2012 Pennsylvania Community HIV Prevention Plan

pennsylvania
DEPARTMENT OF HEALTH

Tom Corbett, Governor
Eli N. Avila, MD, JD, MPH, FCLM 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, 2011

TABLE OF CONTENTS *Page*

Tables and Figures

Note: Section 6 Evaluation has a number of imported various evaluation reports. Hence, the sequences of the numbers on the many tables and/or figures contained therein are not included here. They will not be related to the previous format numbering in the Plan Update.

“The United States will become a place where new HIV infections are rare and when they do occur, every person, regardless of age, gender, race/ethnicity, sexual orientation, gender identity or socio-economic circumstance, will have unfettered access to high quality, life-extending care, free from stigma and discrimination.”

*Vision of the National HIV/AIDS Strategy, July 2010

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 2011 developing a Plan Update for 2012. The Epidemiology, Evaluation, Interventions and Needs Assessment Subcommittees along with the Rural Work Group have met on a regular basis to produce a comprehensive HIV Prevention Plan.

Early in his administration President Obama requested the Office of National AIDS Policy to develop a national HIV AIDS strategy for the country. The resulting National HIV AIDS Strategy (NHAS) was unveiled in June 2010. In the evolution of HIV prevention planning in the Commonwealth of Pennsylvania we are clearly aware of the three goals of the NHAS and will be crafting future HIV prevention planning efforts with these in the forefront.

I. **Reducing New HIV Infections**

Step 1: Intensify HIV prevention efforts in the communities where HIV is most heavily concentrated

Step 2: Expand targeted efforts to prevent HIV infection using a combination of effective, evidence based approaches

Step 3: Educate all Americans about the threat of HIV and how to prevent it

II. **Increasing Access to Care and Improving Health Outcomes for People Living with HIV**

Step 1: Establish a seamless system to immediately link people to continuous and coordinated quality care when the learn they are infected with HIV

Step 2: Take deliberate steps to increase the number and diversity of available providers to clinical care and related services for people living with HIV

Step 3: Support people living with HIV with co-occurring health conditions and those who have challenges meeting their basic needs, such as housing

III. **Reducing HIV-Related Disparities and Health Inequities**

Step 1: Reduce HIV-related mortality in communities at high-risk for HIV infection

Step 2: Adopt community-level approaches to reduce HIV infection in high-risk communities

Step 3:Reduce stigma and discrimination against people living with HIV

Achieving a More Coordinated National Response to the HIV Epidemic

Step 1: Increase the coordination of HIV programs across the federal government and between federal agencies and state, territorial, tribal, and local governments

Step 2: Develop improved mechanisms to monitor and report on progress toward achieving national goals

1.1. HIV Epidemiology Support for Prevention Planning

Over the past four 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/update 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. Since the introduction of this requirement during the 2003-planning year, the CPG completed a new process for refinement and update of the model for prioritization of target populations for prevention in collaboration with an ad hoc prioritization workgroup of the CPG to work with the Health Department (and its consultant team). A report including the objectives, methods, results and recommendations of the prioritization process are presented in more details are in the prioritization section of this plan, have been reviewed with the CPG during the 2011 planning year, and are also

incorporated into the Integrated Epidemiologic Profile of HIV/AIDS in Pennsylvania, which is provided through the internet at http://www.portal.state.pa.us/portal/server.pt/community/hiv___aids/14241/integrated_epidemiologic_profile_of_hiv_aids_in_pa/557190, subsections **8.1. and 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 2010-2011, at the direction of the CPG, Pennsylvania Prevention Project staff worked on the following projects:

- Substance use and mental health provider study
- Needs Assessment Compendium

Reprioritization of target populations is still in process, the needs assessment process will not change until the reprioritization plan is finalized. The Registry project is an ongoing 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.

The Needs Assessment Committee is examining the HIV prevention needs of MSM in greater detail in the coming year. The process will include 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 is anticipating using *Geo-Mapping* technology in conducting gap analysis. The 2011-2012 major *Geo-Mapping* analysis will be to identify gaps between cases of Persons Diagnosed and Living With HIV/AIDS (PDLWH/A) by geographic area and HIV/AIDS secondary preventative services by geographic area. In

2011, the Subcommittee particularly looked at PDLWH/A capable of transmitting HIV through MSM risk behavior. This population makes up approximately 41% of the PDLWH/A in Pennsylvania. The Interventions Subcommittee is working intensely to identify data sources in order to distinguish gaps in interventions for MSM minorities in the Southwest HIV Planning Coalition service area between the ages of 13-29.

1.3. Appropriate Science-Based Prevention Activities/Interventions

The Interventions Subcommittee (IS) encourages the various HIV prevention agencies, County/Municipal Health Departments, and planning jurisdictions in Pennsylvania to assess all HIV interventions being implemented in their region. After meaningful evaluation, IS suggests downsizing less effective and costly interventions and reallocating those resources into interventions that are effective in their regions. In accordance with research, IS emphasizes the need for "combination prevention" including evidence-based individual social, behavioral and biomedical interventions to create a community level impact on HIV/AIDS. Approaching HIV prevention from one aspect of a single individual's experiences is an incomplete approach to prevention. A person's HIV risk behavior does not occur in a vacuum nor is their behavior separate from all other persons in their community. However, IS recognizes that several structural barriers exist in achieving various components of "combination prevention", for example, Pennsylvania's *Paraphernalia Law* to statewide syringe exchange programs, various school boards' political motivations to comprehensive HIV/STD education in schools, and strict PA laboratory regulations to widespread Rapid HIV Testing. Despite the structural barriers IS recognizes the need to accomplish more services with less prevention funds being allocated.

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 to 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 blocs 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)

According to Saltmarsh; "Since 1981, when New York, San Francisco, Chicago and, of course, Philadelphia started to see the birth of the HIV pandemic, big cities have had decades to create, establish, and expand medical and support service infrastructures for their residents living with HIV. Most small town and rural areas, however, have not, despite statistics that show infection rates increasing proportionally in such places. College towns may have a bit of an advantage, as their student health systems must address both prevention and treatment in the student population, but what if you live in a town where the main industry is farming and 'townies' work at the grain elevator or the box factory or the strip mall on the edge of town? Chances are Doc Smith, who's delivered all the babies born since the '60s, is not going to be an HIV specialist. The county hospital may not even have an infectious disease specialist since most of their business comes from bar brawls, harvesting accidents, and car crashes, with a smattering of cancer, diabetes, and heart disease. HIV and STI prevention is probably not a high priority. So if you find yourself suddenly in the hospital with pneumonia and an HIV diagnosis, where do you go for help?"

"Most people find the nearest big city and, though it may be arduous and expensive to get there, that's where they go for treatment. Not only are they more likely to find a doctor there who specializes in HIV, but it's also a way to escape the risk of your next door neighbor seeing you going into 'that place' where people go to get tested or see the doctor when they've 'done something they shouldn't have.' As high as the levels of ignorance, stigma, discrimination, and plain old religious condemnation may be in the

neighborhoods of the big city, it's a whole 'nother country if you're one of the three people living with HIV in a town of 1,200." (Positively Aware, January/February 2010, *Is Anybody Out There? Life with HIV down on the farm or in small town, U.S.A., Sue Saltmarsh, p.24)*

1.5. Evaluation

The Evaluation Subcommittee has completed the 2011 CPG process evaluation and the eighth annual poster presentation. The poster presentation focused on harm reduction initiatives for IDUs and prevention for positives.

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. 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 to better conform to the Committee's Plan.

The CPG monitors its planning process by having professional consultants gather data through open-ended questions posed to small groups of CPG members. It was felt that this method provides greater objectivity and a lack of conflict of interest. The results of the November 2010 review of the calendar year 2010 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 measured using poster presentations by agencies throughout the state. Agencies create posters and presentations describing their prevention objectives. The Evaluation Subcommittee employs a questionnaire to determine the usefulness of our plan in implementing their program initiatives. 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- 2011 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, a mix of HIV prevention agencies and immigration services agencies described their HIV prevention programs. In 2010, the poster presentation focused on HIV prevention services for at-risk rural populations. As a result, this summary is a clear picture of the programming available to rural populations.

The 2011Poster Presentation focused on interventions for persons living with HIV/AIDS and harm reduction for themselves and their partners. Six organizations provided information about their experiences with DEBIs and other public health strategies with proven effectiveness.

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.

1.6. HIV Prevention Planning

The current HIV Prevention Community Planning Group (CPG-CDC supported) and the HIV Care Integrated Planning Council (IPC-HRSA supported) will be merging HIV Prevention and Care into one planning body in 2012.

1.7. Planning Cycle –Summary

CPG Planning Cycle -Summary
(Based on 2-year CDC cycle: 2010 - 2011)

PA CPG Planning Cycle	Products to be developed:	Due Dates
2-year bridge program		
2010 **2011**	• **Plan Update for 2011** • **Plan Update for 2012**	• **August 20, 2010 - submitted** • **Unknown**

Revised August 2011

2010-2011 CPG Meeting Schedule & Work Plan for 2011 Plan Update
November 2010 – September 2011

CPG Planning Cycle -Summary
(Based on 2-year CDC cycle: 2011 - 2012)

PA CPG Planning Cycle	Products to be developed:	Due Dates
2-year bridge program		
2010 **2011**	• **Plan Update for 2011** • **Plan Update for 2012**	• **August 20, 2010 - submitted** • **Unknown**
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 February 2011

2010-2011 CPG Meeting Schedule & Work Plan for 2012 Plan Update
November 2010 – September 2011

November 17, 2010 (1 day)

	Objective	**Subcommittee**	**Comments**
	Welcome new members.		Completed
	Brief Announcements	DOH	Completed
	Icebreaker	PPP	Completed
	Special presentations for current members (scheduled to occur during orientation: 9:30 – 12:00) by PPP (Mack) 1. YRBS (PPP - Mack); 2. CDC Consultation on YTGC & YMCSM (PPP – Mack); 3. Unmet Needs Project Update (Benjamin). Each presentation will be approximately 45 minutes.		All "old" members, not including mentors. Need breakout room to accommodate large group. Completed
	Orientation of new members (full day) 1. CPG Guidance 2. Comprehensive Plan & Key Planning Products 3. Description of subcommittees 4. Basic Epidemiology	DOH, PPP & CPG	New members (9) & Mentors: 1. Robert Pompa 2. Deborah Morris 3. Tracina Cropper 4. Deb Dean

	5. CDC Program Announcement - What is a comprehensive HIV prevention program? 6. Advancing HIV Prevention Initiative 7. Roles & responsibilities 8. Group process 9. Evaluation		5. Marlene Lewis 6. Nkuchia M'inkanatha 7. Pam Rorhbach 8. Krys Sharif 9. Jeremy Snyder Completed
	CPG Process Monitoring (focus groups) 1:00- 3:00 (2-hours)	All "old" members By-The-Numbers	Need 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
	Comments on preparation for Roundtable Review (Mike H. notes)		Completed
	Set agenda for next meeting.		Completed
	Presentations requested for January: • Travel, Lodging & Subsistence • Roles & responsibilities group activity • Partner Services Best Practices (Linda Otero)		

January, 19 & 20, 2011 (2-days)

	Objective	Subcommittee(s)	Comments
	(Day 1)		
	Welcome new members.		Completed
	YART Report		Completed
	Presentation of 2010 CPG Process Monitoring findings	Evaluation	Completed
	Presentation of 2010 CPG Survey Part II findings.	Evaluation	Completed
	Completion of CPG Survey Part I	All members	Completed
	Introduction to HIV Epidemiology for Prevention & Care Planning (75 minutes)	Epidemiology Dr. Muthambi	Completed
	Overview of Travel, Lodging & Subsistence Guidelines	DOH	Completed
	Presentation: Planning Process Overview	Ken	Not scheduled
	Review of CDC Technical Review of IPR/Cost Extension and DOH Technical Review response	DOH	Technical Review and Response provided to all CPG members

	HIV 101	Sharita	Requested by Steering Committee - Completed
	Subcommittees meet to:		**Need breakout rooms.**
	Elect chair & co-chair of each subcommittee	All subcommittees	Completed ? Needs Assessment?
	Review and finalize the work plan for 2011	All subcommittees	Completed

	Orient new members to Comprehensive Plan key products specific to each subcommittee:
	• Epidemiologic Profile (Epi Subcommittee)
	• Community Services Assessment
	  ○ Resource Inventory (Interventions Subcommittee)
	  ○ Needs Assessment (Needs Assessment Subcommittee)
	  ○ Gap Analysis (Interventions Subcommittee)
	• Prioritize Target Populations (Epidemiology Subcommittee)
	• Identify Appropriate Science-based Prevention Interventions (Interventions Subcommittee)
	• Concurrence (ALL)
		All subcommittees	Review orientation of Epi subcommittee – recap for new members.
			Completed

	Prepare for Integrated Roundtable Review	Epidemiology	Completed
	• Discuss needs assessment activities conducted by PPP. • Start thinking about priority populations in relation to integrated Roundtable Review.	Needs Assessment	Completed
	Review of conference materials	Interventions	Completed
	Begin discussion for May Poster Presentation: • Floor plan and arrangements – reserve room. • Materials and equipment • Process • Select presenters	Evaluation	
	Rural Work Group meets from 7:00pm – 9pm.	All welcome!	
	Special evening event: Get Acquainted Reception 4:00 – 6:00 PM.	***Everyone welcome!***	Completed
	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	
	<u>Part I- January Meeting</u>: <u>Integrated Round-Table Review and Discussion of</u>	CPG	**Format and time for integrated review for**

	<u>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. Note: Department of Health staff will present prevention activities process monitoring data in conjunction with Evaluation Subcommittee.		**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). Heterosexual & Perinatal** Completed *Part II-March meeting*: cover 1 transmission group (incl. their constituent target populations) (4 hrs needed). **IDU** *Part III-May meeting*: cover 1 transmission group (incl. their constituent target populations) (4 hours needed). **MSM**
	Steering Committee Meets to:		
	Set agenda for next meeting.		Completed
	Review of member attendance (Steering Committee)		
	Requested presentations:		

	• "Why Us" presentation • Update on Expanded HIV Testing • Planning Process Overview • CPG Roles & Responsibilities group activity • DEBI Overview • Jurisdictions/models used for prevention planning & resource allocation • Transgender issues (speaker) • Address Technical Review issue of CPG costs (review budget & discuss)		

March 16 & 17, 2011 (2-days)

	Objective	**Subcommittee**	**Comments**
	Day 1		
	Overview of Integrated Roundtable exercise. Complete pre-test	Epidemiology	Implementing new evaluation technique.
	Epidemiology Subcommittee (Dr. Muthambi) provides Epidemiologic Overview of 1 transmission group (IDU).	Epidemiology	
	Subcommittees meet to prepare presentations for Round table Review	All	
	Part II-March 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;	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

	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. Note: Department of Health staff will present prevention activities process monitoring data in conjunction with Evaluation Subcommittee.		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). IDU** *Part III-May meeting*: cover 1 transmission group (incl. their constituent target populations) (4 hours needed). **MSM**
	Conduct post-test	Epidemiology	
	Rural Work Group meets from 6pm – 8pm.	All welcome!	
	Day 2		
	Remind CPG members to complete CPG survey part I	Ken (on behalf of Evaluation)	
	YART Report		
	Update on status of May Poster Presentations • Presenters • Questions (request feedback on questions from subcommittees)	Evaluation	
	Subcommittees meet:		

		Epidemiology	
	• Discuss current needs assessment activities. • Start brainstorming for the new plan update.	Needs assessment	
	• DEBI Grid Update & Redesign • Hepatitis C	Interventions	Work w/ HCV Coordinator to integrate HCV co-infection into the workplan and Plan.
	• Final review in preparation for Poster Presentation • Select presenters • Revise letters, methods of data collection, directions for presenters • Anything else to be done?	Evaluation	
	Open issues (may be an opportunity to meet with other subcommittees on potential joint collaborative matters, especially Needs Assessment).	All	
	Update on Expanded HIV Testing Initiative	PSU	
	DEBI Overview	PPP	
	Steering Committee Meets to:		
	Set agenda for next meeting.		
	Future presentations requested: • "Why Us" presentation • ~~Update on Expanded HIV Testing~~ • Planning Process Overview • CPG Roles & Responsibilities group activity • ~~DEBI Overview~~ • Jurisdictions/models used for prevention planning & resource allocation • Transgender issues (speaker) • Address Technical Review issue of CPG costs (review budget & discuss) Requires approx. 2 hrs		

May 18 & 19, 2011 (2 days)

	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	
	MSM Strategic Planning results: 1. Epi Profile 2. Community Services Assessment (CSA)	PSU/Benjamin PPP	
	CPG preparation for Poster Presentations: • Distribute Questions to CPG members • Count into groups	Evaluation	
	CPG reconvenes downstairs after lunch for Poster Presentations:		
	CPG Poster Presentations: • **Review posters of Department-funded HIV Prevention contractors/grantees.** • Networking with contractors and CPG	CPG/Evaluation	
	Rural Work Group meets from 6pm – 8pm.	All welcome!	
	Day 2		
	CPG provides feedback on Poster Presentations.	CPG	
	Epidemiology Subcommittee provides direction to CPG on Integrated Roundtable Review.	Epidemiology	
	Epidemiology Subcommittee (Dr. Muthambi) provides Epidemiologic Overview of 1 transmission groups (MSM**).**		
	Subcommittees meet to prepare presentations for Round table Review	All	
	Part II-May 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	CPG/Epidemiology	**Format and time for integrated review for each transmission group:** 2 hours integrated review is proposed for each of the four transmission

	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. Note: Department of Health staff will present prevention activities process monitoring data in conjunction with Evaluation Subcommittee.		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 III-May meeting*: cover 1 transmission groups (incl. their constituent target) (4 hours needed). MSM**
	Steering Committee Meets to:		
	Provide feedback on poster presentations and Roundtable Review		
	Set agenda for next meeting.		
	Future presentations requested:		

July 20 & 21, 2011 (2 day)

	Objective	Subcommittee	Comments
	Day 1		
	CPG feedback on Poster Presentations	CPG	
	Report on Highlights of Roundtable Reviews	Epidemiology	

	Report on CPG feedback from Poster Presentations	Evaluation	
	Presentation: Results of CPG Survey Part I, and CPG membership comparison to Epidemic in Jurisdiction	Evaluation	
	Discussion & Recruitment for CPG Nominations & Recruitment Process	Ken & N&R Work Group	
	Subcommittees meet to:		
	Subcommittees to prepare draft Plan Update.	All	
	Open issues (may be an opportunity to meet with other subcommittees on potential joint collaborative matters, especially Needs Assessment).	Epidemiology & All	
	Continue to draft Plan for review at next meeting.	Needs Assessment	
	• Geo-Mapping	Interventions	
	Continue to draft Plan for review at next meeting.	Evaluation	
	Rural Work Group meets from 6pm – 8pm.	All welcome!	
	Day 2		
	Discussion & Motion to Approve CPG Process Monitoring for November	Eval.	
	Project Update: HIV & STD Integration (Co-infection) Activities	STD Program Staff	
	Project Update: MSM Internet Interventions	PPP (Ray)	
	Subcommittees meet to:		
	Subcommittees to prepare draft Plan Update.	All	
		Epidemiology	
		Needs Assessment	
	Prepare Plan	Interventions	
		Evaluation	
	Open issues (may be an opportunity to meet with other subcommittees on potential joint collaborative matters, especially Needs Assessment).	All	
	Steering Committee Meets to:		
	Set agenda for next meeting.		
	Future presentations requested:		

August 17 & 18, 2011 (2 days)

	Objective	Subcommittee	Comments
	Day 1: Draft Plan Review		
	YART Report		
	Presentation of draft 2011 Plan Update	PPP(Rodger)/CPG	
	Subcommittees meet to review & discuss draft Plan	All	
	Subcommittee co-chairs present to CPG comments on draft Plan	Subcommittee co-chairs	
	Open issues (may be an opportunity to meet with other subcommittees on potential joint collaborative matters, especially Needs Assessment).	All	
	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	
	Update on Nominations & Recruitment	N & R Work Group	
	Update on Changes to PPAs	Bob	
	Subcommittees meet to begin to develop work plan for 2011.		
	Rural Work Group meets from 6pm – 8pm.	All welcome!	
	Day 2: Presentations		
	Presentation: Department of Education –YRBS update	Department of Education (Shirley)	
	Review of 2009 CDC APR Technical Review & DOH response.	Ken	
	Presentation: Human Sexuality	Emilia & Dennie	
	Project Update: Unmet Needs	Benjamin	
	Project update: stophiv.con & provider registry	PPP	
	If necessary - Subcommittees meet to:		
	Subcommittees meet to review & discuss draft Plan Update	All	
	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		
	Set agenda for September meeting.		
	Discuss concurrence process in September		
	Future presentations requested:		

September 21, 2011 (1 day)

	Objective	Subcommittee	Comments
	YART Executive Committee report meeting.	YART	YART Executive Committee Members to attend this meeting.
	Review of 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 August 20th.	DOH	
	Status report on CPG Process Monitoring for November	Evaluation	
	Update on nomination and recruitment – distribute Nomination Applications	DOH/Ken	
	Discussion of State HIV Prevention Budget	DOH/Ken	
	Remind subcommittees to submit data requests for 2011 – no later that November 2010.	Epi	
	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 2011 planning year.	All	
		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	
	Steering Committee meets to:		
	Finalize Plan Update		
	Set agenda for November meeting.		
	Future presentations requested:		

November 16, 2011 (1 day)

	Objective	Subcommittee	Comments
	Welcome new members.		
	Report on CPG Concurrence Votes	DOH	
	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 6. What is a comprehensive HIV prevention program?	DOH, PPP & CPG	PPP to distribute Orientation Guide prior to meeting. Mentors should attend orientation with

	7. AHP initiative 8. Roles & responsibilities 9. Group process 10. Evaluation		new members.
	Breakout Presentations for current members (9:30 – 12:00): 1. YRBS (45 min.) 2. CDC Consultation on YTGC/YMCSM (45 min) 3. Unmet Needs Project Update (45 min)	1. PPP (Mack) 2. Benjamin	
	CPG Process Monitoring (focus groups) 1:00 – 3:00 (2-hours)	All "old" members By-The-Numbers	Need 3 break-out rooms
	Remind subcommittees to submit data requests for 2010 – due this month.		
	Subcommittees Meet to:		
		Epidemiology	Subcommittees will not meet.
		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:		
	Review member attendance and termination of members not meeting By Law requirements for attendance.		
	Set agenda for next meeting.		
	Future presentations requested:		

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.

2.2. Epidemiologic Profile Update

As a 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. 2009/10 updates to the prioritization revision of 2007 were presented to the full CPG in May 2010.

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).

The current 2009/10 Integrated Epidemiologic Profile was based on HIV/AIDS cases diagnosed through December 31, 2008, reported through June 30, 2009 (to accommodate reporting delays), and was presented to the CPG during the 2011 planning year. Several supplements (including detailed regional and county mini-profiles and detailed analyses for strategic planning of HIV prevention programs for MSM) have been provided with the Epidemiological Profile during each successive planning year while the Department awaited HIV reporting data. 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 of HIV/AIDS in Pennsylvania (both of which have been posted online at http://www.health.state.pa.us/hivepi-profile): a) twice yearly publications of the HIV/AIDS Surveillance Annual 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 four 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, and discussions of recommended updates to the plan that are flowing from the roundtables are incorporated into the relevant parts of the Prevention Plan. 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.portal.state.pa.us/portal/server.pt/community/hiv___aids/14241/integrated_epidemiologic_profile_of_hiv_aids_in_pa/557190, (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. A new YART consensus statement was released to the CPG in June 2010 and the Epidemiology subcommittee provides preliminary responses below. Final responses to the 2010 YART 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. Some 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 *youth* (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 youth?

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. A new YART consensus statement was released to the CPG in June 2010 and reviewed by the Epidemiology subcommittee at the July 2010 CPG meeting. The HIV Epidemiology subcommittee offers the following preliminary clarifications and response plans to address the data needs identified. Further responses will be provided as the new Epidemiologic profile is reviewed by the subcommittee during the next planning cycle and final responses to the 2010 YART Consensus statement will be included in the next major plan update.

Preliminary clarifications and response plans to address the data needs identified by the 2010 YART Consensus Statement

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. . The Pennsylvania (PA) Department of Health (DOH) recognized 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 and HIV reporting data is now available in the 2010 Epidemiologic profile.

Interim Bridging Solution & Data Sources: 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 these data have been available in the Epidemiologic Profiles published since 2005. Relevant findings from additional updates and supplemental analyses are 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 2010 Integrated HIV Epidemiologic Profile addresses some of the data needs to be raised by the YART and will be the basis for an update of the model for prioritization of target populations. *Behavioral Surveillance*: The YRBS (Youth Risk Behavioral Survey) has been resumed in selected regions of PA. As data becomes available from this survey it will be made available to the CPG and YART.

Providing Guidance on Recommending Additional Data Sources to the CPG, including Representatives of the YART: The Epidemiology Subcommittee provides the planning committee with a list of a variety of data sources that are currently being analyzed (summarized in the Epidemiologic profile), provides guidance on how to recommend additional data sources, and also solicits 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 analyses as per established process.

*Bridging the gap of knowledge at the planning level regarding HIV Epidemiology work in progress***:** The Prevention Planning Committee is provided annually with an orientation which includes an update of 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 since 2007 with the goal of eliciting 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 preliminary 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. Final responses will be included in the next major plan update.

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.
>
> *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. Data have proven that young African American, young Latinos/Latinas, young men who have sex with men (YMSM), and young women are at a particularly high risk of HIV infection in the United States. *Epidemiology Clarification(s) and/or Response Plan(s):* HIV reporting data is available in the 2010 Epidemiologic Profile and will be used to inform the next planning cycle.

Objective #3: HIV reporting has only recently been implemented and has not yet been made available. Sufficient data are urgently needed in order to reevaluate target populations of youth.
Epidemiology Clarification(s) and/or Response Plan(s): HIV reporting data is available in the 2010 Epidemiologic Profile and will be used to inform the next planning cycle.

Objective #3b: It is imperative to determine the number of youth who are accessing HIV testing services, and in addition those who return for test results. Data currently being collected at testing sites is not specific to youth.
Epidemiology Clarification(s) and/or Response Plan(s): 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. Requests for 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. The Epidemiology Subcommittee can assist the Young Adult Roundtable in submitting this data request.

Objective #4: Initiate a data collection process targeting needle exchange programs to estimate demographic and specific drug-behavior data about young users in Pennsylvania.
Epidemiology Clarification(s) and/or Response Plan(s): The Department of Health is not currently involved in needle exchange intervention or research programs since Pennsylvania law does not permit public funding of needle exchange activities. 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. We also suggest that this request be taken to the Steering Committee to discuss facilitation of this data collection.

Objective #5: Collect statistics regarding income, household size, geographic location, religion and sexual orientation among youth receiving HIV testing.
Epidemiology Clarification(s) and/or Response Plan(s): The Department of Health collects some of the recommended information from the general population including subpopulations at risk for HIV through the population census. Analyses of such data are reported in the 2010 Integrated HIV Epidemiologic Profile. Surrogate data elements, such as insurance status at time of testing and census tract of residence (which may reflect income level), is collected from individuals receiving HIV testing at Counseling and Testing sites and can be requested using the Data request process outlined above. In addition, supplemental data not currently being collected (such as precise income, household size and religion) 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 youth who are living with AIDS.

Objective #1: Share data on the number of youth who are living with AIDS, in relation to the total number of people living with AIDS in Pennsylvania with the Interventions subcommittee to better target youth for prevention with positives.
Epidemiology Clarification(s) and/or Response Plan(s): Demographic data on AIDS cases is available in the Epidemiologic profile and can be shared with the Interventions Subcommittee to facilitate targeting of youth for prevention with positives.

Objective #2: Collect statistics regarding income, household size, geographic location, religion, and sexual orientation among youth receiving AIDS diagnoses.
Epidemiology Clarification(s) and/or Response Plan(s):
Surrogate data elements, such as insurance status and census tract data is collected and reported at time of AIDS diagnosis and can be requested using the data request process outlined above. Supplemental data not currently being collected (such as precise income, household size and religion) could be collected through commissioning supplemental observational studies such as needs assessments. This request has been referred to the Needs Assessment Subcommittee for collaborative/joint review and possible follow-up with the Epidemiology Subcommittee.
In addition, the intake assessment of the new generation Unmet Needs Project will be collecting some of this data and is scheduled to commence in late 2010. These data will be included in updates to the Integrated Epidemiologic Profile when they are available.

Goal #3: Data needs to be collected to identify the specific HIV risk (sexual and drug using) behaviors of youth in Pennsylvania, in order to aid intervention planning.

