

BRIGHT IDEAS *2001*



**INNOVATIVE OR PROMISING PRACTICES IN HIV
PREVENTION AND HIV PREVENTION
COMMUNITY PLANNING
*SECOND EDITION***

MARCH 2001

NATIONAL ALLIANCE OF STATE AND TERRITORIAL AIDS DIRECTORS
ACADEMY FOR EDUCATIONAL DEVELOPMENT
CENTERS FOR DISEASE CONTROL AND PREVENTION

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Summary

Bright Ideas 2001 follows the huge success of *Bright Ideas 2000*, shared for the first time one year ago (March 2000) at the Community Planning Leadership Summit for HIV Prevention in Los Angeles. We are pleased to present another set of practices identified as noteworthy or promising, to help us better share and network about strategies to increase the effectiveness of community planning and HIV prevention in the nation.

As with last year's issue, development of *Bright Ideas 2001* used as its starting point recommendations on noteworthy practices made during the External Review of state and local health department HIV prevention cooperative agreement applications and community planning group (CPG) comprehensive HIV prevention plans. This review was conducted by the Centers for Disease Control and Prevention (CDC) in October 2000. The External Review brings together representatives from community planning groups, health departments, and CDC, along with behavioral/social scientists and epidemiologists to provide a peer review of the applications and plans submitted annually by the sixty-five state and local health departments funded by CDC. The purpose of the External Review is to monitor ongoing compliance with CDC's *Guidance on Community Planning*, as well as to identify technical assistance needs and noteworthy practices around HIV prevention planning and programs.

Staff from the Academy for Educational Development (AED) and National Alliance of State and Territorial AIDS Directors (NASTAD) attended the External Review to observe the process, monitor trends, and provide assistance to CDC in compiling information and recommendations generated during the Review. As a component of their participation, NASTAD and AED worked in collaboration with CDC to compile the noteworthy practices identified by reviewers. NASTAD then worked with jurisdictions to obtain additional information and details about the specific practices cited during the External Review, as well as contact information. NASTAD also asked jurisdictions to identify any additional practices they wanted to profile.

The following compilation of noteworthy practices represents activities that peers or the jurisdictions felt were notable. These practices include strategies for supporting the community planning process as well as innovative approaches to HIV prevention program service delivery. Practices include those funded with both state and federal resources.

We were careful to include as many jurisdictions as possible in *Bright Ideas 2001* to ensure the most inclusive inventory. This year, we relied on jurisdictions to respond to our request to profile their practices. Also, the External Review process was modified in 2000; half of the jurisdictions were reviewed in 2000 as in 1999. Nevertheless, we are very pleased at the response for *Bright Ideas 2001* and received submissions from several jurisdictions that were not profiled last year. We feel this year's edition highlights many interesting and useful practices other jurisdictions may want to incorporate into their own programs.

As with last year's edition, HIV prevention practices are listed alphabetically by jurisdiction. The main features of the practice and contact information are included so interested individuals can contact the appropriate personnel or jurisdiction for additional information.

If you have noteworthy or promising practices you would like to share with other planning groups or health departments, please contact your CDC Project Officer, or forward them to Chris Aldridge at NASTAD (caldridge@nastad.org; 202/434-8090).

Chris Aldridge, HIV/AIDS Prevention and Care Program Specialist at NASTAD, prepared this document with considerable assistance from AED Technical Assistance Liaisons Denise Raybon and Gabriel Rendon and Bonita Johnson, Carmen Villar and Mary Willingham Wettrich from CDC's Division of HIV/AIDS Prevention (DHAP). Community planning group members and health department staff from around the country provided critical assistance as well. Many thanks to all those who assisted in the development of *Bright Ideas 2001*. Publication of *Bright Ideas* was made possible through funding from the CDC.

“Focus Group” High School Class

Alabama

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Program Description

The state of Alabama has dealt with the issue of youth representation on the CPG in a new and innovative way. Jacksonville High School offers its students an elective course titled *Focus Group*. The project came about through the cooperation of public health officials, school faculty and administration, and the enthusiastic students of Jacksonville High. By taking the class, students have a set time that guarantees participation in the community planning process.

Students are trained in focus group facilitation. When a focus group is needed for community planning, the students can conduct them. Students can more readily identify whom to target for participation, and more information can be elicited from peer-led focus groups. These youth also serve as a great source for peer teaching, which empowers the youth and provides more peer-to-peer interaction. The class will teach the lifetime skills of grant writing, communication, and community involvement and mobilization. Students are accessible to trainers for an hour a day, five days a week. *Focus Group* students will also learn about report and speech writing. In connection with their class, students will be writing public service announcements, plays, and letters to the editor.

Men of Color HIV/AIDS 2000 Coalition (MOCCA 2000)

Chicago

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Program Description

The Chicago Department of Health has entered into a collaborative partnership with seven community-based organizations to create and implement program initiatives that address and impact the lives of gay and bisexual men of color in Chicago. MOCCA 2000 is a capacity building project that creates an opportunity for coalition partners to share strengths, maximize resources, and increase services for gay and bisexual men of color.

Community Advisory Committees

Hawaii

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Program Description

Community Advisory Committees (CACs) were developed to facilitate communication between prioritized populations at-risk for HIV and the Hawaii CPG. CACs are composed of outreach workers statewide who are providing HIV prevention services to a specific at-risk population. There are separate CACs for gay men, youth, women at-risk, IDUs, Hawaiians, Filipinos, etc. CACs meet quarterly and are supported by the Hawaii DOH. One of their missions is to develop strategies and interventions (SIs) specific to their prioritized populations. These SIs are then shared by each separate CAC in presentations to CPG when the CPG requires input regarding the most appropriate and effective SIs for the populations they have prioritized. These SIs, if agreed to by the CPG, as is usually the case, then become part of Hawaii's HIV Prevention Plan.

Recognizing Community Planning Group Accomplishments

Indiana

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Program Description

The HIV Prevention Community Planning Program of the Division of HIV/STD at the Indiana State Department of Health hosted its first Annual Meeting and Recognition Banquet. The purpose of the meeting was to take time to celebrate the accomplishments of the Community Planning Group (CPG). Activities included:

- Inviting of CPG members (past & present), staff, and technical advisors.
- Providing dinner and reception.
- Recognizing all members, staff and technical advisors with a plaque.
- Providing slide presentations, old CPG memorabilia, and music for dancing.

The evening was made semi-formal and festive with an opportunity to invite one family member or guest. Sponsors were found to cover the cost of the event.

