



Pennsylvania Community HIV Prevention Plan Update 2008

DEPARTMENT OF
HEALTH

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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,
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PENNSYLVANIA COMMUNITY

2008

HIV PREVENTION PLAN

TABLE OF CONTENTS

Page

Executive Summary

INTRODUCTION

1. Nine Steps of HIV Prevention Community Planning 7
2. CPG Planning Cycle 7

INTEGRATED EPIDEMIOLOGIC PROFILE

1. Current Integrated Epidemiologic Profile 20
2. Profile Update Development Work in Progress 20
3. Integrated Roundtable Review of Linkages 21
4. Written Process for CPG Subcommittees to Submit 22
5. Young Adult Roundtable Input on Epidemiology Data 23
6. Tentative Integrated Timeline of Updates 29

PRIORITIZATION OF TARGET POPULATIONS

1. Current Model for Prioritization of Target/Risk Populations 31
2. Overview and Progress Update on Proposed Refinement 34
3. Timeline for Completion of Refinement of Prioritization 35
4. Responses to Objectives and Attributes from 2003 HIV Prevention Plan Guidance 39

COMMUNITY SERVICES ASSESSMENT

1. Needs Assessment 41
2. Future Needs Assessment 46
3. Pennsylvania Young Adult Roundtables 47
4. Resource Inventory 50
5. Gap Analysis 178

INTERVENTIONS—APPROPRIATE SCIENCE-BASED PREVENTION ACTIVITIES

1. Hepatitis C Collaboration 198
2. Rural Work Group 200
3. Decisions for Life Young Adult Intervention 210

EVALUATION

1. Introduction 214
2. Activities Conducted by the Evaluation Subcommittee 214
3. Activities Conducted by the Evaluation Subcommittee and the University of Pittsburgh ... 252
4. Activities Conducted by the DOH and the University of Pittsburgh 258
5. Young Adult Roundtable Participant Evaluation 258
6. Prevention for Positives Demonstration Project 269

CONCLUSIONS AND RECOMMENDATIONS

1. Subcommittees and Work Group 271
2. Department of Health 273

GLOSSARY 276

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 2007 developing a Plan Update for 2008. The Epidemiology, Evaluation, Interventions and Needs Assessment Subcommittees along with the Rural Work Group have met on a regular basis to insure that the nine steps of community planning are met to produce the key products of a comprehensive HIV Prevention Plan.

The 2008 HIV Prevention Plan is the final update of the Five-Year Plan submitted to the Centers for Disease Control and Prevention (CDC) in October 2003, which addressed HIV prevention from 2004 through 2008. As such this Plan focuses on the CDC key products of a comprehensive HIV Prevention Plan and refers to the 2004 HIV Prevention Plan. The 2004 Plan, excluding the appendices, can be accessed at the <http://www.stophiv.com> or by contacting the Division of HIV/AIDS, Bureau of Communicable Diseases, PA Department of Health (717-787-5302) or the Pennsylvania Prevention Project, University of Pittsburgh Graduate School of Public Health (412-383-3000).

HIV Epidemiology Support for Prevention Planning

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

The HIV Epidemiology Section also presents a statement of "problems, goals and objective" 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 verbatim 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.

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

This section focuses on the process of identifying and ranking a set of target populations that require prevention efforts due to high infection rates and high incidence of HIV risk-related behaviors. The CPG acknowledges the Centers for Disease Control and Prevention (CDC) requirement to prioritize HIV-infected persons as the highest priority population. This requirement was introduced late in the 2003-planning year and the CPG was therefore unable to complete a new process for prioritizing target populations until 2004. In 2005, the CPG convened an ad hoc prioritization workgroup to work with the Health Department (and its consultant team) to refine and update the prioritization model. This initiative to fine-tune the prioritization process for implementation in the next planning period is continuing and more details are in the prioritization section. A summary of current work in progress is outlined at <http://www.health.state.pa.us/hivepi-profile>, subsection **8.2. Revision of Prioritization Model.**

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.

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 2006, at the direction of the CPG, Pennsylvania Prevention Project staff worked on the following projects: 1) The committee is working with the Integrated Planning Council and Ryan White funded coalition to conduct a study on the unmet needs of HIV positive men and women. Unmet needs will include prevention resources. Within 2006-2007, discussion will occur in regards to instrument design and sampling. However, data collection will not occur for a few years, 2) Utilized the Youth

Empowerment Project data to provide needs assessment data, 3) Conduct Literature reviews of MSM failure of prevention and Heterosexual women with partners in prison and 4) Conducted focus groups or surveys with parents about the HIV prevention needs of their children.

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. In addition the Needs Assessment Committee will:

- Report on current literature concerning prevention activities with HIV positive incarcerated men and women and issues regarding their partners.
- Develop a relationship with the Greater Alliance of Pennsylvania Consumer Advisory Body (GAPCAB) in order to communicate the needs of HIV positive men and women.
- Incorporate issues of faith and the role of faith-based organizations within HIV prevention activities when appropriate.
- Conduct focus groups with parents about the HIV prevention needs of their children (moved from previous year).
- Utilize existing datasets to inform committee of counseling and testing activity.

Resource Inventory

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 Care 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. For this year's update, the Intervention Subcommittee unanimously agreed to include the addresses, phone numbers and websites of all the organizations and agencies to create a more functional Resource Inventory.

Gap Analysis

The Interventions Subcommittee has started to review utilization of the available prevention services. In accomplishing this goal the 2005 HIV/AIDS Surveillance Biannual Summary from the PA Dept of Health was used to establish current living population of AIDS cases within Regional HIV Planning Coalitions. Pennsylvania Universal Data Systems data was reviewed for the utilization data (Total Count of Intervention Contacts including Interventions Delivered to Individuals (IDI), Interventions Delivered to Groups (IDG), and Comprehensive Risk Counseling Services(CRCS) excluding General Public category).

In 2006-2007 the Subcommittee continued to update Diffusion of Effective Behavioral Interventions (DEBI) grids to incorporate new DEBIs, specifically RESPECT. In the 2008-2009 year the Subcommittee is planning on exploring the

utilization by specific priority populations within each Regional HIV Planning Coalition as well as continuing to update the Resources Inventory and the DEBI grids.

Appropriate Science-Based Prevention Activities/Interventions

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

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

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

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

Rural Work Group

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 address the special demographic, geographic and social/cultural conditions that impact the HIV prevention needs of non-metropolitan populations in Pennsylvania so that these needs can be included in the prevention plan. Although rural areas are significant sources of the state's natural resources and are of primary importance to the economy of Pennsylvania, the needs of rural people are often overlooked because of population dispersion and inadequate political infrastructures (Willits & Luloff, & 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 non-metropolitan prevention groups adapt recommended procedures within each of their unique rural areas.

Evaluation

The Evaluation Subcommittee has completed the 2007 CPG process evaluation and the fourth annual poster presentation. This year's process focused upon HIV prevention programs that have implemented science-based HIV prevention interventions.

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

The CPG chose to appraise planning process concerns by having trained non-CPG members gather data through open-ended questions posed to small groups of CPG members. It was felt that this method provided greater objectivity and a lack of conflict of interest. The results of the November 2006 review of the calendar year 2006 planning process were presented at a subsequent CPG meeting. Most findings of this evaluation were immediately implemented by the CPG.

The second evaluation of the impact of the Plan on interventions is a relatively new (4 year old) activity using poster presentations by statewide agencies. Agencies are asked to create posters describing their work. The Evaluation Subcommittee members develop a grid to identify all of the issues that Committee members want evaluated and collect the data at the presentations. The data are then analyzed and recommendations developed. This innovative program also promotes communication and networking between the Committee and providers.

The purpose of the Poster Presentations is to elicit an initial dialogue between funded agencies/organizations and the CPG. Any first step in designing a framework for an evaluation needs to establish dialogue and capacity. This process provides great insight to the local challenges of providing targeted HIV prevention. It informs the CPG in its development of a community-based HIV prevention Plan. The 2006 Poster Session evaluation data are being analyzed.

A comparison of the 2004, 2005, 2006 and 2007 poster sessions reveals several themes that are universal to all sessions. It should be remembered that each group of presenters differed from the other, as did the prescribed content of their presentations. Representatives of community based organizations involved in HIV prevention activities presented in 2004. Presenters were uncomfortable with the process because they thought that they were being evaluated. They became much more comfortable once they understood that the purpose was not to evaluate them but to increase communication between providers and the Department of Health and the Committee and to have the DOH and Committee better understand the work of the providers. Nevertheless, the concerns of the providers may have had an effect on what information they were willing to provide. PA Department of Health regional staff presented in 2005 on their prevention

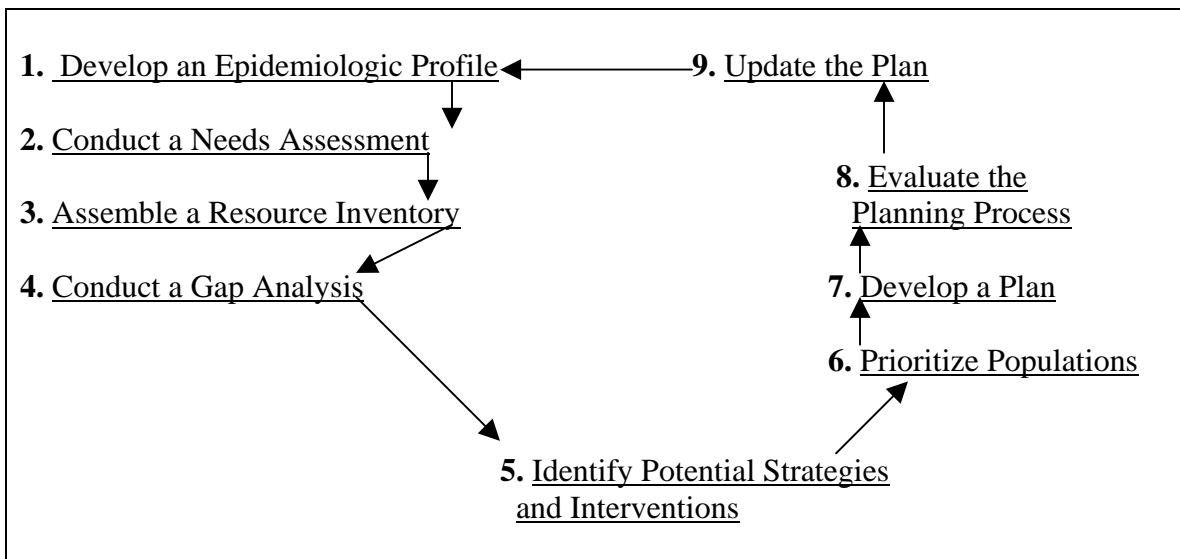
activities. In 2006 Community-based providers of prevention services presented. However, they focused on their experiences in conducting the Diffusion of Effective Behavioral Interventions (DEBI). In 2007, local county and municipal health departments presented evidence-based HIV prevention programs. It should be noted that throughout much of the data and the analysis of the data the "what interventions don't work as well" and "barriers to providing effective HIV prevention" data appear to be merged. As a result, the two areas combined.

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.

INTRODUCTION

Nine Steps to HIV Prevention Community Planning

The challenge of examining the nine steps is that some get done in some years as well as they may not all be in the sequence outlined or even be ongoing. The current planning cycle commenced in 2004 through 2008. The Plan and Plan Updates are created in the previous calendar year. In other words, the original five-year Plan was created in 2003. The following year, 2004, a Plan Update was created for 2005 and so forth. The current Plan Update being developed in 2007 is for 2008. Next year in 2008 the next five-year Plan will be developed for 2009 through 2013.



2. CPG Planning Cycle –Summary

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

CPG Planning Cycle -Summary
(Based on 5-year CDC cycle: 2004 - 2008)

| PA CPG Planning Cycle (5 –year) | Products to be developed: | Due Dates |
|---|---|--|
| 2004 | <ul style="list-style-type: none"> • Comprehensive HIV Prevention Plan for 2004 | 2004 Plan Submitted 10/03 |
| 2005 2006 2007 | <ul style="list-style-type: none"> • Plan Update for 2005 • Plan Update for 2006 • Plan Update for 2007 | <ul style="list-style-type: none"> • 2005 Update Submitted 10/1/04 • 2006 Update Submitted 9/21/05 • 2007 Update Submitted 9/14/06 |
| 2008 | <ul style="list-style-type: none"> • Plan Update for 2008 | 2008 Update due 9/4/07 |

Revised: August 24, 2007

2006-2007 CPG Meeting Schedule & Work Plan for 2008 Plan Update
November 2006 – November 2007

November 2006 (1 day)

| | Objective | Subcommittee | Comments |
|--|---|---------------------|--|
| | 16 November | | |
| | Update on Nominations and Recruitment Process | DOH and CPG | Process Ongoing Applications received |
| | Report on CPG Concurrence Votes | DOH | Completed & submitted to CDC: 38 members eligible to vote 33 votes submitted 31 concur 2 concurrence with reservations |
| | Update on CPG Survey Part II | DOH | Ongoing Requested CPG members to complete and submit survey |
| | YART Executive Committee Report | YART | Completed |
| | Nomination and election of new community co-chair | CPG | Completed |
| | Report from new CDC Project Officer, Glenn Acham | | Completed |
| | Committee Capacity Building Training on Community Services Assessment | CBA Provider | Completed |
| | Steering Committee Meets to: | | |
| | Review member attendance and termination of members not meeting By Law requirements for attendance. | | Completed |
| | Set agenda for next meeting. | | Completed |

January 2007 (2 days)

| Objective | Subcommittee(s) | Comments |
|---|---------------------------|---|
| 17 & 18 January | | |
| 1/17 Orientation | | |
| Conduct full day Orientation of new (& old) members. Includes overview of: <ul style="list-style-type: none"> • CPG guidance • Comprehensive Plan and key Planning Products • Description of subcommittees • CDC program announcement • Comprehensive HIV Prevention Program • AHP initiative • Roles and Responsibilities • Group Process • Travel, lodging & subsistence • Evaluation | All | Pitt to distribute Orientation Guide Completed |
| Introduction to HIV Epidemiology for Prevention & Care Planning (80 minutes) | Epidemiology/Dr. Muthambi | Need to reschedule due to technical problems |
| <i>Special evening event: Get Acquainted Reception.</i> | <i>Everyone welcome!</i> | |
| 1/18CPG meeting | | |
| Welcome new members. | | Need breakout rooms. |
| Summary/Overview of Epidemiology of HIV in Pennsylvania (80 minutes) | Epidemiology/Dr. Muthambi | Completed |
| Presentation of CPG Survey Part II findings. | Evaluation | Completed |
| Review of CDC Technical Review of IPR, site visit and Technical review response | DOH | Completed |
| Subcommittees meet to: | | |
| Elect chair & co-chair of each subcommittee Interventions: Alex S. & Sheila C. Evaluation: Deb P. | All subcommittees | Not completed by Epi and Needs Assessment March |
| Develop work plan for 2007 | All subcommittees | Completed |
| Orient new members to Comprehensive Plan key products specific to each subcommittee: <ul style="list-style-type: none"> • Epidemiologic Profile • Community Services Assessment <ul style="list-style-type: none"> ○ Resource Inventory ○ Needs Assessment ○ Gap Analysis • Prioritize Target Populations • Identify Appropriate Science-based Prevention Interventions | All subcommittees | Continue in March |

| | | |
|--|------------|---------|
| <ul style="list-style-type: none"> • Concurrence | | |
| <p>Continue preparations for May poster presentations. Practical issues:</p> <ul style="list-style-type: none"> • Floor plans and arrangements – reserve room in new hotel. • Needed materials and equipment • Process once organizations arrive • Choose presenters | Evaluation | Ongoing |

March 2007 (2 days)

| Objective | Subcommittee | Comments |
|---|-------------------|---|
| 21 & 22 March | | |
| <i>Day 1</i> | | |
| Provide the CPG with an update on the “reprioritization of target populations” project. | Epidemiology, DOH | Completed |
| Overview of Integrated Roundtable exercise. | Epidemiology | Completed |
| <p><u>Part I-March Meeting: Integrated Round-Table Review and Discussion of Plans on Each Transmission Group with Other Subcommittees</u> (Epi Subcomm; Unmet Needs Assessments; Interventions Subcommittees; (Outcome Evaluation): The integrated 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) and gaps in needed interventions; d) Outcome Evaluation Minimum Standards and</u></p> | CPG | <p>Format and time for integrated review for each transmission group: 2 hours integrated review is proposed for each of the four transmission groups: <i>-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);</i> <i>-Integrated roundtable discussion with full committee: 30 min</i></p> <p>Timeline: Part I-March meeting: cover 2 transmission groups (incl. their constituent target populations) (4 hrs needed). IDU,</p> |

| | | |
|--|-------------------|--|
| <p>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.</p> | | <p>Heterosexual, Perinatal</p> <p>Completed</p> <p><i>Part II-May meeting: cover 3 transmission groups (incl. their constituent target populations) (4 hours needed). MSM, MSM/IDU</i></p> <p>Completed</p> |
| <p>Special Orientation for new members who were unable to attend the January orientation. 6 – 8 PM</p> | | Completed |
| <p>Conduct CPG Survey Part I</p> | Evaluation | Completed with members and staff in attendance. Will distribute to absent members and staff. |
| <p>Special evening presentation for new members: Introduction to HIV Epidemiology for Prevention & Care Planning (80 minutes)</p> | Benjamin Muthambi | Completed |
| Day 2 | | |
| <p>YART Report</p> | | Completed |
| <p>Discussion/report on status of preparation of for May Poster Presentations</p> | Evaluation | Completed |
| <p>Presentation on 2006 CPG Process Monitoring findings (collected in January focus groups)</p> | Evaluation | Completed |
| <p>Presentation on “CDC revised Recommendations for HIV Testing”</p> | PA DOH | Reschedule. Subcommittees requested additional time to meet. |
| Subcommittees meet: | | |
| | Epidemiology | Dr. Zurlo elected chair Julie H. elected alternate |
| <ul style="list-style-type: none"> • DEBI Grid update • CADR data from Mack • Establish format for data processing | Interventions | |
| <ul style="list-style-type: none"> • Discuss needs assessment summary of activities | Needs Assessment | |

| | | | |
|-------------------------------------|--|------------|--|
| | <ul style="list-style-type: none"> • Co-chair nominations | | |
| | <ul style="list-style-type: none"> • Last minute review in preparation of Poster Presentations – Anything else to be done? • Identify poster presenters • Revise letters, methods of data collection, directions for presenters • Discussion of PAUDS data and how to use it | Evaluation | |
| Steering Committee Meets to: | | | |
| | Set agenda for next meeting. | | |
| | | | |

May 2007 (2 days)

| | Objective | Subcommittee | Comments |
|-------------------------------|--|---------------------|--|
| | 16 & 17 May | | YART Executive Committee Members to attend this meeting. |
| <i>Day 1</i> | | | |
| | Young Adult Roundtables (YART) status report to CPG. YART Executive Committee attends this meeting. | YART | Completed |
| | YART Executive Committee to meet with CPG co-chairs and state representatives to provide city-by-city update/discussion. | | Completed |
| Subcommittees meet to: | | | |
| | <i>Begin to develop Plan Update</i> | <i>All</i> | In progress |
| | | Epidemiology | |
| | <ul style="list-style-type: none"> • Discuss data from Youth Empowerment project • Report on MSM failure of prevention and heterosexual female partners with incarcerated partners | Needs Assessment | |
| | <ul style="list-style-type: none"> • Processing of CADR data | Interventions | |
| | <ul style="list-style-type: none"> • Evaluation Subcommittee Poster Presentations | Evaluation | |
| CPG reconvenes: | | | |
| | CPG Poster Presentations: Distribute questions to CPG Review posters of Department-funded HIV Prevention contractors/grantees. | CPG/Evaluation | Completed 7 of the 9 CMHDs attended |

| | | |
|---|------------------|---|
| (Focus on county/municipal health departments' implementation of evidence-based interventions.) Networking with contractors and CPG | | |
| <i>Day 2</i> | | |
| Comments from CDC Project Officer & discussion with CPG | | Scheduled for August. |
| CPG provides written feedback on Poster Presentations. | CPG | Completed |
| Distribution and completion of CPG Survey Part I. | CPG/Evaluation | For members and staff who did not complete in March. Completed |
| Epidemiology Subcommittee provides direction to CPG on Integrated Roundtable Review. | Epidemiology | Completed |
| Epidemiology Subcommittee (Dr. Muthambi/Dr. Ferraro) provides Epidemiologic Overview of 2 transmission groups (MSM, MSM/IDU). | | Completed |
| Subcommittees meet to prepare presentations for Round table Review | All | |
| <u>Part II-May Meeting: Integrated Round-Table Review and Discussion of Plans on Each Transmission Group with Other Subcommittees</u> (Epi Subcomm; Unmet Needs Assessments; Interventions Subcommittees; (Outcome) Evaluation): The integrated approach adds an integrated review mechanism to the current disjointed planning done in separate subcommittees and to conduct the integrated review in phases as the planning year progressed as opposed to waiting until the end of the planning cycle. The proposed format of input to the integrated review is as follows: a) Summary of Epidemiology of HIV in each of the 4 main transmission groups (and constituent target populations); identification of data gaps and plans for obtaining data needed; b) Summary of unmet needs assessments conducted/planned for each of the 4 main transmission groups (and constituent target populations); identification of data gaps and plans for obtaining data needed; c) Interventions for each transmission group (and constituent target populations) and gaps in needed | CPG/Epidemiology | Format and time for integrated review for each transmission group: 2 hours integrated review is proposed for each of the four transmission groups: <i>-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);</i> <i>-Integrated roundtable discussion with full committee: 30 min</i> Part II-May meeting: cover 3 transmission groups (incl. their constituent target) (4 hours needed). MSM, |

| | | |
|---|--|--|
| <p>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.</p> | | <p>MSM/IDU Completed</p> |
| Steering Committee Meets to: | | |
| Provide feedback on poster presentations and Roundtable Review | | Completed |
| Set agenda for next meeting. | | Completed |

July 2007 (2 day)

| Objective | Subcommittee | Comments |
|---|------------------|---|
| 18 & 19 July | | |
| Announcement: Review of CPG membership “slots” – who/what do I represent as a member? | <i>PA DOH</i> | Steering Committee recommended a “reminder” |
| <i>Day 1</i> | | |
| Report on pre/post test results of Roundtable Review | Epidemiology | Rescheduled for November |
| Report on CPG feedback from Poster Presentations | Evaluation | Completed |
| Presentation: HIV Prevention Efforts of the Pennsylvania Department of Education | Shirley Black | Completed |
| Presentation: Planning Process Overview | Ken | Completed |
| Subcommittees meet to: | | |
| Subcommittees to prepare draft Plan. | All | Ongoing |
| Open issues (may be an opportunity to meet with other subcommittees on potential joint collaborative matters, especially Needs Assessment). | Epidemiology | Ongoing |
| Continue to draft Plan for review at next meeting. | Needs Assessment | Ongoing |
| Continue to draft Plan for review at next meeting. | Interventions | Ongoing |
| Continue to draft Plan for review at next meeting. | Evaluation | Ongoing |

| | | |
|---|------------------|-------------------|
| Day 2 | | |
| CPG discussion/vote on implementation of CPG Process Monitoring for November. | Evaluation | Approved |
| Presentation: Hepatitis C | Owen S. | Completed |
| Presentation: Revised CDC Recommendations for HIV Testing | Ken | Completed |
| Presentation: Results of CPG Survey Part I, and CPG membership comparison to Epidemic in Jurisdiction | Evaluation | Hold until August |
| Presentation: Review of 2006 CDC Annual Progress Report & technical review | DOH | Hold until August |
| Presentation of findings from poster presentations | Evaluation | Completed |
| Subcommittees meet to: | | |
| Subcommittees to prepare draft Plan. | All | Ongoing |
| Open issues (may be an opportunity to meet with other subcommittees on potential joint collaborative matters, especially Needs Assessment). | Epidemiology | Ongoing |
| Continue to draft Plan for review at next meeting. | Needs Assessment | Ongoing |
| <ul style="list-style-type: none"> Continue to draft Plan for review at next meeting. Finalize DEBI grid | Interventions | Ongoing |
| Continue to draft Plan for review at next meeting. | Evaluation | Ongoing |
| Steering Committee Meets to: | | |
| Set agenda for next meeting. | | Completed |

August 2007 (2 days)

| Objective | Subcommittee | Comments |
|---|------------------------|--|
| 15 & 16 August | | |
| Day 1: Draft Plan Review | | CDC Project Officer to attend |
| YART Report | | Completed |
| Presentation of draft 2008 Plan | PPP/CPG | Completed |
| Subcommittees meet to review & discuss draft Plan | All | Completed |
| <i>Subcommittee co-chairs present to CPG comments on draft Plan</i> | Subcommittee co-chairs | Time will be provided for subcommittees to meet to revise/complete the Plan Update, as necessary. Revised Plan Update submitted to Pitt. |
| <i>Discussion of Nominations & Recruitment Process – Solicit volunteers for work group</i> | Ken/CPG | Completed |
| Presentation: Results of CPG Survey Part I, and CPG membership comparison to Epidemic in Jurisdiction | Evaluation | Completed |

| | | | |
|--|--|---|--------------------------------------|
| | Day 2: Presentations | | CDC Project Officer to attend |
| | Comments from CDC Project Officer and presentation and review of 2006 CDC Annual Progress Report & technical review | CDC PO Glenn Acham April Bankston | Completed |
| | <i>Project Updates: 1/1/07-6/30/07</i> | | |
| | <i>1. Unmet Needs Project</i> | Benjamin | Reschedule |
| | <i>2. Reprioritization of Target Populations</i> | | Reschedule |
| | <i>3. CTR Services (includes PPAs & Rapid testing)</i> | Aaron S. & Rob B.(DOH) | Reschedule |
| | <i>4. PCRS Services</i> | Aaron S. (DOH) | Reschedule |
| | <i>5. PaUDS – HE/RR Services</i> | Mack F. (PPP) | Completed |
| | <i>CPG motioned to change planning schedule to move Orientation to November and add 3rd Integrated Roundtable Review.</i> | | Approved |
| | Subcommittees meet to: | | |
| | Subcommittees meet to review & discuss draft Plan Update | All | Completed |
| | | Epidemiology | |
| | Agree on final Plan contents | Needs Assessment | |
| | Agree on final presentation of processed data and interpretation of data (Grid work) | Interventions | |
| | | Evaluation | |
| | <i>Develop work plan for 2008</i> | | <i>(time permitting)</i> |
| | Steering Committee meets to: | | |
| | Finalize Plan Update | | Completed |
| | Set agenda for September meeting. | | Completed |
| | Discuss concurrence process in September | | Completed |

***Plan and Application due to the CDC September 4**

September 2007 (1 day)

| Objective | Subcommittee | Comments |
|---|-------------------|--|
| 19 September | | |
| YART Executive Committee report meeting. | YART | YART Executive Committee Members to attend this meeting. |
| Review of draft CDC and State budget and CDC 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 | |
| Announcements: <ul style="list-style-type: none"> • Status report on CPG Process Monitoring for November • Status report on Orientation • Update on nomination and recruitment. | | |
| <i>Project Updates, if time permits:</i> <ol style="list-style-type: none"> 1. Unmet Needs Project 2. Reprioritization of Target Populations 3. CTR Services (includes PPAs & Rapid testing) 4. PCRS Services | | |
| <i>Subcommittees meet to:</i> | | |
| Review Plan Update and IPR. Discuss concurrence. | | |
| Steering Committee meets to: | | |
| Set agenda for November meeting. | | |
| Plan Orientation. | | |
| Update on Nominations & Recruitment. | | |

November 2007 (1 day)

| | Objective | Subcommittee | Comments |
|--|--|---------------------|-----------------|
| | 14 November | | |
| | Conduct new member Orientation (full day) | DOH, PPP & CPG | |
| | Conduct CPG Process Monitoring/focus groups (2 hours – 10-12) | Evaluation | By-the-Numbers |
| | | | |
| | CPG capacity building . . . <ol style="list-style-type: none"> 1. Department of Corrections 2. Prevention for Positives (CRCS pilot projects) 3. DEBIs 4. Project Updates; <ol style="list-style-type: none"> a. CTR b. PCRS c. Reprioritization d. Unmet Needs e. ? | | |
| | Subcommittees meet to: <ul style="list-style-type: none"> • complete review/revision of overall Work Plan for 07/08 Comprehensive Plan | All | |
| | | | |
| | Steering Committee Meets to: | | |
| | Review member attendance and termination of members not in compliance with Bylaws. | | |
| | Set agenda for next meeting. | | |
| | | | |

**INTEGRATED EPIDEMIOLOGIC PROFILE OF HIV/AIDS IN
PENNSYLVANIA 2004/2005 EDITION
(SECTION UPDATED IN 2007)**

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.

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

The Profile (for prevention and care) was completed as of January 2005 and replaces the previous Profile. It is attached in *Epidemiology Appendix 1* of this Plan Update application. The new profile is presented to the Committee (including new CPG members at orientation) each year in January and March prior to the prioritization process. The current profile is posted online at: <http://www.health.state.pa.us/hivepi-profile>. Detailed supplementary analyses on each major risk group (i.e. injection drug use (IDU), heterosexual contact, men who have sex with men (MSM), MSM-IDU, and perinatal transmission) are also presented to the CPG during the planning cycle's roundtable reviews during each year's planning cycle.

2. Profile Update Work in Progress

The 2004/5 Profile provides more comprehensive information about defined populations at high risk for HIV infection. Gaps in the data are identified for updates of the Profile and key updates are done semi-annually (see below). The CPG continues to update the prioritization process to refocus attention specifically to persons who are living with HIV and at risk of transmitting HIV to others, in addition to persons at high risk of acquiring HIV. The prioritization revision was completed by January 2007 and submitted to the full CPG in March 2007.

The Community Planning Group acknowledges that AIDS incidence and prevalence data as currently reported no longer accurately reflect the true impact of the HIV epidemic in Pennsylvania. The Commonwealth began HIV reporting in October 2002 and began HIV incidence and resistance surveillance in 2005-06. However, trends of data from new large-scale population-wide surveillance systems typically take 4-5 years of data points to stabilize due to reporting system development issues and reporting lags that are inherent in development of new surveillance systems. Hence these data will not be ready for use until 2008.

The current Integrated Epidemiologic Profile was based on AIDS cases diagnosed through December 31, 2003, reported through June 30, 2004 (to accommodate reporting delays), and was released in December 2004/January 2005. The next major update will be based on HIV reporting and incidence data (including AIDS cases) using data from cases

diagnosed through December 31, 2005, reported through June 30, 2007 (due to longer reporting delays of the new HIV reporting system). This major update of the Integrated Epidemiologic Profile will be available in early to mid-2008 for use during the 2008 planning year. In-between the major updates, interim abridged updates that are produced based on AIDS cases consist of the following supplements to the Integrated Epidemiologic profile: a) twice yearly publications of the HIV/AIDS Surveillance Biannual Summary along with the featured abstract series of incisive special analyses on key target populations; b) detailed regional and county-level AIDS prevalence and incidence mini-profiles published once every two years; and c) other special supplementary analyses that may be needed to support prioritization or other planning-related purposes.

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

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

The review begins with detailed input on the epidemiology of HIV highlighting each of the main transmission risk groups (*i.e.* injection drug use (IDU), heterosexual contact, men who have sex with men (MSM), MSM-IDU, and perinatal transmission) followed by input and discussion of each subcommittee's presentation of its response plans (and potential gaps in response plans) addressing the issues raised by Epidemiology input on each of the main risk groups, and finally closing with a full CPG roundtable review of each of the subcommittee's inputs. Gaps in response plans are noted as items to be addressed by each subcommittee in updates of its component of the prevention plan. A pre- and post-roundtable evaluation is conducted to examine the impact of the roundtable review on knowledge of response plans or gaps in response plans, and attitudes and perceptions of committee members regarding the prevention plan. Feedback on the results of the evaluation is discussed with the subcommittee and translated into action plans for the next roundtable review and for each subcommittee to follow-up. Further details of the roundtable review are presented in the planning cycle/timeline.

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

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

4.A. 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].

4.B. Update on Implementation of Guidance

Members of the Epidemiology Subcommittee are available to assist other CPG subcommittees 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.

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

This section presents the Young Adult Roundtable (YART) consensus statement on Epidemiology data that they consider necessary to facilitate planning for prevention of HIV among young adults. The subsection subtitled "Young Adult Roundtable Consensus Statement on Epidemiology Data Needs and Epidemiology Clarification(s) and/or Response Plan(s)" presents the statements of problems, goals and objectives identified by the YART. These statements are quoted verbatim from the YART consensus statement. Epidemiology Clarifications and/or Response Plans appear next to each objective. The consensus statement has not been changed since the previous update of the plan. (Note: Requests to the Needs Assessment subcommittee are noted in multiple Epidemiology Clarifications and/or Response Plans below and are being addressed. Responses will be included in the next major plan update in 2008.)

5.A. Consensus Statement Introduction

This Consensus Statement describes which statistics should be looked at when developing a view of HIV/AIDS infection among young people in Pennsylvania. Most of the information needed for accurate targeting of young people is not currently being collected in Pennsylvania. The Roundtables recognize this as a particularly severe problem and asks the question, "How can programs and interventions be effectively targeted if no epidemiologic data are available to support the targeting of these programs?" Effective HIV prevention programs for young people in Pennsylvania cannot be developed and targeted without accurate and sufficient epidemiologic data. Although we know that half of all new HIV infections in the U.S. are among individuals under the age of 25, and half of these are among individuals under the age of 22 we do not know HIV incidence and prevalence data for young people in Pennsylvania.

- What information (data) should be used to help paint the most accurate picture that reflects the HIV epidemic among *young people* (13-24 years of age) in Pennsylvania?

- How much of this information is already available? How much is not known? Why is this information not known? How should all of this information (data) be gathered from *young people*?

Epidemiology Clarifications and/or Response Plans

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

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

Interim Bridging Solution & Data Sources: In the meantime, a variety of data sources are currently being analyzed to provide indicators of HIV risk in the general population including adolescents and young adults, and most of these data are now available in the 2005 Integrated HIV Epidemiologic Profile, and are currently being updated for release in 2007. The data sources being utilized for these analyses include surrogate data on Sexually Transmitted Infections (STI), teenage pregnancy rates, abortions, etc. The 2005 Integrated HIV Epidemiologic Profile addresses some of the data needs raised by the YART and will be the basis for an update of the model for prioritization of target populations.

Behavioral Surveillance: In addition, the Department of Health's HIV Epidemiology Section and Division of Community Epidemiology in the Bureau of Epidemiology, have pursued proposals for reinstatement and application for CDC-funds for the youth risk behavioral surveillance (YRBS) by the Department of Education (which is the primary agency that CDC funds for these studies).

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

Bridging the gap of knowledge at the planning level regarding HIV Epidemiology work in progress: The Prevention Planning Committee was provided with an orientation that included ongoing HIV Epidemiology work during the 2007 planning year.

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

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

This subsection presents the Young Adult Roundtable (YART) consensus statements of problems, goals, and objectives identified by the YART quoted verbatim from the YART Consensus Statement along with Epidemiology Clarifications and/or Response Plans that appear next to each objective.

Problem #1: HIV incidence and prevalence among *young people* in PA is unknown.

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

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

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

Objective #2: HIV data should be used to establish target populations (and interventions) in Pennsylvania. Surrogate data suggests that young African Americans, young Latinos/Latinas, young men who have sex with men and young women are at a particularly high risk of HIV infection. HIV infection data should be used to support or disprove the current findings that suggest that these groups are at high risk. HIV reporting

(for *young people*) has only recently been implemented; therefore it is too early to draw any conclusions from this newly accumulated data. When sufficient data become available, it should be used to reevaluate target populations of *young people*.

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

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

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

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

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

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

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

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

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

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

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

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

Objective #2: Statistics regarding income, household size, geographic location, and religion should be collected. Again, this information would allow for proper targeting.

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

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

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

Epidemiology Clarification(s) and/or Response Plan(s): Departments of Education are the State partner agencies that CDC's Division of Adolescent and School Health (DASH) has designated to collaborate with on projects such as the Youth Risk Behavior Surveillance System as these surveys are aimed at a population best reached through the school systems. The YART has correctly identified this gap in critical information that is needed for planning prevention services for adolescents and young adults. Recommendations of data analyses or studies are to be submitted (using the "Guidance" and form referenced in Section 4 above) to the Epidemiology Subcommittee by November each year indicating what data each subcommittee needs for planning work during the following year. Upon receipt of the relevant data needs and study recommendations, the HIV Epidemiology Section has referred this request to the Department of Education through the Division of Community Epidemiology in the Department of Health. The YART is thus invited to submit any other relevant recommendations with the relevant information indicated on the recommendation form for review and follow-up with the Epidemiology Subcommittee and CPG during 2008.

Objective #2: Until sufficient HIV infection data among young people are available, surrogate data should be used to identify target populations. Useful statistics in determining the unprotected sexual behaviors of *young people* would be rates of Sexually Transmitted Infections (STIs), pregnancies, abortions, and emergency contraceptive use. Statistics that have yet to be collected include frequency of protected and unprotected anal, oral, and vaginal sex; the age of first sexual encounter; and the number of partners per year. Trends among behaviors of *young people* should be extracted from this information, aiding in the formation of interventions.

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

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

Epidemiology Clarification(s) and/or Response Plan(s): Data currently collected by the Department's HIV/AIDS Case reporting system include demographics, sex, geographic location and probable mode of transmission. The current Epidemiologic Profile already analyzes data on adolescents and young adults by demographics (age and race/ethnicity, sex, geographic location, and probable mode of transmission). This

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

6. 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

6 A. Updates of Comprehensive Needs Assessment (which includes 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.

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

List of Epidemiology Appendices
(2006/2007 Plan/Application Submission)

Epidemiology Appendix 1: 2004/2005 Integrated Epidemiologic Profile of HIV/AIDS in Pennsylvania; <http://www.health.state.pa.us/hivepi-profile>

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

PRIORITIZATION OF TARGET POPULATIONS (SECTION UPDATED IN 2007)

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

This section 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 risky behavior. The CPG acknowledges the CDC requirement to prioritize HIV-infected persons as the highest priority population. This requirement was introduced late in the 2003 plan year and the CPG was therefore unable to complete a new process for prioritizing target populations until 2004. In 2005, the CPG convened an ad hoc prioritization workgroup to work with the Department and a consultant team to refine and update the prioritization process. This workgroup continues to fine-tune the prioritization process for implementation in the next planning period. The CPG is addressing this CDC requirement as outlined in the framework of the revision of prioritization below.

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

1.A. Summary of the Methods for Application of the Model for Prioritization of Target Populations

Transmission categories and factors for ranking of transmission categories were established based on the main modes of transmission and races/ethnicities identified by the Epidemiologic Profile. Factors for prioritizing the target populations were determined according to their potential correlation with likelihood of new infections. The current prioritization model is summarized in the Epidemiologic Profile at <http://www.health.state.pa.us/hivepi-profile>, subsection 8.1. [Abstract/Summary of Current Prioritization Methods and Current Prioritization Model](#) and the factors used in the model are summarized below:

A) Factors related to transmission potential of probable mode of transmission:

- o Predominant mode/risk behavior

B) Factors indicative of incidence (likelihood of new infections) and prevalence of HIV

- o Estimated live HIV cases in transmission category as proportion of total living with HIV in Pennsylvania
- o 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 no decline in other contributing factors)

C) Factors that may impede or enhance access to prevention and care:

- o Barriers to prevention
- o Resources currently distributed to each target population

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

Data needed for each factor and target population were gathered if they existed, new data collection analyses were performed and made available, and data not readily available that needed to be collected were identified. Plans are continuously under review to collect the needed data.

