes on the second round. Participants noted that airlines have cut back on flights to Harrisburg in recent years.

Table 8
Weaknesses of the CPG Planning Process (Focus Group C)

Weakness	1st Round Vote	2nd Round Vote
Lack of a prioritization population update	**4**	**4**
Gaps in demographic representation on CPG	**4**	**2**
Lack of flight transportation to Harrisburg	**3**	**0**
Lack of data on Asian American HIV	**1**	**—**
Lack of new HIV data	**0**	**—**
Inability to fully employ CDC recommendations due to Act 148 barriers	**0**	**—**

One other theme received a vote in the first round, that being “Lack of data on Asian American HIV.” Two themes, “Lack of new HIV data” and “Inability to fully employ CDC recommendations due to Act 148 barriers,” did not receive any votes in the first round. There was discussion among participants about what constitutes a weakness of the CPG planning process as opposed to an external problem beyond the ability of the CPG to solve. For example, “Lack of data on Asian American HIV” and “Lack of new HIV data” were seen by some participants as unfortunate but beyond the control of the CPG.

The themes emerging in focus group C in response to the third question, “What recommendations would you make to improve the CPG planning process this coming year?” are shown in Table 9. The theme receiving all (100%) of the votes in the second round and most votes in the first round of voting was “Continue to fill demographic gaps in CPG representation.” The theme with the second-most number of votes in the first round was “Remind members that although they’re volunteers, they still have obligations to fulfill.”

Table 9
Recommendations for Improvement (Focus Group C)

Recommendation	1st Round Vote	2nd Round Vote
Continue to fill demographic gaps in CPG representation	**7**	**7**

Remind members that although they're volunteers, they still have obligations to fulfill	**5**	**0**
More communication/cohesion between YART mentors and CPG	**1**	**—**
Cultivate more presenters in poster presentations	**1**	**—**

Themes receiving one vote each in the first round were "More communication/cohesion between YART mentors and CPG" and "Cultivate more presenters in poster presentations."

Cross-Cutting Themes among the Three Focus Groups
Five cross-cutting themes emerged from the three focus groups with respect to the strengths of the CPG planning process in 2008:

Organization and Process. Participants in all three focus groups indicated that CPG's organization and process is one of its strengths. Focus group A indicated that the subcommittees are running efficiently due to a better understanding of the planning process, and this group also indicated that CPG's organization contributes to overall harmony. Group A also mentioned that there was good communication, follow-up and organization by the co-chairs. Focus group B mentioned highly structured procedures and time on task as strengths. Group C mentioned simply "organization."
• *Leadership.* Participants in all three focus groups also identified leadership as a strength. Focus group A stated that CPG's leadership contributes to overall harmony. Group B indicated that the strength of CPG's leadership helps those without formal training in planning to be well-trained. Focus group C mentioned simply "leadership."
• *Communication.* In different ways, participants in all three focus groups identified communication as one of CPG's strengths. Focus group A mentioned communication by the co-chairs. Group B mentioned amicable exchanges and friendliness. Focus group C mentioned communication and networking.
• *Diversity.* Participants in focus groups B and C indicated that CPG's diversity is one of its strengths, with group B emphasizing the different cultural backgrounds of CPG members.
• *YART*. Participants in focus groups A and B stated that YART is a strength, as a source of inspiration and fresh ideas.
These themes are very similar to the cross-cutting themes that emerged from focus groups held in January and November 2007 on CPG's planning process in 2006 and 2007, respectively. The November 2007 focus groups identified organization and process, leadership, communication, and diversity as strengths. The January 2007 focus groups identified leadership, diversity, and communication as strengths for 2006.

Cross-cutting themes with respect to the weaknesses of the CPG planning process in 2008 were more difficult to identify because each focus group tended to emphasize different issues. However, there appear to be two cross-cutting themes:
• *Problems with Acronyms and Confusing Presentations.* Participants in focus group A felt that the Epi presentations were confusing, with the slides too crowded and small.
Participants in focus group B felt that there was an overuse of acronyms without explanations.
• *Greater Emphasis Needed on the Full Range of CPG Clientele Groups.* Participants in focus group B identified the need for education regarding knowledge and appreciation of cultural, social,

gender and sexual language and perceptions as a weakness. Participants in focus group C identified gaps in demographic representation on CPG as a weakness.

These cross-cutting themes are generally different from those emerging from the January and November 2007 focus groups; except that participants in those two rounds of focus groups also felt that some presentations and terminology were difficult to understand. Cross-cutting themes with respect to recommendations for improving the CPG planning process in 2009 were also difficult to identify. There appear to be three cross-cutting themes:

- *Greater Recognition of Member Obligations.* Participants in all three focus groups recommended greater recognition of the obligations of CPG membership. Focus group C recommended reminding members that they have obligations to fulfill even though they are volunteers. Focus group B recommended mandatory two-year terms for subcommittee co-chairs, and also recommended that members should show initiative and share responsibility. Focus group A mentioned a more equitable distribution of responsibilities between subcommittee co-chairs, and also mentioned a commitment to consistent attendance.
- *Better Presentations.* Participants in all three focus groups had presentation-related recommendations. Focus group A recommended different presenters for the Epi presentations and cutting down on technical jargon and acronyms. Focus group B recommended assigning a timekeeper to CPG meetings. Focus group C recommended cultivating more presenters for the poster presentations.
- *Better Communication between YART and CPG.* Participants in focus groups A and C recommended better communication between YART and CPG. Focus group A felt that CPG should provide tangible and meaningful direction to YART regarding CPG needs. Focus group C recommended more communication and cohesion between YART and CPG.

6.5. Results of the HIV Prevention Provider's Poster Sessions

Section 3.3.4 of the CPG by-laws further state that "this sub-committee is also responsible for designing frameworks for evaluation, establishing standards and benchmarks, assessing capacity, and planning for the allocation of resources for outcome evaluation in prevention/intervention programs. This subcommittee is responsible for identifying best evaluation practices, reviewing and recommending resources and infrastructure needed for evaluation to be conducted within government agencies and Community-Based AIDS Service Organizations.

6.5.1. Results of the 2004 Poster Session – Funded Agencies in Pennsylvania

The following is a report compiled by the evaluation sub-committee of the Community Planning group (CPG) of a poster presentation made by funded agencies doing HIV prevention programming in Pennsylvania. The presentation took place in Harrisburg, PA on May 18th, 2004. Committee members were: Steve Godin, Chair; Marilyn Bergt, Co-Chair; Charles Christen, Deborah Preston, David Spring, and Belinda Williams.

Purpose:

The purpose of the presentation was to elicit initial dialogue between funded agencies/organizations and the CPG, to elicit information for program evaluation, and to provide an opportunity for networking among presenters and CPG members.

Procedure:
Letters were sent to funded organizations inviting them to present a poster about their projects at the May, 2004 CPG meeting. The letter included guidelines for the presentation. A second letter was sent to confirm the invitation and further clarify guidelines and procedures. Follow-up telephone calls were made by evaluation sub-committee members for any additional clarification and to confirm attendance. Presenters representing 15 organizations/agencies attended the session. CPG members interviewed presenters during the session. A set of five questions was formulated to guide the interviews (see results section).

Upon completion of the interviews, the CPG members wrote their summaries of the answers to the five questions on a prepared summary sheet. In addition, presenters submitted a summary handout to the evaluation sub-committee. The sub-committee summarized and collated the raw data from the interviews according to the five questions. In addition, the presenter's handouts were analyzed and additional information related to the five questions was compiled and summarized. The summaries were listed by agency in bullet format. Finally, a thematic analysis was conducted. Common themes were extracted from the data and summarized for each question. In addition, themes that were particular to non-metropolitan areas of Pennsylvania were extracted and summarized.

Results:
The letters were received by the organizations and although the purpose of the presentation was clear to the CPG members, it was not so clear to those invited. There seemed to be an overwhelming feeling that the CPG evaluation committee was evaluating the work that direct providers did, and therefore there would be consequences associated with their presentations. This caused a great deal of stress among service providers, as well as a lot of questions about what to do. However, during the presentations it became obvious that the CPG members were not there to penalize the agencies but to gain an understanding of what those charged with doing prevention in the State of Pennsylvania were doing. The atmosphere thus become more congenial and productive. During this time CPG members learned what types of prevention activities were being initiated in the state while direct service providers gained a better understanding of what the CPG does. The meeting allowed service providers and the CPG to learn of different programs and initiatives throughout the region, the efficacy of these programs and to establish networks with previously unknown organizations. The experience was found to be positive by both the CPG and service providers and served to strengthen existing relationships between direct service providers and the CPG to a new level.

The following are the summaries related to the five questions followed by results of the thematic analysis for each question (except for Question 1).

Question 1
Do your organization/subcontractors use the CPG plan in developing the fiscal year goals and objectives? If not, why?

Of the 15 organizations/agencies, 6 said they used the CPG Plan, 5 used it for target and priority populations only and 4 did not respond to the question. Several cited difficulties with using the plan

because they found it cumbersome. One agency presenter found it overwhelming and three suggested the plan be made more “user friendly”.

Question 2
Regarding your target population, which interventions do you feel are working and why?

- Networking leads to access to risk groups through outreach
- Programming works best if it is location based and group/culturally sensitive
- Programming must be innovative and comprehensive
- Anonymity/ confidentiality supports interventions – i.e. telephone and/or Internet education programs
- Websites can provide education materials for providers
- ILI’s help gain trust – GLI’s work best in groups with common risks e.g. prisons

Question 3
Out of all the HIV prevention work your organization/subcontractors do what types of prevention /education do you think are the most difficult to implement and why? Which are the easiest, and why?

Programs most difficult to implement:
- Outreach to at-risk populations: homeless, IVDUs, married MSM in rural areas, married Hispanic men.
- Transgender issues/education
- School age populations if access is denied.
- “Canned” programs - developed in metro areas are hard to apply in rural (takes time and trained providers), hard to specialize in rural areas
- Abstinence programs (don’t work well)
- Condom distribution and education – especially in schools and prisons

Programs easiest to implement:
- Outreach if there are strong community networks and collaborations
- Outreach in metropolitan areas. Rural areas more difficult
- Outreach through churches
- Outreach that is culturally sensitive – e.g. to Latino populations by Spanish speaking educators
- Mandatory prevention with groups – e.g. drug and alcohol rehab
- Clinics – if staff are well trained and if clinics are accessible.
- Websites (in some areas only) – works well with HIV positives who have access to computers – helps them find services etc.

Question 4
What do you feel are the biggest barriers to doing effective HIV prevention in your community or region?

Barriers:
- Stigma/conservatism about HIV and about at-risk groups – this results in:

- Lack of community support and trust
- Abstinence only programs
- Inability to access schools because of school boards etc.
- Restrictions on distribution of condoms and bleach kits
- Restrictions on subject matter
- Makes it difficult to find at-risk populations
- HIV is not a priority anymore in many communities
- Transportation problems
- Fewer providers
- Difficulty with staff training
- Cultural barriers – because of lack of language training and understanding of cultural issues
- Movement of at-risk populations in and out of counties
- Conflict within and between agencies – makes networking and collaboration difficult
- Lack of funding - many sub-grantees have one paid. Prevention worker to do outreach and not enough resources to maintain a dependable trained volunteer pool
- Lack of trained staff – staff turnover – keeping staff current
- Adapting boilerplate evidence based programs to different populations and with limited staff and resources.

Question 5
Is there any need for HIV prevention training for staff in your organization or your subcontractors, and if so, what areas?

Of the 15 agencies, 9 stated a need for HIV prevention training of staff because of:

- Staff turnover
- Lack of administrative support
- Need for training updates in accessing populations, cultural issues, networking etc.
- Need to adapt boilerplate efforts to specific targeted populations
- Need to operate evidence-based programs with limited staff and resources

6.5.2. Results of the 2005 Poster Session – Department of Health Field Staff

Analysis by Mark S. Friedman, PhD, University of Pittsburgh

In May 2005, the evaluation subcommittee of the CPG sponsored a second poster session. This time, field staff from of the Pennsylvania Department of Health was invited to present. Lessons learned from the poster session of May 2004 were incorporated into the guidelines and procedures. The following is an analysis of the results:

Purpose:
The purpose of the second annual CPG HIV prevention poster session was to open a dialogue between CPG members and Pennsylvania Department of Health HIV Prevention Field Staff to determine if the statewide plan developed by the CPG is being carried out. A second purpose was to evaluate prevention programs and "best practices" that worked out with priority populations. A final goal was to provide an opportunity for networking among presenters and CPG members.

Overview and General Analytic Approach:

Members of the HIV Prevention Community Planning Committee met with State Health District Office staff (covering regions across Pennsylvania not covered by local county and municipal health departments) on March 18, 2005 at the Best Western and Union Suites of Harrisburg. Representatives of the State Department of Health, Division of HIV/AIDS and the Pennsylvania Prevention Project also attended. The purpose of this meeting was to learn about interventions that these staff perceive of as being effective, those with less effectiveness, barriers to providing effective HIV interventions, and their training needs. To accomplish this, DOH staff presented poster sessions that answered the four following questions:

1. What interventions are effective and why?
2. What interventions are less effective and why?
3. What are the presenters' biggest barriers in doing effective HIV prevention?
4. What is the presenters' HIV prevention training needs (if any)?

The HIV Prevention Community Planning Committee was divided into 6 subgroups. The presenters (State Health District Office staff) from each of six Pennsylvania regions rotated approximately every 15 minutes from subgroup to subgroup to present their posters.
This report summarizes the data from this meeting. The general analytic approach is to present data as objectively as possible and to triangulate the data. With respect to objectivity, the data analyst has attempted to refrain from interpreting data and instead simply presents and summarizes it. With respect to triangulation of data, several analyses of what is basically the same data were implemented to informally assess validity.

After presenting a summary of findings, poster session data are presented in tabular form and are summarized by region. These data are then analyzed by comparing findings across regions. Next, general reviews of the poster-sessions (i.e., reviewers took notes related to each question above rather than by region) are presented. The information about the Decisions for Life intervention is included in a separate section because this presentation consisted of a *plan for* an intervention as opposed to evaluating previously implemented interventions. Finally, evaluations of the workshop process are presented.

It should be noted that while a summary of findings is provided, it is recommended that readers examine the data contained throughout the report, especially in sections three and four. Qualitative data analysis is both science and art, objective and subjective. While the data analyst believes that the major themes of the workshop have been captured in the summary, it is always the case that different readers will, to a certain degree, identify themes differently.

Summary of Findings:

This section summarizes the data from the poster sessions. It does not interpret the data. For a richer understanding of the issues presented below, the reader is directed to section three.

Effective Interventions:

Two types of interventions were judged by presenters to be effective and possess a high level of consensus among staff from the different offices. The first is counseling and testing at various sites (i.e., drug and alcohol, WIC, STD, PPA, and prisons). It should be noted that presenters from all regions identified counseling and testing as an effective intervention for either one or two of these

sites, except for outreach in prisons. Counseling and testing within prisons was thought to be an effective intervention by all six of the presenters. It was however acknowledged that not all prisons allow HIV prevention professionals sufficient access. Partner Counseling Referral Services (PCRS) was thought to be an effective intervention by four of the six presenters. It is important to note however that two of these four (who identified PCRS as effective) also considered it to be an intervention with less effectiveness. The notes from the workshop do not permit the analyst to determine why this inconsistency exists. Nevertheless, these two presenters noted the time constraints and distance to reach individuals and that a significant proportion of people who are offered services do not respond affirmatively.