Objective #1: The Young Adult Roundtables support the continued expansion of the Youth Risk Behavior Survey (YRSB) to survey HIV risk (sexual and drug using) behaviors. Questions should include what substances are being used, including crystal meth, fentanyl patches, and heroin. Previously, the Commonwealth 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. When these data are available it will 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 YRBS (Youth Risk Behavioral Survey) has been resumed in selected regions of PA. As data becomes available from this survey it will be made available to the CPG and YART. 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 #1a: Determine other risk behaviors of youth not covered by the YRBS, such as STIs, pregnancies, abortions, IDU, dating websites, and emergency contraceptive use. Statistics that have yet to be collected include: frequency of protected and unprotected anal and oral sex; the age of first sexual encounter; and the number of partners per year.

Epidemiology Clarification(s) and/or Response Plan(s): This data could be collected through commissioning supplemental observational studies such as needs assessments and surveys in samples of at risk populations. This request should be referred to the Needs Assessment Subcommittee for collaborative/joint review and possible follow-up with the Epidemiology Subcommittee.

Objective #1b: Youth risk behavior data should be specific to demographics: race, gender, income, household size, religion, 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 (for HIV-positive individuals) 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.

Data on youth risk behavior for HIV negative individuals or those unaware of their *status* could be collected through commissioning supplemental observational studies such as needs assessments and surveys in samples of at risk populations. This request should be referred to the Needs Assessment Subcommittee for collaborative/joint review and possible follow-up with the Epidemiology Subcommittee.

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 'Annual Summary,' and the 'Featured Abstracts Series' twice-yearly
- The Resource Inventory is currently being updated for this year, but will be converted to the "HIV/AIDS Service Provider Registry" (HASP) to better identify services and gaps to services and will be made available as soon as the project is fully operational
- 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 & Prioritization Appendices
(Attached to Plan/Application Submission)

Epidemiology & Prioritization Appendix 1: 2009/2010 Integrated Epidemiologic Profile of HIV/AIDS in Pennsylvania;
http://www.portal.state.pa.us/portal/server.pt/community/hiv___aids/14241/integrated_epidemiologic_profile_of_hiv_aids_in_pa/557190 (including updates and supplements through 2010)

Epidemiology & Prioritization Appendix 2(Attached PDF): Step 1 Abstract/Summary of Steps 1 - 4 of the Refined Model's Interim Methods & Results for Statewide Prioritization of Regional HIV Prevention Service Areas in Pennsylvania.

3. EPIDEMIOLOGY & PRIORITIZATION OF TARGET POPULATIONS (SECTION UPDATED IN 2009)

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 Department of Health 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 is reflected in the 2009/10 updated report on prioritization which was completed and presented to the CPG in 2010. The inception of this refinement and update of priority target populations was done by the CPG's ad hoc prioritization workgroup in collaboration with the Department of Health's HIV Epidemiologist and a consultant team. The objectives, methods, results and conclusions/recommendations for prioritization are presented in the next sections.

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

3.1.1. 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.

3.1.2 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.

3.1.3 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.

- 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 2009/10 Update on Refined Objectives, Background/Rationale, Methods, Results, and Recommendations for Prioritization of Target Populations for Prevention:

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 refinement project was completed and is presented in the next section.

3.2.1 Technical Abstract:

Overall Objectives:

The overall objectives are to establish an empirical process for prioritization of target populations for HIV prevention in Pennsylvania. The specific objectives of the state-commissioned refinement of the model for prioritization of target populations for HIV prevention were to:

i) Introduce 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;

ii) Introduce 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;

iii) In addition to the above-outlined primary/"macro prioritization", further consultations with the CPG Ad-hoc Prioritization Workgroup and consultants will develop a mechanism and guidelines to be used for secondary/"micro prioritization" within each prioritized regional population-transmission group;

Background and Significance:

The CPG in PA has commissioned the prioritization of target populations in order to ensure that priority setting is fair. In pursuit of this goal the CPG has committed itself to an empirically determined objective process as opposed to the previous method that relied on subjective perceptions of committee members to set priorities. The field of prioritization of target

populations for HIV prevention is still in relative infancy and is yet to be rigorously peer-reviewed, hence the difficulty in finding relevant literature.

Methods: The Priority Setting Model to Identify Target Populations and Analyses:

To achieve the objectives for refinement of prioritization of target populations, the methods were organized into a 4-step process as illustrated in Methods Diagram 1.

Step 1: This step entailed developing a model/formula for regional distribution of HIV prevention resources to Pennsylvania's 15 HIV prevention service areas (excl. Philadelphia).

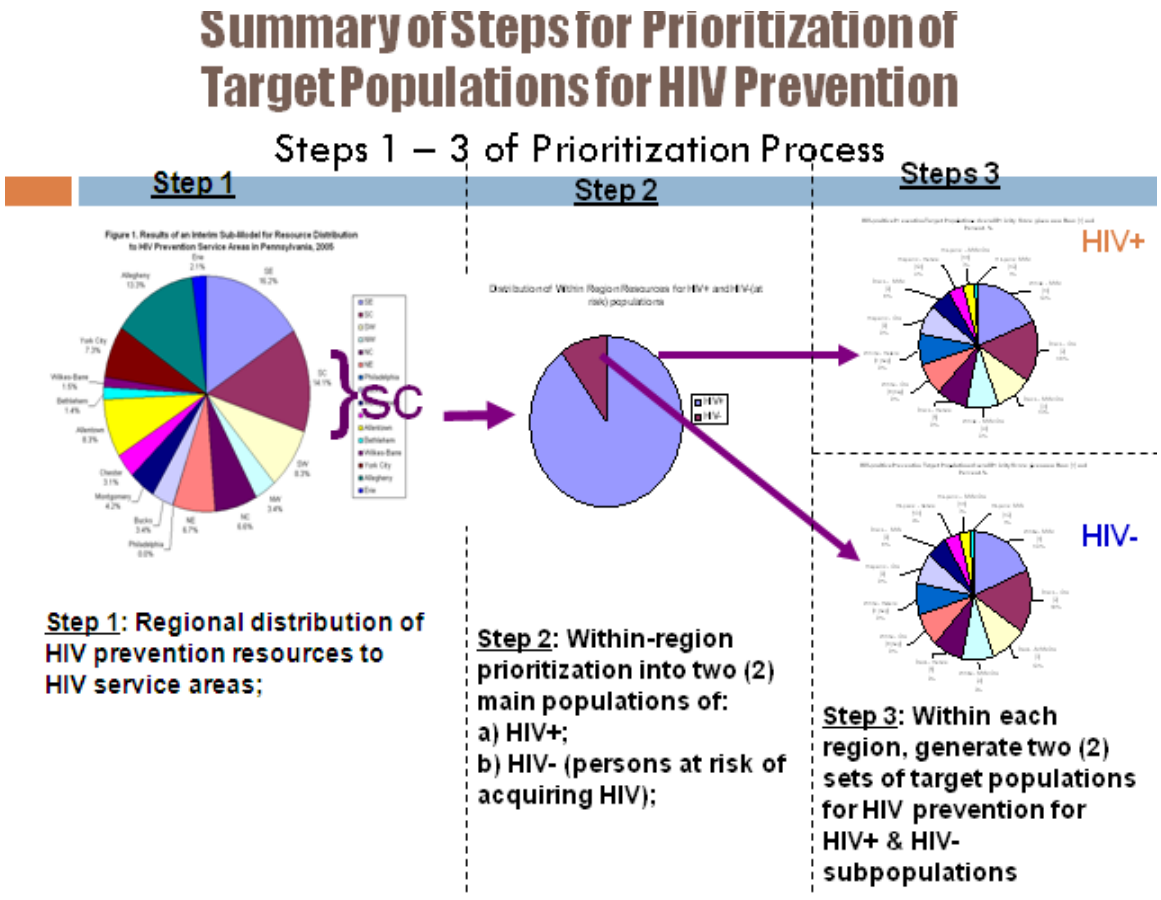
Step 2: Within each HIV prevention service area, this step entailed prioritization of resources into two main target populations of: a) persons living with HIV and b) HIV negative persons at risk of acquiring HIV infection within each service area/region.

Step 3: This step entailed prioritization within each of these two main target populations in each HIV prevention service area/region, so as to generate two (2) sets of target populations for HIV prevention (within each region) 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. The prioritization process applied to each of the two main populations within this step entailed the following: a) Transmission categories and factors by which the target populations for prevention would be ranked were established based on the CPG's previous priority target groups that were based on the main modes of transmission and races/ethnicities across the state; b) Potential factors for prioritizing the target populations that were identified were mainly of three types: i) factors related to transmission potential of probable mode of transmission (Predominant mode/risk behavior); ii) 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); and iii) factors that may impede or enhance access to prevention and care (Barriers to prevention and resources currently distributed to each target population)]; more specifically, the factors for prioritization of target populations used included the following: predominant mode/risk behavior; estimated live HIV cases in transmission category as proportion of total living with HIV in Pennsylvania; 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 prevalent pool of infected persons (assuming no decline in other contributing factors); barriers to prevention; resources currently distributed to each target population; etc); c) Data needed for each factor and target population were gathered if it existed, new data collection and analyses were performed and made available, and data not readily available that needed to be collected were identified and plans are continuously under review to collect the needed data; d) 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; e) Categories within each factor were ranked and each factor assigned a relative weight compared to other factors in the model; f) The available data were inputted into the model (Table 1, Appendix I) 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; g) The product for each factor by transmission category was then entered into the respective cell in the transmission category column as shown in Table 1 (for example, Table1 for South East (SE) district is shown); h) The totals for each transmission category column were calculated; based on the sum of scores of the transmission category column, the percentage for each transmission category were calculated and entered on Table 1; i) Each transmission category was stratified by race/ethnicity to establish population-transmission categories; j) Each transmission category sum of scores was thus stratified by race/ethnicity according to the relative percentage of prevalent HIV cases (diagnosed

in more recent year, 2007) in each transmission category by race/ethnicity; k) 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 as shown in Table 2 [as an example, Table 2 for South East (SE) district is shown in the body of this report]. The model is designed to permit each region to further extend the prioritization process to take into account local prioritization "micro" factors within each target population in each region/service area (i.e. factors such as the local variations in occurrence of homelessness and other socioeconomic factors, gay identified vs. non-gay identified MSM, transmission mode-related risk factors such as MSM or IDU through sharing of injection paraphernalia for transgender, sex work, etc). As part of the supplement for strategic planning on MSM, the model described above was extended to generate priority target populations among MSM population-transmission groups.

Step 4: Develop a composite list of statewide target populations for HIV prevention based on the sums of the scores of the same target population across regions, i.e. to show a statewide picture of the rank of each target population within each of the two main populations of a) persons living with HIV and b) HIV negative persons at risk of acquiring HIV infection at the statewide level. For example, the average of the sum of scores of white MSM target populations within the main population living with HIV in each region is calculated and used as the statewide composite measure for the white MSM target population within the statewide main population living with HIV. These results of the population-transmission groups in each region were summarized and the statewide composite results were calculated and entered in Table 3 in the full report in Appendix 2.

Figure 3.1 Methods Diagram: Overall Steps for Refinement of Prioritization



Interim Results:

The interim results of the implementation of the prioritization model at this point in the progression of the prioritization process shows the following major results: A) statewide priority ranking of 15 CDC-funded HIV prevention service areas (excl. Philadelphia) for resource allocations (as shown in Figure 1): 1) Southeast (17.48%); 2) South-central (15.1%); 3) Allegheny. (13.27%); 4) Northeast (8.42%); 5) Southwest (7.89%); 6) North-central (6.36%); 7) York City (5.89%); 8) Montgomery (5%); 9) Allentown (4.41%); 10) Northwest (4.12%); 11) Bucks (3.63%); 12) Chester (1.5%); 13) Erie (1.99%); 14) Bethlehem (1.99%); 15) Wilkes-Barre (1.31%); and B) a set of priority target populations-transmission groups among the main target populations of a. HIV positive and b. at risk persons in each service area (Please see Figure 2 showing an example of the priority target populations in the Southeast region); the regional priority target populations were also summed up into a composite statewide set of target populations (as shown in Table 1 and Figure 3): 1) white MSM (30.0%); 2) black IDU (11.0%); 3) white IDU (11.0%); 4) white hetero (10.0%); 5) black hetero (9.0%); 6) Hispanic IDU (9.0%); 7) black MSM (7.0%); 8) Hispanic hetero (5.0%); 9) white MSM/IDU (3.0%); 10) Hispanic MSM (2.04%); 11) black MSM/IDU (2.0%); 12) Hispanic MSM/IDU (1.0%)..

The above results, for the state (excluding Philadelphia) and for each HIV prevention service area/region by population-transmission category (including a composite of MSM population-transmission categories) are presented by means of pie-charts (see additional figures in Appendix 2 of the prevention plan).

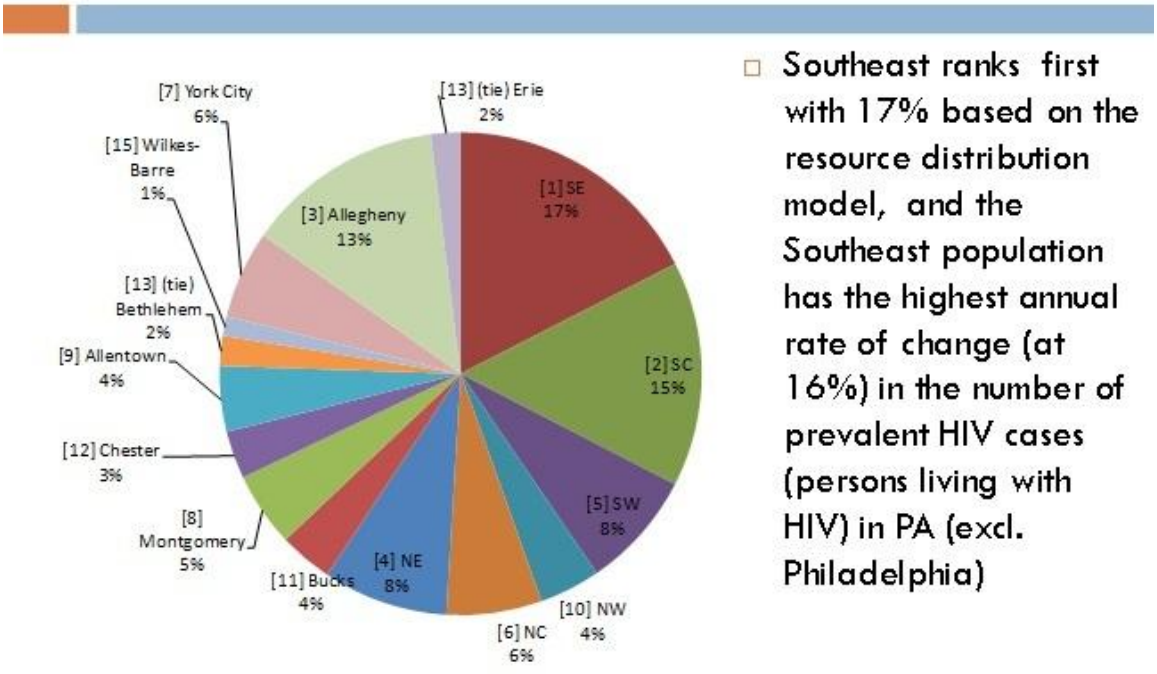


Figure 3.2 [step 1]: Results of Interim Sub-Model for Resource Distribution to HIV Prevention Service Areas in Pennsylvania

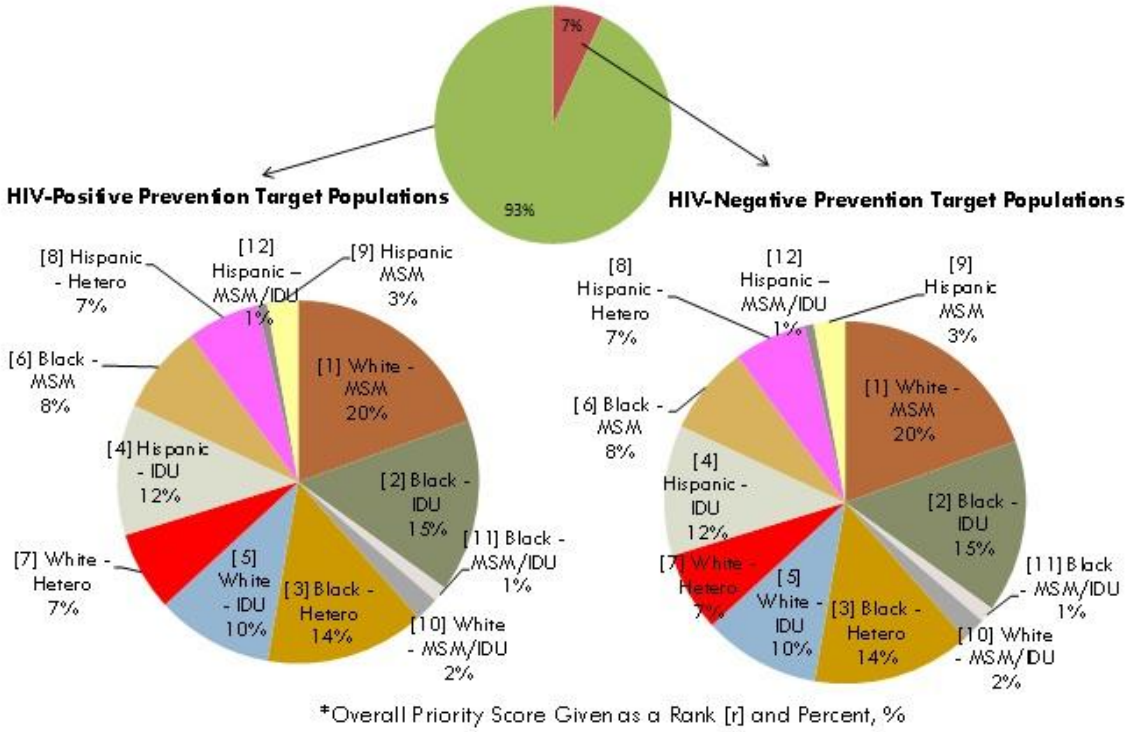


Figure 3.3 [Steps 2 & 3] Southeast Health District—Example of Distribution of Within—Region Resources for HIV+ [infected] and HIV [at risk] Populations

Table 3.1: Statewide Composite/Summation of Products of % Allocated to Risk Group within Region AND % of Statewide Total Allocated to Region/Service Area

Population/ Transmission Group	SUMMATION: PA(Excl Phila)(HIV+)		SUMMATION: PA(Excl Phila)(HIV-)	
	% Allocated to risk group within region (calculate average of regional proportions)	**Sum** of products of % allocated to risk group within region AND % of statewide total allocated to region/service area	% Allocated to risk group within region (calculate average of regional proportions)	**Sum** of products of % allocated to risk group within region AND % of statewide total allocated to region/ service area
	HIV+ persons		HIV- persons	
White - MSM	0.30	0.290	0.30	0.501
Black - IDU	0.11	0.112	0.11	0.195
Black - MSM/IDU	0.02	0.016	0.02	0.027
White - MSM/IDU	0.03	0.020	0.03	0.043
Black - Hetero	0.09	0.088	0.09	0.175
White - IDU	0.11	0.097	0.11	0.170
White - Hetero	0.10	0.099	0.10	0.171
Hispanic - IDU	0.09	0.072	0.09	0.126
Black - MSM	0.07	0.077	0.07	0.133
Hispanic - Hetero	0.05	0.049	0.05	0.086
Hispanic – MSM/IDU	0.01	0.005	0.01	0.009
Hispanic MSM	0.02	0.024	0.02	0.041
Perinatal Transmission				
Emerging Risk Group Needs Assessments				
	0.99		**0.99**	
% STATEWIDE TOTAL ALLOCATED TO REGION/SERVICE AREA (ALL RISK GROUPS) - DATA FROM STEP 1	0.10		0.15	

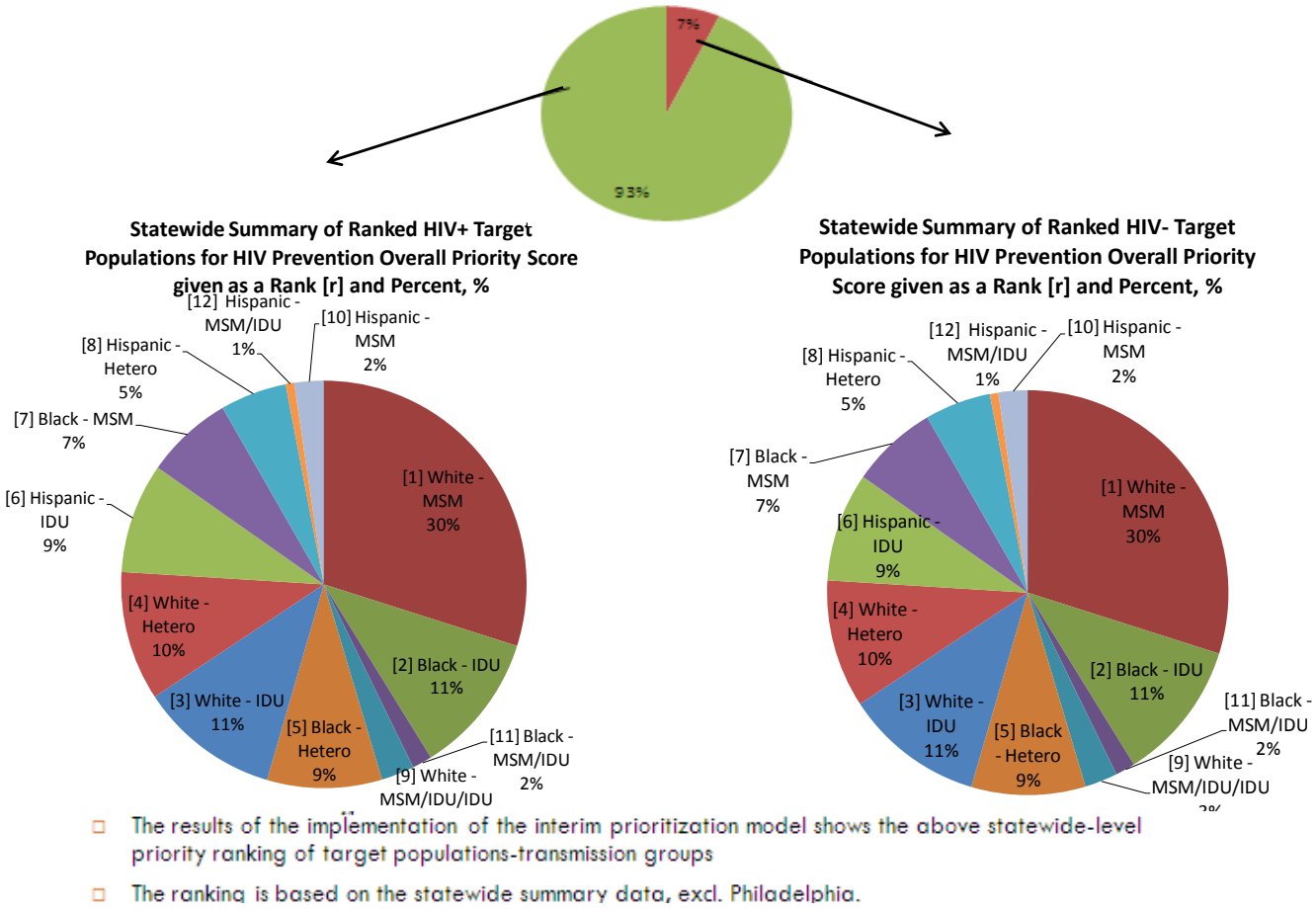


Figure 3.4 Statewide Summary of Ranked HIV+ & HIV- Target Populations for HIV Prevention Overall Priority Score given as a Rank [r] and Percent, %

Public Health Use of Findings of Prioritization Analyses:
The findings of the study are used by the CPG to target prevention services to HIV infected persons most likely to transmit HIV to others and populations most at risk of acquiring HIV infection. The results of the study are also disseminated by the CPG and the State to HIV prevention service delivery partners and are used by the State in allocating prevention resources and as a guide for services provided by the Department's HIV prevention service delivery partners.

- Additional details and the full report on prioritization are online at http://www.portal.state.pa.us/portal/server.pt/community/hiv___aids/14241/integrated_epidemiologic_profile_of_hiv_aids_in_pa/557190, subsections 8.1 & 8.2. Refined Prioritization Model.

3. 3 Epidemiology & Prioritization 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 2009/10 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.portal.state.pa.us/portal/server.pt/community/hiv___aids/14241/integrated_epidemiologic_profile_of_hiv_aids_in_pa/557190 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 now uses HIV reporting, 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, March and May 2010 during the orientation, and subsequent 3 roundtable reviews during the 2010 planning year. CPG members will receive a CD containing the profile *prior* to the next revision of the prevention plan. Data from this profile (including refined regional and statewide target populations) 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) and from stophiv.com.

Within 2011 a compendium of need assessment summaries was created that contains information collected from 1996-2011. It includes summaries of Needs Assessments on:

- IDU
- MSM
- Heterosexual
- Youth
- Special Populations

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 evidence-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**.**

In July 2010 the National HIV/AIDS Strategy for the United States was published in order to provide an outline for public and private stakeholders working to respond to the epidemic. The CPG has begun using this outline to aid in our planning process and in the creation and assessment of needs assessments. Previously, the Needs Assessment Committee has conducted research that focused on people with HIV's ability to access services, and their needs and barriers in prevention. We have also examined how at risk groups access testing and examined the barriers that exist for testing and reducing their behavioral risks.

4.1.3. Designing Needs Assessments

Needs assessments are developed in consultation with the PA Dept of Health, Division of HIV/AIDS, the PA HIV Prevention Community Planning Committee (CPG), and researchers from the University of Pittsburgh/Pennsylvania Prevention Project. Needs assessments utilized:

1. The Epidemiologic Profile
2. Prioritized Target Populations
3. Literature reviews, qualitative methods like focus groups and interviews, and small-scale quantitative studies.
4. Input from the PA Young Adult Round Tables.

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 indicate that HIV remains a threat to the health and well being of a variety of individuals.
- Epidemiological Roundtable Review discussions

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

In 2010-2011, at the direction of the CPG, Pennsylvania Prevention Project staff worked on the following two projects:

1. Mental health and substance abuse provider study
2. Developed the Need Assessment Compendium

4. 3. Methods

- Literature Review: Databases, web sites, past needs assessments, and other data are searched to identify relevant themes, gaps in literature, and qualitative methods. Important issues and questions that need to be assessed and are identified.
- Identification of Sample: A steering committee of PPP staff, committee members and other PA experts make preliminary recommendations of subgroups for study based on relevant Epidemiological data, feedback from the CPG, and the literature review.
- Questions are developed and based on: 1) needs of the CPG; 2) topics identified through the literature review; 3) past needs assessments; 4) discussions by the CPG; and 5) outside expert input.
- Identification of Methods: A panel consisting of the Needs Assessment Subcommittee identifies the most appropriate methods (e.g., key-informant interviews for more marginalized and harder to reach populations).
- Development of Budget: A detailed budget for the project is developed.
- Institutional Review Board: Applications are submitted to the University of Pittsburgh's and PA State Dept. of Health's Institutional Review Boards for approval.
- Staffing and Training: Individuals are identified based on their relationships with target populations and relevant skills to recruit participants, lead groups, or implement interviews. Training includes purpose of the study, dynamics of each population, confidentiality, facilitation or interviewing skills, and, other issues.
- Data Collection: Focus groups and interviews are tape-recorded. Pilot groups and interviews are implemented. PPP staff review tape recordings of pilot groups and interviews and provide feedback to the facilitators and interviewers.

- Analysis of Data: In order to analyze qualitative data individuals listen to a cross-section of tapes and identify themes based on frequency, intensity, reliability, and level of consensus findings are checked for validity in sessions with CPG members who are also representatives of the targeted populations. Quantitative data is sometimes gathered within needs assessments, but is only utilized in university and bivariate analyses to help describe the data.
- Evaluation: Participants, facilitators and interviewers complete written evaluations. Facilitators and PPP staff meet to evaluate the project and data is presented to the CPG to have them provide feedback.

4.4. Summaries

Brief description
The Needs Assessment committee of the Pennsylvania Community Planning Group wanted to learn about HIV prevention provided by substance abuse and mental health care providers across Pennsylvania. An online survey was distributed to mental health and substance abuse clinics throughout the state. Providers returned 189 completed surveys. Descriptive statistics of the data were provided to the committee.