Call to the Public

Iowa

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Program Description

In Iowa, CPG meetings are open and participation from guests is encouraged and welcomed. A "Call to the Public" on the agenda serves as time guests have to make comments. Guests are also allowed to indicate during sign-in time what agenda item they would like to address. A flyer for guests attending the CPG meetings has been developed in order to welcome them and explain CPG norms. Minutes and agenda of CPG proceedings are sent to all Iowa Department of Public Health staff, HIV/AIDS Program contractors, and field staff. This has encouraged and invited input from those not on the CPG. It has also opened a conduit for CPG members to get feedback and input from their constituencies. Prevention projects meetings are scheduled before or after the CPG meeting. The CPG members are invited to attend the prevention projects meeting and representatives of the prevention project are invited to attend the CPG meeting as guests. This further creates a linkage in sharing of information and feedback between the CPG and prevention providers.

Statewide Conference

Iowa

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Program Description

The Iowa Department of Public Health, the Iowa Department of Education, and the Iowa Community Planning Group have sponsored three annual statewide conferences and are working on the 2001 conference. The "Conference Workgroup" is a standing CPG committee that plans and orchestrates the conference. The conferences serve as a means to provide technical assistance to HIV prevention and care providers. Technical assistance needs are identified through the CPG process and from feedback from providers and information received from the STD/HIV/AIDS Provider Resource Survey. CPG members also participate as facilitators and monitors at the conferences. This also provides an excellent conduit to exchange information with many providers and CPG members. An HIV prevention focus group for HIV Positive MSMs was conducted at the end of the 2000 conference. Focus group participants were given scholarships to attend that conference.

HIV Prevention Comprehensive Approach for Injecting Drug Users

Iowa

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Program Description

The HIV/AIDS Program piloted CDC's Technical Assistance for "Developing an HIV Prevention Comprehensive Approach for Injection Drug Users" in Iowa. A two-day meeting was held to: (1) provide a forum for dialogue among Iowa's potential collaborators in a comprehensive HIV prevention approach targeting IDUs, and (2) begin an ongoing collaborative process to address HIV prevention among IDUs in Iowa. Seventy-five participants attended representing corrections, CPG members, pharmacy, substance abuse, local health department directors, and the Iowa Medical Society. Participants were asked to discuss the current levels of collaboration between HIV and Substance Abuse, Corrections, and Pharmacy. This two-day meeting has led to the reinforcement of the Iowa Pharmacy Association statement on the need for access to sterile syringes, the development of an interagency agreement between the Iowa Department of Public Health and the Department of Corrections, and an increase in linkages and collaborative efforts between local prevention providers and substance abuse facilities.

How to Get Members to Meetings on Time

Iowa

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Program Description

The issue is how to get members to the meetings on time. In order to have everyone attempt to get to the meetings on time, we have initiated a ground rule - if you are late you have to sing a song, tell a joke, or do a dance for the group. Although we hoped to discover hidden talent this objective has not been met.

Statewide Community Planning Impacts Distribution of Funds

Louisiana

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Program Description

Priority target populations and interventions developed by the Statewide Community Planning Group (CPG) for the 3-year comprehensive plan are transferred to the Office of Public Health's Solicitation of Proposals document. Funding has been expanded to three years to reflect the CPG's three-year plan. Final funding of agencies is done through funding goals based on the CPG's Statewide and Regional plans. In making awards, consideration is given to: a) availability of funds, b) ensuring a balance of CBOs funded in terms of priority target populations, c) ensuring a balance of CBOs funded in terms of prioritized interventions, and d) ensuring a geographic balance of CBOs funded. Consideration is given to both high and lower prevalence areas. In addition, regional review committees composed of CPG members (without conflicts of interest) are used as the first step in the review process. The final step includes the Office of Public Health basing funding on priorities set out in the regional and statewide plan, ensuring the most efficient and effective use of the limited funds available.

Regional & Statewide Structure Ensures Input

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Program Description

After experimenting with several structures for community planning in Louisiana, the current structure of the statewide group, nine regional groups and one city group seems to be ideal for insuring input at all levels. Each regional group has a community co-chair, health department co-chair and elects a representative to the statewide group. The statewide group reviews the make-up of the regional representatives, who may come from statewide groups such as the Red Cross, STD Program, Addictive Disorders, etc., to determine gaps in reflecting the epidemic in Louisiana. At-large members fill membership gaps. The statewide group sets priorities with input from the regional groups. Each region develops a plan based on statewide priorities and the particular needs of the region. These are combined with the overall state plan to develop a comprehensive plan for Louisiana. These priorities are translated into the State Office of Public Health Solicitation for Proposals process.

Target Population Priority Setting Process

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Program Description

The role of the Target Population Committee (TPC) was to research and develop criteria for prioritizing populations to be targeted with HIV prevention interventions in Louisiana. After reviewing the process that five states went through when prioritizing target populations, the TPC noted that other CPGs grouped target populations and prioritized them based on three factors: 1. *broad grouping* - target populations were developed based on demographic factors with risk categories listed as sub-populations; 2. *behavior specific grouping* - prioritization was based on risk categories alone; and 3. *mixed grouping* - a list of priority groups was based on both demographic and behavioral information. The TPC ultimately felt that the merits of the third option far outweighed the other two options. The TPC recognized the major weakness of this grouping was overlap between target populations; however, this consideration was outweighed by the advantages of access to data specific to the target populations. The following criteria were examined when prioritizing the populations: 1. prevalence of or surrogate markers for risk behavior (i.e. STDs, condom use, drug related arrests, and income), 2. proportion of HIV/AIDS cases in the most recent year, 3. size of the target population, and 4. emerging and future HIV/AIDS trends (in rates). TPC members and HIV/AIDS Program Surveillance staff collected data for each factor and developed fact sheets summarizing existing data. The TPC's work/progress was printed in the *CPG Update*/newsletter on several occasions for review and feedback. Ultimately, the Louisiana Statewide HIV Prevention Community Planning Group used a nominal group process to rank the target populations. Each member of the statewide CPG recorded scores and their scores were later averaged. The ranking for the target populations for the 2001-2003 funding years are as follows: 1. racial & ethnic minorities, 2. sexually active females, 3. males who have sex with males, 4. youth, and 5. substance users.

CPG Update Newsletter

Louisiana

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Program Description

The *CPG Update* is a bi-monthly newsletter about the HIV prevention community planning process in Louisiana. The *CPG Update* has a wide distribution base that includes local groups and individual community planning group members across the state. The aim of the newsletter is to inform recipients about the progress that CPGs have made and to offer a forum for individuals to provide feedback. The *CPG Update* is a means to keep the statewide and regional planning group members abreast of activities, focuses, and any bright ideas. The *CPG Update* is frequently distributed and discussed at each regional and statewide group meeting. It provides a forum for discussion and feedback about draft priority target populations, interventions and other decisions made by the Statewide Community Planning Group.