There are two interventions for which there was a lower level of consensus with respect to judging them as effective (i.e., two of the six regions deemed these to be effective). These are outreach to gay individuals (e.g., in parks, bars, campgrounds) and outreach to schools. It is noted that one of the two presenters that deemed outreach to gay individuals as effective also considered it to be an intervention with less effectiveness. While it is not totally clear why this is the case, it appears that the presenter was discussing different types of interventions to gay men with respect to one being effective and the other not. It is also important to note that one of the two presenters who rated schools as an effective intervention site also rated schools as an intervention with less effectiveness due to restrictions related to the types of interventions permissible. The other presenter who rated schools as an effective intervention also rated the inability to access schools as a barrier to the delivery of effective HIV prevention interventions. Finally, there are several interventions that were rated as effective by one of the presenters. These are noted in section four with greater description in section three.

Less Effective Interventions:

Presenters differed greatly in their description of interventions with less effectiveness. The following “interventions” were rated by one of six presenters as being less effective: 1) interventions involving populations other than MSM, 2) interventions involving treatment facilities, 3) interventions not targeting specific populations, 4) interventions lacking peer outreach, 5) outreach in certain prisons, and, 6) outreach in outlying areas. Outreach to MSMs was deemed as lacking effectiveness by two of the presenters while three thought of outreach to schools as less effective. Two of the three presenters did not rate schools as an intervention lacking effectiveness. These two presenters did however rate lack of access to schools as a barrier to the implementation of effective preventions. In summary, five of six presenters either described interventions in schools as lacking effectiveness, and/or lack of access to schools as a barrier with respect to implementing effective interventions.

Major Barriers to Effective Interventions:

Three barriers were highlighted by nearly all of the presenters. Five of six of the presenters stated that lack of funding (for staff, vehicles to do outreach, materials and other needs) was a major barrier. In fact, based on the amount of notes taken describing this barrier, there appears to have been greater emphasis in this area than in any other. Similarly, the lack of staff, staff being overworked, and staff having to focus on much more than three presenters highlighted simply HIV as a barrier. Problems with implementing prevention in schools were rated by five presenters as a major barrier. These presenters stated that it is often difficult to access schools and to implement the types of interventions that are needed, especially with respect to the distribution of condoms.

Among many other issues, school boards are reported to be controlled by conservative individuals who often stand in the way of effective prevention. Four presenters rated language barriers, often mentioned in relation to Latino individuals, as a barrier. Three presenters highlighted transportation barriers. Three presenters highlighted a variety of issues related to the special needs of rural areas. These included transportation but also access to care and language barriers. It was stated that in rural areas many people do not know where to get tested and often do not know that testing is free. Lack of confidentiality, real or imagined, was rated by three presenters as a major barrier as was methadone use among youth and high school drug use in general. Two presenters as barriers rated several other issues. These include entry barriers to notifying a contact, the mindset of corrections staff and policies of prisons (including the inability to distribute condoms), general community attitudes (both complacency about HIV and negative attitudes about "those people"), cultural barriers beyond language, and accessing MSM including the inability to outreach in parks in rural areas due to police activities. Individual presenters rated several other barriers as being significant. These are noted in section four and described in more depth in section three.

Training Needs:

Three presenters identified co-infections (HIV/Hep C and other STIs) as an important training need while three highlighted the need for training in counseling related to HIV. Two presenters requested training in HIV and the elderly; how to deal with schools; current and emerging issues in HIV; and how to acquire funding. Other training needs are outreach to MSM; treatment updates; lesbians and HIV; and pediatric HIV.

Consistency of Findings between Regional and General Reviews:

The above data comes from the notes of the presenters and from the notes of reviewers. One group of reviewers recorded the information in relation to individual regions. Other reviewers recorded the information in a general manner. Specifically, they described effective interventions, interventions lacking effectiveness, major barriers, and training needs in general rather than by region. Section five presents a summary of the general reviews. It is noted here that the findings of these general reviews are very consistent with the findings as presented above.

Evaluation of Process:

Most evaluators stated that important information was presented. Some found their ability to identify common themes as interesting.

There was significant consensus that there were too many presentations and that time constraints decreased the quality of presentations. Several evaluators said that it was difficult to hear presenters and those presentations should take place in separate rooms. In summary, it appears that valuable information was presented but that the overall process needs to be improved (Note: This is an interpretation by the data analyst). Finally, one evaluator stated that it should be remembered that this is a process and that much can be learned from it to improve the process in the future.

Comparison of Regional Data:

This table summaries the data from Section 3 above and describes the level of consensus between regions of Pennsylvania: South West, South Central, North Central, North East, North West and South East. **Content**	SW	SC	NC	NE	NW	SE
Effective Interventions						
Internet has expanded the ability to implement partner notification.	X					
C&T				X	X	
C&T (and sometimes other HIV services) at methadone sites	X				X	
Rapid testing sites						X
C&T at D&A clinics	X	X				X
C&T at WIC sites			X			
C&T at STD clinics		X				
C&T at PPA clinics		X				
C&T in prisons			X	X	X	X
Outreach to prisoners			X		X	
Outreach by providers, peer-based, community-based		X				
PCRS outreach		X	X	X		X
ILI					X	
D&A treatment				X		
Providing transportation				X		
Outreach to gay clients (e.g., parks, bars, campgrounds)			X	X		
National testing days			X			
Community-based youth programs					X	
Faith based D&A programs						X
Face to face talks with doctors			X			
Home-based services – give HIV+ test results and referral and CD4					X	
Building relationship with clients					X	
Accommodate clients' needs and schedules.					X	
Interagency collaborations						X
All interventions are effective				X		
"Positive result notify nurse consultant once every 3 months/3,000 miles per month, more frequent if"					X	
Condoms					X	
Outreach to schools (stated as effective but also stated that condoms can not be distributed)				X		X

Interventions With Less Effectiveness						
No other connections established other than with than MSM	X					
PCRS – time constraints, distance to reach individuals may be quite far, information on co-infections, many people being offered services and many not responding affirmatively				X	X	
Lack of effort with treatment facilities	X					
Those not targeting specific populations		X				
In schools – lack of testing sites		X				
Lack of peer outreach		X				
Grade School			X			
Schools in general						X
College students			X			
Outreach in general					X	
Some prisons						X
In outlying areas						X
Outreach to MSM, hard to reach them (e.g., state parks)			X		X	
Major Barriers						
Caring	X					
Weather – Makes seasonal travel difficult	X					
Funding (for staff, vehicles to do outreach, materials, other)	X	X	X	X	X	
Religion					X	
Entry barriers such as "Beware of Dog" when trying to notify a contact	X					
Lack of staff, staff being overworked	X	X				X
Methadone is a youth emerging problem. High school age drug use.					X	
Mindset of corrections staff and policies of prisons (including inability to distribute condoms)	X		X			
Staff attitudes	X					
Illiteracy			X			
Surveillance inaccurate			X			
Lack of ability to test of HEP C					X	
General Community Attitudes (both complacency and negative attitudes about "those people"	X					X
Access to schools and ability to implement effective interventions within schools, especially not being able to distribute condoms. Among many other issues, school boards are often controlled by very conservative/religious individuals.	X	X	X		X	X
Reaching adolescents		X				
People go out of their own counties to get tested often					X	
Language barriers	X	X	X			X
Other cultural barriers (NE referred to Asians)		X		X		
HIPPA			X			
Transportation – Distance to clinics makes them difficult for clients to reach and distance to do outreach is a problem	X	X		X		
Special needs of rural areas including transportation but also beyond (access to care, language barriers). In rural areas many people do not know where to get tested and do not know it is free.		X		X	X	

Lack of staff, especially someone of color	X					
Communication between agencies		X				
“Allegheny County-centric environment” (though better than in the past)	X					
Lack of participation by clients		X				
Access to care including limited care for co-infected individuals		X				
Lack of confidentiality (real or imagined)		X			X	X
Problems associated with prioritization process, did not allot time for C&T		X				
Access to MSM including inability to outreach in parks in rural areas due to police		X	X			
Training Needs						
HIV/Hep/other STIs co-infections (co-morbidity)	X	X		X		
Hep C		X				
Approaching MSM				X		
HIV in elderly			X			X
How to deal with schools			X		X	
Treatment updates						X
Lesbians						X
Pediatric HIV						X
Training for counselors				X	X	X
None, all is effective				X		
Current and emerging issues	X			X		
How to acquire funding	X		X			

6.5.3. Results of the 2006 Poster Session—Community-Based Diffusion of Effective Interventions and Science-based HIV Prevention Implementations

Analysis by Mark S. Friedman, PhD, University of Pittsburgh

On Wednesday, 17 May 2006, members of the PA Department of Health, Division of HIV /AIDS and the PA HIV Prevention Community Planning Group met (at the Holiday Inn Harrisburg West) for a poster session, during which representatives of various organizations presented information about their experiences with Diffusion of Effective Behavioral Interventions (DEBIs) as well as other interventions of proven effectiveness. The content of these posters provided brief description of the original interventions followed by description of how the organization implemented it (i.e., nature of the target population, content of the intervention and why specific interventions were more or less effective including barriers to implementation). Each organization also presented information about their training needs and if they utilized the PA HIV Prevention Community Plan. This report summarizes the content of the poster sessions and incorporates data provided by CPG members (i.e., each member's summary of the posters). The seven topics covered were:

1. Target Population(s) of Focus
2. Descriptions of DEBI and Science-Based Interventions Provided
3. Information that Describes What Interventions are Effective & Why
4. Information that Describes What Interventions are Less Effective and Why

5. Information that Describes the Biggest Barriers in Implementing Your Intervention
6. Descriptions of HIV Prevention Training Needs (if any)
7. Whether or not they use the State's Prevention Plan

Methods:

CPG members were divided into six groups. Three groups were be assigned to listen to half the presentations while the other three groups listened to the other half. Everyone was asked to collect written information regarding the above-mentioned points on the datasheets provided. Presenters were asked to provide handouts addressing the same points. Following the presentations, there was time for presenters and CPG members to network and share ideas and information. Data collected by the CPG members and those contained in the handouts were compiled and analyzed.

Results:

General themes/observations related to DEBIs

1. Factors that facilitate effectiveness across many if not most DEBIs include: A) use of incentives; B) group interventions that allow members of a target population to relate to other members of that population and build trust with the provider of the intervention; C) interventions that include HIV testing; D) interventions that specifically address the culture of the target population; E) interventions that are peer driven; F) interventions that publicly recognize positive attributes and achievements of participants; G) interventions that are interactive; H) interventions that build pride about one's culture; and I) interventions that allow for some modification based on local needs.
2. Factors that inhibit effectiveness across many if not most DEBIs include: A) the ability to retain participants; B) participants under the influence during intervention implementation; C) insufficient resources (possible the greatest barrier mentioned); D) difficulty of reaching rural youth and, generally, the difficulty of applying the DEBIs to rural areas; E) stigma (that people with HIV feel and that gay/MSM feel); F) difficulty adapting DEBI to local conditions (see #5 below); G) difficulty of adapting DEBI to other racial/ethnic groups (see #5 below) (also described as the need for longer pre-implementation stage to adapt materials for other racial/ethnic groups given that funders demand immediate results); H) staff turnover; I) community resistance to harm reduction; J) 1 to 1 discussion of readiness to change or intensive case management sometimes ineffective with certain targets; and K) identifying and accessing young MSM.
3. There is a tension among some agencies concerning the emphasis on implementing the DEBI as closely as possible to what is prescribed versus being able to adapt the DEBI to local conditions. Similarly, there is also a tension between what some representatives feel is a narrow focus on target populations (with prescribed intervention characteristics for that population) versus the need to implement the DEBI in such a way so as to target other racial and ethnic groups.
4. Representatives generally stated a need for more training on the implementation of the DEBIs, on tailoring a DEBI to other target populations, and on implementing the DEBIs in rural areas. It appears that nearly all of the agencies utilize the PA HIV Prevention Community Plan, although the exact manner in which it is used was generally not described.

Relative effectiveness of specific DEBI and possible contributory factors:
Adolescents Living Safely – An AIDS Services Organization (ASO) reports serving both urban and rural areas. It utilizes a program targeting LGBT youth. It is very difficult to determine the effectiveness of this intervention because the provider and CPG members provide so little data about it. The difficulty of identifying/accessing LGBT youth in rural areas is a significant barrier. **Mpowerment** is another DEBI that targets gay youth. This DEBI is being implemented by both a mental health center with an AIDS program in a large urban area, and by an ASO in a rural area. It appears that Mpowerment in the large urban area has substantial effectiveness as demonstrated by the process evaluation data provided by the agency. Outcome data was also provided, but it cannot be determined if a decrease in high-risk behavior is attributable to this intervention. Over 200 youth were trained as peer outreach educators since 1995; over 500 outreach events occurred; and 3,000 to 4,000 annual individual encounters were completed. In 2004-2005, 25 individuals were trained; attended over 55 community events; and 3,300 individual encounters were completed. The project increased youth referrals to counseling and other services by 25%. The peer educators did a youth regional survey and found that high-risk behavior decreased from 16% to 12% (no details about research methods were provided. It is not clear if the decrease can be attributed to this project). Strong management of this program has helped make it successful, along with the fact that it is mostly peer driven. The DEBI has been modified to include straight young women and transgender youth. Excellent training was provided to volunteers. Nevertheless, insufficient resources limit peer educators from reaching many at-risk youth; including rural young MSM.

The **Mpowerment** intervention implemented by an ASO in rural areas appears to be less effective. It was reported that the group of local lesbian, gay, bisexual and transgender (LGBT) teens and young adults was too small to be effective. Most of the teens in the program are individuals affiliated with Penn State University groups. They did not have sufficient funding to implement this program effectively. No DEBI specifically addresses the challenges of rural prevention making the effective implementation of Mpowerment in this area difficult. Also, stigma is a major barrier (i.e., dangerous to be gay or to be associated with ASOs in these areas).

Teens for AIDS Prevention (TAP) also targets youth, though not LGBT youth, and is being implemented by the same ASO as the **Mpowerment** intervention above. It appears that it is somewhat effective, though little evaluative data is provided. The target population of the DEBI resembles youth in the service area. The DEBI can be modified without changing the program's core elements. The CPG questions when the modification of a DEBI render it no longer scientifically rigorous.

Healthy Relationships, implemented by a hospital in a large urban area, appears to be the only DEBI exclusively focusing on HIV positive individuals. Its effectiveness cannot be determined because they have had only had 2 of 5 sessions thus far. Intensive case management (which does not appear to be part of this DEBI) feels like therapy to many participants, and according to their reports, which causes many of them to drop out. Stigma is a problem, patients feel singled out. Some HIV positive people do not feel like they need the intervention**.**

Holistic Health Recovery Program is being implemented by an ASO that serves both urban and rural areas. It focuses on IDUs and other substance abusers who are willing to commit to recovery. The level of effectiveness of this DEBI cannot be determined because no outcome data was

provided. The DEBI combines small group and individual sessions. Recruitment is labor intensive. Client retention is challenging. The program is reported to be costly to implement, and there is community resistance to the harm reduction approach.