- i.** The target population factors were assigned weights from 0-10, giving the most important or reliable greater weight, and the least important or reliable lesser weight.
- ii.** Categories within each factor were ranked and each factor assigned a relative weight compared to other factors in the model.
- iii.** The available data were inputted into the model and the rank for each factor was multiplied by the weight associated with the factor, resulting in a product score for that factor corresponding with the appropriate transmission category.
- iv.** The product for each factor by transmission category was then entered into the respective cell in the transmission category column.
- v.** The totals for each transmission category column were calculated. Based on the sum of the scores of the transmission category column, the percentages for each transmission category were calculated and entered.
- vi.** Each transmission category was stratified by race/ethnicity to establish population transmission categories. Each transmission category sum of scores was thus stratified by race/ethnicity according to the relative percentage of incident AIDS cases (diagnosed in more recent years, 1995-1997) in each transmission category by race/ethnicity.
- vii.** The population-transmission group cross-tabulation yielded population-transmission groups that were ranked according to the percentage share of the total score for all population-transmission groups.

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

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

| Rank | Relative % (Overall Score) | Population/ Transmission Group | Sex M=Male/F=Female Distribution | Age Group/ Miscellaneous | Geographic Distribution |
|------------------|----------------------------|--------------------------------|----------------------------------|--------------------------|-------------------------|
| TOTAL ALL GROUPS | 100% | ALL RISK GROUPS | ALL RISK GROUPS | ALL RISK GROUPS | ALL RISK AREAS |

NA*=Variable not applied in model

Perinatal transmission has been removed from the final distribution model for adults ranked 1-12. Prioritization for this mode of transmission may need to take into account the relative percent share of this mode of transmission in Table 1 as a set-aside and also consider the large amount of resources currently spent in the public (through a Ryan White initiative to eliminate perinatal transmission) and the private sector.

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

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

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

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

The specific project objectives are to develop a project plan and implement this plan to revise the prioritization model on aspects that include:

Introducing a mechanism within the revised plan/model for refocusing the main target population within each population-transmission group to firstly identify HIV infected persons most likely to transmit HIV to others and secondly uninfected populations most at risk of acquiring HIV infection. Introducing a mechanism within the revised

plan/model for changing the current statewide paradigm of one set of statewide priority target populations to include regional priority target populations that are more relevant to the epidemic in each region. In addition to the above-outlined primary/“macro prioritization”, the project will develop a mechanism to be used as a guideline for secondary/“micro prioritization” within each prioritized regional population-transmission group.

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

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

2.B. 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.

2.C. 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.

2.D. Summary of Recommendations

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

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

Prioritization Recommendations. After reviewing the prioritization team's report on other states' practices (see details in full report) on prioritization including subsequent consultations with the team, the Department recommends the adoption of a 4-step process to accomplish the objectives set out for prioritization of target populations for HIV prevention in Pennsylvania:

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

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

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

Step 4: Develop a statewide composite list based on the sums of the scores of the same target populations across regions, that is to show a statewide picture of the rank of each target population within each of the two main populations of a) HIV+ persons living with HIV and b) HIV- persons at risk of acquiring HIV infection at the statewide level.

The implications of this process are:

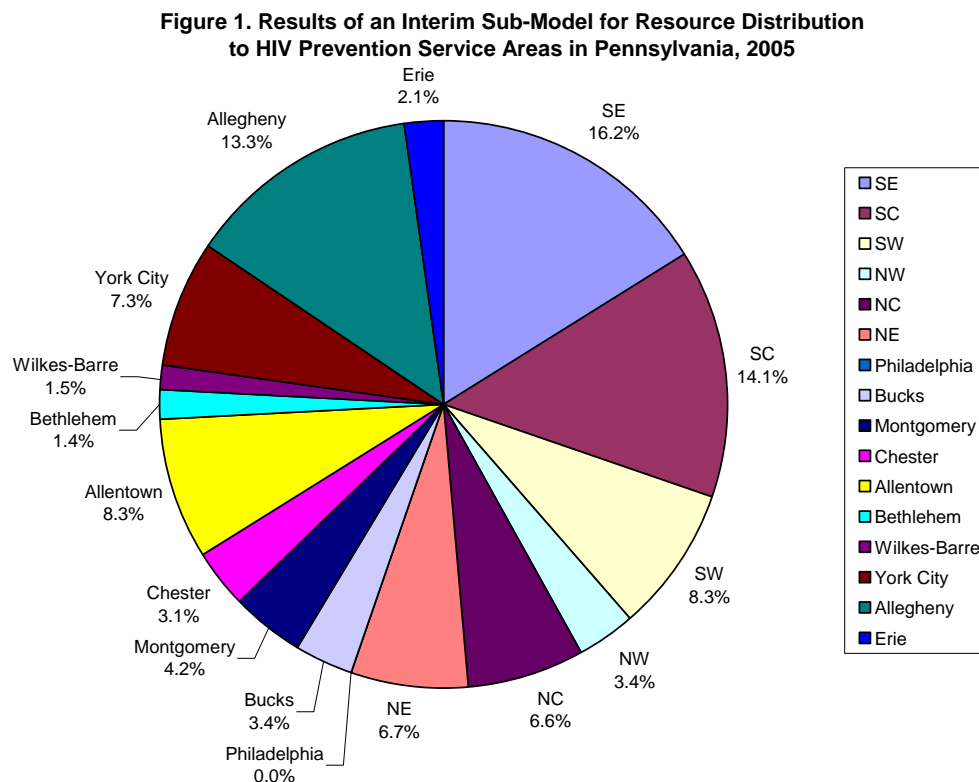
- The focus of prioritization is shifted to the regional/service area level where the actual prioritized target populations assume more meaning and have application. In each region, this method will generate two lists of priority populations in Pennsylvania: one for prevention among HIV-positives and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

2.E 2006 Progress Update on Refinement of Prioritization

Pursuant to the Community Planning Group's adoption of a regional prioritization framework along HIV prevention regions/service areas funded by the Department (ten County/municipal Health Departments and six Health District areas), the project is being

implemented in phases along the 4-Step process outlined earlier. An update of the progress of work on these phases/steps is as follows:

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



Steps 2 – 4: Work on development of the models for within-region and statewide composite priority ranking of target populations for HIV prevention (HIV+ and HIV-subpopulations and their respective subgroups) has reached advanced stages and is scheduled for completion by December 2007/January 2008. A timeline for completion of the balance of the work is outlined in the next section.

3. Timeline for Completion of Refinement of Prioritization

June - July 2005: CPG Review and Adoption of Proposed Framework;

August 2005 – December 2006: Completion of refinement of model, and reanalysis of available relevant data;

August 2007 CPG Review of Update on Prioritization

March 2008: CPG Review of update Prioritization and Consideration of Proposed Refined Model for Adoption;

March 2008 – July 2008: Alignment of Interventions with New Priority Target Populations

4. 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. An Integrated Epidemiologic Profile of HIV/AIDS in Pennsylvania has been developed, presented and reviewed with the CPG in 2004/005. The Integrated Epidemiologic Profile of HIV/AIDS in Pennsylvania identifies the thirteen-ranked/prioritized populations at high risk for HIV infection across the Commonwealth of Pennsylvania not including Philadelphia. These data will be utilized as input for the new prioritization model that is under development to target those individuals who are living with HIV and HIV negatives at risk of acquiring HIV infection.

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

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

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

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

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.

1. Needs Assessment

1. A. Needs Assessment Summary Report

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

1. B. History

When the Committee began in 1994 HIV prevention programs were generally providing information to groups upon request. Since then major strides have been made. The providers, the consumers, and the community now understand the need for targeting specific populations, culturally appropriate prevention, and science-based interventions. These changes have been nurtured by the Health Department's direction that the Pennsylvania Community HIV Prevention Plan (Plan) be used in designing all HIV prevention projects that they fund. This is having a major impact on who is reached and the quality of the programs reaching 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 to 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.

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 1995-96, 1999-02, and 2003-2004 the Committee designed large needs assessments.** These assessments involved over 160 groups and dozens of interviews of those at risk of infection, including Men who have Sex with Men (MSM), Injection Drug User (IDU), heterosexual partners, and African-American women over age 50. The groups were chosen to reflect the epidemic and reflected the racial, ethnic, age, sex, sexual orientation, and geographic location of people with AIDS in Pennsylvania. Groups that appeared to be on the growing edge of the epidemic were over-sampled and special efforts were made to include sub-populations in special need such as the physically and mentally challenged, transgender people, sex workers, recently incarcerated and others.

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

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

As stated above, extensive needs assessments were conducted among a number of at-risk populations between 1994 and 2007. The findings of these assessments have been previously reported. This report covers needs assessments of subgroups carried out since 2006.

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

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

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

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

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

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

1.C. Overall Purpose of Needs Assessments and Goals of Specific Projects

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

As stated above, the CPG has been responsible for identifying needs assessment strategies and, in consultation with the DOH, has been responsible for identifying populations to be assessed. The identification of populations has been generally based on a population's relative contribution to new HIV infections. More specifically, decisions were based on an:

- analysis of the Epidemiologic profile contained in the Plan
- the relative amount that was known about a particular population (populations for whom little is known may be prioritized)
- feedback from CPG members concerning their experiences and perceptions HIV remains a threat to the health and well being of a variety of individuals.

For example:

- After years of reductions in the transmission of HIV among Men who have Sex with Men (MSM,) studies have found increasing rates of HIV and other sexually transmitted infections (STDs) among this population
- In most areas, transmission rates among injection drug users (IDUs) remain high
- People of color remain disproportionately affected by HIV
- Half of all new HIV infections in the United States and, presumably, in Pennsylvania, are among young people under the age of twenty-five, with highest rates among young MSM and young people of color

- MSM, IDUs, and subgroups of heterosexuals in PA report that little HIV prevention exists that specifically targets these individuals

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

In 2006, at the direction of the CPG, Pennsylvania Prevention Project staff worked on the following projects:

1. Continued to work on a long-term collaborative effort with the Integrated Planning Council and Ryan White funded coalitions to conduct a study on the unmet needs of HIV positive men and women. Unmet needs include prevention resources. Thus far, discussion has focused on instrument design and sampling. Data collection will not occur for a few years at least.
2. 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.

1.D. Methods

- Literature Review: Databases, web sites, past needs assessments, and other data were searched to identify relevant themes, gaps in literature, and quality methods. Important issues and questions that needed to be assessed were identified.
- Identification of Sample: Not all subgroups of populations identified by the CPG could be included due to funding limitations. A steering committee of PPP staff, committee members and other PA experts made preliminary recommendations of subgroups for study based on relevant Epidemiological data, feedback from the CPG, and the literature review.
- Questions were developed and were based on: 1) needs of the CPG; 2) topics identified through the literature review; 3) past needs assessments; 4) discussions by the CPG; and 6) outside expert input.
- Identification of Methods: A panel consisting of the needs assessment sub-committee identified the most appropriate methods (e.g., key-informant interviews for more marginalized and thus harder to reach populations).
- Development of Budget: A detailed budget for the project was then developed.
- Institutional Review Board: Application was made to and approval received from the University of Pittsburgh's Institutional Review Board.
- Staffing and training: Individuals were identified based on their relationships with target populations and relevant skills to recruit participants, lead groups, or implement interviews. Training included purpose of the study, dynamics of each population, confidentiality, facilitation or interviewing skills, and, other issues.

- **Data Collection:** Focus groups and interviews were tape-recorded. Pilot groups and interviews were implemented. Staff of PPP reviewed the tape recordings of these pilot groups and interviews and provided feedback to the facilitators and interviewers.
- **Analysis of Data:** Three individuals listened to a cross-section of tapes and identified themes based on each theme's frequency, intensity, and level of consensus. Reliability was evaluated. A matrix system was utilized based on the work of Miles and Huberman (An Expanded Sourcebook: Qualitative Data Analysis, 1994). The lead reviewer then analyzed the remaining tapes to record the data based on the identified themes with a back-up reviewer listening to selected tapes to ensure high quality. Findings were then checked for validity in sessions with CPG members who were also representatives of the targeted populations.
- **Evaluation:** Participants, facilitators and interviewers completed written evaluations. Facilitators and PPP staff met to evaluate project. Data was presented to the CPG to have them provide feedback.

1.E. Summaries

MSM Prevention with Positives Update:

The purpose was to examine recent literature in order to examine MSM prevention issues.

- Declines in the number of AIDS cases connected to sexual contact among men who have sex with men (MSM) have been declining in PA (until 2001) but have been leveling off nationally.
- There are interventions that have been found to be effective in creating behavioral change within general populations of men who have sex with men.
- However, barriers exist that prevent larger populations of MSM to benefit from these interventions.

Conclusions

- Prevention messages must become more sophisticated in order to target people who have already been exposed to previous HIV messages.
- Men know about condoms and HIV and seek to find alternatives that don't involve condoms but are perceived to be less risky (e.g. sero-sorting).
- Substance Use among MSM is still an issue.
- Internet as an important resource (for finding partners and providing prevention messages)
- Structural issues continue to limit prevention resources.
- Racism, socioeconomic status (SES) issues, geographic issues, and homophobia isolates people.
- Prevention services need to move more into other arenas (hospitals, health care facilities, etc.)
- Need studies that examine MSM populations in more detail to see how prevention resources are being utilized.

Women who have sex with women (Question from CPG member):

- A CPB member asked the needs assessment committee to examine the issue of female to female HIV transmission.

- Studies have found that transmission from woman to woman to be of low probability.
- Women who have Sex with Women (WSW) primary risks for HIV infection include sex with men and IVDU.

The committee will be working with the Integrated Planning Council and seven Ryan White HIV/AIDS Regional Planning Coalitions to conduct a study on the unmet needs of HIV positive men and women.

- A database of measures to be used for a subsequent study was created by PPP and DOH staff.
- Barb Folb (research librarian) was contracted to identify relevant literature identifying the needs as it relates to people with HIV. 1362 abstracts were identified.
- A registry is in development that will identify HIV programs (clinical, prevention, and other services) within the state.
- Information collected by both DOH and PPP will be placed within a database.
- Provide incentives for organizations to register.
- Aid in identifying unmet needs and to serve as a sampling frame for a larger study.

Youth Empowerment Project Report:

Data from Youth Empowerment Project report and results from a paper generated from the data was reported to the committee.

- Data was collected over a 6-month period (in 2003) from various events and venues (bars, clubs, college dormitories, streets and social settings) in the Pittsburgh area,
- YEP outreach staff informed young people about the study using signs and conversation.
- The survey was a 4-page, anonymous questionnaire and took approximately 10-20 minutes to complete.
- Participants returned the questionnaire to the staff person, and received a five (\$5) dollar incentive.
- 580 Respondents: Age Range (14-24) Age Mean 18.5 years

Conclusion

- A large majority of young people didn't know anyone living with HIV/AIDS.
- Overall, 17% of youth were found to be at high/some risk for HIV infection, while many of them agreed they were not at-risk for HIV.
- Young MSM reported being afraid of testing HIV positive.
- Young people continue to engage in high-risk behaviors and avoid HIV testing, and efforts are needed to identify these youth and equip them with the resources they need to avoid infection.

Conduct focus groups or surveys with parents about the HIV prevention needs of their children: Still ongoing. On hold until research assistant position is filled.

2. 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.

- Reporting on current literature concerning prevention activities with HIV positive incarcerated men and women and issues regarding their partners.
- Developing a relationship with GAPCAB (Greater Alliance of Pennsylvania Consumer Advisory Body) in order to communicate the needs of HIV positive men and women.
- Incorporating issues of faith and the role of faith-based organizations within HIV prevention activities when appropriate.
- Conducting focus groups with parents about the HIV prevention needs of their children. (moved from previous year).
- Utilizing existing datasets to inform committee of counseling and testing activity.

Recommendations:

Ask the Intervention Subcommittee to:

- Examine the HIV interventions being conducted for incarcerated people, especially those who are receiving care for HIV.
- Look into educational resources for faith-based organizations and how they respond to people living with HIV.
- Look into the issue of heterosexual bias within HIV prevention programs and how that may impact lesbians and other nonheterosexual women accessing those services.

3. Pennsylvania Young Adult Roundtables

Overview and Philosophy:

The Pennsylvania Young Adult Roundtable project is a needs assessment process to 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 group include providing HIV/AIDS education/sensitivity and linking youth with local HIV prevention activities. University of Pittsburgh staff facilitates the meetings, listens to Roundtable members, and does not make any judgments about them or their discussed behaviors. Roundtable members are considered the experts, as they have the opinions and recommendations needed in statewide HIV prevention planning.

Needs Assessment Data:

Each of the current 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 young people.

In the fall of 2006, Roundtable members spent a significant amount of time exploring HIV counseling and testing and barriers to prevention programs. Each Roundtable had a guest speaker from a local counseling and testing facility. After hearing from the guest speaker, members discussed what barriers exist that prevent youth from getting tested. Members also identified perceptions of local agencies and their level of youth-friendliness. In November, Roundtable members discussed recruitment strategies for 2007 and reviewed the intent behind recruitment procedures. Members also strategize as to how to form new Roundtables and expand recruitment campaigns to reach populations that are particularly affected by the epidemic but are not represented in the Roundtables. In April 2007, upon request by the Director of the Bureau of Communicable Diseases, members reviewed a video entitled, “Martin Ssempe: A Passionate Voice in the Global Fight Against HIV/AIDS,” which inspired a discussion of the experiences members had with abstinence-only education. Subsequently, in May, Executive Committee members re-reviewed the video, examined the responses collected from all groups, and presented the findings.

HIV Prevention Discussion

In February, April and September 2006, Roundtable members participated in discussions about reasons for infection and beliefs/behaviors regarding using protection. Members responded to the following questions:

- Why do you think young people are still becoming infected with HIV and other STDs?
- When you hear people talking about the “use of protection” in preventing HIV, what does that mean to you?
- What have you heard about condoms? Who did you hear these things from?
- What is the purpose of a condom?
- How effective do you think condoms are in preventing the spread of HIV?
- The CDC reports that HIV is of the deadliest sexually transmitted diseases. They also indicated, “Latex condoms, when used consistently and correctly, are highly effective in preventing transmission of HIV, the virus that causes AIDS.” What does this statement mean to you?

- We know that a lot of young people do not use condoms consistently when they are having sex. Why do you think they are not using condoms?
- How can consistent and correct use of latex condoms by young people be more effectively promoted?
- Where do you or your friends get condoms?
- Have you or your friends ever tried to get condoms, but were told you couldn't have them? Why were you told you couldn't have them? Who told you this? Where? Why do you think they told you this?
- How did you learn to use a condom?

Responses were collected, and numerical values after statements indicated the number of Roundtables that reported similar items. Then, members reviewed the accumulated answers and categorized them according to theme. The results of the discussion were presented to the CPG.

Action Plan for Website

In late 2006 and spring 2007, Roundtable members continued concretizing a plan to update and revamp the YART website. Members discussed the purpose of the site, essential components, potential content and methods of implementation. Volunteers from each Roundtable will convene in Pittsburgh in October 2007 to make final determinations and receive technical support from University of Pittsburgh staff.

United States Conference on AIDS (USCA) 2007

In May 2007, Roundtable Executive Committee members began exploring submitting an abstract on the Roundtable process as a model for effectively involving youth in HIV prevention community planning for a workshop at USCA 2007. The discussion focused on barriers/challenges and solutions/overall lessons learned. The three main barriers identified were accurate and effective recruitment, retention of participants, and representation of each group at the state level. These barriers were seen as being related to inconsistent representation at prevention planning groups and Executive Committee summits; deviation from established group processes; meeting space logistics; appropriate targeting; burn-out and frustration among youth associated with perceptions that youth risk behaviors are not declining; participant turnover associated with youth transience; difficulties with communication between meetings; struggles in developing at-risk groups such as sex-working youth, incarcerated youth, HIV-positive youth, and intravenous drug-using youth due to the organized structure of the Young Adult Roundtables model; and problems with recruiting hard-to-reach populations, such as Latino young men who have sex with men (YMSM) and rural YMSM. Youth-driven solutions to these barriers have historically included the development of leadership skills as a byproduct of representing one's population at the state level; strong emphasis on confidentiality and peer reinforcement of ground rules; peer-based, targeted recruitment; development of interpersonal skills by collaborating with youth from different social networks; importance of youth-adult partnerships and mentoring; and continual, internal group assessments and process evaluations. An abstract was submitted and accepted for presentation at the November conference.

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:

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

4. 2006—2007 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 was used to indicate the actual target populations served and interventions provided to each target population. This process monitoring data is

available from only the Department's CDC-funded and state-funded contractors and subcontractors.

- Where process-monitoring data is 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.A. 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 Care 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. For this year's update, the Intervention Subcommittee unanimously agreed to include the addresses, phone numbers and websites of all the organizations and agencies to create a more functional Resource Inventory.

AIDNET Region

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

Key—IDU-injection drug user; MSM-Men who have Sex with Men; MSM/IDU Men who have Sex with Men who are Injection Drug Users

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

* 2000 US Census Data

| PROVIDER | PREVENTION SERVICES | TARGET POPULATION (S) |
|---|--|---|
| <p>Leesport, PA 19533</p> <p>610.208.4800</p> <p>www.co.berks.pa.us</p> | <p>Partner Counseling and Referral Services (PCRS)</p> | <p>White Heterosexual</p> <p>Black IDU</p> <p>Hispanic IDU</p> <p>White IDU</p> <p>Black MSM</p> <p>Hispanic MSM</p> <p>White MSM</p> |
| <p>Berks County State Health Center HIV Clinic</p> <p>Reading State Building</p> <p>625 Cherry Street</p> <p>Room 442</p> <p>Reading, PA 19602</p> <p>610.378.4377</p> | <p>Counseling, Testing and Referral Services, (CTR)</p> <p>Partner Counseling and Referral Services (PCRS),</p> <p>Individual Level Intervention (ILI),</p> <p>Outreach,</p> <p>Health</p> <p>Communication/Public Information (HC/PI)</p> | <p>General Public</p> |
| <p>Berks County State Health Center Tuberculosis Clinic</p> <p>Reading State Building</p> <p>625 Cherry Street</p> <p>Room 442</p> <p>Reading, PA 19602</p> <p>610.378.4377</p> | <p>Counseling, Testing and Referral Services (CTR)</p> | <p>Black Heterosexual</p> <p>Hispanic Heterosexual</p> <p>White Heterosexual</p> <p>Emerging Risk Groups – Homeless</p> |
| <p>Blue Mountain House of Hope</p> <p>PO Box 67</p> <p>Kempton, PA 19529</p> | <p>Counseling, Testing and Referral Services (CTR)</p> | <p>General Public</p> |
| <p>Caron Adolescent Treatment Center</p> <p>17 Camp Road</p> <p>Wernersville, PA 19565</p> <p>800.678.2332</p> <p>www.caron.org</p> | <p>Counseling, Testing and Referral Services (CTR),</p> <p>Individual Level Intervention (ILI)</p> | <p>Black Heterosexual</p> <p>White Heterosexual</p> <p>Black IDU</p> <p>White IDU</p> <p>Emerging Risk Group – Youth</p> |
| <p>Caron Inpatient</p> <p>Galen Hall, Box A</p> <p>Wernersville, PA 19565</p> <p>800.678.2332</p> <p>www.caron.org</p> | <p>Counseling, Testing and Referral Services (CTR),</p> <p>Individual Level Intervention (ILI)</p> | <p>Black Heterosexual</p> <p>White Heterosexual</p> <p>Black IDU</p> <p>White IDU</p> |
| <p>Caron Outpatient</p> <p>17 Camp Road</p> <p>Wernersville, PA 19565</p> | <p>Counseling, Testing and Referral Services (CTR),</p> <p>Individual Level</p> | <p>Black Heterosexual</p> <p>White Heterosexual</p> <p>Black IDU</p> |

| PROVIDER | PREVENTION SERVICES | TARGET POPULATION (S) |
|---|--|--|
| 800.678.2332 www.caron.org | Intervention (ILI) | White IDU |
| 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) | Black Heterosexual Hispanic Heterosexual White Heterosexual Black IDU Hispanic IDU White IDU |
| Children’s Home of Reading 1010 Centre Avenue Reading, PA 19601 610.478.8266 www.childrensofreading.org | Counseling, Testing and Referral Services (CTR), Individual Level Intervention (ILI) | Black Heterosexual Hispanic Heterosexual White Heterosexual Black IDU Hispanic IDU White IDU 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) | Black Heterosexual White Heterosexual Black IDU White IDU |
| Council of Spanish Speaking Organizations of the Lehigh Valley (CSSOLV) 520 East Fourth Street Bethlehem, PA 18015 610.686.7800 | Counseling, Testing and Referral Services (CTR) | Hispanic Heterosexual Hispanic IDU Hispanic MSM |
| Drug and Alcohol Center | Counseling, Testing and Referral Services (CTR), Individual Level Intervention (ILI) | Black Heterosexual White Heterosexual Black IDU White IDU |
| Kutztown University PO Box 730 Kutztown, PA 19530 610.683.4000 www.kutztown.edu | Counseling, Testing and Referral Services (CTR) | Black Heterosexual White Heterosexual Black MSM White MSM Emerging Risk Group – Youth |

| PROVIDER | PREVENTION SERVICES | TARGET POPULATION (S) |
|---|---|---|
| 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) | Hispanic Heterosexual Black IDU Hispanic IDU White IDU Hispanic MSM |
| New Directions Treatment Services (methadone) 1810 Steelstone Road Allentown, PA 18109 610.478.7164 | Counseling, Testing and Referral Services (CTR), Individual Level Intervention (ILI) | Black IDU Hispanic IDU White 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) | Black Heterosexual Hispanic Heterosexual White Heterosexual Black IDU Hispanic IDU White IDU |
| Planned Parenthood of Northeast Pennsylvania 48 South Fourth Street Reading, PA 19602 610.376.8061 www.ppnep.org | Counseling, Testing and Referral Services (CTR) | Black Heterosexual Hispanic Heterosexual White Heterosexual |
| Rainbow Home of Berks County Wernersville State Hospital PO Box 300 Wernersville, PA 19565 610.678.6172 www.rainbowhome.org | Counseling, Testing and Referral Services (CTR), Individual Level Intervention (ILI), Health Communication/Public Information (HC/PI) | HIV+ |
| Red Cross Hispanic Mobile Unit 429 Walnut Street Reading, PA 19601 610.375.6523 www.berks.redcross.org | Counseling, Testing and Referral Services (CTR), Outreach | Hispanic Heterosexual Hispanic IDU Hispanic MSM |
| St. Joseph’s Medical Center 215 North Twelfth Street Reading, PA 19603 | Counseling, Testing and Referral Services (CTR), Outreach, Health | General Public |

| PROVIDER | PREVENTION SERVICES | TARGET POPULATION (S) |
|---|--|--|
| 610.378.2000 www.sjmcberks.org | Communication/Public Information (HC/PI) | |
| Teen Challenge PO Box 98 Rehrersburg, PA 19550 717.933.4181 | Counseling, Testing and Referral Services (CTR) | General Public |
| <u>CARBON COUNTY</u> | | |
| American Red Cross of the Lehigh Valley 2200 Avenue A Bethlehem, PA 18017 610.865.4400 www.redcrosslv.org | Other | General Public |
| Carbon County Correctional Facility Route 93 and Broad Street PO Box 69 Nesquehoning, PA 18240 717.325.2211 | Counseling, Testing and Referral Services (CTR), Partner Counseling and Referral Services (PCRS), Individual Level Intervention (ILI), Health Communication/Public Information (HC/PI) | Black Heterosexual White Heterosexual Black IDU White IDU Black MSM White MSM |
| Carbon County State Health Center HIV Clinic 616 North Street Jim Thorpe, PA 18229 570.325.6106 | 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 |
| Carbon County State Health Center Tuberculosis Clinic 616 North Street Jim Thorpe, PA 18229 570.325.6106 | Counseling, Testing and Referral Services (CTR) | Black Heterosexual White Heterosexual Emerging Risk Group – Homeless |
| Carbon/Monroe/Pike Drug and Alcohol Commission (PHAST) (Pocono HIV/AIDS Support Team) | Counseling, Testing and Referral Services (CTR), Partner Counseling and Referral Services (PCRS), | Black Heterosexual White Heterosexual Black IDU White IDU |

| PROVIDER | PREVENTION SERVICES | TARGET POPULATION (S) |
|--|---|---|
| 128 South First Street Lehighon, PA 18235 610.377.5177 www.cmpda.cog.pa.us | Individual Level Intervention (ILI), Group Level Intervention (GLI), Outreach, Health Communication/Public Information (HC/PI) | White MSM |
| Youth Forestry Camp #2 Hickory Run State Park White Haven, PA 18661 570.443.9524 www.dpw.state.pa.us | Counseling, Testing and Referral Services (CTR), Partner Counseling and Referral Services (PCRS), Individual Level Intervention (ILI), Health Communication/Public Information (HC/PI) | Black Heterosexual White Heterosexual Black IDU White IDU Emerging Risk Group – Youth |
| <u>LEHIGH COUNTY</u> | | |
| AIDS Activity Office Lehigh Valley Hospital 17 th and Chew Streets 6 th 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 Counseling and Referral Services (PCRS), Group Level Intervention (GLI), Health Communication/Public Information (HC/PI) DEBI Interventions: Popular Opinion Leader (POL) with MSM VOICES/VOCES with MSM and IDU VOICES/VOCES at prisons VOICES/VOCES at colleges | HIV+ Black Heterosexual Hispanic Heterosexual White Heterosexual Black IDU White IDU |
| Allentown Health Bureau HIV | Counseling, Testing and | General Public |

| PROVIDER | PREVENTION SERVICES | TARGET POPULATION (S) |
|--|--|---|
| Clinic Alliance Hall 245 North Sixth Street Allentown, PA 18102 610.437.7760 www.allentownpa.org | Referral Services (CTR), Individual Level Intervention (ILI), Outreach, Health Communication/Public Information (HC/PI) | |
| 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) | Black Heterosexual Hispanic Heterosexual White Heterosexual MSM 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) | Black Heterosexual Hispanic Heterosexual White Heterosexual MSM General Public Emerging Risk Group – Homeless |
| Allentown Medical Services 2200 Hamilton Street, Suite 200 Allentown, PA 18104 610.782.0573 | Counseling, Testing and Referral Services (CTR) | General Public |
| American Red Cross of the Greater Lehigh Valley 2200 Avenue A Bethlehem, PA 18017 610.865.4400 www.redcrosslv.org | Health Communication/Public Information (HC/PI) | General Public |
| Keystone Rural Health Center – Keystone Family Practice 820 Fifth Avenue Chambersburg, PA 717.263.4313 www.keystonehealth.org | Individual Level Intervention (ILI), Group Level Intervention (GLI), Outreach | Hispanic Heterosexual |
| Latinos for Healthy Communities – New Directions Treatment Services | Counseling, Testing and Referral Services (CTR), Individual Level | Hispanic Heterosexual Hispanic IDU Hispanic MSM |

| PROVIDER | PREVENTION SERVICES | TARGET POPULATION (S) |
|--|--|---|
| 716 Chew Street Allentown, PA 18012 610.434.6890 | Intervention (ILI) | |
| Lehigh County Conference of Churches, Wellness Center 534 Chew Street Allentown, PA 18102 610.433.6421 www.lcconchurch.org | Counseling, Testing and Referral Services (CTR) | General Public |
| Lehigh County Prison 38 North Fourth Street Allentown, PA 18102 610.782.3270 www.lehighcounty.org | Counseling, Testing and Referral Services (CTR), Partner Counseling and Referral Services (PCRS), Individual Level Intervention (ILI), Health Communication/Public Information (HC/PI) | Black Heterosexual Hispanic Heterosexual White Heterosexual Black IDU Hispanic IDU White IDU Black MSM Hispanic MSM White MSM |
| 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 Counseling and Referral Services (PCRS), 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) | Black Heterosexual Hispanic Heterosexual White 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) | Black Heterosexual White Heterosexual Emerging Risk Group – Homeless |
| New Directions Treatment | Counseling, Testing and | Black IDU |

| PROVIDER | PREVENTION SERVICES | TARGET POPULATION (S) |
|--|--|--|
| Services 716 Chew Street Allentown, PA 18102 610.434.6890 | Referral Services (CTR), Individual Level Intervention (ILI), Group Level Intervention (GLI), Outreach DEBI Interventions: Community PROMISE VOCES/VOICES | Hispanic IDU White IDU Black Heterosexual Hispanic Heterosexual White Heterosexual Black MSM/IDU Hispanic MSM/IDU White MSM/IDU Perinatal |
| Planned Parenthood of Northeast PA 2901 Hamilton Boulevard Allentown, PA 18103 610.439.1033 www.ppnep.org | Counseling, Testing and Referral Services (CTR), Individual Level Intervention (ILI), Outreach, Health Communication/Public Information (HC/PI) | General Public |
| The Caring Place – Family Health Program 931 Hamilton Street 4 th 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) | Black Heterosexual Hispanic Heterosexual White Heterosexual Black IDU Hispanic IDU White IDU Partners of IDU Black MSM Hispanic MSM White MSM Incarcerated General Public Emerging Risk Groups – Youth, Women |
| MONROE COUNTY | | |
| American Red Cross – Monroe County Chapter 322 Park Avenue Stroudsburg, PA 18360 570.476.3800 | Health Communication/Public Information (HC/PI), Other | General Public |

| PROVIDER | PREVENTION SERVICES | TARGET POPULATION (S) |
|--|--|--|
| www.arcofmonroecounty.com | | |
| Carbon/Monroe/Pike Drug and Alcohol Commission (PHAST) (Pocono HIV/AIDS Support Team) 724A Phillips Street Stroudsburg, PA 18360 570.421.1960 www.cmpda.cog.pa.us | Counseling, Testing and Referral Services (CTR), Partner Counseling and Referral Services (PCRS), Individual Level Intervention (ILI), Group Level Intervention (GLI), Outreach, Health Communication/Public Information (HC/PI) | Black Heterosexual White Heterosexual Black IDU White IDU White MSM |
| Monroe County Prison 4250 Manor Drive Stroudsburg, PA 18360 717.992.3232 | Counseling, Testing and Referral Services (CTR), Partner Counseling and Referral Services (PCRS) | Black Heterosexual White Heterosexual Black IDU White IDU Black MSM White MSM |
| Monroe County State Health Center HIV Clinic RR 2 Box 2003 Stroudsburg, PA 18360 570.424.3020 | 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 |
| Monroe County State Health Center Tuberculosis Clinic RR 2 Box 2003 Stroudsburg, PA 18360 570.424.3020 | Counseling, Testing and Referral Services (CTR) | Black Heterosexual White Heterosexual Emerging Risk Group – Homeless |
| Planned Parenthood of Northeast Pennsylvania 28 North Seventh Street Stroudsburg, PA 18360 570.424.8306 www.ppnep.org | Counseling, Testing and Referral Services (CTR), Individual Level Intervention (ILI), Outreach, Health Communication/Public Information (HC/PI) | Black Heterosexual White Heterosexual |
| Rainbow Mountain 210 Mount Nebo Road | Counseling, Testing and Referral Services (CTR) | General Public |

| PROVIDER | PREVENTION SERVICES | TARGET POPULATION (S) |
|---|---|---|
| East Stroudsburg, PA 18301 | | |
| <u>NORTHAMPTON COUNTY</u> | | |
| 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+ Black Heterosexual Hispanic Heterosexual White Heterosexual Black IDU Hispanic IDU White IDU Black MSM Hispanic MSM White MSM |
| 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 Counseling and Referral Services (PCRS) 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) | Black Heterosexual Hispanic Heterosexual White Heterosexual |
| Bethlehem City Health Bureau - Tuberculosis Clinic | Counseling, Testing and Referral Services (CTR) | Black Heterosexual Hispanic Heterosexual |

| PROVIDER | PREVENTION SERVICES | TARGET POPULATION (S) |
|--|---|--|
| 10 East Church Street Bethlehem, PA 18018 610.865.7087 www.bethlehem-pa.gov | | White Heterosexual Emerging Risk Group – Homeless |
| CADA 502 East 4 th Street Bethlehem, PA 18015 610.434.6890 | Counseling, Testing and Referral Services (CTR) | General Public |
| Casa Refugio 1436 East 5 th Street Bethlehem, PA 18015 610.865.7058 | Counseling, Testing and Referral Services (CTR) | General Public |
| Community Care Center 111 North 4 th Street Easton, PA 18042 610.253.9868 | Counseling, Testing and Referral Services (CTR) | Black Heterosexual Hispanic Heterosexual White 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 | Black Heterosexual Hispanic Heterosexual White Heterosexual Black IDU Hispanic IDU White IDU Black MSM Hispanic MSM White MSM Black MSM/IDU Hispanic MSM/IDU White MSM/IDU Perinatal |
| Easton Hospital 250 South 21 st Street Easton, PA 610.253.1460 www.easton-hospital.com | Counseling, Testing and Referral Services (CTR), Individual Level Intervention (ILI) | Black Heterosexual Hispanic Heterosexual |
| Hogar Crea Freemanburg Men 1920 East Market Street Bethlehem, PA 18017 | Counseling, Testing and Referral Services (CTR) | General Public |

| PROVIDER | PREVENTION SERVICES | TARGET POPULATION (S) |
|--|--|--|
| Women 1409 Pembroke Road Bethlehem, PA 18017 610.865.7058 | | |
| 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 Heterosexual Hispanic IDU Hispanic MSM |
| Latino Outreach Program and Wellness Center 502 East Fourth Street Bethlehem, PA 18015 610.868.7800 | Counseling, Testing and Referral Services (CTR) | Hispanic Heterosexual |
| Marvine Family Center 1400 Lebanon Street Bethlehem, PA 18017 610.868.7126 | Counseling, Testing and Referral Services (CTR) | General Public |
| North Juvenile Detention Center 650 Ferry Street Easton, PA 18042 610.865.7058 | Counseling, Testing and Referral Services (CTR) | General Public |
| Northampton County Jail 666 Walnut Street Easton, PA 18042 610.559.3233 | Counseling, Testing and Referral Services (CTR), Partner Counseling and Referral Services (PCRS), Individual Level Intervention (ILI), Health Communication/Public Information (HC/PI) | Black Heterosexual White Heterosexual Black IDU White IDU Black MSM White MSM |
| 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 | Counseling, Testing and | General Public |

| PROVIDER | PREVENTION SERVICES | TARGET POPULATION (S) |
|---|---|---|
| Health Center HIV Clinic 1600 Northampton Street Easton, PA 18042 610.250.1825 | Referral Services (CTR), Partner Counseling and Referral Services (PCRS), Individual Level Intervention (ILI), Outreach, Health Communication/Public Information (HC/PI) | |
| Northampton County State Health Center Tuberculosis Clinic 1600 Northampton Street Easton, PA 18042 610.250.1825 | Counseling, Testing and Referral Services (CTR) | Black Heterosexual White 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) | Black Heterosexual Hispanic Heterosexual White Heterosexual General Public |
| Recovery Revolutions, Inc. 26 Market Street Bangor, PA 18013 610.599.7700 | Counseling, Testing and Referral Services (CTR) | General Public |
| Riverside CARE 44 East Broad Street Bethlehem, PA 18108 158 South 3 rd Street Easton, PA 18042 610.865.7058 | Counseling, Testing and Referral Services (CTR) | General Public |
| Safe Harbor Homeless Shelter – Easton 536 Bushkill Drive Easton, PA 610.865.7058 | Counseling, Testing and Referral Services (CTR) | Black IDU Hispanic IDU White IDU Emerging Risk Group – Homeless |
| St. Luke’s Women’s Health Centers 801 Ostrum Street East Wing 3 Bethlehem, PA 18015 | Counseling, Testing and Referral Services (CTR), Individual Level Intervention (ILI), Health Communication/Public Information (HC/PI) | Perinatal |

| PROVIDER | PREVENTION SERVICES | TARGET POPULATION (S) |
|--|---|--|
| 610.954.4761 414/416 Northampton Street Easton, PA 18042 610.559.2175 www.slhn.lehighvalley.org | | |
| The Program for Women and Children 1030 Walnut Street Allentown, PA 18012 610.433.6556 | Group Level Intervention (GLI) | Black Heterosexual Hispanic Heterosexual White Heterosexual Black IDU Hispanic IDU White IDU Partners of IDU Black MSM Hispanic MSM White MSM Incarcerated |
| Third Street Alliance 41 North 3 rd Street Easton, PA 18045 610.434.6890 | Counseling, Testing and Referral Services (CTR) | General Public |
| Victory House 314 Fillmore Street Bethlehem, PA 18015 610.434.6890 | Counseling, Testing and Referral Services (CTR) | General Public |
| Weaversville Juvenile Intensive Treatment Unit 6710 Weaversville Road Northampton, PA 18067 610.865.7087 | Counseling, Testing and Referral Services (CTR) | General Public |
| SCHUYLKILL COUNTY | | |
| American Red Cross – Schuylkill and Eastern Northumberland Counties 1402 Laurel Boulevard Pottsville, PA 17901 570.622.9550 www.infionline.net | Other | General Public |
| Berks AIDS Network 429 Walnut Street | Individual Level Intervention (ILI), Group | HIV+ Heterosexual |