Gap Analysis Assists in Distribution of Funds

Louisiana

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Program Description

During the summer and fall of 1999, the evaluation committee of the Statewide Community Planning Group reviewed gap analysis tools developed by 11 states and developed a survey tool for Louisiana. Three hundred surveys were distributed with 189 responses. The survey collected general information about each organization as well as data on the amount of funds directed toward HIV prevention, the number of sites conducting each of the interventions considered in the priority setting process, the target populations served with each intervention, and the number of staff and hours spent in HIV prevention. The data was entered into an Access database. Information was analyzed on a regional and statewide level and used in determining the final distribution of funds to ensure that all prioritized interventions and target populations were addressed in every region of the State, whether with State funds or other funding. In addition, data from the gap analysis was used to develop a statewide resource directory and was able to be downloaded into the Statewide Hotline's referral database.

Intervention Priority Setting Process

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Program Description

The role of the Intervention Strategies Committee (ISC) was to research and develop a list of successful HIV prevention interventions and establish a mechanism for prioritizing each intervention for each target population in Louisiana. The following is the two-year process that the ISC went through when prioritizing interventions:

- a) The committee reviewed three other state's prioritization processes and the CDC guidance.
- b) ISC members participated in a CDC-sponsored behavioral science training to prepare them to identify theoretically sound and viable interventions for Louisiana.
- c) A list of potential interventions was developed.
- d) A scoring mechanism was developed for priority setting that examined five factors:
 1. outcome effectiveness,
 2. intervention feasibility,
 3. community cultural norms/values,
 4. accessibility to the target population, and
 5. high priority needs.
- e) Over two hundred journal articles and anecdotal information from persons familiar with the interventions fueled the development of the *Intervention Strategies Fact Sheets*, which addressed the above criteria for scoring.
- f) The ISC's work/progress was printed in the *CPG Update*/newsletter on several occasions for review and feedback.
- g) The Louisiana Statewide HIV Prevention Community Planning Group used the nominal group process to rank the interventions for each target population. Individual scores were later averaged and the top seven interventions for each target population were considered viable/fundable interventions in Louisiana.

Rural HIV/AIDS Faith Based Initiative

Louisiana

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Program Description

The mission of the North Louisiana HIV/AIDS Faith Based Steering Committee is to raise HIV awareness, to de-stigmatize HIV/AIDS through education, and to provide an opportunity for networking and collaboration among faith based communities and other interested groups. Louisiana's rural regions have typically felt insulated from the HIV/AIDS epidemic, consequently, educating, working with, and responding to the needs of rural faith based communities has been an opportunity to enact real change in small, rural communities. A conference sponsored by the Steering Committee will be held in Shreveport, Louisiana on June 10th – 12th 2001. Topics addressed during the conference will include 1) the challenge of an AIDS ministry, 2) barriers in building a response to HIV in a religious community, 3) ways to minister to youth, 4) HIV/AIDS in the African-American community, 5) response of women of faith to HIV/AIDS, and 6) living with HIV/AIDS. A user-friendly preacher kit will be released during the conference. Future efforts include a panel discussion on effective AIDS ministry, meetings to develop HIV prevention programs within the church, and continued networking/collaboration with community planning groups and other faith based groups.

Geo-coded Maps of STD Rates Assist in Prioritizing Interventions

Louisiana

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Program Description

Since 1997, the Office of Public Health has provided Regional Community Planning Groups with geo-coded regional maps of syphilis and gonorrhea cases to assist in planning prevention activities. In the revision of the Statewide and Regional Prevention Plans in 2000, regional groups used the maps to prioritize geographic areas for prevention intervention. Each area was given high, medium or low ranking, and within each area priority interventions & target populations were ranked. In the Solicitation of Proposals process, applicants were asked to apply to provide services based on these rankings. One of the final criteria was ensuring equitable distribution of funds based on high ranking in geographic areas, intervention, and target populations. As a result, even though fewer funds were available for 2001, all high priority areas were covered statewide. Geo-coded maps will be used on a yearly basis between updates of the Statewide Plan to determine where new resources need to be allocated or if resources need to be shifted to address emerging priority areas.

Territorial Issues that Makes Dollars and Sense

Louisiana

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Program Description

In order for our Community Based Organizations (CBOs) to effectively reach individuals throughout the city without duplicating services, New Orleans' CBOs are assigned zip codes in which they are responsible for conducting prevention activities. Areas within these zip codes were divided by using maps that listed the areas (zip codes) that had the highest rates of gonorrhea and syphilis. The Community Planning Group (CPG) used the STD maps, along with city maps (that are divided by zip codes/territory), and field input from outreach workers to prioritize areas in the city where prevention activity needed to be conducted. Based on New Orleans CPG's Implementation Plan for 2001, there are 15 zip codes (areas/territory) that CBOs are assigned. Listed within those zip codes are sites that are recommended for interventions such as condom availability, street outreach, counseling/testing, etc. The CBO is responsible for conducting the recommended interventions within those prioritized sites. This enables CBOs to conduct prevention activities in high-risk areas throughout the city without having other CBOs duplicating the same services. As well, this method encourages consistency in the community so relationships are formed, rapport is developed and trust is earned with one organization as opposed to many. It is also a better use of resources.

Community Planning Group Website

Maine

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Program Description

The Maine HIV Prevention Community Planning Group has developed a website to improve access to information about the CPG and HIV prevention. The site contains information about the prevention planning process and Maine's Community Planning Group. Visitors to the site can download a copy of the 1999 Comprehensive HIV Prevention Plan and the Spring 2000 Update in PDF, or view the text on line. There are links to national HIV prevention websites as well as to local sites and resources. Membership applications and recruitment materials are also available. There is an on-line form for visitor comments. The latest rewrite of the Prevention Plan will be added this summer, and there are plans to add a Calendar of Events. The Website Committee will provide CPG members training in the use of the site.

Community Planning Group Membership Gap Analysis

Maine

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Program Description

To assure that CPG recruitment efforts result in creating a diverse and representative Community Planning Group based on the impact of the epidemic in Maine, the Maine HIV Prevention Community Planning Group has developed a Membership Gap Analysis form. This form details member demographics and their relationship to the prioritized populations including gender, the CPG prioritization percentages for each population, the percentage of people living with HIV/AIDS for each population, the total capacity for membership per prioritized population and the number of members needed to fill membership gaps. It also details the secondary representation characteristics and expertise provided by each member.

Community Planning Group Toll Free Telephone Line

Maine

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Program Description

To help promote communication among planning group members, the Maine HIV Community Planning Group (CPG) has a toll-free number for CPG members to contact the Project Coordinator. Access to the toll-free number assures that all members have equal access to information in this large rural state. The toll-free line also assures that questions or concerns can be promptly addressed, and Community Planning Group information can be provided at no cost to planning group members.

HIV Prevention and Care Collaborative Planning

Michigan

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Program Description

After a year and a half of obtaining community input and careful planning, Michigan's newly merged statewide HIV/AIDS prevention and care advisory body, the Michigan HIV/AIDS Council (MHAC), completed its first highly successful year of unified community planning in 2000. MHAC advises the Michigan Department of Community Health on program and policy priorities. In 2000, MHAC assumed a leadership role in developing Michigan's 2001 Ryan White Statewide Coordinated Statement of Need (SCSN), co-sponsored a statewide skills building retreat, created a statewide prevention and care resource inventory, and is writing a prevention and care comprehensive plan. Through its seven targeted population workgroups, MHAC is creating specialized fact sheets, resource inventories, conducting some outreach and needs assessment, and is advising on targeted programming.