The **Popular Opinion Leader** DEBI is being implemented by two agencies: An ASO in a major urban area (ASO #1) and by another ASO (ASO #2) in a separate major urban area. The ASO #1 intervention targets MSM while the ASO #2 targets Asian MSM. It is difficult to determine the effectiveness of the ASO #1 program. They have recruited and trained 120 MSM since 2005 throughout various social venues. Leaders are willing to access CTR services. They do not indicate how many contacts the leaders made, or what exactly the leaders did with respect to prevention activities. The POL's have self-reported likeliness to reduce the number of sexual partners and to practice safer sex. The effectiveness of the POL intervention by ASO #2 appears to be at least somewhat effective as presenters stated that because API individuals tend to model perceived leaders generally; this DEBI takes advantage of the cultural identity of the target populations. It was also reported that the DEBI was not tested on other ethnic communities. For example, the DEBI sometimes does not take language and culture into account if venues contain groups that ascribe to different cultures and speak different languages. ASO #2 also stated that there is a need for a much longer pre-implementation stage to plan for diversity of cultures, values, and backgrounds. If not, the message becomes culturally insensitive. Lack of resources is a major barrier.

The Real AIDS Prevention Project (RAPP), which targets heterosexually active men and women, has been implemented by a University Health Services Department. The implementation appears to adhere to the prescribed DEBI (content of the small groups, peer networks, one to one outreach). Evaluations indicated that the women gained new information, and intended to be tested for HIV; and to use condoms with their sexual partners. The University will measure behavioral outcomes in 2008. Presenters stated that safer sex parties gave women a comfortable environment to discuss issues. Peer network and outreach appear to work effectively. The educators develop a web-site that asked participants questions, and then The stage based encounters that were provided were inappropriate for college students. Students did not want to be identified as influential peers with participants. The University stated that facilitators and outreach workers need more training than what is recommended in the packet; and the Volunteer coordinator would benefit from training in volunteer coordination.

The Safety Counts intervention is being implemented by three agencies. A Health Department in a smaller urban area also serves rural clients. Their program also targets heroin addicts. The program appears to be effective, though limited. About on-half drop out before completing the program. Helpful attributes of the program include incentives; social events "keeping it honest; respectful; staff who keep it real." A big challenge is also that people participate under the influence. The cost of the program is a problem. Parents and boyfriends sometimes interfere with participants. Staffing is limited, thus reducing the effectiveness of the study.

An ASO in a smaller urban area that also serves rural populations is also implementing this DEBI targeting **Latino active drug users**, IDU and non-IDU. Only anecdotal data was provided with respect to outcomes. The number of individuals involved is not clear. Presenters claim that retention is much better in groups than in individual follow-up sessions. Factors that facilitate effectiveness include setting expectations in the beginning; using "steps" of change; social events that recognize

participants' efforts; and positive participant attributes. A focus on sex and drugs, videos of success stories and the bilingual nature of the intervention were also utilized. Attendance is affected by addiction and some individuals participate while under the influence. It is difficult to follow-up with participants.

The third agency was non-HIV specific and non-profit in a mostly rural area. They targeted active IDU and crack cocaine users. Effectiveness has been demonstrated through pre and post-test evaluations. Questionnaires identified modes of behavioral change and how to create a plan to make these changes. Post-test knowledge increased by 12%; 57% made solid behavioral change commitments; 62% came in for testing. Insufficient funding limits implementation of the program and paying for required personnel. This agency also offers a modified version of **Safety Counts**, in treatment facilities**,** but can not provide incentives.

There are five separate implementations of the **Sisters Informing Sisters about Topics on AIDS (SISTA)** DEBI with what appear to be varying levels of effectiveness. First, an ASO that serves both urban and rural areas is targeting African American women in heterosexual relationships. The agency appears to have had limited effectiveness with this DEBI. Consistently structured sessions have been implemented. Materials do address culturally relevant issues, and the program is appealing to target populations. Sessions make it easy to develop relationships with participants. It was reported that a barrier to effectiveness is the narrowness of the target population. Adapting materials for other racial/ethnic groups is labor intensive and requires great expertise. Retention of participants in the program is a challenge. Staff turnover is also a major barrier to fully implementing this DEBI.

The other non-HIV specific, non-profit organization is a mostly rural area also targeting African American women. This appears to be effective with respect to the number of women participating; improving retention; and participant's ability to follow the DEBI content and procedures. About 1,000 African American females participate annually. They are changing behaviors and using condom negotiation skills. When adding formal and public acknowledgement such as a garden party graduation and luncheon the retention level increased by 60%. Follow-up becomes less difficult as this is a good place for structured follow-up. Each graduate is requested to meet two hours before the beginning of the event to complete updated surveys and additional evaluative questions. The positive effect is attributed to the intervention being culturally specific. The cost of the incentive is a challenge, but they seem to have gotten most of what is needed donated. The lack of resources limits what can be accomplished.

An ASO in a smaller urban area with outreach to rural clients implements **SISTA** targeting African American women, ages 18-52. The program instills pride, and has young black women talking to other young black women. Retention is a challenge. Lack of funding is a major problem. Some participants do not feel a sense of community or of family in general, which stands in the way to their participation.

An ASO in a major urban area implements **SISTA** targeting African American female adults. They state that over 75% of the participants have reported an increase in their likelihood to negotiate safer practices with their sexual or drug partners, and an improvement in self-esteem and the decisions they make. Two hundred and ninety-one women have been recruited and trained in the SISTA

project since January 2005. Recruiting individuals in the community is more difficult, therefore, the ASO's approach is to recruiting individuals from existing groups (i.e., jails, D&A treatment, clients at PATF)..

The office of health services at a rural University implements **SISTA** targeting heterosexually active African American college women. The group was able to develop trust and discuss sensitive information. SISTA is offered as an academic course, and so people who sign up for this can adapt it into their schedule. Homework allows participants a chance to apply what they learn in class, and to share experiences with their partners.

Finally, an ASO which serves both urban and rural areas implements **VOICES/*VOCES*** targeting heterosexual African Americans, ages 18 and over, who are at high risk of infection. This is a single session intervention that is easy to implement; bilingual; and one that can be utilized in a variety of settings by a small staff.

Presenter Evaluations (note that bullets are quotations):

What prompted you to participate in the session?

- Impressed that state was requesting feedback. A chance to contribute to the possibility of productive change.
- We welcomed the opportunity to discuss the good and the bad with people in a position to facilitate change.
- Our coalition asked us to.
- A CPG member asked two.
- I was delighted to share my knowledge on the efficacy of the two interventions my agency is currently using.
- I was filling in for my coworker

What do you think went well?

- Process of providing information in a focused and succinct manner. Information presented was outstanding.
- Some questionnaires asked excellent questions
- The method of having smaller groups rotate through gave the opportunity to reach a larger number of people quickly.
- The form participants had to fill out – they seemed to focus on getting those answers and this limited the conversation.
- The instructions concerning what exactly to present. Information provided prior to the presentation day could have been a little more in depth and detailed. I felt confused about where to meet, whom to meet, etc. as well as how the presentations were going to run.
- Do see what others are doing and how we compare with respect to effectiveness
- Questioners validated my experiences and concerns. That other organizations were having similar issues. I especially enjoyed talking with other groups that were using the other DEBIs, but in different ways.
- It was remarkable, that given similar barriers, that everyone was provide effective prevention to their individual target populations.
- People were very interested and attentive.

- The set up and floor plan worked well. It gave the audience a smooth flow, less confusion.
- The overall poster presentation was excellent. Good set up and concept.

What problems did you encounter?
- None (2)
- The room was very loud and it was difficult to hear the CPG members as well as them hearing me.
- Nothing major except not enough time for presenters.
- Direct care staff did not have experience or technology to present in “poster session” format

What suggestions do you have for change?
- Nothing about presentations. Would love to have a clearer approach to rural prevention efforts.
- Provide more detailed information prior to the presentations about what to expect.
- Rooms with less noise.
- I would suggest that out of the 11 posters, split them into 3 groups of 3 (one with 2) and split the CPG members into 3 groups also, have each of the 3 groups of presenters in separate rooms and have each one present their information then have questions last. Then the CPG members would rotate to another room for another set of presentations. Then, of course, time at the end for networking.
- Have presenters meet with each other an hour before the poster presentations; that would be very interesting and informative.
- The need for revision in the evaluation form.
- None
- Continue to do these on a yearly basis.

Additional Comments:
There was lots of information to address problems we have that had nothing to do with DEBI programs (e.g., interventions with gay men in chat rooms; hiring rural gay men to reach rural get men). It felt like evidence that there are no DEBIs that include this type of intervention, the type that would probably work best.

*Evaluations by CPG members***:**

What went well?
- Liked small groups.
- Set up worked well. Much more organized; we got to pay more attention to each presentation.
- Feedback sheets were a great tool.
- Presentations very thorough.
- DEBI interventions are well represented in presentations but training is essential and not being available in our area.
- Event ran so smoothly. People seemed to appreciate not having to listen to 10 or 11 presentations.
- Very well structured. Movement was also better than last year.
- Presenters very informative.
- Strict adherence to time.

- Time allotted for presentations was adequate.
- Adequate amount of time.
- Great networking opportunity.
- Projects were enlightening.

What didn't work so well?

- Couldn't hear all the presenters.
  Back problems made standing for so long hard. Also, background noise from other groups made hearing presenters hard.
- Evaluation tool was horrible.
- The wording on some questions such as which interventions are less and more effective. Some interventions were confused because they see themselves as one intervention. Maybe what methods.
- Space limited so distractions were hard to avoid.
- Evaluation forms. I don't like taking notes in long hand.
- Process very tiring.
- Too long without a break.
- Too many posters, too little time.
- Process was too long.
- Posters didn't have outcomes information.
- Projects did not show effectiveness.
- Questions on our forms weren't always a good fit.

Changes for next time

- Nothing.
- How about YART filling out the feedback sheets as well.
- Place chairs and maybe a five-minute break halfway through so people can use the restroom and generally decompress without missing out on important information.
- Please use a simpler evaluation tool like met or unmet needs. Scoring or good or bad.
- Make sure that you make the groups (2) have a variety of presenters. My group had 3 SISTA interventions. So it would have been nice to see the others. Also, maybe time in the end so if people had more questions they could have gone back instead of holding up time.
- Recommend no more than 4 posters per group to review.
- Perhaps a way for CPG members to hear every presentation.
- Give us chairs. My back started to hurt.
- More air conditioning.
- Possibly smaller groups of CPG members so not to place anyone too far from posted information.
- Some CPG's displays were of small type set and thus difficult to read.
- Don't withhold desserts.
- Long time to stand and my back started hurting.
- We needed something to write on if we are going to stand and collect (write down) information.
- Might combine all similar projects (SISTA) and compare what was effective and not so effective.

- Add Young Adult Roundtable.
- Add a faith based organization.
- Build in breaks!
- Rethink the questions.
- Difficult to hear.
- Difficult to write on sheets.

Methodological Issues:
Criteria used to assess effectiveness in this report are: A) to what degree did the organization's implementation of the DEBI match the prescription of how the DEBI was to be implemented (fidelity)? B) Process evaluative data (e.g., qualitative, number of individuals who begin and complete the intervention). C) Outcome evaluative data (e.g., pre- and post-test data about intentions to use condoms). D) The nature of the intervention (i.e., single contact versus multi-contact (e.g., ongoing groups) interventions.

Note: Based on #1, it is difficult to assess the effectiveness of approximately one third of the 19 interventions (i.e., unable to determine the fidelity of the intervention to the DEBI, little or no process or outcome evaluative data), about a third are clearly effective though probably to a limited degree, and about a third probably possess substantial effectiveness.

6.5.4. Results of the 2007 Poster Session: Evidence-Based HIV Prevention Projects - County and Municipal Health Departments

Prepared by Grace Kizzie, LACSW

Overview of Poster Sessions
On Wednesday, May 16, 2007, representatives of various organizations presented information about their experiences with Diffusion of Effective Behavioral Interventions (DEBIs), as well as, other interventions of proven effectiveness at a CPG sponsored poster session in Harrisburg. The purpose of the CPG HIV prevention poster session was to create a dialogue between funded agencies/organizations and the CPG, to elicit information for program evaluation, to explore if and how the Prevention Plan is being used, and to provide opportunities for networking among presenters and CPG members.

Methods:
Letters were sent to the nine local county and municipal health departments inviting them to present a poster about their evidence-based HIV prevention projects. The letter included guidelines for the presentation. A second letter was sent by evaluation sub-committee members to confirm the invitation and further clarified the poster session's guidelines and procedures. People representing seven health departments and subcontractors attended the poster session.

Attendees:
- Allentown Health Bureau (VOICES/*VOCES*)
- Bethlehem Health Bureau AIDS Program (VOICES/*VOCES*)
- Booker T. Washington Center-Subcontractor of Erie Dept. of Health (SISTA)
- Bucks County Department of Health (SISTA)
- Montgomery County Health Dept. (VOICES/*VOCES*)

- York City Bureau of Health (SISTA)
- Wilkes-Barre Health Dept (VOICES/*VOCES* pending until July 2007)

CPG members interviewed health department representatives during the session. The twelve topics covered by the poster session were:

1. Identification of target populations
2. Description of DEBI or other science-based interventions provided.
3. Information about the process used to select this intervention.
4. Information regarding adaptations of DEBI or science-based intervention.
5. Specific information detailing how the program was adapted.
6. A description of what is being done regarding non-science-based interventions.
7. An explanation as to why providers did not apply for health education and risk reduction funding.
8. Information regarding identified barriers associated with interventions.
9. Information about dealing with identified barriers.
10. Information regarding HIV prevention training needs.
11. Information regarding the use of the State's HIV Prevention Plan.
12. Information regarding how the plan is used, or the rationale for those <u>not</u> using the Plan.

Criteria used to assess program effectiveness were:
To what degree did the organization's implementation of the DEBI match the description of how the DEBI was to be implemented (fidelity)?
Process evaluative data (e.g. qualitative, number of individuals who began and completed the intervention).
Outcome evaluative data.
The nature of the intervention (i.e.: single contact versus multi-contact ongoing group interventions)

Data Analysis and Limitations:
Information for this analysis was obtained from the poster session presenters and CPG members. Data obtained from CPG members, proved more difficult to score. Several members failed to identify the interventions they were assigned to critique; others failed to identify the presenting agency; and a few failed to provide specific responses to several items on the questionnaire. Two members used the questionnaire as a system for rating the presenters' responses (e.g..: "Great."). The data was analyzed using the general themes that were generated and scored by response frequencies.

DEBI Interventions as described by Centers for Disease Control & Prevention:

1. Sistas Informing Sistas on Topics of AIDS **(SISTA)** – a group level, gender & culturally relevant intervention designed to increase condom use among sexually active African American women. Five peer-led group sessions are conducted that focus on ethnic and gender pride, HIV knowledge, and skills training around sexual risk reduction behaviors and decision-making. The intervention is based on Social Learning theory, as well as, the theory of Gender and Power.

2. Video Opportunities for Innovative Condom Education & Safer Sex:

(VOICES / *VOCES*) – a group level, single-session video-based intervention designed to increase condom use among heterosexual African American and Latino men and women who visit STD clinics. Participants are grouped by gender and ethnicity, view an English or Spanish video on HIV risk behaviors and condom use and take part in a facilitated discussion.

DEBI Adaptations:
All of the six agencies that actively provided a DEBI intervention (VOICES/*VOCES* and SISTA) reported the need to adapt their interventions to support their inability to locate and/or recruit the populations that these interventions were originally designed. For example: The agencies that provided a SISTA intervention reported difficulty locating and recruiting African American females. Additionally, some agencies reported a need to address the misperception that SISTA was intended for HIV-positive African American females. As a result, this intervention was adapted to accommodate mixed-racial and ethnic groups. One agency expressed their desire to extend SISTA to all age groups.