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

The North Central Region

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

Key—IDU-injection drug user; MSM-Men who have Sex with Men; MSM/IDU Men who have Sex with Men who are Injection Drug Users

| PROVIDER | PREVENTION SERVICES | TARGET POPULATION (S) |
|---|--|--|
| <u>BRADFORD COUNTY</u> | | |
| Bradford County Prison 109 Pine Street Towanda, PA 18848 717.265.8151 | Counseling, Testing and Referral Services (CTR), Partner Counseling and Referral Services (PCRS), Individual Level Intervention (ILI), Health Communication/Public Information (HC/PI) | Black Heterosexual White Heterosexual Black IDU White IDU Black MSM White MSM |
| 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 Counseling and Referral Services (PCRS), Individual Level Intervention (ILI), Outreach, Health Communication/Public Information (HC/PI) | White 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) | White Heterosexual White IDU 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) | White Heterosexual |
| HIV/AIDS Support Network Robert Packard Hospital 96 Hayden Street Sayre, PA 18840 | Individual Level Intervention (ILI), Group Level Intervention (GLI), Health | White Heterosexual White IDU White MSM 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 |
| <u>CENTRE COUNTY</u> | | |
| 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 Counseling and Referral Services (PCRS) | Black Heterosexual White Heterosexual Black IDU White IDU Black MSM White MSM |
| 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 Counseling and Referral Services (PCRS), 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) | Black Heterosexual White Heterosexual |
| Centre County Youth Service Bureau 410 South Fraser Street State College, PA 16801 814.237.5731 www.ccsyb.com | Individual Level Intervention (ILI) | Emerging Risk Group – Youth |

| PROVIDER | PREVENTION SERVICES | TARGET POPULATION (S) |
|---|--|---|
| Centre Volunteers in Medicine (CVIM) 251 Easterly Parkway Suite 102 State College, PA 16801 814.231.4843 web.cvim.net | Counseling, Testing and Referral Services (CTR) | General Public (uninsured) |
| 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) | Black MSM White MSM Hispanic 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) | Black Heterosexual White 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) | Black Heterosexual White Heterosexual |
| State College Medical Services | Counseling, Testing and Referral Services (CTR) | Black Heterosexual White 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 | Counseling, Testing and Referral Services (CTR), Health Communication/Public Information (HC/PI) | White Heterosexual General Public |

| PROVIDER | PREVENTION SERVICES | TARGET POPULATION (S) |
|--|---|--|
| Huntingdon, PA 16652 814.355.2762 (Bellefonte) 814.643.5364 (Huntingdon) www.tapestryofhealth.org | | |
| The AIDS Project of Centre County 315 South Allen Street State College, PA 16801 200 East Presque Isle Street 6 th Floor Philipsburg, PA 16866 814.234.7087 (State College) 814.342.6992 (Philipsburg) | 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+ White MSM White IDU General Public Perinatal Emerging Risk Group – Youth |
| <u>CLINTON COUNTY</u> | | |
| Campbell Street Family, Youth and Community Association 600 Campbell Street Williamsport, PA 17701 570.322.5515 | Individual Level Intervention (ILI), Group Level Intervention (GLI) | White Heterosexual White IDU 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) | Black Heterosexual White Heterosexual |
| Clinton County Prison PO Box 419 McElhattan, PA 17748 717.769.7685 | Counseling, Testing and Referral Services (CTR), Partner Counseling and Referral Services (PCRS), Individual Level | Black Heterosexual White Heterosexual Black IDU White IDU Black MSM |

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

| PROVIDER | PREVENTION SERVICES | TARGET POPULATION (S) |
|---|--|--|
| Columbia County Prison 7 th 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 Counseling and Referral Services (PCRS), 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) | Black Heterosexual White Heterosexual Emerging Risk Group – Homeless |
| Dr. Ali Alley 301 West Third Street Berwick, PA 570.759.0351 | Counseling, Testing and Referral Services (CTR) | Black Heterosexual White Heterosexual |
| Family Health Network, Berwick | Counseling, Testing and Referral Services (CTR), Individual Level Intervention (ILI), Health Communication/Public Information (HC/PI) | Black Heterosexual White Heterosexual Black IDU White IDU Black MSM White MSM |
| Family Health Services of Bloomsburg 2201 Fifth Street Hollow Road Suite 1 Bloomsburg, PA 17815 717.387.0236 | Counseling, Testing and Referral Services (CTR) | Black Heterosexual White Heterosexual |
| <u>LYCOMING COUNTY</u> | | |
| AIDS Resource Alliance 200 Pine Street Suite 300 | Counseling, Testing and Referral Services (CTR), Individual Level | HIV+ Black Heterosexual White Heterosexual |

| PROVIDER | PREVENTION SERVICES | TARGET POPULATION (S) |
|--|--|--|
| Williamsport, PA 17701 570.322.8448 www.charities.org/ara.html | 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) | Black IDU White IDU Black MSM White MSM 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) | Black Heterosexual White Heterosexual Black IDU White IDU 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 7 th Floor Williamsport, PA 17701 570.321.3131 www.shscare.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 Counseling and Referral Services (PCRS), Individual Level Intervention (ILI), Health Communication/Public Information (HC/PI) | Black Heterosexual White Heterosexual Black IDU White IDU Black MSM White MSM |
| 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 Counseling and Referral Services (PCRS), 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) | Black Heterosexual White 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 |

| PROVIDER | PREVENTION SERVICES | TARGET POPULATION (S) |
|---|---|---|
| Williamsport Hospital and Medical Center 777 Rural Avenue 7 th 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) | Black Heterosexual White Heterosexual General Public |
| MONTOUR COUNTY | | |
| AIDS Resource Alliance 200 Pine Street Suite 300 Williamsport, PA 17701 570.322.8448 www.charities.org/ara.html | Individual Level Intervention (ILI), Group Level Intervention (GLI), Outreach DEBI Interventions: VOICES Real AIDS Prevention Project (RAPP) Becoming a Responsible Teen (BART) | Black Heterosexual White Heterosexual Black IDU White IDU Black MSM White MSM Emerging Risk Group – Youth |
| Caring Communities for AIDS 570.714.6323 www.caringcommunities4aids.org | Individual Level Intervention (ILI), Group Level Intervention (GLI), Outreach, Health Communication/Public Information (HC/PI), Other | HIV+ White 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) | Black Heterosexual White Heterosexual Emerging Risk Group – Youth |
| Montour County Prison 117 Church Street Box 163 Danville, PA 17821 | Counseling, Testing and Referral Services (CTR), Partner Counseling and Referral Services (PCRS), Individual Level | Black Heterosexual White Heterosexual Black IDU White IDU Black MSM |

| PROVIDER | PREVENTION SERVICES | TARGET POPULATION (S) |
|--|--|---|
| 717.275.2306 | Intervention (ILI), Health Communication/Public Information (HC/PI) | White MSM |
| 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 Counseling and Referral Services (PCRS), 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) | Black Heterosexual White 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) | Black Heterosexual White Heterosexual |
| North Central Secure Treatment Unit 210 Clinic Road Danville, PA 17821 570.271.4711 | Counseling, Testing and Referral Services (CTR) | Black Heterosexual White Heterosexual Black IDU White IDU |
| Northwestern Academy 3800 State Road Route 61 Coal Township, PA 17866 570.644.5344 | Counseling, Testing and Referral Services (CTR) | |
| <u>NORTHUMBERLAND COUNTY</u> | | |
| AIDS Resource Alliance 200 Pine Street Suite 300 Williamsport, PA 17701 | Individual Level Intervention (ILI), Group Level Intervention (GLI), Outreach, Health Communication/Public | Black Heterosexual White Heterosexual Black IDU White IDU Black MSM |

| PROVIDER | PREVENTION SERVICES | TARGET POPULATION (S) |
|---|--|--|
| 570.322.8448 www.charities.org/ara.html | Information (HC/PI) DEBI Interventions: VOICES Real AIDS Prevention Project (RAPP) Becoming a Responsible Teen (BART) | White MSM Emerging Risk Group – Perinatal, Youth |
| Center for Independent Living of North Central PA 210 Market Street Suite A Williamsport, PA 17701 570.327.9070 800.984.7492 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 | White Heterosexual White IDU 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 Counseling and Referral Services (PCRS), Individual Level Intervention (ILI), Health Communication/Public Information (HC/PI) | Black Heterosexual White Heterosexual Black IDU White IDU Black MSM White MSM |
| Northumberland County State Health Center HIV Clinic 247 Pennsylvania Avenue Sunbury, PA 17801 570.988.5513 | 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 |
| Northumberland County State Health Center STD Clinic 247 Pennsylvania Avenue Sunbury, PA 17801 | Counseling, Testing and Referral Services (CTR) | Black Heterosexual White Heterosexual |

| PROVIDER | PREVENTION SERVICES | TARGET POPULATION (S) |
|---|---|--|
| 570.988.5513 | | |
| Northumberland County State Health Center Tuberculosis Clinic 247 Pennsylvania Avenue Sunbury, PA 17801 | Counseling, Testing and Referral Services (CTR) | Black Heterosexual White Heterosexual |
| 570.988.5513 | | |
| S.U.N. Home Health Services, Inc. 61 Duke Street PO Box 232 Northumberland, PA 17857 | Outreach, Health Communication/Public Information (HC/PI) | General Public |
| 888.478.6227 800.634.5232 570.473.8320 | | |
| Shamokin Family Planning 717 Race Street Shamokin, PA 17872 | Counseling, Testing and Referral Services (CTR) | General Public |
| 570.648.0582 | | |
| <u>POTTER COUNTY</u> | | |
| Campbell Street Family, Youth and Community Association 600 Campbell Street Williamsport, PA 17701 | Individual Level Intervention (ILI), Group Level Intervention (GLI), | Black IDU White IDU Perinatal Emerging Risk Group – Youth |
| 570.322.5515 | | |
| Central Potter County Health Center 71 Elk Street Coudersport, PA 16915 | Counseling, Testing and Referral Services (CTR) | General Public |
| 814.274.7070 | | |
| 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 | Counseling, Testing and Referral Services (CTR), Partner Counseling and Referral Services (PCRS) | Black Heterosexual White Heterosexual Black IDU White IDU Black MSM White MSM |
| 814.274.9790 | | |
| | | |

| PROVIDER | PREVENTION SERVICES | TARGET POPULATION (S) |
|---|--|--|
| 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 Counseling and Referral Services (PCRS), Individual Level Intervention (ILI), Outreach, Health Communication/Public Information (HC/PI) | General Public |
| Potter County State Health Center STD Clinic 269 Route 6 West, Room 2 Coudersport, PA 16915 814.274.3626 | Counseling, Testing and Referral Services (CTR) | Black Heterosexual White Heterosexual |
| Potter County State Health Center Tuberculosis Clinic 269 Route 6 West Room 2 Coudersport, PA 16915 814.274.3626 | Counseling, Testing and Referral Services (CTR) | White Heterosexual Emerging Risk Group – Homeless |
| <u>SNYDER COUNTY</u> | | |
| 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 | White Heterosexual White IDU 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 Counseling and Referral Services (PCRS), Individual Level Intervention (ILI), Health Communication/Public | Black Heterosexual White Heterosexual Black IDU White IDU Black MSM White MSM |

| PROVIDER | PREVENTION SERVICES | TARGET POPULATION (S) |
|---|--|--|
| | Information (HC/PI) | |
| Snyder County State Health Center HIV Clinic 207 West Willow Avenue Middleburg, PA 17842 570.837.7981 | 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 |
| Snyder County State Health Center STD Clinic 207 West Willow Avenue Middleburg, PA 17842 570.837.7981 | Counseling, Testing and Referral Services (CTR) | Black Heterosexual White Heterosexual |
| Snyder County State Health Center Tuberculosis Clinic 207 West Willow Avenue Middleburg, PA 17842 570.837.7981 | Counseling, Testing and Referral Services (CTR) | Black Heterosexual White Heterosexual Emerging Risk Group – Homeless |
| SULLIVAN COUNTY | | |
| AIDS Resource Alliance 200 Pine Street Suite 300 Williamsport, PA 17701 570.322.8448 www.charities.org/ara.html | Individual Level Intervention (ILI), Group Level Intervention (GLI), Outreach, Health Communication/Public Information (HC/PI) DEBI Interventions: VOICES Real AIDS Prevention Project (RAPP) Becoming a Responsible Teen (BART) | Black Heterosexual White Heterosexual Black IDU White IDU Black MSM White MSM Emerging Risk Group – Perinatal, Youth |
| Family Center for Reproductive Health Williamsport Hospital 777 Rural Avenue 7 th Floor Williamsport, PA 17701 570.321.3131 www.shscare.org | Counseling, Testing and Referral Services (CTR), Individual Level Intervention (ILI), Outreach, Health Communication/Public Information (HC/PI) | General Public |

| PROVIDER | PREVENTION SERVICES | TARGET POPULATION (S) |
|---|---|--|
| HIV/AIDS Support Network – Parker Hospital | Individual Level Intervention (ILI), Group Level Intervention (GLI), Outreach | White Heterosexual White IDU White MSM 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 | White Heterosexual Perinatal Emerging Risk Group – Youth |
| Sullivan County State Health Center 1000 Commerce Park Drive #109 Williamsport, PA 17701 717.327.3400 | Counseling, Testing and Referral Services (CTR) | General Public |
| <u>TIOGA COUNTY</u> | | |
| HIV/AIDS Support Network – Parker Hospital | Individual Level Intervention (ILI), Group Level Intervention (GLI), Outreach | White Heterosexual White IDU White MSM 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 | White Heterosexual Black Heterosexual Black IDU White IDU Black MSM White MSM 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) | White Heterosexual |
| Laurel Health Center - Elkland Family Planning Clinic 103 Forest View Drive Elkland, PA 16920 814.258.5117 | Counseling, Testing and Referral Services (CTR) | White Heterosexual |
| | | |

| PROVIDER | PREVENTION SERVICES | TARGET POPULATION (S) |
|---|--|--|
| Laurel Health Center - Lawrenceville Family Planning Clinic Route 15 Somers Lane Lawrenceville, PA 16929 570.827.0125 | Counseling, Testing and Referral Services (CTR) | White Heterosexual |
| Laurel Health Center - Mansfield Family Planning Clinic 40 West Wellsboro Street Mansfield, PA 16933 717.662.2002 | Counseling, Testing and Referral Services (CTR) | White Heterosexual |
| Laurel Health Center - Wellsboro Family Planning Clinic 103 West Avenue Wellsboro, PA 16901 570.724.1010 | Counseling, Testing and Referral Services (CTR) | White Heterosexual |
| Laurel Health Center – Westfield Family Planning Clinic 236 East Main Street Westfield, PA 16950 814.367.5911 | Counseling, Testing and Referral Services (CTR) | White Heterosexual |
| Tioga County Prison 1768 Shimmery Hill Road Wellsboro, PA 16901 717.724.5911 | Counseling, Testing and Referral Services (CTR), Partner Counseling and Referral Services (PCRS) | Black Heterosexual White Heterosexual Black IDU White IDU Black MSM White MSM |
| Tioga County State Health Center HIV Clinic 44 Plaza Lane Wellsboro, PA 16901 570.724.2911 | 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 |
| Tioga County State Health Center Tuberculosis Clinic 144C East A Wellsboro, PA 16901 | Counseling, Testing and Referral Services (CTR) | White Heterosexual Emerging Risk Group – Homeless |

| PROVIDER | PREVENTION SERVICES | TARGET POPULATION (S) |
|---|---|--|
| 570.724.2911 | | |
| Tioga County Women's Coalition PO Box 933 Wellsboro, PA 16901 717.724.3554 | Outreach, Health Communication/Public Information (HC/PI) | Perinatal |
| <u>UNION COUNTY</u> | | |
| AIDS Resource Alliance 200 Pine Street Suite 300 Williamsport, PA 17701 570.322.8448 www.charities.org/ara.html | Individual Level Intervention (ILI), Group Level Intervention (GLI), Outreach, Health Communication/Public Information (HC/PI), Other DEBI Interventions: VOICES Real AIDS Prevention Project (RAPP) Becoming a Responsible Teen (BART) | Black Heterosexual White Heterosexual Black IDU White IDU Black MSM White MSM Perinatal Emerging Risk Group – Youth |
| Center for Independent Living of North Central PA 210 Market Street Suite A Williamsport, PA 17701 570.327.9070 800.984.7492 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 | White Heterosexual White 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 Counseling and Referral Services (PCRS) | Black Heterosexual White Heterosexual Black IDU White IDU Black MSM White MSM |
| Union County State Health Center HIV Clinic 260 Reitz Boulevard | Counseling, Testing and Referral Services (CTR), Partner Counseling and | General Public |

| PROVIDER | PREVENTION SERVICES | TARGET POPULATION (S) |
|--|---|--|
| Suite 3 Lewisburg, PA 17837 570.523.1124 | Referral Services (PCRS) | |
| Union County State Health Center STD Clinic 260 Reitz Boulevard Suite 3 Lewisburg, PA 17837 570.523.1124 | Counseling, Testing and Referral Services (CTR) | Black Heterosexual White Heterosexual |
| Union County State Health Center Tuberculosis Clinic 260 Reitz Boulevard Suite 3 Lewisburg, PA 17837 570.523.1124 | Counseling, Testing and Referral Services (CTR) | Black Heterosexual White Heterosexual Emerging Risk Group – Homeless |

The Northeast Region

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

Key—IDU-injection drug user; MSM-Men who have Sex with Men; MSM/IDU Men who have Sex with Men who are Injection Drug Users

| PROVIDER | PREVENTION SERVICES | TARGET POPULATION (S) |
|--|--|--|
| <u>LACKAWANNA COUNTY</u> | | |
| 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 | Black Heterosexual White Heterosexual MSM IDU Emerging Risk Groups – Homeless, Perinatal, Women, Youth |
| Circle of Care Maternal and Family Health Center Community Medical Center School of Nursing Building 3 rd 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 3 rd Floor Scranton, PA 18503 570.961.1997 | Individual Level Intervention (ILI) | Black IDU White 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 Counseling and Referral Services (PCRS), Individual Level | Black Heterosexual White Heterosexual Black IDU White IDU Black MSM |

| PROVIDER | PREVENTION SERVICES | TARGET POPULATION (S) |
|---|---|--|
| 570.963.6639 | Intervention (ILI), Health Communication/Public Information (HC/PI) | White MSM |
| 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 Counseling and Referral Services (PCRS), 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) | Black Heterosexual White 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) | Black Heterosexual White 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 | | |
| <p>American Red Cross – Wyoming Valley Chapter 256 North Sherman Street Wilkes-Barre, PA 18702</p> <p>570.823.7161 www.wyomingvalleyredcross.org</p> | <p>Individual Level Intervention (ILI), Group Level Intervention (GLI), Outreach, Health Communication/Public Information (HC/PI), Other</p> <p>DEBI Interventions: SISTA Safety Counts</p> | <p>Black Heterosexual White Heterosexual MSM IDU Emerging Risk Groups – Homeless, Perinatal, Women, Youth</p> |
| <p>Genesis Project 329 South Pennsylvania Avenue Wilkes- Barre, PA 18702</p> <p>570.820.0499</p> | <p>Counseling, Testing and Referral Services (CTR)</p> | <p>General Public</p> |
| <p>Luzerne County Prison 90 Water Street Wilkes-Barre, PA 18702</p> <p>717.829.7750</p> | <p>Counseling, Testing and Referral Services (CTR), Partner Counseling and Referral Services (PCRS), Individual Level Intervention (ILI), Health Communication/Public Information (HC/PI)</p> | <p>Black Heterosexual White Heterosexual Black IDU White IDU Black MSM White MSM</p> |
| <p>Luzerne County State Health Center HIV Clinic 297 South Main Street Wilkes-Barre, PA 18701</p> <p>570.826.2071</p> | <p>Counseling, Testing and Referral Services (CTR)</p> | <p>Black Heterosexual Hispanic Heterosexual White Heterosexual Emerging Risk Group - Homeless</p> |
| <p>Luzerne County State Health Center Tuberculosis Clinic 103 Norwegian Plaza Pottsville, PA 17901</p> <p>717.621.3112</p> | <p>Counseling, Testing and Referral Services (CTR), Partner Counseling and Referral Services (PCRS), Individual Level Intervention (ILI), Outreach, Health Communication/Public Information (HC/PI)</p> | <p>General Public</p> |
| <p>Northeastern Regional HIV Planning Coalition – United Way 8 West Market Street Wilkes-Barre, PA 18711 570.829.6711</p> | <p>Health Communication/Public Information (HC/PI)</p> | <p>General Public</p> |

| PROVIDER | PREVENTION SERVICES | TARGET POPULATION (S) |
|---|---|---|
| Planned Parenthood of Northeast Pennsylvania 10 West Chestnut Street Hazelton, PA 18201 570.545.0876 www.ppnep.org | Counseling, Testing and Referral Services (CTR) | Black Heterosexual Hispanic Heterosexual White Heterosexual |
| Serento Gardens Alcohol and Drug Services 145 West Broad Street Hazelton, PA 18201 570.445.9902 | Individual Level Intervention (ILI) | Hispanic IDU White 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 16 East Northampton Street Wilkes-Barre, PA 18701 570.208.4268 | Counseling, Testing and Referral Services (CTR), Partner Counseling and Referral Services (PCRS) | HIV+ |
| Wilkes-Barre City Health Department Tuberculosis Clinic 16 East Northampton Street Wilkes-Barre, PA 18701 570.208.4268 | Counseling, Testing and Referral Services (CTR) | Black Heterosexual Hispanic Heterosexual White 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) | Black IDU White IDU |
| PIKE COUNTY | | |
| American Red Cross – Wyoming Valley Chapter 256 North Sherman Street Wilkes-Barre, PA 18702 570.823.7161 www.wyomingvalleyredcross.org | Individual Level Intervention (ILI), Group Level Intervention (GLI), Outreach, Health Communication/Public Information (HC/PI), Other DEBI Interventions: SISTA Safety Counts | Black Heterosexual White Heterosexual MSM IDU 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) | Black IDU White 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 Counseling and Referral Services (PCRS) | Black Heterosexual White Heterosexual Black IDU White IDU Black MSM White MSM |
| Pike County State Health Center HIV Clinic #10 Buist Road Suite 401 | Counseling, Testing and Referral Services (CTR), Individual Level Intervention (ILI), | General Public |

| PROVIDER | PREVENTION SERVICES | TARGET POPULATION (S) |
|--|---|--|
| Milford, PA 18337 570.296.6512 | Outreach, Health 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) | Black Heterosexual Hispanic Heterosexual White Heterosexual Emerging Risk Group – Homeless |
| United Neighborhood Centers of Lackawanna County 410 Olive Street Scranton, PA 18508 570.346.0759 | Individual Level Intervention (ILI), Group Level Intervention (GLI), Outreach, Health Communication/Public Information (HC/PI), Other DEBI Interventions: VOICES/VOCES Healthy Relationships | Hispanic Heterosexual Emerging Risk Group – Youth |
| SUSQUEHANNA COUNTY | | |
| American Red Cross – Wyoming Valley Chapter 256 North Sherman Street Wilkes-Barre, PA 18702 570.823.7161 www.wyomingvalleyredcross.org | Individual Level Intervention (ILI), Group Level Intervention (GLI), Outreach, Health Communication/Public Information (HC/PI), Other DEBI Interventions: SISTA Safety Counts | Black Heterosexual White Heterosexual MSM IDU 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 3 rd Floor Scranton, PA 18503 570.961.1997 | Individual Level Intervention (ILI) | Black IDU White IDU |
| Susquehanna County State Health Center HIV Clinic 35 Spruce Street | Counseling, Testing and Referral Services (CTR), Individual Level | General Public |

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

| PROVIDER | PREVENTION SERVICES | TARGET POPULATION (S) |
|--|---|--|
| Honesdale, PA 18431 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) | Black Heterosexual Hispanic Heterosexual White Heterosexual Emerging Risk Group – Homeless |
| WYOMING COUNTY | | |
| American Red Cross – Wyoming Valley Chapter 256 North Sherman Street Wilkes-Barre, PA 18702 570.823.7161 www.wyomingvalleyredcross.org | Individual Level Intervention (ILI), Group Level Intervention (GLI), Outreach, Health Communication/Public Information (HC/PI), Other DEBI Interventions: SISTA Safety Counts | Black Heterosexual White Heterosexual MSM IDU General Public Emerging Risk Groups – Homeless, Perinatal, Women, Youth |
| Drug and Alcohol Treatment Services | Individual Level Intervention (ILI) | Black IDU White IDU |
| United Neighborhood Centers of Lackawanna County 410 Olive Street Scranton, PA 18508 | Individual Level Intervention (ILI), Group Level Intervention (GLI), Outreach, Health Communication/Public | Hispanic Heterosexual Emerging Risk Group – Youth |

| PROVIDER | PREVENTION SERVICES | TARGET POPULATION (S) |
|--|---|---|
| 570.346.0759 | Information (HC/PI), Other 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) | Black Heterosexual Hispanic Heterosexual White Heterosexual Emerging Risk Group – Homeless |
| Wyoming Valley AIDS Council 67-69 Public Square PO Box 2677 Wilkes-Barre, PA 18703 570.823.5808 | Counseling, Testing and Referral Services (CTR), Health Communication/Public Information (HC/PI) | Emerging Risk Group – Women |

The Northwest Region

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

Key—IDU-injection drug user; MSM-Men who have Sex with Men; MSM/IDU Men who have Sex with Men who are Injection Drug Users

| PROVIDER | PREVENTION SERVICES | TARGET POPULATION (S) |
|--|--|--|
| <u>CAMERON COUNTY</u> | | |
| 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 Counseling and Referral Services (PCRS), 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) | Black Heterosexual White 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) | White 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 |
| <u>CLARION COUNTY</u> | | |
| Clarion County Drug and Alcohol 214 South 7 th 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 Counseling and Referral Services (PCRS), Individual Level Intervention (ILI), Health Communication/Public Information (HC/PI) | Black Heterosexual White Heterosexual Black IDU White IDU Black MSM White MSM |
| 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 Counseling and Referral Services (PCRS), 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) | Black Heterosexual White 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) | White 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) | Black Heterosexual Hispanic Heterosexual White 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 |

| PROVIDER | PREVENTION SERVICES | TARGET POPULATION (S) |
|---|--|--|
| <u>CLEARFIELD COUNTY</u> | | |
| Clearfield County State Health Center HIV Clinic 1123 Linden Street Clearfield, PA 16830 814.765.0542 | 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 |
| Clearfield County State Health Center Tuberculosis Clinic 1123 Linden Street Clearfield, PA 16830 814.765.0542 | Counseling, Testing and Referral Services (CTR) | White 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 Substance Abusers |
| 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) | White 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 |
| <u>CRAWFORD COUNTY</u> | | |
| Conneaut Valley Health Center PO Box E 906 Washington Street Conneautville, PA 16406 | Counseling, Testing and Referral Services (CTR), Outreach, Health Communication/Public Information (HC/PI) | Black Heterosexual White Heterosexual |

| PROVIDER | PREVENTION SERVICES | TARGET POPULATION (S) |
|--|--|--|
| 814.587.2021 | | |
| Crawford County Correctional Facility 2100 Independence Drive Saegertown, PA 16433 814.763.1190 | Counseling, Testing and Referral Services (CTR), Partner Counseling and Referral Services (PCRS), Individual Level Intervention (ILI), Health Communication/Public Information (HC/PI) | Black Heterosexual White Heterosexual Black IDU White IDU Black MSM White MSM |
| Crawford County State Health Center HIV Clinic 900 Water Street Meadville, PA 16335 814.332.6947 | 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 |
| Crawford County State Health Center Tuberculosis Clinic 900 Water Street Meadville, PA 16335 814.332.6947 | Counseling, Testing and Referral Services (CTR) | Black Heterosexual White 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) | Black Heterosexual White Heterosexual |
| Greenville Family Planning 74 Shenango Street Greenville, PA 16125 724.588.2272 | Counseling, Testing and Referral Services (CTR) | General Public |
| | | |

| 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) | All Risk Groups |
| SCI Cambridge Springs 451 Fullerton Avenue Cambridge Springs, PA 16403 814.398.5400 | Group Level Intervention (GLI) | Black Heterosexual Hispanic Heterosexual White Heterosexual Black IDU Hispanic IDU White IDU |
| <u>ELK COUNTY</u> | | |
| 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 Counseling and Referral Services (PCRS), Individual Level Intervention (ILI), Health Communication/Public Information (HC/PI) | Black Heterosexual White Heterosexual Black IDU White IDU Black MSM White MSM |
| 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 Counseling and Referral Services (PCRS), 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) | White Heterosexual Emerging Risk Group – Homeless |

| PROVIDER | PREVENTION SERVICES | TARGET POPULATION (S) |
|--|---|---|
| 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) | White 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 |
| <u>ERIE COUNTY</u> | | |
| Abraxas II 502 West 6 th 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 8 th 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) | Black Heterosexual Hispanic Heterosexual White Heterosexual Black IDU Hispanic IDU White IDU |

| PROVIDER | PREVENTION SERVICES | TARGET POPULATION (S) |
|---|---|--|
| 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) | Black Heterosexual Hispanic Heterosexual White Heterosexual Black IDU Hispanic IDU White IDU |
| Edinboro Family Planning 118 East Plum Street Edinboro, PA 16412 814.734.7600 | Counseling, Testing and Referral Services (CTR) | General Public |
| 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) | Black Heterosexual White 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 Counseling and Referral Services (PCRS), Individual Level Intervention (ILI), Group Level Intervention (GLI), Outreach, Health Communication/Public Information (HC/PI) DEBI Interventions: Safety Counts Healthy Relationships | HIV+ Black Heterosexual Hispanic Heterosexual IDU MSM 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 | General Public |

| PROVIDER | PREVENTION SERVICES | TARGET POPULATION (S) |
|--|---|--|
| | Information (HC/PI) | |
| <p>Erie County Department of Health HIV Clinic 606 West Second Street Erie, PA 16507</p> <p>814.451.6700 www.ecdh.org</p> | <p>Counseling, Testing and Referral Services (CTR), Partner Counseling and Referral Services (PCRS), Individual Level Intervention (ILI), Outreach, Health Communication/Public Information (HC/PI)</p> | <p>General Public</p> |
| <p>Erie County Department of Health STD Clinic 606 West Second Street Erie, PA 16507</p> <p>814.451.6700 www.ecdh.org</p> | <p>Counseling, Testing and Referral Services (CTR)</p> | <p>Black Heterosexual Hispanic Heterosexual White Heterosexual</p> |
| <p>Erie County Department of Health Tuberculosis Clinic 606 West Second Street Erie, PA 16507</p> <p>814.451.6700 www.ecdh.org</p> | <p>Counseling, Testing and Referral Services (CTR)</p> | <p>Black Heterosexual Hispanic Heterosexual White Heterosexual Emerging Risk Group – Homeless</p> |
| <p>Erie County Prison 1618 Ash Street Erie, PA 16503</p> <p>814.451.7524 814.451.7525</p> | <p>Counseling, Testing and Referral Services (CTR), Partner Counseling and Referral Services (PCRS), Individual Level Intervention (ILI), Health Communication/Public Information (HC/PI)</p> | <p>Black Heterosexual Hispanic Heterosexual White Heterosexual Black IDU Hispanic IDU White IDU Black MSM Hispanic MSM White MSM</p> |
| <p>Erie County Prison Pre-release Program 1618 Ash Street Erie, PA 16503</p> <p>814.451.7524 814.451.7525</p> | <p>Counseling, Testing and Referral Services (CTR), Partner Counseling and Referral Services (PCRS), Individual Level Intervention (ILI), Health Communication/Public Information (HC/PI)</p> | <p>Black Heterosexual Hispanic Heterosexual White Heterosexual Black IDU Hispanic IDU White IDU Black MSM Hispanic MSM White MSM</p> |
| | | |

| PROVIDER | PREVENTION SERVICES | TARGET POPULATION (S) |
|--|--|---|
| Esper Treatment Center 25 West 18 th Street Erie, PA 16501 814.451.6716 | Counseling, Testing and Referral Services (CTR) | General Public |
| Gateway Rehabilitation Drug and Alcohol Detention Center 2860 East 28 th Street Erie, PA 16510 814.899.0081 | Counseling, Testing and Referral Services (CTR) | General Public |
| 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) | Black Heterosexual Hispanic Heterosexual White Heterosexual Black IDU Hispanic IDU White IDU |
| 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) | Black Heterosexual Hispanic Heterosexual White Heterosexual Black IDU Hispanic IDU White IDU |
| 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) | Black Heterosexual Hispanic Heterosexual White Heterosexual Black IDU Hispanic IDU White IDU |
| 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) | Black Heterosexual Hispanic Heterosexual White Heterosexual Black IDU Hispanic IDU White IDU |
| GECAC Treatment Services 18 West Ninth Street Erie, PA 16501 814.459.4581 | Counseling, Testing and Referral Services (CTR), Individual Level Intervention (ILI), Group Level Intervention (GLI) | Black Heterosexual Hispanic Heterosexual White Heterosexual Black IDU Hispanic IDU |

| PROVIDER | PREVENTION SERVICES | TARGET POPULATION (S) |
|--|---|---|
| 800.769.2436 www.gecac.org | | White IDU |
| GECAC Youth Empowerment Program 18 West Ninth Street Erie, PA 16501 814.459.4581 800.769.2436 www.gecac.org | Individual Level Intervention (ILI) | Emerging Risk Group – Youth |
| Greater Calvary Full Gospel Baptist Church 2624 German Street Erie, PA 16504 814.459.1787 www.greatercalvaryfgbc.org | Counseling, Testing and Referral Services (CTR) | General Public |
| 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 10 th 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 20 th Street Erie, PA 16510 814.898.0400 users.stargate.net/~jfkdn/ | Counseling, Testing and Referral Services (CTR), Individual Level Intervention (ILI), Outreach | Black Heterosexual Hispanic Heterosexual White Heterosexual Black IDU Hispanic IDU White IDU |
| Martin Luther King Center 312 Chestnut Street Erie, PA 16502 814.459.2761 | Individual Level Intervention (ILI) | Black Heterosexual |
| | | |

| PROVIDER | PREVENTION SERVICES | TARGET POPULATION (S) |
|--|---|---|
| Mercyhurst College 501 East 38 th 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) | Black Heterosexual White 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 Heterosexual Hispanic IDU Hispanic MSM Emerging Risk Group – Asian/Pacific Islander |
| 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) | Black Heterosexual Hispanic Heterosexual White Heterosexual Black IDU Hispanic IDU White IDU Black MSM Hispanic MSM White MSM |
| SHOUT Outreach Program, Gaudenzia Crossroads 414 West Fifth Street Erie, PA 16507 814.459.4775 | Counseling, Testing and Referral Services (CTR), Individual Level Intervention (ILI), Group Level Intervention (GLI), Outreach, Health | Black Heterosexual Hispanic Heterosexual Black IDU Hispanic IDU White IDU Emerging Risk Group – |

| PROVIDER | PREVENTION SERVICES | TARGET POPULATION (S) |
|---|--|---|
| www.gaudenzia.erie.org | Communication/Public Information (HC/PI) | 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 2 nd Street Erie, PA 16507 814.451.6700 | Counseling, Testing and Referral Services (CTR), Individual Level Intervention (ILI), Outreach | Black Heterosexual Hispanic Heterosexual White Heterosexual Black IDU Hispanic IDU White IDU Black MSM Hispanic MSM White MSM |
| The Pennsylvania State University - Behrend College 5091 Station Road Erie, PA 814.898.6100 | Counseling, Testing and Referral Services (CTR), Individual Level Intervention (ILI), Health Communication/Public Information (HC/PI) | Black Heterosexual White Heterosexual |
| <u>FOREST COUNTY</u> | | |
| 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) | Black Heterosexual Hispanic Heterosexual White Heterosexual Black IDU Hispanic IDU White IDU 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 Counseling and Referral Services (PCRS), Individual Level Intervention (ILI), Outreach, Health Communication/Public Information (HC/PI) | General Public |