Michigan's regional prevention community planning groups and Ryan White Title II consortia have also advanced considerably on collaboration or consolidation. Three planning regions have consolidated planning bodies, and the other five have collaboration plans. Joint activities in 2000 included needs assessment, particularly for the prevention needs of PLWH/As, joint sponsorship of National Testing Day activities, joint educational retreats, joint outreach, and consolidation of committees, quality assurance, and oversight functions.

Community Fitness, Today

Minnesota

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Phone: (612) 824-8610

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Program Description

Community Fitness, Today conducts HIV prevention workshops at over 30 African American churches in the Minneapolis/St. Paul area. Community Fitness, Today works with pastors to address congregations at Sunday worship services about the nature and extent of HIV and STDs within the African American community, and to recruit workshop participants. Workshops are held at the church on subsequent dates, where participants learn about risk reduction behaviors, HIV and STD testing, and early intervention for HIV positive individuals.

Minnesota Youth Advisory Council

Minnesota

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Program Description

The Minnesota Youth Advisory Council has been developed in order to enable youth to participate meaningfully in the HIV prevention community planning process. In a series of youth specific forums, youth requested that a separate community planning group be formed specifically for them that would be advisory to Minnesota's CPG, but that would also perform its own planning activities. Approximately 20 youth now participate in the Advisory Council on an ongoing basis. Two members of the council attend and vote at Minnesota's CPG. The Youth Advisory Council has performed numerous HIV and STD needs assessment activities among high risk youth populations, has been advisory to STD screening activities, has coordinated a Lobby Day at the state legislature, has planned and implemented community awareness events (an STD extravaganza) and presented at several national conferences on how to successfully implement youth-adult partnerships for HIV prevention community planning. A ½-time staff person coordinates this group.

Women with a Point

Minnesota

Contact Information

Sue Purchase

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Minneapolis, MN 55403

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wwapoint@uswest.net

Program Description

Women with a Point (WAP) is a non-profit community based organization that operates a store front drop-in center for injecting drug users in an inner-city Minneapolis neighborhood. WAP provides street and environmental outreach, syringe exchange (funded through private sources,) individual counseling, users' support and education groups, and prevention case management for injecting drug users who are HIV+ and/or hepatitis C+, as well as for their sexual partners. WAP is also implementing a research project related to syringe disposal. Women with a Point operates under harm reduction principles, in which providers support people who use drugs by providing them with a wide range of information and tools they need to reduce the harm they do to themselves, their loved ones, and their communities. This means that all services are client driven. Clients identify the most pressing needs in their lives, and staff work with them to help them meet those needs.

Client Centered Prevention Counseling with HIV+ Individuals and Their Partners.

Missouri

Contact Information

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Prevention Manager
Dana White
Outreach Specialist

KC Free Health Clinic
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Fax: (816) 753-0804

Program Description

The programs goal is to reduce the further spread of HIV infection through HIV prevention education targeting HIV+ individuals and their partners. The education will consist of client-centered prevention counseling and be provided at HIV primary care sites and through the Ryan White case management system. In addition, Safer Sex Buffets and Gay Men's Health Nights will be sponsored, which will be marketed at community venues such as gay bars and neighborhood gatherings.

HIV Positive Persons – “Retreats and HIV University”

Missouri

Contact Information

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Client Services Director

Good Samaritan Project
3030 Walnut
Kansas City, MO 64108-3811
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Fax: (816) 531-7199

Program Description

These forums provide education and support to HIV-positive individuals. HIV-positive persons are recruited for and served by the HIV+ retreats, HIV University, Aftercare Program and Family Night Out Workshops for women and men, particularly African-American males and females, HIV-positive Caucasians, substance abusers, those not accessing health/social services, and the partners of individuals who are infected with, or who have died because of HIV infection.

HIV+ Persons Support

Missouri

Contact Information

Rose Farnan, BSN, ACRN

Truman Medical Center

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Program Description

The goals are to expand the HIV education and risk reduction services available to HIV positive patients at the Truman Infectious Disease Clinic in order to prevent transmission of HIV, and secondly, to provide on-going support and counseling to assist HIV positive patients who are having difficulty initiating and sustaining safer behaviors. This program will prevent the occurrence of lapses through the re-enforcement of prevention counseling as well as by providing some alternative methods for reaching and communicating with HIV positive patients.

Youth-At-Risk

Missouri

Contact Information

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Director of Outreach

Kenneth Snow

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Swope Parkway Health Center

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Kansas City, MO 64130

Phone: (816) 922-7645 x.6307

Fax: (816) 922-7669

Program Description

Services offered to youth-at-risk at Swope Parkway Health Center are OraSure testing and individual/group counseling covering topics such as HIV/STDs, safe sex and sex negotiations, gang participation, domestic violence, substance use, self-esteem, and much more. These services are offered on a weekly, bi-monthly and monthly basis (depending on the site) and are provided in high schools, middle schools, youth centers, substance abuse centers, homeless shelters, youth hangouts, drug houses, parks and streets.

Sexually-Active Women

Missouri

Contact Information

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Ron McMillian
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Program Description

The program is an HIV project targeting sexually active women, specifically women who have multiple partners and those who are sex trade workers or who trade sexual favors to fuel substance abuse. These sexually active women are particularly at-risk due to unsafe sexual activities with multiple partners, combined with drug and alcohol using behaviors. Through clinic outreach education activities, the women will gain an increased knowledge of safer sex practices and reduce their risk of HIV infection.

Sexually-Active Women-“Women’s Outreach-K.I.S.S. (Keeping It Simple and Safer)”

Missouri

Contact Information

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Clayborn Williams
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Program Description

The program’s goal is to increase the knowledge, skills, self-esteem and testing of individuals who are at risk of HIV exposure. Staff and a volunteer host will conduct periodic KISS parties, which will be held at community locations, homes and in institutional settings. The target population is sexually active women, particularly women of color who engage in unprotected anal, oral and vaginal sex, and adolescent women who engage in unprotected anal, oral and vaginal sex, with an emphasis upon the following sub-categories:

- Substance abusers
- Sex partners of IDUs
- Rape victims
- Women who sell or trade sex
- Women with multiple sex partners
- Women with at-risk sexual partners

Women Luncheons

Missouri

Contact Information

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Director of Outreach

Eve McGee

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Swope Parkway Health Center

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Program Description

The program's goal is to provide three luncheons targeting 200 young and adult women for effective HIV/AIDS education. The luncheons will provide prevention and education that will target high risk, under-served, minority girls and women from the streets, shelters, treatment facilities, jail and alternative schools and alternative programs. Programming for the luncheons is based on a highly interactive/participatory group intervention model which encourages participants to become comfortable with their sexuality, explore what behaviors put them at risk, and confront their willingness to move from merely "contemplating" change to "preparing" to change. Staff from Swope Parkway – physician assistants, case managers, substance abuse counselors, therapists, outreach workers and intake specialists - refer clients to participate in the program. Content of the luncheons include OraSure testing, risk reduction instruction, self-awareness exercises, sex refusal/sex negotiation exercises, proper condom usage, health bodies, impact on the next generation and referral to substance abuse treatment, social service resources and health care.