Agencies that provided VOICES/*VOCES* adapted their interventions to accommodate youth, inmates in prison settings, and small groups. Additionally, program facilitators were instructed to preface the videos with dialogue that encouraged mixed racial and ethnic group participants to focus on the prevention messages verses the race or ethnicity of the actor.

Summary of strategies for overcoming barriers:
Staffing and funding needs were consistent themes identified by most presenters. Representatives reported the need for additional funding for local DEBI trainings to implement their intervention in schools and/or other community-based settings. For example, agencies acknowledged the importance for DEBI trainings, but one agency found it most economical to "host" the trainings versus attempting to secure funding for trainings and related costs (travel, lodging, etc.)

Recruitment and retention proved most challenging for all of the providers. The barriers associated with their identified recruitment failures involved the lack of childcare; the lack of transportation; the lack of incentives; and limited access to the target populations. Issues that involved incentives remained problematic; however creative programming addressed many of the remaining barriers. Strategies for overcoming many of the barriers involved agencies collaborating with other community-based agencies, organizations, prisons, and schools. Other strategies involved combining prevention programs with outreach activities to the target populations. Reportedly, those outreaching efforts have helped increase programming access to the intended target populations. Other agencies expanded the target populations to include other races, ages, and ethnic groups.

General themes/observations related to DEBIs
Factors that facilitated effectiveness across many if not most DEBIs included:

- Group interventions that allowed members of a target population to relate to other
- members of that population and assisted with building trust with the provider of the Intervention (however establishing trusting relationships is an ongoing process).
- Interventions that included HIV testing.
- Interventions that specifically addressed the culture of the target population.

- Interventions that were peer driven.
- Interventions that publicly recognized positive attributes and achievements of participants.
- Interventions that are interactive.
- Interventions that built pride about one's culture.
- Interventions that allowed for some modification based on local needs.

Factors that inhibited the effectiveness across many if not most DEBIs included:

- The lack of incentives.
- The inability to retain participants.
- Insufficient resources (the most often identified barrier).
- Difficulty of reaching high risk targeted populations.
- Stigma (that people with HIV felt and partner disclosure issues).
- Staff turnover, staff language limitations (difficulty securing Spanish-speaking staff).
- Community resistance to harm reduction,
- Staff retention difficult, due to the demands for multi-tasking (obligations to other agency prevention projects).

Relative effectiveness of specific DEBIs and possible contributory factors by agency:

Voices/*Voces*

This intervention was a condom negotiation skills training, targeting African American and Hispanic men and women. This prevention strategy targets people who were in drug & alcohol programs; prison facilities, and HIV-positive persons and their families.
Significant barriers included:

- Limited funding
- No incentives to promote participation
- A lack of bilingual staff
- Duplication of services provided by other agencies

Adaptations:

- To accommodate inmates in prison facilities
- To accommodate HIV-positive persons and their families

Voices

Targets HIV-positive men & women, as well as, women in drug & alcohol facilities.
A five-session intervention extended services to youth (10 years & older).
Significant barriers included:

- Participant adherence and participant recruitment
- The lack of bilingual staff (and related materials)
- Program was adapted to accommodate mixed race groups
- HIV testing & counseling is being conducted at numerous sites. However, only two of the eleven identified sites, actually reported capturing newly HIV infected persons
- According to the program statistical report by this facility, between January and March (2007), the Bethlehem Health Bureau AIDS Program tested 371 persons. Only, two people tested positive for HIV infections

- Adaptations:
- To accommodate mixed racial groups
- Preface culturally specific video by highlighting the importance of the lessons versus focus on race/ethnicity
- Include discussions on STDs
- Attempting to appeal to youth
- Condoms provided to inmates upon discharge

SISTA
Targeting heterosexual African American women. Significant barriers included:
- Implementing this program including retention
- A lack of incentives for participants
- Limited funding
- Clients' transportation needs
- Childcare needs.
- Adaptations:
- Recruitment hampered by the misperception that SISTA is a program for HIV-positive women
- To accommodate mixed races: Whites and Hispanics

SISTA
Targeting African American women (18 & older). Attempts to recruit African American women were not successful. Only 4 women enrolled in the program, three of whom were committed. Significant barriers included:
- Recruitment limited by the number of African American women residing in Bucks County
- Childcare needs
- Transportation problems
- Adaptations:
- To include Whites and Hispanics participants
- Increased advertising efforts, as well as, collaborating with other agencies and community leaders to locate and recruit African American women
- Attempting to take the program into schools

VOICES/*VOCES*
Targeting White MSM; Black & White IDU; and, Black, White, and Hispanic heterosexuals. Significant barriers included:
- Locating high-risk clients
- Language
- The public's perception of service needs
- Client transportation needs
- The lack of client interest in multiple sessions, and the lack of funding for non-science based programs
- Adaptations:
- To accommodate a small group format
- To accommodate mixed racial groups

- Staff facilitators preface the videos with discussions regarding the need for information, while instructing participants NOT to focus on the race of the actors

VOICES/*VOCES*
This Health Department is planning on implementing VOICES /VOCES in July 2007. They will seek to collaborate with community based agencies and organizations for help in recruiting participants. The remainder of their presentation dealt with their HIV prevention programs and National Electronic Data Survey System (NEDSS).

SISTA
This Health Department first implemented SISTA in October 2006 and focused on recruiting African American women 18-30. They reported having problems with recruitment. They collaborated with a faith-based and residential D&A facility for female offenders. However, significant problems were experienced in implementing SISTA:

- Limited access to African American women
- The stigmas associated with HIV/AIDS
- Consumers' misperception that SISTA is designed for HIV positive women
- Limited funding
- Retaining clients for the 5-week sessions (prisoners, sometime transferred to other facilities)
- Staffing needs; currently York City has no HIV coordinator
- MSM from this area travel to Washington, DC and Baltimore for their HIV prevention, treatment, and/or related care needs
- Another CPG member suggested providing a similar program for 'their Brothers'
- Adaptations:
- Allow all age ranges
- Accommodate for all racial/ethnic groups
- Provide education and services
- Accommodate Latino women

Usefulness of the Plan
Most representatives reported that they used it as a guide for developing HIV prevention strategies; for the identification of target populations; and for grant writing. However, a small number reported feeling that the plan was more discouraging than helpful. They felt that the plan did not take into account the realistic needs of their respective areas. One representative questioned the validity of "looking at transgender persons and Asians" because they "don't see TGs & Asians in our community." Another representative complained that the Plan "took away (their) youth funding." That representative further directed readers to page 138 of the Plan. Generally, the plan was well received. As noted above, most of those critiqued welcomed the information provided in the plan, and found it useful as a guide for proposal and grant writing, and in identifying target populations.

Health D*epartment and Subcontractor Response*

What prompted you to participate in the session?
Erie County Health Department (2):
My county.

I wanted to promote this very wonderful DEBI intervention done by subcontractors in York County.
The York county Health Bureau, Joanne Sullivan, who was in training with us for the SISTA program.
Invited as a SISTA facilitator. Also, my passion for HIV education.
I was asked to participate; program SISTA I am committed to and wish to see it implemented elsewhere.
Providing an opportunity to present our program, as well as, doing an internal evaluation of our own area.
It gave me an opportunity to show what is working for us and wanted to learn what other people were doing and how it was working for them.
So we could see what other agencies are doing.
The opportunity to discuss the implementation challenges and successes of DEBI.
Our supervisor highly suggested that we participate**.**

What do you think went well?
Very well organized. The smaller group sessions were good. Gave us the opportunity to get personal & show our passion for the program.
Everything (2)
The questions of interest we had from the participants were great. An informal question/presentation atmosphere that provoked interest.
The discussions as a whole went well. It was relaxing as well as informative for not only us but also the participants.
I was nervous about what was going to be asked of me, but I felt comfortable and I felt that it went well.
Sharing experiences of implementing SISTA program.
I felt the presentation went great, the participants were receptive to the information we provided as well as the pros & cons we have come across.
Questions & answers session. The group was focused on the questions & feedback.
Had the opportunity to talk to other agencies at the end to see what they are doing and how it is working in their communities.
The opportunity to discuss the implementation, challenges and successes about DEBI.
We had the opportunity to ask questions onc**e we knew what was expected of us.**

What problems did you encounter?
None (7)
We were not really clear what was expected of us. (2)
Not being able to speak too loudly in attempt to not disturb other presenters.
Misconceptions from community that SISTA is for those actually infected; actual training to implement, actually trying to convey info to panel.
None what so ever. Everything went well. Organized. Great job!

Suggestions for change?
None (6)
This should be somewhat mandatory for every program…to do a poster presentation
More time to present all the programs that are being implemented besides just DEBIs.

Time frame expanded & specific questions submitted by panel that they would like to know actual people who implement / not the budget people of organizations.
Let the agencies know how the presentations went…was it what was expected.
Larger rooms, otherwise everything was good.
Feedback from the day's activities would be helpful. We never heard anything from the last "Poster" presentation.

Summary for evaluation responses:
The majority of the representatives stated that their respective county health departments prompted their participation in the 2007 poster session (one presenter worked as a facilitator for SISTA). The representatives were satisfied with the presentation format. All welcomed the opportunity to present their successes and the challenges associated with their DEBI interventions. The majority of the representatives felt the space did not accommodate the number of presentations being made. Most felt the noise level was intrusive and affected their ability to focus. The primary recommendation was for larger rooms or fewer presenters. Other recommendations included making presentations "mandatory" for all subcontractors, as well as, providing feedback to the agencies regarding their presentation.

Evaluations by CPG Members:
A few of the CPG members did not utilize the questionnaire format and responded with the following:
"The fact that SISTA isn't getting too far with their program disappoints me. I can't believe they're basically over."
A second CPG member was far less specific about identifying the project they were concerned about. "Why they really weren't problems, more like concerns. I hope that they can get more people involved with their project."

What didn't work so well?
None (13)
Wrong room. Too small. Noise level high. Hard to hear presenters.
Hearing!!!
I would like to see them "qualified." i.e.: How many individuals were impacted? What are the barriers to large-scale implementation?
Not being able to hear well. Not enough time to get to all the questions. Distractions around me.
We have 20 minutes to hear a presentation & ask 12 questions. Let's re-think the questionnaire
Was difficult to hear presenters at times. List of questions could have been shorter.
Handouts. More handouts at each booth would have been helpful.
It was hard to hear some of the presenters. Small room= lots of people = hard to hear.
Could not ask any questions at York CPG, due to the length of their presentation.
Overcrowded and a lot of talking where you have to decipher and listen well to the presenter.
Some were not interesting, not easy to follow.
Members not sticking to the questions at hand, going off subject during session, instead of waiting till the end when there was extra time.
More funding.
More support.

Suggested changes for next time?
Nothing. (7)
More Health Dept. representation.
Allowing more time for the presenters to provide more detail about their programs & discussion of their program outcomes, success, failures, and ways to improve.
More DEBI program presentations and their progress.
An even number of presenters.
Because we couldn't see all presenters, ask them to bring copies of their presentation or at least a summary.
Larger room to allow for louder speaking.
Make the presentations as scientific and quantitative as possible.
Separate rooms or a border for sound purposes.
Just a bigger room & early time.
Announce no sidebar from moment one. Encourage presenters to speak loudly, clearly & annunciate.
I would have liked to have heard all of the presentations, not just 4 of them.
Secure bigger room/space. Remind CPG members to keep focus on the presentations & to set a good example to newer members and the presenters
Try to gather more young adults and get them to get the word out. Keep the good work up.
Larger room – more room for presenters. Question possible partitions between presenters. Some need better handouts. Outline 15 minutes for presentation, 5 minutes for questions. Outline for presenters to follow. Help keep presentation on-track.
More funding.
Some presentations are specific to the 12 questions (Allentown). Perhaps this should be the model for the presentations. Why don't the presenters answer the questions before the presentation? At least, fewer questions.
To come on time.
More dessert.

Summary for CPG member evaluation responses
Most CPG members reported positive comments about the 2007 Poster Session. The terms "great," "organized," "prepared and knowledgeable" were frequently used terms to describe the session's overall format and the style of the presenters. A number of those questioned reported a positive response to chairs being placed at each presenter's station. (One member identified the "seating" as a positive response to a previously identified need.) All felt the information provided was valued and appreciated. Responses to the question of what did not work well addressed the noise level, the room, and limited time provided to respond to the 12-point questionnaire. One respondent suggested that other DEBI interventions needed to be highlighted. However, that person failed to identify which DEBI interventions should be welcomed.

6.5.5. Results of the 2008 Poster Presentation

During the May 2008 Pennsylvania Community Planning Group meeting, a poster session was held to review six HIV/AIDS interventions that had been implemented across the Commonwealth of Pennsylvania. The evaluation included six posters of four CDC DEBI (Diffusion of Effective Behavioral Interventions) and one non-DEBI intervention (based on social and behavioral theory)

which had been implemented. The projects this year focused on incarcerated or recently released jail/prison populations. The participating organizations and their interventions are as follows:

Name or Organization	Intervention	Location
Atkins House	**SISTA** (Sisters Informing Sisters on Topics about AIDS)	York County Jail
DEBI goes to Jail	**VOICES/VOCES** (Video Opportunities for Innovative Condom Educations and Safer Sex)	Allentown/Lehigh County Prison
First Baptist Human Services Corporation	**HHRP** (Holistic Health and Recovery Program)	Beaver County jails and halfway houses
Gaudenzia	**Healthy Relationships**	Albion, Cambridge Springs State Correctional Facilities
Mon Yough Community Services	**ARRM** (AIDS Risk Reduction Model)	Allegheny County Prisons
Pittsburgh AIDS Task Force	**SISTA** (Sisters Informing Sisters on Topics about AIDS)	Allegheny County Jail

There were 12-15 assessments by CPG members for each poster. Members were asked to appraise poster presentations and interventions on 12 different areas. Topics of the appraisal included: a description of the intervention, the process used to select the intervention, any adaptations of the intervention, the barriers associated with the intervention and how the barriers were overcome.

Seven general themes/observations related to interventions

1. Factors that facilitate successful program implementation included a) institutional support from the host site, b) word of mouth recruitment of new members by the participants, c) flexibility from program staff and d) creative solutions by staff to barriers presented during the program implementation.

2. Factors that inhibit successful program implementation include a) privacy concerns of the participants, b) lack of administrative support, c) facility conditions including noise and access to private meeting spaces, d) language barriers e) image of the program within the prison population and f) funding concerns, g) and confounding additional issues of the participants such as mental health issues.

3. Adaptations of the intervention were most frequently done to reflect the needs of the recruited population or policies within the host institution. For example, interventions were adapted to include populations outside of the original design of the DEBI (i.e., the recruitment of nonminority populations or different minority populations).

4. The selection of intervention or DEBI type was based on three main criteria: 1) economy of the intervention, 2) coordination of the DEBI goal with the organizational mission, or 3) recommendation from either a funding source or a collaborating partner.

5. Most interventions cited that additional training was needed on HIV 101. Other training topics include drug and alcohol, couples counseling, cultural sensitivity training, and recruitment techniques.