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

| PROVIDER | PREVENTION SERVICES | TARGET POPULATION (S) |
|---|--|--|
| | Health Communication/Public Information (HC/PI) | |
| Jefferson County State Health Center STD Clinic 203 North Main Street Punxsutawney, PA 15767 814.938.6630 | Counseling, Testing and Referral Services (CTR) | White Heterosexual |
| Jefferson County State Health Center Tuberculosis Clinic 203 North Main Street Punxsutawney, PA 15767 814.938.6630 | Counseling, Testing and Referral Services (CTR) | Black Heterosexual White Heterosexual Emerging Risk Group – Homeless |
| Northwest PA Rural AIDS Alliance 15870 Route 322 Suite 2 Clarion, PA 16214 814.764.6066 www.northwestalliance.org | Individual Level Intervention (ILI), Group Level Intervention (GLI), Outreach, Health Communication/Public Information (HC/PI) | All Risk Groups |
| Punxsutawney State Health Center 1000 West Mahoning Street Punxsutawney, PA 15767 814.938.6630 | Counseling, Testing and Referral Services (CTR) | General Public |
| LAWRENCE COUNTY | | |
| Family Health Council 2 Cascade Galleria Plaza New Castle, PA 16101 724.658.6681 www.fhcinc.org | Counseling, Testing and Referral Services (CTR), Group Level Intervention (GLI), Health Communication/Public Information (HC/PI) | Black Heterosexual White 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 Counseling and Referral Services (PCRS), Individual Level Intervention (ILI), Health Communication/Public | Black Heterosexual White Heterosexual Black IDU White IDU Black MSM White MSM |

| PROVIDER | PREVENTION SERVICES | TARGET POPULATION (S) |
|--|--|--|
| | Information (HC/PI) | |
| Lawrence County State Health Center HIV Clinic 106 Margaret Street New Castle, PA 16101 724.656.3088 | 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 |
| Lawrence County State Health Center Tuberculosis Clinic 106 Margaret Street New Castle, PA 16101 724.656.3088 | Counseling, Testing and Referral Services (CTR) | Black Heterosexual White Heterosexual |
| New Castle Family Planning 15 West Washington Street New Castle, PA 16101 724.658.6681 | Counseling, Testing and Referral Services (CTR) | General Public |
| Northwest PA Rural AIDS Alliance 15870 Route 322 Suite 2 Clarion, PA 16214 814.764.6066 www.northwestalliance.org | Individual Level Intervention (ILI), Group Level Intervention (GLI), Outreach, Health Communication/Public Information (HC/PI) | All Risk Groups |
| <u>MCKEAN COUNTY</u> | | |
| Family Planning Services of McKean County 70 ½ Mechanic Street Bradford, PA 16701 814.368.6129 | Counseling, Testing and Referral Services (CTR) | White 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 Counseling and Referral Services (PCRS), Individual Level Intervention (ILI), Outreach, | General Public |

| PROVIDER | PREVENTION SERVICES | TARGET POPULATION (S) |
|---|--|---|
| | Health Communication/Public Information (HC/PI) | |
| McKean County State Health Center Tuberculosis Clinic 84-90 Boyleston Street Bradford, PA 16701 814.368.0426 | Counseling, Testing and Referral Services (CTR) | White 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 |
| <u>MERCER COUNTY</u> | | |
| AIDS Service Program of Mercer County 87 Stambaugh Avenue Suite 1 Sharon, PA 16146 724.981.3670 724.981.1671 | Individual Level Intervention (ILI), Group Level Intervention (GLI), Outreach, Health Communication/Public Information (HC/PI) | HIV+ General Public |
| Discovery House 1868 East State Street Hermitage, PA 16148 724.981.9815 | Counseling, Testing and Referral Services (CTR) | General Public |
| 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) | Black Heterosexual White Heterosexual Emerging Risk Group – Youth |
| Family Planning of Mercer County - Greenville 74 Shenango Street Greenville, PA 16125 | Counseling, Testing and Referral Services (CTR) | Black Heterosexual White Heterosexual |

| PROVIDER | PREVENTION SERVICES | TARGET POPULATION (S) |
|---|--|---|
| 724.588.2272 | | |
| Family Planning of Mercer County – Grove City 408B Hillcrest Medical Center Grove City, PA 16127 | Counseling, Testing and Referral Services (CTR), Outreach, Health Communication/Public Information (HC/PI) | Black Heterosexual White Heterosexual General Public |
| 724.458.8505 | | |
| Farrell Primary Health Network 602 Roemer Boulevard Farrell, PA 16121 | Counseling, Testing and Referral Services (CTR) | Black Heterosexual White Heterosexual |
| 724.285.2216 | | |
| Mercer Behavioral Health Commission 8406 Sharon Mercer Road Mercer, PA 16137 | Counseling, Testing and Referral Services (CTR), Individual Level Intervention (ILI), Group Level Intervention (GLI), Outreach, Health Communication/Public Information (HC/PI) | Black Heterosexual White Heterosexual Black IDU White IDU Black MSM White MSM General Public Emerging Risk Group – Youth |
| 724.662.1550 | | |
| Mercer County Prison 138 South Diamond Street Mercer, PA 16137 | Counseling, Testing and Referral Services (CTR), Partner Counseling and Referral Services (PCRS), Individual Level Intervention (ILI), Health Communication/Public Information (HC/PI) | Black Heterosexual White Heterosexual Black IDU White IDU Black MSM White MSM |
| 412.662.2700 | | |
| Mercer County State Health Center HIV Clinic 25 McQuiston Drive Jackson Center, PA 16133 | 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 |
| 724.662.4000 | | |
| Mercer County State Health Center Tuberculosis Clinic 25 McQuiston Drive Jackson Center, PA 16133 | Counseling, Testing and Referral Services (CTR) | Black Heterosexual White Heterosexual Emerging Risk Group – Homeless |

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

| PROVIDER | PREVENTION SERVICES | TARGET POPULATION (S) |
|---|--|--|
| Franklin, PA 16323 814.432.9629 | Partner Counseling and Referral Services (PCRS) | Black IDU White IDU Black MSM White MSM |
| Venango County State Health Center HIV Clinic Box 191 Seneca, PA 16346 814.677.0672 | 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 |
| Venango County State Health Center STD Clinic Box 191 Seneca, PA 16346 814.677.0672 | Counseling, Testing and Referral Services (CTR) | Black Heterosexual White Heterosexual |
| Venango County State Health Center Tuberculosis Clinic Box 191 Seneca, PA 16346 814.677.0672 | Counseling, Testing and Referral Services (CTR) | Black Heterosexual White Heterosexual General Public Emerging Risk Group – Homeless |
| <u>WARREN COUNTY</u> | | |
| Family Health Council of Warren County 514 Third Avenue Amex Building North Warren, PA 16365 814.723.5852 | Counseling, Testing and Referral Services (CTR) | Black Heterosexual White Heterosexual |
| 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 | Individual Level Intervention (ILI), Group Level Intervention (GLI), Outreach, Health | HIV+ All Risk Groups |

| PROVIDER | PREVENTION SERVICES | TARGET POPULATION (S) |
|---|---|---|
| Clarion, PA 16214 814.764.6066 www.northwestalliance.org | Communication/Public Information (HC/PI), Prevention for Positives | |
| Warren County Prison 407 Market Street Warren, PA 16365 814.723.7553 | Counseling, Testing and Referral Services (CTR), Partner Counseling and Referral Services (PCRS) | Black Heterosexual White Heterosexual Black IDU White IDU Black MSM White MSM |
| 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 Counseling and Referral Services (PCRS), 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) | Black Heterosexual White Heterosexual General Public Emerging Risk Group – Homeless |

The South Central Region

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

Key—IDU-injection drug user; MSM-Men who have Sex with Men; MSM/IDU Men who have Sex with Men who are Injection Drug Users

| PROVIDER | PREVENTION SERVICES | TARGET POPULATION (S) |
|--|--|---|
| ADAMS COUNTY | | |
| Adams County Prison 625 Biglerville Road Gettysburg, PA 17325 717.344.7671 | Counseling, Testing and Referral Services (CTR), Partner Counseling and Referral Services (PCRS), Individual Level Intervention (ILI), Health Communication/Public Information (HC/PI) | Black Heterosexual White Heterosexual Black IDU White IDU Black MSM White MSM |
| 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) | Black Heterosexual Hispanic Heterosexual White Heterosexual Black IDU Hispanic IDU White IDU 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 Counseling and Referral Services (PCRS), 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) | Black Heterosexual Hispanic Heterosexual White 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 |

| PROVIDER | <u>PREVENTION SERVICES</u> | TARGET POPULATION (S) |
|---|---|--|
| 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) | Black Heterosexual Hispanic Heterosexual White 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) | Black Heterosexual Hispanic Heterosexual White Heterosexual General Public Emerging Risk Groups – Youth, Perinatal |
| <u>BEDFORD COUNTY</u> | | |
| 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 Counseling and Referral Services (PCRS) | Black Heterosexual White Heterosexual Black IDU White IDU Black MSM White MSM |
| Bedford County State Health Center HIV Clinic 130 Vondersmith Avenue Bedford, PA 15522 | Counseling, Testing and Referral Services (CTR), Partner Counseling and Referral Services (PCRS), | Black Heterosexual White Heterosexual General Public |

| PROVIDER | <u>PREVENTION SERVICES</u> | TARGET POPULATION (S) |
|--|---|---|
| 814.623.2001 | Individual Level Intervention (ILI), Outreach, Health Communication/Public Information (HC/PI) | |
| 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) | Black Heterosexual White Heterosexual |
| Bedford County State Health Center Tuberculosis Clinic 130 Vondersmith Avenue Bedford, PA 15522 814.623.2001 | Counseling, Testing and Referral Services (CTR) | Black Heterosexual White 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 Counseling and Referral Services (PCRS), Individual Level Intervention (ILI), Group Level Intervention (GLI), Outreach, Health Communication/Public Information (HC/PI) | Black Heterosexual Hispanic Heterosexual White Heterosexual Black IDU Hispanic IDU White IDU Black MSM Hispanic MSM White MSM 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 |
| <u>BLAIR COUNTY</u> | | |
| 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) | Black Heterosexual White Heterosexual |
| Blair County Prison 422 Mulberry Street Holidaysburg, PA 16648 | Counseling, Testing and Referral Services (CTR), Partner Counseling and | Black Heterosexual White Heterosexual Black IDU |

| PROVIDER | <u>PREVENTION SERVICES</u> | TARGET POPULATION (S) |
|--|--|--|
| 814.695.9731 | Referral Services (PCRS), Individual Level Intervention (ILI), Health Communication/Public Information (HC/PI) | White IDU Black MSM White MSM |
| Blair County State Health Center HIV Clinic 615 Howard Avenue Altoona, PA 16601 814.946.7300 | 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 |
| Blair County State Health Center STD Clinic 615 Howard Avenue Altoona, PA 16601 814.946.7300 | Counseling, Testing and Referral Services (CTR) | Black Heterosexual White Heterosexual |
| Blair County State Health Center Tuberculosis Clinic 615 Howard Avenue Altoona, PA 16601 814.946.7300 | Counseling, Testing and Referral Services (CTR) | Black Heterosexual White Heterosexual Black IDU White IDU 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 Counseling and Referral Services (PCRS), Individual Level Intervention (ILI), Group Level Intervention (GLI), Outreach, Health Communication/Public Information (HC/PI) | Black Heterosexual Hispanic Heterosexual White Heterosexual Black IDU Hispanic IDU White IDU Black MSM Hispanic MSM White MSM General Public Emerging Risk Groups – Homeless, Perinatal, Transgender |

| PROVIDER | PREVENTION SERVICES | TARGET POPULATION (S) |
|---|--|---|
| <u>CUMBERLAND COUNTY</u> | | |
| AIDS Community Alliance 401 Division Street Suite 100 Harrisburg, PA 17110 717.233.7190 800.867.1550 www.aca-pa.com | Individual Level Intervention (ILI), Group Level Intervention (GLI), Outreach | White IDU White MSM White MSM/IDU Emerging Risk Groups – Perinatal, Youth |
| Cumberland County Prison 1101 Claremont Road Carlisle, PA 17013 717.245.8787 | Counseling, Testing and Referral Services (CTR), Partner Counseling and Referral Services (PCRS), Individual Level Intervention (ILI), Health Communication/Public Information (HC/PI) | Black Heterosexual White Heterosexual Black IDU White IDU Black MSM White MSM |
| Cumberland County State Health Center HIV Clinic 431 East North Street Carlisle, PA 17013 717.243.5151 | 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 |
| Cumberland County State Health Center Tuberculosis Clinic 431 East North Street Carlisle, PA 17013 717.243.5151 | Counseling, Testing and Referral Services (CTR) | Black Heterosexual White 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) | Black Heterosexual White Heterosexual Black MSM White MSM Emerging Risk Group – Youth |
| Planned Parenthood of the Susquehanna Valley 977 Walnut Bottom Road Carlisle, PA 17013 | Counseling, Testing and Referral Services (CTR), Outreach, Health Communication/Public Information (HC/PI) | Black Heterosexual White Heterosexual |

| PROVIDER | <u>PREVENTION SERVICES</u> | TARGET POPULATION (S) |
|---|---|--|
| 717.243.0515 www.ppsv.net | | |
| PROGRAM for Female Offenders 1515 Derry Street Harrisburg, PA 17104 717.238.9950 | Group Level Intervention (GLI), Comprehensive Risk Counseling and Services (CRCS) | Black Heterosexual White Heterosexual Emerging Risk Groups – Perinatal, Youth |
| Sadler Health Center 100 North Hanover Street Carlisle, PA 17013 717.218.6671 | Counseling, Testing and Referral Services (CTR), Individual Level Intervention (ILI), Outreach, Health Communication/Public Information (HC/PI) | General Public |
| Tri-County Planned Parenthood 206 East King Street Shippensburg, PA 17257 717.532.7896 | Counseling, Testing and Referral Services (CTR) | Black Heterosexual White Heterosexual |
| <u>DAUPHIN COUNTY</u> | | |
| Adult Ambulatory Care Center 3645 North 3 rd Street Harrisburg, PA 17110 717.782.2712 | Counseling, Testing and Referral Services (CTR) | General Public |
| AIDS Community Alliance 401 Division Street Suite 100 Harrisburg, PA 17110 717.233.7190 800.867.1550 www.aca-pa.com | Individual Level Intervention (ILI), Group Level Intervention (GLI), Outreach | White IDU White MSM White MSM/IDU Emerging Risk Groups – Perinatal, Youth |
| Battered Women’s Shelter Contact YWCA 717.243.7273 800.654.1211 | Individual Level Intervention (ILI) | Black Heterosexual Hispanic Heterosexual White Heterosexual Emerging Risk Group – Perinatal |
| Bethesda Mission Men’s Shelter 611 Reily Street Harrisburg, PA 17102 | Counseling, Testing and Referral Services (CTR), Individual Level Intervention (ILI) | Black Heterosexual Hispanic Heterosexual White Heterosexual Black IDU |

| PROVIDER | <u>PREVENTION SERVICES</u> | TARGET POPULATION (S) |
|--|--|--|
| 717.257.4442 www.bethesda-mission.org | | Hispanic IDU White IDU Emerging Risk Group – Homeless |
| Capital Pavilion Half Way House 2012 North 4 th Street Harrisburg, PA 17102 717.236.0132 | Individual Level Intervention (ILI) | Black IDU Hispanic IDU White IDU |
| Conewago Place 424 Nye Road Hummelstown, PA 17036 717.533.0428 | Counseling, Testing and Referral Services (CTR), Individual Level Intervention (ILI) | Black Heterosexual White Heterosexual Black IDU White IDU |
| Dauphin County Prison 501 Mall Road Harrisburg, PA 17111 717.780.6800 | Counseling, Testing and Referral Services (CTR), Partner Counseling and Referral Services (PCRS), Individual Level Intervention (ILI), Health Communication/Public Information (HC/PI) | Black Heterosexual White Heterosexual Black IDU White IDU Black MSM White MSM |
| Dauphin County State Health Center 30 Kline Plaza Harrisburg, PA 17104 717.787.8092 | Counseling, Testing and Referral Services (CTR) | General Public |
| Daystar Center 123 North 18 th Street Harrisburg, PA 17103 717.230.9898 | Individual Level Intervention (ILI) | Black Heterosexual White Heterosexual Black IDU White IDU |
| Discovery House 99 South Cameron Street Harrisburg, PA 17101 717.233.7290 | Counseling, Testing and Referral Services (CTR), Individual Level Intervention (ILI) | Black IDU White IDU |
| Evergreen House 100 Evergreen Drive Harrisburg, PA 17102 717.238.6343 | Counseling, Testing and Referral Services (CTR) | General Public |

| PROVIDER | <u>PREVENTION SERVICES</u> | TARGET POPULATION (S) |
|--|---|---|
| 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) | Black Heterosexual White Heterosexual Black IDU White IDU |
| Gay and Lesbian Switchboard of Harrisburg 1300A North Third Street Harrisburg, PA 17102 717.234.0328 | Health Communication/Public Information (HC/PI) | MSM |
| 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 Heterosexual Hispanic Heterosexual Black IDU Hispanic IDU Emerging Risk Group – Perinatal |
| Harrisburg Area YMCA 410 Fallowfield Road Camp Hill, PA 17011 717.975.1897 | Individual Level Intervention (ILI) | Black Heterosexual White Heterosexual Black IDU White IDU |
| Kline Plaza Medical Center 43 Kline Village Harrisburg, PA 17104 | Counseling, Testing and Referral Services (CTR), Individual Level | General Public |

| PROVIDER | <u>PREVENTION SERVICES</u> | TARGET POPULATION (S) |
|---|---|--|
| 717.232.0500 | Intervention (ILI) | |
| Outbound House 2901 North 6 th 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 4 th Floor Harrisburg, PA 17110 717.782.2421 | Counseling, Testing and Referral Services (CTR), Individual Level Intervention (ILI) | Black Heterosexual White 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 Susquehanna Valley 1514 North 2 nd Street Harrisburg, PA 17102 717.234.2479 | Counseling, Testing and Referral Services (CTR), Individual Level Intervention (ILI), Outreach, Health Communication/Public Information (HC/PI) | Black Heterosexual White Heterosexual General Public |

| PROVIDER | <u>PREVENTION SERVICES</u> | TARGET POPULATION (S) |
|---|---|--|
| 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) | Black Heterosexual Hispanic Heterosexual White 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) | Black IDU Hispanic 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) | Black Heterosexual White Heterosexual Black IDU White IDU |
| Visiting Nurses Association of | Counseling, Testing and | Black Heterosexual |

| PROVIDER | PREVENTION SERVICES | TARGET POPULATION (S) |
|--|--|--|
| 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) | Black Heterosexual White Heterosexual Black IDU White IDU |
| FRANKLIN COUNTY | | |
| Family Health Services of South Central Pennsylvania 1854 Wayne Avenue Chambersburg, PA 17201 717.264.4666 www.ppcpa.org | Counseling, Testing and Referral Services (CTR) | Black Heterosexual White Heterosexual |
| Franklin County Prison 625 Franklin Farm Lane Chambersburg, PA 17201 717.264.9513 | Counseling, Testing and Referral Services (CTR), Partner Counseling and Referral Services (PCRS), Individual Level Intervention (ILI), Health Communication/Public Information (HC/PI) | Black Heterosexual White Heterosexual Black IDU White IDU Black MSM White MSM |
| Franklin County State Health Center HIV Clinic 518 Cleveland Avenue Chambersburg, PA 17201 717.264.4666 | 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 |
| Franklin County State Health Center Tuberculosis Clinic 518 Cleveland Avenue | Counseling, Testing and Referral Services (CTR) | Black Heterosexual White Heterosexual |

| PROVIDER | <u>PREVENTION SERVICES</u> | TARGET POPULATION (S) |
|--|--|--|
| Chambersburg, PA 17201 717.264.4666 | | |
| 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) | Black Heterosexual Hispanic Heterosexual White Heterosexual General Public Emerging Risk Groups – Perinatal, Youth |
| <u>FULTON COUNTY</u> | | |
| Fulton County Prison North Second Street McConnellsburg, PA 17233 717.485.4221 | Counseling, Testing and Referral Services (CTR), Partner Counseling and Referral Services (PCRS), Individual Level Intervention (ILI), Health Communication/Public Information (HC/PI) | Black Heterosexual White Heterosexual Black IDU White IDU Black MSM White MSM |
| 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 Counseling and Referral Services (PCRS), 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) | Black Heterosexual White Heterosexual |

| PROVIDER | <u>PREVENTION SERVICES</u> | TARGET POPULATION (S) |
|--|--|--|
| Fulton County State Health Center Tuberculosis Clinic Penn's Village Shopping Center PO Box 248 McConnellsburg, PA 17233 717.485.5137 | Counseling, Testing and Referral Services (CTR) | Black Heterosexual White 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 Counseling and Referral Services (PCRS), Individual Level Intervention (ILI), Outreach, Comprehensive Risk Counseling and Services (CRCS), Health Communication/Public Information (HC/PI) | Black Heterosexual Hispanic Heterosexual White Heterosexual Black IDU Hispanic IDU White IDU Black MSM Hispanic MSM White MSM General Public Emerging Risk Group – Perinatal |
| 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) | Black Heterosexual Hispanic Heterosexual White Heterosexual General Public Emerging Risk Groups – Perinatal, Youth |
| <u>HUNTINGDON COUNTY</u> | | |
| 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 Counseling and Referral Services (PCRS), Individual Level Intervention (ILI), Group Level Intervention (GLI), Outreach, Health Communication/Public Information (HC/PI) | Black Heterosexual Hispanic Heterosexual White Heterosexual Black IDU Hispanic IDU White IDU Black MSM Hispanic MSM White MSM General Public Emerging Risk Group – Perinatal |

| PROVIDER | <u>PREVENTION SERVICES</u> | TARGET POPULATION (S) |
|---|--|--|
| Huntingdon County Prison 300 Church Street Huntingdon, PA 16652 814.643.2490 | Counseling, Testing and Referral Services (CTR), Partner Counseling and Referral Services (PCRS), Individual Level Intervention (ILI), Health Communication/Public Information (HC/PI) | Black Heterosexual White Heterosexual Black IDU White IDU Black MSM White MSM |
| Huntingdon County State Health Center HIV Clinic 900 Moore Street Huntingdon, PA 16652 814.643.3700 | Counseling, Testing and Referral Services (CTR), Partner Counseling and Referral Services (PCRS) | General Public |
| Huntingdon County State Health Center STD Clinic 900 Moore Street Huntingdon, PA 16652 814.643.3700 | Counseling, Testing and Referral Services (CTR) | Black Heterosexual White Heterosexual |
| Huntingdon County State Health Center Tuberculosis Clinic 900 Moore Street Huntingdon, PA 16652 814.643.3700 | Counseling, Testing and Referral Services (CTR) | Black Heterosexual White 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 |
| <u>JUNIATA COUNTY</u> | | |
| AIDS Community Alliance 401 Division Street Suite 100 Harrisburg, PA 17110 717.233.7190 800.867.1550 www.aca-pa.com | Counseling, Testing and Referral Services (CTR), Individual Level Intervention (ILI), Group Level Intervention (GLI), Outreach | White IDU White MSM White MSM/IDU Emerging Risk Groups – Perinatal, Youth |

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

| PROVIDER | PREVENTION SERVICES | TARGET POPULATION (S) |
|---|--|---|
| Brethren Mennonite AIDS Hotline 128 South Ann Lancaster, PA 17602 717.937.7140 717.299.7597 | Health Communication/Public Information (HC/PI) | White Heterosexual White IDU White MSM |
| Elizabethtown College One Alpha Drive Elizabethtown, PA 17022 717.736.1400 www.etown.edu | Individual Level Intervention (ILI) | White Heterosexual White MSM |
| 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 Counseling and Referral Services (PCRS), Individual Level Intervention (ILI), Health Communication/Public Information (HC/PI) | Black Heterosexual White Heterosexual Black IDU White IDU Black MSM White MSM |
| Lancaster County State Health Center HIV Clinic 1661 Old Philadelphia Pike Lancaster, PA 17602 717.299.7597 | 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 |
| Lancaster County State Health Center Tuberculosis Clinic 1661 Old Philadelphia Pike Lancaster, PA 17602 717.299.7597 | Counseling, Testing and Referral Services (CTR) | Black Heterosexual Hispanic Heterosexual White Heterosexual Emerging Risk Group - Homeless |
| Lancaster General Hospital HIV and STD Clinics PO Box 355 | Counseling, Testing and Referral Services (CTR) | Black Heterosexual Hispanic Heterosexual White Heterosexual |

| PROVIDER | <u>PREVENTION SERVICES</u> | TARGET POPULATION (S) |
|---|---|---|
| 554 North Duke Street Lancaster, PA 17602 717.290.5511 717.299.7800 | | |
| Lancaster General Hospital 555 North Duke Street Lancaster, PA 17602 717.290.5511 717.299.7800 | Counseling, Testing and Referral Services (CTR), Individual Level Intervention (ILI), Health Communication/Public Information (HC/PI) | General Public |
| Lancaster General Hospital – Susquehanna Division 306 North 7 th 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) | White Heterosexual White 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 13 South Lime Street Lancaster, Pa 17602 717.299.2891 www.ppsv.net | Counseling, Testing and Referral Services (CTR) | Black Heterosexual Hispanic Heterosexual White Heterosexual |
| Southeast Lancaster Health Center 625 South Duke Street Lancaster, PA 17602 717.299.6371 | Counseling, Testing and Referral Services (CTR) | General Public |
| Southeast Lancaster Health Services - HIV and STD Clinics | Counseling, Testing and Referral Services (CTR), Partner Counseling and | General Public |

| PROVIDER | <u>PREVENTION SERVICES</u> | TARGET POPULATION (S) |
|---|--|---|
| 625 South Duke Street PO Box 598 Lancaster, PA 17602 717.299.6372 www.selhs.org | Referral Services (PCRS), Individual Level Intervention (ILI), Outreach, Health Communication/Public Information (HC/PI) | |
| Spanish American Civic Association – Nuestra Clinica 545 Pershing Avenue Lancaster, PA 17602 717.293.4150 | 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 Heterosexual Hispanic Heterosexual Black IDU Hispanic IDU Black MSM Hispanic MSM General Public |
| Visiting Nurse Association/VNA Hospice 1181 Old Homestead Lane Suite 105 Lancaster, PA 17601 | Health Communication/Public Information (HC/PI) | HIV+ General Public |

| PROVIDER | <u>PREVENTION SERVICES</u> | TARGET POPULATION (S) |
|--|--|--|
| 717.397.8251 www.lancastergeneral.org | | |
| <u>LEBANON COUNTY</u> | | |
| AIDS Community Alliance 9 North 9 th Street Lebanon, PA 17042 717.272.2044 800.867.1550 www.aca-pa.com | Counseling, Testing and Referral Services (CTR), Individual Level Intervention (ILI), Group Level Intervention (GLI), Outreach | White IDU White MSM White MSM/IDU Emerging Risk Groups – Perinatal, Youth |
| Good Samaritan Family Practice Hyman S. Caplan Pavilion 2 nd Floor 4 th 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) | Black Heterosexual White Heterosexual General Public |
| Lebanon County Prison 730 West Walnut Street Lebanon, PA 17042 717.274.5451 | Counseling, Testing and Referral Services (CTR), Partner Counseling and Referral Services (PCRS), Individual Level Intervention (ILI), Health Communication/Public Information (HC/PI) | Black Heterosexual White Heterosexual Black IDU White IDU Black MSM White MSM |
| Lebanon County State Health Center HIV Clinic 9 North Ninth Street Lebanon, Pa 17042 717.272.2044 | 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 |
| Lebanon County State Health Center Tuberculosis Clinic 9 North Ninth Street Lebanon, Pa 17042 717.272.2044 | Counseling, Testing and Referral Services (CTR) | Black Heterosexual White Heterosexual Emerging Risk Group – Homeless |
| Lebanon Family Health Services 615 Cumberland Street | Counseling, Testing and Referral Services (CTR) | Black Heterosexual White Heterosexual |

| PROVIDER | <u>PREVENTION SERVICES</u> | TARGET POPULATION (S) |
|---|--|--|
| Lebanon, PA 17042 717.233.7190 www.lebanonfhs.org | | |
| 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 |
| <u>MIFFLIN COUNTY</u> | | |
| AIDS Community Alliance 401 Division Street Suite 100 Harrisburg, PA 17110 717.233.7190 800.867.1550 www.aca-pa.com | Counseling, Testing and Referral Services (CTR), Individual Level Intervention (ILI), Group Level Intervention (GLI), Outreach | White IDU White MSM White MSM/IDU Emerging Risk Groups – Perinatal, Youth |
| Lewistown Women's Health Services 516 West 4 th 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) | Black Heterosexual White Heterosexual Black IDU White IDU Black MSM White MSM |
| Mifflin County State Health Center HIV Clinic 21 South Brown Street Lewistown, PA 17044 717.242.1252 | 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 |
| Mifflin County State Health Center STD Clinic 21 South Brown Street Lewistown, PA 17044 | Counseling, Testing and Referral Services (CTR) | White Heterosexual |

| PROVIDER | <u>PREVENTION SERVICES</u> | TARGET POPULATION (S) |
|--|--|--|
| 717.242.1252 | | |
| Mifflin County State Health Center Tuberculosis Clinic 21 South Brown Street Lewistown, PA 17044 | Counseling, Testing and Referral Services (CTR) | White Heterosexual Emerging Risk Group – Homeless |
| 717.242.1252 | | |
| <u>PERRY COUNTY</u> | | |
| AIDS Community Alliance 401 Division Street Suite 100 Harrisburg, PA 17110 | Counseling, Testing and Referral Services (CTR), Individual Level Intervention (ILI), Group Level Intervention (GLI), Outreach | White IDU White MSM White MSM/IDU Emerging Risk Groups – Perinatal, Youth |
| 717.233.7190 800.867.1550 www.aca-pa.com | | |
| Loysville Youth Detention Center RD #2 Box 365B Loysville, PA 17047 | Partner Counseling and Referral Services (PCRS), Individual Level Intervention (ILI), Health Communication/Public Information (HC/PI) | Black Heterosexual Hispanic Heterosexual White Heterosexual Black IDU Hispanic IDU White IDU Emerging Risk Group – Youth |
| 717.789.5501 | | |
| Perry County Prison Box 6 South Carlisle Street New Bloomfield, PA 17068 | Counseling, Testing and Referral Services (CTR), Partner Counseling and Referral Services (PCRS), Individual Level Intervention (ILI), Health Communication/Public Information (HC/PI) | Black Heterosexual White Heterosexual Black IDU White IDU Black MSM White MSM |
| 717.582.2727 | | |
| Perry County State Health Center HIV Clinic RR #1 Box 35E 135 Red Hill Road Newport, PA 17074 | 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 |
| 717.567.2011 | | |
| Perry County State Health Center Tuberculosis Clinic RR #1 Box 35E | Counseling, Testing and Referral Services (CTR) | White Heterosexual Emerging Risk Group – Homeless |

| PROVIDER | <u>PREVENTION SERVICES</u> | TARGET POPULATION (S) |
|---|---|--|
| 135 Red Hill Road Newport, PA 17074 717.567.2011 | | |
| 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) | White Heterosexual |
| <u>YORK COUNTY</u> | | |
| Atkins House 307 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) | Black Heterosexual Hispanic Heterosexual White Heterosexual Black IDU Hispanic IDU White IDU 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+ Black Heterosexual Hispanic Heterosexual White Heterosexual |
| | | |

| PROVIDER | <u>PREVENTION SERVICES</u> | TARGET POPULATION (S) |
|--|--|--|
| <p>Family First Health 116 South George Street York, PA 17401</p> <p>717.845.8617 www.familyfirsthealth.com</p> | <p>Counseling, Testing and Referral Services (CTR), Individual Level Intervention (ILI), Outreach, Health Communication/Public Information (HC/PI)</p> | <p>Black Heterosexual Hispanic Heterosexual White Heterosexual Black IDU Hispanic IDU White IDU Black MSM Hispanic MSM White MSM</p> |
| <p>Hannah Penn Health Center 415 East Boundary Avenue York, PA 17403</p> <p>717.843.5174</p> | <p>Counseling, Testing and Referral Services (CTR)</p> | <p>General Public</p> |
| <p>Hanover General Hospital 300 Highland Avenue Hanover, PA 17331</p> <p>717.633.2123</p> | <p>Counseling, Testing and Referral Services (CTR), Health Communication/Public Information (HC/PI)</p> | <p>General Public</p> |
| <p>Hanover Health Center 55 Frederick Street Hanover, PA 17331</p> <p>717.632.9052</p> | <p>Counseling, Testing and Referral Services (CTR)</p> | <p>General Public</p> |
| <p>Homer Hetrick Center 308 Market Street Lewisberry, PA 17339</p> <p>717.938.6695</p> | <p>Counseling, Testing and Referral Services (CTR)</p> | <p>General Public</p> |
| <p>Planned Parenthood of Central PA 728 South Beaver Street York, PA 17401</p> <p>717.845.9681</p> <p>2997 Caper Horn Road Red Lion, PA 17356</p> <p>717.244.1412 Center Square Hanover, PA 17331 717.637.6544</p> | <p>Counseling, Testing and Referral Services (CTR), Individual Level Intervention (ILI), Group Level Intervention (GLI), Outreach, Health Communication/Public Information (HC/PI)</p> | <p>Black Heterosexual Hispanic Heterosexual White Heterosexual General Public Emerging Risk Groups – Perinatal, Youth</p> |

| PROVIDER | PREVENTION SERVICES | TARGET POPULATION (S) |
|--|--|---|
| <p>York City Health Bureau 227 West Market Street York, PA 17401</p> <p>717.849.2252</p> | <p>Counseling, Testing and Referral Services (CTR), Partner Counseling and Referral Services (PCRS), Outreach, Comprehensive Risk Counseling and Services (CRCS), Health Communication/Public Information (HC/PI)</p> <p>DEBI Interventions: SISTA Condom Skills Education</p> | <p>HIV+ Black Heterosexual White Heterosexual Black IDU White IDU Black MSM White MSM</p> |
| <p>York City Health Bureau – Tuberculosis Program 227 West Market Street York, PA 17401</p> <p>717.849.2252</p> | <p>Counseling, Testing and Referral Services (CTR)</p> | <p>General Public</p> |
| <p>York County Prison 3400 Concord Road York, PA 17402</p> <p>717.840.7580</p> | <p>Counseling, Testing and Referral Services (CTR), Partner Counseling and Referral Services (PCRS), Individual Level Intervention (ILI)</p> | <p>Black Heterosexual White Heterosexual Black IDU White IDU Black MSM White MSM</p> |
| <p>York County State Health Center HIV Clinic 1750 North George Street York, PA 17404</p> <p>717.771.1336</p> | <p>Counseling, Testing and Referral Services (CTR), Partner Counseling and Referral Services (PCRS), Individual Level Intervention (ILI), Outreach, Health Communication/Public Information (HC/PI)</p> | <p>General Public</p> |
| <p>York County State Health Center Tuberculosis Clinic 1750 North George Street York, PA 17404</p> <p>717.771.1336</p> | <p>Counseling, Testing and Referral Services (CTR)</p> | <p>General Public</p> |
| <p>York Development Center 3564 Meindel Road York, PA 17042</p> | <p>Counseling, Testing and Referral Services (CTR)</p> | <p>General Public</p> |

| PROVIDER | <u>PREVENTION SERVICES</u> | TARGET POPULATION (S) |
|---|---|-----------------------------|
| 717.771.9570 | | |
| Youth Detention Center 3564 Meindel Road York, PA 17402 | Counseling, Testing and Referral Services (CTR) | Emerging Risk Group – Youth |
| 717.840.7570 | | |