African-American Men Who Have Sex With Men Outreach

Missouri

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Kansas City, MO 64111

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Program Description

The target population for this outreach is African-American Men Who Have Sex With Men. Emphasis will be placed on sub-categories that include sexually active men, substance abusers, bisexuals and their partners, those aged 24 and over, those who have had multiple sexually transmitted diseases, and those who frequent public sex areas. The Clinic's outreach staff person will make 2,500 contacts within the target population during the contract period. Contacts will take place in a variety of outreach settings ranging from streets, bars, parks, and various community agencies. Additional access to HIV prevention supplies and OraSure testing are also a component of this proposed program.

**African-American/General Population Men Who Have Sex With Men-The
Phoenix Project
Missouri**

Contact Information

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Director of Prevention

Tommy Amico

Community Prevention Specialist

Good Samaritan Project

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Program Description

The Phoenix Project will target men who have sex with men who are not openly “out” about their sexuality and probably do not frequent “gay bars” and other traditionally “gay” venues in Kansas City, with HIV prevention and education. Workshops will reach African-American men along with retreats, street outreach and social marketing programs designed for specific populations. Multi-cultural newsletters, designed to reinforce HIV prevention messages and to provide a means of communication with all Phoenix Project participants in between events, will include a prevention related item.

**African-American Men Who Have Sex With Men Street/Community Outreach
Missouri**

Contact Information

Torean Walker

Executive Director

African-American AIDS Project

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Program Description

This program consists of street/community outreach, outreach counseling and testing, and peer to peer based community mobilization interventions such as an annual retreat and workshop/social education events. The goals of this program are to reduce the risk of HIV/STD infection, re-infection and transmission among AAMSMs; increase visibility and awareness about HIV/STDs; and empower and mobilize communities to respond to HIV/STDs, as well as other health issues. Anticipated program outcomes include an increase in condom usage, a decrease in self-reported unsafe behaviors, and an increase in HIV testing and counseling.

Youth-At-Risk Retreat and Mentoring Program

Missouri

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Program Description

Good Samaritan Project's Youth Retreat and Mentoring Program incorporates three aspects of risk reduction:

- A youth retreat,
- Volunteer mentoring, and
- Social Marketing.

A significant innovation, which will be incorporated into the retreat proceedings, will be a mentoring program. Mentors will be recruited from local churches and social and civic organizations as well as from the community at large. All adult mentors will complete a training session, which will use *Can We Talk?*, a mentor and peer training curriculum that is used by the Kansas City Missouri School District. Following the retreat, mentors and mentees will have weekly telephone contact. Additionally, monthly gatherings for mentors and mentees, under the supervision of Good Samaritan Project staff, will be scheduled at convenient community locations, including community centers, churches, etc. Topics for discussion and education will include health topics, career options, and risk reduction strategies. Following the retreat, and for the remainder of the program year, participants will be encouraged to become messengers of HIV prevention by taking Prevention Packs, as well as their skills and knowledge, out into the community to share with their friends.

New Jersey Teen Prevention Education Program (NJ Teen PEP)

New Jersey

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Program Description

NJ Teen PEP is a collaborative effort involving the following partners: The New Jersey Department of Health and Senior Services, Princeton Center for Leadership Training (PCLT), and Princeton HiTOPS (Health Interested Teens= Own Program on Sexuality). The purpose of NJ Teen PEP is to increase knowledge, skills, and abilities regarding sexual health among New Jersey high school students. Program goals include enhancing New Jersey's already existing statewide teen peer education network and broadening the scope of peer leadership capacities to include the prevention of teen pregnancy, HIV, and other sexually transmitted infections.

Working with targeted high schools, NJ Teen PEP seeks to provide an alternative sexual health course or club for students selected to be trained peer educators. Based on the nationally recognized HiTOPS curriculum and the proven model of peer-to-peer education strategies developed by PCLT, the NJ Teen PEP curriculum is consistent with New Jersey Core Curriculum Content Standards for sexual health education that were developed by the New Jersey Department of Education. NJ Teen PEP activities include the following:

- building and developing a cohesive corps of student peer educators who are committed to sexual health advocacy in the targeted school communities;
- assisting student peer educators in becoming knowledgeable, effective, and capable role models for other youth;
- providing practical, engaging skills-building training to help peer educators to reduce their own sexual risk-taking;
- training peer educators to facilitate innovative, effective prevention education group discussions and other interactive activities for youth, parents, and educators in NJ schools and communities;
- providing on-site technical assistance to targeted schools to address school needs and concerns related to sexual health issues;
- coordinating an annual Day of Learning for student peer leaders from high schools from all over New Jersey;
- coordinating skills-building workshops related to teen sexual health for high school teen leaders from all over New Jersey; and
- training school advisor teams to coordinate their school-based sexual health peer education projects.

To this collaborative effort, PCLT brings expertise and background in developing peer leadership skills, while Princeton HiTOPS assists participating school and community groups in developing their HIV prevention workshops. A statewide advisory team of health educators, youth advocates, and teen peer leaders meet several times each year to provide recommendations and resources to support high quality programming.

Fundamentals of Disease Intervention (FDI)

North Carolina

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Program Description

“Fundamentals of Disease Intervention” is a 10-day training for Disease Intervention Specialists (DIS) who regularly work with both syphilis and HIV clients. FDI combines adapted components of CDC’s Individual STD Intervention and Partner Counseling and Referral Services curricula and locally created components to provide an integrated, theoretically consistent training. The training prepares DIS to be client-centered and assertive, to provide prevention counseling, and to establish and achieve clear intervention goals in every client encounter.

Community Planning Information Spotlight

North Carolina

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Program Description

The Information Spotlight has been instituted to assist the Statewide Community Planning members in understanding critical components and issues pertaining to Community Planning. Documents related to community planning contain mounds of information, and the Spotlight helps focus on specific issues. The peer-led Spotlight has featured an overview of the Community Planning process, the prioritization process and the five core objectives. Statewide Community Planning meetings begin with the 15-minute Spotlight presentation, and the Spotlight rotates to a different member each month.