Relevant findings
Addictions counselors constituted 26% of the sample.
57% provide care in drug and alcohol treatment facilities.
66% conduct risk assessments, mainly around substance use behaviors and less around disclosure of HIV status.
53% claimed to have HIV+ clients.
Face-to-face discussion and written materials were most often cited as educational formats used with HIV+ clients to help them in preventing transmission of the virus to their partners.
Respondents sought to build their clients skills most around using condoms/barriers (50%) and negotiating harm reduction (49%), while providing clean needles (2%) or distributed drug/works cleaning kits (6%) the least.
Counseling issues principally concerned the HIV+ client's substance abuse, such as a need for referral and adhering to harm reduction practices. Disclosure of status to partners (42%) was the least cited counseling issue addressed.
Respondents claim to spend between 1-25% of their time giving HIV+ clients information and resources to prevent transmission.
Respondents received information about prevention activities from professional trainings the most, as well as professional publications and Internet resources.
Respondents relied upon friends and colleagues as well as their professional networks to find out about community resources.

Respondents use government websites as reliable sources of information for their clients. The Centers for Disease Control and Prevention as well as the SAMHSA website were cited as often used resources.

Top 5 Needs	Top 5 Barriers
• Education pamphlets for clients • Free condoms • Professional trainings • Receive updated communications about prevention • Funding	• Substance use/Mental health issues • Lack of accurate information regarding safer sex • Silence around disclosure • Complacency about HIV • Policy barriers (ie paraphernalia laws)

Limitations
These data provide a general understanding of how substance use and mental health providers in Pennsylvania do HIV prevention. Qualitative analyses are needed for a more nuanced understanding.

Recommendations
Provide yearly HIV prevention trainings to substance abuse/mental health care providers.
Provide free condoms to mental health/substance abuse clinics.
Provide educational literature for clients of mental health/substance abuse clinics.

Creation of Needs Assessment Compendium

Since the inception of the Community Planning Group (CPG) community needs assessments have been a useful tool in identifying risk behaviors among specific populations, barriers in accessing HIV testing and other related services, and aiding in the prioritization of target populations. Needs assessments have been identified as an important companion to the epidemiologic and counseling and testing data collected by the Dept. of Health. While the Dept of Health data serves the committee by identifying overall trends in HIV prevalence and usage of testing services, needs assessment activities are important in identifying reasons why populations at risk for infections are not using condoms or being tested for HIV.

Over the years, needs assessments conducted by PPP have focused on prevention with positives and populations of HIV-negative men who have sex with men, intravenous drug users, and heterosexual people at high risk of infection. Groups have focused on the experiences of race/ethnic groups, gender (including transgender), age, disability, and factors like HIV status and internet usage. Commonalities between needs assessment studies emerged. Many studies identified the need for greater education, skills training, and condoms. Material that is culturally appropriate for specific groups was also a common outcome. Stigma (HIV, homophobia, racism) have been identified as important factors in HIV prevention.

The needs assessments have been helpful not only in developing the Commonwealth's HIV prevention plan but they have led toward the development of resources to aid support in HIV prevention. With the Department of Health, The Pennsylvania Prevention Project has created capacity building programs to aid agencies in working with diverse communities in a culturally appropriate manner (e.g. working with MSM communities).

Programs and intervention utilizing internet based resources arose with the findings that more MSM are using the internet to find sexual partners.

The compendium provides coalitions and community based organizations information that they can use in their activities. Since many CBOs and coalitions do not have the ability to conduct needs assessments, the needs assessment committee can be an important resource for them by conducting needs assessments that they can use to help with their prevention activities. The compendium will be an easily accessed resource to help with their programs.

As we move forward, this compendium will serve as the basis of future needs assessments. This document will allow the Needs Assessment Committee to know who has been the focus of previous activities and what has been previously identified regarding HIV prevention within Pennsylvania. Future activities will include a focus of specific groups under the three main risk categories. The future needs assessments will focus upon those already infected along with an emphasis on testing and accessing care. The role of communities and social relationships will also be an important area of investigation as current literature state these are significant factors in people's behaviors, especially those of men of color who have sex with men.

4.5. Activities related to the Registry Project

The Registry data storage system has been named the HIV/AIDS Service Provider (HASP) Registry. Programming of the data collection system has been completed. System refinements are expected but contingent on user feedback. Piloting of the program was successfully completed and agencies have already begun enrolling in HASP. Marketing for the Registry will continue across the state to both maximize enrollment for consumer search and to collect a more comprehensive profile of available services.

The HASP Registry serves as a tool for gap analysis by providing a comprehensive assessment of HIV prevention, care, and treatment resources available within Pennsylvania. It is 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.

As part of the response to National HIV/AIDS Strategy (NHAS) and the CDC's Enhanced Comprehensive HIV Prevention Planning (ECHPP) Project, the Registry helps support the goals of these two projects by improving program planning and implementation to:

- Reduce new HIV infections
- Link people with HIV to care and treatment and improve health outcomes
- Reduce HIV-related health disparities
- Achieve a more coordinated national response to the HIV epidemic in the United States

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 epidemiologists and consumers.

Some of the many benefits of the HASP Registry are that it:

- Aligns with the (NHAS) to assist both the Centers for Disease Control and Prevention (CDC) and the Pennsylvania Department of Health to understand what services are currently being offered, what services are needed, where funding is needed, and where resources can be better utilized within the state when planning and referring.
- Allows consumers a single comprehensive place to locate services.
- Ensures that agencies enrolled in the HASP Registry:
  - Are among the first in line for available funding.
  - Are already identified within their region as sources to meet unmet needs. This will prevent an overlap of services that would be created if new sources were funded.
  - Are better equipped to make quality referrals across the state.

Enrollment in the HASP Registry ensures that HIV care and treatment facilities are identified within our region by providing a listing of individuals and agencies within Pennsylvania working to assist persons living with HIV/AIDS or to prevent the spread of HIV/AIDS.

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,Adam4adam, and Craigslist websites.
4. Maintain a blog-based website that would serve as a general source of STI information and community resources,
5. create and maintain the *Text for Testing* service in which users can receive contact and location information for HIV testing via cell phone.

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. Health Alerts are also sent to

Yahoo gay and bisexual groups, posted on Facebook and on the PPP-related websites. In this way, another 3000+ gay and bi men in the State can be reached with the important health information.

Partner Notification

In April of 2009, final State-recommended changes were made to the Online Partner Notification System. Training was held for State field staff in late 2009. The system was officially in use beginning in 2010. In the first six months of 2010, PPP staff and State field staff sent messages to 18 chat-room recipients with 14 messages being verified as received. Additional training for State filed staff is recommended to increase the use of the Partner Notification System.

Chat Room Intervention

The purpose of a chat room intervention for MSM in the state is to provide sexual health resources to a community that is at a higher risk of HIV and STD infection. The chat room "sexual health educator" post profiles on Craigslist, Adam4adam and Gay.com. 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. 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. In 2010, conversations were conducted with more than 300 individuals, which is twice the number of interactions in the previous year.

Creating a Website Resource – www.m4mHEALTHYsex.org

Creation of the STI information-based website was completed in February of 2009 and updated to a blog-based site in May of 2010. 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 blog with articles and information regarding sexual health issues of MSM.

Text for Testing

Utilizing the online tool, TextMarks, PPP will provide cell phone consumers with local HIV and STD testing locations in Pennsylvania. This service will be marketed in the fall

of 2011 via advertisements in magazines, existing online social networking media, and handouts at prominent venues.

Using this new service, consumers can text a short code (such as "STDtesting") to 41411. In return, they will receive a link to the Centers for Disease Control and Prevention's online database. This database then provides contact information and directions to the nearest testing center. Persons requesting testing locations will then be asked, also via text, to subscribe to the "Health Alerts" message system.

4.7 Pennsylvania Youth Risk Behavior Survey (YRBS)

The Young adult Roundtable had requested more data regarding the HIV risks of young people. The YRBS is conducted every two years and this is the first time for statewide data collection.

The 2009 Pennsylvania Youth Risk Behavior Survey (YRBS) indicates that among high school students:

Sexual Risk Behaviors

- 48% even had sexual intercourse
- 6% had sexual intercourse for the first time before 13 years
- 15% had sexual intercourse with four or more persons during their life
- 37% had sexual intercourse with at least one person during the 3 months before the survey
- 35% did not use a condom during last sexual intercourse (1)
- 73% did not use birth control pills or Depo-Provera before last sexual intercourse to prevent pregnancy (1)
- 10% were never taught in school about AIDS or HIV infection

Alcohol and Other Drug Use

- 15% drank alcohol or used drugs before last sexual intercourse (1)
- 2% used a needle to inject any illegal drug into their body one or more times during their life

(1) Among students who were currently sexually active

Additional information can be obtained at www.cdc.gov/yrbs

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 and 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" and their access and usage of services for HIV testing.
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.
   HIV positive men
   MSM/IDU
   Young MSM (16-17)
   African American
   Latino
   Rural
   White
   Over 50
   HIV negative men
   Young MSM (16-17)
   African American
   Latino
   Rural
   White
   Gay/Bi transmen
   Over 50

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.

4.9. 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 members facilitate the meetings, listen to Roundtable members, and do 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 six 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.

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 response to these priorities, the Young Adult Roundtables conducted needs assessments in three domains in 2011: Internet/app outreach among youth; barriers among youth to STI testing in Pennsylvania health departments; and HIV prevention intervention needs.

A survey instrument (the Youth Internet Modality Survey) was distributed to Young Adult Roundtable members in April 2011. The Youth Internet Modality Survey sampled existing, non-random but diverse focus groups of at-risk youth (n=70) aged 14-24 in Pennsylvania to explore differential behavior related to virtual partner-seeking and virtual sexual health information-seeking behaviors, as well as to gauge acceptability of virtual intervention provision to youth most at risk. Results suggested that acceptability was high (81%); that virtual sexual health information was most sought by female, gay/bi male, and transgender youth; and that virtual sex partner-seeking was most conducted by gay and bisexual male youth. Preliminary conclusions indicate that HIV/STI intervention development for youth are sorely needed and would be welcomed. In response to open-ended questions, youth respondents listed 70 sites or apps related to seeking sexual health information, of which 19 were discrete. Search engines were by far the most popular virtual tools for learning about sexual health issues. Websites and apps previously unknown to the researchers included Pregnancy Ticker (app), SexFacts (app), Transgender.com, and LoversGuide.com. 62 individual responses for sites or apps used to seek sexual partners were cited by YART members, including 18 distinct sites/apps. The most popular among these were social network sites, such as Facebook.com and MySpace.com; and sites targeted by YMSM, such as BGCLive.com and Adam4Adam.com. Sites and apps previously unknown to the researcher included Grindr (app), Mocospace.com (cited by transgender participants), Migente.com (cited by Latinas), and UrbanChat.com. As a result of this needs assessment activity, the Young Adult Roundtables recommend that Internet/app interventions be targeted toward youth at high risk of HIV infection in two modes: 1) social networking based interventions for high-risk female youth; and 2) Internet/app interventions using BGCLive.com, Grindr, Mocospace.com, and transgender.com for YMSM and YTG of color.

A qualitative needs assessment was undertaken in April 2011 to examine two primary issues: 1) determining barriers to youth testing and treatment and 2) to explore solutions to determined barriers. 6 focus groups were held with high-risk youth in each Coalition area (excepting AACO). There were 70 respondents, of whom 30% were white and 70% non-white; 43% female, 49% male, 9% transgender; 66% straight, 11% bisexual, 17% gay, and 3% lesbian. The mean age was: 18.97, the range 14-24. We asked the following questions: 1) Can you talk to us about the experiences you have had or your friends have had getting tested for STI or HIV at the health department? You can talk about both positive and negative experiences; 2) Can you talk about some reasons that sexually active young adults might not go to the health department for STI or HIV testing

and treatment? 3) If you were put in charge of the local health department, what changes would you make to it that would benefit young adults? Interviews were recorded and coded for themes. Five issue domains were recognized: privacy and confidentiality; access; atmosphere; disparities; and alternatives. Privacy and confidentiality issues included waiting room stigma/embarrassment; unintended confidentiality breaches related to giving results (calling, finding, mailing); other perceived staff confidentiality concerns; and physical privacy during and after testing. Solutions included creating private waiting rooms and appointment-setting; a standard, statewide protocol augmented with client agreement for follow-up tracking procedures; re-emphasis on confidentiality and physical privacy training for staff, especially related to youth clientele; social marketing of health departments' commitment to privacy and confidentiality targeting youth populations; and demarking dedicated space for giving results, including creating youth-specific spaces or hours. Access to care issues included the limited times and hours health departments were open not coinciding with hours that youth were generally available; parking and transportation issues; and neighborhood safety in areas where health departments were open. Suggested solutions to access to care issues included increasing youth-friendly hours and/or subcontracting to agencies with less restrictive policies on staff time policies; providing parking validation passes or incentives for bus and taxi transport; and establishing or marketing pre-existing mobile STI clinics in convenient locations. Issues related to clinic atmosphere barriers included ambience; perceived judgments by receptionists and ancillary staff; old-fashioned (swab-based) gonoccocal testing procedures and HIV whole blood draws; and the perception of being treated like a number, rather than a person. Solutions to these barriers included improving the waiting room environment (with lighting, magazines, comfortable furniture, cleaning); staff training around cultural competency and respect for first contact staff; statewide protocol for health departments to utilize the most modern, least invasive testing procedures (i.e. urine, rapid HIV tests, oral HIV tests); and staff training to improve interpersonal skills and "bedside manner", including youth-specific cultural competency. Barriers related to differential experiences included transgender perception of stigma within clinical settings; straight male perception that they were not at risk for STI; gay and bisexual youth perceptions of clinic staff moral judgments; and cons related to indigenous staffing (familiarity of youth clients with staff outside of health department settings mitigating the perception of confidentiality/privacy). Solutions suggested for these barriers included collaborating with transgender clinics or creating transgender-specific space and care with existing health departments; social marketing around STI testing uptake targeting straight male youth, especially of color; cultural competency training related to LGBT youth issues with severe penalties for staff making moral statements about sexuality to clients; and reconsidering roles for indigenous/ representative health department staff (youth felt that staff from within their communities were a risk to privacy and a barrier to testing uptake). Finally, youth indicated alternatives to health departments that they were often more likely to use, including Planned Parenthood and private doctors or student health services. A recommended solution was further subcontracting by health departments to community-based organizations to provide non-judgmental, flexible, contemporary STI/HIV testing options.

Finally, based on statewide and local epidemiology and current offered services, the Young Adult Roundtables identified a severe need for targeted HIV prevention and testing to youth communities at greatest risk for HIV infection, specifically YMSM of color and YTG of color in high-prevalence areas in Pennsylvania: Harrisburg, Pittsburgh, and Allentown that would include safe space creation for these populations, Internet outreach, and Social Network Strategy for HIV CTRS and dedicated physical outreach to sex workers in this demographic.

In addition, the Pennsylvania Young Adult Roundtables are continuing to work on the Video Prevention Assessment project initiated in 2009. This project entails producing videos of real-life and role-modeled narratives that reflect issues that young adults have when negotiating safer sex with their partners. This initiative comes out of a Young Adult Roundtable needs assessment that identified an important gap in teaching young people to have relevant, practical sexual conversations with potential sexual partners. The Video Prevention Assessment project suggests a potential structure, involving community-based scriptwriting and video-recording, that HIV prevention service agencies can follow in order to address this need at a programmatic level. Agencies that work with young people should not assume that they are capably speaking with their partners about sexual risk.

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. Gap Analysis

The Interventions Subcommittee is exploring new technology to conduct gap analysis. *Geo-Mapping* will provide geographical information on populations receiving HIV prevention intervention services in Pennsylvania. The data generated will reveal HIV/AIDS cases by county to be compared to interventions delivered by county.
Limitations:

- *Geo-Mapping* technology analyzes data that is reported via Pennsylvania Uniform Data System (PaUDS), so data from agencies not funded by PA DOH to implement prevention interventions will not be included in the gap analysis done by Geo-Mapping.
- 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 as analysis data will be based on prevention services alone.

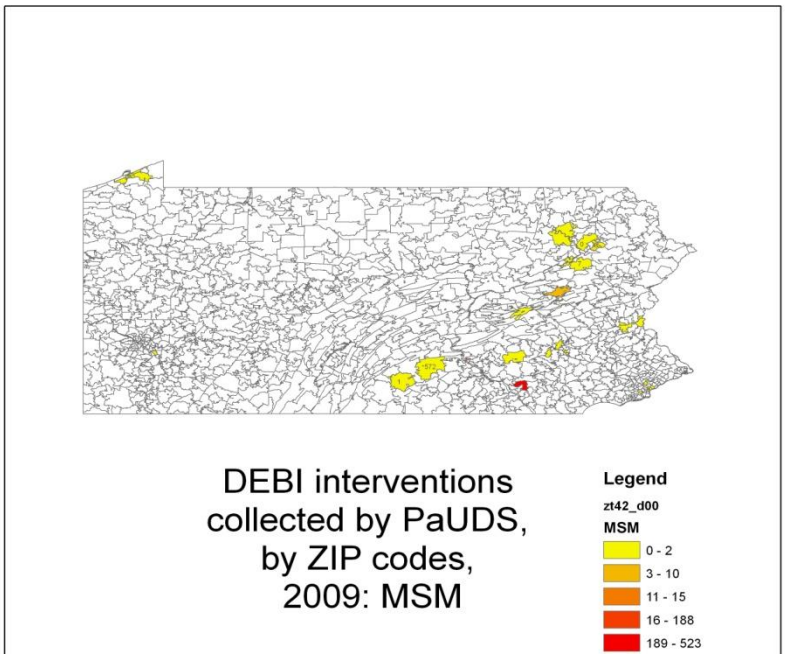


Figure 4.1 – Sample Geo Map showing number of evidenced-based interventions for MSM being conducted by zip code in 2009

In response to the Interventions Subcommittee's request to study gaps in intervention service provision among populations with highest incidence of HIV, PPP staff analyzed service provision data collected via the Pennsylvania Uniform Data System (PaUDS). PaUDS collects data from all state-funded HIV prevention service organizations, including Coalitions and County and Municipal Health Departments (beginning in 2010, County and Municipal Health Departments began reporting data via PEMS). Populations of interest to the Interventions Subcommittee included black young men who have sex with men (YMSM) 14-29 years old and black young transgender (YTG) persons 14-29 years old. According to the CDC, black YMSM suffer the highest domestic HIV case incidence of any ethnic, race, and age category by risk group; i.e., this subpopulation represents the largest number of new infections, with incidence rates rising each year from 2006-2009 (Prejean, et al 2011).

PaUDS data were aggregated by year over a four year period, from 2007 through 2010. In total, black YMSM received 0.81% (4300 of 529,993) and black YTG received 0.02% (127 of 529,993) of all interventions delivered. Results did not differ appreciably by year, ranging from 0.5% to 1.1% of total contacts for black YMSM and 0.00% to 0.02% for black YTG. In total, black YTG and YMSM received 0.83% of all state-funded interventions reported via PaUDS.

4.12. 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 Coalitions, 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.

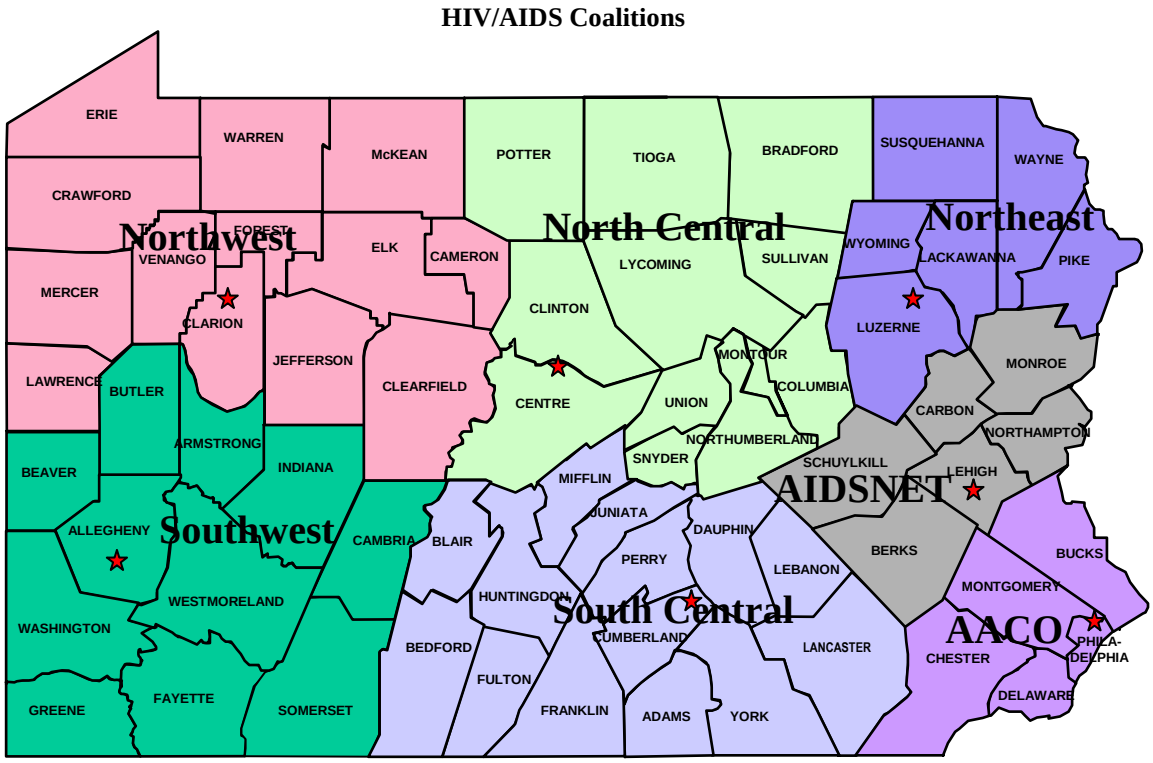


Figure 4.2 Pennsylvania Department of Health Ryan White HIV/AIDS Regional Planning Coalitions

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 2,465,276 not including Philadelphia there is a +6% change since the 2000 Census. Including Philadelphia, the total population is 4,012,573 (32% of state population and a +4% change since the 2000 Census)

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 Population—626,015 (Doylestown)-county seat		
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 3 Cornerstone Drive	Group Level Intervention (GLI), Outreach, Health Communication/Public Information (HC/PI) Case Management	IDU MSM Heterosexual General Public Emerging Risk Group –

PROVIDER	PREVENTION SERVICES	TARGET POPULATION(S)
Langhorne, PA 19047 215.757.6916 www.fsabc.com	Support Groups Healthy Relationships	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 General Public

PROVIDER	PREVENTION SERVICES	TARGET POPULATION(S)
		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 Population—498,894 (West Chester)		
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+
Chester County Prison	Counseling, Testing and	IDU

PROVIDER	PREVENTION SERVICES	TARGET POPULATION(S)
501 South Wawaset Road West Chester, PA 19382 610.793.1510	Referral Services (CTR), Partner Services (PS), Individual Level Intervention (ILI), Health Communication/Public Information (HC/PI)	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 Diseases	Counseling, Testing and Referral Services (CTR)	General Public

PROVIDER	PREVENTION SERVICES	TARGET POPULATION(S)
21 Industrial Boulevard, Suite 200 Paoli, PA 19301		
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 Information (HC/PI)	General Public

PROVIDER	PREVENTION SERVICES	TARGET POPULATION(S)
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 Population—558,028 (Media)		
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 Communication/Public	HIV+ IDU MSM Heterosexual General Public

PROVIDER	PREVENTION SERVICES	TARGET POPULATION(S)
www.chespenn.org	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 610.358.2150	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)	
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 Population—782,339 (Norristown)		
Alternatives, Inc. 450 Bethlehem Pike Fort Washington, PA 19034 215.641.6863 800.342.5429	Counseling, Testing and Referral Services (CTR), Individual Level Intervention (ILI), Group Level Intervention (GLI), Health	MSM MSM/IDU

PROVIDER	PREVENTION SERVICES	TARGET POPULATION(S)
www.alternatives.com	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 Communication/Public	General Public

PROVIDER	PREVENTION SERVICES	TARGET POPULATION(S)
610.227.0964	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 1,426,806 (11% of state population and a +10% change since the 2000 Census)

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 Population—407,125 (Reading)-county seat		
ADAPPT 438 Walnut Street #901-909 Reading, PA	Counseling, Testing and Referral Services (CTR), Individual Level Intervention (ILI)	IDU Heterosexual
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 www.co.berks.pa.us	Counseling, Testing and Referral Services (CTR) Partner Services (PS)	IDU MSM Heterosexual
Berks County State Health Center HIV Clinic Reading State Building 625 Cherry Street Room 442 Reading, PA 19602	Counseling, Testing and Referral Services, (CTR) Partner Services (PS), Individual Level Intervention (ILI), Outreach,	General Public

PROVIDER	PREVENTION SERVICES	TARGET POPULATION (S)
610.378.4377	Health Communication/Public Information (HC/PI)	
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 Inpatient drug & alcohol
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
Center for Mental Health Reading Hospital and Medical Center Building K and Spruce Streets West Reading, PA 19611 610.988.8186	Counseling, Testing and Referral Services (CTR), Individual Level Intervention (ILI)	IDU Heterosexual
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	Counseling, Testing and Referral Services (CTR)	Hispanic IDU Hispanic MSM Hispanic Heterosexual

PROVIDER	PREVENTION SERVICES	TARGET POPULATION (S)
Bethlehem, PA 18015 610.686.7800		
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
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
St. Joseph's Medical Center 215 North Twelfth Street Reading, PA 19603 610.378.2000	Counseling, Testing and Referral Services (CTR), Outreach, Health Communication/Public Information (HC/PI)	General Public

PROVIDER	PREVENTION SERVICES	TARGET POPULATION (S)
www.sjmcberks.org		
CARBON COUNTY Population—63,865 (Jim Thorpe)		
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
LEHIGH COUNTY Population—343,519 (Allentown)		
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)	HIV+ IDU Heterosexual

PROVIDER	PREVENTION SERVICES	TARGET POPULATION (S)
	DEBI Interventions: Popular Opinion Leader (POL) with MSM VOICES/VOCES with MSM and IDU VOICES/VOCES at prisons VOICES/VOCES at colleges	
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 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 Emerging Risk Group – Homeless
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	Counseling, Testing and Referral Services (CTR)	General Public HIV testing in the African American communities

PROVIDER	PREVENTION SERVICES	TARGET POPULATION (S)
610.433.6421 www.lcconchurch.org		
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 Information (HC/PI)	IDU MSM Heterosexual
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	Counseling, Testing and Referral Services (CTR), Individual Level	General Public

PROVIDER	PREVENTION SERVICES	TARGET POPULATION (S)
Allentown, PA 18103 610.439.1033 www.ppnep.org	Intervention (ILI), Outreach, Health Communication/Public Information (HC/PI)	
The Caring Place – Family Health Program 931 Hamilton Street 4th Floor Allentown, PA 18101 610.433.5683	Counseling, Testing and Referral Services (CTR)	General Public
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
MONROE COUNTY Population—166,355 (Stroudsburg)		
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 570.424.3020	Counseling, Testing and Referral Services (CTR), Partner Services (PS), Individual Level Intervention (ILI), Outreach, Health Communication/Public Information (HC/PI)	General Public
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	Counseling, Testing and Referral Services (CTR), Individual Level Intervention (ILI),	Heterosexual

PROVIDER	PREVENTION SERVICES	TARGET POPULATION (S)
570.424.8306 www.ppnep.org	Outreach, Health Communication/Public Information (HC/PI)	
NORTHAMPTON COUNTY	**Population—293,970 (Easton)**	
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 610.865.7087 www.bethlehem-pa.gov	Partner Services (PS) DEBI Interventions: VOICES (5 sites) Healthy Relationships	HIV+
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	Counseling, Testing and Referral Services (CTR)	Heterosexual Emerging Risk Group –

PROVIDER	PREVENTION SERVICES	TARGET POPULATION (S)
10 East Church Street Bethlehem, PA 18018 610.865.7087 www.bethlehem-pa.gov		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
ECHO 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 610.686.7800	Individual Level Intervention (ILI), Group Level Intervention (GLI), Outreach	IDU MSM MSM/IDU Heterosexual Perinatal
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
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
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
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

PROVIDER	PREVENTION SERVICES	TARGET POPULATION (S)
SCHUYLKILL COUNTY Population—146,952 (Pottsville)		
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

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 680,865 (5% of state population and a -.39% change since the 2000 Census)

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
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 Population—61,131 (Towanda)-county seat		
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	Individual Level Intervention (ILI), Group Level Intervention (GLI), Health	IDU MSM Heterosexual Perinatal