Southwest Region

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

Key—IDU-injection drug user; MSM-Men who have Sex with Men; MSM/IDU Men who have Sex with Men who are Injection Drug Users

| PROVIDER | PREVENTION SERVICES | TARGET POPULATION(S) |
|---|--|--|
| ALLEGHENY COUNTY | | |
| Adagio Health 100 Forbes Avenue Kossman Building Suite 1000 Pittsburgh, PA 15222 412.288.2140 | Counseling, Testing and Referral Services (CTR), Individual Level Intervention (ILI), Outreach, Health Communication/Public Information (HC/PI) | Black Heterosexual White 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 Counseling and Referral Services (PCRS) DEBI Intervention: Community PROMISE | 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 | Black Heterosexual White Heterosexual Black IDU White IDU Black MSM White MSM |
| 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 Counseling and Referral Services (PCRS), 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) | Black Heterosexual Hispanic Heterosexual White 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) | Black Heterosexual Hispanic Heterosexual White 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) | Black Heterosexual White Heterosexual Black IDU White IDU Black MSM White MSM |
| 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) | Black Heterosexual White Heterosexual Black IDU White IDU |
| Alternatives Regional Chemical Abuse Program 70 South 22 nd Avenue Pittsburgh, PA 15203 412.381.2100 | Counseling, Testing and Referral Services (CTR), Individual Level Intervention (ILI) | Black Heterosexual White Heterosexual Black IDU White IDU |
| 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 |
| | | |

| PROVIDER | PREVENTION SERVICES | TARGET POPULATION(S) |
|--|--|---|
| Bethlehem Haven of Pittsburgh Fifth Avenue Commons 905 Watson Street Pittsburgh, PA 15219 412.391.1348 www.bethlehemhaven.org | Counseling, Testing and Referral Services (CTR), Health Communication/Public Information (HC/PI) | Emerging Risk Groups – Homeless, Perinatal, 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) | Black Heterosexual White Heterosexual White MSM Emerging Risk Group – Youth |
| 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) | Black Heterosexual White Heterosexual Black IDU White IDU 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) | Black Heterosexual White Heterosexual Black IDU White IDU Emerging Risk Group – Youth |
| Discovery House 1391 Washington Boulevard Pittsburgh, PA 15206 412.661.9222 | Counseling, Testing and Referral Services (CTR) | Black IDU White IDU |
| East End Cooperative Ministry House of the Good Samaritan 250 North Highland Avenue Pittsburgh, PA 15206 412.361.5549 412.361.5013 | Outreach, Health Communication/Public Information (HC/PI) | Black IDU White IDU Emerging Risk Group – Homeless |
| East Liberty Family Health Care Center 7171 Churchland Street | Counseling, Testing and Referral Services (CTR) | Black Heterosexual Hispanic IDU General Public |

| PROVIDER | PREVENTION SERVICES | TARGET POPULATION(S) |
|--|---|---|
| Pittsburgh, PA 15206 412.661.2802 (East Liberty) 412.361.8284 (Lincoln/Lemington) | | |
| 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) 412.244.9755 (Hosanna House) www.familylinks.org | Counseling, Testing and Referral Services (CTR), Individual Level Intervention (ILI) | Black Heterosexual White Heterosexual Black IDU White IDU 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) | Black Heterosexual White Heterosexual Black IDU White IDU |
| 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 | | |
| Health, Independence and Vitality 905 West Street 4 th Floor Pittsburgh, PA 15221 412.242.2500 www.patf.org | Group Level Intervention (GLI), Outreach, Health Communication/Public Information | HIV+ Black Heterosexual Black IDU Black MSM |
| 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) | Black Heterosexual White Heterosexual Black IDU White IDU |
| 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) | Black Heterosexual White Heterosexual Black IDU White IDU |
| Housing Authority of the City of Pittsburgh 700 Fifth Avenue 4 th Floor Pittsburgh, PA 15219 412.456.5079 www.hacp.org | Counseling, Testing and Referral Services (CTR), Outreach, Health Communication/Public Information (HC/PI) | HIV+ Black Heterosexual Hispanic Heterosexual White Heterosexual Black IDU Hispanic IDU White IDU |

| PROVIDER | PREVENTION SERVICES | TARGET POPULATION(S) |
|---|---|--|
| 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) | Black Heterosexual White Heterosexual Black IDU White IDU |
| Kingsley Association 6435 Frankstown Avenue Pittsburgh, PA 15206 412.661.8751 www.kingsleyassociation.org | Counseling, Testing and Referral Services (CTR), Individual Level Intervention (ILI), Group Level Intervention (GLI), Outreach, Health Communication/Public Information (HC/PI) | Black Heterosexual 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 Heterosexual Black IDU Black MSM |
| 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 |
| | | |

| PROVIDER | PREVENTION SERVICES | TARGET POPULATION(S) |
|---|--|--|
| 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 412.323.4500 412.488.4040 888.424.2287 www.mercybehavioral.org | Counseling, Testing and Referral Services (CTR), Individual Level Intervention (ILI) | Black Heterosexual White Heterosexual Black IDU White IDU |
| 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) | Black Heterosexual White Heterosexual Black IDU White IDU Black MSM Women |
| Mon Yough Drug and Alcohol Community Services 335 Shaw Avenue | Counseling, Testing and Referral Services (CTR), Individual Level Intervention | Black Heterosexual White Heterosexual Black IDU |

| PROVIDER | PREVENTION SERVICES | TARGET POPULATION(S) |
|--|--|---|
| McKeesport, PA 15132 412.675.8560 412.375.8500 | (ILI) | White IDU |
| New Life Ministries 1008 7 th Avenue Suite 206 Beaver Falls, PA 15011 724.843.8540 | Counseling, Testing and Referral Services (CTR), Individual Level Intervention (ILI), Group Level Intervention (GLI), Outreach, Comprehensive Risk Counseling and Services (CRCS), Health Communication/Public Information (HC/PI) | Black Heterosexual White Heterosexual Black IDU White IDU Emerging Risk Groups – Youth, Transgender |
| 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) | Black Heterosexual Emerging Risk Group – Black Youth IDU |
| 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+ |
| | | |

| PROVIDER | PREVENTION SERVICES | TARGET POPULATION(S) |
|---|--|--|
| <p>PERSAD Center 5150 Penn Avenue Pittsburgh, PA 15224</p> <p>412.441.9786 www.persadcenter.org</p> | <p>Counseling, Testing and Referral Services (CTR), Individual Level Intervention (ILI), Group Level Intervention (GLI), Outreach, Health Communication/Public Information (HC/PI)</p> | <p>HIV+ Black IDU White IDU Black MSM White MSM Black MSM/IDU White MSM/IDU</p> |
| <p>Pitt Men’s Study PO Box 7319 Pittsburgh, PA 15213</p> <p>412.624.2008 800.987.1963 www.stophiv.com/pms/</p> | <p>Counseling, Testing and Referral Services (CTR), Individual Level Intervention (ILI), Health Communication/Public Information (HC/PI)</p> | <p>Black IDU White IDU Black MSM White MSM</p> |
| <p>Pittsburgh AIDS Center for Treatment (PACT) 200 Lothrop Street, Room 607 Pittsburgh, PA 15213</p> <p>412.647.7228 412.647.3112</p> | <p>Counseling, Testing and Referral Services (CTR), Outreach</p> | <p>HIV+ General Public</p> |
| <p>Pittsburgh AIDS Task Force Penn Office West 905 West Street 4th Floor Pittsburgh, PA 15221</p> <p>412.242.2500 www.patf.org</p> | <p>Counseling, Testing and Referral Services (CTR), Individual Level Intervention (ILI), Group Level Intervention (GLI), Outreach, Health Communication/Public Information (HC/PI)</p> <p>DEBI Interventions: Popular Opinion Leader (POL) SISTA</p> | <p>HIV+ Black Heterosexual White Heterosexual Black MSM White MSM Emerging Risk Groups – Youth, Perinatal, Women</p> |
| <p>Planned Parenthood of Western Pennsylvania - Women’s Health Services 933 Liberty Avenue Pittsburgh, PA 15222</p> <p>412.434.8971 www.ppwp.org</p> | <p>Counseling, Testing and Referral Services (CTR), Outreach, Health Communication/Public Information (HC/PI)</p> | <p>Black Heterosexual White Heterosexual General Public Emerging Risk Group – Women</p> |

| PROVIDER | PREVENTION SERVICES | TARGET POPULATION(S) |
|--|---|--|
| 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+ Black IDU White IDU |
| Prevention Point Pittsburgh 907 West Street 5 th Floor Pittsburgh, PA 15208 412.491.0916 412.247.3404 www.pppgh.org | Individual Level Intervention (ILI), Outreach, Comprehensive Risk Counseling and Services (CRCS), Health Communication/Public Information (HC/PI) | HIV+ Black IDU White IDU Hispanic 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 9 th Street Pittsburgh, PA 15203 412.481.7900 | Counseling, Testing and Referral Services (CTR), Individual Level Intervention (ILI) | Black Heterosexual White Heterosexual Black IDU White IDU Emerging Risk Group – Homeless |
| | | |

| PROVIDER | PREVENTION SERVICES | TARGET POPULATION(S) |
|--|---|--|
| SCI – Pittsburgh PO Box 99901 Pittsburgh, PA 15233 412.761.1955 | Counseling, Testing and Referral Services (CTR), Group Level Intervention (GLI) | HIV+ |
| Seven Project, Inc. 305 Pennoak Drive Pittsburgh, PA 15235 412.867.5057 | Counseling, Testing and Referral Services (CTR), Individual Level Intervention (ILI), Group Level Intervention (GLI), Outreach, Health Communication/Public Information (HC/PI) | HIV+ Black MSM Black Heterosexual |
| Shadyside Hospital 5230 Centre Avenue Pittsburgh, PA 15232 412.623.2121 | Counseling, Testing and Referral Services (CTR), Outreach, Health Communication/Public Information (HC/PI) | General Public |
| Shepherd Wellness Community 4800 Sciota Street Pittsburgh, PA 15224 412.683.4477 www.swonline.org | Health Communication/Public Information (HC/PI) | Black MSM White MSM Emerging Risk Group – Transgender |
| Shuman Juvenile Detention Center 7150 Highland Drive Pittsburgh, PA 15206 412.665.4143 | Counseling, Testing and Referral Services (CTR), Individual Level Intervention (ILI) | Emerging Risk Group – Youth |
| TADISO 1524 Beaver Avenue Pittsburgh, PA 15233 5907 Penn Avenue Pittsburgh, PA 15206 412.322.8415 www.tadiso.org | Counseling, Testing and Referral Services (CTR), Individual Level Intervention (ILI) | Black Heterosexual White Heterosexual Black IDU White IDU |
| UPMC Downtown Clinic 339 6 th Avenue 5 th Floor Pittsburgh, PA 15222 412.560.8762 | Counseling, Testing and Referral Services (CTR) | General Public |

| PROVIDER | PREVENTION SERVICES | TARGET POPULATION(S) |
|---|---|---|
| UPMC Family HIV Clinic 200 Lothrop Street Pittsburgh, PA 15213 412.647.3112 | Counseling, Testing and Referral Services (CTR), Individual Level Intervention (ILI), Health Communication/Public Information (HC/PI) | HIV+ Emerging Risk Group - Youth |
| UPMC Hazelwood 4918 Second Avenue Pittsburgh, PA 15207 412.521.6705 | Counseling, Testing and Referral Services (CTR), Health Communication/Public Information (HC/PI) | General Public Emerging Risk Group – Perinatal |
| Veteran’s Pittsburgh Health Care System University Drive CIIE-U Pittsburgh, PA 15240 412.688.6000 | Counseling, Testing and Referral Services (CTR), Health Communication/Public Information (HC/PI) | HIV+ General Public |
| Whale’s Tale 250 Shady Avenue Pittsburgh, PA 15208 412.661.1800 | Counseling, Testing and Referral Services (CTR) | General Public |
| Wilksburg Family Health Center Hosanna House 807 Wallace Avenue 2 nd 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 |
| | | |

| PROVIDER | PREVENTION SERVICES | TARGET POPULATION(S) |
|---|---|--|
| YWCA Bridge Housing PO Box 8645 Pittsburgh, PA 15221 412.371.2723 | Health Communication/Public Information (HC/PI) | Emerging Risk Groups – Homeless, Women |
| <u>ARMSTRONG COUNTY</u> | | |
| Armstrong County Prison 171 Staley’s Court Road Kittanning, PA 16201 724.545.9222 | Counseling, Testing and Referral Services (CTR), Partner Counseling and Referral Services (PCRS) | Black Heterosexual White Heterosexual Black IDU White IDU Black MSM White MSM |
| Armstrong County State Health Center HIV Clinic 239 Butler Road Kittanning, PA 16201 724.543.2818 724.543.2700 | 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 |
| 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 |
| 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) | Black Heterosexual White Heterosexual |
| <u>BEAVER COUNTY</u> | | |
| Adagio Health 468 Franklin Avenue Aliquippa, PA 15001 | Counseling, Testing and Referral Services (CTR), Group Level Intervention (GLI), Outreach, Health | General Public Emerging Risk Group – Youth |

| PROVIDER | PREVENTION SERVICES | TARGET POPULATION(S) |
|--|--|--|
| 724.375.8110 | Communication/Public Information (HC/PI) | |
| Aliquippa Family Planning 468 Franklin Avenue Aliquippa, PA 15001 724.375.8110 | Counseling, Testing and Referral Services (CTR) | Black Heterosexual White Heterosexual |
| Aliquippa Hospital | Counseling, Testing and Referral Services (CTR) | Black Heterosexual White Heterosexual |
| American Red Cross – Beaver/Lawrence County Chapter 133 Friendship Circle Beaver, PA 15009 1.800.999.2566 www.forcomm.net/arcbeaver/ | Health Communication/Public Information (HC/PI) | General Public |
| Beaver County Prison 6000 Woodlawn Road Aliquippa, PA 15001 724.378.8177 | Counseling, Testing and Referral Services (CTR), Individual Level Intervention (ILI) | Black Heterosexual White Heterosexual Black IDU White IDU Black MSM White MSM |
| Beaver County State Health Center HIV Clinic 300 South Walnut Lane Beaver, PA 15090 412.773.7436 | 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 |
| Beaver County State Health Center STD Clinic 300 South Walnut Lane Beaver, PA 15090 412.773.7436 | Counseling, Testing and Referral Services (CTR) | Black Heterosexual White Heterosexual |
| Beaver County State Health Center Tuberculosis Clinic 300 South Walnut Lane Beaver, PA 15090 412.773.7436 | Counseling, Testing and Referral Services (CTR) | Black Heterosexual White Heterosexual Emerging Risk Group - Homeless |
| | | |

| PROVIDER | PREVENTION SERVICES | TARGET POPULATION(S) |
|---|--|--|
| Gateway Rehabilitation Center Moffett Run Road Aliquippa, PA 15001 412.766.8700 724.378.4461 www.gatewayrehab.org | Counseling, Testing and Referral Services (CTR), Individual Level Intervention (ILI) | Black Heterosexual White Heterosexual Black IDU White IDU |
| 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 Heterosexual Black IDU Black MSM |
| 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 4 th 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 |
| <u>BUTLER COUNTY</u> | | |
| 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 Voageley Way PO Box 1208 Butler, PA 16003 724.284.5256 | Counseling, Testing and Referral Services (CTR), Partner Counseling and Referral Services (PCRS), Individual Level Intervention (ILI), Health | Black Heterosexual White Heterosexual Black IDU White IDU Black MSM White MSM |

| PROVIDER | PREVENTION SERVICES | TARGET POPULATION(S) |
|---|---|--|
| | 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) | White Heterosexual |
| Butler Memorial Hospital 216 North Washington Street Butler, PA 16001 724.283.0322 www.butlerhealthsystem.org | Counseling, Testing and Referral Services (CTR) | White 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+ Black IDU White IDU Black MSM White MSM General Public |
| Discovery House 326 Thompson Park Drive Cranberry Township, PA 16066 724.779.2012 | Counseling, Testing and Referral Services (CTR), Individual Level Intervention (ILI) | Black IDU White IDU |
| Family Planning Services of Butler County 323 Sunset Drive Butler, PA 16001 724.282.2730 | Counseling, Testing and Referral Services (CTR), Outreach, Health Communication/Public Information (HC/PI) | General Public |
| Irene Stacy Community Mental Health Center 112 Hillvue Drive Butler, PA 16001 724.287.0791 | Counseling, Testing and Referral Services (CTR) | White Heterosexual White IDU White MSM |
| Sharing of Hope 200 Second Avenue Freedom, PA 15042 | Outreach | HIV+ |

| PROVIDER | PREVENTION SERVICES | TARGET POPULATION(S) |
|--|---|---|
| 724.869.2902 412.634.2024 | | |
| Slippery Rock University McLachlin Student Health Center Slippery Rock, PA 16057 724.738.2052 www.sru.edu | Counseling, Testing and Referral Services (CTR) | Black Heterosexual White Heterosexual Emerging Risk Group – Youth |
| <u>CAMBRIA COUNTY</u> | | |
| 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) | Black Heterosexual White Heterosexual Black IDU White IDU Black MSM White MSM |
| Cambria County State Health Center HIV Clinic 430 Main Street Johnstown, PA 15901 814.533.2205 | 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 |
| Cambria County State Health Center Tuberculosis Clinic 430 Main Street Johnstown, PA 15901 814.533.2205 | Counseling, Testing and Referral Services (CTR) | Black Heterosexual White Heterosexual Black IDU White IDU Emerging Risk Group - Homeless |
| Community Care Management 119 Walnut Street 4 th Floor, Suite 404 Walnut Plaza Johnstown, PA 15901 814.533.7767 | Outreach, Health Communication/Public Information (HC/PI) | HIV+ Black Heterosexual White Heterosexual Black MSM White MSM |
| Johnstown Free Medical Clinic 1020 Frankstown Street Suite 308 | Counseling, Testing and Referral Services (CTR), Individual Level Intervention (ILI) | Black Heterosexual White Heterosexual |

| PROVIDER | PREVENTION SERVICES | TARGET POPULATION(S) |
|--|--|--|
| Johnstown, PA 15905 814.533.1894 | | |
| 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) | Black Heterosexual White Heterosexual |
| UPMC – Lee Regional 320 Main Street Johnstown, PA 15901 814.533.0123 www.upmc.com | Counseling, Testing and Referral Services (CTR), Individual Level Intervention (ILI) | Black Heterosexual White 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) | Black Heterosexual White Heterosexual Black IDU White IDU |
| <u>FAYETTE COUNTY</u> | | |
| Adagio Health 22 Mill Street Uniontown, PA 15401 724.437.1582 | Counseling, Testing and Referral Services (CTR) | White Heterosexual |
| Albert Gallatin AIDS Program 22 South Main Street Masontown, PA 15461 724.583.7822 | Health Communication/Public Information (HC/PI) | HIV+ General Public |
| Fayette County State Health Center HIV Clinic 100 New Salem Road Uniontown, PA 15401 412.439.7400 | 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 |
| Fayette County State Health Center STD Clinic 100 New Salem Road Uniontown, PA 15401 412.439.7400 | Counseling, Testing and Referral Services (CTR) | White Heterosexual |

| PROVIDER | PREVENTION SERVICES | TARGET POPULATION(S) |
|---|--|--|
| Fayette County State Health Center Tuberculosis Clinic 100 New Salem Road Uniontown, PA 15401 412.439.7400 | Counseling, Testing and Referral Services (CTR) | White 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 |
| <u>GREENE COUNTY</u> | | |
| Greene County AIDS Task Force Greene County Memorial Hospital Bonar and 7 th Streets Waynesburg, PA 15370 724.627.3101 | Health Communication/Public Information | General Public |
| 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 Counseling and Referral Services (PCRS), 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) | Black Heterosexual White 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) | Black Heterosexual White Heterosexual Emerging Risk Group - Homeless |
| <u>INDIANA COUNTY</u> | | |
| Indiana County Prison 55 North 9 th Street | Counseling, Testing and Referral Services (CTR), | Black Heterosexual White Heterosexual |

| PROVIDER | PREVENTION SERVICES | TARGET POPULATION(S) |
|--|--|---|
| Indiana, PA 15701 412.349.2225 | Partner Counseling and Referral Services (PCRS), Individual Level Intervention (ILI), Health Communication/Public Information (HC/PI) | Black IDU White IDU Black MSM White MSM |
| Indiana County State Health Center HIV Clinic 75 North 2 nd 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 |
| Indiana County State Health Center STD Clinic 75 North 2 nd Street Indiana, PA 15701 724.357.2995 | Counseling, Testing and Referral Services (CTR) | Black Heterosexual White Heterosexual |
| Indiana County State Health Center Tuberculosis Clinic 75 North 2 nd Street Indiana, PA 15701 724.357.2995 | Counseling, Testing and Referral Services (CTR) | Black Heterosexual White Heterosexual Emerging Risk Group - Homeless |
| Indiana Family Health Council 1097 Oak Street Indiana, PA 15701 724.349.2022 | Counseling, Testing and Referral Services (CTR) | White Heterosexual |
| UPMC – Lee Regional 320 Main Street Johnstown, PA 15901 814.533.0123 www.upmc.com | Counseling, Testing and Referral Services (CTR), Individual Level Intervention (ILI) | Black Heterosexual White Heterosexual |
| <u>SOMERSET COUNTY</u> | | |
| 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 | Black Heterosexual White Heterosexual Black IDU White IDU Black MSM |

| PROVIDER | PREVENTION SERVICES | TARGET POPULATION(S) |
|--|--|--|
| | (ILI), Outreach, Health Communication/Public Information (HC/PI) | White MSM |
| 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) | Black Heterosexual White Heterosexual Emerging Risk Group - Homeless |
| Somerset Planned Parenthood 4185 Glades Pike #200 Somerset, PA 15501 814.443.6549 | Counseling, Testing and Referral Services (CTR) | Black Heterosexual White Heterosexual General Public |
| Windber Medical Center 600 Somerset Avenue Windber, PA 15963 814.467.6611 windbercare.com | Counseling, Testing and Referral Services (CTR), Individual Level Intervention (ILI), Health Communication/Public Information (HC/PI) | General Public |
| WASHINGTON COUNTY | | |
| Adagio Health 75 East Maiden Street Washington, PA 15301 724.228.7113 | Counseling, Testing and Referral Services (CTR), Individual Level Intervention (ILI), Outreach, Health Communication/Public Information (HC/PI) | General Public |
| California University of Pennsylvania 250 University Avenue California, PA 15419 | Counseling, Testing and Referral Services (CTR) | General Public |
| Planned Parenthood of Western PA 817 Franklin Street Johnstown, PA 15901 814.535.5545 | Counseling, Testing and Referral Services (CTR), Individual Level Intervention (ILI), Outreach, Health Communication/Public | General Public |

| PROVIDER | PREVENTION SERVICES | TARGET POPULATION(S) |
|---|--|--|
| www.ppwp.org | Information (HC/PI) | |
| Washington County Prison 29 West Cherry Avenue Washington, PA 15301 724.228.6845 | Counseling, Testing and Referral Services (CTR), Partner Counseling and Referral Services (PCRS) | Black Heterosexual White Heterosexual Black IDU White IDU Black MSM White MSM |
| Washington County State Health Center HIV Clinic 167 North Main Street Suite 100 Washington, PA 15301 724.223.4540 | 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 |
| Washington County State Health Center STD Clinic 167 North Main Street Suite 100 Washington, PA 15301 412.223.4540 | Counseling, Testing and Referral Services (CTR) | Black Heterosexual White Heterosexual |
| Washington County State Health Center Tuberculosis Clinic 167 North Main Street Suite 100 Washington, PA 15301 412.223.4540 | Counseling, Testing and Referral Services (CTR) | Black Heterosexual White Heterosexual Emerging Risk Group – Homeless |
| WESTMORELAND COUNTY | | |
| Adagio Health 3058 Leechburg Road Lower Burrell, PA 15068 724.337.3400 | Counseling, Testing and Referral Services (CTR) | General Public |
| Community Health Clinic 422 Ninth Street New Kensington, PA 15068 724.335.3335 | Counseling, Testing and Referral Services (CTR), Individual Level Intervention (ILI) | Black Heterosexual Hispanic Heterosexual |
| Comprehensive Substance Abuse Services 211 Huff Avenue | Counseling, Testing and Referral Services (CTR) | General Public |

| PROVIDER | PREVENTION SERVICES | TARGET POPULATION(S) |
|--|--|---|
| Suite C Greensburg, PA 15601 724.853.8623 | | |
| Mon Valley AIDS Task Force PO Box 416 Monessen, PA 15062 724.258.1270 724.258.2193 724.644.4436 | Health Communication/Public Information (HC/PI) | HIV+ General Public |
| Southwest Behavioral Health Services Mon Valley Community Health Center Eastgate 8 Monessen, PA 15062 724.682.9000 Alle-Kiski 2120 Freeport Road New Kensington, PA 15068 724.339.6860 | Counseling, Testing and Referral Services (CTR), Individual Level Intervention (ILI) | Black Heterosexual Hispanic Heterosexual White Heterosexual Black IDU Hispanic IDU White IDU |
| 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 120 Harrison Avenue 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 HIV Clinic – Monessen Eastgate #8 | Counseling, Testing and Referral Services (CTR), Partner Counseling and Referral Services (PCRS), | General Public |

| PROVIDER | PREVENTION SERVICES | TARGET POPULATION(S) |
|---|---|--|
| Room 140 Monessen, PA 15062 724.684.2945 | Individual Level Intervention (ILI), Outreach, Health Communication/Public Information (HC/PI) | |
| Westmoreland County State Health Center STD Clinic – Greensburg 120 Harrison Avenue Greensburg, PA 15601 724.832.5315 | Counseling, Testing and Referral Services (CTR) | Black Heterosexual White Heterosexual |
| Westmoreland County State Health Center STD Clinic – Monessen Eastgate #8 Room 140 Monessen, PA 15062 724.684.2945 | Counseling, Testing and Referral Services (CTR) | Black Heterosexual White Heterosexual |
| Westmoreland County State Health Center Tuberculosis Clinic – Greensburg 120 Harrison Avenue Greensburg, PA 15601 724.832.5315 | Counseling, Testing and Referral Services (CTR) | Black Heterosexual White Heterosexual Emerging Risk Group – Homeless |
| Westmoreland County State Health Center Tuberculosis Clinic – Monessen Eastgate #8, Room 140 Monessen, PA 15062 724.684.2945 | Counseling, Testing and Referral Services (CTR) | Black Heterosexual White Heterosexual Emerging Risk Group – Homeless |
| Westmoreland Regional Hospital 532 East Pittsburgh Street Greensburg, PA 15601 724.832.4000 | Counseling, Testing and Referral Services (CTR), Individual Level Intervention (ILI), Health Communication/Public Information (HC/PI) | General Public |
| Westmoreland Women’s Health Center 626 North Main Street Greensburg, PA 15601 724.838.0980 | Counseling, Testing and Referral Services (CTR) | General Public |

The Philadelphia AIDS Consortium (TPAC) Region

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

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) |
|--|---|---|
| <u>BUCKS COUNTY</u> | | |
| Aldie Counseling Center 1270 New Rodgers Road Suite F10 Bristol, PA 19007 215.785.4200 | Counseling, Testing and Referral Services (CTR) | Black Heterosexual Hispanic Heterosexual White Heterosexual Black IDU Hispanic IDU White IDU General Public |
| Bucks County Department of Health Health Building, 2 nd Floor Neshaminy Manor Center Doylestown, PA 18901 215.345.3318 www.buckscounty.org | Counseling, Testing and Referral Services (CTR), Partner Counseling and Referral Services (PCRS) | HIV+ |
| Bucks County Department of Health – HIV Clinic Neshaminy Manor Center Route 611 and Almshouse Road Doylestown, PA 18901 215.345.3894 Government Service Center 7321 New Falls Road Levittown, PA 19055 215.949.5805 Government Service Center 515 West End Boulevard Quakertown, PA 18951 215.536.6500 | 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 |
| Bucks County Department of Health – STD Clinic Neshaminy Manor Center Route 611 and Almshouse Road | Counseling, Testing and Referral Services (CTR), Partner Counseling and Referral Services (PCRS), | General Public |

| PROVIDER | PREVENTION SERVICES | TARGET POPULATION(S) |
|---|---|---|
| <p>Doylestown, PA 18901</p> <p>215.345.3894</p> <p>Government Service Center 7321 New Falls Road Levittown, PA 19055</p> <p>215.949.5805</p> <p>Government Service Center 515 West End Boulevard Quakertown, PA 18951</p> <p>215.536.6500</p> | <p>Individual Level Intervention (ILI)</p> | |
| <p>Bucks County Department of Health – Tuberculosis Clinic Neshaminy Manor Center Route 611 and Almshouse Road Doylestown, PA 18901</p> <p>215.345.3894</p> <p>Government Service Center 7321 New Falls Road Levittown, PA 19055</p> <p>215.949.5805</p> <p>Government Service Center 515 West End Boulevard Quakertown, PA 18951</p> <p>215.536.6500</p> | <p>Counseling, Testing and Referral Services (CTR), Partner Counseling and Referral Services (PCRS), Individual Level Intervention (ILI)</p> | <p>Black Heterosexual Hispanic Heterosexual White Heterosexual Emerging Risk Groups – Homeless, Immigrants</p> |
| <p>Bucks County Prison 1730 South Easton Road Doylestown, PA 18901</p> <p>215.345.3700</p> | <p>Counseling, Testing and Referral Services (CTR), Partner Counseling and Referral Services (PCRS), Individual Level Intervention (ILI), Group Level Intervention (GLI), Health Communication/Public Information (HC/PI)</p> | <p>Black Heterosexual White Heterosexual Black IDU White IDU Black MSM White MSM General Public Emerging Risk Group – Women</p> |

| PROVIDER | PREVENTION SERVICES | TARGET POPULATION(S) |
|---|---|---|
| Delaware Valley College Student Health Services 700 East Butler Avenue Doylestown, PA 18901 215.345.3894 www.devalcol.edu | Counseling, Testing and Referral Services (CTR), Partner Counseling and Referral Services (PCRS), Individual Level Intervention (ILI) | Emerging Risk Group – Youth |
| Discovery House 329 Country Line Road Hatboro, PA 19040 212.675.8882 | Counseling, Testing and Referral Services (CTR) | General Public |
| Eastern Area Neighborhood Center, Inc. 902 Philadelphia Road Easton, PA 18042 610.253.4253 | Group Level Intervention (GLI), Outreach, Health Communication/Public Information (HC/PI) | HIV+ General Public |
| Family Service Association of Bucks County One Oxford Valley Suite 717 Langhorne, PA 19047 215.757.6916 www.fsabc.com | Individual Level Intervention (ILI), Group Level Intervention (GLI) | Black Heterosexual Hispanic Heterosexual General Public |
| Family Service of Bucks County HIV/AIDS Program One Oxford Valley Suite 717 Langhorne, PA 19047 215.757.6916 www.fsabc.com | Counseling, Testing and Referral Services (CTR), Individual Level Intervention (ILI), Group Level Intervention (GLI), Outreach, Health Communication/Public Information (HC/PI) | HIV+ IDU General Public |
| Good Friends Inc. 868 West Bridge Street Morrisville, PA 19067 215.736.2861 | Counseling, Testing and Referral Services (CTR) | Black Heterosexual Hispanic Heterosexual White Heterosexual Black IDU Hispanic IDU White IDU |
| Libertae 5242 Bensalem Boulevard Bensalem, PA 19020 | Counseling, Testing and Referral Services (CTR) | Black Heterosexual Hispanic Heterosexual White Heterosexual Black IDU |

| PROVIDER | PREVENTION SERVICES | TARGET POPULATION(S) |
|--|--|---|
| | | Hispanic IDU White IDU Emerging Risk Group – Women |
| Livengrin 4833 Holmeville 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) | Black Heterosexual Hispanic Heterosexual White Heterosexual Black IDU Hispanic IDU White IDU Emerging Risk Group – Women |
| Planned Parenthood of Doylestown 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 of Warminster The Atrium 610 Louis Drive Suite 303 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) | Black Heterosexual Hispanic Heterosexual White Heterosexual Black IDU Hispanic IDU White IDU Black MSM Hispanic MSM White MSM |

| PROVIDER | PREVENTION SERVICES | TARGET POPULATION(S) |
|---|---|---|
| | | General Public Emerging Risk Group – Youth |
| <p>Today Inc. 1990 Woodbourne Road Langhorne, PA 18940</p> <p>215.968.4713</p> | <p>Counseling, Testing and Referral Services (CTR)</p> | <p>Black Heterosexual Hispanic Heterosexual White Heterosexual Black IDU Hispanic IDU White IDU Black MSM Hispanic MSM White MSM General Public Emerging Risk Group – Youth</p> |
| <p>Weller Health Education Center 325 Northampton Street Easton, PA 18042</p> <p>610.258.8500 www.wellercenter.org</p> | <p>Health Communication/Public Information (HC/PI)</p> | <p>Emerging Risk Group – Youth</p> |
| <u>CHESTER COUNTY</u> | | |
| <p>Addiction Recovery Center 1011 West Baltimore Park Suite 101 West Grove, PA 19390</p> | <p>Counseling, Testing and Referral Services (CTR)</p> | <p>General Public</p> |
| <p>Advanced Treatment Systems 1825 East Lincoln Highway Coatesville, PA 19320 610.466.9250</p> | <p>Counseling, Testing and Referral Services (CTR)</p> | <p>General Public</p> |
| <p>ChesPenn Family Health Center 1029 East Lincoln Highway Coatesville, PA 19320</p> <p>610.344.5562</p> | <p>Counseling, Testing and Referral Services (CTR)</p> | <p>General Public</p> |
| <p>Chester County Department of Health 601 Westtown Road Suite 190 West Chester, PA 19382 Atkinson Health Care 830 East Chestnut Street Coatesville, PA 19320</p> | <p>Counseling, Testing and Referral Services (CTR), Partner Counseling and Referral Services (PCRS)</p> | <p>HIV+</p> |

| PROVIDER | PREVENTION SERVICES | TARGET POPULATION(S) |
|---|---|--|
| <p>Oxford Health Care 35 North 3rd Street Oxford, PA 19363</p> <p>610.344.5562</p> | | |
| <p>Chester County Department of Health – HIV Clinic 601 Westtown Road Suite 190 West Chester, PA 19382</p> <p>Atkinson Health Care 830 East Chestnut Street Coatesville, PA 19320</p> <p>Oxford Health Care 35 North 3rd Street Oxford, PA 19363</p> <p>610.344.5562</p> | <p>Counseling, Testing and Referral Services (CTR), Partner Counseling and Referral Services (PCRS), Individual Level Intervention (ILI), Outreach, Health Communication/Public Information (HC/PI)</p> | <p>General Public</p> |
| <p>Chester County Department of Health – STD Clinic 601 Westtown Road Suite 190 West Chester, PA 19382</p> <p>Atkinson Health Care 830 East Chestnut Street Coatesville, PA 19320</p> <p>Oxford Health Care 35 North 3rd Street Oxford, PA 19363</p> <p>610.344.5562</p> | <p>Counseling, Testing and Referral Services (CTR)</p> | <p>Black Heterosexual Hispanic Heterosexual White Heterosexual</p> |
| <p>Chester County Department of Health – Tuberculosis Clinic 601 Westtown Road Suite 190 West Chester, PA 19382</p> <p>Atkinson Health Care 830 East Chestnut Street Coatesville, PA 19320</p> | <p>Counseling, Testing and Referral Services (CTR)</p> | <p>Black Heterosexual Hispanic Heterosexual White Heterosexual Emerging Risk Groups – Homeless, immigrants</p> |

| PROVIDER | PREVENTION SERVICES | TARGET POPULATION(S) |
|--|--|--|
| Oxford Health Care 35 North 3 rd Street Oxford, PA 19363 610.344.5562 | | |
| 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 501 South Wawaset Road West Chester, PA 19382 610.793.1510 | Counseling, Testing and Referral Services (CTR), Partner Counseling and Referral Services (PCRS), Individual Level Intervention (ILI), Health Communication/Public Information (HC/PI) | Black Heterosexual White Heterosexual Black IDU White IDU Black MSM White MSM |
| Fami – Family Health Services of Chester County 301 North Matlack West Chester, PA 19380 610.696.4900 www.familyservice-cc.org | Individual Level Intervention (ILI), Group Level Intervention (GLI), Outreach, Health Communication/Public Information (HC/PI) | HIV+ 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 | Counseling, Testing and Referral Services (CTR) | General Public |

| PROVIDER | PREVENTION SERVICES | TARGET POPULATION(S) |
|--|---|---|
| 610.444.0555 | | |
| 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 21 Industrial Boulevard Suite 200 Paoli, PA 19301 | Counseling, Testing and Referral Services (CTR) | General Public |
| 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 | Counseling, Testing and Referral Services (CTR), Individual Level Intervention (ILI), Outreach, Health Communication/Public Information (HC/PI) | HIV+ |

| PROVIDER | PREVENTION SERVICES | TARGET POPULATION(S) |
|--|---|---|
| www.plan4it.org | | |
| Project Salud of La Comunidad Hispana Kennett Square Medical Office Building 400 McFarlan Road Suite #2 Kennett Square, PA 19348 412.444.5278 www.lacomunidadhispana.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 10 th 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 |
| The Clinic 143 Church Street Phoenixville, PA 19460 610.344.5562 | Counseling, Testing and Referral Services (CTR) | General Public |
| Veterans Affairs Medical Center and HIV Clinic 1400 Blackhorse Hill Road Building #2, Room 250 2 nd Floor 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 | Counseling, Testing and Referral Services (CTR), | White Heterosexual Emerging Risk Group – |

| PROVIDER | PREVENTION SERVICES | TARGET POPULATION(S) |
|--|--|---|
| Rosedale Avenue West Chester, PA 19383 610.436.1000 www.wcupa.edu | Outreach, Health Communication/Public Information (HC/PI) | Youth |
| DELAWARE COUNTY | | |
| AIDS Care Group 2304 Edgemont Avenue Chester, PA 19013 610.872.9101 | Counseling, Testing and Referral Services (CTR), Group Level Intervention (GLI), Health Communication/Public Information (HC/PI) | HIV+ Black Heterosexual Hispanic Heterosexual White Heterosexual Black IDU Hispanic IDU White IDU Black MSM Hispanic MSM White MSM |
| 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 9 th Street Chester, PA 19013 610.859.2059 www.chespenn.org | Counseling, Testing and Referral Services (CTR), Individual Level Intervention (ILI), Outreach, Health Communication/Public Information (HC/PI) | HIV+ Black Heterosexual Hispanic Heterosexual White Heterosexual Black IDU Hispanic IDU White IDU General Public |
| 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 | Counseling, Testing and Referral Services (CTR), Individual Level Intervention (ILI) | Black IDU Hispanic IDU White IDU |

| PROVIDER | PREVENTION SERVICES | TARGET POPULATION(S) |
|---|---|---|
| 610.447.2000 www.crozer.org | | |
| Delaware County State Health Center – HIV Clinic 5 th and Penn Streets Chester, PA 19013 610.447.3250 | 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 |
| Delaware County State Health Center – STD Clinic 5 th and Penn Streets Chester, PA 19013 610.447.3250 | Counseling, Testing and Referral Services (CTR) | Black Heterosexual Hispanic Heterosexual White Heterosexual |
| Delaware County State Health Center – Tuberculosis Clinic 5 th and Penn Streets Chester, PA 19013 610.447.3250 | Counseling, Testing and Referral Services (CTR) | Black Heterosexual Hispanic Heterosexual White Heterosexual Emerging Risk Groups – Homeless, Immigrants |
| Family and 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 Counseling and Referral Services (PCRS), Individual Level Intervention (ILI), Health Communication/Public Information (HC/PI) | Black Heterosexual Hispanic Heterosexual White Heterosexual Black IDU Hispanic IDU White IDU Black MSM Hispanic MSM White MSM |
| Harwood Home 9200 West Chester Pike | Counseling, Testing and Referral Services (CTR) | General Public |

| PROVIDER | PREVENTION SERVICES | TARGET POPULATION(S) |
|---|---|--|
| Upper Darby, PA 19082 610.522.0522 | | |
| 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 |
| <u>MONTGOMERY COUNTY</u> | | |
| Alternatives, Inc. 450 Bethlehem Pike Fort Washington, PA 19034 215.641.6863 800.342.5429 www.alternatives.com | Counseling, Testing and Referral Services (CTR), Individual Level Intervention (ILI), Group Level Intervention (GLI), Health Communication/Public | Black MSM Hispanic MSM White MSM Black MSM/IDU Hispanic MSM/IDU Black MSM/IDU |

| PROVIDER | PREVENTION SERVICES | TARGET POPULATION(S) |
|---|--|---|
| | Information (HC/PI) | |
| <p>Family Services of Montgomery County – Project Hope 180 West Germantown Pike Suite 3B Norristown, PA 19401</p> <p>610.272.1520 3125 Ridge Pike Eagleville, PA 19403 610.630.2211</p> | <p>Individual Level Intervention (ILI), Group Level Intervention (GLI), Outreach</p> | <p>HIV+ Heterosexual General Public</p> |
| <p>Montgomery County AIDS Task Force 536 Fort Washington Avenue Fort Washington, PA 19034</p> <p>215.646.3683</p> | <p>Health Communication/Public Information (HC/PI)</p> | <p>General Public</p> |
| <p>Montgomery County Health Department 102 York Road Suite 401 Willow Grove, PA 19090</p> <p>215.784.5415</p> | <p>Counseling, Testing and Referral Services (CTR), Partner Counseling and Referral Services (PCRS), Individual Level Intervention (ILI), Health Communication/Public Information (HC/PI)</p> <p>DEBI Intervention: VOICES/VOCES</p> | <p>HIV+ Black Heterosexual Hispanic Heterosexual White Heterosexual Black IDU Hispanic IDU White IDU Black MSM Hispanic MSM White MSM Emerging Risk Groups – Homeless</p> |
| <p>Montgomery County Health Department – HIV Clinic 1430 DeKalb Street Norristown, PA 19401</p> <p>364 King Street Pottstown, PA 19464</p> <p>610.970.5040</p> | <p>Counseling, Testing and Referral Services (CTR), Individual Level Intervention (ILI), Outreach, Health Communication/Public Information (HC/PI)</p> | <p>General Public</p> |
| <p>Montgomery County Correctional Facility 1430 DeKalb Street Box 311 Norristown, PA 19403</p> | <p>Counseling, Testing and Referral Services (CTR)</p> | <p>General Public</p> |

| PROVIDER | PREVENTION SERVICES | TARGET POPULATION(S) |
|--|--|--|
| 610.278.5117 | | |
| <p>Montgomery County Health Department – STD Clinic 1430 DeKalb Street Norristown, PA 19401</p> <p>364 King Street Pottstown, PA 19464</p> | <p>Counseling, Testing and Referral Services (CTR), Outreach</p> | <p>Black Heterosexual Hispanic Heterosexual White Heterosexual</p> |
| 610.970.5040 | | |
| <p>Montgomery County Health Department – Tuberculosis Clinic 1430 DeKalb Street Norristown, PA 19401</p> <p>364 King Street Pottstown, PA 19464</p> | <p>Counseling, Testing and Referral Services (CTR)</p> | <p>Black Heterosexual Hispanic Heterosexual White Heterosexual Emerging Risk Groups – Homeless</p> |
| 610.970.5040 | | |
| <p>Montgomery Fornace Family Practice 1330 Powell Street Suite 409 Norristown, PA 19401</p> | <p>Counseling, Testing and Referral Services (CTR), Individual Level Intervention (ILI), Health Communication/Public Information (HC/PI)</p> | <p>General Public</p> |
| 610.227.0964 | | |
| <p>Planned Parenthood of Southeastern Pennsylvania 19 Lindenwold Avenue Ambler, PA 19002</p> <p>215.542.8370</p> <p>1220 Powell Street Norristown, PA 19401</p> <p>610.279.6095</p> <p>644 High Street Pottstown, PA 19469</p> <p>610.326.8080</p> | <p>Counseling, Testing and Referral Services (CTR), Individual Level Intervention (ILI), Outreach, Health Communication/Public Information (HC/PI)</p> | <p>General Public</p> |

| PROVIDER | PREVENTION SERVICES | TARGET POPULATION(S) |
|--|---|---|
| 78 Second Street Collegetown, PA 19426 610.409.8891 | | |
| 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+ Black Heterosexual Hispanic Heterosexual White Heterosexual Black IDU Hispanic IDU White IDU Black MSM Hispanic MSM White MSM |

5. Gap Analysis

This section describes the process that identified the relationship between the number of PLWA and HIV and the amount of prevention services being accessed in that geographical region. The Interventions Subcommittee in the previous years demonstrated and analyzed the amounts of services being offered in each county in the commonwealth but felt that a needed correlation between offerings and services being accessed was not demonstrated.