6. Of the six interventions assessed, five used the Pennsylvania State HIV Prevention Plan for planning purposes. The State HIV Prevention Plan was used to identify the target population, to identify the needs of a specific geographic area, to determine the most appropriate intervention for a specific target population and to provide background information and education on risk reduction. The sixth intervention used a local plan for assistance in the implementation of a non DEBI based behavioral theory risk reduction model.

7. The participating organizations used other interventions in conjunction with the four DEBIs and one behavioral theory. These other interventions were listed as HIV positive support groups, counseling and treatment referrals for substance and alcohol abuse, referrals to needle exchange programs, demonstrations on condom use, HIV counseling, testing, and referral (CTR), and HIV 101 training.

Intervention Adaptations

1. **Atkins House**
   Type: DEBI
   Intervention: SISTA (Sisters Informing Sisters on Topics about AIDS)
   The target population was African American female offenders on the York County Prison system. The intervention was structured into 2-hour weekly group sessions over a five-week period. The intervention was chosen by Atkins House on the recommendation of the York County Health Department. The intervention was adapted and customized to reflect the Latina culture. The intervention was expanded to 6 sessions and included an interpreter to meet the needs of non-English speakers. Music was added during the sessions. Male and female condoms were not distributed but were used during demonstrations.

2. **Debi Goes to Jail**
   Type: DEBI
   Intervention: VOICES/VOCES (Video Opportunities for Innovative Condom Educations and Safer Sex)
   The target population was incarcerated men and women in the Lehigh County prison system. The intervention was structured a one-time meeting. The intervention was chosen by the City of Allentown based on its economy and brevity. The intervention was adapted to use with Caucasian populations. Also condoms distribution was prohibited in the facility so arrangements were made to distribute condoms upon the inmate’s release. This intervention was used in conjunction with HIV testing and HIV 101 training.

3. **First Baptist Human Services Corporation**
   Type: DEBI
   Intervention: HHRP (Holistic Health and Recovery Program)
   The target population was African American adult males who are incarcerated or have a history of incarceration and are now reentering the community. The intervention used was HHRP. The

intervention was selected based on its faith based design and economy. The intervention was adapted to include any interested participant regardless of race or ethnicity. Also, letters of progress were provided to participants to share with parole officers and to include in court appearances.

4. Gaudenzia, Erie
Type: DEBI
Intervention: Healthy Relationships
The target population was incarcerated men and women at the Albion State Correctional Institution (SCI) for men and the Cambridge SCI for women. The intervention used was Healthy Relationships. The intervention was chosen per design which met the needs of the target population. The intervention was adapted to meet for expanded sessions (7 instead of the designed 5); inspiration cards were given in lieu of incentives directly to participants while monetary incentives were distributed to the family members of participants who are outside of prison. HIV 101 was also added as an educational component to the sessions. Upon a participant's request, a prayer was added to the sessions. Upon completion of the program, a graduation ceremony was added. Further, a special guest was brought to talk with the women's group.

5. Mon Yough Community Services
Type: Non-DEBI intervention based on the Behavioral Theory Model
Intervention: ARRM
The target population was incarcerated males or males who are reentering the general population with a history of drug and alcohol abuse. The intervention used the Aids Risk Reduction Model (ARRM) which is not a DEBI. ARRM was developed in the early 90's as a conceptual framework to organize behavior change factors related to HIV risk reduction. The intervention was chosen by the funding office based on mission compatibility; the intervention was selected as the intervention purpose coincided with the agency's harm reduction philosophy. The intervention was adapted to include Health Communication and Public Information Principles (HC/PI) and to include educational pieces on counseling, advocacy, and condom education.

6. Pittsburgh AIDS Task Force
Type: DEBI
Intervention: SISTA (Sisters Informing Sisters on Topics about AIDS)
The target population was incarcerated African American women in the Allegheny County Jail. The intervention was chosen for economy and proven efficacy of the program. The program was adapted to fit criteria associated with incarcerated populations. For example, condoms were prohibited in the prisons so organizers substituted video demonstrations. Also incentives were prohibited in the prison facility so gift cards were sent to a family member of choice. Homework assignments that we were to be done with family members were redesigned to be completed over the telephone. The intervention added an additional introductory session. In conjunction with SISTA, counseling, testing and referral services were also provided.

Barriers associated with the interventions and how they were overcome:

1. Atkins House (SISTA)
Barriers
Barriers to program success included issues with recruitment, trust in the programming staff in maintaining participant confidentiality, language barriers, drug and alcohol and mental health issues of the participants and the mobilization of the incarcerated population who were sometimes transferred to correctional facilities outside of the intervention.
Overcoming barriers
Organizers were able to overcome recruitment issues by employing participants to market the intervention by word of mouth. Language barriers were overcome by having participants bring a friend to the sessions who would be willing to translate. Trust in the population was gained by maintaining the strictest confidentiality.

2. Debi Goes to Jail (VOICE/VOCES)
Barriers
Barriers to successful implementation of the intervention included structural problems within the facility. Noise levels presented a tremendous barrier. A lack of space for programs and competition for the existing space with other institutional programs was challenging to program staff. Administrative issues such as staff cooperation and coordination with city and county offices were also barriers. Further, program materials such as condoms were prohibited in the prisons.
Barriers overcome
Barriers were overcome with the negotiation of a more private workspace. Also, arrangements were made to distribute condoms packages to inmates upon their release. In addition, a DVD was shown to demonstrate condom use as substitute for actual condoms

3. First Baptist Human Services Corporation (HHRP)
Barriers
Barriers to the program's success include conflict with jail personnel, recruitment issues, funding issues and reluctance of the jail chaplain to participate.
Barriers overcome
Barriers to recruitment were overcome by word of mouth recruitment of participants for new participants. Program staff educated the chaplain on tenets of the program which fostered his support for the intervention. Funding barriers were not overcome; the funding agency did not provide monetary contribution to participants of other ethnic groups.

4. Gaudenzia (Healthy Relationships)
Barriers
Specific barriers to the intervention's success included institutional procedure. The prison experienced an escape during the time that the intervention was facilitated. This event changed the protocols within the institution and increased security. Other barriers included the prohibition of incentives in the prison, language barriers for Spanish speaking participants and privacy concerns.

Barriers overcome
Incentives for participants were distributed to family members outside of prison. The prison infection-control nurse became a trusted program ally and helped to facilitate sessions. An interpreter was found for non-English speaking participants.

5. Mon Yough Community Services (ARRM)
Barriers
Barriers to program success included a lack of institutional support from the jail facility, difficulty finding appropriate materials for dissemination to the participants, such as handouts, videos or pamphlets.
Barriers overcome
Poster materials indicate that a positive resolution to barriers was not accomplished.

6. Pittsburgh AIDS Task Force (SISTA)
Barriers
Barriers to the program's success included confidentiality and fear of disclosure of HIV status in the prisons, access to counseling, treatment and referral, administrative support within the prison, confidentiality of the participants HIV status, and access to program materials such as the condoms.
Barriers overcome
Facilitators implemented a protocol to confidentially address participants to insure privacy. Further, relationships were established with each participant to increase trust in the staff and intervention. The Pittsburgh AIDS Task Force now provides HIV counseling, treatment and referral within the jail. Relationships were established with the Allegheny County Health Department and jail administrators to foster institutional support for this intervention. The program was adapted to use video demonstration of condoms to overcome the institutional prohibition of condoms.

Requests for future training

1. Atkins House (SISTA)
Several additional specific training needs were listed for the SISTA intervention facilitated by Atkins House. The training needs were: Department of Health Training on couples counseling, training on how to adapt the SISTA intervention for Asian populations, training needs on procedures for maintaining participant confidentiality, and HIV 101 training.

2. Debi Goes to Jail (VOICE/VOCES)
Training for partner services was suggested by the CPG evaluation. The State HIV Prevention Plan was used in the design of this site's intervention. The plan provided information on the target population as well as providing needs assessment of what services were needed.

3. First Baptist Human Services Corporation (HHRP)
No other HIV prevention training needs were listed. The State HIV Prevention Plan was used to identify the at risk population. Additional comments on this specific intervention included

recommendations for a more detailed description of the program implementation process and compliments on the educational components of the intervention.

4. Gaudenzia (Healthy Relationships)
Additional training needs are still a concern. Assessments cited that training in recruitment techniques would enhance future programs. The intervention did use the State HIV plan while designing the intervention. The plan was used to identify the services available and determine what strategies would be most effective for the target population.

5. Mon Yough Community Services (ARRM)
Mon Yough Community Services also recommends that the target population and host site might benefit from substance abuse and HIV 101 trainings.

6. Pittsburgh AIDS Task Force (SISTA)
PATF notes that training needs that are still recommended for the host population include cultural sensitivity, drug and alcohol training, and HIV/STD 101. SISTA in Allegheny County Jail used the State HIV plan to define the target population and to determine the appropriate intervention for this population.

Methodological Issues:
Some methodological issues evolved during the poster assessment process. Data collection was hindered by both the presentations' designs and the data collection instrument. Not all posters clearly identified the Project Name or the geographic area where the intervention occurred. This led some participants to confuse and misidentify the program name and the program purpose.
Not all posters disclosed information related to the appraisal questions. For example not all projects presented information related to intervention adaptations on the posters. Therefore, the participants were unable to fully assess these projects.

The poster criteria also omitted information related to the number of participants, the project/intervention status such as ongoing or completed, what is included in the outcomes measurements, and the community and individual impacts of the intervention. To overcome some of these methodological issues, a template of potential poster criteria for the 2009 poster session is attached to this document. However, a discussion should be held by the evaluation subcommittee to determine all the fields of inquiry to be included in future assessments.

Questions included on the 2008 poster session:
1) Target population
2) Description of DEBI, science based or other and other interventions provided
3) Process used to select the intervention
4) Has the intervention been adapted
5) If so, in what way was the intervention adapted
6) Describe any other intervention (not science-based) that is being provided
7) Describe the biggest barriers to implementing these interventions
8) How have these barriers been dealt with?
9) Describe HIV prevention training needs (if any)
10) Is the State's HIV Prevention Plan used?

11) If so, how is the HIV Prevention Plan used?
12) If it is not used, describe why.

Template of fields of data for future poster sessions:

- Name of the Agency
- Name of the intervention/DEBI used
- Describe the criteria that selected the intervention
- Please describe the intervention
- Where was the intervention done
- Who was the target population
- Were other interventions or program used as well. If yes, please list and describe
- Was the intervention adapted in any way? If yes how?
- What were barriers to the intervention?
- How were barriers dealt with?
- What recommendations does the agency have for future users of the intervention?
- What other training needs does the population still need (according to the agency)?
- What the State HIV plan used? If yes, how?
- Was any other plan used?
- How many people did the intervention see?
- Was there an outcomes assessment to measure the intervention's impact? If yes, what were the results?
- What were your thoughts on the intervention? How would you adapt the intervention?
- What population would you suggest could be helped by this intervention?

Interventions discussed in Poster Session:
AARM: "Client-centered counseling is utilized, meaning that the counseling has an underlying belief that each individual tells the counselor his/her needs and choices rather than telling an individual what his/her needs are or what choices to make. Client-centered counseling is supportive rather than directive. The role of the counselor is to create an environment in which an individual can reflect upon his/her own decisions.

This client-centered counseling approach utilizes the AIDS Risk Reduction Model (ARRM) identifies behavior change as a multi-step process with different psychological and social determinants for each stage. The three stages of behavior change, according to this model are, 1) Labeling of high-risk behavior (becoming knowledgeable about HIV transmission and HIV risk behaviors)-Health Communication/Public Information presentations teach about risky behaviors; 2) Commitment to changing high-at risk behaviors-self referral for ILI; and 3) Enactment of risk-reduction behavior – development of an individualized plan for safer behaviors and linkage to identified needed services. (Effective Interventions: Findings from CDC compendium and Connecticut CPG's Literature Review, 2001)" Submitted by Cathleen Komorowski, Mon Yough Community Services, June 12, 2008.

Healthy Relationships: "Healthy Relationships is a five-session, small-group intervention for men and women living with HIV/AIDS. It is based on Social Cognitive Theory and focuses on developing skills and building self-efficacy and positive expectations about new behaviors through modeling behaviors and practicing new skills."

(http://www.effectiveinterventions.org/go/interventions/healthy-relationships Accessed June 12, 2008)

HHRP: "The Holistic Health Recovery Program (HHRP) is a 12-session, manual-guided, group-level program for HIV-positive and HIV negative injection drug users. The primary goals of HHRP are health promotion and improved quality of life. More specific goals are abstinence from illicit drug use or from sexual risk behaviors; reduced drug use; reduced risk for HIV transmission; and improved medical, psychological, and social functioning. HHRP is based on the Information-Motivation-Behavioral Skills (IMB) model of HIV prevention behavioral change. According to this model, there are three steps to changing behavior: Providing HIV prevention information, motivation to engage in HIV prevention and opportunities to practice behavior skills for HIV prevention."
(http://www.effectiveinterventions.org/go/interventions/holistic-health-recovery-program Accessed June 12, 2008).

SISTA: "This group-level, gender- and culturally- relevant intervention, is designed to increase condom use with African American women. Five peer-led group sessions are conducted that focus on ethnic and gender pride, HIV knowledge, and skills training around sexual risk reduction behaviors and decision making. The intervention is based on Social Learning theory as well as the theory of Gender and Power."
(http://www.effectiveinterventions.org/go/interventions/sista accessed June 12, 2008)

VOICES/*VOCES*: Video Opportunities for Innovative Condom Education & Safer Sex: A group-level, single-session video-based intervention designed to increase condom use among heterosexual African American and Latino men and women who visit STD clinics.
(http://www.effectiveinterventions.org/go/interventions/voices-/-voces Accessed June 12, 2008).

Background on the intervention sites:
Albion State Correctional Facility: Population MALE. Houses over 2100 inmates. Medium security prison.
http://www.cor.state.pa.us/albion/site/default.asp

Allegheny County Jail: Population MALE and FEMALE. Houses over 2000 inmates. A wide range of treatment and educational initiatives are hosted including drug and alcohol treatment, Family Counseling, and Mental Health Services. For more information:
http://www.alleghenycounty.us/jail/index.aspx

Beaver County Jail and halfway houses: Jail Population MALE and FEMALE.
Houses over 355. Gateway Rehab Satellite, GED Education and a schoolteacher comes in to offer classes towards High School Diploma for inmates under 21.
http://www.co.beaver.pa.us/Jail/index.htm

Cambridge Springs State Correction Facility: Population FEMALE. Minimum security prison. Majority of inmates are nearing completion of sentence.
http://www.cor.state.pa.us/cambridge/site/default.asp

LeHigh County Prison: (per conversation) MALE and FEMALE Population 1135.

Mental Health, Drug and Alcohol, Family Counseling, AA, NA, GED, Anger Management, Prerelease Work Programs.
http://www.lehighcounty.org/Prison/pr.cfm?doc=pr_history.htm

York County Prison: Holds prisoners for any crime in York County for up to five years. Also one of the largest INS holding facilities in the country.
http://www.york-county.org/departments/prison/prison.htm

Summary:
A comparison of the 2004, 2005, 2006, 2007 and 2008 poster sessions reveals several themes that are universal to all sessions. It should be remembered that each group of presenters differed from the other as did the prescribed content of their presentations. Representatives of community based organizations involved in HIV prevention activities presented in 2004. Presenters were uncomfortable with the process because they thought that they were being evaluated. They became much more comfortable once they understood that the purpose was not to evaluate them but to increase communication between providers and the Department of Health and the Committee and to have the DOH and Committee better understand the work of the providers. Nevertheless, the concerns of the providers may have had an effect on what information they were willing to provide. PA Department of Health regional staff presented in 2005 on their prevention activities. Community-based providers of prevention services also presented in 2006. However, they focused on their experiences in conducting DEBIs. It should be noted that throughout much of the data and the analysis of the data the "what interventions don't work as well" and "barriers to providing effective HIV prevention" data appear to be merged. As a result, those two areas for this overview are combined.