PROVIDER	PREVENTION SERVICES	TARGET POPULATION (S)
570.882.5805 800.388.9416	Communication/Public Information (HC/PI), Other	
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 Population—146,212 (Bellefonte)		
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)	Counseling, Testing and Referral Services (CTR)	General Public (uninsured)

PROVIDER	PREVENTION SERVICES	TARGET POPULATION (S)
251 Easterly Parkway, Suite 102 State College, PA 16801 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

PROVIDER	PREVENTION SERVICES	TARGET POPULATION (S)
The AIDS Project of Centre County 141 W. Beaver Ave. State College, PA 16801 8 N. Grove St. Lock Haven, PA 17745 814.234.7087 (State College) 570.893.1740 (Lock Haven)	Counseling, Testing and Referral Services (CTR), Individual Level Intervention (ILI), Group Level Intervention (GLI), Outreach, Health Communication/Public Information (HC/PI), Other DEBI Interventions: Street Smart Teen AIDS Prevention (TAP)	HIV+ IDU MSM Heterosexual General Public Perinatal Emerging Risk Group – Youth
CLINTON COUNTY Population—36,799 (Lock Haven)		
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	Counseling, Testing and Referral Services (CTR),	General Public

PROVIDER	PREVENTION SERVICES	TARGET POPULATION (S)
215 East Church Street Lock Haven, PA 17745 570.893.2437 570.893.2438	Partner Services (PS), Individual Level 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 141 West Beaver Ave. State College, PA 16801 8 N. Grove St. Lock Haven, PA 17745 200 East Presque Isle Street 6th Floor Philipsburg, PA 16866 814.234.7087 (State College) 814.342.6992 (Philipsburg) 570.893.1740 (Lock Haven)	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 Population—65,111 (Bloomsburg)		
Caring Communities for AIDS 615 Market Street Bloomsburg, PA 17815 301 A. West Third St. Berwick, PA 18603 570.714.6323 570.752.5655 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

PROVIDER	PREVENTION SERVICES	TARGET POPULATION (S)
www.caringcommunitiesonline.org		
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 570.387.4257	Counseling, Testing and Referral Services (CTR), Partner Services (PS), Individual Level Intervention (ILI), Outreach, Health Communication/Public Information (HC/PI)	General Public
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 Population—116,840 (Williamsport)		
AIDS Resource Alliance 200 Pine Street	Counseling, Testing and Referral Services (CTR),	HIV+ IDU

PROVIDER	PREVENTION SERVICES	TARGET POPULATION (S)
Suite 300 500 West Third St. 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)	MSM Heterosexual Emerging Risk Group – Youth
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	Counseling, Testing and Referral Services (CTR)	General Public

PROVIDER	PREVENTION SERVICES	TARGET POPULATION (S)
Williamsport, PA 17701 570.321.4052		
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
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	Counseling, Testing and	Heterosexual

PROVIDER	PREVENTION SERVICES	TARGET POPULATION (S)
Center 777 Rural Avenue 7th Floor Williamsport, PA 17701 570.321.3131 www.shscares.org	Referral Services (CTR), Individual Level Intervention (ILI), Outreach, Health Communication/Public Information (HC/PI)	General Public
MONTOUR COUNTY Population—17,715 (Danville)		
AIDS Resource Alliance 200 Pine Street Suite 300 500 West Third St. Williamsport, PA 17701 570.322.8448 www.charities.org/ara.html	Individual Level Intervention (ILI), Group Level Intervention (GLI), Outreach DEBI Interventions: VOICES Real AIDS Prevention Project (RAPP) Becoming a Responsible Teen (BART)	IDU MSM Heterosexual Emerging Risk Group – Youth
Caring Communities for AIDS 301 A. West Third St. Berwick, PA 18603 570.714.6323 570.752.5655 www.caringcommunities4aids.org www.caringcommunitiesonline.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	IDU MSM Heterosexual

PROVIDER	PREVENTION SERVICES	TARGET POPULATION (S)
	Communication/Public Information (HC/PI)	
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 329 Church Street Box 275 Danville, PA 17821 570.275.7092	Counseling, Testing and Referral Services (CTR)	Heterosexual
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 Population—91,311 (Sunbury)		
AIDS Resource Alliance 200 Pine Street Suite 300 500 West Third St. 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:	IDU MSM Heterosexual Emerging Risk Group – Perinatal, Youth

PROVIDER	PREVENTION SERVICES	TARGET POPULATION (S)
	VOICES Real AIDS Prevention Project (RAPP) Becoming a Responsible Teen (BART)	
Center for Independent Living of North Central PA 210 Market Street Suite A Williamsport, PA 17701 570.327.9070 800.984.7492 www.cilncp.org	Individual Level Intervention (ILI), Health Communication/Public Information (HC/PI)	General Public
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	Counseling, Testing and Referral Services (CTR)	Heterosexual

PROVIDER	PREVENTION SERVICES	TARGET POPULATION (S)
570.988.5513		
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 Shamokin, PA 17872 570.648.0582	Counseling, Testing and Referral Services (CTR)	General Public
POTTER COUNTY Population—16,714 (Coudersport)		
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

PROVIDER	PREVENTION SERVICES	TARGET POPULATION (S)
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
SNYDER COUNTY Population—38,519 (Middleburg)		
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	Counseling, Testing and	Heterosexual

PROVIDER	PREVENTION SERVICES	TARGET POPULATION (S)
STD Clinic 207 West Willow Avenue Middleburg, PA 17842 570.837.7981	Referral Services (CTR)	
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 Population—6,140 (Laporte)		
AIDS Resource Alliance 200 Pine Street Suite 300 500 West Third St. 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
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

PROVIDER	PREVENTION SERVICES	TARGET POPULATION (S)
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 Population—40,875 (Wellsboro)		
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), Health Communication/Public Information (HC/PI), Other	IDU 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	Counseling, Testing and	Heterosexual

PROVIDER	PREVENTION SERVICES	TARGET POPULATION (S)
Family Planning Clinic 103 West Avenue Wellsboro, PA 16901 570.724.1010	Referral Services (CTR)	
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 1768 Shimmery Hill Road Wellsboro, PA 16901 717.724.5911	Counseling, Testing and Referral Services (CTR), Partner Services (PS)	IDU 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 Population—43,560 (Lewisburg)		
AIDS Resource Alliance 200 Pine Street Suite 300 500 West Third St. Williamsport, PA 17701570.322.8448 www.charities.org/ara.html	Individual Level Intervention (ILI), Group Level Intervention (GLI), Outreach, Health Communication/Public Information (HC/PI), Other DEBI Interventions: VOICES	IDU MSM Heterosexual Perinatal Emerging Risk Group – Youth

PROVIDER	PREVENTION SERVICES	TARGET POPULATION (S)
	Real AIDS Prevention Project (RAPP) Becoming a Responsible Teen (BART)	
Center for Independent Living of North Central PA 210 Market Street Suite A Williamsport, PA 17701 570.327.9070 800.984.7492 www.cilncp.org	Individual Level Intervention (ILI)	General Public
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	Counseling, Testing and Referral Services (CTR)	Heterosexual Emerging Risk Group – Homeless

PROVIDER	PREVENTION SERVICES	TARGET POPULATION (S)
570.523.1124		

The Northeast Region

The Northeast region consists of Lackawanna, Luzerne, Pike, Susquehanna, Wayne and Wyoming Counties. The total population of this region is 701,966 (6% of state population and a +1% change since the 2000 Census)

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 Population—208,801 (Scranton)-county seat		
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	IDU MSM Heterosexual

PROVIDER	PREVENTION SERVICES	TARGET POPULATION (S)
570.963.6639	Intervention (ILI), Health 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

PROVIDER	PREVENTION SERVICES	TARGET POPULATION (S)
LUZERNE COUNTY Population—312,845 (Wilkes-Barre)		
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
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	Counseling, Testing and Referral Services (CTR)	Heterosexual

PROVIDER	PREVENTION SERVICES	TARGET POPULATION (S)
10 West Chestnut Street Hazelton, PA 18201 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	Counseling, Testing and Referral Services (CTR), Health	Emerging Risk Group – Women

PROVIDER	PREVENTION SERVICES	TARGET POPULATION (S)
Kingston, PA 18703 570.823.5808	Communication/Public Information (HC/PI)	
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 Population—60,527 (Milford)		
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	Counseling, Testing and Referral Services (CTR), Individual Level Intervention (ILI), Outreach, Health	General Public

PROVIDER	PREVENTION SERVICES	TARGET POPULATION (S)
570.296.6512	Communication/Public Information (HC/PI)	
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 Population—40,646 (Montrose)		
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	Counseling, Testing and Referral Services (CTR), Individual Level Intervention (ILI),	General Public

PROVIDER	PREVENTION SERVICES	TARGET POPULATION (S)
570.278.3880	Outreach, Health Communication/Public 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 Population—51,337 (Honesdale)		
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	Counseling, Testing and Referral Services (CTR)	General Public

PROVIDER	PREVENTION SERVICES	TARGET POPULATION (S)
570.253.5626		
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 Population—27,808 (Tunkhannock)		
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	Hispanic Heterosexual Emerging Risk Group – Youth

PROVIDER	PREVENTION SERVICES	TARGET POPULATION (S)
	DEBI Interventions: 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 923, 446 (7% of total state population and a -3% change since the 2000 Census)

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 Population—5,163 (Emporium)-county seat		
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 Population—39,479 (Clarion)		
Clarion County Drug and Alcohol 214 South 7th Avenue Clarion, PA 16214 814.226.5888	Counseling, Testing and Referral Services (CTR)	General Public

PROVIDER	PREVENTION SERVICES	TARGET POPULATION (S)
Clarion County Prison 216 Amsler Avenue Shippensville, PA 16254 814.226.9615	Counseling, Testing and Referral Services (CTR), Partner Services (PS), Individual Level Intervention (ILI), Health Communication/Public Information (HC/PI)	IDU 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	**Population—82,324 (Clearfield)**	
Clearfield County State Health Center HIV Clinic	Counseling, Testing and Referral Services (CTR),	General Public

PROVIDER	PREVENTION SERVICES	TARGET POPULATION (S)
1123 Linden Street Clearfield, PA 16830 814.765.0542	Partner Services (PS), 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 Population—88,521 (Meadville)		
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	Counseling, Testing and Referral Services (CTR), Partner Services (PS),	IDU MSM Heterosexual

PROVIDER	PREVENTION SERVICES	TARGET POPULATION (S)
Saegertown, PA 16433 814.763.1190	Individual Level 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	Individual Level Intervention (ILI), Group Level Intervention (GLI), Outreach, Health Communication/Public Information (HC/PI)	All Risk Groups

PROVIDER	PREVENTION SERVICES	TARGET POPULATION (S)
814.764.6066 www.northwestalliance.org		
SCI Cambridge Springs 451 Fullerton Avenue Cambridge Springs, PA 16403 814.398.5400	Group Level Intervention (GLI)	IDU Heterosexual
ELK COUNTY Population—32,011 (Ridgeway)		
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	Individual Level	All Risk Groups

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)	
ERIE COUNTY Population—280,291 (Erie)		
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	Counseling, Testing and Referral Services (CTR)	General Public

PROVIDER	PREVENTION SERVICES	TARGET POPULATION (S)
Edinboro, PA 16412 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

PROVIDER	PREVENTION SERVICES	TARGET POPULATION (S)
Erie County Department of Health STD Clinic 606 West Second Street Erie, PA 16507 814.451.6700 www.ecdh.org	Counseling, Testing and Referral Services (CTR)	Heterosexual
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	IDU Heterosexual

PROVIDER	PREVENTION SERVICES	TARGET POPULATION (S)
814.459.4775 www.gaudenzia.erie.org	Intervention (ILI), Group 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	Counseling, Testing and Referral Services (CTR)	General Public

PROVIDER	PREVENTION SERVICES	TARGET POPULATION (S)
814.459.1787 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

PROVIDER	PREVENTION SERVICES	TARGET POPULATION (S)
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+ 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	Counseling, Testing and Referral Services (CTR), Individual Level Intervention (ILI), Health	Heterosexual

PROVIDER	PREVENTION SERVICES	TARGET POPULATION (S)
Erie, PA 814.898.6100	Communication/Public Information (HC/PI)	
FOREST COUNTY	**Population—6,775 (Tionesta)**	
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	**Population—44,634 (Brookville)**	
Family Health Council -	Counseling, Testing and	Heterosexual

PROVIDER	PREVENTION SERVICES	TARGET POPULATION (S)
Punxsutawney 203 North Main Street Punxsutawney, PA 15767 814.938.3421	Referral Services (CTR)	
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	Counseling, Testing and Referral Services (CTR)	General Public

PROVIDER	PREVENTION SERVICES	TARGET POPULATION (S)
1000 West Mahoning Street Punxsutawney, PA 15767 814.938.6630		
LAWRENCE COUNTY	**Population—90,160 (New Castle)**	
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	Individual Level Intervention (ILI), Group Level Intervention (GLI), Outreach, Health	All Risk Groups

PROVIDER	PREVENTION SERVICES	TARGET POPULATION (S)
Clarion, PA 16214 814.764.6066 www.northwestalliance.org	Communication/Public Information (HC/PI)	
MCKEAN COUNTY	**Population—43,196 (Smithport)**	
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	**Population—116,071 (Mercer)**	
AIDS Service Program of Mercer County 87 Stambaugh Avenue Suite 1 Sharon, PA 16146 724.981.3670	Individual Level Intervention (ILI), Group Level Intervention (GLI), Outreach, Health Communication/Public Information (HC/PI)	HIV+ General Public

PROVIDER	PREVENTION SERVICES	TARGET POPULATION (S)
724.981.1671		
Discovery House 1868 East State Street Hermitage, PA 16148 724.981.9815	Counseling, Testing and Referral Services (CTR)	General Public
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	Counseling, Testing and Referral Services (CTR), Partner Services (PS),	IDU MSM Heterosexual

PROVIDER	PREVENTION SERVICES	TARGET POPULATION (S)
412.662.2700	Individual Level Intervention (ILI), Health Communication/Public Information (HC/PI)	
Mercer County State Health Center HIV Clinic 25 McQuiston Drive Jackson Center, PA 16133 724.662.4000	Counseling, Testing and Referral Services (CTR), Partner Services (PS), Individual Level Intervention (ILI), Outreach, Health Communication/Public Information (HC/PI)	General Public
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	**Population—54,183 (Franklin)**	
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	Individual Level Intervention (ILI), Group Level Intervention (GLI), Outreach, Health Communication/Public	HIV+ All Risk Groups

PROVIDER	PREVENTION SERVICES	TARGET POPULATION (S)
814.764.6066 www.northwestalliance.org	Information (HC/PI), Prevention for Positives	
Titusville Area Hospital 406 West Oak Street Titusville, PA 16354 814.827.1851 www.titusvillehospital.org	Counseling, Testing and Referral Services (CTR), Individual Level Intervention (ILI), Health Communication/Public Information (HC/PI)	General Public
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	**Population—40,638 (Warren)**	
Family Health Council of Warren County	Counseling, Testing and Referral Services (CTR)	Heterosexual

PROVIDER	PREVENTION SERVICES	TARGET POPULATION (S)
514 Third Avenue Amex Building North Warren, PA 16365 814.723.5852		
Family Planning Services of Warren County 2 South State Street North Warren, PA 16365 814.723.5852	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), 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 1,930,431 (15% of state population and a -4% change since the 2000 Census)

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	**Population—102,323 (Gettysburg)-county seat**	
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

Alder Health Services 100 North Cameron Street Suite 301 East Harrisburg, PA 17101 1-800-867-1550717-233-7190	CTR ILI Outreach	HIV + IDU MSM Heterosexual
Gettysburg Health Center at Herr's Ridge PO Box 378 820 Chambersburg Road Gettysburg, PA 17325 717.337.4400	Counseling, Testing and Referral Services (CTR)	Heterosexual
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	**Population—49,579 (Bedford)**	
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	Counseling, Testing and	Heterosexual

Center HIV Clinic 130 Vondersmith Avenue Bedford, PA 15522 814.623.2001	Referral Services (CTR), Partner Services (PS), Individual Level Intervention (ILI), Outreach, Health Communication/Public Information (HC/PI)	General Public
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	**Population—126,127 (Hollidaysburg)**	
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	IDU MSM Heterosexual

	Communication/Public Information (HC/PI)	
Blair County State Health Center HIV Clinic 615 Howard Avenue Altoona, PA 16601 814.946.7300	Counseling, Testing and Referral Services (CTR), Partner Services (PS), Individual Level Intervention (ILI), Outreach, Health Communication/Public Information (HC/PI)	General Public
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	**Population—232,483 (Carlisle)**	
Alder Health Services 100 North Cameron Street Suite 301 East Harrisburg, PA 17101 1-800-867-1550717-233-7190	CTR ILI Outreach	HIV + IDU MSM Heterosexual
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	Counseling, Testing and	General Public

Health Center HIV Clinic 431 East North Street Carlisle, PA 17013 717.243.5151	Referral Services (CTR), Partner Services (PS), 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),	General Public
Tri-County Planned Parenthood 206 East King Street Shippensburg, PA 17257 717.532.7896	Counseling, Testing and Referral Services (CTR)	Heterosexual

DAUPHIN COUNTY	**Population—258,934 (Harrisburg)**	
Adult Ambulatory Care Center 3645 North 3rd Street Harrisburg, PA 17110 717.782.2712	Counseling, Testing and Referral Services (CTR)	General Public
Alder Health Services 100 North Cameron Street Suite 301 East Harrisburg, PA 17101 1-800-867-1550717-233-7190	CTR ILI Outreach	HIV + IDU MSM Heterosexual
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 Center 30 Kline Plaza Harrisburg, PA 17104	Counseling, Testing and Referral Services (CTR)	General Public

717.787.8092		
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
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 2601 North Third Street Harrisburg, PA 17110 717.782.6800 877.543.5018	Counseling, Testing and Referral Services (CTR), Individual Level Intervention (ILI), Outreach, Health Communication/Public Information (HC/PI)	HIV+
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	Counseling, Testing and	Heterosexual

Susquehanna Valley 1514 North 2nd Street Harrisburg, PA 17102 717.234.2479	Referral Services (CTR), Individual Level Intervention (ILI), Outreach, Health Communication/Public Information (HC/PI)	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 3650 Vartan Way Box 60095 Harrisburg, PA 17106 717.233.1035	Individual Level Intervention (ILI)	IDU
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	Counseling, Testing and	Black Heterosexual

Central PA 3315 Derry Street Harrisburg, PA 17111 717.233.1035 800.995.8207 www.vnacentrapa.org	Referral Services (CTR), Individual Level Intervention (ILI)	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	**Population—144,994 (Chambersburg)**	
Alder Health Services 100 North Cameron Street Suite 301 East Harrisburg, PA 17101 1-800-867-1550717-233-7190	CTR ILI Outreach	HIV + IDU MSM Heterosexual
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
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	Counseling, Testing and	Heterosexual

Center Tuberculosis Clinic 518 Cleveland Avenue Chambersburg, PA 17201 717.264.4666	Referral Services (CTR)	
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	**Population—144,852 (McConnelsburg)**	
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
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	Counseling, Testing and	Heterosexual

Center Tuberculosis Clinic Penn's Village Shopping Center PO Box 248 McConnellsburg, PA 17233 717.485.5137	Referral Services (CTR)	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	**Population—45,345 (Lewistown)**	
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), Outreach, Health Communication/Public Information (HC/PI)	IDU MSM Heterosexual 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	Counseling, Testing and Referral Services (CTR), Partner Services (PS)	General Public

814.627.1251		
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	**Population—23,118 (Mifflintown)**	
Alder Health Services 100 North Cameron Street Suite 301 East Harrisburg, PA 17101 1-800-867-1550717-233-7190	CTR ILI Outreach	HIV + IDU MSM Heterosexual
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	Counseling, Testing and Referral Services (CTR)	Heterosexual

Port Royal, PA 17082 717.527.4185		
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	**Population—507,766 (Lancaster)**	
Alder Health Services 100 North Cameron Street Suite 301 East Harrisburg, PA 17101 1-800-867-1550717-233-7190	CTR ILI Outreach	HIV + IDU MSM Heterosexual
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	General Public

	Communication/Public Information (HC/PI)	
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 355 554 North Duke Street Lancaster, PA 17602 717.290.5511 717.299.7800	Counseling, Testing and Referral Services (CTR)	Heterosexual
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	Counseling, Testing and Referral Services (CTR)	Heterosexual

www.ppsv.net		
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 625 South Duke Street PO Box 598 Lancaster, PA 17602 717.299.6372 www.selhs.org	Counseling, Testing and Referral Services (CTR), Partner Services (PS), Individual Level Intervention (ILI), Outreach, Health Communication/Public Information (HC/PI)	General Public
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
LEBANON COUNTY	**Population—130,506 (Lebanon)**	
Alder Health Services 100 North Cameron Street, Suite 301-East Harrisburg, PA 17101 1-800-867-1550 717-233-7190 alderhealth.org	CTR ILI Outreach Health communication/public information	HIV+ MSM MSM/IDU
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	Counseling, Testing and	Heterosexual

Services 615 Cumberland Street Lebanon, PA 17042 717.233.7190 www.lebanonfhs.org	Referral Services (CTR)	
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	**Population—45,957 (Lewistown)**	
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

PERRY COUNTY	**Population—45,502 (New Bloomfield)**	
Alder Health Services 100 North Cameron Street, Suite 301-East Harrisburg, PA 17101 1-800-867-1550 717-233-7190 alderhealth.org	CTR ILI Outreach Health communication/public information	HIV+ MSM MSM/IDU
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

YORK COUNTY	**Population—425,937 (York)**	
Alder Health Services 100 North Cameron Street, Suite 301-East Harrisburg, PA 17101 1-800-867-1550 717-233-7190 alderhealth.org	CTR ILI Outreach Health communication/public information	HIV+ MSM MSM/IDU
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
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 300 Highland Avenue	Counseling, Testing and Referral Services (CTR),	General Public

Hanover, PA 17331 717.633.2123	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
York County Prison 3400 Concord Road York, PA 17402	Counseling, Testing and Referral Services (CTR), Partner Services (PS),	IDU MSM Heterosexual

717.840.7580	Individual Level Intervention (ILI)	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 2,702,603 (21% of state population and a -3% change since the 2000 Census)

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 Population—1,281,444 (Pittsburgh)-county seat		
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	Counseling, Testing and Referral Services (CTR),	Emerging Risk Groups – Homeless, Perinatal,

PROVIDER	PREVENTION SERVICES	TARGET POPULATION(S)
Fifth Avenue Commons 905 Watson Street Pittsburgh, PA 15219 412.391.1348 www.bethlehemhaven.org	Health Communication/Public Information (HC/PI)	Women
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	Counseling, Testing and	Black Heterosexual

PROVIDER	PREVENTION SERVICES	TARGET POPULATION(S)
Care Center 7171 Churchland Street Pittsburgh, PA 15206 412.661.2802 (East Liberty) 412.361.8284 (Lincoln/Lemington)	Referral Services (CTR)	Hispanic IDU 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	Counseling, Testing and Referral Services (CTR)	Emerging Risk Group – Homeless

PROVIDER	PREVENTION SERVICES	TARGET POPULATION(S)
200 Lothrop Street 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	Counseling, Testing and	Black Heterosexual

PROVIDER	PREVENTION SERVICES	TARGET POPULATION(S)
6435 Frankstown Avenue Pittsburgh, PA 15206 412.661.8751 www.kingsleyassociation.org	Referral Services (CTR), Individual Level Intervention (ILI), Group Level Intervention (GLI), Outreach, Health Communication/Public Information (HC/PI)	Emerging Risk Group – 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	IDU Heterosexual

PROVIDER	PREVENTION SERVICES	TARGET POPULATION(S)
412.323.4500 412.488.4040 888.424.2287 www.mercybehavioral.org	(ILI)	
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	Counseling, Testing and Referral Services (CTR), Individual Level Intervention (ILI), Group Level Intervention (GLI), Outreach,	IDU Heterosexual Emerging Risk Groups – Youth, Transgender

PROVIDER	PREVENTION SERVICES	TARGET POPULATION(S)
724.843.8540	Comprehensive Risk 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 Emerging Risk Group Youth
Pitt Men's Study PO Box 7319	Counseling, Testing and Referral Services (CTR),	IDU MSM

PROVIDER	PREVENTION SERVICES	TARGET POPULATION(S)
Pittsburgh, PA 15213 412.624.2008 800.987.1963 www.stophiv.com/pms/	Individual Level Intervention (ILI), Health Communication/Public Information (HC/PI)	
Pittsburgh AIDS Center for Treatment (PACT) 3601 Fifth Avenue 7th Floor Falk Medical Building 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	Individual Level Intervention	HIV+

PROVIDER	PREVENTION SERVICES	TARGET POPULATION(S)
907 West Street 5th Floor Pittsburgh, PA 15208 412.491.0916 412.247.3404 www.pppgh.org	(ILI), Outreach, Comprehensive Risk Counseling and Services (CRCS), Health Communication/Public Information (HC/PI)	IDU
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+
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	Health	MSM

PROVIDER	PREVENTION SERVICES	TARGET POPULATION(S)
Community 4800 Sciota Street Pittsburgh, PA 15224 412.683.4477 www.swonline.org	Communication/Public Information (HC/PI)	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 3601 Fifth Avenue 7th Floor Falk Medical Building 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 University Drive CIIIE-U Pittsburgh, PA 15240	Counseling, Testing and Referral Services (CTR), Health Communication/Public Information (HC/PI)	HIV+ General Public

PROVIDER	PREVENTION SERVICES	TARGET POPULATION(S)
412.688.6000		
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 Population—67,851 (Kittanning)		
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 239 Butler Road Kittanning, PA 16201 724.543.2818	Counseling, Testing and Referral Services (CTR), Partner Services (PS), Individual Level Intervention (ILI), Outreach, Health Communication/Public	General Public

PROVIDER	PREVENTION SERVICES	TARGET POPULATION(S)
724.543.2700	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 Population—171,673 (Beaver Falls)		
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
Aliquippa Hospital	Counseling, Testing and Referral Services (CTR)	Heterosexual
American Red Cross – Beaver/Lawrence County	Health Communication/Public	General Public

PROVIDER	PREVENTION SERVICES	TARGET POPULATION(S)
Chapter 133 Friendship Circle Beaver, PA 15009 1.800.999.2566 www.forcomm.net/arcbeaver/	Information (HC/PI)	
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 Moffett Run Road Aliquippa, PA 15001 412.766.8700	Counseling, Testing and Referral Services (CTR), Individual Level Intervention (ILI)	IDU Heterosexual

PROVIDER	PREVENTION SERVICES	TARGET POPULATION(S)
724.378.4461 www.gatewayrehab.org		
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
Project Hope 155 Liberty Avenue Midland, PA 15059 724-581-6825 www.projecthopeof beavercounty.org		Outreach Prevention education
BUTLER COUNTY Population—184,694 (Butler)		
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	Counseling, Testing and Referral Services (CTR), Partner Services (PS), Individual Level Intervention	IDU MSM Heterosexual

PROVIDER	PREVENTION SERVICES	TARGET POPULATION(S)
724.284.5256	(ILI), Health Communication/Public Information (HC/PI)	
Butler Family Health Council 165 Brugh Avenue Suite 306 Butler, PA 16001 724.282.2730	Counseling, Testing and Referral Services (CTR)	Heterosexual
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	Counseling, Testing and	IDU

PROVIDER	PREVENTION SERVICES	TARGET POPULATION(S)
Mental Health Center 112 Hillvue Drive Butler, PA 16001 724.287.0791	Referral Services (CTR)	MSM Heterosexual
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 Population—143,998 (Ebensburg)		
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	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 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 Population—142,605 (Uniontown)		
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	Health Communication/Public Information (HC/PI)	HIV+ General Public

PROVIDER	PREVENTION SERVICES	TARGET POPULATION(S)
724.583.7822		
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
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 Population—39,245 (Waynesburg)		
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	Health Communication/Public	General Public

PROVIDER	PREVENTION SERVICES	TARGET POPULATION(S)
Greene County Memorial Hospital Bonar and 7th Streets Waynesburg, PA 15370 724.627.3101	Information	
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 Population—87,450 (Indiana)		
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	Counseling, Testing and Referral Services (CTR), Partner Counseling and Referral Services (PCRS), Individual Level Intervention (ILI), Health	General Public HIV+ HIV+ IDU MSM Heterosexual

PROVIDER	PREVENTION SERVICES	TARGET POPULATION(S)
(724)-830-2701	Communication/Public Information (HC/PI)	
Indiana County Prison 55 North 9th Street Indiana, PA 15701 412.349.2225	Counseling, Testing and Referral Services (CTR), Partner Counseling and Referral Services (PCRS), Individual Level Intervention (ILI), Health Communication/Public Information (HC/PI)	**Incarcerated** HIV+ 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 Population—76,953 (Somerset)		
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,	IDU MSM Heterosexual

PROVIDER	PREVENTION SERVICES	TARGET POPULATION(S)
	Health Communication/Public Information (HC/PI)	
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 Population—207,384 (Washington)		
Adagio Health 75 East Maiden Street Washington, PA 15301	Counseling, Testing and Referral Services (CTR), Individual Level Intervention (ILI), Outreach, Health	General Public

PROVIDER	PREVENTION SERVICES	TARGET POPULATION(S)
724.228.7113	Communication/Public Information (HC/PI)	
California University of Pennsylvania 250 University Avenue California, PA 15419	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
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 Population—362,251 (Greensburg)		
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	Counseling, Testing and Referral Services (CTR),	Black Heterosexual Hispanic Heterosexual

PROVIDER	PREVENTION SERVICES	TARGET POPULATION(S)
New Kensington, PA 15068 724.335.3335	Individual Level Intervention (ILI)	
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
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	Counseling, Testing and Referral Services (CTR),	Black IDU Hispanic IDU

PROVIDER	PREVENTION SERVICES	TARGET POPULATION(S)
Mon Valley Community Health Center Eastgate 8 Monessen, PA 15062 724.682.9000 Alle-Kiski 2120 Freeport Road New Kensington, PA 15068 724.339.6860	Individual Level Intervention (ILI)	White IDU Black Heterosexual Hispanic Heterosexual White Heterosexual
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	Counseling, Testing and Referral Services (CTR),	General Public

PROVIDER	PREVENTION SERVICES	TARGET POPULATION(S)
532 East Pittsburgh Street Greensburg, PA 15601 724.832.4000	Individual Level Intervention (ILI), Health Communication/Public Information (HC/PI)	
Westmoreland Women's Health Center 626 North Main Street Greensburg, PA 15601 724.838.0980	Counseling, Testing and Referral Services (CTR)	General Public

5. Interventions—Appropriate Science-Based Prevention Activities

Table 5.1 Intervention Abbreviations

Intervention	Abbreviation
Counseling, Testing and Referral	CTR
Partner Services	PS
Interventions Delivered to Individuals	IDI
Interventions Delivered to Groups	IDG
Outreach	OR
Comprehensive Risk Counseling and Services	CRCS
Health Education/Risk Reduction	HE/RR
Community Level Interventions	CLI
Health Communication/Public Information	HC/PI

5.1. Interventions for Identifying Persons with Undiagnosed HIV

In accordance with the National HIV/AIDS Strategy (NHAS), the Interventions Subcommittee agrees that the Commonwealth of Pennsylvania should strive to identify persons with undiagnosed HIV infection. Identifying persons early in their acute infection phase is ideal because this is the most infectious and likely time of HIV transmission to sexual partners. Therefore, the earlier in a person's HIV infection that they are identified the better because interventions can be implemented to maintain the individual's health and interfere with sexual transmission to partners. Since most HIV testing is conducted in the private sector, it is crucial that routine HIV testing be emphasized throughout the private sector as a means to identifying undiagnosed HIV infections.

