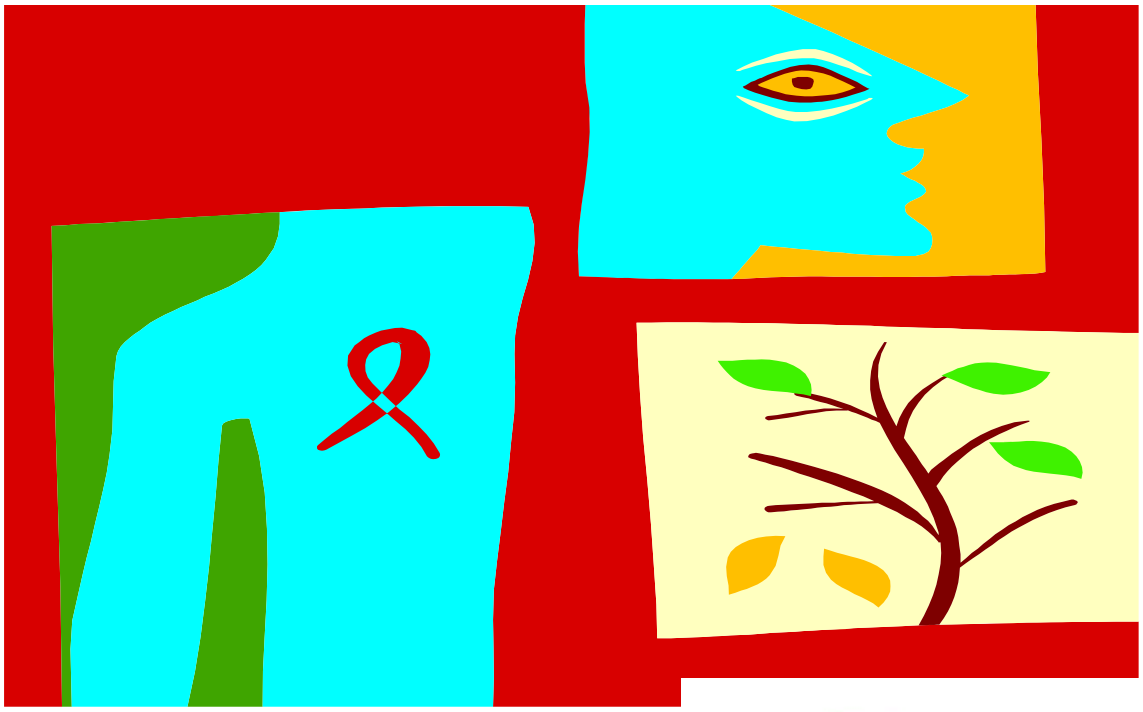
PENNSYLVANIA COMMUNITY HIV PREVENTION PLAN UPDATE 2006



DEPARTMENT OF HEALTH

Edward G. Rendell, Governor
Calvin B. Johnson, M.D., M.P.H., Secretary of Health

Pennsylvania Community HIV Prevention Plan Update 2006

Developed by the Pennsylvania HIV Prevention Community Planning Committee (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,
Graduate School of Public Health,
University of Pittsburgh

September 21, 2005

PENNSYLVANIA COMMUNITY

HIV PREVENTION PLAN
2006

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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 2005 developing a Plan Update for 2006. 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. One of the more rewarding efforts was the Evaluation Subcommittee's development and implementation of the second annual provider poster session to better inform the CPG of both state and federally funded community-based HIV prevention interventions.

The 2006 HIV Prevention Plan is an update of the Plan submitted to the Centers for Disease Control and Prevention (CDC) in October 2003, which addressed HIV prevention for the calendar year 2004. As such this Plan will focus 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, Graduate School of Public Health, University of Pittsburgh (412-383-3000).

HIV Epidemiology Support for Prevention Planning

The Integrated Epidemiologic Profile of HIV in Pennsylvania (for Prevention and Care) was completed in January 2005 and replaces the previous profile. It can be viewed online at http://www.health.state.pa.us/hivepi-profile.

Pennsylvania began HIV reporting in October 2002 and began HIV incidence and resistance surveillance in 2004/5. However, these data will not be ready for use until 2006/7. A written process for CPG Subcommittees to submit data requests to the DOH Bureau of Epidemiology continues to be implemented. The form used to submit requests is included in the Integrated Epidemiologic profile online at: http://www.health.state.pa.us/hivepi-profile, subsection

The HIV Epidemiology Section also presents a statement of problems, goals and objectives identified by Young Adult Roundtable (YART) participants. 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 HIV Epidemiology subcommittee offers general clarifications and response plans to address the data needs identified by the YART participants.