In 2006 – 2007, the CPG was presented with a challenge of looking at secondary prevention, as a higher priority need. The Interventions Subcommittee feels that the visual representation of the data processed allows for a quick analysis and plans on developing this correlation further in-depth in the 2009 plan that will re-prioritize the populations.

The committee tried two different sources for the data of services being accessed. Pennsylvania Uniform Data System (PaUDS) and CADR (Care Act Data Report) address services from two different angles. PA UDS collects data from prevention activities funded by the PA Dept of Health and CADR aggregates data from care providers. However the CADR data for strict medical care was not complete and it was recommended we look at the Case Management data category of CADR. As further exploration showed, the CADR data was not as relevant to the work of the CPG as PA UDS data. Due to its nature, the CADR data deals with services not related to prevention activities, which is the focus of the CPG.

| HIV Negative | Community PROMISE | Healthy Relationships | Holistic Health Recovery Program | Many Men, Many Voices | MPowerment | Popular Opinion Leader | Real AIDS Prevention Project | RESPECT | Safety Counts | SISTA Project | Street Smart | Together Learning Choices | VOICES/VOCES |
|--------------------------------|-------------------|-----------------------|----------------------------------|-----------------------|------------|------------------------|------------------------------|---------|---------------|---------------|--------------|---------------------------|--------------|
| Ranked Population Target Group | | | | | | | | | | | | | |
| White MSM | X | | | | X | X | | | | | | | |
| Black IDU | X | | | | | | | | X | | | | |
| Black MSM/IDU | X | | | | | | | | | | | | |
| White MSM/IDU | X | | | | | | | | | | | | |
| Black Heterosexual | X | | | | | | X | X | | X | | | X |
| White IDU | X | | | | | | | | X | | | | |
| White Heterosexual | X | | | | | | X | X | | | | | |
| Hispanic IDU | X | | | | | | | | X | | | | |
| Black MSM | X | | | X | X | X | | | | | | | |
| Hispanic Heterosexual | X | | | | | | X | X | | | | | X |
| Hispanic MSM/IDU | X | | | | | | | | | | | | |
| Hispanic MSM | X | | | X | X | X | | | | | | | |
| Perinatal Transmission | X | | | | | | X | | | | | | |
| <i>Emerging Risk Groups</i> | X | | | | | | | | | | | | |
| Youth | X | | | | X | | | | | | X | | |
| Transgender | X | | | | | | | | | | | | |
| Homeless | X | | | | | | | | | | X | | |
| Asian Pacific Islander | X | | | | | | | | | | | | |

| HIV Positive | Community PROMISE | Healthy Relationships | Holistic Health Recovery Program | Many Men Many Voices | MPowerment | Popular Opinion Leader | Real AIDS Prevention Project | RESPECT | Safety Counts | SISTA Project | Street Smart | Together Learning Choices | Voices/Voces |
|--------------------------------|-------------------|-----------------------|----------------------------------|----------------------|------------|------------------------|------------------------------|---------|---------------|---------------|--------------|---------------------------|--------------|
| Ranked Population Target Group | | | | | | | | | | | | | |
| White MSM | X | X | | | X | | | | | | | X | |
| Black IDU | X | X | X | | | | | | X | | | X | |
| Black MSM/IDU | X | X | X | | | | | | | | | X | |
| White MSM/IDU | X | X | X | | | | | | | | | X | |
| Black Heterosexual | X | X | | | | | | X | | | | X | |
| White IDU | X | X | X | | | | | | X | | | X | |
| White Heterosexual | X | X | | | | | | X | | | | X | |
| Hispanic IDU | X | X | X | | | | | | X | | | X | |
| Black MSM | X | X | | | X | | | | | | | X | |
| Hispanic Heterosexual | X | X | | | | | | X | | | | X | |
| Hispanic MSM/IDU | X | X | X | | | | | | | | | X | |
| Hispanic MSM | X | X | | | X | | | | | | | X | |
| Perinatal Transmission | X | X | | | | | | | | | | X | |
| <i>Emerging Risk Groups</i> | X | X | | | | | | | | | | X | |
| Youth | X | X | | | X | | | | | | | X | |
| Transgender | X | X | | | | | | | | | | X | |
| Homeless | X | X | | | | | | | | | | X | |
| Asian Pacific Islander | X | X | | | | | | | | | | X | |

Community PROMISE

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

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

Healthy Relationships

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

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

Holistic Health Recovery Program

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

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

Many Men, Many Voices

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

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

MPowerment

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

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

Popular Opinion Leader

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

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

Real AIDS Prevention Project (RAPP)

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

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

RESPECT

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

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

Safety Counts

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

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

SISTA Project

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

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

Street Smart

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

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

Together Learning Choices

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

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

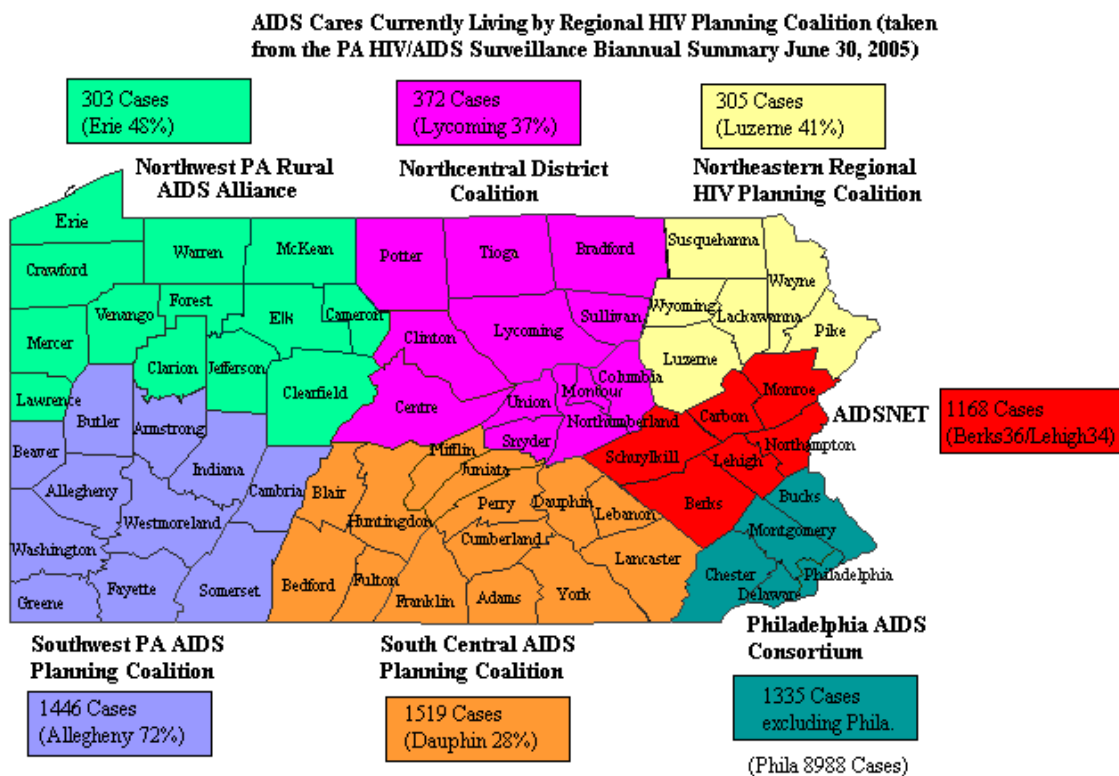
VOICES/VOCES

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

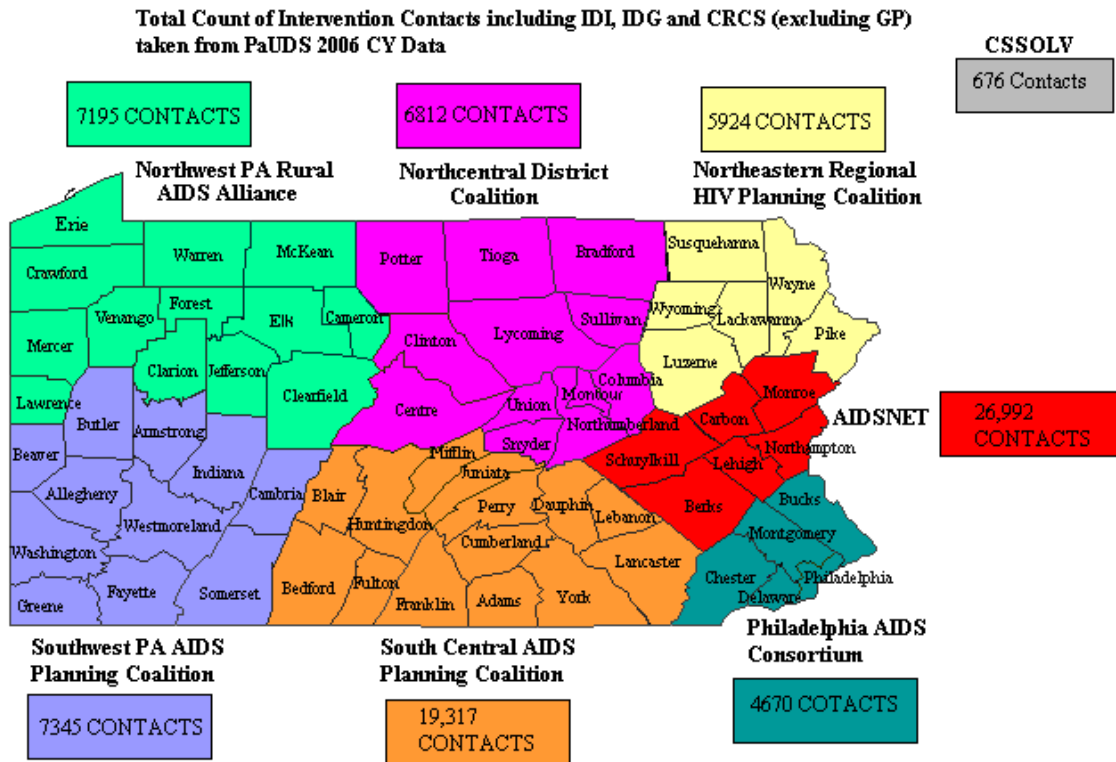
| HIV - | | | | | | | | |
|--------------------------------|-----|------|-----|-----|----|-----|-------|-------------|
| Ranked Population Target Group | CTR | PCRS | ILI | GLI | OR | PCM | HC/PI | Other (CLI) |
| White MSM | | | | | | | | |
| Black IDU | | | | | | | | |
| Black MSM/IDU | | | | | | |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

The first graphic was created using the data from the 2005 HIV/AIDS Surveillance Biennial Summary Tables 12-18 titled "AIDS in Pennsylvania Characteristics of cases by time interval of Diagnosis" Currently Living Category. The second graphic represents data from the PA UDS report for the CY2006 for Coalitions with the data for local/municipal centers added into the geographically appropriate coalition. The number listed excludes data in the General Public category as well as Outreach and HCPI services. The third graphic represents the processed CADR data from the "CADR Report for the 2006CY" Total Count of Clients by Provider for All Titles funding table in the Case Management Category.

Graph 1

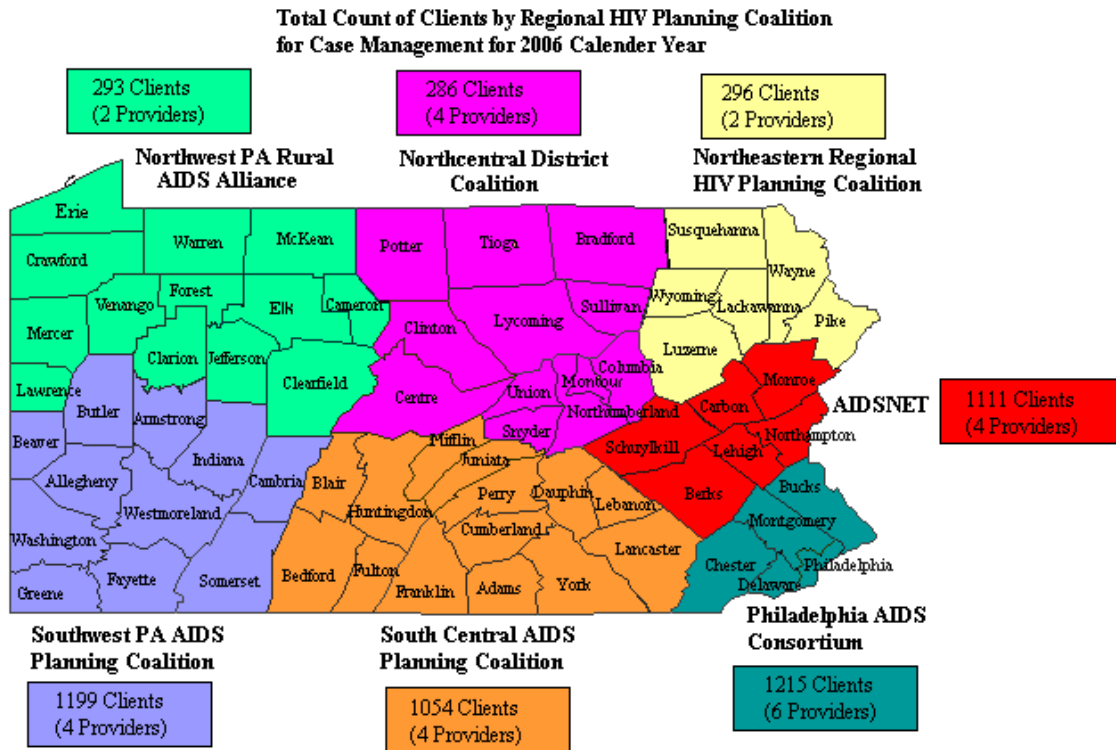


Graph 2



Cautions: Under the current method in which PaUDS data is collected, contacts do not necessitate unduplicated clients, meaning an individual attending a multi-session group intervention may count as a contact during each of the sessions.

Graph 3



The Subcommittee updated the DEBI recommendation grids to include the RESPECT intervention.

INTERVENTIONS—APPROPRIATE SCIENCE-BASED PREVENTION ACTIVITIES

Hepatitis C (HCV) Collaboration

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

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

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

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

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

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

Hepatitis became reportable in 2003; hence, data is only from 2003 forward. Hepatitis-A was highest in 2003 primarily due to the outbreak at Chichi's restaurants in the Pittsburgh area. Three individuals died during this month long outbreak. In general there are approximately 100 cases of Hepatitis-A during the year. However, in 2003 there were 822 cases of Hepatitis-A. There are approximately 800 to 1200 cases of Hepatitis-B and 9,000 cases of Hepatitis-C during the year.

Most Hepatitis-A is endemic in southwestern and southeastern Pennsylvania, even without the Chichi's outbreak. Most cases of Hepatitis-B are sexual transmissions and most frequently seen in Asian and African immigrants. It is lower in Native American populations due to vaccination efforts.

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

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

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

What emerges here is the importance of case management linking people to treatment and vaccination. Having health insurance certainly helps and women are more responsive than males in seeking Hepatitis-C testing and following through. There is also a higher probability in this at risk population of having received a Hepatitis-B vaccination than in the general population. It is critical to help those who are Hepatitis infected to reduce their alcohol consumption. The number going into treatment was comparable to that of the general population. One in ten go into treatment with this program. There is also a need to increase vaccinations for Hepatitis-A and -B in men who have sex with men.

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

1. Rural Work Group

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 address the special demographic, geographic and social/cultural conditions that impact the HIV prevention needs of non-metropolitan populations in Pennsylvania so that these needs can be included in the prevention plan. Although rural areas are significant sources of the state's natural resources and are of primary importance to the economy of Pennsylvania, the needs of rural people are often overlooked because of population dispersion and inadequate political infrastructures (Willits & Luloff, & 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 non-metropolitan prevention groups adapt recommended procedures within each of their unique rural areas.

Characteristics of Rural Pennsylvania

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

Issues in addition to poverty that impact rural areas are low incomes and poverty levels, lack of medical care, increased cost and availability of local community services, restricted access to urban centers of specialty due to distance and transportation problems, and limited telecommunication access. According to the Pennsylvania Office of Rural Health, rural areas have fewer hospital beds and fewer primary care physicians, dentists, and other health care providers than do urban areas. In addition, although the population of rural non-whites increased from 2 percent to 4 percent between 1990 and 2000, most rural counties have extremely low percentages of ethnic and racial minorities. However, youth under 18 years of age account for 23% of the population, which is comparable to urban areas. Figure V.1 depicts rural and urban counties of Pennsylvania. Table V.1 lists the rural counties of Pennsylvania by population density, percent Black and Hispanic and percent of living AIDS cases. **Population density is calculated by dividing the total population of an area by the total number of square miles. Thus, the population density of Pennsylvania is 274 persons per square mile. Rural counties are those with population densities of less than 274.** (Center for Rural Pennsylvania 2007).

Pennsylvania's Rural Counties

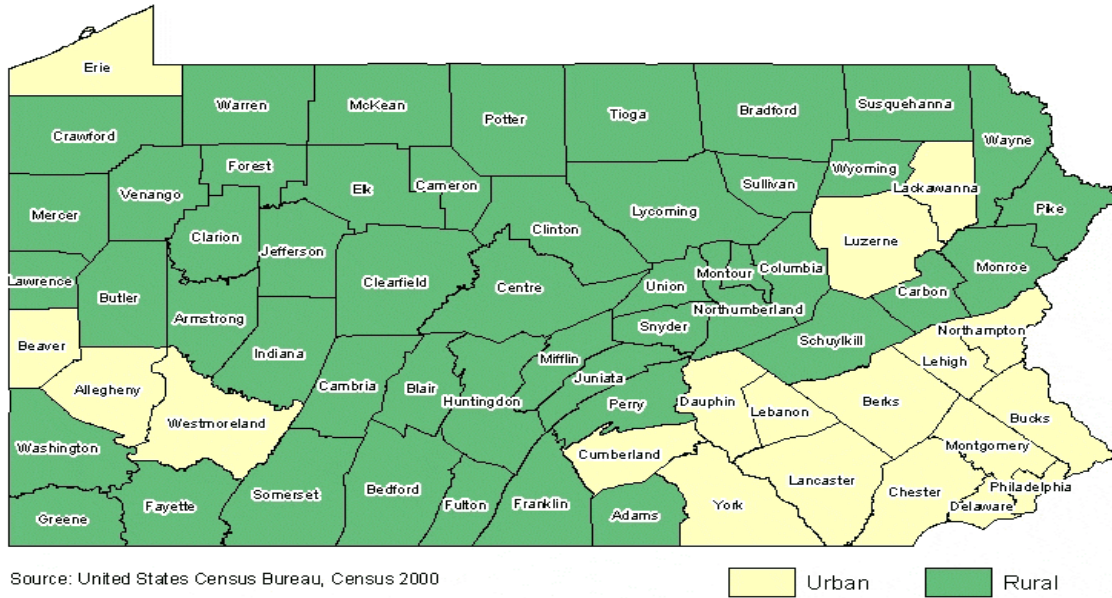


Figure V.1

Table V.1

Rural Counties in Pennsylvania with Greater than 40 Percent Rural Population

| Rural County | Population Density | Total Population | Percent Black | Percent Hispanic | Living AIDS Cases |
|--------------|--------------------|------------------|---------------|------------------|-------------------|
| Adams | 176 | 99,749 | 1.7 | 4.9 | 21 |
| Armstrong | 111 | 70,586 | 0.9 | 0.5 | 16 |
| Bedford | 49 | 50,091 | 0.5 | 0.6 | 7 |
| Blair | 246 | 126,795 | 1.3 | 0.6 | 28 |
| Bradford | 55 | 62,537 | 0.5 | 0.7 | 13 |
| Butler | 221 | 182,087 | 1.0 | 0.8 | 18 |
| Cambria | 222 | 148,073 | 3.2 | 1.1 | 66 |
| Cameron | 15 | 5,639 | 0.6 | 0.9 | 0 |
| Carbon | 154 | 61,959 | 1.0 | 1.9 | 10 |

| Rural County | Population Density | Total Population | Percent Black | Percent Hispanic | Living AIDS Cases |
|---------------------|---------------------------|-------------------------|----------------------|-------------------------|--------------------------|
| Centre | 123 | 140,561 | 1.0 | 1.9 | 53 |
| Clarion | 69 | 40,589 | 0.9 | 0.5 | 3 |
| Clearfield | 73 | 82,783 | 1.9 | 0.7 | 32 |
| Clinton | 43 | 37,439 | 0.8 | 0.7 | 0 |
| Columbia | 132 | 64,939 | 1.0 | 1.4 | 20 |
| Crawford | 89 | 89,442 | 1.8 | 0.7 | 23 |
| Elk | 42 | 33,557 | 0.2 | 0.5 | 2 |
| Fayette | 188 | 146,142 | 4.0 | 0.5 | 24 |
| Forest | 12 | 5,739 | 9.8 | 2.6 | 0 |
| Franklin | 168 | 137,409 | 2.7 | 2.7 | 45 |
| Fulton | 33 | 14,673 | 0.7 | 0.5 | 2 |
| Greene | 71 | 40,672 | 3.8 | 0.9 | 14 |
| Huntingdon | 52 | 45,947 | 5.5 | 1.2 | 49 |
| Indiana | 108 | 88,703 | 1.8 | 0.7 | 13 |
| Jefferson | 70 | 45,759 | 0.3 | 0.5 | 5 |
| Juniata | 58 | 23,507 | 0.5 | 2.4 | 4 |
| Lawrence | 263 | 92,809 | 3.9 | 0.9 | 19 |
| Lycoming | 97 | 118,395 | 4.3 | 0.8 | 125 |
| McKean | 47 | 44,370 | 2.3 | 1.2 | 16 |
| Mercer | 179 | 119,598 | 5.4 | 0.8 | 27 |
| Mifflin | 113 | 46,335 | 0.7 | 0.6 | 9 |
| Monroe | 228 | 163,234 | 10.6 | 10.4 | 70 |

| Rural County | Population Density | Total Population | Percent Black | Percent Hispanic | Living AIDS Cases |
|---------------------|---------------------------|-------------------------|----------------------|-------------------------|--------------------------|
| Montour | 139 | 18,032 | 1.8 | 1.2 | 6 |
| Northumberland | 206 | 92,610 | 2.0 | 1.4 | 47 |
| Perry | 79 | 44,738 | 0.7 | 1.0 | 9 |
| Pike | 85 | 56,337 | 5.2 | 6.7 | 17 |
| Potter | 17 | 17,834 | 1.0 | 0.6 | 2 |
| Schuylkill | 193 | 147,447 | 2.6 | 1.5 | 73 |
| Snyder | 113 | 38,207 | 1.1 | 1.3 | 14 |
| Somerset | 74 | 78,907 | 2.4 | 0.9 | 44 |
| Sullivan | 15 | 6,391 | 3.5 | 1.2 | 4 |
| Susquehanna | 51 | 42,124 | 0.6 | 0.8 | 7 |
| Tioga | 36 | 41,649 | 1.0 | 0.7 | 3 |
| Union | 131 | 43,131 | 7.7 | 4.1 | 67 |
| Venango | 85 | 55,928 | 1.3 | 0.6 | 8 |
| Warren | 50 | 42,033 | 0.4 | 0.5 | 8 |
| Washington | 237 | 206,406 | 3.3 | 0.7 | 45 |
| Wayne | 65 | 50,113 | 1.9 | 2.2 | 42 |
| Wyoming | 71 | 28,160 | 0.6 | 1.1 | 10 |

Population and minority designations were established by the Center for Rural Pennsylvania from US Census data. Numbers of living AIDS cases per rural county were established by the Pennsylvania Department of Health.

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

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, however, 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).

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 difficulties with access to 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).

Summary of Findings Related to Rural Areas from CPG Program Evaluations Results of 2004 Poster Presentation: Funded HIV Agencies

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

Results of 2005 Poster Presentation: Pa Department of Health Field Staff:

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

Results of 2006 Poster Presentation: Agencies Utilizing DEBI Interventions

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

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

Results of the Rural Men's Study

Deborah Bray Preston, PhD, RN, Principal Investigator

Anthony R. D'Augelli, PhD. Co-Investigator

Funded 2001 to 2005 by NIMH: RO1-MH 62981

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

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

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

Age, Education, Race and Ethnicity

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

Sexual Orientation and Victimization

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

Sexual Risk Behaviors

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

More Sexual Risks

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

Mental Health and Stigma

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

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

Figure V.2 Relationship of Stigma to Sexual Risk

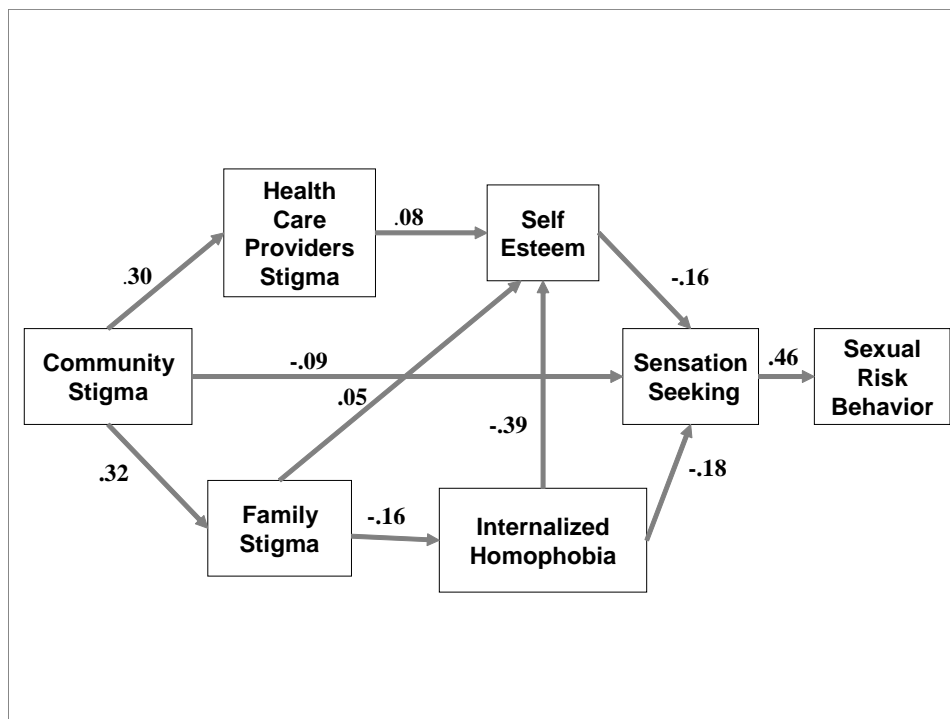


Figure V.2 shows that the stigma experienced by rural men is indirectly related to their sexual risk behavior through sensation seeking, self esteem and internalized homophobia.

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

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3. Decisions For Life

Decisions For Life (DFL) is a peer-based, group-level intervention that is being designed by and for sexually active young people (ages 16-24). DFL targets 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. Decisions For Life is behavior-based, rooted in risk reduction, and tailored to the prevention needs of ALL sexually active young people.

The evolution of the DFL curriculum is rooted in community planning. Begun in 2000, DFL is being designed by a Young Adult Advisory Team (YAAT) – a planning group of eighteen diverse and high-risk young people – in collaboration with University of Pittsburgh staff. The intervention’s unique design process employs basic principles of HIV prevention community planning (parity, inclusion, representation, collaboration and participation) that resulted in a peer-based intervention that is both evidence-based and rooted in behavioral science.

| INTERVENTION MODULES | | |
|----------------------|--|---|
| | Title | Sample Learning Objectives |
| SESSION ONE | <u>Personal Risk Assessment</u> | <ul style="list-style-type: none"> identify personal risk factors for HIV infection/re-infection |
| MODULE ONE | HIV Primary and Secondary Prevention and Treatment | <ul style="list-style-type: none"> understand levels of risk of common modes of HIV transmission identify importance of STI and HIV treatment |
| MODULE TWO | Protection Skills | <ul style="list-style-type: none"> demonstrate male condom use efficacy |

| | | |
|---------------|---|---|
| MODULE THREE | HIV Counseling and Testing/Resources | <ul style="list-style-type: none"> understand HIV counseling and testing experience and results identify local, accessible test sites |
| MODULE FOUR | Cultural/Community Norms, Personal Values, and Decision-Making Skills | <ul style="list-style-type: none"> identify social forces that impact risk reduction behaviors |
| MODULE FIVE | Social Competency, Communication Skills, and Decision-Making Skills | <ul style="list-style-type: none"> demonstrate sexual negotiation efficacy |
| FINAL SESSION | Personal Risk Re-Assessment and Wrap Up | <ul style="list-style-type: none"> update personal risk reduction plan complete Intervention evaluation |

During multiple external reviews of the DFL curriculum, members of the Pennsylvania HIV Prevention Community Planning Committee have provided invaluable recommendations to improve the Decisions For Life curriculum. Planning Committee members have also suggested that the DFL curriculum, although designed for young, sexually active people, be implemented among all high-risk populations across the state, because it targets risk behaviors and requires no adaptation.

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

| Decisions For Life Pilot Groups (2006-2007) | | | | | | | |
|--|----|-----------------------|---|------------|------------------|------------------|----------------------|
| 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 |
| * 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. | | | | | | | |

DFL pilot group members provided the following comments about the DFL curriculum in confidential 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:

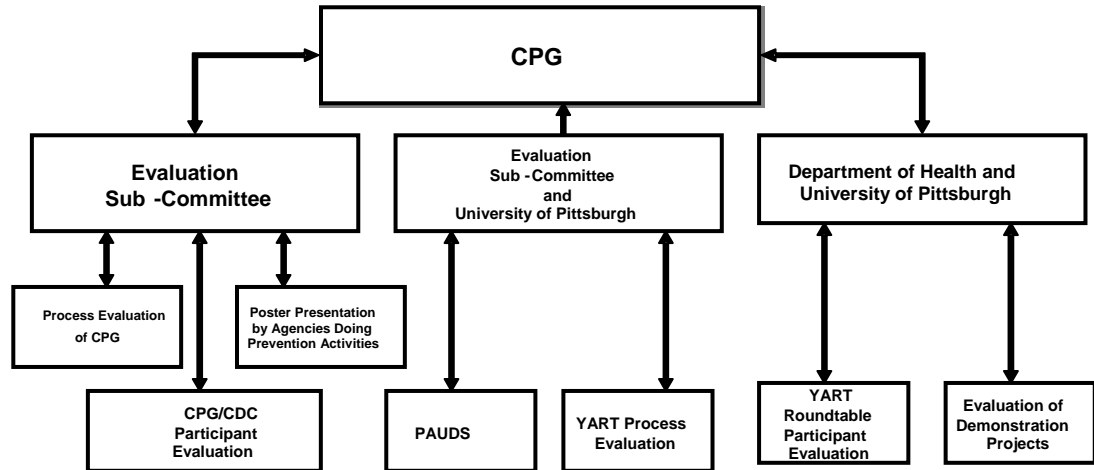
- I think this is an awesome thing you've done. It is very important for young people to be fully informed with all of this. I really hope that this is available to everyone in the near future. Thank you.
- Before this "class" I had little to no understanding of what HIV is and how you can get it.
- 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!! ☺

The wealth of Information provided by participants from each of the three pilot groups during this formative phase, has been used by YAAT members to modify and update the DFL curriculum, integrating topics from modules, eliminating topics or activities that were repeatedly cited as poor or unnecessary, and adding topics or activities that were repeatedly identified as lacking.

The following targeted pilot groups are planned for the coming year: African American females (ages 16-18), African American males (ages 18-20), and young Latinos (ages 16-18).

EVALUATION

Figure VI.1



Introduction

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

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

A. Activities Conducted by the Evaluation Sub-Committee

The evaluation sub-committee conducts three evaluations. The first is a process evaluation of the CPG and the second is an evaluation of statewide prevention interventions by means of a poster presentation by statewide agencies and the third is CPG participant evaluation (see Figure VI.1). The process evaluation was designed to evaluate the CPG's internal functions, its relationship

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

The poster presentation is designed to evaluate the impact of the Prevention Plan on statewide prevention interventions. This method has been in place for three years. It is an evaluation activity using poster presentations by local Departments of Health, the seven Ryan White Coalitions that carry out the CDC, funded prevention interventions, and interventions carried out by other related agencies. Agencies are asked to create posters describing their work. The evaluation sub-committee 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.

A. 1. Process Evaluation of the 2006 CPG

Findings from the Nominal Group Process Submitted by:

By the Numbers: Cathy Kassab, PhD and David Abler, PhD

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

The Pennsylvania Department of Health contracted with By The Numbers to perform the 2006 process evaluation of the Community Planning Group (CPG) planning process. By The Numbers is a consulting firm in State College, Pennsylvania that specializes in program evaluation.

The evaluation is based on the results of three focus groups held with CPG members from 1:00-3:00 pm on Wednesday, January 17, 2007, the first day of a two-day Pennsylvania HIV Prevention Community Planning Committee meeting. 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 2006 planning process and identify recommendations to improve the planning process in 2007.

a. Focus Group Questions

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

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

b. 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 responses they felt were the best. The second round was limited to the top three vote getters from the first round, with each person voting for which one of these three they felt was the best. If multiple responses were tied for third in the first round, the second round was limited to the top two vote getters.

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 2006. (New CPG members participated in orientation sessions 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 in November 2005 to evaluate the 2005 CPG planning process.

There were a total of 17 participants across the three focus groups. Focus groups A and B had six participants each while focus group C had five participants. Four of the six participants in focus group A, three of the six in focus group B, and all five members of focus group C had participated in the nominal group process in November 2005.

c. 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. On the first question, it took a while for the members of focus group A to learn how to state a response concisely, and there was small amount if disagreement surrounding one item. The top vote getter in both the first and second rounds of voting was “Leadership.” Focus group participants mentioned in particular the leadership of Kenneth McGarvey. The second highest number of votes in both rounds went to “YART [Young Adult Roundtable] provides energy and inspiration.” The third-highest vote getter was “Diversity of membership.”

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

| Strength | 1st Round Vote | 2nd Round Vote |
|---|--------------------------------------|--------------------------------------|
| Leadership | 4 | 5 |
| YART provides energy and inspiration | 3 | 1 |
| Diversity of membership | 2 | 0 |
| Exact agenda and detailed pre-planning | 1 | — |
| Dedication and commitment of members | 1 | — |
| Deb Virgil—awesome | 1 | — |
| Focus on the task at hand | 0 | — |
| Informative for each topic addressed | 0 | — |
| Subcommittees have their tasks laid out, and the work they do is reflected in the Prevention Plan | 0 | — |
| Representation from state agencies providing a unique resource, enhancing the whole process | 0 | — |
| Orientation of new members is getting better | 0 | — |
| Organization | 0 | — |
| Education and training to enhance member skills (e.g. Community Services Assessment presentation) | 0 | — |
| Mentors are helpful to new members | 0 | — |

Themes receiving one vote each in the first round were “Exact agenda and detailed pre-planning,” “Dedication and commitment of members,” and “Deb Virgil—awesome.” As listed in Table 1, eight other themes were mentioned by participants that did not receive any votes.

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 tied for the top in the first round of voting, and the top vote getter in the second round of voting, was “Epidemiological presentations are difficult to understand.” The other two themes making it to the second round of voting were “Overall accommodations in this facility (Holiday Inn) are not acceptable” and “A couple target populations missing, e.g. Latino MSM [men who have sex with men] and IDU [intravenous drug users].”

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

| Weakness | 1st Round Vote | 2nd Round Vote |
|---|--------------------------------------|--------------------------------------|
| Epidemiological presentations are difficult to understand | 3 | 4 |
| Overall accommodations in this facility (Holiday Inn) are not acceptable | 3 | 1 |
| A couple target populations missing, e.g. Latino MSM and IDU | 2 | 1 |
| Temperature in training rooms is uncomfortable | 1 | — |
| Pittance of funding for the subject | 1 | — |
| We don't have a strong enough lobby, so feeling powerless | 1 | — |
| Veteran members have not stepped up to leadership positions or taken on more responsibilities on the subcommittee level | 1 | — |
| Heavy lunches, sometimes lousy | 0 | — |

Themes receiving one vote each in the first round were “Temperature in training rooms is uncomfortable,” “Pittance of funding for the subject,” “We don't have a strong enough lobby, so feeling powerless,” and “Veteran members have not stepped up to leadership positions or taken on more responsibilities on the subcommittee level.” One additional theme (“Heavy lunches, sometimes lousy”) was mentioned but did not receive any votes.

The themes emerging in focus group A in response to the third question, “What recommendations would you make to improve the CPG planning process this coming year?,” are shown in Table 3. The top vote getter in both the first and second rounds of voting was “Need to explore ways of having a lobbying presence.” The next highest vote getter in the first and second rounds was “Epi [epidemiological] presentations should use more lay terms, or at least offer detailed definitions of technical language.” The third highest vote getter was “Should have an annual award to recognize a volunteer or leader.”

Table 3. Recommendations for Improvement (Focus Group A)

| Recommendation | 1st Round Vote | 2nd Round Vote |
|---|--------------------------------------|--------------------------------------|
| Need to explore ways of having a lobbying presence | 4 | 4 |
| Epi presentations should use more lay terms, or at least offer detailed definitions of technical language | 3 | 2 |
| Should have an annual award to recognize a volunteer or leader | 2 | 0 |
| Extend the last two meetings of the year to be one-and-a-half or two days long | 1 | — |
| Orientation reception should not have alcoholic drinks | 1 | — |
| Important for returning members to attend the orientation meeting | 1 | — |
| Plan ahead for the meeting rooms | 0 | — |
| More clarity of what state agency representatives are contributing to the HIV community | 0 | — |

| Recommendation | 1st Round Vote | 2nd Round Vote |
|--|----------------------------------|----------------------------------|
| Department of Health leadership needs to asset on behalf of the volunteers' meeting accommodations | 0 | — |

Themes receiving one vote each in the first round were “Extend the last two meetings of the year to be one-and-a-half or two days long,” “Orientation reception should not have alcoholic drinks,” and “Important for returning members to attend the orientation meeting.” As listed in Table 3, three other themes were mentioned by participants that did not receive any votes.

d. Results for Focus Group B

The themes emerging in focus group B in response to the first question, “What have been the strengths of the CPG planning process this past year?,” are shown in Table 4. The top vote getter in the first round, and tied with most number of votes in the second round, was “Ken [McGarvey] professionally ran and organized each meeting with set goals in mind, keeping us on target.” The second highest vote getter in the first round, and tied for the most number of votes in the second round, was “Cooperation, openness, comfort level, and the level of respect foster a greater level of participation; feeds increased cohesiveness.” Also making it to the second round of voting was “Epi committee worked more efficiently due to increased participation.”

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

| Strength | 1st Round Vote | 2nd Round Vote |
|--|----------------------------------|----------------------------------|
| Ken professionally ran and organized each meeting with set goals in mind, keeping us on target | 6 | 3 |
| Cooperation, openness, comfort level, and the level of respect foster a greater level of participation; feeds increased cohesiveness | 4 | 3 |
| Epi committee worked more efficiently due to increased participation | 2 | 0 |
| Outside input (young adults, coalition, direct staff) gave improved data | 0 | — |
| Diversity of members led to a variety of ideas | 0 | — |
| Splitting into smaller groups for focus on different areas | 0 | — |

As listed in Table 4, three additional themes were mentioned by participants that did not receive any votes.

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. There was considerable discussion and a moderate amount of disagreement regarding the nominations for the second question. The theme receiving the most votes in the first round and all the votes in the second round was “No real ability to measure effectiveness of any of our efforts.” The two other themes receiving votes in the first round were “The size of the subcommittees affects the amount of work that can be done; more taxing on a few,” and “Member absenteeism.”