The Pennsylvania Department of Health currently funds at least one strategy for reaching and providing Counseling, Testing and Referral (CTR) to persons with undiagnosed HIV infection: Social Networks Strategy (SNS). ***The primary goal of a program using a social network strategy is to identify persons with undiagnosed HIV infection within***

various networks and link them to medical care and prevention services. SNS enlists newly and previously diagnosed HIV-positive and high-risk HIV-negative *recruiters* on an ongoing basis to encourage people in their network (i.e., *network associates*) to be tested for HIV. This type of strategy facilitates expanded and increased accessibility of testing within high-risk networks. SNS is a programmatic, peer-driven, recruitment strategy to reach the highest risk persons who may be infected but unaware of their status. Although similar in some ways, SNS is not partner services, partner notification, outreach, or health education/risk reduction and it is not intended to replace these services.

5.2. Behavioral Interventions

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 HIV prevention interventions targeting individuals, groups and communities 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 conducted 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 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
Also, the HIV/AIDS Prevention Research Synthesis (PRS) Project was initiated by the Prevention Research Branch, Division of HIV/AIDS Prevention (DHAP) at CDC in 1996 to systematically review and summarize HIV behavioral prevention research literature. The "2009 Compendium of Evidence-Based HIV Prevention Interventions" includes 69 evidence-based HIV behavioral interventions identified from the scientific literature published through June 2009. The Compendium can be accessed at http://www.cdc.gov/hiv/topics/research/prs/evidence-based-interventions.htm.

5.3. 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.*

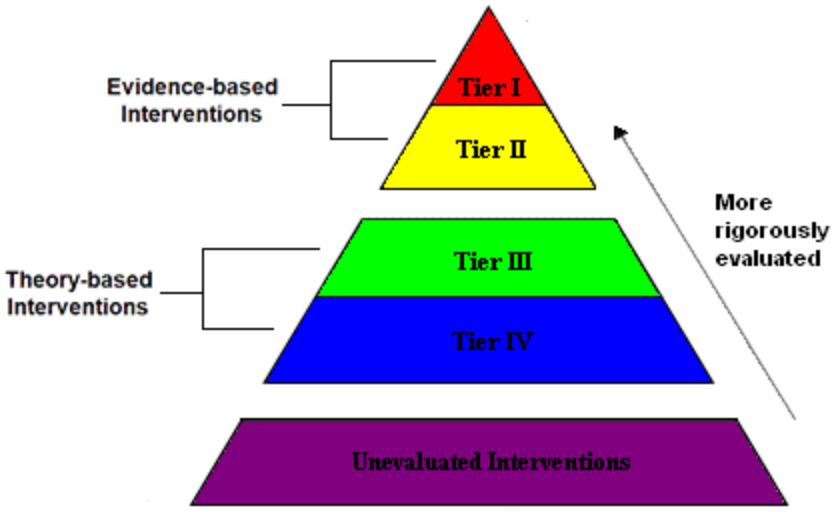


Figure 5.1 Tiers of Evidence

Currently, the PA Department of Health funds *any Evidence-based Intervention* within the framework, i.e. Tier I and Tier II interventions, including DEBI Project interventions.

5.4. Fidelity and Adaptation of Evidenced-based Interventions

The Pennsylvania Department of Health has clearly outlined rules for fidelity and adaptation in the "Policy Guidance on the Implementation of Evidence-Based HIV Prevention Interventions, Priority Populations and Incentives" document (9August2010).

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.

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. If an agency wants to change the target population of an intervention, the agency must *extensively* document:

- Any adaptation(s) and the justifications for the adaptation(s)
- The evidence-based process for the adaptation(s), including focus groups and piloting of activities.

5.5. Nuances of Evidenced-based Interventions

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

- Systematic identification and selection of target population[1], e.g. Black MSM, based on the HIV epidemiological profile of a target region.
  - Knowledge and use of the "Integrated Epidemiologic Profile of HIV/AIDS in Pennsylvania" is recommended.
- Administrative and staff attendance at the following trainings:
  - The DEBI Project: An Overview
  - Selecting Evidenced-Based Interventions
  - Adaptation
- 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 the target population is identified as well as the appropriate EBI for that population, it is recommended that **the budget be meticulously itemized**. It may cost an agency up to $100,000 per year to implement an evidenced-based intervention with fidelity. This cost can be impacted by current agency staffing; by the EBI selected and by the established community network and resources. There are several factors that need to be taken in consideration as they pertain 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 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.

[1] Target population selection should be based on epidemiological data (see "Integrated Epidemiologic Profile of HIV/AIDS in Pennsylvania"; population accessibility; agency experience and expertise in delivering interventions; and agency credibility within the community.

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.

5.6. Participant Retention Issues

Participant retention issues should be anticipated, therefore, it is recommended that an agency have a plan to assess participant retention issues for their specific target populations. 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 could allow agencies to restructure incentives to meet participant needs. One example might be to reduce payments minimally and to provide bus tokens for transportation.

5.7. DEBI Project Interventions (Revised 7/2010)

1. **CLEAR** (Choosing Life: Empowerment! Action! Results!)
2. **¡Cuídate!**
3. **Connect**
4. **d-up Defend Yourself!**
5. **Focus on Youth + ImPACT**
6. **Healthy Relationships**
7. **The Holistic Health Recovery Program** (HHRP)
8. **Many Men, Many Voices** (3MV)
9. **MIP** (Modelo de Intervención Psychomédica) Psycho-Medical Intervention Model (PIM)
10. **MPowerment**
11. **Nia**
12. **Partnership for Health** (PfH)
13. **Personalized Cognitive Counseling** (PCC)
14. **Popular Opinion Leader** (POL)
15. **Project AIM**
16. **Project START**
17. **PROMISE** (Peers Reaching Out and Modeling Intervention Strategies)
18. **Real AIDS Prevention Project** (RAPP)
19. **RESPECT**
20. **Safe in the City** (SITC)
21. **Safety Counts**
22. **SHIELD** (Self-Help in Eliminating Life-threatening Diseases)
23. **SIHLE** (Sisters Informing Healing Living and Empowering)
24. **SISTA** (Sisters Informing Sisters on Topics about AIDS)
25. **Sister to Sister**
26. **Street Smart**
27. **Together Learning Choices** (TLC)
28. **VOICES/*VOCES*** (Video Opportunities for Innovative Condom Education & Safer Sex)
29. **WILLOW** (Women Involved in Life Learning from Other Women)

5.8 DEBI Intervention Grids

Table 5.2 Health Education/Risk Reduction (HE/RR) Interventions for Persons with HIV

HIV Positive ***Ranked Population Target Group***	CLEAR	Community PROMISE	Healthy Relationships	Holistic Health Recovery Program (HHRP)	MPowerment	Partnership for Health (PfH)	Safe In The City (SITC)	Safety Counts	SHIELD (Self-Help in Eliminating Life-threatening Diseases)	Together Learning Choices (TLC)	VOICES/*VOCES*	WILLOW (Women Involved in Life Learning from Other Women)
1. White MSM	X	X	X		X	X	X					
2. Black IDU	X	X	X	X		X	X	X	X			
3. Black MSM/IDU	X	X	X	X		X	X		X			
4. White MSM/IDU	X	X	X	X		X	X		X			
5. Black Heterosexual	X	X	X			X	X				X	X
6. White IDU	X	X	X	X		X	X	X	X			
7. White Heterosexual	X	X	X			X	X					X
8. Hispanic IDU	X	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	X
11. Hispanic MSM/IDU	X	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					

Health Education/Risk Reduction (HE/RR) Interventions for Persons who are HIV Negative

HIV Negative ***Ranked Population Target Group***	CLEAR	Community PROMISE	Connect	d-up: Defend Yourself!	Focus on Youth (FOY)	Holistic Health Recovery Program (HHRP)	Many Men, Many Voices (3MV)	MIP (Modelo de Intervención Psychomédica)	MPowerment	Nia	Popular Opinion Leader	Real AIDS Prevention Project (RAPP)	Project START	RESPECT	Safe In The City (SITC)	Safety Counts	SHIELD (Self-Help in Eliminating Life-threatening Diseases)	SIHLE	SISTA Project	Sister to Sister	Street Smart	VOICES/*VOCES*
1. White MSM	X	X							X		X		X	X	X							
2. Black IDU	X	X				X		X			X		X	X	X	X	X					
3. Black MSM/IDU	X	X				X					X		X	X	X	X	X					
4. White MSM/IDU	X	X				X					X		X	X	X	X	X					
5. Black Heterosexual	X	X	X							X	X	X	X	X	X			X	X			X
6. White IDU	X	X				X		X			X		X	X	X	X	X					
7. White Heterosexual	X	X	X								X	X	X	X	X							
8. Hispanic IDU	X	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							X
11. Hispanic MSM/IDU	X	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 CDC's guidelines on Comprehensive Risk Counseling and Services (CRCS) identify CLEAR as a structured intervention that may be integrated into CRCS programs.

HIV Positive								
Ranked Population Target Group	CTR	PS	IDI	IDG	OR	CRCS	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	PS	IDI	IDG	OR	CRCS	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								

Connect

Connect is a **six session,** relationship-based intervention that teaches couples techniques and skills to enhance the quality of their relationship, communication, and shared commitment to safer behaviors. The program is based on the AIDS Risk Reduction Model, which organizes behavior change into three phases-recognizes risk, commit to change, and act on strategies-and on the Ecological Perspective which emphasizes the personal, relational, and societal influences on behavior. Connect integrates techniques commonly used in family therapy, which will allow couples to work together to solve shared problems. This **couple-level intervention** for heterosexual couples targets women or men, 18 and over and their main sexual partners.

HIV Positive								
Ranked Population Target Group	CTR	PS	IDI	IDG	OR	CRCS	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				**X**				
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	PS	IDI	IDG	OR	CRCS	HC/PI	Other (CLI)
White MSM								
Black IDU								
Black MSM/IDU								
White MSM/IDU								
Black Heterosexual				**X**				
White IDU								
White Heterosexual				**X**				
Hispanic IDU								
Black MSM								
Hispanic Heterosexual				**X**				
Hispanic MSM/IDU								
Hispanic MSM								
Perinatal Transmission								
Emerging Risk Groups								
Youth								
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	PS	IDI	IDG	OR	CRCS	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	PS	IDI	IDG	OR	CRCS	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	PS	IDI	IDG	OR	CRCS	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	PS	IDI	IDG	OR	CRCS	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 Negative								
Ranked Population Target Group	CTR	PS	IDI	IGI	OR	CRCS	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								

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. 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	PS	IDI	IGI	OR	CRCS	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**				

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. In HHRP, 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	PS	IDI	IDG	OR	CRCS	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	PS	IDI	IDG	OR	CRCS	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 **seven 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 Negative								
Ranked Population Target Group	CTR	PS	IDI	IGI	OR	CRCS	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				**X**				
13. Perinatal Transmission								
14. 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 Negative								
Ranked Population Target Group	CTR	PS	IDI	IGI	OR	CRCS	HC/PI	Other (CLI)
1. White MSM								
2. Black IDU			**X**					
3. Black MSM/IDU								
4. White MSM/IDU								
5. Black Heterosexual								
6. White IDU			**X**					
7. White Heterosexual								
8. Hispanic IDU			**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								

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	PS	IDI	IDG	OR	CRCS	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	PS	IDI	IDG	OR	CRCS	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								

Nia

Nia is a six hour, two to four session, video-based, small group level intervention. The goals of this intervention are to educate African American men about HIV/AIDS and its effect on their community, bring groups of men together, increase motivation to reduce risks, and help men learn new skills to protect themselves and others by promoting condom use and increasing intentions to use condoms. Nia is based on the Information-Motivational-Behavioral Skills (IMB). The IMB model assumes that people need information, motivation, and behavioral skills to adopt preventive behaviors. The target population for Nia is African American men (ages 18 and over) who have sex with women.

HIV Negative								
Ranked Population Target Group	CTR	PS	IDI	IGI	OR	CRCS	HC/PI	Other (CLI)
1. White MSM								
2. Black IDU			**X**					
3. Black MSM/IDU								
4. White MSM/IDU								
5. Black Heterosexual								
6. White IDU			**X**					
7. White Heterosexual								
8. Hispanic IDU			**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								

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	PS	IDI	IGI	OR	CRCS	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**					

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 Negative								
Ranked Population Target Group	CTR	PS	IDI	IGI	OR	CRCS	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. EmergingRisk 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 Negative								
Ranked Population Target Group	CTR	PS	IDI	IGI	OR	CRCS	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								
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 Negative								
Ranked Population Target Group	CTR	PS	IDI	IGI	OR	CRCS	HC/PI	Other (CLI)
1. White MSM								
2. Black IDU								
3. Black MSM/IDU								
4. White MSM/IDU								
5. Black Heterosexual				**X**	**X**		**X**	**X**
6. White IDU								
7. White Heterosexual				**X**	**X**		**X**	**X**
8. Hispanic IDU								
9. Black MSM								
10. Hispanic Heterosexual				**X**	**X**		**X**	**X**
11. Hispanic MSM/IDU								
12. Hispanic MSM								
13. Perinatal Transmission				**X**	**X**		**X**	**X**
14. 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	PS	IDI	IDG	OR	CRCS	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	PS	IDI	IDG	OR	CRCS	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	PS	IDI	IDG	OR	CRCS	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	PS	IDI	IDG	OR	CRCS	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, **seven session** intervention, which includes both structured and unstructured psycho-educational activities in group and individual settings.

HIV Positive								
Ranked Population Target Group	CTR	PS	IDI	IDG	OR	CRCS	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	PS	IDI	IDG	OR	CRCS	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								

SHIELD

SHIELD (Self-Help in Eliminating Life-threatening Diseases) intervention is based on several theories; Social Cognitive Theory, Social Identity Theory, Cognitive Dissonance (or inconsistency) Theory, and Social Influence Theory. In SHIELD, a Peer Educator is taught strategies to reduce HIV risk associated with drug use and sex behavior. In addition, Peer Educators are taught effective communication skills in order to talk with people in their social networks about HIV prevention information. Peer Educators are trained to be leaders within their social networks and communities; they use their communication skills to have conversations about prevention to help stop the spread of HIV. SHIELD targets male and female adults (18 years older) who are current or former "hard" drug users (heroin, cocaine, and crack) who interact with other drug users; it can be delivered with clients who are HIV positive and HIV negative.

HIV Positive								
Ranked Population Target Group	CTR	PS	IDI	IDG	OR	CRCS	HC/PI	Other (CLI)
1. White MSM								
2. Black IDU			**X**					
3. Black MSM/IDU								
4. White MSM/IDU								
5. Black Heterosexual								
6. White IDU			**X**					
7. White Heterosexual								
8. Hispanic IDU			**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	PS	IDI	IDG	OR	CRCS	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								

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 Negative								
Ranked Population Target Group	CTR	PS	IDI	IGI	OR	CRCS	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								
11. Hispanic MSM/IDU								
12. Hispanic MSM								
13. Perinatal Transmission								
14. 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 **five 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 Negative								
Ranked Population Target Group	CTR	PS	IDI	IGI	OR	CRCS	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								
11. Hispanic MSM/IDU								
12. Hispanic MSM								
13. Perinatal Transmission								
14. Emerging Risk Groups								
Youth								
Transgender								
Homeless								
Asian Pacific Islander								

Sister to Sister

Sister to Sister is a **brief (20-minute)**, **one-on-one**, skill-based HIV/sexually transmitted disease (STD) risk-reduction behavioral intervention for sexually active African American women 18 to 45 years old that is delivered during the course of a routine medical visit. The target population for Sister to Sister is sexually active African American women 18-45 years old who have male partners and are attending primary health care clinics (e.g., family planning, women's health reproductive care, etc.).

HIV Negative								
Ranked Population Target Group	CTR	PS	IDI	IGI	OR	CRCS	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								
11. Hispanic MSM/IDU								
12. Hispanic MSM								
13. Perinatal Transmission								
14. 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 1.5 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 Negative								
Ranked Population Target Group	CTR	PS	IDI	IGI	OR	CRCS	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				**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	PS	IDI	IGI	OR	CRCS	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								

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	PS	IDI	IDG	OR	CRCS	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	PS	IDI	IDG	OR	CRCS	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								

WILLOW

WILLOW (Women Involved in Life Learning from Other Women) intervention is a social-skills building and educational intervention for adult women living with HIV. The small group sessions consist of 8-10 women living with HIV and are conducted in a community-based setting. It consists of **4 four-hour sessions** which are delivered by two trained adult female facilitators, one of whom is a woman living with HIV. The target population for WILLOW is heterosexual women, regardless of race or ethnicity, living with HIV/AIDS who are 18-50 years of age and who have known their HIV serostatus for at least 6 months.

HIV Positive								
Ranked Population Target Group	CTR	PS	IDI	IGI	OR	CRCS	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				**X**				
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								

5.9 HIV and Viral Hepatitis

HIV and Viral Hepatitis

Hepatitis C virus (HCV) infection occurs commonly among HIV-infected individuals, with approximately 20% of HIV-infected persons worldwide estimated to have concurrent chronic HCV infection. HCV prevalence varies substantially among different risk groups, with prevalence of 50-90% in injection drug using cohorts in the United States and up to 85% in hemophiliacs with HIV. Hepatic disease has become the leading non-AIDS cause of morbidity and mortality among HIV-infected individuals after the availability of antiretroviral therapy (ART) became widespread in resource-sufficient areas of the world. It is estimated that 14% of deaths in HIV-infected persons are liver-related and 66% of those are HCV co-infected. In Pennsylvania, 2,111 patients have been reported with HIV/HCV co-infection from 2003 to 2010, although under-reporting, particularly of HCV infection, is known to be widespread.

HCV is transmitted via percutaneous contact with HCV-infected blood, most commonly via shared injection drug use (IDU) equipment or contaminated blood products (before the implementation of effective screening of blood banks). Rates of mother-to-child HCV transmission generally are low but increase with maternal HIV co-infection. Heterosexual transmission of HCV also is uncommon but infectivity is increased when partners are co-infected with HIV. HCV transmission via men having sex with men (MSM) in the absence of IDU increasingly has been recognized in outbreaks in the United States. The risk of HCV infection via MSM contact appears to increase with HIV co-infection, concurrent sexually transmitted diseases such as syphilis, drug use, and sex practices that may injure rectal epithelium. Transmission via the use of shared nasal drug consumption equipment, body piercing, or tattoos have been reported.

Although many individuals have no symptoms at the time of HCV infection, a subset will develop acute HCV symptoms, which include fatigue, myalgia, jaundice, diarrhea, abdominal pain, and laboratory findings of elevated transaminase and increased bilirubin levels. HIV-co-infected individuals are less likely to clear HCV without treatment, with an estimated 85% developing chronic HCV after acute infection. However, in some studies of acute HCV infections in HIV-infected MSM, spontaneous clearance rates as high as 40% have been reported. These higher clearance rates may be attributable in part to increased surveillance for acute HCV leading to more frequent recognition of spontaneous clearance.

HCV replication is enhanced in the presence of HIV co-infection, resulting in higher serum and liver HCV RNA levels. The rate of progression of fibrosis in HIV/HCV-co-infected patients is estimated to be 3 times higher than that in HCV-mono-infected patients, with a significantly shorter interval from the time of HCV infection to the development of cirrhosis (estimated at 7 years, vs. 23 years in mono-infected patients).

HCV infection may negatively impact CD4 cell count restoration, and cirrhosis is associated with depressed CD4 cell counts, independent of HIV or HCV infection. Most studies have failed to show a direct alteration of the course of HIV or progression to AIDS in the presence of HCV co-infection. The increased mortality in HIV/HCV-co-infected persons appears to be driven largely by accelerated liver disease and by complications of IDU (common among some individuals with HIV/HCV co-infection) rather than by a direct effect of HCV on HIV disease progression.

Co-infection with hepatitis B virus (HBV) and HIV is common, with 70-90% of HIV-infected individuals in the United States having evidence of past or active infection with HBV. Factors affecting the prevalence of chronic HBV include age at time of infection and mode of acquisition, which vary geographically. In the United States, HBV often is acquired in adolescence or adulthood via sexual contact or injection drug use. Although spontaneous clearance of HBV acquired in adulthood occurs in >90% of immunocompetent individuals, HIV-infected persons are half as likely as HIV-uninfected persons to spontaneously clear HBV. Therefore, chronic HBV infection occurs in 5-10% of HIV-infected individuals who are exposed to HBV, a

rate 10 times higher than that for the general population. In the United States, HIV/HBV co-infection rates are highest among men who have sex with men (MSM) and injection drug users. In Pennsylvania, 513 patients have been reported with HIV/HBV co-infection from 2003 to 2010.

The course of acute HBV may be modified in the presence of HIV infection, with a lower incidence of icteric illness (yellowish discoloration of skin and mucous membranes) and lower rates of spontaneous clearance of HBV. Persons with HIV and chronic HBV co-infection have higher levels of HBV DNA and lower rates of clearance of the hepatitis B e antigen (HBeAg). Serum transaminase levels may be lower in HIV/HBV-co-infected patients than in HBV-mono-infected patients, but normal transaminase levels should not be interpreted to mean that there is no underlying hepatic fibrosis.

HIV increases the risk of cirrhosis and end-stage liver disease in HBV co-infection. Liver-related disease has emerged as the leading cause of non-HIV-related mortality in parts of the world where effective antiretroviral therapy (ART) is widely available such as the USA. In several cohort studies, the risk of liver-related mortality has been found to be 2-3 times higher in HIV/HBV-co-infected patients than in HIV-mono-infected patients (14% vs. 6%). Lastly, HIV co-infection is associated with more frequent flares of hepatic transaminases, which can occur with immune reconstitution inflammatory syndrome (IRIS) owing to ART, interruption of HIV/HBV treatment, or the development of resistance to HIV/HBV treatment; they also can occur spontaneously.

Infection with hepatitis A virus typically leads to nausea, fatigue, loss of appetite, abdominal pain, fever, vomiting and jaundice, sometimes lasting for months. However, most children and a small proportion of adults who get hepatitis A will have no symptoms at all and may not even be aware they have had the virus. After infection, the hepatitis A virus is cleared from the body. It does not cause chronic infection so hepatitis A is never long term or on-going. Once recovered, a person has immunity from hepatitis A for life.

Hepatitis A is transmitted when infected feces or secretions from an acutely infected person get into another person's mouth (for example, during some high risk sexual behaviors), or from consuming contaminated food or water or swimming in water contaminated with sewage. Effective vaccines for hepatitis A and B are available which give protection. Early detection of chronic hepatitis B and C infection is the key to prevent liver damage and ensure good quality of life for patients.

5.10. Decisions For Life

Decisions For Life (DFL) is an innovative peer-based, group-level intervention designed by and for sexually active young people (ages 16-24) and has been placed on the National Association of State & Territorial AIDS Directors (NASTAD) list of homegrown interventions. 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.

Table 5.3 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. Three external reviews by members of the Pennsylvania HIV Prevention Community Planning Committee and process evaluation data from DFL pilot group participants have all provided invaluable insights and recommendations used 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:

Table 5.4 Decisions For Life Pilot Groups (2006-2010)

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
Target Population	**n**	**Participant Age Range**	**Racial Distribution**	**Location**	**Attendance Rate***	**Retention Rate****	**Satisfaction Scores^**
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	20	16-20	65% (13) Latino; 15% (3) multiracial; 10% White; 5% (1) Afr Am; 5% (1) other	Reading	in process		

* 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 and have used this information to modify and update the DFL curriculum by 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, after eleven revisions the DFL curriculum has been reduced from 40 hours to fewer than 29 hours.

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%

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 the 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.

6. EVALUATION

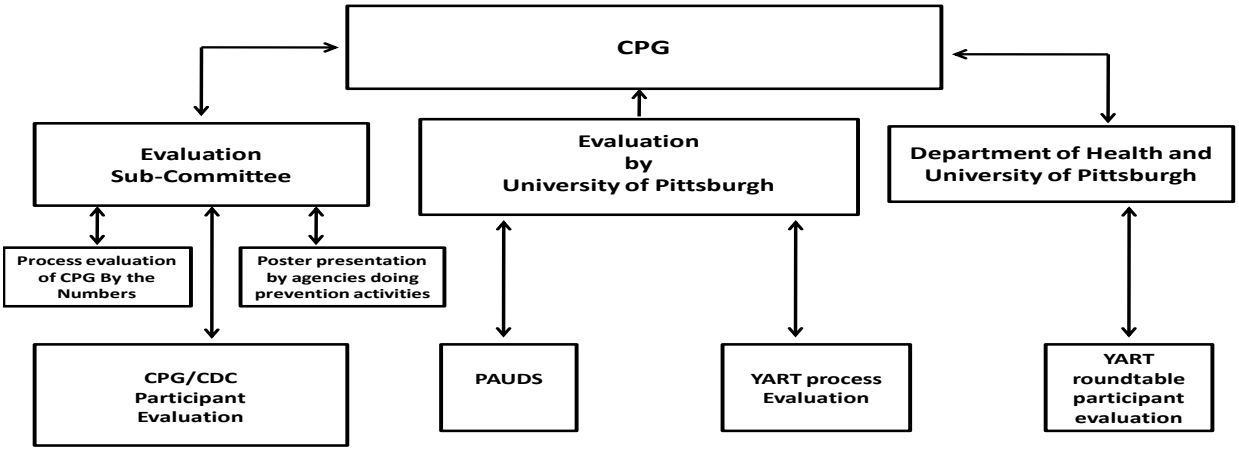


Figure 6.1 Evaluation Flow Chart

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.

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.