Syphilis Elimination Demonstration Site

North Carolina

Contact Information

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Program Description

Wake County, a national syphilis elimination demonstration site, developed a brochure and a radio "rap" ad for the syphilis elimination project entitled "Bro-Man." The media campaign is designed to appeal to young African-American men by using a hip rap beat and street lingo. The message includes symptoms of syphilis, complications of untreated syphilis, and where to go for free testing and treatment. This campaign won a National Award from the American Social Health Association that was presented at the 2000 National STD Conference in Milwaukee Wisconsin.

School Health and the HIV Connection

North Carolina

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Program Description

The Department of Public Instruction (DPI) and the HIV/STD Prevention and Care Branch historically have worked together to reach youth in and out of school. The relationship has become stronger because a new position, HIV/AIDS Consultant, has been created within DPI and funded through the CDC. The DPI Consultant meets regularly with the Prevention and Community Planning Unit to plan appropriate strategies for reaching the adolescent population. The DPI Consultant participated in the planning of the faith conference and will present several workshop sessions and the consultant also holds a seat on the Statewide Community Planning Group as an at-large member. Staff from the two agencies have formed a group called PATSH (Policy Makers Addressing Teen Sexual Health). This group meets monthly to review and to plan activities to better educate North Carolinians on issues of HIV/STD and pregnancy among adolescents.

Correctional Facilities Poster Contest

North Carolina

Contact Information

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HIV/STD Prevention and Care Branch

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Program Description

Wake and Guilford Counties sponsored a poster contest in the local jails. After receiving an education session on syphilis, inmates drew designs for syphilis poster ads. Community task force members and jail personnel selected winning posters. Winners received cash in their commissary account, coupons, or pencils. Winning posters were displayed in local agencies, community organizations, and at the National STD Conference.

Rapid Ethnographic Community Assessment Projects (RECAP)

North Carolina

Contact Information

Lumbe Davis

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Program Description

Seven counties in North Carolina with high syphilis morbidity rates have completed Rapid Ethnographic Community Assessment Projects (RECAP). These survey projects are intended to inform the county, local and state STD programs about community needs and views related to syphilis. A document summarizing all RECAPs is currently being developed by state syphilis elimination staff and will be disseminated this spring.

TB testing of HIV Positive Patients North Carolina

Contact Information

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HIV/STD Prevention and Care Branch

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Program Description

Within the Epidemiology and Communicable Disease Section, staff from HIV/STD Prevention and Care and TB collaborate to decrease the incidence of both diseases in North Carolina. Staff assess HIV-positive individuals with a reactive skin for TB exposure and/or infection and follow-up with appropriate treatment. Diagnosed HIV infected individuals are required by NC law to receive a tuberculin skin test. TB/HIV co-infection statistics are organized at the state level to be distributed and reported. Staff provide technical assistance and materials regarding TB to HIV community based organizations and to state and local health department staff. TB staff also review, evaluate and recommend funding of HIV Prevention Request For Proposals from community based organizations and assist in interviews during the hiring process of HIV staff.

HIV/STD Prevention and Care Academy North Carolina

Contact Information

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Public Health Educator II

Brenda Crowder-Gaines

Unit Manager, Prevention and Community
Planning

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HIV/STD Prevention and Care Branch

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Program Description

The Academy has been instituted to address in-depth training needs for the Community Planning Group (CPG) participants and Community-Based Organizations. The Academy also provides training credit hours towards a certification. Participants dictate the Academy's content by completing a survey. The Academy also includes participation from local, state and national resources. Recent topics have included evaluation guidelines, behavioral science theories, grant writing, and fundraising. The Branch supports two Academies per year.

Incubation Project North Carolina

Contact Information

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HIV/STD Prevention and Care Branch

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Program Description

The Incubation Project has been established to assist funded and non-Branch funded projects focusing on HIV and other STDs in the Eastern portion of North Carolina in their capacity building efforts. Through the Community Planning gap analysis, this portion of the state has been identified as an area of need for HIV services. This project will help the projects strengthen their infrastructure by providing local, state and national trainings, facilitating peer reviews and support, and additional technical assistance. Staff has been stationed in the area to assist with this nurturing process.

“Ending the Silence: The Faith Community Speaks Out”

North Carolina

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Program Description

The purpose of the one and a half-day Faith Conference is to bring awareness and knowledge of HIV/AIDS to the minority faith community and assist the community as they move to action. The conference is specially designed for clergy, pastors, PLWHA, and lay people within the faith community who are concerned with helping those impacted with HIV/AIDS. Each day will begin with a prayer breakfast, which will set the tone for the day's events. In addition, the conference is also appropriate for professionals across various disciplines: mental health, substance abuse, education and others who interface with people with HIV/AIDS. Successful partnerships between the faith community, community based organizations (CBOs), and the HIV/STD Prevention and Care Branch will be highlighted during this conference. Team building, peer support networks and partnering efforts among agency representatives of the state, regional, and local levels will be enhanced throughout the conference.

North Carolina Non-Traditional Counseling, Testing and Referral Sites

North Carolina

Contact Information

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HIV/STD Prevention and Care Branch

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Program Description

The North Carolina Non-Traditional Counseling, Testing and Referral Sites (NTS) program has been created to address barriers to HIV and syphilis testing through: 1) collaboration with community-based organizations and leaders, and 2) integration of HIV and syphilis services outside of the traditional public health setting. This program targets hard to reach/high risk communities. NTS staff collaborates with the North Carolina Syphilis Elimination Project (NCSEP) staff to provide statewide community-based activities in public housing developments, homeless shelters, mental health centers and rehabilitation facilities. This collaboration proves successful as it provides visible alternative services in many high-risk communities.

Faith-based HIV/STD Curriculum

North Carolina

Contact Information

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Program Description

The NC Faith Initiative and the HIV/STD Prevention and Care Branch has partnered with Shaw University's Divinity School to develop a faith-based HIV/STD curriculum. The curriculum will include gonorrhea, syphilis, and chlamydia, as well as HIV information. This culturally relevant and theologically appropriate curriculum will be designed for seminarians and faith-based leaders. Those enrolled in the curriculum will be equipped to minister to the target population, make appropriate referrals, and start HIV/AIDS ministries.

Region V Collaboration Conference

North Carolina

Contact Information

Myra Allen

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NC Department of Health and Human Services

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HIV/STD Prevention and Care Branch

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Program Description

The HIV/STD Prevention and Care Branch has divided the state of North Carolina into seven distinct regions. Of those regions, Region V has been chosen to implement a Collaboration Conference. The purpose is to develop strategies to more effectively deliver HIV services in the region. A Health Educator is currently assigned to that region and will be coordinating the conference. The conference will be titled, "A Regional Approach: Tightening the Thread of HIV Services." This conference will involve community-based organizations, public health professionals from other disciplines, social services, mental health/substance abuse, communities affected, and others who have an interest in prevention and care.