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

| Weakness | 1st Round Vote | 2nd Round Vote |
|---|--------------------------------------|--------------------------------------|
| No real ability to measure effectiveness of any of our efforts | 4 | 6 |
| The size of the subcommittees affects the amount of work that can be done; more taxing on a few | 3 | 0 |
| Member absenteeism | 3 | 0 |
| Subcommittees not having goals as well-defined as those of the CPG | 0 | — |
| Lack of understanding amongst members about front-line staff activities | 0 | — |
| No effort to redefine, rather than edit, the subcommittee input from prior years | 0 | — |
| Occasionally allowing focus on an individual’s issues, rather than the group’s issues | 0 | — |

As listed in Table 5, four additional themes were mentioned by participants that did not receive any votes.

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. There was also considerable discussion and some disagreement regarding nominations for the third question. The theme receiving the most votes in the first round and all the votes in the second round was “Maximum or minimum subcommittee size limits—make it a bylaw.” The two other themes making it to the second round were “Encourage all subcommittees to have set goals and agendas” and “Organize education sessions for new members and/or subcommittees to eliminate repetitive presentations.”

Table 6. Recommendations for Improvement (Focus Group B)

| Recommendation | 1st Round Vote | 2nd Round Vote |
|--|--------------------------------------|--------------------------------------|
| Maximum or minimum subcommittee size limits—make it a bylaw | 4 | 6 |
| Encourage all subcommittees to have set goals and agendas | 3 | 0 |
| Organize education sessions for new members and/or subcommittees to eliminate repetitive presentations | 3 | 0 |
| Stricter adherence to attendance guidelines | 1 | — |
| Focus on evidence-based intervention | 1 | — |

Themes receiving one vote each in the first round were “Stricter adherence to attendance guidelines” and “Focus on evidence-based intervention.”

e. Results for Focus Group C

Members of focus group C engaged in considerable discussion throughout the focus group. They also had to be reminded several times to hold discussion until all responses had been nominated. There were no clear disagreements during the course of the focus group. 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 tied for the most number of votes in the first round, and the highest vote getter in the second round, was “YART groups blossomed, showed strength and commitment, and YART bridged gap between youth and adult levels of understanding; adults understand youths more and youths understand adults more.” The second highest vote getter in the second round, and tied for the most number of votes in the first round, was “Able to recognize and be receptive to geographical/cultural differences in PA, and that resulted in changing our epi strategies; epi will now be reported by Department of Health regions.”

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

| Strength | 1st Round Vote | 2nd Round Vote |
|---|--------------------------------------|--------------------------------------|
| YART groups blossomed, showed strength and commitment, and YART bridged gap between youth and adult levels of understanding; adults understand youths more and youths understand adults more | 3 | 3 |
| Able to recognize and be receptive to geographical/cultural differences in PA, and that resulted in changing our epi strategies; epi will now be reported by Department of Health regions | 3 | 2 |
| Presentation on Community Services Assessment which showed linkage between needs assessment and intervention | 1 | — |
| Various presentations offered clarification of HIV services offered; tangible reports offered on HIV services provided throughout PA, i.e., poster presentations of individual members of CPG (PaUDS) | 1 | — |
| Represents a unified consensus of needs, interventions, weaknesses, and successful programs as represented and implemented across state | 1 | — |
| Availability and accessibility of DOH staff and Pitt staff | 1 | — |
| Increased communication between subcommittees | 0 | — |
| Launched focus groups for purpose of collecting knowledge levels and behavior of target population | 0 | — |
| Plan is best ever | 0 | — |

Themes receiving one vote each in the first round were “Presentation on Community Services Assessment which showed linkage between needs assessment and intervention,” “Various presentations offered clarification of HIV services offered; tangible reports offered on HIV services provided throughout PA, i.e., poster presentations of individual members of CPG (PaUDS [Pennsylvania Uniform Data Collection System]),” “Represents a unified consensus of needs, interventions, weaknesses, and successful programs as represented and implemented across state,”

and “Availability and accessibility of DOH [Department of Health] staff and Pitt staff.” As listed in Table 7, three other themes were mentioned by participants that did not receive any votes.

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. Tied with the most number of votes in both the first and second rounds were “The CPG is still unable to bring the Governor here [to a CPG meeting]” and “Still difficult to follow the nine-step diagram; not sure that the nine-step program is adhered to; is it really a feedback loop?” The other theme that made it to the second round of voting was “Some members are offering opinions that imply they are losing focus of the larger planning process for the state, not just their county or region.”

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

| Weakness | 1st Round Vote | 2nd Round Vote |
|---|--------------------------------------|--------------------------------------|
| The CPG is still unable to bring the Governor here | 3 | 2 |
| Still difficult to follow the nine-step diagram; not sure that the nine-step program is adhered to; is it really a feedback loop? | 3 | 2 |
| Some members are offering opinions that imply they are losing focus of the larger planning process for the state, not just their county or region | 2 | 1 |
| Communication between subcommittees | 1 | — |
| Inconsistent YART member attendance | 1 | — |

Themes receiving one vote each in the first round were “Communication between subcommittees” and “Inconsistent YART member attendance.”

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 top vote getter in the first round, and tied for the most number of votes in the second round, was “Continue to work on clarifying the nine-step community planning process.” Tied with the most number of votes in the second round was “Bring the Governor here [to a CPG meeting].” Also making it to the second round of voting were “Increase utilization by the CPG of the YART consensus statement” and “Provide steering committee report/minutes to the CPG members.”

Table 9. Recommendations for Improvement (Focus Group C)

| Recommendation | 1st Round Vote | 2nd Round Vote |
|---|--------------------------------------|--------------------------------------|
| Continue to work on clarifying the nine-step community planning process | 3 | 2 |
| Bring the Governor here | 2 | 2 |
| Increase utilization by the CPG of the YART consensus statement | 2 | 1 |
| Provide steering committee report/minutes to the CPG members | 2 | 0 |
| Improve subcommittee interaction between members | 1 | — |

| Recommendation | 1 st Round Vote | 2 nd Round Vote |
|--|-------------------------------|-------------------------------|
| Allow more time in the schedule for subcommittee meetings | 0 | — |
| Emphasize that we are here as representatives of specific populations while simultaneously working on prevention issues important to the state of PA | 0 | — |

One theme, “Improve subcommittee interaction between members,” received one vote in the first round. As listed in Table 9, two other themes were mentioned by participants that did not receive any votes.

f. 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 2006:

- *Leadership.* Participants in focus groups A and B identified leadership as a strength, particularly the leadership of Kenneth McGarvey.
- *YART.* Participants in focus groups A and C identified YART as a strength. Focus group A indicated that YART “provides energy and inspiration,” while group C stated that the “YART groups blossomed, showed strength and commitment, and YART bridged gap between youth and adult levels of understanding.” Focus group B also mentioned outside input from young adults and others as a strength, although this theme did not receive any votes in that group.
- *Diversity.* Participants in focus groups A and C indicated that CPG’s diversity is one of its strengths. Focus group A mentioned the diversity of the CPG membership, while group C stated that the CPG was “able to recognize and be receptive to geographical/ cultural differences in PA, and that resulted in changing our epi strategies.” Focus group B also mentioned the diversity of CPG members, although this theme did not receive any votes in that group.
- *Cooperation and Commitment.* Participants in focus group B, and to a lesser extent groups A and C, identified cooperation and commitment among CPG members as a strength. Focus group B spoke in terms of “cooperation, openness, comfort level, and increased cohesiveness.” They also indicated that the “epi committee worked more efficiently due to increased participation.” Focus group A mentioned “dedication and commitment of members,” while focus group C mentioned “strength and commitment” in the context of YART.

Cross-cutting themes with respect to the weaknesses of the CPG planning process in 2006 are more difficult to identify because each focus group tended to emphasize different issues. However, there appear to be two cross-cutting themes:

- *Difficult to Follow the Nine-Step Process.* Participants in all three focus groups mentioned difficulties in following the CDC's Nine Steps to HIV Prevention Community Planning.* Focus group C stated that it is "still difficult to follow the nine-step diagram; not sure that the nine-step program is adhered to." Focus groups A and B discussed specific difficulties within the nine-step process. Focus group A indicated that "epidemiological presentations are difficult to understand" and that two target populations (Latino MSM and IDU) were missing from the CPG. Focus group B listed member absenteeism and the small sizes of subcommittees as hindering the CPG's work.
- *Lack of Influence.* Participants in focus group C, and to a lesser extent groups A and B, cited lack of influence on the part of CPG as a weakness. Focus group C indicated that "the CPG is still unable to bring the Governor here [to a CPG meeting]." Focus group A mentioned "we don't have a strong enough lobby, so feeling powerless" and a "pittance of funding for the subject." Focus group B indicated that there is "no real ability to measure effectiveness of any of our efforts," which may be related to a lack of influence insofar as evidence of effectiveness is persuasive to policy-makers.

Four cross-cutting themes emerged from the focus groups with respect to recommendations for improving the CPG planning process in 2007:

- *Clarify the Nine-Step Process.* Participants in focus groups A and C had recommendations of some kind for clarifying the CDC's Nine Steps to HIV Prevention Community Planning. Focus group C stated that CPG should "continue to work on clarifying the nine-step community planning process," and that the CPG should make greater use of the YART consensus statement. Focus group A indicated that "epi presentations should use more lay terms, or at least offer detailed definitions of technical language."
- *Improve the Effectiveness of Subcommittees.* Participants in focus groups B and C recommended improving the effectiveness of CPG subcommittees in some way. Focus group B encouraged "all subcommittees to have set goals and agendas," and recommended a minimum size for each subcommittee. Focus group C recommended improving subcommittee interaction between members, and allowing more time in the meeting schedule for subcommittee meetings.
- *Reach Out to Policy-Makers.* Participants in focus groups A and C felt that the CPG should reach out to policy-makers in state government. Focus group A recommended that CPG should "explore ways of having a lobbying presence," while group C stated "bring the Governor here [to a CPG meeting]."
- *Improve the Flow of Information Within the CPG.* Focus groups B and C had recommendations for improving the flow of information within the CPG. Focus group B felt that there should be "education sessions for new members and/or subcommittees to

* The nine steps outlined by the CDC, which are arranged in a feedback loop, are (1) develop an epidemiologic profile, (2) conduct a needs assessment, (3) assemble a resource inventory, (4) conduct a gap analysis, (5) identify potential strategies and interventions, (6) prioritize populations, (7) develop a plan, (8) evaluate the planning process, and (9) update the plan.

eliminate repetitive presentations.” Group C recommended providing the “steering committee report/minutes to the CPG members.”

A. 2. Results of the CPG Participant Evaluation

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

A. 3. Results of the HIV Prevention Provider’s Poster Sessions

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

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

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

Purpose:

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

Procedure:

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

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

themes that were particular to non-metropolitan areas of Pennsylvania were extracted and summarized.

Results:

The letters were received by the organizations and although the purpose of the presentation was clear to the CPG members, it was not so clear to those invited. There seemed to be an overwhelming feeling that the CPG evaluation committee was evaluating the work that direct providers did, and therefore there would be consequences associated with their presentations. This caused a great deal of stress among service providers, as well as a lot of questions about what to do. However, during the presentations it became obvious that the CPG members were not there to penalize the agencies but to gain an understanding of what those charged with doing prevention in the State of Pennsylvania were doing. The atmosphere went from tense to relaxed. During those couple of hours CPG members not only learned what types of prevention were going on in our state, but the direct service providers gained a better understanding of what the CPG does. They also shared information with one another about programs they had implemented, what was working and what was not, as well as networking with organizations that they never knew existed. The experience seemed to exceed everyone's expectations and to bring the relationship between direct service providers and the CPG to a new level.

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

Question 1:

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

Of the 15 organizations/agencies, 6 said they used the CPG Plan, 5 used it for target and priority populations only and 4 did not respond to the question. Several cited difficulties with using the plan because they found it cumbersome. One agency presenter found it overwhelming and three suggested the plan be made more "user friendly".

Question 2:

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

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

Question 3:

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

Programs most difficult to implement:

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

Programs easiest to implement:

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

Question 4:

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

Barriers:

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

Question 5:

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

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

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

Results of the 2005 Poster Session – Department of Health Field Staff:

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

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

Purpose:

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

Overview and General Analytic Approach:

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

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

The HIV Prevention Community Planning Committee was divided into 6 subgroups. The presenters (State Health District Office staff) from each of six Pennsylvania regions rotated approximately every 15 minutes from subgroup to subgroup to present their posters.

This report summarizes the data from this meeting. The general analytic approach is to present data as objectively as possible and to triangulate the data. With respect to objectivity, the data analyst has attempted to refrain from interpreting data and instead simply presents and summarizes it. With respect to triangulation of data, several analyses of what is basically the same data were implemented to informally assess validity.

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

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

Summary of Findings:

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

Effective Interventions:

Two types of interventions were judged by presenters to be effective and possess a high level of consensus among staff from the different offices. The first is counseling and testing at various sites (i.e., drug and alcohol, WIC, STD, PPA, and prisons). It should be noted that presenters from all regions identified counseling and testing as an effective intervention for either one or two of these sites, except for outreach in prisons. Counseling and testing within prisons was thought to be an effective intervention by all six of the presenters. It was however acknowledged that not all prisons allow HIV prevention professionals sufficient access. Partner Counseling Referral Services (PCRS) was thought to be an effective intervention by four of the six presenters. It is important to note however that two of these four (who identified PCRS as effective) also considered it to be an intervention with less effectiveness. The notes from the workshop do not permit the analyst to determine why this inconsistency exists. Nevertheless, these two presenters noted the time constraints and distance to reach individuals and that a significant proportion of people who are offered services do not respond affirmatively.

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

to the delivery of effective HIV prevention interventions. Finally, there are several interventions that were rated as effective by one of the presenters. These are noted in section four with greater description in section three.

Less Effective Interventions:

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

Major Barriers to Effective Interventions:

Three barriers were highlighted by nearly all of the presenters. Five of six of the presenters stated that lack of funding (for staff, vehicles to do outreach, materials and other needs) was a major barrier. In fact, based on the amount of notes taken describing this barrier, there appears to have been greater emphasis in this area than in any other. Similarly, the lack of staff, staff being overworked, and staff having to focus on much more than three presenters highlighted simply HIV as a barrier. Problems with implementing prevention in schools were rated by five presenters as a major barrier. These presenters stated that it is often difficult to access schools and to implement the types of interventions that are needed, especially with respect to the distribution of condoms. Among many other issues, school boards are reported to be controlled by conservative individuals who often stand in the way of effective prevention. Four presenters rated language barriers, often mentioned in relation to Latino individuals, as a barrier. Three presenters highlighted transportation barriers. Three presenters highlighted a variety of issues related to the special needs of rural areas. These included transportation but also access to care and language barriers. It was stated that in rural areas many people do not know where to get tested and often do not know that testing is free. Lack of confidentiality, real or imagined, was rated by three presenters as a major barrier as was methadone use among youth and high school drug use in general. Two presenters as barriers rated several other issues. These include entry barriers to notifying a contact, the mindset of corrections staff and policies of prisons (including the inability to distribute condoms), general community attitudes (both complacency about HIV and negative attitudes about “those people”), cultural barriers beyond language, and accessing MSM including the inability to outreach in parks in rural areas due to police activities. Individual presenters rated several other barriers as being significant. These are noted in section four and described in more depth in section three.

Training Needs:

Three presenters identified co-infections (HIV/Hep C and other STIs) as an important training need while three highlighted the need for training in counseling related to HIV. Two presenters requested training in HIV and the elderly; how to deal with schools; current and emerging issues in

HIV; and how to acquire funding. Other training needs are outreach to MSM; treatment updates; lesbians and HIV; and pediatric HIV.

Consistency of Findings Between Regional and General Reviews:

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

Evaluation of Process:

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

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

Comparison of Regional Data:

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

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

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

3. b. Results of the 2006 Poster Session: Community-Based Diffusion of Effective Interventions and Science-based HIV Prevention Implementations:

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

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

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

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

Methods:

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

Results:

General themes/observations related to DEBIs

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

Relative effectiveness of specific DEBIs and possible contributory factors:

Adolescents Living Safely – An AIDS Services Organization (ASO) reports serving both urban and rural areas. It utilizes a program targeting LGBT youth. It is very difficult to determine the effectiveness of this intervention because the provider and CPG members provide so little data about it. The difficulty of identifying/accessing LGBT youth in rural areas is a significant barrier.

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

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

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

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

Holistic Health Recovery Program is being implemented by an ASO that serves both urban and rural areas. It focuses on IDUs and other substance abusers who are willing to commit to recovery. The level of effectiveness of this DEBI cannot be determined because no outcome data was provided. The DEBI combines small group and individual sessions. Recruitment is labor intensive. Client retention is challenging. The program is reported to be costly to implement, and there is community resistance to the harm reduction approach.

The **Popular Opinion Leader** DEBI is being implemented by two agencies: An ASO in a major urban area (ASO #1) and by another ASO (ASO #2) in a separate major urban area. The ASO #1 intervention targets

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

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

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

An ASO in a smaller urban area that also serves rural populations is also implementing this DEBI targeting **Latino active drug users**, IDU and non-IDU. Only anecdotal data was provided with respect to outcomes. The number of individuals involved is not clear. Presenters claim that retention is much better in groups than in individual follow-up sessions. Factors that facilitate effectiveness include setting expectations in the beginning; using "steps" of change; social events that recognize participants' efforts; and positive participant attributes. A focus on sex and drugs, videos of success stories and the bilingual nature of the intervention were also utilized. Attendance is affected by addiction and some individuals participate while under the influence. It is difficult to follow-up with participants.

The third agency was non-HIV specific and non-profit in a mostly rural area. They targeted active IDU and crack cocaine users. Effectiveness has been demonstrated through pre and post-test evaluations. Questionnaires identified modes of behavioral change and how to create a plan to make these changes. Post-test knowledge increased by 12%; 57% made solid behavioral change commitments; 62% came in for testing. Insufficient funding limits implementation of the program and paying for required personnel. This

agency also offers a modified version of **Safety Counts**, in treatment facilities, but can not provide incentives.

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

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

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

An ASO in a major urban area implements **SISTA** targeting African American female adults. They state that over 75% of the participants have reported an increase in their likelihood to negotiate safer practices with their sexual or drug partners, and an improvement in self-esteem and the decisions they make. Two hundred and ninety-one women have been recruited and trained in the SISTA project since January 2005. Recruiting individuals in the community is more difficult, therefore, the ASO's approach is to recruiting individuals from existing groups (i.e., jails, D&A treatment, clients at PATF)..

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

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

Presenter Evaluations:

What prompted you to participate in the session?

Note: All bullets are quotations.

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

What do you think went well?

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

What problems did you encounter?

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

What suggestions do you have for change?

- Nothing about presentations. Would love to have a clearer approach to rural prevention efforts.
- Provide more detailed information prior to the presentations about what to expect.

- Rooms with less noise.
- I would suggest that out of the 11 posters, split them into 3 groups of 3 (one with 2) and split the CPG members into 3 groups also, have each of the 3 groups of presenters in separate rooms and have each one present their information then have questions last. Then the CPG members would rotate to another room for another set of presentations. Then, of course, time at the end for networking.
- Have presenters meet with each other an hour before the poster presentations; that would be very interesting and informative.
- The need for revision in the evaluation form.
- None
- Continue to do these on a yearly basis.

Additional Comments:

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

Evaluations by CPG members:

What went well?

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

What didn't work so well?

- Couldn't hear all the presenters.
Back problems made standing for so long hard. Also, background noise from other groups made hearing presenters hard.
- Evaluation tool was horrible.
- The wording on some questions such as which interventions are less and more effective. Some interventions were confused because they see themselves as one intervention. Maybe what methods.

- Space limited so distractions were hard to avoid.
- Evaluation forms. I don't like taking notes in long hand.
- Process very tiring.
- Too long without a break.
- Too many posters, too little time.
- Process was too long.
- Posters didn't have outcomes information.
- Projects did not show effectiveness.
- Questions on our forms weren't always a good fit.

Changes for next time?

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

Methodological Issues:

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

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

Summary:

A comparison of the 2004, 2005 and 2006 poster sessions reveals several themes that are universal to all sessions. It should be remembered that each group of presenters differed from the other as did the prescribed content of their presentations. Representatives of community based organizations involved in HIV prevention activities presented in 2004. Presenters were uncomfortable with the process because they thought that they were being evaluated. They became much more comfortable once they understood that the purpose was not to evaluate them but to increase communication between providers and the Department of Health and the Committee and to have the DOH and Committee better understand the work of the providers. Nevertheless, the concerns of the providers may have had an effect on what information they were willing to provide. PA Department of Health regional staff presented in 2005 on their prevention activities. Community-based providers of prevention services also presented in 2006. However, they focused on their experiences in conducting DEBIs. It should be noted that throughout much of the data and the analysis of the data the "what interventions don't work as well" and "barriers to providing effective HIV prevention" data appear to be merged. As a result, I am combining those two areas for this overview.

There are a number of themes shared by each group of presenters (with respect to "what works" "what doesn't work as well/barriers to effective HIV prevention"). This is not to say that all providers within a poster session necessarily agreed on each point. Nevertheless, while there may have been an exception, the general consensus among providers, across poster-sessions, was as follows. They agreed that the following prevention activities were moderately to very effective: 1) peer-to-peer preventions, 2) interventions that include testing and counseling, 3) interventions that specifically address the culture of a target population, 4) interventions that provide community-based outreach using strong networks that target a specific population (Note: This theme was not formally stated by the 2006 presenters but is implied given the overall content of that poster session).

There were also several themes shared by the three groups of presenters with respect to "what doesn't work as well/barriers to effective HIV prevention." The most cited and most strongly voiced barrier is the lack of funding/resources. It was stated that this results in a lack of staffing, increased staff turnover, lack of training for staff, and lack of transportation to access individuals. A second major theme across poster sessions relates to stigma. It was stated that negative attitudes about HIV and people with HIV, the conservativeness of many areas, the lack of community support for, for example, harm reduction stands in the way of providing effective prevention. A third major theme was that interventions in schools lack effectiveness due to the inability to speak what needs to be spoken and to distribute condoms (this was not explicitly stated by many of the 2006 presenters because most DEBIs do not target schools, which in and of itself may speak to this theme.) A fourth major theme is that prevention in rural areas has limited impact due to transportation issues, the difficulty of accessing target populations there, and the conservativeness of these areas. A fifth major issue was the difficulty or, in some cases, the inability to access MSM (especially young MSM) and IDUs. This issue is the reason why several presenters felt that their programs were not effective. A sixth major theme was the lack of training for staff. This is mentioned above under the theme of lacking resources, but also appears to be a unique theme across poster sessions. Applying "canned"

prevention programs in small cities or in rural areas and with populations that may differ from what is prescribed was highlighted by two of the three poster sessions. This theme, while not "universal", should still be pointed out given how strongly those two groups felt about it. The final shared theme is the extent that cultural barriers (including language) stand in the way of providing effective prevention.

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

Prepared by Grace Kizzie, LACSW

1. Overview of Poster Sessions

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

Methods:

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

Attendees:

- Allentown Health Bureau (VOICES/VOCES)
- Bethlehem Health Bureau AIDS Program (VOICES/VOCES)
- Booker T. Washington Center-Subcontractor of Erie Dept. of Health (SISTA)
- Bucks County Department of Health (SISTA)
- Montgomery County Health Dept. (VOICES/VOCES)
- York City Bureau of Health (SISTA)
- Wilkes-Barre Health Dept (VOICES/VOCES pending until July 2007)

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

1. Identification of target populations
2. Description of DEBI or other science-based interventions provided.
3. Information about the process used to select this intervention.
4. Information regarding adaptations of DEBI or science-based intervention.
5. Specific information detailing how the program was adapted.
6. A description of what is being done regarding non-science-based interventions.
7. An explanation as to why providers did not apply for health education and risk reduction funding.
8. Information regarding identified barriers associated with interventions.

9. Information about dealing with identified barriers.
10. Information regarding HIV prevention training needs.
11. Information regarding the use of the State's HIV Prevention Plan.
12. Information regarding how the plan is used, or the rationale for those not using the Plan.

Criteria used to assess program effectiveness were:

To what degree did the organization's implementation of the DEBI match the description of how the DEBI was to be implemented (fidelity)?

Process evaluative data (e.g. qualitative, number of individuals who began and completed the intervention).

Outcome evaluative data.

The nature of the intervention (i.e.: single contact versus multi-contact ongoing group interventions)

Data Analysis and Limitations:

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

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

1. *Sistas Informing Sistas on Topics of AIDS (SISTA)* – a group level, gender & culturally relevant intervention designed to increase condom use among sexually active African American women. Five peer-led group sessions are conducted that focus on ethnic and gender pride, HIV knowledge, and skills training around sexual risk reduction behaviors and decision-making. The intervention is based on Social Learning theory, as well as, the theory of Gender and Power.
2. *Video Opportunities for Innovative Condom Education & Safer Sex: (VOICES / VOCES)* – a group level, single-session video-based intervention designed to increase condom use among heterosexual African American and Latino men and women who visit STD clinics. Participants are grouped by gender and ethnicity, view an English or Spanish video on HIV risk behaviors and condom use and take part in a facilitated discussion.

DEBI Adaptations:

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

accommodate mixed-racial and ethnic groups. One agency expressed their desire to extend SISTA to all age groups.

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

Summary of strategies for overcoming barriers:

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

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

General themes/observations related to DEBIs

Factors that facilitated effectiveness across many if not most DEBIs included:

- Group interventions that allowed members of a target population to relate to other members of that population and assisted with building trust with the provider of the Intervention (however establishing trusting relationships is an ongoing process).
- Interventions that included HIV testing.
- Interventions that specifically addressed the culture of the target population.
- Interventions that were peer driven.
- Interventions that publicly recognized positive attributes and achievements of participants.
- Interventions that are interactive.
- Interventions that built pride about one’s culture.
- Interventions that allowed for some modification based on local needs.

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

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

- Staff retention difficult, due to the demands for multi-tasking (obligations to other agency prevention projects).

C. Relative effectiveness of specific DEBIs and possible contributory factors by agency

Voices/Voces

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

Significant barriers included:

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

Adaptations:

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

Voices

Targets HIV-positive men & women, as well as, women in drug & alcohol facilities.

A five-session intervention extended services to youth (10 years & older).

Significant barriers included:

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

Adaptations:

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

SISTA

Targeting heterosexual African American women.

Significant barriers included:

- Implementing this program including retention
- A lack of incentives for participants
- Limited funding
- Clients' transportation needs
- Childcare needs.

Adaptations:

- Recruitment hampered by the misperception that SISTA is a program for HIV-positive women
- To accommodate mixed races: Whites and Hispanics

SISTA

Targeting African American women (18 & older). Attempts to recruit African American women were not successful. Only 4 women enrolled in the program, three of whom were committed.

Significant barriers included:

- Recruitment limited by the number of African American women residing in Bucks County
- Childcare needs
- Transportation problems

Adaptations:

- To include Whites and Hispanics participants
- Increased advertising efforts, as well as, collaborating with other agencies and community leaders to locate and recruit African American women
- Attempting to take the program into schools

VOICES/VOCES

Targeting White MSM; Black & White IDU; and, Black, White, and Hispanic heterosexuals.

Significant barriers included:

- Locating high-risk clients
- Language
- The public's perception of service needs
- Client transportation needs
- The lack of client interest in multiple sessions, and the lack of funding for non-science based programs

Adaptations:

- To accommodate a small group format
- To accommodate mixed racial groups
- Staff facilitators preface the videos with discussions regarding the need for information, while instructing participants NOT to focus on the race of the actors

VOICES/VOCES

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

SISTA

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

- Limited access to African American women
- The stigmas associated with HIV/AIDS
- Consumers' misperception that SISTA is designed for HIV positive women

- Limited funding
- Retaining clients for the 5-week sessions (prisoners, sometime transferred to other facilities)
- Staffing needs; currently York City has no HIV coordinator
- MSM from this area travel to Washington, DC and Baltimore for their HIV prevention, treatment, and/or related care needs
- Another CPG member suggested providing a similar program for ‘their Brothers’

Adaptations:

- Allow all age ranges
- Accommodate for all racial/ethnic groups
- Provide education and services
- Accommodate Latino women

D. Usefulness of the Plan:

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

E. Health Department and Subcontractor Response

What prompted you to participate in the session?

Erie County Health Department. (2)

My county.

I wanted to promote this very wonderful DEBI intervention done by subcontractors in York County.

The York county Health Bureau, Joanne Sullivan, who was in training with us for the SISTA program.

Invited as a SISTA facilitator. Also, my passion for HIV education.

I was asked to participate; program SISTA I am committed to and wish to see it implemented elsewhere.

Providing an opportunity to present our program, as well as, doing an internal evaluation of our own area.

It gave me an opportunity to show what is working for us and wanted to learn what other people were doing and how it was working for them.

So we could see what other agencies are doing.

The opportunity to discuss the implementation challenges and successes of DEBI.

Our supervisor highly suggested that we participate.

- What do you think went well?

Very well organized. The smaller group sessions were good. Gave us the opportunity to get personal & show our passion for the program.

Everything (2)

The questions of interest we had from the participants were great. An informal question/presentation atmosphere that provoked interest.

The discussions as a whole went well. It was relaxing as well as informative for not only us but also the participants.

I was nervous about what was going to be asked of me, but I felt comfortable and I felt that it went well.

Sharing experiences of implementing SISTA program.

I felt the presentation went great, the participants were receptive to the information we provided as well as the pros & cons we have come across.

Questions & answers session. The group was focused on the questions & feedback.

Had the opportunity to talk to other agencies at the end to see what they are doing and how it is working in their communities.

The opportunity to discuss the implementation, challenges and successes about DEBI.

We had the opportunity to ask questions once we knew what was expected of us.

What problems did you encounter?

None (7)

We were not really clear what was expected of us. (2)

Not being able to speak too loudly in attempt to not disturb other presenters.

Misconceptions from community that SISTA is for those actually infected; actual training to implement, actually trying to convey info to panel.

None what so ever. Everything went well. Organized. Great job!

Suggestions for change?

None (6)

This should be somewhat mandatory for every program...to do a poster presentation

More time to present all the programs that are being implemented besides just DEBIs.

Time frame expanded & specific questions submitted by panel that they would like to know actual people who implement / not the budget people of organizations.

Let the agencies know how the presentations went...was it what was expected.

Larger rooms, otherwise everything was good.

Feedback from the day's activities would be helpful. We never heard anything from the last "Poster" presentation.

Summary for evaluation responses:

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

EVALUATIONS BY CPG MEMBERS

What went well?

Everything.

Organization. Handouts. Time frame for each presentation. Group flow. Seating for each poster presentation.

Organized, rotation ran smoothly. Presenters were very well prepared & knowledgeable.

Organized procedure, clear instructions. Presenters were knowledgeable and excited about the programs. Presenters, generally, answered all questions. All worked better than last poster presentation.

The organization of the CPG members and the flow of members from presenter to presenter. The presentations themselves. Progress with some of the DEBIs. Well organized and coordination of the Evaluation subcommittee.

Everyone did a great job. Great presentation. Very Educational.

Presenters were prepared. Time was sufficient.

I think they were presented in an organized way. They seemed to be “evidence based.”

The presenters were knowledgeable and excited about their progress.

Erie was great. Allentown needs to find Latino staff (in every human service area, in the last 25 years). Easier process with one year’s experience.

Adherence to moving process. Articulate & engaged speakers. Groups stayed together.

Having staff collect the forms 1 by 1. Nice touch adding chairs.

Very good information.

Other

A few of the CPG members did not utilize the questionnaire format and responded with the following.

One member shared, “The fact that SISTA isn’t getting too far with their program disappoints me. I can’t believe they’re basically over.”

A second CPG member was far less specific about identifying the project they were concerned about. “Why they really weren’t problems, more like concerns. I hope that they can get more people involved with their project.”

What didn’t work so well?

None (13)

Wrong room. Too small. Noise level high. Hard to hear presenters.

Hearing!!!

I would like to see them “qualified.” i.e.: How many individuals were impacted? What are the barriers to large-scale implementation?

Not being able to hear well. Not enough time to get to all the questions. Distractions around me.

We have 20 minutes to hear a presentation & ask 12 questions. Let’s re-think the questionnaire

Was difficult to hear presenters at times. List of questions could have been shorter.

Handouts. More handouts at each booth would have been helpful.

It was hard to hear some of the presenters. Small room= lots of people = hard to hear.

**Could not ask any questions at York CPG, due to the length of their presentation.
Overcrowded and a lot of talking where you have to decipher and listen well to the presenter.
Some were not interesting, not easy to follow.
Members not sticking to the questions at hand, going off subject during session, instead of waiting till the end when there was extra time.
More funding.
More support.**

Suggested changes for next time?

Nothing. (7)

More Health Dept. representation.

Allowing more time for the presenters to provide more detail about their programs & discussion of their program outcomes, success, failures, and ways to improve.

More DEBI program presentations and their progress.

An even number of presenters.

Because we couldn't see all presenters, ask them to bring copies of their presentation or at least a summary.

Larger room to allow for louder speaking.

Make the presentations as scientific and quantitative as possible.

Separate rooms or a border for sound purposes.

Just a bigger room & early time.

Announce no sidebar from moment one. Encourage presenters to speak loudly, clearly & announce.

I would have liked to have heard all of the presentations, not just 4 of them.

Secure bigger room/space. Remind CPG members to keep focus on the presentations & to set a good example to newer members and the presenters

Try to gather more young adults and get them to get the word out. Keep the good work up.

Larger room – more room for presenters. Question possible partitions between presenters.

Some need better handouts. Outline 15 minutes for presentation, 5 minutes for questions.

Outline for presenters to follow. Help keep presentation on-track.

More funding.

Some presentations are specific to the 12 questions (Allentown). Perhaps this should be the model for the presentations. Why don't the presenters answer the questions before the presentation? At least, fewer questions.

To come on time.

More dessert.

Summary for CPG member evaluation responses:

Most CPG members reported positive comments about the 2007 Poster Session. The terms “great,” “organized,” “prepared and knowledgeable” were frequently used terms to describe the session’s overall format and the style of the presenters. A number of those questioned reported a positive response to chairs being placed at each presenter’s station. (One member identified the “seating” as a positive response to a previously identified need.) All felt the information provided was valued and appreciated. Responses to the question of what did not work well addressed the noise level, the room, and limited time provided to respond to the 12-point questionnaire. One

respondent suggested that other DEBI interventions needed to be highlighted. However, that person failed to identify which DEBI interventions should be welcomed.

B. Activities Conducted by the Evaluation Sub-Committee and the University of Pittsburgh

The University of Pittsburgh in collaboration with evaluation sub-committee of the CPG conducts evaluations of two programs (see Figure VI.1).

The first is an assessment of the impact of the planning process on actual CDC funded HIV activities; the CPG employs two different methods. The first predated the CDC's PEMS program by a few years. That project is the Pennsylvania Uniform Data System (PaUDS). This system collects process-monitoring data in electronic form on a quarterly basis. Data from this system is aggregated and analyzed. The aggregated data is then submitted to the CDC. This system will transform into PEMS once PEMS is on line.

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

The second method is the Young Adult Roundtable Process Evaluation. It is administered annually at the November meeting to CPG members. This survey provides CPG members the opportunity (both qualitatively and quantitatively) to comment on the progress of the Roundtables during the past year. The evaluative tool assesses young people's parity, inclusion, and representation in the planning process. Roundtable members use the Committee's feedback to strengthen the project and Roundtable member involvement in the community planning process.

B. 1. Results of 2006 Pennsylvania Uniform Data Collection System (PaUDS) Activities

The PaUDS program is a computerized uniform data collection system for HIV prevention services. The PaUDS system collects data based on intervention types - individual level intervention (ILI), group level intervention (GLI), outreach (OR), health communication/public information (HC/PI), and prevention case management (PCM). Within each of these interventions, the service provider collects information on race, ethnicity, gender and age, for persons receiving these services. Additional information, such as the setting that the intervention had taken place and number of times a certain person has been contacted, is also collected.

Currently all nine local county and municipal health departments and the seven Ryan White Coalitions are required to report using the PaUDS system. Reports are submitted to the Commonwealth on a quarterly basis. All agencies submitted data each quarter in 2006 and 2007. Data were submitted and 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.

The Evaluation subcommittee began to make use of PaUDS data for their subcommittee needs in August 2006. The subcommittee receives PaUDS reports on a quarterly basis. This allows them to evaluate what organizations and agencies are implementing interventions to which specific

target populations. The subcommittee believes utilizing this data will help in their planning process.

PaUDS data is reported in the intervention section of this plan.

B. 2. Young Adult Roundtable Process Evaluation Data: 1997-2006

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.

| # | Variable: "Your belief that..." | 1997 N=24 77% | 1998 N=26 67% | 1999 N=20 67% | 2000 N=22 67% | 2001 N=27 70% | 2002 N=15 42% | 2003 N=28 87% | 2004 N=26 72% | 2005 N=27 75% | 2006 N=17 41% |
|----|---|---------------------|---------------------|---------------------|---------------------|---------------------|---------------------|---------------------|---------------------|---------------------|---------------------|
| 1 | <i>YART gives youth a voice in the community planning process</i> | 2.7 | 3.5 | 3.4 | 3.5 | 3.4 | 3.3 | 3.7 | 3.6 | 3.6 | 3.7 |
| 2 | <i>Roundtable members reflect epidemic in Pennsylvania</i> | 2.4 | 3.0 | 3.0 | 2.9 | 2.9 | 3.0 | 3.0 | 3.0 | 3.2 | 2.9 |
| 3 | <i>Important needs assessment data from YART to PC</i> | 2.5 | 3.2 | 3.1 | 2.9 | 3.0 | 3.1 | 3.5 | 3.2 | 3.5 | 3.4 |
| 4 | <i>Young PC members have parity in planning process</i> | * | 3.5 | 3.0 | 3.2 | 3.3 | 2.8 | 3.6 | 3.5 | 3.6 | 3.6 |
| 5 | <i>Young PC members contribute to community planning process</i> | 2.8 | 3.7 | 3.4 | 3.2 | 3.6 | 3.4 | 3.6 | 3.7 | 3.7 | 3.7 |
| 6 | <i>Mentors convey data from YART to PC</i> | 2.3 | 3.3 | 2.7 | 2.5 | 2.4 | 2.0 | 2.7 | 3.0 | 3.2 | 2.9 |
| 7 | <i>YART important part of Community planning process</i> | 2.9 | 3.8 | 3.6 | 3.5 | 3.5 | 3.3 | 3.8 | 3.6 | 3.9 | 3.8 |
| 8 | <i>Roundtable Exec meetings important for PC to meet youth</i> | 2.9 | 3.5 | 3.3 | 3.4 | 3.3 | 2.9 | 3.4 | 3.3 | 3.6 | 3.4 |
| 9 | <i>Consensus Statement provides important data for process</i> | * | 3.6 | 3.4 | 3.1 | 3.1 | 3.1 | 3.7 | 3.5 | 3.6 | 3.5 |
| 10 | <i>YART ensure young people PIR in PA's planning process</i> | * | * | * | * | * | 2.8 | 3.6 | 3.5 | 3.7 | 3.6 |

The following table represents the breakdown of 2006 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."