As we move forward with our evaluation activities, we acknowledge the guidance that we have received from the National HIV/AIDS strategy and the Executive Summary of July 2010. Our 2011 PA CPG Poster Session focused on interventions for people living with HIV/AIDS. The fact that the statewide committee members were able to interact with presenters from 6 communities highly impacted by HIV, and that the presenters had the opportunity to share information with others will help intensify HIV prevention efforts within the State. These events also help communities to adopt and develop better approaches to reduce the spread of HIV infections.

6.2. Activities Conducted by the Evaluation Subcommittee

The Evaluation Subcommittee conducts three evaluations. The first is a process evaluation of the CPG, the second is an evaluation of the efficacy of the HIV Prevention Plan/Update by means of a poster presentation of HIV prevention activities, and the third is a CPG participant evaluation (see Figure 6.1).

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 2010 CPG - Findings from the Nominal Group Process

Submitted the consulting firm: By The Numbers

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 Pennsylvania consulting firm that specializes in program evaluation.

Our evaluation is based on the results of three focus groups held with CPG members from 1:00-3:00 pm on Wednesday, November 17, 2010, during a meeting of the Pennsylvania HIV Prevention Community Planning Committee. The meeting and focus groups were held at the Holiday Inn Harrisburg West. The goal of the focus groups was to determine the strengths and weaknesses of the 2010 planning process and identify recommendations to improve the planning process in 2011.

Focus Group Questions

Three questions were 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?

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., responses) 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 2010. (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 held annually since 2005 to evaluate the CPG planning process.

There were a total of 17 participants across the three focus groups. Focus groups A and B had six participants each and focus group C had five participants. Focus group B ran somewhat longer than expected and therefore half of that group's participants had to leave before the session was completed. This resulted in all six of focus group B's participants voting for the first question, four participants voting for the second question, and three participants voting for the third question.

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 the second round, and the second-most number of votes in the first round, was "Use of technology by Pennsylvania Prevention Project (PPP) staff/geo-mapping/social networking/PPP database mining." The second-highest vote recipient in the second round was "Diversity of the group." Also making it to the second round of voting was "Improved quality of presentations – better graphics and presenters."

Three themes receiving one vote each in the first round were "Improved participation from subcommittee members and participation within subcommittees," "Quality gap between consumer members and professional members has lessened, resulting in improved quality of contributions," and "YART Roundtable use of technology – YouTube HIV prevention videos." Four additional themes were mentioned by participants that did not receive any votes in the first round, these being "Continued leadership by co-chairs," "Organization of schedule and agenda of meetings," "Structure set up, especially subcommittees and use of chairs, which helps to create a good plan for the group," and "Participation of young adult roundtables."

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

Strength	1st Round Vote	2nd Round Vote
Use of technology by Pennsylvania Prevention Project (PPP) staff/geo-mapping/social networking/PPP database mining	3	4
Diversity of the group	4	2
Improved quality of presentations – better graphics and presenters	2	0
Improved participation from subcommittee members and participation within subcommittees	1	—
Quality gap between consumer members and professional members has lessened, resulting in improved quality of contributions	1	—
YART Roundtable use of technology – YouTube HIV prevention videos	1	—
Continued leadership by co-chairs	0	—
Organization of schedule and agenda of meetings	0	—
Structure set up, especially subcommittees and use of chairs, which helps to create a good plan for the group	0	—
Participation of young adult roundtables	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 the first and second rounds was "Audio-visual challenges/presentation quality – font size, graphics, and color need improvement." The theme receiving the second-highest number of votes in the second round was "When state data is presented, exclusion of Philadelphia means that data do not represent the Commonwealth (half the epidemic is missing)." The other theme making it into the second round of voting was "Group dynamics are hard to manage as group size increases (including guests)."

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

Weakness	1st Round Vote	2nd Round Vote
Audio-visual challenges/presentation quality – font size, graphics, and color need improvement	3	4
When state data is presented, exclusion of Philadelphia means that data do not represent the Commonwealth (half the epidemic is missing)	2	2
Group dynamics are hard to manage as group size increases (including guests)	2	0
Gaps in representation in communities that represent epidemic	1	—
YART members not sitting together during their presentations	1	—
YART member participation has not been consistent	1	—
Epi summary updates in paper form – in a more efficient time frame, to be all on the same page at the time of discussion	1	—

Other themes receiving votes in the first round were "Gaps in representation in communities that represent epidemic," "YART members not sitting together during their presentations," "YART member participation has not been consistent," and "Epi summary updates in paper form – in a more efficient time frame, to be all on the same page at the time of discussion."

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. These themes generally paralleled the weaknesses listed in Table 2. The theme receiving the most votes in the first and second rounds was "Improve audio (i.e., microphone management) as well as PowerPoint font size and color." The theme receiving the second-most number of votes in both rounds was "Present a fuller Epi profile (state-wide)."

Table 3 Recommendations for Improvement (Focus Group A)

Recommendation	1st Round Vote	2nd Round Vote
Improve audio (i.e. microphone management) as well as PowerPoint font size and color	4	4
Present a fuller Epi profile (state-wide)	2	2
Continue to target missing gaps in member representation	1	—
Improve group dynamics (noise management)	1	—
Consistency from YART representation	1	—
Epi summaries faster (on paper)	1	—

Four themes received one vote each in the first round: "Continue to target missing gaps in member representation," "Improve group dynamics (noise management)," "Consistency from YART representation," and "Epi summaries faster (on paper)."

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. There was significant discussion among focus group members that led to several responses to this question. The theme receiving the most votes in the second round, and tied for the most votes in the first round, was "Strong leadership." Also making it to the second round of voting was "Emails from DOH co-chair on trainings, funding opportunities, etc."

Eight themes were tied for third place in the first round, and so were excluded from the second round of voting. These themes, which received one vote each, were "Large representation of people from across the state," "The new process and discussion for the pre- and post-test," "Poster presentations," "Expertise from Penn State, University of Pittsburg, DOH, et al.," "Informative presentations from members of the committee," "Well-orchestrated meetings," "Commitment to diversity," and "Open communication among committee members."

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

Strength	1st Round Vote	2nd Round Vote
Strong leadership	2	5
Emails from DOH co-chair on trainings, funding opportunities, etc.	2	1
Large representation of people from across the state	1	—
The new process and discussion for the pre- and post-test	1	—
Poster presentations	1	—
Expertise from Penn State, University of Pittsburg, DOH, et al.	1	—
Informative presentations from members of the committee	1	—
Well-orchestrated meetings	1	—
Commitment to diversity	1	—
Open communication among committee members	1	—
Detailed agenda and workplan	0	—
Inclusion of YART	0	—
Contact with different HIV/AIDS service organizations	0	—
Enforcement of term limits to recruit new members	0	—
Committed members who have a passion for the work being done	0	—
Member development and support	0	—
Subcommittee time used wisely	0	—
Access to outside resources when requested	0	—
Accommodations	0	—
Utilization of subcommittee products	0	—
Excellent buffet lunch	0	—
Division of HIV/AIDS support staff	0	—
Philadelphia representation as a resource	0	—

There were thirteen themes that did not receive any votes in the first round: "Detailed agenda and work plan," "Inclusion of YART," "Contact with different HIV/AIDS service organizations," "Enforcement of term limits

to recruit new members," "Committed members who have a passion for the work being done," "Member development and support," "Subcommittee time used wisely," "Access to outside resources when requested," "Accommodations," "Utilization of subcommittee products," "Excellent buffet lunch," "Division of HIV/AIDS support staff," "Philadelphia representation as a resource."

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. The three themes making it to the second round of voting were all tied for most votes in the first round. Two of these themes also tied for the most votes in the second round: "Difficulty recruiting target populations," and "Intangible results and outcomes." The other theme making it to the second round of voting was "Sharing of subcommittee responsibility and lack of participation."

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

Weakness	1st Round Vote	2nd Round Vote
Difficulty recruiting target populations	2	2
Intangible results and outcomes	2	2
Sharing of subcommittee responsibility and lack of participation	2	0
Mixed messages from CDC	1	—
Gaps in Epi data	1	—
Procedure used in voting and motions	0	—
Waste of paper	0	—
Delayed Epi update	0	—
Presenters speaking to audience	0	—
Duplication of presentations	0	—
Seriousness of CPG among members (sidebar conversations)	0	—
Representing target populations, not workforce	0	—
Lack of legislative representation	0	—
University of Pittsburg CPG newsletter	0	—
Drink special price	0	—

Two themes received one vote each in the first round: "Mixed messages from CDC" and "Gaps in Epi data." Themes that did not receive any votes were "Procedure used in voting and motions," "Waste of paper," "Delayed Epi update," "Presenters speaking to audience," "Duplication of presentations," "Seriousness of CPG among members (sidebar conversations)" "Representing target populations, not workforce," "Lack of legislative representation," "University of Pittsburg CPG newsletter," and "Drink special price."

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 top vote-getter in the second round, which was tied for the most votes in the first round, was "Measurable outcomes that demonstrate importance of CPG." Tied with this theme in the first round was "Define and reinforce commitment to the CPG and install punitive measures."

Table 6 Recommendations for Improvement (Focus Group B)

Recommendation	1st Round Vote	2nd Round Vote
Measurable outcomes that demonstrate importance of CPG	3	2
Define and reinforce commitment to the CPG and install punitive measures	3	1
Continue commitment to diversity	0	—
Speak to your audience	0	—
Continued use of auto-response clickers	0	—

Three additional themes were mentioned by participants that did not receive any votes in the first round, these being "Continue commitment to diversity," "Speak to your audience," and "Continued use of auto-response clickers."

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 votes in both rounds of voting was "Staying on time and task through cooperation, respectful parity, and professionalism (in part due to Ken's efforts)." The theme receiving the next-most number of votes in the second round of voting was "Ken McGarvey for keeping us updated on new information via email or mail." The other theme making into the second round of voting was "Group diversity and community co-chair coming from the group."

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

Strength	1st Round Vote	2nd Round Vote
Staying on time and task through cooperation, respectful parity, and professionalism (in part due to Ken's efforts)	4	4
Ken McGarvey for keeping us updated on new information via email or mail	2	1
Group diversity and community co-chair coming from the group	2	0
Dr. Ben for providing new data to support the planning for HIV/AIDS	1	—
Support from University of Pittsburgh and DOH for informative presentations/orientation	1	—

Other themes receiving votes in the first round were "Dr. Ben for providing new data to support the planning for HIV/AIDS" and "Support from University of Pittsburgh and DOH for informative presentations/orientation."

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 votes in the second round, and the second-most number of votes in the first round, was "Inappropriate behaviors by

committee members such as sidebars/cross-talk conversations, late arrivals, and being uncommitted." The theme receiving the most number of votes in the first round, and the second-highest vote total in the second round, was "Absence of basic HIV/AIDS 101 education for *all* CPG members." Also making it to the second round of voting was "The hotel."

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

Weakness	1st Round Vote	2nd Round Vote
Inappropriate behaviors by committee members such as sidebars/cross-talk conversations, late arrivals, and being uncommitted	4	3
Absence of basic HIV/AIDS 101 education for *all* CPG members	5	2
The hotel	1	0

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 the most votes in the first round and all of the votes in the second round was "Yearly basic HIV/AIDS 101 education to all CPG members to level the playing field, with certification provided, for better orientation for all members to be able to comprehend the CPG process." Two other themes receiving votes in the first round were "Stress the importance of timeliness, attendance, participation, and commitment" and "Summer social gatherings and recognition and CPG website to help us maintain our unity in awards and diversity."

Table 9 Recommendations for Improvement (Focus Group C)

Recommendation	1st Round Vote	2nd Round Vote
Yearly basic HIV/AIDS 101 education to all CPG members to level the playing field, with certification provided, for better orientation for all members to be able to comprehend the CPG process	5	5
Stress the importance of timeliness, attendance, participation, and commitment	3	0
Summer social gatherings and recognition and CPG website to help us maintain our unity in awards and diversity	2	0

Cross-Cutting Themes among the Three Focus Groups

Four cross-cutting themes emerged from the three focus groups with respect to the strengths of the CPG planning process in 2010:

- *Information Sharing and Communication.* Participants in all three focus groups indicated that information sharing and communication are strengths of the CPG planning process. All three groups mentioned presentations. Groups B and C mentioned emails from Ken McGarvey and the expertise and support provided from various outside resources. Additionally, group A mentioned the use of

technology, group B mentioned "Open communication among committee members" and group C mentioned "Dr. Ben for providing new data to support the planning for HIV/AIDS."

- *Membership.* In different ways, participants in all three focus groups identified the CPG membership as one of its strengths. All three groups mentioned the group's diversity. Focus groups A and B mentioned subcommittees (participation and products) and YART as membership strengths. Group A also indicated that the "Quality gap between consumer members and professional members has lessened, resulting in improved quality of contributions." Group B also mentioned "Enforcement of term limits to recruit new members," "Committed members who have a passion for the work being done," "Member development and support," and "Division of HIV/AIDS support staff."

- *Organization and Process.* Participants in all three focus groups also identified the CPG's organization and process as a strength. Focus group A mentioned "Organization of schedule and agenda of meetings" and "Structure set up, especially subcommittees and use of chairs, which helps to create a good plan for the group." Focus group B mentioned "Well-orchestrated meetings," "Detailed agenda and work plan," "The new process and discussion for the pre- and post-test," and "Subcommittee time used wisely." Focus group C mentioned "Staying on time and task through cooperation, respectful parity, and professionalism (in part due to Ken's efforts)."

- *Leadership.* Participants in focus groups A and B indicated that CPG's leadership is one of its strengths.

There appear to be four cross-cutting themes with respect to the weaknesses of the CPG planning process in 2010:

- *Member Engagement.* Participants in focus group A mentioned "YART members not sitting together during their presentations," "YART member participation has not been consistent," and "Group dynamics are hard to manage as group size increases (including guests)." Participants in focus group B mentioned "Sharing of subcommittee responsibility and lack of participation" and "Seriousness of CPG among members (sidebar conversations)." Participants in focus group C mentioned "Inappropriate behaviors by committee members such as sidebars/cross-talk conversations, late arrivals, and being uncommitted."

- *Data Accuracy and Availability.* Participants in focus group A mentioned "When state data is presented, exclusion of Philadelphia means that data do not represent the Commonwealth (half the epidemic is missing)" and "Epi summary updates in paper form – in a more efficient time frame, to be all on the same page at the time of discussion." Participants in focus group B indicated "Gaps in Epi data" and "Delayed Epi update."

- *Presentations.* Although presentations were mentioned as a strength in the CPG planning process, there were aspects of presentations mentioned as weaknesses by focus groups A and B. Participants in focus group A mentioned "Audio-visual challenges/presentation quality - font size, graphics, and color need improvement." Participants in focus group B mentioned "Presenters speaking to audience" and "Duplication of presentation."

- *Target Population Representation.* Participants in focus groups A and B indicated that difficulty obtaining target population representation is one of CPG's weaknesses.

There appear to be three cross-cutting themes with respect to recommendations for improving the CPG planning process in 2011:

- *Improve Member Engagement.* Participants in focus group A mentioned "Improve group dynamics (noise management)" and "Consistency from YART representation." Participants in focus group B recommended to "Define and reinforce commitment to the CPG and install punitive measures." Participants in group C recommended that CPG "Stress the importance of timeliness, attendance, participation, and commitment."

- *More Diversity in Membership.* Participants in focus group A mentioned "Continue to target missing gaps in member representation." Participants in focus group B mentioned "Continue commitment to diversity." On a related note, participants in group C recommended "Summer social gatherings and recognition and CPG website to help us maintain our unity in awards and diversity."

- *Improve Presentations.* Participants in focus group A mentioned "Improve audio (i.e. microphone management) as well as PowerPoint font size and color." Participants in focus group B mentioned "Speak to your audience." Group B also recommended "Continued use of auto-response clickers."

6.4. Results of the CPG/CDC Participant Evaluation (2010)

The results of the CPG participant evaluation mandated by the CDC are reported in the Pennsylvania Commonwealth Department of Health's grant application to the CDC. The Evaluation Subcommittee presented the data to the Committee and the CPG Nominations and Recruitment Work Group uses these results in screening prospective Committee members.

2011 MEMBERSHIP COMPARISON TO EPIDEMIC IN PA

	Living HIV cases as of 12/31/2007 [including HIV (non-AIDS) and AIDS cases] Excluding Philadelphia & Correctional Facilities	**2011 CPG Membership Survey Response**	
Age	N=16,073	N= 44	
		<13	0
< 19	287 (1.79%)	13-19	0
20-29	1,170 (7.28%)	20-29	5 (11%)
30-49	9,451(58.80%)	30-49	20 (45%)
50+	5,165 (32.13%)	50+	19 (43%)
No response			0
Gender:		N= 44	
Male	11,562 (71.93%)	20 (45%)	
Female	4,511 (28.07%)	23 (52%)	
Transgender		1 (2%)	
No Response		0	
Race/Ethnicity:		N= 44	
White (Non-Hispanic)	8,669 (53.94%)	26 (59%)	

Black (Non-Hispanic)	4,987 (31.03%)		13 (30%)
Hispanic	2,293 (14.27%)		**
Asian/Pacific	70 (0.44%)		1 (2%)
Native American	13 (0.08%)		1 (2%)
Unknown/more than one race	41 (0.26%)		3 (7%) (no response)
Ethnicity			N= 44
Hispanic	2,258 (17.73%)		7 (16%)
Not Hispanic	10,139 (79.80%)		36 (82%)
Unknown	340(2.67%)		1 (2%)
Geographic: By HIV Planning Coalition	HIV (non-AIDS)	AIDS	N= 42 (based on membership list)
South Central	2,134 (22.85%)	2,203 (23.40%)	19 (45%)
Southwest	2,195 (23.50%)	2,199 (23.36%)	12 (29%)
AIDSNET	1,507 (16.14%)	1,499(15.92%)	2 (5%)
TPAC (AACO)	1,949 (20.87%)	1,853 (19.68%)	4 (10%)
Northeast	441 (4.72%)	387 (4.11%)	1 (2%)
Northwest	470 (5.03%)	634 (6.73%)	1 (2%)
North Central	536 (5.74%)	586 (6.22%)	3 (7%)
Primary HIV Risk Category			Priority Population representation (primary) N= 35 – 14 = 21
PLWHA	NA		14
MSM	6,137 (38.18%)		7 (33%)
MSM/IDU	599 (3.73%)		2 (9%)
IDU	3,199 (19.90%)		1 (5%)
Heterosexual	3,807 (23.69%)		2 (9%)
Coagulation Disorder/Transfus.	200 (1.24%)		0
Non-specific or Unknown	2,131 (13.26%)		6 (29%)
Transgender			1 (5%)
Transgender/IDU			2 (9%)

Notes: NA, not applicable.
The CPG Survey part I, was conducted at the January, March & May 2011 CPG meetings. At that time there were 44 CPG members. 44 (100%) completed the survey.

- Data used to generate the AIDS diagnoses column is derived from the HIV/AIDS Case Surveillance System, which does not document transgender status.
-

**AIDS case data for Ethnicity (Hispanic) is not collected in the same manner as the data in the CPG survey.

***Geographic data for all members was available, separate from the completion of the CPG Survey Part I.

^ The categories of probable modes of transmission of AIDS cases as shown on the table are based on a hierarchical 'most probable risk classification'. Comparable non-hierarchical categories as shown on the indicated rows for the CPG representation column are therefore not generated.

Community Planning Program Performance Indicator E1:

Proportion of populations most at risk as documented in the epidemiologic profile and/or the priority populations in the Comprehensive Plan, that have at least one CPG members that reflects the perspective of each population (as indicated by primary representation on survey).

CPG Priority Populations	CPG Representation? Y/N
1. HIV+	Y
2 White MSM	Y
3. Black IDU	N
4. Black MSM/IDU	Y
5. White MSM/IDU	N
6. Black Heterosexual	Y
7. (tie) White IDU	Y
7. (tie) White Heterosexual	Y
9. Hispanic IDU	Y
10. Black MSM	Y
11. Hispanic Heterosexual	N
12. Hispanic MSM/IDU	N
13. Hispanic MSM	N
14. Perinatal	Not identified on the CPG survey.
15. Emerging Risk Groups	Not identified on the CPG survey.

2011
8/13 = 62%

Notes:
2010 actual measure was .77 (10/13)
2009 actual measure was .77 (11/13)
2008 actual measure was .85 (11/13)
2007 actual measure was .54 (7/13)
2006 actual measure was .92 (11/12)

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

Section 3.3.4 of the CPG by-laws further state that "this subcommittee 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. Results of Poster Sessions from 2004-2010 can be reviewed at www.stophiv.com.

6.5.1. Results of the 2011 Poster Session – Funded Agencies in Pennsylvania

During the May 2011 Pennsylvania CPG meeting, the Evaluation Subcommittee facilitated the seventh consecutive poster session to review HIV prevention interventions. Representatives of various organizations presented information about their experiences with Diffusion of Effective Behavioral Interventions (DEBIs) as well as other public health strategies of proven effectiveness.

Attendees:

Name or Organization	Location
Urban League of Lancaster County	Lancaster
Prevention Point Philadelphia	Philadelphia
PACT (Pittsburgh AIDS Center for Treatment)	Pittsburgh
AIDS Activity Office	Lehigh Valley
AIDS Care Group	Chester
Prevention Point Pittsburgh	Pittsburgh

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, any adaptations, and why interventions were more or less effective including barriers to implementation). Each organization also presented information about how 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 presentations addressed the following topics:

Target population(s) of focus
Descriptions of interventions provided
Information on adaptations made to interventions
Information on evaluating programs
Information on recruitment, retention, cost, and cultural competency
Use of the PA CPG Prevention Plan
Information on the barriers in implementing programs

General themes/observations related to interventions:

This year’s theme was prevention for positives and harm reduction as a public health strategy. The interventions were delivered to people living with HIV, as well as their HIV-negative partners, injection drug users (IDU), men who have sex with men and who inject drugs (MSM/IDU), and other high-risk HIV negative individuals.

Intervention Descriptions:

1) Urban League of Lancaster County
Target populations: Injection drug users (IDU), men who have sex with men (MSM)/IDU, HIV-positives
Interventions: No effective behavioral interventions (EBIs)

The Urban League of Lancaster County uses public health intervention strategies such as syringe exchange, counseling, testing, and referral (CTR), condom distribution and outreach, and connection to care services for their target populations. They provide incentives for testing and promote harm reduction to reduce risk. Clients are tested for HIV before participating in syringe exchange program. They are trained for Safety Counts DEBI and are currently working on getting the intervention running.

The Urban League of Lancaster County evaluates by analyzing their positivity rates and the number of HIV/AIDS cases found and connected to care. They use their positive feedback, increases in testing over time, follow-ups, repeat clients, word of mouth, and their ability to collaborate with other groups as indicators of success.

The Urban League of Lancaster County recruits through outreach workers, and by word of mouth such as referrals from existing clients. The Urban League of Lancaster County provides a token for needles and $10 Wal-Mart gift cards when participants bring new clients to the organization.

In the past year they had approximately 100 consumers. Incentives for the intervention cost approximately $5000/year. Out of 89 tests given in 2010, they found 4 HIV positive cases. Of these four, all were Latino and two were newly diagnosed. They connected previous positives to care.

The Urban League of Lancaster County demonstrates cultural competence for racial and ethnic minority communities they target, including Latinos and African Americans. For example, they provide Spanish-language directions for properly using needles.

2) Prevention Point Philadelphia
Target populations: IDU and their contacts/sex partners, Transgender individuals, MSM/IDU (all)
Interventions: Safety Counts

Prevention Point Philadelphia currently implements Safety Counts alongside other public health strategies such as comprehensive risk counseling and services (CRCS) and CTR, syringe exchange, peer counseling, linkage to care, and Hepatitis C screening. Programs include a mobile unit to provide general care. Prevention Point Philadelphia is a member of the Trans Health Information Project. They have adapted Safety Counts to include Hepatitis C screening.

They evaluate their programs by analyzing positivity and opiate overdose rates and observing how well they retain clients. They have seen a reduction in rates of HIV since the 1980s and a 12% reduction in syringe sharing. They describe their success through the numbers of IDU in treatment, clients using harm reduction measures, returning clients, and relationship building.

Prevention Point Philadelphia recruits and retains through peer outreach, their syringe exchange program and cooperation with legal authorities, referrals from drug and alcohol programs, providing other services/incentives to clients, their website, and word of mouth.

Prevention Point Philadelphia conducts over 1000 HIV tests per year and approximately 14,500 syringe exchanges occur annually. In 2010, 127 clients completed Safety Counts. The range reported for costs of Prevention Point Philadelphia's intervention is $141,000- $1,451,000.

Prevention Point Philadelphia demonstrates cultural competence with transgender communities by tracking only how clients identify their gender. They employ a diverse staff. Prevention Point Philadelphia tends to have more white MSM clients than African American MSM clients. Prevention Point Philadelphia does not address youth under 18.

3) PACT, Pittsburgh
Target populations: HIV+ MSM, HIV+ MSM/IDU
Interventions: Respect

PACT implements the EBI Respect. PACT uses other public health strategies such as risk reduction counseling, case management, HIV/STI testing, and motivational interviewing to complement Respect.

PACT adapted Respect by using a sexual health check-up format, doing 2 sessions instead of 4 and modifying the intervention to promote risk reduction. PACT added motivational interviewing and created new questions from those that were in the guide book. PACT encourages additional sessions when necessary for their clients. PACT stresses connecting people living with HIV into routine care.

PACT recently implemented Respect and does not have data for evaluation purposes. Out of 91 clients 18 have completed the follow-up step. PACT has observed some changes in behavior.

PACT uses their clinical setting to recruit and retain clients. PACT staff refers patients into the program when they identify risk behaviors. They do not offer financial incentives but provide goodie bags. They retain clients by identifying goals and having confidential interactions. PACT accepts walk-ins to their program as well.

The intervention costs $28/client for 15 minutes, as well as EBI training costs and 12 hours for staff/week.

The program needs to improve on transgender cultural competence.

4) AIDS Activities Office (AAO), Lehigh Valley
Target populations: HIV+, MSM, transgender individuals, at-risk youth, IDU, Latino and African American communities
Interventions: Healthy Relationships, Partnership for Health, PCC (personalized cognition counseling)

AAO currently implements Healthy Relationships, Partnership for Health and PCC as their EBIs.
AAO employs other public health strategies such as case management, developing risk reduction plans, assessing strengths, providing HIV 101, and providing condom demonstrations and condom distribution to complement their EBIs. AAO uses Orasure testing. AAO currently has not adapted their EBIs.

AAO of Lehigh Valley completes pre- and post-tests to evaluate participants' learning and experiences in group and individual level interventions. They also measure success through the units of service delivered, percentage of persons completing the intervention, testing partners of clients, and linking HIV-positive individuals to care.

High retention in interventions and completion rates are signs of success, as well as clients showing improvement in their knowledge of how to protect themselves and their partners from HIV infection.

AAO of Lehigh Valley recruit and retain clients through outreach, referrals, flyers, using community members and existing clients to recruit, and by providing Wal-Mart gift cards. AAO of Lehigh Valley believe that offering a variety of services/holistic care supports retention.

A range of 41-251 people completed individual level interventions and a range of 15-35 individuals in group interventions in 2010. Approximately 95% of all clients complete their interventions. AAO reports 75 tests per month and AAO reports 1142 outreach contacts in 2010. The cost of the intervention was not recorded.

AAO demonstrates cultural competence for MSM, Latino, transgender, and faith-based communities, but not African American communities.

5) AIDS Care Group, Chester
Target Populations: MSM of color, IDU, corrections system, women, and at-risk emergency room patients
Interventions: Respect, Partnerships for Health

AIDS Care Group currently implements Respect and Partnerships for Health as their EBIs. They use other public health strategies such as CTR, CRCS, and testing in hospitals to complement their EBIs. AIDS Care Group has not made adaptations to their EBIs.

AIDS Care Group evaluates their success by analyzing the numbers of people using their program paired with ongoing monitoring and evaluation of program. They are using the CDC evaluation plan, have targeted goals, and evaluate staff doing interventions. They recently began and have yet to collect sufficient data for evaluation. Potential evidence of the program's success is through the numbers of clients, client satisfaction, staff evaluations, feedback from collaborating members, and their sero-positivity rate. AIDS Care Group identified an HIV-positive individual on their first day of operation.

AIDS Care Group recruits clients through jails/probation referrals, outreach, drug courts, hospital ER CTR, and referral clients from the medical office. They have a captive audience in most of their venues. AIDS Care Group retains clients by establishing rapport with them and by telling them the truth, although what the truth is was not recorded.