Oklahoma's RECAP (Rapid Ethnographic Community Assessment Project)

Oklahoma

Contact Information

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CPG Health Department Co-Chair

Saundra Lucas

OCPG Needs Assessment Chair

Oklahoma Department of Health (OSDH)

HIV/STD Service

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Program Description

Oklahoma's RECAP is a joint needs assessment (HIV/syphilis) conducted by Oklahoma Community Planning Group members and OSDH Disease Intervention Specialists. The comprehensive needs assessment consisted of several weeks of interviewing community members, gatekeepers and system providers to ascertain their knowledge of syphilis and HIV. The findings will be used to assess community responses to interventions to control and prevent HIV and syphilis infection, and to facilitate collaboration and partnership between governmental institutions and communities affected by HIV and syphilis.

Pennsylvania Young Adult Roundtables

Pennsylvania

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Program Description

Now entering its seventh year, the Pennsylvania Young Adult Roundtables is a statewide (excluding Philadelphia) project that extends parity, inclusion and representation to young people in Pennsylvania's HIV prevention community planning process. Initiated in 1995 with five groups, the project now consists of eight groups of targeted (gay, bisexual, African American and Latino) young people between the ages of 13 and 24, each of which meets six times annually to discuss HIV prevention issues and to evaluate existing prevention materials. Needs assessment data from these discussions is communicated by elected group representatives, by staff and by Planning Group Mentors to the CPG, and is utilized in the comprehensive planning process. In addition, the Roundtable Consensus Statement, a living document drafted by Roundtable members in 1998 (available through our website at www.stophiv.com), provides invaluable information about youth-specific prevention needs and barriers. Three elected Roundtable members serve two-year terms as Executive Co-chairs and official members of the Pennsylvania HIV Prevention Community Planning Committee.

Several important products have resulted from the youth voice of the Roundtables: A targeted Youth/Theater HIV Prevention Demonstration project is now in its second of three years and incorporates the ideas and recommendations of Roundtable members in its ongoing development. Roundtable members are encouraged to be trained as peer educators in local programs that meet criteria set forth by project members. The Roundtable Consensus Statement, which is updated periodically, contains the unique perspectives and recommendations of at-risk youth and is distributed to local service providers. Members of the Roundtable Executive Committee participate in a unique project to design an original HIV prevention intervention for high-risk youth.

The project relies upon and incorporates ongoing formative, process and outcome evaluative data from Roundtable members, from Planning Committee members, and from project staff. The project owes its success to the collaborative efforts of the Pennsylvania Department of Health, Division of HIV/AIDS; the Pennsylvania HIV Prevention Community Planning Committee; the University of Pittsburgh, Graduate School of Public Health; and the young members of the Pennsylvania Young Adult Roundtables.

Texas HIV Epidemic Profile for Community Planning

Texas

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<http://www.tdh.state.tx.us/hivstd/>

Program Description

The Texas profile is divided into two sections, the Morbidity Profile and the Risk Profile. These sections contain a summary of information on risk subpopulations that are categorized by risk behaviors, sex, race/ethnicity, and geographic area. This information is presented as case rates to simplify the comparisons of populations of different sizes. Estimates of the size of the at-risk population were performed using literature-supported methods. The planning regions have been divided into clusters of counties with similar morbidity rates to simplify the comparison of geographic differences in the planning areas. Morbidity information, which includes both HIV and STD infection rates, is provided by target population within each cluster for the last reportable year and for the overall planning area since 1992. The risk profile provides information on the risks or indicators of risk reported by PCPE clients in the previous year. Risk behaviors reported include: lack of barrier use, multiple sexual partners, partner at risk for HIV, history of STD, drug use with sex, buying or selling sex, sharing injection equipment and types of drugs used with sex. The profile provides a summary containing rankings of subpopulations based on morbidity and risk behaviors and detailed descriptions of 15 sub-population categories, with comparisons across geographic areas. For each sub-population, the profile contains TDH's recommendations for additional information that would need to be collected during needs assessments. Texas has six separate HIV epidemic profiles, one each for its community planning areas.

Development of Area Action Plans in Texas

Texas

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Program Description

Significant changes to HIV prevention planning in Texas have been implemented since 1999. Community planning was restructured from ten regions to six Community Planning Groups (CPGs). Each CPG is responsible for the development of an Area Action Plan (AAP) based on a uniform plan format provided by the Texas Department of Health, incorporating the following changes:

- Use of *revised local area epidemiological profiles** and *prevention program data* to compare subpopulations in terms of morbidity and behavioral risks, including STD rates.
- Use of standardized tools and procedures for *needs assessment* client surveys, *resource inventory* tool/provider surveys, and gap analysis.
- Use of a standardized *priority setting process* to prioritize high-risk subpopulations at the lowest possible local level.
- *Selection of prevention interventions* that are based in behavioral theory, have demonstrated evidence of effectiveness, and have a high degree of specificity, including measurable outcomes.

The Texas Department of Health, in partnership with the CPGs, is committed to the development of high quality prevention plans through these improved processes.

*See *Bright Idea* submission titled "Texas HIV Epidemic Profile for Community Planning" for more details.

Priority Setting Process in Texas

Texas

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Program Description

Texas Department of Health has developed a uniform, streamlined priority setting process to be utilized beginning in 2001 by the six Community Planning Groups (CPGs). The process uses *weighted* morbidity and *behavioral risk scores* derived from each CPG's specific area epidemic profile.* Additionally, behavioral risk scores can be increased based on quantitative and qualitative needs assessment data collected at "core group" levels within the six larger plan areas.

This methodology assures that subpopulations are prioritized primarily on specific local epidemiological data, and also allows CPG members to apply in-depth knowledge of their communities to the community planning process.

*See *Bright Idea* submission titled "Texas HIV Epidemic Profile for Community Planning" for more details.

SHARE (Statewide Activity, Reporting and Evaluation)

Washington

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Program Description

The Washington State Department of Health (DOH) has collected data on HIV prevention activities since 1992. As activities have become more complex and targeted, the original data system became inadequate. Additionally, more detailed data are needed to respond to increased evaluation requirements specified through the community planning process and the Centers for Disease Control and Prevention. State DOH staff, coordinators for the six regional AIDSNETs, a workgroup of community partners and a consulting firm worked together to create a system that meets more sophisticated data collection needs, is user-friendly and is flexible enough to meet future evaluation needs.

The result of this effort was SHARE, an on-line data collection system. Data is collected based on a written intervention plan. These plans specifically identify the population, effective intervention, evaluation components, demographics and objectives for all targeted interventions funded through federal or state HIV prevention funding. The data is collected in a manner that will facilitate aggregation of community resource inventory information, program statistics, worker statistics, cost tracking and preliminary outcome monitoring.