Below are the numbers of Planning Committee responses (**November 2006**) to inquiries about **how**

| # | Variable: "Your belief that..." | 2006 Surveys N=13 (39%) | 2006 Survey Average |
|---|---|---|---------------------------|
| 1 | <i>YART gives youth a voice in the community planning process</i> | 5.9% Completely Disagree 0% Disagree 11.8% Agree 82.4% Completely Agree | 3.7 |
| 2 | <i>Roundtable members reflect epidemic in Pennsylvania</i> | 5.9% Completely Disagree 11.8% Disagree 64.7% Agree 17.6% Completely Agree | 2.9 |
| 3 | <i>Important needs assessment data from YART to PC</i> | 5.9% Completely Disagree 5.9% Disagree 29.4% Agree 52.9% Completely Agree | 3.4 |
| 4 | <i>Young PC members have parity in planning process</i> | 5.9% Completely Disagree 0% Disagree 17.6% Agree 76.5% Completely Agree | 3.6 |
| 5 | <i>Young PC members contribute to community planning process</i> | 5.9% Completely Disagree 0% Disagree 11.8% Agree 82.4% Completely Agree | 3.7 |
| 6 | <i>Mentors convey data from YART to PC</i> | 5.9% Completely Disagree 17.6% Disagree 52.9% Agree 23.5% Completely Agree | 2.9 |
| 7 | <i>YART important part of Community planning process</i> | 5.9% Completely Disagree 0% Disagree 0% Agree 94.1% Completely Agree | 3.8 |
| 8 | <i>Roundtable Exec meetings important for PC to meet youth</i> | 5.9% Completely Disagree 0% Disagree 35.3% Agree 52.9% Completely Agree | 3.4 |
| 9 | <i>Consensus Statement provides important data for process</i> | 5.9% Completely Disagree 0% Disagree 35.3% Agree 58.8% Completely Agree | 3.5 |
| 1 | <i>YART ensure young people PIR in PA's planning process</i> | 5.9% Completely Disagree 0% Disagree 17.6% Agree 76.5% Completely Agree | 3.6 |
| 0 | | | |

| | None | Very little | Some | A lot |
|---------------------------------------|-----------|--------------|--------------|--------------|
| Roundtable Consensus Statement | 0 (0%) | 3 (17.6%) | 8 (47.1%) | 6 (35.3%) |

Below are the numbers of Planning Committee responses (**November 2006**) to inquiries about the extent to which needs assessment information from the Roundtable Consensus Statement was used in the planning process, the extent to which Planning Committee mentors to the Roundtables have provided information to the Planning Committee about the prevention needs of Roundtable members, and the perceptions of Roundtable members' participation at Planning Committee meetings:

| | Not at all | Very little | A bit here and there | A lot |
|---|------------|--------------|----------------------|---------------|
| <i>The extent to which the ideas in Consensus Statement have been used in Comprehensive Prevention Plan</i> | 0 (0%) | 1 (5.9%) | 5 (29.4%) | 11 (64.7%) |
| | None | Very little | Some | A lot |
| <i>Amount of information shared by Mentors with Planning Committee about prevention needs of Roundtable members</i> | 0 (0%) | 2 (14.3%) | 9 (64.3%) | 3 (21.4%) |
| <i>Perception of Roundtable members' participation at Planning Committee Meetings</i> | 0 (0%) | 0 (0%) | 4 (36.4%) | 7 (63.6%) |

Qualitative Data from November 2006 Surveys:

In addition to the above numeric data, Planning Committee members also provided additional verbal comments about and recommendations for the Roundtables. Following are those responses:

Recommendations to improve the Pennsylvania Young Adult Roundtables:

- Possibly have the full Executive Roundtable run a complete MTG or have substantial time to present to all of us, their complete process- we would merely be observers.
- More involvement from YART Mentors at CPG meetings. More representation from YART Executive Committee members. Otherwise it is Great!
- Keep up the good work!
- Need more groups.
- Thinking about development of two focus groups in the Williamsport area.
- Perhaps ensure that ALL four of your statewide reps are more consistent with their attendance.

About the Roundtable HIV Prevention Consensus Statement:

- I am very grateful for the Consensus Statement from YART and how it has helped us focus on needs of at risk youth in PA for our CPG.
- I am appreciative of the contribution of the roundtables and to know and understand that they are bringing us the honest answers of young people that otherwise I don't think we would have as accurate knowledge.
- I think it is comprehensive and well thought out. I don't have a good sense of how it is implemented and put into practice.
- Excellent!
- It advocates participation needs and information to attest us in the planning process.

About Planning Committee Mentors/Planning Committee:

- I've observed YART participation at the CPG for the past 6 yrs. It's very impressive to see the dedication and commitment that the YART members bring to the rooms. I only wish that all CPG members would be so dedicated.
- We are always updated as to what is going on with the roundtables as it relates to the CPG.
- To be honest, I'm not sure I understand the role of mentors (as opposed to YART reps on the Planning Committee.)
- Super group- incredibly committed and responsible.
- We need to have the opportunity to give some more direct input.
- We are made aware if [and] where Mentors are continually needed and we also learn where Roundtable members are needed.

Young Adult Information needed by Planning Committee to effectively plan:

- 1. Risk behavior in youth and when (at what ages) do risk behaviors begin. 2. Influence of peer pressure on increasing risk behaviors. 3. Influence of peers on increasing risk reduction/education prevention. Programs with greatest success with youth education prevention.
- I think that the information that we receive from the roundtables keeps us at the forefront of what is going on with youth. With that, we are kept abreast.
- More on what works for them in presentation.
- Demographics info, prevention info; what they feel are the most effective prevention methods for their age groups.
- More on how members are recruited.
- Provide a forum for YART members who do not attend CPOS meetings to share info and experiences. More info about specific risk behaviors of young adults and barriers to prevention...
- Young peoples' perspectives on the impact the disease has on the youth population and how to better serve young people in regards to communication.
- Continuing honest feedback on the perspectives of young people.
- If HIV Prevention messages are getting through and if there is adequate access to intervention needs, prevention and supportive services.
- They had future plans for updating their website. My hope is that this can be completed in the coming year.

Improve Executive Committee participation at Planning Committee meetings:

- In past there were stranger people and then it was a lot, now not so much.
- I don't know.
- Probably more written feedback from these meetings in addition to verbal presentations.
- I have not been to any of the Exec Committee meetings to date.
- Not sure if anything needs [to be] improved.

Other Comments

- Keep up the good work!
- Great Job!

- Efforts should continue to provide guidance, assistance, and resources to the YART. They distinguish this group from all others and are an inspiration and driving force.
- Getting them more involved in Community planned activities and also schools.
- The roundtables are excellent. I am sorry I can't answer some of the open-ended questions -- I just don't recall the info. As far as the youth representation on the CPG, these young people really bring a wonderful perspective and help us older folks bridge the gap! Representation from all youth perspectives in PA still remains a problem -- just need to do more.

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

C. Activities Conducted by the Pennsylvania Department of Health and the University of Pittsburgh

The Pennsylvania Department of Health and the University of Pittsburgh collaborate to conduct evaluations of the program in two ways. First, the Department of Health with the CPG's guidance has created more than a dozen demonstration projects over the years. Each project included an evaluation of the process and impact of the process that was created with input from the CPG (see Figure VI.1). The results of the evaluations were used to guide the projects' development and to aid in determining continued funding of the projects.

Finally, each November, Young Adult Roundtable members are administered a Roundtable Participant Evaluation in the form of a survey. Responses from the survey are utilized to help University of Pittsburgh staff better understand the project: what works and what changes need to be made to foster Roundtable member participation, retention, and recruitment.

C. 1. Pennsylvania Young Adult Roundtables Participant Evaluation

The mission of the Pennsylvania Young Adult Roundtables (YART) is to provide high-risk young people in our state (not including Philadelphia) parity, inclusion, and representation (PIR) in the HIV prevention community planning process. In order to assess the ability of the project to assure an evaluation is conducted to determine: 1) are the Roundtables representative of Pennsylvania youth and young adults (13-24)? (Representation); and 2) whether the current structure of the Roundtables supporting the youth and young adults' efforts to have a voice in the HIV prevention community planning process (Parity).

YART participants elect members to the YART Executive Subcommittee and from those committee members 4 youth representatives are selected to serve on the Pennsylvania HIV Prevention Community Planning Group. The youth may recall a member if they believe he or she is not actively engaged. However, no measure of the quality of involvement of their elected representative currently is utilized. For this reason there is no measure of perceived inclusion.

DEMOGRAPHICS - REPRESENTATION

AGE

Youth and Young Adults ages 15-24
Commonwealth of Pennsylvania (excluding Philadelphia)
N = 1,368,762.
Source: 2000 Decennial Census Survey

| AGE | MALE | FEMALE | TOTAL |
|-------|--------|--------|---------|
| 15-24 | 696177 | 672585 | 1368762 |

Approximately 51% and 49% of Pennsylvania youth (15-24) are male and female, respectively.

Youth and Young Adults ages 14-24
Pennsylvania Young Adult Roundtable Participants by Sex
N= 113
Source: 2007 Roundtable Anonymous Demographic Survey

| AGE | MALE | FEMALE | TOTAL |
|-------|------|--------|-------|
| 14-24 | 49 | 64 | 113 |

Approximately 43% and 57% of Roundtable participants are male and female, respectively.

SEXUAL ORIENTATION

Sexual orientation is not including in the 2000 Decennial Census Survey. However the literature indicates that 4% to 10% of the population may not conform to assumed heterosexuality. Adolescence is also a period of time when many young people are identifying, both to themselves and others, their sexual identity and attractions; and may also experiment with a variety of sexual behaviors. The data gathered from the Roundtable participants is only a reflection of how they may identify at the time of the survey.

N=113

| SEXUAL ORIENTATION | COUNT | PERCENTAGE |
|--------------------|-------|------------|
| Straight | 73 | 65% |
| Gay | 14 | 12% |
| Bisexual | 13 | 12% |
| Lesbian | 8 | 7% |
| Unsure | 4 | 4% |
| No Response | 1 | 1% |

RACE

Percentage by Race

Commonwealth of Pennsylvania (excluding Philadelphia)

N = 10,654,854

Source: 2000 Decennial Census Survey

| RACE | COUNT | PERCENTAGE |
|--|-----------|------------|
| White | 9,800,936 | 91.9% |
| Black/ African American | 568,788 | 5.3% |
| American Indian/ Alaska Native | 14,275 | 0.1% |
| Asian | 152,159 | 1.4% |
| Native Hawaiian/ Other Pacific Islander | 2,688 | 0.02% |
| Other | 116,008 | 1.1% |

Percentage by Race and Ethnicity*

Pennsylvania Young Adult Roundtables

N = 113

Source: 2007 Roundtable Anonymous Demographic Survey

| RACE | NON-HISPANIC | HISPANIC | COUNT | PERCENTAGE |
|------------------------------------|--------------|----------|-------|------------|
| White | 40 | 3 | 43 | 38% |
| Black/ African American | 48 | 5 | 53 | 47% |
| Latino | 0 | 7 | 7 | 6% |
| Multiracial | 5 | 3 | 8 | 7% |
| Other | 0 | 1 | 1 | 1% |
| Missing | 0 | 0 | 1 | 1% |

* The Census Bureau accepts that an individual may have a combination of races and ethnicities. Do to the structure of the survey we were unable to determine if those that marked Latino were

identifying as ethnically Hispanic (Census terminology) or asserting a differing construct of race being Latino. To accommodate the fluidity of racial/ethnic expression, this table attempts to codify in a meaningful way, respondents expressions.

RISK FACTORS AND BARRIERS TO PREVENTION

Youth have specific risk for HIV infection that may differ from their adult counterparts. Recognizing these differences the Center for Disease Control and Prevention (CDC) has identified factors and barriers related to sexual behavior (i.e. early sexual debut, biological vulnerability, partner risk, and unprotected sexual behavior between men who have sex with men), substance abuse (i.e. injection drug use, as well as non-injection drug use), lack of awareness, poverty and social disenfranchisement (i.e. lack of access to health promotion information), and developmental concerns (i.e. coming of age of HIV positive children) that must be overcome to effectively engage youth in HIV prevention skills development.

The demographic survey does not assess all risk factors for youth, but does assess enough to determine how representative Roundtable participants are of youth who require a more targeted prevention message.

HIV Risk Perception

Perceptibility of risk:

- 38% - **NO RISK**
- 36% - **LOW RISK**
- 19% - **SOME RISK**
- 4% - **HIGH RISK**
- 4% - **NO RESPONSE**

HIV Testing

- 55% had been tested for HIV
- Of those tested 37% (47) had been tested 2 or more times
- Of those tested 4% (5) had NOT returned to receive their results or post-test counseling

Sexual Behavior

- 83% indicated a least one sexual partner in the last 12 months
- 41% indicated they **ALWAYS USED CONDOMS**
- 10% indicated they **NEVER USED CONDOMS**
- Less than 30% were aware if their sexual partners had been tested for HIV

Sexually Transmitted Infections

- 11% previously diagnosed with a sexually transmitted infection

Substance Use

- 4% stated having injected drugs and shared needles

SUPPORT STRUCTURE – PARITY

Between October and November of 2006, Pennsylvania Young Adult Roundtable Members completed an anonymous survey as part of the Roundtable process evaluation. This survey used a combination of closed and open-ended question. The closed ended questions used a rating system, to measure comfort and perception that ranged from 1 = “low”; 2 = “average”; to 3 = “high”. The following is the assessment tool with the percentage of aggregate responses included:

CLOSED ENDED QUESTIONS

N = 68

| # | Variable | Response |
|----|---|--|
| 1 | <i>Your comfort level while participating in this group</i> | 85.3% high comfort level 14.7% average comfort level 0% low comfort level 0% no response |
| 2 | <i>Your comfort level with other members in the group</i> | 63.8% high comfort level 33.8 % average comfort level 2.9% low comfort level 0.0% no response |
| 3 | <i>Your comfort level with the group’s ground rules</i> | 85.6% high comfort level 13.4% average comfort level 0.0% low comfort level 1.5% no response |
| 4 | <i>Your belief that information from this group is really used in the statewide HIV prevention planning process</i> | 70.6% high belief level 27.9% average belief level 1.5% low belief level 0% no response |
| 5 | <i>Your comfort level with Pitt’s group facilitator</i> | 82.4% high comfort level 16.2% average comfort level 0.0% low comfort level 1.5% no response |
| 6 | <i>Your belief that your participation in this group is completely confidential</i> | 70.6% high belief level 23.5% average belief level 4.4% low belief level 1.5% no response |
| 7 | <i>Your comfort level with the group’s meeting place</i> | 77.9% high comfort level 16.2% average comfort level 4.4% low comfort level 1.5% no response |
| 8 | <i>Your comfort level with the Planning Committee Mentor</i> | 75% high comfort level 11.8% average comfort level 8.8% low comfort level 4.4.% no response |
| 9 | <i>Your belief that your group Representatives do a good job in representing this group in Harrisburg</i> | 80.9% high comfort level 19.1% average comfort level 0% low comfort level 0% no response |
| 10 | <i>Your belief that time at meetings is well spent</i> | 76.5% high belief level 23.5% average belief level 0.0% low belief level 0.0% no response |

OPEN-ENDED QUESTIONS

The open-ended questions offered an opportunity for participants to expound upon their beliefs, perceptions, and reactions to the group process related to the Roundtables. The questions are grouped into the following themes:

| THEME | QUESTION |
|-----------------------------------|--|
| BENEFIT OF PARTICIPATION | Why do you participate in this group? |
| CHALLENGES TO GROUP TASK FUNCTION | What do you dislike about being in this group? |
| ENHANCERS OF GROUP TASK FUNCTION | What changes would you make to improve the Roundtables, and why would you make them? |
| INFORMATION REQUESTS | What information would be helpful to for the group to have next year? |
| RETENTION CHALLENGES | Why do you think some Roundtable members drop out of the group during the year? |
| RECRUITMENT SUGGESTIONS | How can we identify new Roundtable members who would be good for this group next year? |
| GOAL SETTING | What are some of the Roundtable goals we should think about for next year? |

BENEFIT OF PARTICIPATION

Bloch and Crouch (1985) introduced therapeutic factors that can apply to a variety of groups. Using the factors of installation of hope; universality; guidance; altruism; learning from interpersonal action; vicarious learning; insight; acceptance; catharsis; and self-disclosure, we were able to summarize the responses of the participants.

| THERAPEUTIC FACTORS IN GROUPS | Total |
|------------------------------------|-------|
| Guidance | 21 |
| Altruism | 11 |
| Learning from interpersonal action | 10 |
| Insight | 7 |
| Acceptance | 3 |
| Installation of hope | 2 |
| Universality | 2 |
| Catharsis | 1 |
| Grand Total | 57 |

CHALLENGES TO GROUP TASK FUNCTION

Benne and Sheats (1948) identified three functional roles within groups. The roles are 1) group task roles, 2) group maintenance roles, and 3) individual roles. The role of interest regarding the Roundtables is the group task roles. Group task roles focus the work of the group. Below is a summary of those responses.

| GROUP TASK FUNCTIONS | PURPOSE | EXAMPLE | Total |
|----------------------|--|--|-------|
| ORIENTING | Keep group in direction set by agenda | “Off topic conversation” | 10 |
| MEDIATING | Reconcile disagreements | “2 or 3 members I strongly dislike” | 7 |
| ENERGIZING | Keep group working on problem | “When teens come & not participate” | 6 |
| INFORMATION SEEKING | Make group aware of need for information | “When we have to read from pamphlets & thick stacks of papers stabled together” | 1 |
| OPINION SEEKING | Test for consensus, find out group opinion | “Not being taken seriously” | 1 |
| PHILOSOPHIZING | Show that a particular issue is not unique | “I think we should have all races...because black are NOT the only ones infected!” | 1 |

| | | | |
|----------------------|-----------------------------------|---|----|
| PROCEDURE DEVELOPING | Establish an order to the meeting | "I dislike that the reps are always changing or bending the rules for themselves" | 1 |
| Grand Total | | | 27 |

It is important to note that the highest frequency response was:

| | |
|----------|-------|
| RESPONSE | Total |
| NOTHING | 20 |

Additional responses not related to group process were:

| | |
|------------------------------|-------|
| RELEVANT SUMMARY | Total |
| LENGTH OF MEETINGS | 8 |
| FREQUENCY OF MEETINGS | 2 |
| AGING OUT | 1 |
| CHANGE IN FACILITATORS | 1 |
| DISTANCE | 1 |
| LACK OF BOYS | 1 |
| LOCATION | 1 |
| LACK OF NEW VIDEOS TO REVIEW | |
| Grand Total | 16 |

ENHANCERS OF GROUP TASK FUNCTION

| GROUP TASK FUNCTIONS | PURPOSE | EXAMPLE | Total |
|----------------------|---|---|-------|
| ENERGIZING | Keep group working on problem | "More activities" | 6 |
| MEDIATING | Reconcile disagreements | "Talking while others are talking b/c its disrespectful" | 6 |
| INFORMATION GIVING | Provide group with information relevant to its work | "Have people who are infected with HIV/AIDS to come and talk to those who thin they can't get it" | 5 |
| COORDINATING | Adjust issues or harmonize issues that may conflict | "Meeting would have other roundtables meet" | 3 |
| PROCEDURE DEVELOPING | Establish an order to the meeting | "Maybe every meeting someone 'new' can contribute to food" | 1 |

| | | | |
|-------------|--|--|----|
| Grand Total | | | 21 |
|-------------|--|--|----|

Again, the highest frequency response was:

| RESPONSE | Total |
|----------|-------|
| NOTHING | 15 |

Additional responses not related to group process were:

| RESPONSE | Total |
|----------------------------|-------|
| RELEVANT SUMMARY | |
| MALE PARTICIPATION | 4 |
| MEETING SPACE | 4 |
| FREQUENCY OF MEETINGS | 3 |
| MULTI-ROUNDTABLE GATHERING | 3 |
| RECRUITMENT | 3 |
| MINIMAL CHANGES | 2 |
| CHANGE TIME | 1 |
| DIVERSITY | 1 |
| FAMILY PARTICIPATION | 1 |
| GROUP SIZE | 1 |
| INDIVIDUAL RESPONSE | 1 |
| LENGTH OF MEETINGS | 1 |
| MEMBERSHIP IDENTIFICATION | 1 |
| MORE VIDEOS | 1 |
| MYSpace PAGE | 1 |
| NEW REPRESENTATIVES | 1 |
| NEWSLETTER WEB-ENHANCED | 1 |
| UNSURE | 1 |
| Grand Total | 31 |

Two individual responses were also listed:

- I will speak out loud stop being quiet
- To keep a positive attitude and to attend all the meetings in one year
- To be willing to cooperate more than the year before

INFORMATION REQUESTS

| SUMMARY | Total |
|---|-------|
| STI – SYPTOMS AND EPIDEMIOLOGY | 12 |
| HIV STATS | 6 |
| NOTHING | 3 |
| TESTING INFO | 3 |
| LIVING WITH HIV/AIDS | 2 |
| MORE INFO ABOUT SEX | 2 |
| MORE VISUAL AIDS | 2 |
| A LOT OF INFORMATION | 1 |
| CONDOM SAFETY | 1 |
| DOWN LOW | 1 |
| HEALTHY RELATIONSHIPS | 1 |
| PLACES TO GET OTHER HEALTH SERVICES | 1 |
| PREVENTION SKILLS | 1 |
| PROJECT HISTORY | 1 |
| CONDOM AND BIRTH CONTROL DISTRIBUTION SITES | 1 |
| STAFF CHANGES | 1 |
| STUDY OF YOUTH KNOWLEDGE & BEHAVIOR | 1 |
| Grand Total | 38 |

RETENTION CHALLENGES

| ISSUE TYPE | POSITIVE EXAMPLES | NEGATIVE EXAMPLES | Total |
|---------------------------------|--|---|-------|
| INTRAPERSONAL | N/A | Lack of interest, boredom, lazy, “too stoned to make it”, etc. | 32 |
| COMPETING PRIORITIES | School, Work, Jobs | Pregnancy | 25 |
| PROGRAMMATIC | “They realize it’s not a ‘social hour’ group” | Length of meetings | 18 |
| ENVIRONMENTAL/ STATUS CHANGE | “Moved for school” | Jail, No ride or transportation | 10 |
| INTERPERSONAL | “...may be the ones who join the roundtable for the wrong reasons” | “...more girls than boys”, “not comfortable with meeting”, “...don’t trust the people in their groups” | 9 |
| HIV-STIGMA | N/A | “not comfortable with this topic” “either they have some of these HIV or are not interested” “feel as though they are not at risk and this does not apply to them | 9 |

RECRUITMENT SUGGESTIONS

This question yielded responses related to the qualities (i.e. teamwork and demographics) of new members and strategies of reaching them.

Qualities

Roundtable participants recognize the importance of representation on the Roundtables so many responded that there should be individuals who represented a racial, ethnic, and cultural demographic as well as those engaging in risky behaviors. Examples of which include:

- Latino/a, English speaking/reading, sexually active
- IDU/substance users
- Males
- LGBT
- Younger youth
- Youth with children

They also recognized the importance of having committed quality people who want to participate. Those qualities included:

- “People who had experiences with things”
- “Mature people who are comfortable talking about it all”
- “Willing to commit 3 hours to come + talk”
- “People willing to learn...committed, participate; [treat] people with respect”
- “Responsible people”

Strategies

- Using the recruitment strategy
- “Get current roundtable members to spread the word to people who qualify as a roundtable member”
- “By putting up flyers and making oral speeches”
- “By interviewing...asking them their intentions on what they could bring to the group; and by finding where they stand on issues”
- “Get a van”

GOAL SETTING

The goals of Roundtable members can be categorized into themes and tasks. The themes are as follows:

| THEME | Rank by Frequency |
|---------------|-------------------|
| PROGRAMMATIC | 1 |
| GROUP PROCESS | 2 |
| STRATEGY | 3 |
| MISCELLANEOUS | 4 |

Programmatic Goals

- Coordinate more group activities, including a joint Roundtable meeting
- Develop Consensus Statement
- Increase access to educational videos

- Increase awareness of counseling and testing sites
- Increase recruitment and retention, especially of males
- Increase web presence through www.stophiv.com and Myspace.com
- Vary the topics discussed in Roundtable Meetings

Group Process Goals

- Increase the amount of information related to sexual health and HIV risk reduction
- Decrease the distraction that impede the process
- Take more ownership in the process and speak up

Strategy Goals

- Develop Consensus Statement
- “Implement YRBS in schools”
- Increase media exposure
- Develop strategic plan for Roundtables
- “Improve access to health care services”

Miscellaneous Goals

- Increase fundraising

ADDITIONAL COMMENTS

The Roundtable participants were offered the opportunity to make any additional comments to the survey. These are all the comments that were listed:

- GREAT YEAR
- Knowledge is power!
- Fabulous year
- Just keep open to bigger spaces so that member #'s never become an issue
- It was a good year
- We love the group. Very educational
- This was good for my first year!
- THANK YOU FOR A GOOD YEAR!
- Food isn't to fill you up. Light snack

C. 2. Evaluation of Demonstration Projects: Prevention with Positives

Three Ryan White Title III clinics are participating in an evaluation of the integration of prevention into the care of HIV+ patients. Two clinics are ongoing subcontractors and a third clinic, on a private foundation grant for one year, has volunteered to collaborate in the evaluation. Prevention services follow CDC guidance including Comprehensive Risk Counseling Sessions (CRCS), Partner Counseling Referral Services (PCRS), and when available, DEBI interventions. This collaborative evaluation will include a combination of qualitative and quantitative methods using complex adaptive theory to capture facilitators and barriers of success.

1. Patient Information (New program is starting up; original subcontractors have been gathering data since January 2006)
 - Demographics
 - Self-reported risk assessments
 - Clinically tested indicators of risk behavior
 - Measures of behavior change over time
2. Process Information
 - Physical observation of the initiatives in practice and setting
 - Description of patient pathways determined either by direct observation (if permitted) or by walkthrough
 - Practice Genogram
 - In depth face to face interviews with patients (where permitted)
 - In depth interviews and/or clinic observation of relevant staff
 - Description of staff and organization relationships

The evaluation will be presented to the CPG, the State Health Department, other primary care clinics, and AIDS service organizations. The goal is to provide these groups with recommendations and adaptable models and to integrate prevention into their care of HIV+ patients/clients.

D. Evaluation Sub-Committee Recommendations:

- (a) Continue to conduct evaluations as outlined in paragraph two of the introduction to this evaluation section of the plan.
- (b) 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.
- (c) Although considerable progress has been made in the education and delivery of DEBI intervention, continued monitoring by the CPG is warranted.

CONCLUSIONS AND RECOMMENDATIONS

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 the, 1) CPG process monitoring and 2) poster presentations. The Poster Presentations elicit dialogue and networking between the CPG and HIV prevention funded agencies as well as elicit information for program evaluation. The poster sessions reveal the activities performed, the use and challenges of using the HIV Prevention Plan/Updates, difficulties with implementation, and barriers and needs for staff training. The Process Evaluation evaluates the CPG planning process using external facilitators to increase the objectivity. The strengths and weakness 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 DEBIs and information about the Poster Presentation needs to be presented at a conference. Based on the Process Evaluation, we propose that the, 1) CPG member orientation needs to be more comprehensive, 2) mentoring for new CPG members needs to be more effective, 3) there needs to be an increased level of commitment among CPG members in terms of mentoring, participation and attendance, 4) training for CPG members on how to plan effectively is needed, 5) more effective recruitment of CPG members is needed so that members better reflect the face of HIV in Pennsylvania, 6) the Young Adult Roundtables need to be more a part of the planning process, and 7) paperwork and reading materials need to be streamlined.

Interventions

Conclusions: The Interventions Subcommittee has begun to review utilization of the available prevention services by Planning Coalitions. The Subcommittee wanted to conduct a gap analysis between prevention interventions by Planning Coalitions and how many clients are representative of the prioritized populations were reached. It was found that PAUDS data did not break down the data by unduplicated clients, therefore, proper analysis of how many unduplicated clients within each

Planning Coalition utilizing prevention services could not be achieved. Additionally, it was determined that General Public and Outreach categories of the PAUDS data should not be included in the analysis because those intervention contacts are not directed towards prioritized populations. The Intervention Subcommittee determined that providers who submitted program information for the Resource Inventory should be required to provide the name of the specific effective behavioral intervention that they are implementing. The Intervention Subcommittee reviewed CADR data in attempt to address the prioritized population of HIV positive individuals. It was determined that the CADR data did not provide a breakdown of HIV positive clients in a manner that was conducive for the subcommittee to analyze how many clients are being targeted with prevention interventions. Finally, the Intervention Subcommittee is concerned about youth representation as well the integration of Hepatitis C into intervention planning.

Recommendations:

- Enhance PAUDS to identify unduplicated clients not just contacts.
- Create a semi-annual feedback process for providers across coalitions to discuss challenges and successes in implementing effective behavioral interventions i.e. peer-to-peer communication in addition to State support and technical assistance.
- Provide DEBI overview training for CPG members on the second day of orientation; with the specific goals of increasing understanding of how to select a DEBI for an area, the importance of core elements, adaptability, etc.
- Continue review of CADR data to address and identify other concerns regarding prevention with positives.
- When updating the Resource Inventory, providers should identify which DEBIs/EBIs they are implementing.
- Obtain a progress report from the Young Adult Round Tables regarding the Decisions for Life intervention.
- Review the compendium for interventions that address Hepatitis C.

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 2005-2006 needs assessments of at risk subgroups included incarcerated youth and adults, undocumented persons, transgender/transsexual women, and HIV positive men and women in care.

Recommendations: Since reprioritization is still in progress, we will focus on the unmet needs collaboration with the Integrated Planning Council and Ryan White funded coalitions to provide ongoing assessment of the prevention needs of HIV positive individuals. Future needs assessments will include recommendations that will be presented and distributed to the CPG and utilized by various AIDS service organizations, coalitions and so forth.

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 three poster presentations indicate that stigma in rural communities is a major barrier to prevention programming.

Recommendations:

The members of the rural work group suggest the following recommendations:

1. Identify the priority groups at risk for HIV that is location-based
2. 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
3. Advocate for continued retention and training of HIV providers.
4. Identify the methods by which rural populations adopt prevention behaviors (adoption/diffusion theory).
5. Assist rural providers in developing community networks to help reach difficult populations.
6. Identify ways in which stigma in rural communities can be reduced

2. Department of Health, Division of HIV/AIDS (Department) response to the Pennsylvania Community HIV Prevention Plan Update (Plan) for 2007:

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 delivered in the previous year 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 provided in the year prior to the Grant. An opportunity is provided for questions and discussion.
- A concurrence process is conducted wherein each CPG member has the opportunity to cast a written vote on whether the Department's Grant does or does not, and to what degree, agree with the priorities set forth in the Plan.

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

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

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

- Grant funding is provided to support HIV CTR services at 5 county and 4 municipal health departments and at all Department supported Sexually transmitted disease (STD) providers.
- Grant funding is provided for HIV testing laboratory contracts for serum, oral fluid and rapid testing. These laboratory services also support CTR sites funded by other sources (State, Substance Abuse Prevention and Treatment Block Grant).
- Grant funding is provided to support 12 HIV Prevention Program Field Staff and county/municipal health department staff to provide PCRS for all publicly supported CTR sites. These staffs have begun to offer their services to private sector HIV testing providers.
- Grant funding is provided for two Prevention Case Management/Comprehensive Risk Counseling Services demonstration projects for individuals with HIV/AIDS.
- Grant funding is provided to the county/municipal health departments to implement evidence-based interventions.

In addition, the following actions demonstrate the Department's support of community planning and efforts to address recommendations identified by CPG Subcommittees, in the Plan:

- Adequate Grant funds are provided to support the CPG and the planning process.

Epidemiology Subcommittee

- The Department has implemented a data driven, competitive resource allocation process that incorporates an HIV epidemiologic resource allocation model.
- The Department, in collaboration with the CPG, has commissioned a reprioritization process of the target populations.

Evaluation

- The Department has supported evaluations of the CPG planning process.
- The Department has supported prevention contractor poster presentations.
- The Department has supported process monitoring data collection of funded interventions.

Interventions

- The Department has provided training for contractors to implement evidence-based interventions.

- The Department has made funding available for contractors to implement evidence-based interventions.
- The Department has supported the development and implementation of Decisions for Life, a prevention science-based intervention developed by high-risk youth, for high-risk youth.
- The Department has provided funding to enhance the stophiv.com website to provide electronic PCRS.
- The Department's HIV/AIDS and STD programs have begun collaborating on Internet intervention.

Needs Assessment Subcommittee

- The Department's HIV Prevention and Care Sections, in collaboration with the CPG, have commissioned a needs assessment project among individuals with HIV/AIDS to identify unmet needs for HIV-related primary medical care and HIV prevention. This project will include collaborative efforts in all areas of the CPG's Community Services Assessment (needs assessment, resource inventory and gap analysis).

GLOSSARY OF KEY TERMS

Terms

Asian Pacific Islanders (API)

“Asian” refers to those having origins in any of the original peoples of the Far East., Southeast Asia or the Indian subcontinent, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan and the Philippine Islands. “Pacific Islander” refers to those having origins in any of the original peoples of Hawaii, Guam, Samoa or other Pacific Islands.

AIDS Service Organization (ASO)

Local community-based non-profit organizations providing HIV/AIDS care and prevention

CARE Act Data Reports (CADR)

Monthly data reports on HIV care provided to persons living with AIDS.

Centers for Disease Control & Prevention (CDC)

An agency of the United 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. They are the primary funding and informational source for HIV prevention.

Community Level Intervention

HIV prevention interventions with community-wide impact such as school-based programs, social influence models, street and community outreach, social marketing, media interventions and social action and community mobilization. Also known as community directed interventions (CDI).

Community Resource Inventory

An inventory of all known HIV prevention resources within the jurisdiction.

Community Services Assessment (CSA)

The HIV prevention community planning process of examining the HIV prevention needs and barriers of specific populations through needs assessment, the HIV prevention resources available and a gap analysis between the needs and resources.

Comprehensive Risk Counseling Sessions

Intensive sessions with HIV-positive individuals to reduce their HIV risk-related behaviors.

Decisions For Life (DFL)

A group level HIV prevention intervention for sexually active young adults developed by young adults.

Diffusion of Effective Interventions (DEBI)

The CDC approved interventions of proven effectiveness for HIV prevention.

Evidence-Based Interventions (EBI)

HIV prevention interventions that have a base in science or an evidence-base that is 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 is examined.

Group Level Intervention (GLI)

HIV prevention directed to small groups and workshops to create change in HIV risk-related behaviors. Also known as interventions directed to groups (IDG).

Health Communication/Public Information (HC/PI)

HIV prevention interventions such as mass media (print, electronic, broadcast), small media (brochures, flyers) social marketing and hotlines and clearinghouses.

Health Education/Risk Reduction (HERR)

Individual counseling (peer counseling, non peer counselor, skills training), group counseling (peer mediated, non peer mediated, skills training), Institution-based programs (school-based programs and work site health programs)

Health Resources and Services Administration (HRSA)

An agency of the Department of Health and Human Services (HHS) that administers and funds the Ryan White HIV/AIDS Care Act for persons living with HIV/AIDS.

Hepatitis C (HCV)

A blood borne sexually transmitted virus that is also spread by sharing of syringes and drug works. Approximately 40% of those infected with HIV are co-infected with HCV. Hepatitis disease can become chronic and lead to liver failure and death.

Individual level interventions (ILI)

HIV prevention directed toward individuals one-on-one to create change in HIV risk-related behaviors such as, HIV testing and counseling, partner notification, individualized prevention counseling, couples counseling and telephone hotlines. Also known as interventions directed to individuals (IDI).

Injection drug user (IDU)

A population at higher risk for HIV transmission based upon their syringe, needle and injection drug works sharing.

Integrated Epidemiological Profile

The combined epidemiological profile for HIV Prevention and HIV care.

Men who have sex with men (MSM)

A population at higher risk for HIV transmission that is comprised of men who self-identify as gay or bisexual and/or had sexual activity with another man in the past five years.

Needs assessment

A formalized process for gathering both qualitative and quantitative HIV prevention needs and barriers through surveys, focus groups and key informant interviews with specific populations.

Pennsylvania HIV Prevention Community Planning Committee

The CDC designated Community Planning Group (CPG)

Pennsylvania Uniform Data Collection System (PaUDS)

The Division of HIV/AIDS services data collection system for HIV prevention and care services completed on a monthly basis by contractors/providers.

Pennsylvania Prevention Project

The Department of Health Division of HIV AIDS funded subcontractor at the University of Pittsburgh Graduate School Of Public Health providing needs assessment, evaluation, and behavioral health science support and facilitation to the Community Planning Group (CPG).

Prevention Poster Session

A process by which multiple individuals and/or community-based organizations can present information about their HIV prevention work in a group setting.

Prioritized Target Populations

A process for directing limited HIV prevention resources to those populations in which HIV/AIDS epidemiology reveals the greatest incidence as well as emerging HIV-infected populations.

Program Evaluation Monitoring System (PEMS)

The CDC data gathering system for HIV prevention services.

Rural Work Group

The members of the CPG who focus their attention on HIV prevention in rural areas to insure representation on the CPG and efforts directed to rural areas.

Ryan White Coalitions

Seven designated Ryan White HIV/AIDS Regional Planning Coalitions that receive Health Resources and Services Administration funds for HIV care through the Pennsylvania Health Department, and state funds for HIV prevention.

Surveillance Biannual Summary for HIV/AIDS

The Pennsylvania Department of Health Bureau of Epidemiology diagnosed AIDS statistics for the Commonwealth provided twice a year.

Young Adult Advisory Team (YAAT)

A group of youth and young adults who have developed and assisted in the pilot testing of the Decisions for Life HIV prevention intervention for sexually active young people.

Young Adult Roundtable (YART)

Groups of youth and young adults who meet five times per year in various locations throughout the state directly providing the CPG with their perspective on unmet needs and barriers to HIV prevention.

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 done by the various YART groups as well as by the Community Planning Group to assess their perceptions of the YART process.

2007 HIV Prevention Community Planning Committee (CPG)

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| Shirley Black Harrisburg | Julie Hirschak Altoona | Alex Shamraevsky Pittsburgh |
| Shawneta Buckner Erie | Matthew Hunt Forest City | Grace Shu Montoursville |
| Robert K Burns Philadelphia | Ron Johnson Pittsburgh | Steven R. Simmelkjaer Erie |
| Sheila Church Chester | Stacey Kulp Wilkes-Barre | David C. Spring Lock Haven |
| Marian W. Colcher Norristown | Terry Kurtz Lancaster | James Taylor Mt. Union |
| Sonny Concepcion Erie | Sara Luby Pittsburgh | Yahaira Torres Chester |
| Tonya Crook Harrisburg | John Montero Horsham | Lyn Trotter Harrisburg |
| Ken Culton Lancaster | Luisa Morla Allentown | Lori Vargo Erie |
| Melissa Davis Wilkes-Barre | Reza Nassiri Erie | Nelsa Vasquez Lancaster |
| Deb Garlock Wells Tannery | Andrea Norris Elizabethtown | Braxton H. Vaughn Erie |
| Hector Gonzalez Harrisburg | Daphne Parker Pittsburgh | Sharita Washington Doylestown |
| Dennie Hakanen Penn Hills | Angi PeaceTree Altoona | Yvette Wiggins Pittsburgh |
| Diana P. Harrington Pittsburgh | Kevin Perry Erie | Nate Williams Pittsburgh |
| Joan Henderson Harrisburg | Deborah Bray Preston State College | John Zurlo Hershey |