AIDS Care Group reports the following numerical ranges for people completing the intervention: 150-690 CTR, 50-125 Partnership for Health, 25-80 CRCS, 30-160 Respect. They have a 90% completion rate for all participants. AIDS Care Group approximates their costs at $360,000 for all of their interventions.

AIDS Care Group demonstrates cultural competence for their target populations by employing a multi-racial and bilingual staff.

6) Prevention Point Pittsburgh
Target populations: IDU, MSM/IDU, sex workers
Interventions: Respect, Safety Counts

Prevention Point Pittsburgh implements Respect and Safety Counts as their EBIs. Other public health strategies Prevention Point Pittsburgh uses are education on safer behaviors, outreach, a harm reduction approach, onsite Hepatitis C and HIV testing, and providing overdose medications. They have adapted the interventions to include Hepatitis C, syringe exchange programming, using just the elements of Safety Counts as needed, and harm reduction approaches to reducing risk.

Prevention Point Pittsburgh measures success through pre- and post-intervention risk assessment interviews. Other indicators of success include 50% completion of the program, 61% achieved sterile syringe injection, 12% put in drug treatment, overdose reversals, and positive feedback collected through surveys and follow-up with clients.

Prevention Point Pittsburgh recruits in prisons, streets, shelters, drop-in centers, and other social service agencies. They also recruit through word of mouth. To retain clients, the agency makes people feel comfortable and at ease by having peers available to talk with clients.

A total of 312 people completed individual level interventions. Prevention Point Pittsburgh made 476 outreach contacts and 228 referrals, of which 156 completed an intervention. Prevention Point Pittsburgh estimates costs at $250,000 with syringe exchange and $150,000 without syringe exchange.

Prevention Point Pittsburgh demonstrates cultural competence for their target populations except female IDU.

Barriers associated with the interventions and how they were overcome:

1) Urban League of Lancaster County
Barriers: PA paraphernalia laws, disposal bins for needles, stereotypes, rumors, HIV testing, lack of funding & staff, location, and pharmacy policies

Urban League of Lancaster County cited lack of staff as a major barrier to providing intervention to IDU. Additionally, the PA paraphernalia law impedes providing syringe-exchange interventions to IDU. Sufficient funding to run programs was also cited as a common barrier. Urban League of Lancaster County sought to overcome funding issues by writing a grant.

2) Prevention Point Philadelphia
Barriers: PA paraphernalia laws, lack of funding, public perceptions, not in my backyard attitude, community buy-in, lack of bilingual staff, having people report back, and a portion of clients living outside of Philadelphia who's ID card would not apply

Prevention Point Philadelphia cited the state's paraphernalia law as a major barrier to providing intervention to IDU. Prevention Point Philadelphia was also challenged by unfavorable attitudes within the local community regarding syringe exchange. Bilingual staff members were also necessary to provide intervention to impacted communities.

Prevention Point Philadelphia overcame barriers through advocacy, contact with local law organizations, establishing trusting relationships, and persistence. Prevention Point Philadelphia has helped make syringe-exchange a reality in Philadelphia. Former PA governor Ed Rendell overwrote state laws in city of Philadelphia and authorized ID cards to facilitate syringe-exchange interventions.

3) PACT
Barriers: Coordinator not full-time staff, facilitator not at clinic, limited number of counselors, limited number of referrals by providers, establishing trusting relationships, gap with follow up, retention, need to ask questions only until a risk is identified, limited to script of questions, challenges with oral sex message (2 HIV+ clients using protection), challenges working effectively with transgender individuals

PACT faced the barrier of sufficient staffing for their intervention. Additionally, PACT was challenged in establishing trusting relationships, being limited to a script and identifying risk, and having an effective message regarding oral sex.

PACT overcame intervention implementation barriers by rewriting the questions, and by having items in goodie bags that prompt discussion with clients.

4) AIDS Activities Office of Lehigh Valley
Barriers: State Confidentiality Act 148 (mandates pre- and post-test counseling for HIV), stigma, cultural competence with racial and ethnic communities, funding, state mandated list, mental health, D&A, space, school system, MSM anonymous & conservative

AAO of Lehigh Valley faced both institutional and cultural barriers in implementing their intervention. State Confidentiality Act 148 which mandates pre-and post-test counseling for HIV limited their abilities. Culturally AAO of Lehigh Valley was challenged by their work in racial and ethnic communities as well as working with MSM.

AAO of Lehigh Valley overcame intervention implementation barriers through a holistic approach to care, addressing adherence and mental health, and providing CTR and case management.

5) AIDS Care Group
Barriers: PEMS, correction facilities change in staff, approval of paperwork and incentives, space, overworked staff in probations and staff turnover in probations/parole, and had to wait 8 months to get trained to offer incentives

AIDS Care Group faced institutional and organizational barriers when implementing their intervention. Correction facilities had frequent staff turnover and were often overworked. They also faced barriers within their organization to gain approval of paperwork, incentives, and getting the proper training in a timely manner.

AIDS Care Group overcame barriers by letting people tell their story. AIDS Care Group consulted with a trainer from Rochester to assist their staff.

6) Prevention Point Pittsburgh
Barriers: paraphernalia laws, lack of funding and resources, limited referrals, lack of participation from other providers

Prevention Point Pittsburgh identified syringe laws in the area, time, lack of funding for staff, limited number of referrals, and lack of buy-in by other providers as barriers to intervention implementation.
Their interventions were also labor intensive. They found resistance to condom use among clients.

Prevention Point Pittsburgh overcame barriers with advocacy efforts.

Use of Community HIV Prevention Plan:

All participating agencies have a familiarity with the PA Community HIV Prevention Plan and its contents. Agencies use the plan to identify target populations, service gaps, and EBIs for implementation, in addition to those agencies in Philadelphia using that community plan to identify target populations. Agencies cited the PA community plan as a helpful guide to their activities and in writing grant applications.

Methodological Issues and Recommendations:

Submitted forms from this year's poster session had missing responses and some forms were completed illegibly. Poster evaluations reported large ranges on estimated costs of interventions and number of people completing an intervention. Some items reported in the poster evaluations could be enhanced by a more-detailed recording. For example, we know PACT uses goodie bags to prompt conversation with clients, yet from the reports we can not deduce the contents of goodie bags and how these items facilitate interaction.

It is recommended that members fill out forms legibly and completely and to clarify any aspect of an intervention which may not be clear after the session. Members should confirm answers with one another following the poster sessions.

It is recommended that members seek detailed information regarding how agencies are using the CPG plan. These data could improve the CPG process of writing the plan through awareness of what elements of the plan are most helpful to agencies and what elements are not.

Conclusion:

Local agencies across Pennsylvania serve people living with HIV and their partners through a combination of effective behavioral interventions and other public health strategies. Interventions and public health strategies discussed at this year's poster presentation session included harm reduction approaches to HIV prevention to reduce risks of viral transmission. Agencies adapt interventions to increase the intervention's relevance to local contexts. Adaptations considered a variety of aspects to intervention, such as space, time, other relevant actors, and target populations.

Agencies often had to work with a variety of actors including policy makers and law enforcement to achieve their intervention goals, particularly in the case of syringe exchange. Typically this work led to positive outcomes, such as allowing those participating in syringe exchange to carry ID cards to avoid conflict with local laws. To a lesser extent agencies reported working with other actors, such as care providers, as a barrier, as they received limited referrals.

The participating agencies in this year's poster evaluation session faced similar barriers in implementing their interventions. Some barriers were institutional while others stemmed from the communities.

Institutional barriers most cited were lack of funding, lack of staff and time, existing Pennsylvania laws and organizational policies prohibiting syringe exchange, and challenges with cultural competency of staff to work with target populations.

Community barriers were often associated with a lack of community support around syringe exchange programs. Agencies also reported challenges in building relationships with clients and inciting behavior change around sex and condoms. Agencies reported success with changing clients syringe use behaviors. Participating agencies in this year's poster evaluation session suggested avenues for overcoming barriers and told their success stories in this regard. Sharing success strategies where an intervention has been shown effective will continue to benefit the communities served.

Agencies tended to describe their success based on the relationships they build with clients and communities. Client retention was consistently cited as a method to evaluate. When data were available, agencies analyzed positivity rates and number of clients they successfully connected to care. Some interventions were in nascent stages and did not have enough data to analyze.

Agencies across Pennsylvania serve people living with HIV, as well as their HIV-negative partners, injection drug users (IDU), men who have sex with men and who inject drugs (MSM/IDU), and other high-risk HIV negative individuals through a myriad of interventions. Agencies implemented DEBIs with adaptations and in combination with other public health strategies to meet target populations' needs. Harm reduction strategies such as syringe exchange often face additional barriers such as law enforcement and therefore require extra effort from agencies and their staff. These efforts may lead agencies to work together with individuals who do not see themselves as HIV prevention providers. Making their role in preventing HIV clear to them becomes a task of the implementing agency. More work to break down institutional barriers and building relationships instead is needed. The relationships built through these activities will enhance HIV prevention currently and into the future.

Recommendations from CPG Members:

- Provide more time to fill in questionnaires
- Some presenters were not aware of the questions; make sure they are provided to the person who will be presenting prior to the poster session
- Maybe have presenters fill out the questionnaires prior to the poster session, so more time can be spent presenting on their program

Appendix 1: Poster Presentation- CPG Member Questions

1. Are you familiar with the PA Community HIV Prevention Plan and its contents?
2. If so, are you following the recommendations within the Pennsylvania Community HIV Prevention Plan? If yes- please tell us how? If no-why not?
3. What populations are you targeting for HIV Interventions/Programs?
4. Describe the interventions/testing and counseling being provided to these populations.
5. Are you using a CDC identified Effective HIV Intervention?
    a. If so, have you adapted it?
    b. If adapted, what adaptation was made?
6. How do you know your program is successful?
7. Describe how you evaluate your program's success.
8. Were there barriers when implementing this program?

a. If so, how did you overcome them?

9. How do you recruit participants and retain them in your program?
10. Can you approximate how many people complete this intervention?
11. How much does this intervention cost?
12. Is your program culturally competent (ex. Transgender, disabled, youth, religion, ethnicity)?

6.6. Activities Conducted by the University of Pittsburgh

The University of Pittsburgh in collaboration with evaluation subcommittee of the CPG conducts evaluations of two programs (see Figure 6.1).

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 method is 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.

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 2011 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 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 2010 and 2011. 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.

6.2. Young Adult Roundtable Process Evaluation Data: 1998-2010

PENNSYLVANIA YOUNG ADULT ROUNDTABLES
Trends in Pennsylvania CPG Process Evaluation Data: 1998-2010

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. 24 CPG members completed this 2010 survey. Note that in 2008, these surveys were not distributed to the CPG.

Variable: "Your belief that…"	1998 n=26 (67%)	2000 n=22 (67%)	2002 n=1542 %)	2004 n=26 (72%)	2006 n=17 (41 %)	2010 n=24
YART gives youth a voice in the community planning process	3.5	3.5	3.3	3.6	3.7	3.9
Roundtable members reflect epidemic in Pennsylvania	3.0	2.9	3.0	3.0	2.9	3.5
Important needs assessment data from YART to PC	3.2	2.9	3.1	3.2	3.4	3.4
Young PC members have parity in planning process	3.5	3.2	2.8	3.5	3.6	3.7
Young PC members contribute to community planning process	3.7	3.2	3.4	3.7	3.7	3.7
Mentors convey data from YART to PC	3.3	2.5	2.0	3.0	2.9	3.3
YART important part of Community planning process	3.8	3.5	3.3	3.6	3.8	3.9
Roundtable Exec meetings important for PC to meet youth	3.5	3.4	2.9	3.3	3.4	3.8
Consensus Statement provides important data for process	3.6	3.1	3.1	3.5	3.5	3.8

#		*YART ensure young people PIR in PA's planning process*	*	*	2.8	3.5	3.6	3.8	**2010 Survey Average**
		Variable:			**2010 Surveys n=24**				
		"Your belief that…"							

1	*YART gives youth a voice in the community planning process*	**0% Completely Disagree 0% Disagree 8% Agree 92% Completely Agree**	**3.9**
2	*Roundtable members reflect epidemic in Pennsylvania*	**0% Completely Disagree 0% Disagree 46% Agree 54% Completely Agree**	**3.5**
3	*Important needs assessment data from YART to PC*	**0% Completely Disagree 4% Disagree 50% Agree 46% Completely Agree**	**3.4**
4	*Young PC members have parity in planning process*	**4% Completely Disagree 0% Disagree 21% Agree 75% Completely Agree**	**3.7**
5	*Young PC members contribute to community planning process*	**0% Completely Disagree 0% Disagree 33% Agree 67% Completely Agree**	**3.7**
6	*Mentors convey data from YART to PC*	**4% Completely Disagree 0% Disagree 58% Agree 38% Completely Agree**	**3.3**
7	*YART important part of Community planning process*	**0% Completely Disagree 0% Disagree 13% Agree 88% Completely Agree**	**3.9**
8	*Roundtable Exec meetings important for PC to meet youth*	**0% Completely Disagree 0% Disagree 21% Agree 79% Completely Agree**	**3.8**
9	*Consensus Statement provides important data for process*	**0% Completely Disagree 0% Disagree 22% Agree 78% Completely Agree**	**3.8**
10	*YART ensure young people PIR in PA's planning process*	**0% Completely Disagree 0% Disagree 21% Agree 79% Completely Agree**	**3.8**

Note: Data from odd numbered years have been removed for space reasons. Those data are in the 2010 Plan

The following table represents the breakdown of 2010 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." Numbers may not add up to 100% due to "don't know" responses and missing answers.

Below are the numbers of Planning Committee responses (**November 2010**) to inquiries about **how much information** you have about the Roundtable Consensus Statement :

	none	very little	some	a lot
Roundtable Consensus Statement	0 (0%)	2 (8%)	12 (50%)	10 (42%)

Below are the numbers of Planning Committee responses (**November 2010**) 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:

(Note: not everyone answered the questions below)	**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	0 (0%)	1 (5%)	11 (50%)	10 (46%)
Amount of information shared by Mentors with Planning Committee about prevention needs of Roundtable members	1 (5%)	4 (21%)	12 (63%)	2 (11%)
Perception of Roundtable members' participation at Planning Committee Meetings	0 (0%)	2 (9%)	9 (41%)	11 (50%)

Qualitative data from November 2010 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:

- I think the Consensus Statement should be read aloud and discussed at the CPG meeting.
- More areas needed.
- Make sure that there is a representative from each county from all over the state.
- The four co-chairs need to be prepared and actually bring the voice of the Roundtables, instead of being hung-over and non-contributing.
- I don't have any recommendations for the next year. I think that the Roundtables are very well run and organized and have good participation.
- Roundtable participants participating in prevention projects in their regions.
- Information specific to young adults presented during Roundtable reviews.
- Taking the time to give presentations at every CPG meeting to update the other committee members on activities and events the roundtables are involved in.
- Just to make sure YART keep us updated on information on risky behavior among youth.
- I was a mentor but was never really sure of my role besides linkage to CPG and recruitment (which was difficult for me). More info from mentors about the Roundtables?

- I can't imagine improvement. The YARTs are FANTASTIC -- bright, articulate, and talented. They are a great asset to us all.
- The Roundtable works very well in the present use.
- Where can youth go to receive services for STDs education as well where could they pick up prevention packets condom dental dams?

About the Roundtable HIV Prevention Consensus Statement:

- Need more input.
- Great job!
- Thank you for updating the statement.
- The Roundtable Consensus Statement is the best barometer we have to monitor/evaluate health ed. and peer-pressure issues that young people are dealing with at present.
- The Consensus Statement from the Roundtable is very much needed for the plan to continue to be up to date.

About Planning Committee Mentors/Planning Committee:

- None, it has a natural honest flow.
- Great meetings.
- Pittsburgh really needs to recruit some LGBT girls.
- The Vandling group seems to have fewer members/less attendance than in years past. While participation is fairly good I worry that in the future numbers could continue to decrease. One suggestion I would offer is to perhaps offer a leadership training for some of the members wanting to possibly become representatives for their group.
- The youth representatives who attend the Roundtable are involved and committed throughout the meetings. Recruitment (as with the larger CPG) continues to be a challenge as well as developing and sustaining Roundtables in new coalitions e.g. AACO.
- Mentors usually share their info in a more informal manner. You might want to incorporate them into the YART update.
- I (as a mentor) share my insights during our committee work but not as much during the larger group process. Some of my hesitation (and perhaps others) is that I don't want to speak for the YART members because the representatives we currently have do a great job bringing back the information and conveying it to the group.
- Due to personal challenges, I was unable to attend several YART meetings in 2010, therefore, I did not have much to directly convey to CPG.
- I am not even sure who mentors are for all Roundtables.
- I really miss Roni Colcher's input with YART. She had a wonderful historic reference about the CPG and integration of the YARTs into the CPG.
- The Roundtable does a wonderful job. Would like any information they can provide on how to get other youth interested in participating from more of the state. Some parts of the state are under-represented. Would like to see more members from around the state.
- Great job!

Young Adult Information needed by Planning Committee to effectively plan:

- More on teen clubs.
- More rates of infection from across the whole state. More holistic representation.
- Trends in youth perspectives on HIV prevention, STD's and general attitudes. Recommended ways to reach out to youth and spread the messages.
- What are the needs of the changing faces of new HIV infection with today's youth?
- A review of EBIs and a recommendation of which ones would be good for young adults.
- Objectives achieved during respective meetings that lead to overall goals for the year.
- What works--messages and programs that have an impact on youth today?
- 1) How do youth get proper training for using condoms; dental dams; birth control methods? 2) What education do youth get in HIV/AIDS and other STDs -- prevention, causes, treatments, symptoms to be aware of, etc? 3) Where can youth go to get health care and ed. in the rural areas of PA.?
- 1) How to implement programs to train those using condoms, on their proper use. Dental dams are not talked about and I feel this is needed for safer sex information. 2) HIV/AIDS is taught in schools BUT what for training do the teachers need to teach the information. 3) In rural areas the only place for testing is family planning and state Health Center. Due to the close community (neighbor knows neighbor) youth do not like to be tested in the area where they live.
- A greater presence.

Improve Executive Committee participation at Planning Committee meetings:

- More teens.
- Ask the young people what they want and need for participation--try to keep them intrigued and make/put them have some types of leadership role in the process.
- Provide youth a separate meeting space during presentations to the CPG. They can optionally attend or meet separately to confer.
- The Executive Committee gets good participation but I believe some are missing. Possibly ask mentors to help in getting the members to the meeting. I know I would be willing to help if needed.
- There needs to be ground rules given to the youth. Come on time. Be present during the meeting. No cell phone surfing. No sleeping. Participate. Listen. Be engaged in the program and process. Be vocal of their opinions, thoughts and concerns. We are paying their way to participate. Step up and participate!
- Not sure. Have mentors attend Executive Committee meetings so they have a better understanding of what is going on.
- Young people need to be more willing to speak with/break bread with CPG members outside the "official" room.
- Try to get more youth from around the state. To see more youth from very rural areas.
- Greater presence.

Other Comments

- Let them have more time and put on a post presentation.
- None!
- Big concerns about just non-trans/ball community MSM representation and lack of GLBT and female representation.

- Ongoing encouragement and support to participate. Several prior youth have grown to be very successfully employed in the field of HIV/AIDS and they too can greatly benefit from the opportunity to be a member of this very important Statewide Committee and use the participation to further their chances to become gainfully employed in the field of HIV/AIDS in PA.
- The Young Adult Roundtable does a very good job to help us see which direction youth are headed. This helps us make the plan to follow the possible outcomes of the youth information.

Thank you for your ongoing support of the Roundtables and for your feedback, which has been shared with the Roundtable Executive Committee and, whenever possible, will be used to improve the project's capacity to provide parity, inclusion, and representation to young people across the state in our community planning process.

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. 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 unaddressed risk behaviors, and lack of appropriate HIV/AIDS prevention education adaptations, in our non-metropolitan communities. According to Dreisbach (2011), HIV/AIDS and STD rates are stable or rising in rural communities. In 2008, nationally, 8.3% of all new HIV cases were in Rural/Non metropolitan areas; and more than 70% of all new AIDS cases were in African American men and women of the rural south. In light of these facts the Rural Work Group believes 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, et al, 2004). As information about 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.

7.1 Characteristics of Rural Pennsylvania

The Rural Work Group recognizes the quality and expertise of the Co-Editors, CDC researchers, authors and educators whose work we have so extensively added into our 2012 Plan Update.

In her article "A landscape View of Life and Health Care in Rural Settings" as published in the Handbook for Rural Health Care Ethics, Chapter 2, Angeline Bushy states that in the US, approximately 60 million people - $1/5^{th}$ of the population - live in rural communities. Rural landscapes cover more than three quarters of our country's land mass. It is the rural population that grows our food, brings coal and gas out of the ground, and provides fresh water to our cities. But rural people are increasingly underserved for clinical care needs. Ethical issues for the HIV/AIDS populations are especially sensitive due to stigma, boundary issues and inability to access appropriate care.

In the introduction to the Handbook for Rural Health Care Ethics, copyright 2009, Common Health-Related Rural Characteristics are:

- Small populations and long distances from urban-based tertiary medical centers
- Overlapping personal and professional relationships between health care providers and community members
- Rural isolation which may exacerbate care providers' stress
- Limited availability of health care services, specialists and providers
- Small Hospitals, many with fewer than 25 beds
- Residents with close-knit, shared connections and experiences
- Residents' strong sense of self reliance and independent thinking
- Shared values, interdependence and culture
- Challenging economic and employment situation(s)

- Poor health status compared to non-rural populations
- Hazardous work environment(s)
- Limited rural ethics resources, i.e., a lack of rural ethics literature, rural ethicists, rural ethics training, and rural ethics committees in the area

"Challenges like these make HIV/AIDS prevention and care difficult in rural setting. Wide-open spaces create long distances to travel for HIV/AIDS care. Close knit social networks may make it hard to get an HIV/STD test or even buy condoms without friends, relatives or acquaintances noticing. Freedom from big city congestions may also mean living with fewer local resources for health care, mental health care, substance abuse treatment, housing and jobs. And traditional values embraced by many rural communities may contribute to stigma toward those who engage in risky behaviors or have been diagnosed with HIV or AIDS. Traditional values and stigma account for some obstacles that keep people from talking about sexuality and learning how to prevent HIV/AIDS. Fear of stigma also stops people from getting tested, learning their results, and disclosing their HIV status.

"Despite these challenges, many rural communities have created innovative and promising strategies to HIV prevention and care that take advantage of the diverse people and strengths of their communities. Promising strategies that address HIV in rural areas are not one-size-fits-all solutions, but are strategies that rural communities can adopt and adapt to meet their own unique needs and build on their own strengths.

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. (Dresibach, S (2011) Rural *HIV and STD prevention in challenging economic times*, The Health Education Monograph Vol 28, No 2)

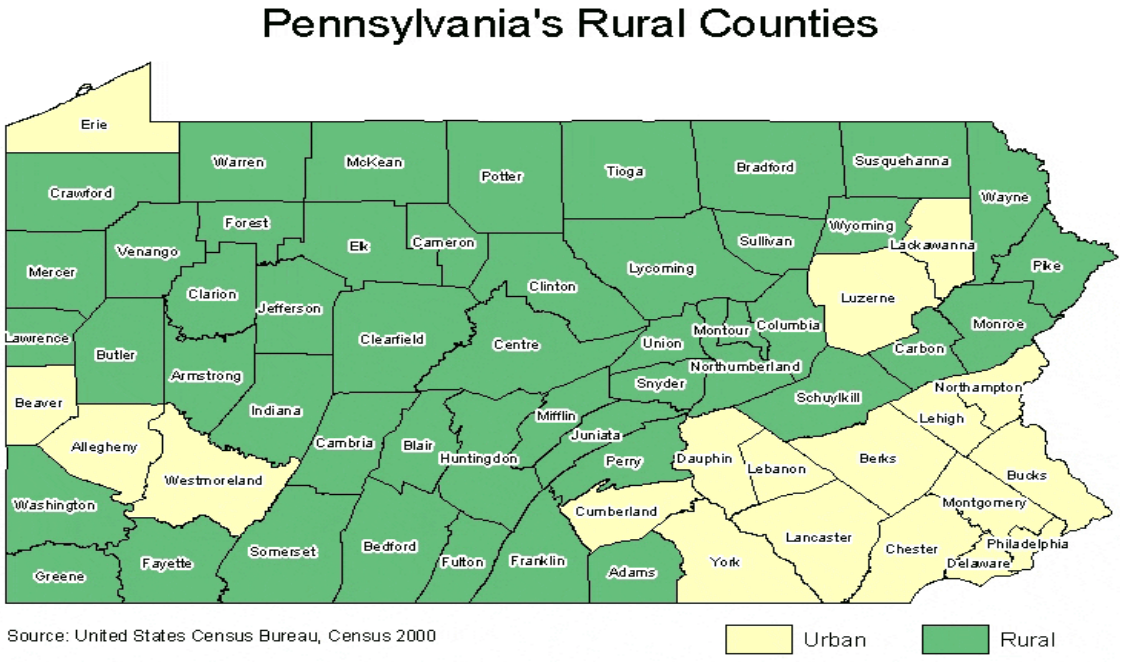


Figure 7.1 Pennsylvania Rural & Urban Counties

Table 7.1 Rural Counties in Pennsylvania with Greater than 40 Percent Rural Population

Rural County	Population Density *	Total Population *	Percent Rural Municipalities **	Percent Black ***	Percent Hispanic ***	Living HIV Cases ****	Living AIDS Cases ****
Adams	196	101,407	82.0	1.5	6.0	**22**	35
Armstrong	106	68,941	93.0	0.8	0.5	**09**	21
Bedford	49	49,762	97.0	0.5	0.9	**10**	13
Blair	242	127,089	58.0	1.7	1.0	**27**	50
Bradford	55	52,622	94.0	0.5	1.1	**17**	18
Butler	233	183,862	81.0	1.1	1.1	**35**	29
Cambria	209	143,679	65.0	3.6	1.4	**49**	83
Cameron	13	5,085	86.0	0.3	0.4	**0**	0
Carbon	171	65,249	48.0	1.5	3.3	**24**	35
Centre	139	153,990	80.0	3.0	2.4	**73**	71
Clarion	67	39,988	97.0	1.2	0.6	**4**	8
Clearfield	71	81,642	94.0	2.3	2.3	**18**	41
Clinton	44	39,238	97.0	1.6	1.1	**7**	3
Columbia	139	67,295	91.0	1.9	2.0	**22**	22
Crawford	88	88,765	94.0	1.7	0.9	**35**	29
Elk	39	31,946	83.0	0.3	.06	**2**	4
Fayette	173	136,606	57.0	4.6	0.8	**31**	**47**
Forest	18	7,716	100.0	18.0	5.4	**7**	**6**
Franklin	194	149,618	81.0	3.1	4.3	**50**	77
Fulton	34	14,845	100.0	1.0	0.8	**3**	6

Rural County	Population Density *	Total Population *	Percent Rural Municipalities **	Percent Black ***	Percent Hispanic ***	Living HIV Cases ****	Living AIDS Cases ****
Huntingdon	52	45,913	94.0	5.2	1.6	**22**	58
Indiana	107	88,880	92.0	2.7	1.1	**18**	18
Jefferson	69	45,200	91.0	0.3	0.6	**7**	8
Juniata	63	24,636	100.0	0.6	2.5	**6**	10
Lawrence	254	91,108	78.0	3.8	1.0	**16**	26
Lycoming	95	116.111	85.0	4.5	1.3	**94**	135
McKean	44	43,450	91.0	2.4	1.7	**4**	19
Mercer	173	116,638	83.0	5.8	1.1	**24**	50
Mifflin	114	46,682	94.0	0.6	1.1	**8**	9
Monroe	279	169,842	70.0	13.2	13.1	**103**	144
Montour	140	18,267	82.0	1.4	1.8	**4**	10
Northumberland	206	94,528	81.0	2.0	2.4	**25**	55
Perry	83	45,969	97,0	0.6	1.3	**12**	18
Pike	105	57,369	100.0	5.8	9.0	**28**	49
Potter	16	17,457	97.0	0.4	1.0	**1**	2
Schuylkill	190	148,289	81.0	2.7	2.8	**39**	101
Snyder	121	39,702	95.0	1.1	1.7	**6**	11
Somerset	72	77,742	94.0	2.4	1.1	**33**	52
Sullivan	14	6,428	100.0	2.6	1.4	**3**	3
Susquehanna	53	43,356	90.0	0.4	1.3	**8**	11
Tioga	37	41,373	95.0	0.8	1.0	**10**	8
Union	142	44,947	71.0	7.4	5.2	**47**	86
Venango	82	54,984	94.0	1.0	0.9	**9**	10
Warren	47	41,815	96.0	0.4	0.7	**11**	14
Washington	243	207,820	51.0	3.3	1.1	**43**	68
Wayne	73	52,822	93.0	3.1	3.4	**31**	51
Wyoming	71	28,276	96.0	0.7	1.6	**6**	9

* 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 2010

*** Race Statistics are as of 2010 and were found on The Center for Rural PA website

**** Number of AIDS cases taken from the Commonwealth of Pennsylvania's, HIV and AIDS Surveillance Summary Report dated December 2010

Table 7.2 illustrates the low percentages of Black and Hispanic residents in Pennsylvania's rural counties. However, it must be noted that migrant populations who work in some of the north and southeastern counties of the state and are known to be at risk for HIV are not accounted for in Census data. Programming for these populations is in place. It is also noted that since the 1990 US Census the Hispanic population in rural counties has steadily increased and at times exceeded the rural Black population in several counties.