There are a number of themes shared by each group of presenters (with respect to "what works" "what doesn't work as well/barriers to effective HIV prevention"). This is not to say that all providers within a poster session necessarily agreed on each point. Nevertheless, while there may have been an exception, the general consensus among providers, across poster-sessions, was as follows. They agreed that the following prevention activities were moderately to very effective: 1) peer-to-peer preventions, 2) interventions that include testing and counseling, 3) interventions that specifically address the culture of a target population, 4) interventions that provide community-based outreach using strong networks that target a specific population.

There were also several themes shared by the three groups of presenters with respect to "what doesn't work as well/barriers to effective HIV prevention." The most cited and most strongly voiced barrier is the lack of funding/resources. It was stated that this results in a lack of staffing, increased staff turnover, lack of training for staff, and lack of transportation to access individuals. A second major theme across poster sessions relates to stigma. It was stated that negative attitudes about HIV and people with HIV, the conservativeness of many areas, the lack of community support for, for example, harm reduction stands in the way of providing effective prevention. A third major theme was that interventions in schools lack effectiveness due to the inability to speak what needs to be spoken and to distribute condoms (this was not explicitly stated by many of the 2006 presenters because most DEBIs do not target schools, which in and of itself may speak to this theme.) A fourth major theme is that prevention in rural areas has limited impact due to transportation issues, the difficulty of accessing target populations there, and the conservativeness

of these areas. A fifth major issue was the difficulty or, in some cases, the inability to access MSM (especially young MSM) and IDUs. This issue is the reason why several presenters felt that their programs were not effective. A sixth major theme was the lack of training for staff. This is mentioned above under the theme of lacking resources, but also appears to be a unique theme across poster sessions. Applying "canned" prevention programs in small cities or in rural areas and with populations that may differ from what is prescribed was highlighted by two of the three poster sessions. This theme, while not "universal", should still be pointed out given how strongly those two groups felt about it. The final shared theme is the extent that cultural barriers (including language) stand in the way of providing effective prevention.

6.5.6. Results of the 2009 Poster Session

During the May 2009 Pennsylvania Community Planning Group meeting, the Evaluation Subcommittee facilitated the sixth consecutive poster session to review HIV prevention interventions. This year's focus area was immigrants and refugees. The evaluation included eight posters of existing programs' home grown interventions that may or may not have based on an evidence based intervention (DEBI or EBI). As a result, this year's summary is a clear picture of the programming available to the population of immigrants and refugees but is not a standard summation of CDC funded programming. In fact, some organizations listed no prior knowledge of the State HIV prevention plan prior to the invitation the event. The participating organizations and their interventions are as follows:

Name or Organization	Location
African Cultural Initiative	Chester County
African Family Health Association	Philadelphia County
El Consejo Hispano	(Lehigh and Northampton)
Keystone Farm workers	Five counties: mobile units
La Communidad Hispana	Chester County
Latino's for Healthy Communities	Lehigh and Berks County
Nuestra Clinica	Lancaster City and County

Members were asked to appraise poster presentations and interventions on 10 different areas. Topics of the appraisal included recruitment and retention strategies, the barriers associated with the intervention and how the barriers were overcome, HIV prevention training needs and if, and how, the state HIV prevention plan was used.

General themes/observations related to interventions

It should be noted that the participating agencies' missions are predominately to serve the needs of immigrants and refugees within each community. This population often includes migrant workers and recently resettled persons who have limited English skills and few community resources. For these reasons, the participating agencies provide translation services and escort services. Some of organizations themselves are primarily general health care or mental health clinics who felt that this population required additional services. The need to provide HIV/AIDS interventions presented itself and was incorporated into their missions as an unmet need.

The agencies' activities were conducted with limited interaction with state and federal HIV programs. Some of the intervention utilized were created in-house and were not tested for efficacy. Two of the participating agencies were unfamiliar with the HIV prevention plan prior to the presentations, and additional agencies did not use the plan to guide programming and adaptation of interventions. Only three agencies noted that they used the CDC Diffusion of Effective Behavioral Intervention (DEBI).

It is unclear from the presentation and the presentation assessments what the success rate of each of these interventions has been. It is also unclear if pre and post intervention assessments were administered by the participating agencies.

Uniform throughout these assessments is the sense of commitment of the staff of participating agencies. Most rely on untraditional methods to provide interventions to the community. This commitment includes ingenuity in how services are delivered, where services are delivered, and the persistence of staff in creating personal connections with "unconnected" populations. Nontraditional offsite locations include weddings, teen centers and mushroom farms.

<u>Barriers associated with the interventions and how they were overcome</u>

1) **African Cultural Initiative (Chester County)**
   Barriers: Fear of deportation, fear of disclosure fear maternal: breastfeeding, and pregnancy

The most significant barriers associated with the African Cultural Initiative are fear of disclosure and risk of deportation. To overcome these barriers staff has taken great strides to provide a safe place for interventions to occur. Talk of immigration and residency status is avoided. The staff also tried to incorporate cultural beliefs and educational level into service delivery Untraditional documentation, such as a letter from the church vouching for identity, is allowed. The practice of using family members as interpreters is discouraged to maintain privacy. Fears related to childbirth and risks of spreading HIV are dealt with through education.

2) **African Family Health Association (Philadelphia County)**
   Barriers: Fear of deportation, stigma and culture

The most significant barriers for the African Family Health Association are cultural competency of staff and fear of deportation and stigma for disclosure of HIV status. Cultural barriers have been addressed with education and staff training. Further, the organization has adapted existing DEBIS (SISTA, *Voices/Voces*) to meet the consumer need. Skills training and education on navigating legal and health systems helps alleviate fears, while the organization also offers community leader education to help influence policy.

3) **El Consejo Hispana (Lehigh and Northampton Counties)**
   Barriers: Misinformation stigma, religious beliefs, lack of testing equipment: clients not wanting to wait and confidentiality

El Consejo Hispana is working to overcome capacity limitations for testing in the region. Clients do not want to wait for results. The program is working on implementing rapid testing to overcome this. Also, confidentiality related to sex, condoms and HIV is crucial. Simply using darker

packaging is one way to mask safer sex materials for clients. Religious beliefs (refusal to use condoms) and lack of knowledge are barriers to prevention for the region. Tools such as counseling and education are used to circumvent misinformation and beliefs. Staff strives to be consistent in their message while motivating and encouraging clients to practice safer behaviors. The staff is hoping to developing new services via the internet to expand educational opportunities.

4) Keystone Farmers (Five Counties in South Central Pennsylvania)
Barriers: Culture client sense of powerlessness, alcohol, prostitution and distrust of medical establishment

Barriers of Keystone Farm-workers are frequently associated with conditions of poverty that can be associated with some immigrant/migrant worker communities. Workers have little education and few resources. According to Keystone Farmers' staff, working in camps for long hours in communal living environments, leaves the consumers vulnerable to alcohol abuse, drug use and use of prostitutes. One reviewer wrote of the lifestyle barriers to prevention: "unprotected intercourse, multiple partners and widespread alcohol use. Sex habits are disregarded as long as he sends money home and provides for wife and children." As an added barrier, consumers are often distrustful of the medical establishment.

Using bilingual staff, Keystone offers individual and group education. Staff strives to become familiar to the consumers and even offers home visits. Peer outreach and cultural beliefs are incorporated into interventions. Reviewers noted that staff was able to reach clients by acting in a courteous and respectful way. Services are provided without cost. One reviewer notes that the agency brings "healing traditions of country of origin and services to the field".

5) La Communidad Hispana (Chester County)
Barriers: Funding/marketing (capacity), population served is transient, migrant workers access to population and no transportation

La Communidad Hispana experiences both internal and external barriers to service delivery. Internal struggles for funding and community awareness have been helped by coupling service delivery with other health initiatives such as tobacco cessation. Also, the agency is now using mass mailings and newsletters to raise awareness of the agency among community members and farms, the employers of the target population. Overcoming the transiency of the consumers themselves has been eased with the identification of community leaders who help to disseminate information. Additionally, the staff goes to the farms to meet with consumers to overcome some transportation issues.

6) Latinos for Healthy Communities (Lehigh and Berks Counties)
Barriers: Trust of medical establishment, culture, religion, machismo, mobile resources and access to schools

Latinos for Healthy Communities works to overcome community mistrust and to integrate into the establishment by recruiting staff from the population it serves. Reviewers note that staff struggles with "trust versus machismo". This is overcome, in part, by finding a leader within the community to assist with health messaging. Machismo is overcome in part with one-on-one counseling; the staff also strives to use "street" language and to maintain the strictest of confidentiality to encourage and maintain client trust. Additionally, insuring that the staff keeps consistent, culturally sensitive health messages helps to overcome religious and cultural barriers to safer sex choices.

Access to the populations within schools seems to remain a barrier. The agency is working to overcome this with mobile units that can move within communities.

7) Nuestra Clinica (Lancaster City and County)
Barriers: Fear of deportation, no documents, language and access to care

Nuestra Clinica's population is largely undocumented immigrants. Fear of deportation and fear of accessing care without proper documentation are barriers to programming and treatment. Barriers related to fear of deportation and documents are dealt with through group meetings in the community that orient the population to the services available. Individual client meetings are used to provide tailored services to clients. Nuestra Clinic has joined with the Spanish Civic Association to offer education and assistance on individual and group levels. Education includes health messaging for HIV prevention.

Conclusion

While it has previously been noted that these agencies do not have missions primary focused on HIV prevention, their techniques and means in which the recruit and retain clients should be lauded. That some of these agencies did not know of the existence of the HIV prevention plan is unfortunate. Working with the HIV prevention plan in the future should be of benefit to all parties. In addition, the 2003 CDC HIV Prevention Plan Community Planning guidance requests knowledge of HIV prevention programs regardless of their funding sources.

6.6. Activities Conducted by the Evaluation Sub-Committee and the University of Pittsburgh

The University of Pittsburgh in collaboration with evaluation sub-committee of the CPG conducts evaluations of two programs (see Figure VI.1).

The first is an assessment of the impact of the planning process on actual CDC funded HIV activities; the CPG employs two different methods. The first predated the CDC's PEMS program by a few years. That project is the Pennsylvania Uniform Data System (PaUDS). This system collects process-monitoring data in electronic form on a quarterly basis. Data from this system is aggregated and analyzed. The aggregated data is then submitted to the CDC. This system will transform into PEMS once PEMS is on line.

The Pennsylvania Department of Health 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 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 CPG's Plan.

The second method is the Young Adult Roundtable Process Evaluation. It is administered annually at the November meeting to CPG members. This survey provides CPG members the opportunity (both qualitatively and quantitatively) to comment on the progress of the Roundtables during the past year. The evaluative tool assesses young people's parity, inclusion, and representation in the

planning process. Roundtable members use the Committee's feedback to strengthen the project and Roundtable member involvement in the community planning process.

6.6.1. Results of 2009 Pennsylvania Uniform Data Collection System (PaUDS) Activities

The PaUDS program is an Internet-based computerized uniform data collection system for HIV prevention services. The PaUDS system collects data based on intervention types – interventions delivered to individuals (IDI), interventions delivered to groups (IDG), outreach (OR), health communication/public information (HC/PI), and comprehensive risk counseling services (CRCS). Within each of these interventions, the service provider collects information on race, ethnicity, gender and age, for persons receiving these services. Additional information, such as the setting that the intervention had taken place and number of times a certain person has been contacted, is also collected.

Currently all nine local county and municipal health departments and the seven Ryan White Coalitions (as well as the Council of Spanish Speaking Organizations of the Lehigh Valley) are required to report using either the PaUDS system or the CDC PEMS system. Reports are submitted to the Commonwealth on a quarterly basis. Funded agencies submitted data for each quarter in 2008 and 2009. Data were accepted to the Commonwealth in quarterly reports. The quarterly reports summarize all of the data for that current quarter and present a "snapshot" of Pennsylvania HIV prevention activities. Beginning in 2008, the nine local county and municipal health departments have begun to report their data using the CDC PEMS system. For these reasons, 2008-2009 PaUDS data may not represent all HIV prevention activities delivered under the purview of the Pennsylvania State Department of Health. Those data should be available through the PEMS database.

The Evaluations Subcommittee began to make use of PaUDS data in 200. PaUDS reports are received on a quarterly basis and are posted to www.stophiv.com/pauds_reports. PaUDS data is also reported in the Intervention section of this plan.

6.6.2. Young Adult Roundtable Process Evaluation Data: 1997-2007

Trends in Pennsylvania CPG Process Evaluation Data: 1998-2007

Each year in November, Planning Committee members complete an anonymous survey as part of the Roundtable process evaluation. Below are the means (average) of Planning Committee responses to the first ten questions from last November's survey (extreme right column), together with mean responses from the eight prior years. Four numeric responses to each of the ten items were possible: 1= "completely disagree"; 2= "disagree"; 3= "agree"; 4= "completely agree." Those items marked by an asterisk * were not included in that year's survey. 25 CPG members completed this 2007 survey. Due to the change in scheduling that required CPG orientation to be conducted in November 2008 rather than January 2009, an evaluation was not conducted in 2008. Annual evaluations will resume in late 2009.

#	**Variable:** "Your belief that…"	**1998** **n=26** **(67%)**	**1999** **n=20** **(67%)**	**2000** **n=22** **(67%)**	**2001** **n=27** **(70%)**	**2002** **n=15** **(42%)**	**2003** **n=28** **(87%)**	**2004** **n=26** **(72%)**	**2005** **n=27** **(75%)**	**2006** **n=17** **(41%)**	**2007** **n=25** **(69%)**

1	*YART gives youth a voice in the community planning process*	3.5	3.4	3.5	3.4	3.3	3.7	3.6	3.6	**3.7**	**3.8**
2	*Roundtable members reflect epidemic in Pennsylvania*	3.0	3.0	2.9	2.9	3.0	3.0	3.0	3.2	**2.9**	**3.1**
3	*Important needs assessment data from YART to PC*	3.2	3.1	2.9	3.0	3.1	3.5	3.2	3.5	**3.4**	**3.6**
4	*Young PC members have parity in planning process*	3.5	3.0	3.2	3.3	2.8	3.6	3.5	3.6	**3.6**	**3.7**
5	*Young PC members contribute to community planning process*	3.7	3.4	3.2	3.6	3.4	3.6	3.7	3.7	**3.7**	**3.5**
6	*Mentors convey data from YART to PC*	3.3	2.7	2.5	2.4	2.0	2.7	3.0	3.2	**2.9**	**3.1**
7	*YART important part of Community planning process*	3.8	3.6	3.5	3.5	3.3	3.8	3.6	3.9	**3.8**	**3.8**
8	*Roundtable Exec meetings important for PC to meet youth*	3.5	3.3	3.4	3.3	2.9	3.4	3.3	3.6	**3.4**	**3.5**
9	*Consensus Statement provides important data for process*	3.6	3.4	3.1	3.1	3.1	3.7	3.5	3.6	**3.5**	**3.4**
10	*YART ensure young people PIR in PA's planning process*	*	*	*	*	2.8	3.6	3.5	3.7	**3.6**	**3.6**

The following table represents the breakdown of 2007 Planning Committee responses to the first ten questions. Four numeric responses to each of the ten items were possible: 1= "completely disagree"; 2= "disagree"; 3= "agree"; 4= "completely agree."