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

This section focuses on the process of identifying and ranking a set to 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 person as the highest priority population. This requirement as 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 (an its consultant team) to refine and update the prioritization process. This workgroup continues to fine-tune the prioritization process for implantation in the next planning period (more detail is in the prioritization section). A summary of

current work in progress is outlined at http://www.helath.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, Resource Inventory and Gap Analysis.

Needs Assessment

The State and the Planning Committee have focused on the most widely used HIV prevention intervention, namely, HIV antibody testing and counseling. The Committee recommended that every county in the state have sites for anonymous testing. 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.

Needs Assessment data provided ideas from a broad cross-section of people. Needs assessment activities made use of qualitative methods, and various process evaluations identified ways to improve the process itself. Valuable information has been collected over the years describing priority populations. As a result a detailed and systematic method has been developed to prioritize populations.

Based upon the Epidemiological Profile and the Prioritized Target Populations and in consultation with the DOH, the 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 to carry out these assessments.

Extensive needs assessments were conducted among a number of at-risk populations between 1994 and 2004. The findings of these assessments have been previously reported. This report covers needs assessments of subgroups carried out since 2005.

The context in which these needs assessment activities occurred has changed. For example, 1) HIV is perceived of as being less threatening than it once was among many populations, 2) increasing numbers of individuals are living with HIV as a result of improved treatments and, thus, can transmit HIV and 3) HIV-related attitudes and behaviors have evolved over time. With respect to these issues, new types of data are required to effectively plan HIV interventions.

Resource Inventory

The Resource Inventory described in this document is a compilation of multiple surveys conducted of the CPG members, the Pennsylvania DOH, their contractors (county/municipal health departments, Ryan White HIV regional planning coalitions, University of Pittsburgh/PA Prevention Project, Council of Spanish Speaking Organizations of the Lehigh Valley), their subcontractors, other state government agencies, and data collected from the PA Prevention Project STOPHIV.COM resource directory database.

This Resource Inventory is a list of HIV prevention service providers regardless of their funding source. When possible, the funding source is identified. The Pennsylvania Department of Health utilizes both CDC and State funding for HIV Prevention Interventions.

When available, Pennsylvania's Unified Data Collection System prevention intervention data were used to indicate the actual target populations served and interventions provided to each target population. These process monitoring data are available from only the Department's CDC-funded and state-funded contractors and subcontractors.

Gap Analysis

Tthe interventions Subcommittee has continued its analysis of community services for the remaining counties in Pennsylvania as part of this yearly update. In the prior two years the committee completed the community services assessment for the first 30 counties. This year the remaining 36 counties are being submitted. As in the past the Committee used the Community Resource Inventory, and the gap analysis grid to assess unmet needs in each county. The process for use of the gap analysis grid is explained for the reader in this section. Also included are the definitions for each of the types of interventions currently being used in the state. The Community Resource Inventory is also included as a reference. *It must be recorded here that the Community Resource Inventory is a list of services that were reported by each community to the CPG, it therefore relies heavily on the understanding of each community as to the services it offers.*

Each county represented in this update appears with its gap analysis grid, its population demographics as reported in the 2000 Census, and a list of the needs that are unmet in each community. Some of the unmet needs listed for certain counties may be a function of a small or non-existent target population. It is necessary to pay special attention to the census of each county in assessing its list of unmet needs. It should also be noted that Prevention Case Management is funded in only a few counties and it therefore appears to be an unmet need in the counties where no funding exists.

Appropriate Science-Based Prevention Activities/Interventions

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 understood concerns of rural areas within our state. This is a particularly important effort because twenty-five percent of Pennsylvanians (about 3 million individuals) live in rural areas of the stat. Of the 67 counties in Pennsylvania, 48 are classified as rural. Of those 16 counties designated as urban, 14 contain rural municipalities (boroughs or townships with population densities of less that 274 people per square mile). Also of note is the fact that there is more landmass in Pennsylvania designated as part of Appalachia than any other state with he exception of West Virginia (Center for Rural PA, 2004).

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, 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. This process will aid in adapting the recommended procedures to meet the needs of unique rural areas.

Young Adult Roundtable HIV Prevention Intervention

This is a peer-based group-level intervention, rooted in community planning which is being designed by and for sexually active young people (ages 13-24). The intervention targets risk behaviors through a comprehensive, interactive and skills-based risk reduction program that focuses on HIV/STI counseling and testing, treatment, protection skills and informed decision-making. The intervention curriculum will be completed by December 2004 and will be piloted among high-risk populations of young people in four locations across the state in 2005.