Table 7.2 Counties in Pennsylvania with Less than 40 Percent Rural Population

Urban County	Population Density *	Total Population *	Percent Rural Muni-cipalities **	Percent Black ***	Percent Hispanic ***	Living HIV Cases ****	Living AIDS Cases ****
Allegheny	1,676	1,223,348	5.0	13.2	1.6	1,025	1,302
Beaver	392	170,539	34.0	6.3	1.2	32	68
Berks	480	411,442	53.0	4.9	16.4	368	542
Bucks	1,035	625,249	23.0	3.6	4.3	288	381
Chester	665	498,886	27.0	6.1	6.5	186	249
Cumberland	432	235,406	55.0	3.2	2.7	156	220
Dauphine	511	268,100	58.0	18.0	7.0	377	496
Delaware	3041	558,979	0.0	19.7	3.0	623	763
Erie	351	280,566	68.0	7.2	3.4	131	175
Lackawanna	467	214,437	43.0	2.5	5.0	105	151
Lancaster	550	519,445	40.0	3.7	8.7	329	412
Lebanon	369	133,568	54.0	2.2	9.3	53	73
Lehigh	1,013	349,497	21.0	6.1	18.8	372	534
Luzerne	360	320,918	39.0	3.4	6.7	152	159
Montgomery	1,656	799,874	5.0	8.7	4.3	469	475
Northampton	805	297,735	16.0	5.0	10.5	178	227
Philadelphia	11,379	1,526,006	0.0	43.4	12.3	7,247	10,173
Westmoreland	355	365,169	43.0	2.3	0.9	53	97
York	481	434,972	47.0	5.6	5.6	266	423

* 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 2008

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

**** Number of AIDS cases is taken from the Commonwealth of Pennsylvania's, HIV and AIDS Surveillance Summary Report dated December 2008

Table 7.3 Percent of Pennsylvania County population with HIV/AIDS

County	HIV Cases	AIDS Cases	Total	Population	% of Pop
Philadelphia	**7,247**	**10,173**	**17,420**	**1,526,006**	**1.1415%**
Dauphin	**377**	**496**	**873**	**268,100**	**0.3256%**
Union	**47**	**86**	**133**	**44,947**	**0.2959%**
Lehigh	**372**	**534**	**906**	**349,497**	**0.2592%**

County	HIV Cases	AIDS Cases	Total	Population	% of Pop
Delaware	623	763	1,386	558,979	0.2480%
Berks	368	542	910	411,442	0.2212%
Lycoming	94	135	229	116,111	0.1972%
Allegheny	1,025	1,302	2,327	1,223,348	0.1902%
Huntingdon	22	58	80	45,913	0.1742%
Forest	7	6	13	7,716	0.1685%
Cumberland	156	220	376	235,406	0.1597%
York	266	423	689	434,972	0.1584%
Wayne	31	51	82	52,822	0.1552%
Monroe	103	144	247	169,842	0.1454%
Lancaster	329	412	741	519,445	0.1427%
Northampton	178	227	405	297,735	0.1360%
Pike	28	49	77	57,369	0.1342%
Lackawanna	105	151	256	214,437	0.1194%
Montgomery	469	475	944	799,874	0.1180%
Somerset	33	52	85	77,742	0.1093%
Erie	131	175	306	280,566	0.1091%
Bucks	288	381	669	625,249	0.1070%
Luzerne	152	159	311	320,918	0.0969%
Schuylkill	39	101	140	148,289	0.0944%
Lebanon	53	73	126	133,568	0.0943%
Centre	73	71	144	153,990	0.0935%
Sullivan	3	3	6	6,428	0.0933%
Carbon	24	35	59	65,249	0.0904%
Chester	186	249	435	498,886	0.0872%
Franklin	50	77	127	149,618	0.0849%
Northumberland	25	55	80	94,528	0.0846%
Montour	4	10	14	18,267	0.0766%
Clearfield	18	41	59	81,642	0.0723%

County	HIV Cases	AIDS Cases	Total	Population	% of Pop
Crawford	35	29	64	88,765	0.0721%
Columbia	22	22	44	67,295	0.0654%
Perry	12	18	30	45,969	0.0653%
Juniata	6	10	16	24,636	0.0649%
Greene	9	16	25	38,686	0.0646%
Mercer	24	50	74	116,638	0.0634%
Fulton	3	6	9	14,845	0.0606%
Blair	27	50	77	127,089	0.0606%
Warren	11	14	25	41,815	0.0598%
Beaver	32	68	100	170,539	0.0586%
Fayette	31	47	78	136,606	0.0571%
Adams	22	35	57	101,407	0.0562%
Bradford	17	18	35	62,622	0.0559%
Washington	43	68	111	207,820	0.0534%
Wyoming	6	9	15	28,276	0.0530%
McKean	4	19	23	43,450	0.0529%
Bedford	10	13	23	49,762	0.0462%
Lawrence	16	26	42	91,108	0.0461%
Susquehanna	8	11	19	43,356	0.0438%
Armstrong	9	21	30	68,941	0.0435%
Tioga	10	8	18	41,981	0.0429%
Snyder	6	11	17	39,702	0.0428%
Indiana	18	18	36	88,880	0.0405%
Mifflin	8	9	17	46,682	0.0364%
Butler	35	29	64	183,862	0.0348%
Venango	9	10	19	54,984	0.0346%
Jefferson	7	8	15	45,200	0.0332%
Clarion	4	8	12	39,988	0.0300%
Clinton	7	3	10	39,238	0.0255%

County	HIV Cases	AIDS Cases	Total	Population	% of Pop
Elk	**2**	**4**	**6**	**31,946**	**0.0188%**
Potter	**1**	**2**	**3**	**17,457**	**0.0172%**
Cameron	**0**	**0**	**0**	**5,085**	**0.0000%**
Totals	**32,050**	**12,702,379**	**0.2523%**		

7.3. 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)." And yet, a new emerging trend toward increased advocacy for rural HIV/AIDS prevention has been identified in 2010. This may reflect the trend toward greater advocacy and calls to action by infected/affected individuals who have access to the internet and mobile phone technology. Although mere advocacy for HIV/AIDS care and services may not lead to an increase in funding for rural populations, it may be absolutely necessary to keep local funding in place (Dresisbach, 2009).

The plight of the rural LGBT community is negatively impacted as the ACLU points out, that if you live in Pennsylvania it is legal to terminate your employment, evict you from your home, refuse to rent a home to you, or kick you out of a restaurant or store because you are gay or thought to be gay. Pennsylvania has no law protecting LGBT residents against discrimination. Twenty local governments in Pennsylvania have laws against such discrimination but three out of four Pennsylvanians are not protected.

"The burden that is perhaps hardest on rural people diagnosed with AIDS is fear of stigma and discrimination. It is not that these negative social reactions are unique to rural areas but they are often more severe and readily observed, leading to loss of jobs, housing, and estrangement from family and friends. . 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. The need for transgender specific DEBIs, and training for HIV prevention providers for this emerging high-risk group, cannot be overstated.

"Based on the National HIV/AIDS Strategy for the United States (White House Office of National AIDS Policy, 2010) and a recent presentation by Janet Cleveland, Deputy Director for Prevention Programs in the Division of HIV/AIDS Prevention at the Centers for Disease Control and Prevention, Janet Cleveland (2010), future funding for rural HIV/STD prevention will target areas with high or rising prevalence and areas with concentrations of ethnic and racial minorities at heightened risk." Although this is a reasonable way to prioritize limited funding resources, it is certainly problematic for our rural communities who have obvious prevention needs based on surrogate markers such as high STD's, or unintended pregnancies, but have low HIV prevalence rates and few racial minorities.

"The important ethical issue of unintentional disclosure deserves consideration. Well intended services and interventions can put PLWHA at risk for disclosure of their HIV status to other program participants, extraneous clinic or program staff, drivers, and even people merely walking by the program site. Successful programs need to put a lot of thought into ways to protect the privacy and safety of participants." (*Tearing Down Fences: HIV/STD Prevention in Rural America,* Rural HIV/STD Prevention Workgroup, Rural Center for AIDS/STD Prevention, pp58-59.)"

Dresibach, S (2009) HIV/AIDS in rural America: Challenges and promising strategies. Fact sheet 23. Retrieved from Rural Center for AIDS/STD Prevention website: http://www.indiana,edu/~aids/factheets/facsheet23.pdf
Dresibach, S (2011) Rural *HIV and STD prevention in challenging economic times*, The Health Education Monograph Vol 28, No 2

7.4 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).

"In the U.S., the largest proportion of people with HIV/AIDS is men exposed to the virus by having sex with men. This is true for both rural and urban areas. Consequently, MSM are a primary focus for HIV Prevention interventions. Successfully implementing programs to reduce HIV and STD transmission among MSM is a particular challenge in rural areas in part due to discrimination and homophobia. This seems to apply regardless of whether men identify as gay or bisexual, and whether they are open or secretive about their behavior. Although there are few if any venues for men to socialize with other men in rural areas, social networks may provide a good way to recruit men into interventions. Some MSM are fearful of disclosing their behavior to avoid stigma, discrimination, and potential violence so they may be reluctant to openly participate in interventions. The following interventions begin to address some of these challenges. (*Because most of the programs have not been rigorously evaluated in the rural context, they are described here as programs that **may** work for rural HIV prevention.)* However, the first step in any rural HIV/STD behavioral intervention is to assess the community and identify local social networks. This requires gathering information about the accessibility of the target audience, their stage of readiness to change, the assets they bring, the social and sexual networks in which risk behaviors occur, and cultural as well as structural influences that might hinder or support the implementation of a program." Rural adaptations of MPowerment, Community PROMISE, and VOICES/VOCES are described in Chapter 7 of Tearing Down Fences: HIV/STD Prevention in Rural America, Rural Center for AIDS/STD Prevention, p 81 (www.indiana.edu/~aids)

In a research paper done in 2007, the relationship between stigma and the high risk behavior of rural MSM's were explored. The research partially supported the hypothesis that stigma (intolerance) emanating from communities appeared to lay the foundation for sexual risk-taking behavior in rural MSM. More specifically, we found that perceived community stigma was directly related to sensation seeking and indirectly related to levels of sexual risk.

However, our findings indicate that the relationship of stigma and mental health variables to sexual risk is inconsistent. On the one hand, men who reported experiencing intolerance from their communities, families, and health care providers were those who reported less self-esteem, high sexual sensation seeking and higher levels of sexual risk taking. On the other hand, men who reported experiencing intolerance from their communities and families and felt comfortable being homosexual also reported high sexual sensation seeking and higher levels of sexual risk taking in spite of the fact that self-esteem and internalized homophobia were significantly negatively related. This suggests that risk-taking behavior may be a coping mechanism for rural MSM as a way of dealing with the stress caused by intolerance.

Whether rural MSM are hidden or out, and whether they feel good about themselves or not, they must endure the stress of being constantly vigilant about their sexual orientation as they try to avoid discrimination and the harm that could result from a hostile environment. Research has shown that a strong connection to a gay community can buffer the stress of stigma "Meyer, 2003". However, this may not be true for rural MSM who live in communities where the gay culture is either nonexistent or fragmented. Thus, in rural areas, stigma may act as a barrier for the development of gay networks that could be supportive and affirming as well as for the establishment of education and prevention programming for MSM.

Deborah Bray Preston, Anthony R. D'augelli, Cathy D. Kassab, and Michael T. Starks (2007) The Relationship of Stigma to the Sexual Behavior of Rural Men Who Have Sex With Men, AIDS Education and Prevention, 19(3), 218-230

Dresibach, S (2009) HIV/AIDS in rural America: Challenges and promising strategies. Fact sheet 23. Retrieved from Rural Center for AIDS/STD Prevention website: http://www.indiana,edu/~aids/factheets/facsheet23.pdf

7.5 Summary of Findings Related to Rural Areas from CPG Poster Sessions

In the 2011 update of the HIV Prevention Plan the Rural Work Group completed an extensive literature review. Published research papers and HIV prevention plans from other rural and/or Appalachian states were examined. Particular attention was paid to descriptive analyses which most clearly define the impact of HIV/AIDS on rural populations. To that end, the following germane excerpts from the literature review are included in the rural portions of the 2011 HIV Prevention Plan Update.

7.5.1. 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.

7.5.2 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 to HIV prevention 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 when conducting partner services 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 conduct outreach in parks in rural areas due to police activities.

7.5.3 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 proscribed, 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 DEBIs precisely as proscribed. The degree of staff turnover in HIV prevention programs was stated as a major barrier.

In addition, no program specifically addresses the unique challenges of rural prevention such as low 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 (GLI) because it is perceived in rural communities to be dangerous to be out as gay or bisexual and dangerous to be associated with an AIDS service organization. In addition, the MSM population in rural areas was perceived to be so small (most are hidden) that people know each other too well to want to be in a group together.

7.5.4 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 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.

7.5.5 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.

7.5.6 Results of 2009 Poster Presentation-- Evidence Based HIV Prevention Projects--Immigrants and Refugees

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 been evidence-based (DEBI or EBI).

7.5.7 Results of 2010 Poster Presentation-- Evidence Based HIV Prevention Projects--Rural Populations

During the May 2010 Pennsylvania CPG meeting, the Evaluation Subcommittee facilitated the seventh consecutive poster session to review HIV prevention interventions. This year's focus area was rural service delivery. The evaluation included six posters of existing programs that may or may not have been based on an evidence based intervention (DEBI or EBI).

7.6 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.

Table 7.4

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

Table 7.5

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

Table 7.6

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

Table 7.7

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

Table 7.8

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 7.3 Relationship of Stigma to Sexual Risk

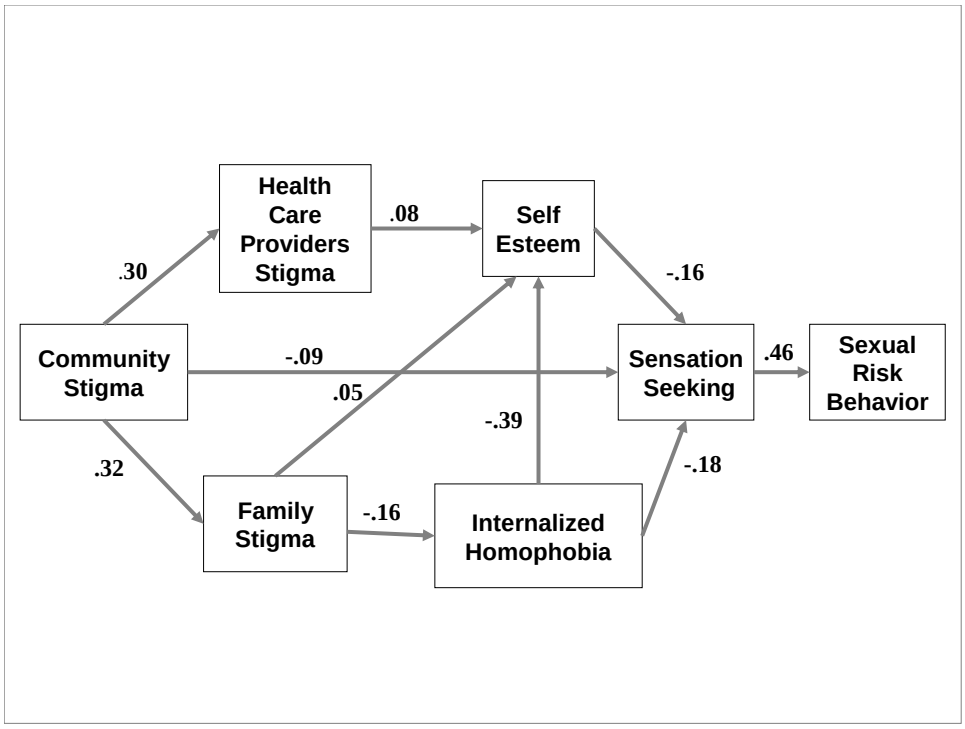


Figure 7.3 shows that the stigma experienced by rural men is indirectly related to their sexual risk behavior through sensation seeking, self esteem and internalized homophobia.

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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8. CONCLUSIONS AND RECOMMENDATIONS

8.1. 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 professional consultants to ensure 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) The rules of respectful engagement be reinforced; 2) The role of the University of Pittsburgh be clarified and enhanced; 3) Diversity of membership be increased.

Interventions

Conclusions:
The Interventions Subcommittee (IS) would like to highlight opportunities in which collaboration could contribute to other components of "combination prevention". For example, when targeting HIV prevention services to injection-drug users, viral hepatitis B and C initiatives could also be incorporated. Also, HIV Program collaboration with the STD Program on the Syphilis Elimination Project (SEP) to conduct both syphilis and HIV testing and the Substance Abuse and Mental Health Services Administration (SAMSA) "HIV Early Intervention" grant, which provides HIV education and CTR funds to select counties would be other cross-program opportunities for collaboration.

Another cross-program opportunity for communication would be with the Pennsylvania Department of Education regarding the merits of Comprehensive Sexual Education. In accordance with the Young Adult Roundtable (YART) Consensus Statement, IS agrees that (1) abstinence only education does not work and that

comprehensive sexual education is more likely to achieve the outcome of lower sexual disease infection rates (Sexuality Research and Social Policy [Dec. 2, 2010] *Abstinence Only a Failure, Latest Research Shows* Retrieved from http://nsrc.sfsu.edu/article/abstinence_only_failure_latest_research_shows). Also, that (2) peer education is effective in communicating sexual health information to young adults (*Advocates for Youth* [n.d.] Retrieved from http://www.advocatesforyouth.org./publications/publications-a-z/444?task=view), and that (3) Gay/Straight Alliances based in high school settings serve as viable venues for youth to receive support (e.g. decrease in feelings of marginalization) and gain objective information for disease prevention (*Gay, Lesbian and Straight Education Network* [n.d.] Retrieved from http://www.glsen.org/cgi-bin/iowa/all/library/record/2336.html).

The Interventions Subcommittee continues to focus on increasing provider capacity to effectively select and implement evidenced-based interventions. The Pennsylvania Department of Health continues to gain insight into the nuances of implementing evidenced-based interventions, and the Interventions Subcommittee continues to emphasize the importance of providers' understanding the *systematic process* of selecting EBIs. IS notes that even if an agency has the capacity to implement an EBI effectively, stigma still serves as a barrier to reaching MSM with HIV prevention and care services. However, IS believes that internet interventions are potential tools in bridging the gap between MSM and HIV prevention. Also, given that PA is predominately rural, IS recognizes the usefulness of internet interventions in facilitating access to populations in rural areas. Finally, IS identified that the following populations have very few or no evidenced-based interventions geared to their prevention needs: transgendered, heterosexual males, and heterosexual male injection-drug users.

Recommendations:

- The Interventions Subcommittee recommends that routine HIV testing be made a part of general patient care, and to aid this endeavor, private healthcare providers need to be apprised of the amendments to Act 148, now known as Act 59.
    - Notably, that *written* consent has been replaced with *documented* consent; that a health care provider may offer *opt-out* HIV testing; that the pretest counseling provision was removed; and that a negative test result need not be given in person.
- Currently, the regulations on HIV rapid testing in the Commonwealth of Pennsylvania are more restrictive than are required by the federal government. To further improve access to HIV testing, the Interventions Subcommittee recommends that Pennsylvania aligns its regulations pertaining to HIV Rapid testing to those of the minimum Federal Guidelines.
    - The current PA restrictions limit the number of HIV rapid testing sites available. By aligning PA with the minimum federal guidelines this will enable many small AIDS Service Organizations and Health Care providers to implement rapid testing, thus making it more accessible in the private sector.
- IS reviewed Chlamydia and Gonorrhea data for 2009 and 2010 that showed that several counties had higher rates of infection for one or both diseases among 13-24 year olds; IS recommends that high schools in those counties implement Comprehensive Sexual Education if they are not already doing so.
- In order to improve health outcomes as directed by the NHAS, the Department should address the behavioral factors associated with HIV treatment and care. IS recommends that the Department collaborate with the "care side" to explore the cost-effectiveness and logistics of HIV positive persons initiating antiretroviral therapy earlier in order to reduce HIV transmission to their partners.
    - IS recognizes that early initiation of ART research is newly released; however, we view this as an opportunity for the Department to collaborate internally as well as engage the private care

sector in discussion to develop groundwork in anticipation of CDC guidelines for early initiation of ART. *Early initiation of ART* study of note: HIV Prevention Trial (HPTN 052).

- Interventions Subcommittee recommends *Non-Occupational Post-Exposure Prophylaxis* (nPEP) be explored for possible statewide implementation. Additional examination should include the development of a uniform definition of 'high risk exposure' and focus groups with persons who have taken post-exposure prophylaxis.
    - We recommend that partners of known positives be prioritized for nPEP, and be required to engage in evidence-based risk reduction interventions through the duration and completion of nPEP.
- IS recommends that the department explore the logistics of implementing syringe exchange programs in accordance with PA laws, i.e. the *Paraphernalia Law*.
- The Interventions Subcommittee recognizes the Department's continued commitment to adaptation as well as the development of "homegrown" interventions to address those target populations that are not currently covered by the DEBI Project.
    - Gap analysis identified the need for interventions that target the sex partners of known HIV-infected persons. IS recommends that interventions for this population address (1) the needs of the sex partner as an individual and (2) the needs of the serodiscordant couple as a unit.

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 2010-2011 needs assessments included focus groups on services provided to HIV positive men and women, MSM internet study, and the mental health and substance abuse treatment provider studies.

Future needs assessments include the continuation of the mental health and substance abuse treatment provider study and additional MSM focus groups.

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 a follow-up to focus groups conducted 10 years ago that focused on MSM, IDU, and heterosexual risk categories. Based on recent epidemiological data we recommend a focus within these specific groups:

- MSM
    - Young MSM
    - MSM of Color
    - Rural
    - Over 50 years of age
- IDU
- Heterosexual
    - younger minority, heterosexual women

With the recent introduction of the need to integrate care and prevention, we continue to determine how to include this with our planning for needs assessments. In the future, we will use the National HIV Prevention Strategy and analyze how these specific goals can be incorporated into needs assessments.

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)

Identification of HIV issues specific to rural areas is just beginning. This workshop is the first major effort within the Department of Health and Human Services to address HIV/AIDS in rural areas. Providing care for the HIV infected people in rural areas will present a major challenge to rural health care systems. Before the coming of the AIDS epidemic, rural health care in some areas of the United States was already in crisis, with many areas unable to meet the health care needs of the local populations. The problems of rural health care systems include shortages of health care professionals, financially fragile hospitals, gaps in public and private health insurance which leave many rural residents without the ability to pay for necessary care, lack of ready access to specialty care, and lack of care coordination services. The spread of AIDS to rural areas places even greater pressure on already stressed health care systems. The challenge is how to provide AIDS services in communities which are already deficient in health care services, and have limited financial resource to develop new services. Workshop participants are unanimous in their conviction that mastering this challenge will require the collaboration of Federal, state and local governments, public and private providers of health care and social services, and community organizations.

Preventing the spread of HIV in rural areas is another major challenge which will require new strategies and programs. The models of HIV prevention which have proved effective in urban areas – street outreach programs for IV-drug users and community-wide programs targeting the gay community – are simply not appropriate for rural areas. Workshop participants enunciated a series of principles and assumptions which underlie the recommendations developed by this workshop:

- The human factor. The human experience of those living with AIDS and HIV should frame any discussion that addresses HIV.
- Denial. In many rural communities, there is denial that HIV disease is a problem that must be addressed.
- Barrier to care. Individuals in rural areas with HIV/AIDS confront a series of obstacles to receiving adequate care.
- Need for coordination of existing services. Coordination of medical and social services is lacking in many rural areas, for people with AIDS and the many others needing this service.

- Integration of prevention and treatment. HIV prevention and HIV care activities must be explicitly integrated in rural area.
- Diversity of rural populations. Policies to fill the gaps in rural HIV/AIDS prevention and care must be sensitive not only to urban/rural differences, but also to the diversity of rural areas and the differences among special populations within those areas.
- Need for public health leadership. Effective coordination of public and private HIV activities in rural areas is the responsibility of state and local public health sectors.

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

8.2 Department of Health, Division of HIV/AIDS (Department) response to the Pennsylvania Community HIV Prevention Plan Update (Plan) for 2011

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 integrated HIV Prevention and Care 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 2012 Plan:

The provision of targeted HIV Counseling, Testing & Referral Services (CTRS) and expanding access to CTRS (examples include: modification of the Participating Provider Agreements to encourage increase outreach testing; implementation of Social Network Strategies and targeted CTRS in

county/municipal health department contracts; collaboration with STD outreach CTRS activities; and expansion of screening in health-care settings).
An emphasis on Partner Services (PS) in the public sector and expansion of PS in collaboration with the private sector. Implementation of a PS monitoring and evaluation project and implementation of Internet-based PS.
Implementation of evidence-based activities/interventions (through state-funded contracts) for prevention for persons diagnosed with HIV and their partners; and for other priority populations identified in the Plan.
Training for selection and implementation of evidence-based interventions and adaptations of these interventions.

The following examples demonstrate how the Plan priorities (and Department priorities) are reflected in the Grant:

Grant funding is provided to support HIV CTRS 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.
Grant funding will continue to support the Social Networks Strategy for CTRS at the Bethlehem, Bucks, Montgomery and York health departments.
Grant funding is provided for HIV testing laboratory contracts for serum, oral fluid and rapid testing.
Grant funding is provided to support 11 (FTE) HIV Prevention Program Field Staff and county/municipal health department staff to provide PS for all publicly supported CTRS and expand collaborative PS efforts with the private sector. A project is being implemented to further collaboration with private clinical providers in providing PS to patients under their care.
A variety of internet-based health communication/public information activities have been implemented to target MSM and rural MSM. These include: an information-based website focusing on STDs (including HIV) – m4mhealthysex.org; health alerts; a chat room health educator; and, an evidence-based internet intervention.
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 integrated prevention and care planning and efforts to address recommendations identified by current CPG Subcommittees, in the Plan:

Grant funds are provided to support the new Planning Group (PG) meeting site, PG members' travel, lodging and subsistence expenses, and to support meeting facilitation and the integrated planning process.
Funds have been budgeted for additional epidemiologic support for integrated prevention and care planning through a contract with Pennsylvania State University.

Epidemiology Subcommittee:

The Department has implemented a data driven, competitive resource allocation process for the funding of the county/municipal health departments that incorporates an HIV epidemiologic resource allocation model.
The Department will support an update to the integrated epi profile for PA.

The Department has provided 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 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 CTRS, etc.).

The Department has made state funding available for contractors to implement evidence-based interventions.

The Department's HIV/AIDS and STD programs have collaborated on the development of a web-based electronic PS system.

The Department's HIV/AIDS and STD programs are collaborating on the provision of outreach CTRS and internet-based services targeting 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 continuation funding has been submitted to the CDC.

Needs Assessment Subcommittee:

As needs assessment activities are identified by the new integrated prevention and care Planning Group, the Department will identify funds to conduct needs assessments.

The Department is funding a Resource Registry for HIV prevention and care providers to be used to conduct needs assessments through the monitoring of provider services offered, capacity and competence; and perform service gap analysis.

Rural Work Group:

The Department will work with 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 to implement internet activities targeting rural MSM.

The Department will work to ensure rural representation on the integrated prevention and care planning group.

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 for 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
These are 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
This is 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)
These are intensive sessions with HIV-positive individuals to reduce their HIV risk-related behaviors.

Decisions For Life (DFL)
This is 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)
This is HIV prevention interventions such as mass media (print, electronic, broadcast), small media (brochures, flyers), social marketing, hotlines and clearinghouses.

Health District Offices
There are six geographic divisions in the Commonwealth that provide heath department services outside of the ten local 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 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
This is 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
This is 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
This is 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)
This is 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 representation on the CPG and HIV prevention 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)
These are 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.

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.

2011 HIV Prevention Community Planning Committee (CPG)

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