1	*YART gives youth a voice in the community planning process*	**4% Completely Disagree 8% Disagree 0% Agree 88% Completely Agree**	**3.8**
2	*Roundtable members reflect epidemic in Pennsylvania*	**4% Completely Disagree 9% Disagree 61% Agree 26% Completely Agree**	**3.1**
3	*Important needs assessment data from YART to PC*	**4% Completely Disagree 0% Disagree 29% Agree 67% Completely Agree**	**3.6**
4	*Young PC members have parity in planning process*	**4% Completely Disagree 0% Disagree 20% Agree 76% Completely Agree**	**3.7**
5	*Young PC members contribute to community planning process*	**8% Completely Disagree 0% Disagree 28% Agree 64% Completely Agree**	**3.5**
6	*Mentors convey data from YART to PC*	**4% Completely Disagree 13% Disagree 54% Agree 29% Completely Agree**	**3.1**
7	*YART important part of Community planning process*	**4% Completely Disagree 0% Disagree 12% Agree 84% Completely Agree**	**3.8**
8	*Roundtable Exec meetings important for PC to meet youth*	**4% Completely Disagree 0% Disagree 38% Agree 58% Completely Agree**	**3.5**
9	*Consensus Statement provides important data for process*	**4% Completely Disagree 0% Disagree 48% Agree 48% Completely Agree**	**3.4**
10	*YART ensure young people PIR in PA's planning process*	**4% Completely Disagree 0% Disagree 28% Agree 68% Completely Agree**	**3.6**

Below are the numbers of Planning Committee responses (November 2007) to inquiries about how much information you have about the Roundtable Consensus Statement:

	none	very little	some	a lot
Roundtable Consensus Statement	1 (4%)	3 (12%)	10 (40%)	11 (44%)

Below are the numbers of Planning Committee responses (November 2007) to inquiries about the extent to which needs assessment information from the Roundtable Consensus Statement was used in the planning process, the extent to which Planning Committee mentors to the Roundtables have provided information to the Planning Committee about the prevention needs of Roundtable members, and the perceptions of Roundtable members' participation at Planning Committee meetings:

	not at all	**very little**	**a bit here and there**	**a lot**
The extent to which the ideas in Consensus Statement have been used in Comprehensive Prevention Plan	1 (4%)	0 (0%)	11 (44%)	13 (52%)
(note: not everyone answered the questions below)	**none**	**very little**	**some**	**a lot**
Amount of information shared by Mentors with Planning Committee about prevention needs of Roundtable members	1 (5%)	6 (32%)	9 (47%)	3 (16%)
Perception of Roundtable members' participation at Planning Committee Meetings.	0 (0%)	1 (4%)	16 (64%)	8 (32%)

6.6.3. Qualitative Data from November 2007 Surveys:

In addition to the above numeric data, Planning Committee members also provided additional verbal comments about and recommendations for the Roundtables. Here are your responses…

Recommendations to improve the Pennsylvania Young Adult Roundtables:

- Develop additional local Roundtable sites
- Possibly broaden the number of Roundtables to have representation somewhat equally across the state.
- 1. More mentors 2. Roundtables more receptive to new members.
- I feel that we should have a larger representation of Roundtables personnel at more CPG meetings.
- Perhaps get a larger and more geographically diverse representation
- Just make sure they continue to grow and educate
- Utilize evaluation at the Roundtable meetings
- Another summit
- Conference for all Roundtable members to share experience, strength, and their hope. Get mentors together also to share experiences as well.
- More attendance at CPG meetings
- More interaction between CPG adults and youth to have the variety of concerns and perspectives.
- Build leadership, demand attendance, don't rely on the trickle-down theory of information, integrate YART and CPG early on, recruit members who want and recognize the responsibility of the Roundtables.
- DEBI evaluations. Youth CPG members MUST show up!!!

- More people to be involved
- OK, I think our YART is already fabulous!
- It is already an excellent group!
- I'm impressed with current process
- Each county roundtable mentor/rep should present a monthly summary for each meeting.
- No thoughts at this time.

About the Roundtable HIV Prevention Consensus Statement:
- I feel that it is necessary in order to stay informed.
- We are constantly working on it
- I believe this has become a very useful tool
- Insightful and impassioned, we need to listen more.
- Subcommittees should consistently touch base with each other about how they are actualizing consensus statement objectives.
- Please keep working on this living document
- Very well done
- The YART consensus statement helps motivate the CPG in all areas of plan development
- Unknown what the "Consensus Statement" is at this time. I am somewhat of a new member.
- None at this time

About Planning Committee Mentors/Planning Committee:
- Not a mentor now. In past Norristown group was very close and very well informed on many issues
- We need more organizational cooperation from participants. By this I mean behavior expectations. Also too many members are family members. Also other CPG members to help out as a mentor. In particular from the Erie Roundtable.
- No comment - not a mentor
- Stronger facilitator control in PGH while not jeopardizing the integrity of the project.
- Impressed with how well YART representatives know about HIV/AIDS continues to effect their age group and how truly interested they are with trying to make a difference
- Although our role is not the primary objective; I do believe our input is extremely imperative. Also providing our sight HIV testing opportunities to our at-risk groups. Also outside relative speakers to address issues of continuity.
- Most groups go without mentors. This lack detrimentally impacts communication efforts between CPG and YART.
- There are very few mentors
- Always in need of new local group members and mentors
- The roundtable should include representatives from all ethnicities. For example, the Asian American community has greatly increased in cities such as Pittsburgh, Philadelphia, Lancaster, and Allentown.

Young Adult Information needed by Planning Committee to effectively plan:
- 1. Current trends in risk behaviors 2. Needs of youth for prevention services 3. Barriers to youth for a HIV testing/counseling
- Ongoing needs assessment of are invaluable in planning interventions for youth

- Provide as much information to the CPG as possible. Note: Suggestion that "transgender" YART member not be included with "sexual orientation" in the demographics, as a transgender's individual's sexual orientation can be either straight, gay, or bi. They may be better grouped with member's "sex" ie. male, female, transgender
- New ideas for prevention
- Ways to better reach at risk youth e.g. text messaging, social network sites (MySpace, FaceBook, etc.)
- I believe that they are doing a great job
- Epi Data
- I do believe that opportunity already exists. We just need to see YART membership become more consistent in attendance in the upcoming year. I observed Sara Luby being overwhelmed and sometimes alone so to speak.
- How prevention efforts are received by youth. Are they effective?
- What works in prevention for youth both urban and rural
- An updated consensus statement.
- DEBI evaluations
- Would like to hear more from YART on where they see the greatest need for intervention and ed[ucation] for PREVENTION, and how to implement that information.
- Insight to appealing prevention messages or risky sexual behavior, knowledge, attitudes, and beliefs. What helps to promote condom use or abstinence?
- I believe their current input is realistic and appropriate.
- The committee needs to be constantly reminded of the youth perspective

Improve Executive Committee participation at Planning Committee meetings:

- Have them all stay overnight at the hotel and continue to talk to them all to encourage them to attend the meeting
- After orientation an explanation of activities of YART, perhaps an update of each meeting of current activities and progress and aims
- Facilitate more members attending our meetings
- Monetary incentives for missing work
- I again believe there is possible opportunity. The perspective I once again feel is welcomed and of balance to our overall planning process/committee.
- More attendance
- More interaction
- Plan time for entire body to interact with EC members. Give EC members time for a coordinated activity or Q & A, etc.
- Possibly explain the subcommittees to the EC prior to the meeting so they could possibly participate in committee work.
- Make choice [of youth delegates] from the group
- Please try and provide all CPG members with YART agenda outline before the meeting.
- Invite other/new members from across the State or keep a local member attending for participation.
- None - they already give specific presentations on each of their Roundtables.
- Rather than have YART Executive Committee members report on activities, have members from the Roundtables provide report. Another possibility would be to have each Roundtable

responsible for a specific-topic/project for which they would research and then report to CPG group or provide presentation on their youth topic (e.g., morning after pill)

Other Comments:

- With the inclusion of transgender persons on the CPG why not have transgender youth on the [executive] body of the YART group, which in turn is part of the CPG. Their input, if available, can be very invaluable to the reset of the CPG.
- I believe that our future to educate and bring a cure for HIV lies with our youth. I am always impressed with their eagerness and fresh ideas they bring to the CPG. I have a profound respect to our YART member[s], and am impressed with their knowledge and maturity.
- Evaluations would be great to utilize. Great job!
- An Exit Survey
- Recruit more young positive members from our community. Other ways to let community [know] YART exists.
- Youth should be the focus of prevention efforts. The YART is a vital part of the CPG.
- Great asset to CPG. Utilize more and continue implementations.
- Attendance issues affect YART & the CPT. Capitalize on the tremendous opportunities available in this process/relationship.
- CPG Youth Must Show Up!!!!!!!! It's November and once again it's just Sara. Hunt just showed up an hour late. Dustin over an hour late.
- OK - I only wish we're better able, statewide to have more YART chapters.
- No improvement needed - just difficult to acquire and maintain committed members.
- None at this time

6.6.4. Evaluation of Demonstration Projects: Prevention with Positives

Three Ryan White Title III clinics are participating in an evaluation of the integration of prevention into the care of HIV+ patients. Two clinics are ongoing subcontractors and a third clinic, on a private foundation grant for one year, has volunteered to collaborate in the evaluation. Prevention services follow CDC guidance including Comprehensive Risk Counseling Sessions (CRCS), Partner Counseling Referral Services (PCRS), and when available, DEBI interventions. This collaborative evaluation will include a combination of qualitative and quantitative methods using complex adaptive theory to capture facilitators and barriers of success.

1. Patient Information (New program is starting up; original subcontractors have been gathering data since January 2006)
    - Demographics
    - Self-reported risk assessments
    - Clinically tested indicators of risk behavior
    - Measures of behavior change over time
2. Process Information
    - Physical observation of the initiatives in practice and setting
    - Description of patient pathways determined either by direct observation
    - (if permitted) or by walkthrough
    - Practice Genogram
    - In depth face to face interviews with patients (where permitted)

- In depth interviews and/or clinic observation of relevant staff
- Description of staff and organization relationships

A summary of all activities was presented to the CPG and the State Health Department in July 2009. Presentations are planned for other primary care clinics and AIDS service organizations. The goal is to provide these groups with recommendations and adaptable models and to integrate prevention into their care of HIV+ patients/clients.

6.7 Evaluation Subcommittee Recommendations:

- Continue to conduct evaluations as outlined in paragraph two of the introduction to this evaluation section of the plan.
- Continue to utilize the evaluation data collected to inform the activities of the CPG needs assessment and intervention committees as well as the activities of the CPG and its committees and work groups.
- Although considerable progress has been made in the education and delivery of DEBI intervention, continued monitoring by the CPG is warranted.

7. CONCLUSIONS AND RECOMMENDATIONS

7.1. Subcommittee and Workgroups

Epidemiology

Conclusions: The Epidemiology Subcommittee is structured to review the Integrated Epidemiologic Profile of HIV/AIDS in Pennsylvania by means of the roundtable review process that provides a focused picture of the epidemic in Pennsylvania and linkages between Epidemiology and other subcommittees work by means of the Roundtable process. The Epidemiology Subcommittee has an existing mechanism to handle data request from other committee members in addressing the overall goals of the Commonwealth's prevention plan.

Recommendations: The Epidemiology Subcommittee will maintain updates to the Integrated Epidemiologic Profile with the ultimate goals of providing accurate and timely data about HIV incidence and prevalence in Pennsylvania. The subcommittee will continue to solicit data needs from the entire CPG. In addition, they will use the Epidemiologic Profile to prioritize HIV positive populations at risk of spreading the virus and those who are at high risk of acquiring HIV infection throughout the jurisdiction.

Evaluation

Conclusions: There are two major annual endeavors for the Evaluation Subcommittee 1) CPG process monitoring and 2) poster presentations. The Poster Presentations elicit dialogue and networking between the CPG and HIV prevention funded agencies, as well as elicit information for program evaluation. The poster sessions reveal the activities performed; the use and challenges of using the HIV Prevention Plan/Updates; difficulties with implementation, and barriers and needs for staff training. The Process Evaluation evaluates the CPG planning process using external facilitators to increase the objectivity. The strengths and weaknesses of the planning process are identified and recommendations are made for improvement.

Recommendations: The Poster Presentations process needs to be continued, as well as more support needs to be provided to agencies **prior** to implementing the EBIs. Based on the Process Evaluation, we propose that 1) CPG member orientation needs to be more comprehensive; 2) mentoring for new CPG members needs to be more effective; 3) there needs to be an increased level of commitment among CPG members in terms of mentoring, participation and attendance; 4) training for CPG members on how to plan effectively is needed; 5) more effective recruitment of CPG members is needed so that members better reflect the face of HIV in Pennsylvania; 6) the Young Adult Roundtables continue to be a part of the planning process, and 7) paperwork and reading materials need to be streamlined.

Interventions

Conclusions: The Intervention Subcommittee has refocused its efforts to increasing the capacity awareness of the providers within the State. As the PA Department of Health gains more insight into the nuances involved with implementing evidenced-based interventions, the IS has worked

towards concisely conveying the importance of providers' understanding the systematic process of selecting EBIs and how that resonates with the resources available to their agency. The IS wants to emphasize that the effective implementation of any intervention depends on the capacity of the agency implementing the intervention. In order to enhance capacity, an agency should strive to obtain the following trainings prior to submitting an application**:** the DEBI Project: An Overview, Selecting Evidenced-Based Interventions, and Adaptation. The Intervention Subcommittee would like to support the Pennsylvania Board of Pharmacy in their effort to expand syringe access as a means to decrease infection rates.

Recommendations:

- The Intervention Subcommittee recognizes the effectiveness of needle-exchanges as an HIV prevention tool. Therefore, it is recommended that endeavors into this means of risk reduction be explored.
- Enhance PaUDS to identify unduplicated clients not just contacts.
- In addition to Department support and technical assistance, create a communication medium for providers across coalitions to discuss challenges and successes in implementing effective behavioral interventions i.e. peer-to-peer communication. E.g., teleconferences, online messaging board through www.stophiv.com etc.
- Provide DEBI overview training for CPG members on the second day of orientation; with the specific goals of increasing understanding of how to select a DEBI for an area, the importance of core elements, adaptability, etc.
- The Intervention Subcommittee recommends that the Department allocate resources to directly monitor the implementation of interventions with fidelity.
- The Intervention Subcommittee recognizes and encourages the Department's continued commitment to adaptation as well a development of novel interventions in order to meet those target populations that are not serviced by a current DEBI Project intervention.
    - As HIV-infected persons are the highest priority population for prevention services, the IS recognizes the need for developing interventions that target the sex partners of known HIV-infected persons. Accordingly, we recommend that interventions be developed specifically addressing the individual needs of sex partners as well as the needs of the sero-discordant couple as a unit.
- After reviewing the compendium for interventions that address Hepatitis C viral infection in addition to HIV, the IS encourages providers when appropriate to select interventions that address co-infection.
- The Intervention Subcommittee recommends that the Department investigate the feasibility of implementing Non-occupational Post-exposure Prophylaxis (nPEP) in Pennsylvania.