Priority Setting for HIV Prevention

Washington

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Program Description

HIV/AIDS Community planning in Seattle & King County involves a single Planning Council. The Council has three key committees: Care Planning, Prevention Planning and Care/Prevention Collaboration. The Prevention Committee is responsible for developing the Comprehensive HIV Prevention Plan. In advance of the first year of the 2-year grant cycle, the Committee (augmented with specially-recruited community members to meet PIR goals) undertakes an intensive process whereby the prioritized target population and effective intervention recommendations are developed for review and approval by the full Care/Prevention Planning Council.

The 27-member Prevention Committee has evolved a facilitated 40-hour process that provides maximal input from a wide variety of communities, organizations and interested parties, including local Public Health. The members receive verbal and written reports, responses to questions and other input. In subcommittees comprised of “population experts” targeting the major behavior risk categories of MSM, IDU and Heterosexuals at-risk, members develop draft recommendations to come before the entire Committee and must “sell” the larger body on the merits of their recommendations. Careful planning for the process and the facilitation of the group has resulted in a positive experience, broad range of committed representation, and a thorough discussion of the issues and concerns of the prioritization process.

Baker Street Ministries HIV Prevention Project

Washington

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Program Description

Baker Street Ministries was contracted to provide a statewide initiative to involve African-American churches and clergy in the HIV prevention effort. Through a series of meetings, presentations and trainings, members of the clergy, church leaders and church members are being supported to provide HIV/AIDS prevention education and support to the members of their respective churches. In conjunction with the Red Cross, Baker Street has recruited and trained over 120 prevention and care trainers. In turn, these trainers are providing training and education in their respective churches. This effort has opened a dialogue and pathway for HIV prevention information to be available to the African-American community through churches, which are one of the most important community institutions for African Americans.

Enhancing Local Agencies' Evaluation Capacity

Wisconsin

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Program Description

The Wisconsin Health Department (HD) and its community partners have worked to develop local agencies' evaluation capacity through the following means:

- Local agencies complete intervention plans* by intervention type (based on the CDC Evaluation Guidance) to project services. HD staff provide detailed review and feedback.
- Agencies report client-level data* and services tracking data* by intervention plan using a web-based data entry system* (to be operational spring, 2001). The website generates reports which enable grantees to compare progress to goals set in the intervention plan.
- Agencies providing Individual, Group, and Prevention Case Management interventions complete a 2-page Behavioral Risk Assessment Tool* (BRAT) with each client. Local agency staff enter the data into an MS Access database*. The database generates detailed summary reports. Data are also emailed to the HD quarterly.

The following training and technical assistance has been provided.

- Two-day training on completing intervention plans based upon the CDC Guidance;
- 90-minute web-based training sessions with an audio conference call on data collection forms by intervention level and the BRAT Access database;
- Follow-up face-to-face group training sessions and one-on-one consultation.

Buy-in has been established through the involvement of:

- The Community Planning Group;
- The Evaluation Work Group, comprised of a broad range of stakeholders; and
- Grantees of the Prevention for HIV-Infected Persons Project (PHIPP).

* Indicates tools available for review.

Priority Setting in Community Planning

Wisconsin

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Program Description

Wisconsin's HIV Prevention Community Planning Council revisited the priority setting process in Year 8 (September 2000 – August 2001) of community planning. Over a series of monthly meetings and with input from a priority setting committee comprised of Council members, the Community Planning Council set goals for resource allocation across both behaviorally defined risk populations and subpopulations of these groups. The Council referred to their Comprehensive Plan 2001 in categorizing populations, distinctions that were based on the CDC's Evaluation Guidance released in late 1999. The method used to set priorities among populations incorporated the following factors:

- percent of cases,
- trends based on epi data,
- the risk of transmission associated with each population, and
- the ease of reaching each population.

With percent of cases and trend numbers provided, the Council completed the table below. Members weighed the remaining two factors and assigned scores for each population accordingly. The weight for each factor was then multiplied by the score given for each population for a given factor. (Please see table below.)

Members set priorities among subpopulations through two methods using raw numbers of cases, trends, and rates provided by the State Epidemiologist as background. After both the population and subpopulation priority setting processes, members had the opportunity to discuss the aggregate scores and negotiate any changes.

Data for percent and trend are given.

The total of the scores under "YOUR Weights" must be 100.

Factor scores for all four populations must total 100 points.

	YOUR Weights	MSM	MSM/IDU	IDU	HET	TOTAL
Factors						
Percent		56.84	7.70	18.39	17.04	100.0
Trend		10.4	20.3	18.0	51.3	100.0
Risk of act						100.0
Reachability						100.0
	100.0					

Conclusion

Bright Ideas 2001 represents only a small portion of the innovative practices in HIV prevention and community planning. Community planning groups across the country are constantly developing new ways of providing HIV prevention services. Additional information and technical assistance is available for community planning groups looking to improve their planning process or seeking new intervention strategies. Your CDC project officer can provide further information on receiving technical assistance for your organization. For further information on *Bright Ideas 2001*, please contact the National Alliance of State and Territorial AIDS Directors at (202) 434-8090 or the Academy for Educational Development at (202) 884-8862.

Acronyms

AAP	-Area Action Plan
AED	-Academy for Educational Development
AIDS	-Acquired Immunodeficiency Syndrome
BIRB	-Behavioral Intervention Research Branch, a branch of CDC's Division of HIV/AIDS Prevention
CBA	-Capacity Building Assistance
CBO	-Community-Based Organization
CDC	-Centers for Disease Control and Prevention
CPG	-Community Planning Group
CTR	-Counseling, Testing, and Referral services
DHAP	-Division of HIV/AIDS Prevention, a division of CDC's National Center for HIV, STD, and TB Prevention.
DOH	-Department of Health
DOT	-Directly Observed Therapy
GLI	-Group Level Intervention
HAB	-HIV/AIDS Bureau, a bureau of HRSA
HERR	-Health Education/Risk Reduction
HRSA	-Health Resources and Services Administration
HIV	-Human Immunodeficiency Virus, the virus that causes AIDS
IDU	-Injection Drug Use
IDUs	-Injection Drug User
ILI	-Individual Level Intervention
MSM	-Men Who Have Sex with Men

NASTAD	-National Alliance of State and Territorial AIDS Directors
NCHSTP	-National Center for HIV, STD, and TB prevention, a center located at CDC
OraSure	-Brand name of an oral HIV test
OTM	-Oral Test Method
PCM	-Prevention Case Management
PCRS	-Partner Counseling and Referral Services
PERB	-Program Evaluation and Research Branch, a branch of CDC's Division of HIV/AIDS Prevention
PLWHA	-People living with HIV/AIDS
PSB	-Prevention Services Branch, a branch of CDC's Division of HIV/AIDS Prevention
RWCA	-Ryan White Comprehensive AIDS Resources Emergency (CARE) Act
STD	-Sexually Transmitted Disease
TA	-Technical Assistance
TB	-Tuberculosis
TTSSB	-Training and Technical Support Systems Branch, a branch of CDC's Division of HIV/AIDS Prevention
VCT	-Voluntary Counseling and Testing for HIV infection