Needs Assessment

Conclusions: Based upon the Epidemiologic profile and the prioritized target population and in consultation with the Department of Health, the CPG has identified the target populations to be assessed and the types of needs assessments to be implemented, which are to be carried out by University of Pittsburgh staff. The 2008-2009 needs assessments included talking to parents about the HIV prevention needs of their children and have begun to conducted needs assessments focusing on MSM populations. Completed assessments focused on Men's use of the internet in finding partners and a literature review examining MSM/IDU populations. Future needs

assessments on MSM populations are planned.

Recommendations: Since reprioritization is still in progress, we will focus on the unmet needs collaboration with the Integrated Planning Council and Ryan White funded coalitions to provide ongoing assessment of the prevention needs of HIV positive individuals. Future needs assessments will include recommendations that will be presented and distributed to the CPG and utilized by various AIDS service organizations and coalitions.

Rural Work Group

Conclusions: It is the role of the Rural Work Group to continue to advocate for rural HIV prevention efforts and to examine the social and cultural issues that make each of the rural counties and the seven HIV coalition areas unique. The challenge is accessing at-risk subgroups and providing meaningful HIV prevention interventions tailored specifically for these groups. A major concern is that programming for designated priority populations is based upon racial/ethnic categories that do not exist in many of Pennsylvania's rural counties. A further concern is the issue of stigma as a barrier to AIDS prevention programming. In the data presented from the Rural Men's Study, the effect of stigma on sexual risk taking behavior is clear – more intolerance leads to higher risk taking. Furthermore, the data collected from all of the poster presentations indicate that stigma in rural communities is a major barrier to prevention programming.

The Rural Work Group continues to encourage the CPG and the Pennsylvania state health department to meet the Core Public Health functions of assessing the health needs of HIV+ residents in our communities and implement policies which increase resources to address these needs while informing and educating the public about HIV disease and infection. (National Advisory Committee on Rural Health, February, 2000)

Recommendations**:**

- Identify the priority groups at risk for HIV that is location-based
- Identify Best Practices – programs that have been successful with rural populations, e.g. monitoring the DEBI programs that can be best adapted for use with rural populations
- Advocate for continued retention and training of HIV providers.
- Identify the methods by which rural populations adopt prevention behaviors (adoption/diffusion theory).
- Assist rural providers in developing community networks to help reach difficult populations.
- Identify ways in which stigma in rural communities can be reduced
- Address DEBI intervention adaptations to facilitate their use and application for rural providers.

7.2 Department of Health, Division of HIV/AIDS (Department) response to the Pennsylvania Community HIV Prevention Plan Update (Plan) for 2010

The Department conducts a process for demonstrating to the Community Planning Group (CPG) that there is a correspondence between the Plan and the Centers for Disease Control and Prevention

(CDC) application for future funding and that services funded by the CDC grant and state HIV prevention funds, correspond to the Plan. This process includes the following actions:

- The CDC grant application/Interim Progress Report (Grant), including budget, is provided to all members of the CPG.
- The Department provides a presentation to the CPG on the Grant, wherein the Department demonstrates the linkages between the Grant and the Plan. An opportunity is provided for questions and discussion.
- The Department provides a presentation to the CPG on the intervention/services that the Department will be funding in the next federal fiscal year with Grant funds and State funds. An opportunity is provided for questions and discussion.
- A concurrence process is conducted wherein each CPG member has the opportunity to cast a written vote on whether the Department's Grant does or does not, and to what degree, agree with the priorities set forth in the Plan.

The Department 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:

- The provision of targeted HIV Counseling, Testing & Referral (CTR) and expanding access to CTR services.
- An emphasis on Partner Services (PS) in the public sector and expansion of PS in collaboration with the private sector.
- Implementation of activities/interventions for prevention for persons diagnosed with HIV and their partners.
- Training for and implementation of evidence-based interventions.

The following examples demonstrate how the Plan priorities (and Department priorities) are reflected in the Grant:

- Grant funding is provided to support HIV CTR services at 5 county and 4 municipal health departments and at all Department supported Sexually transmitted disease (STD) providers. State funding supports targeted testing through fee-for-service Participating Providers Agreements (PPAs). Language in the PPAs has been modified to be more testing focused.
- Effective January 1, 2010, grant funding will support the Social Networks Strategy for HIV testing at the Bethlehem, Bucks, Montgomery and York health departments.
- The Department has submitted a funding application to the CDC to request funds for HIV prevention contractor/grantees and subcontractors to purchase non-cash incentives/stipends to enhance client recruitment in HE/RR and CTR interventions and for retention in multi-session HE/RR interventions. Although these funds are for federal fiscal year 2009, once purchased, the stipends can be used to enhance recruitment and retention in 2010.
- Grant funding is provided for HIV testing laboratory contracts for serum, oral fluid and rapid testing. These laboratory services also support CTR sites funded by other sources (State, Substance Abuse Prevention and Treatment Block Grant). The Department has

submitted a funding application to the CDC to request funds to purchase additional rapid tests to expand HIV rapid testing services in 2009 and 2010.

- Grant funding is provided to support 11 HIV Prevention Program Field Staff and county/municipal health department staff to provide PS for all publicly supported CTR sites. These staffs continue to focus on offering their services to private sector HIV testing providers.
- Grant finding is provided for two Comprehensive Risk Counseling Services demonstration projects for individuals with HIV/AIDS.
- State HIV prevention funds are provided to the seven HIV Planning Coalitions to implement evidence-based interventions for individuals with HIV/AIDS and other priority populations identified in the Plan.

In addition, the following actions demonstrate the Department's support of community planning and efforts to address recommendations identified by CPG Subcommittees, in the Plan:

- Adequate Grant funds are provided to support the CPG meeting site, CPG members' travel, lodging and subsistence expenses, and the planning process.

Epidemiology Subcommittee:

- The Department has implemented a data driven, competitive resource allocation process for the funding of the county/municipal health departments (grants effective January 1, 2010), that incorporates an HIV epidemiologic resource allocation model.
- The Department, in collaboration with the CPG, has commissioned a reprioritization process of the target populations that is scheduled to be completed within the next planning year (2010).
- The Department has agreed to provide presentations on services funded for target populations, as part of the Integrated Roundtable review.

Evaluation:

- The Department has supported evaluations of the CPG planning process (CPG Survey Part II and focus groups/process evaluation).
- The Department has supported prevention contractor poster presentations.
- The Department has supported process monitoring data collection of funded interventions (PaUDS and PEMS).
- The Department has provided the CPG with presentations of process monitoring data for all funded interventions/activities.
- The Department is funding the development of a Resource Registry for HIV prevention and care providers to assist in the evaluation of unmet needs.

Interventions:

- The Department continues to support training for contractors to implement evidence-based interventions and related trainings (selecting evidence-based interventions, adapting interventions, client recruitment and retention, social networks strategy for CTR, etc.).
- The Department has made CDC and state funding available for contractors to implement evidence-based interventions.

- The Department continues to support the development and implementation of Decisions for Life, a prevention science-based intervention developed by high-risk youth, for high-risk youth.
- The Department Department's HIV/AIDS and STD programs have collaborated on the development of a web-based electronic PS system. This will be piloted in 2009/2010.
- The Department's HIV/AIDS and STD programs are collaborating on the provision of health education services targeting MSM in chat rooms. Services will be expanded in 2009 and 2010.
- The Department is providing funding to the University of Pittsburgh in 2010 to develop an internet intervention targeting rural MSM.
- Pennsylvania State University, Hershey Medical Center, in collaboration with the Department, continued to expand routine HIV in clinical sites (emergency departments, correctional facilities, health centers). An application for year-three funding has been submitted to the CDC.
- The Department has budgeted funds in the 2010 CDC grant to create an additional staff position within the Prevention Section to monitor contractors' to ensure that funded evidence-based interventions are implemented with fidelity.

Needs Assessment Subcommittee:

- The Department's HIV Prevention and Care Sections, in collaboration with the CPG, have commissioned a needs assessment project among individuals with HIV/AIDS to identify unmet needs for HIV-related primary medical care and HIV prevention. This project includes collaborative efforts in all areas of the CPG Community Services Assessment (needs assessment, resource inventory and gap analysis).
- The Department successfully requested supplemental CDC funding in 2009 to develop a strategic plan to enhance HIV prevention services for MSM. Pennsylvania State University and the University of Pittsburgh are collaborating on this project. This plan will be completed by December 31, 2009 and the findings will be used to enhance services in 2010 and thereafter.
- The Department continues to fund the University of Pittsburgh to conduct needs assessments of target populations, as directed by the Interventions Subcommittee.

Rural Work Group:

- The Department will work with the Rural Work Group, the Interventions subcommittee, the CDC and other national partners to identify and disseminate information on evidence based interventions and adaptations of evidence-based intervention that are appropriate for priority populations in rural communities. The Department will work to obtain capacity building assistance to train contractors in these interventions.
- The Department is providing funding to the University of Pittsburgh in 2010 to develop an internet intervention targeting rural MSM.

GLOSSARY OF KEY TERMS

Asian Pacific Islanders (API)
"Asian" refers to those having origins in any of the original peoples of the Far East, Southeast Asia or the Indian subcontinent, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan and the Philippine Islands. "Pacific Islander" refers to those having origins in any of the original peoples of Hawaii, Guam, Samoa or other Pacific Islands.

AIDS Service Organization (ASO)
Local community-based non-profit organizations providing HIV/AIDS care and prevention

CARE Act Data Reports (CADR)
Monthly data reports on HIV care provided to persons living with AIDS.

Centers for Disease Control & Prevention (CDC)
An agency of the Unites States Department of Health and Human Services (HHS) based east of Atlanta, GA. It works to protect public health and the safety of people by providing information to enhance health decisions and promotes health through partnerships with state health departments and other organizations. The CDC is the primary funding and informational source for HIV prevention in the United States.

Community Level Intervention
HIV prevention interventions with community-wide impact such as school-based programs, social influence models, street and community outreach, social marketing, media interventions and social action and community mobilization. Also known as community directed interventions (CDI).

Community Resource Inventory
An inventory of all known HIV prevention resources within the jurisdiction.

Community Services Assessment (CSA)
The HIV prevention community planning process of examining the HIV prevention needs and barriers of specific populations through needs assessment, the HIV prevention resources available and a gap analysis between the needs and resources.

Comprehensive Risk Counseling Services (CRCS)
Intensive sessions with HIV-positive individuals to reduce their HIV risk-related behaviors.

Decisions For Life (DFL)
A group level HIV prevention intervention for sexually active young adults developed by young adults.

Diffusion of Effective Behavioral Interventions (DEBI)
CDC approved interventions of scientifically proven effectiveness for HIV prevention. These interventions are designed to be implemented by community based service providers and state and local health departments.

Evidence-Based Interventions (EBI)
HIV prevention interventions that are based in behavioral and social science theory; these interventions are not part of the CDC's Diffusion of Evidence Based Interventions (DEBI)

Gap Analysis
The analysis of HIV prevention services based upon an examination of the Community Resource Inventory producing a view of what is not available for HIV prevention.

Gap Analysis Grid
A process developed by the Community Planning Group in which target populations and HIV prevention resources in each county in Pennsylvania are examined.

Group Level Intervention (GLI)
HIV prevention directed to small groups and workshops with the goal of creating change in HIV risk-related behaviors. Also known as interventions directed to groups (IDG).

Health Communication/Public Information (HC/PI)
HIV prevention interventions such as mass media (print, electronic, broadcast), small media (brochures, flyers), social marketing, hotlines and clearinghouses.

Health District Offices
Six geographic divisions in the Commonwealth that provide heath department services outside of the ten local and county and municipal health departments.

Health Education/Risk Reduction (HERR)
Individual counseling (peer counseling, non-peer counselor, skills training), group counseling (peer mediated, non-peer mediated, skills training), Institution-based programs (school-based programs and work site health programs)

Health Resources and Services Administration (HRSA)
An agency of the Department of Health and Human Services (HHS) that administers and funds the Ryan White HIV/AIDS Care Act for persons living with HIV/AIDS.

Hepatitis C (HCV)
A blood borne sexually transmitted virus that is also spread by sharing of syringes and drug works. Approximately 40% of those infected with HIV are co-infected with HCV. Hepatitis disease can become chronic and lead to liver failure and death.

Individual level interventions (ILI)
HIV prevention directed toward individuals one-on-one to create change in HIV risk-related behaviors such as, HIV testing and counseling, partner notification, individualized prevention counseling, couples counseling and telephone hotlines. Also known as interventions directed to individuals (IDI).

Injection drug user (IDU)
A population at higher risk for HIV transmission based upon their syringe, needle and injection drug works sharing.

Integrated Epidemiological Profile
The combined epidemiological profile for HIV Prevention and HIV care.

Men who have sex with men (MSM)
A population at higher risk for HIV transmission that is comprised of men who self-identify as gay or bisexual and/or had sexual activity with another man in the past five years.

Needs assessment
A formalized process for gathering both qualitative and quantitative HIV prevention needs and barriers through surveys, focus groups and key informant interviews with specific populations.

Pennsylvania HIV Prevention Community Planning Committee
The CDC designated Community Planning Group (CPG)

Pennsylvania Uniform Data Collection System (PaUDS)
The Division of HIV/AIDS services data collection system for HIV prevention and care services completed on a monthly basis by contractors/providers.

Pennsylvania Prevention Project
The Pennsylvania Department of Health, Division of HIV/AIDS funded subcontractor at the University of Pittsburgh Graduate School of Public Health providing needs assessments, evaluations, facilitation, and behavioral health science support to the Community Planning Group (CPG).

Prevention Poster Session
A process by which multiple individuals and/or community-based organizations can present information about their HIV prevention work in a group setting.

Prioritized Target Populations
A process for directing limited HIV prevention resources to those populations in which HIV/AIDS epidemiology reveals the greatest incidence as well as emerging HIV-infected populations.

Program Evaluation Monitoring System (PEMS)
The CDC data gathering system for HIV prevention services.

Rural Work Group
The members of the CPG who focus their attention on HIV prevention in rural areas to insure both representation on the CPG and efforts directed towards rural communities.

Ryan White Coalitions
Seven designated Ryan White HIV/AIDS Regional Planning Coalitions that receive Health Resources and Services Administration funds for HIV care through the Pennsylvania Health Department, and state funds for HIV prevention.

Surveillance Biannual Summary for HIV/AIDS
The Pennsylvania Department of Health, Bureau of Epidemiology diagnosed AIDS statistics for the Commonwealth provided twice a year.

Young Adult Advisory Team (YAAT)
A group of youth and young adults who have developed and assisted in the pilot testing of the Decisions For Life HIV prevention intervention for sexually active young people.

Young Adult Roundtable (YART)
Groups of youth and young adults directly providing the CPG with their perspective on unmet needs and barriers to HIV prevention. These groups meet five times per year in various locations throughout the Commonwealth.

YART Consensus Statement
A document produced by the Young Adult Roundtable participants on the HIV prevention needs and related barriers for youth and young adults. This document will be revised in 2008.

YART Process Evaluation
The annual evaluation of the Young Adult Roundtable process facilitated by the various YART groups as well as by the Community Planning Group; this evaluation assesses the group's perceptions of the YART process.

2009 HIV Prevention Community Planning Committee (CPG)

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