Evaluation

The Department 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 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 second evaluation of the impact of the Plan on interventions is a relatively new (2 years old) activity using poster presentations by local Departments of Health, the 7 Ryan White Coalitions which carry out the CDC funded prevention interventions, and other interventions. Agencies are asked to create posters describing their work. The Evaluation Sub-committee 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. This year's poster presentation is discussed below.

Young Adult Roundtable Process Evaluation

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.

Program Evaluation Monitoring System

The Program Evaluation and Monitoring System (PEMS), is a CDC mandated data reporting program in the final stages of completion. CDC will provide the training on how to use the program and determine the official startup date for using it.

PEMS is an Internet browser-based evaluation system for health departments and CDC directly funded community-based organizations. PEMS provides a standardized and integrated approach to improve the reporting and data quality for CDC funded HIV/AIDS prevention programs. It includes common data elements and non-identifying client-level data and provides greater flexibility in querying, analyzing and reporting data. PEMS also allows the CDC to be more responsive to requests for information.

CPG Process Evaluation

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 of the November 2003 review of the calendar year 2003 planning process were presented at a subsequent CPG meeting. Most findings of this evaluation were immediately implemented by the CPG.

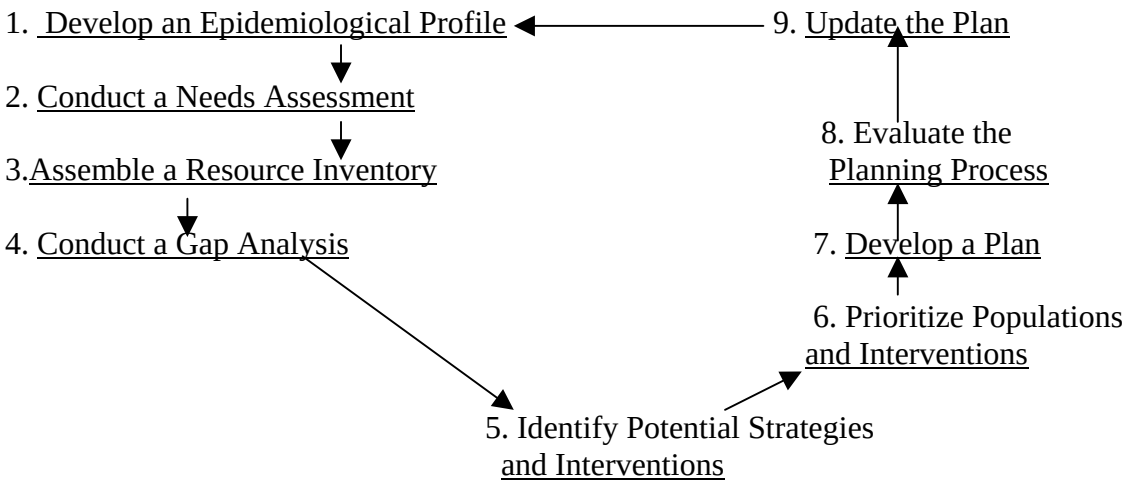
Provider Poster Session

The purpose of the Poster Presentation was 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 provided great insight to the local challenges of providing targeted HIV prevention. It informed the CPG in its development of a community-based HIV prevention Plan. The Poster Session evaluation data are being analyzed.

I. INTRODUCTION

1. Nine Steps to HIV Prevention Community Planning

In conjunction with a comprehensive HIV prevention plan the CDC outlines Nine Steps to HIV Prevention Community Planning in order to complete the cycle of Plan development.
These steps are:



2. CPG Planning Cycle

2.A Recruitment and Orientation

The Pennsylvania CPG conducted an orientation for 14 new members on 19 January 2005 creating a CPG of 43 members. Following a few years absence the Department of Public Welfare has representation on the CPG. In addition, the Pittsburgh AIDS Task Force Intervention (directly funded by the CDC) has representation. One member has been in a Leave of Absence status much of the year due to health concerns. The 2005 CPG membership appears on the back cover of this Plan Update.

2.B Planning Timeline/Cycle

The creation of a Comprehensive Plan and Update requires that the CPG develop a process to insure the completion of those documents for annual submission to the Division of HIV/AIDS as part of their CDC grant application submission. Therefore, at the November 2004 Committee meeting the following timelines were developed.

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

PA CPG Planning Cycle	**Products To Be Developed:**	**Due Dates**
1-year cycle (2004)	Comprehensive HIV Prevention Plan for 2004	Submitted 10/03
2-year cycle (2005/2006)	Plan Update for 2005 Comprehensive Plan for 2005/2006 .	Submitted 10/1/04 Plan due 9/05
2-year cycle (2007/2008)	Plan Update for 2007 Comprehensive Plan for 2007/2008	Update due 9/06 Plan due 9/07

*REVISED CPG Planning Cycle –Summary (2/05)
(Based on 5-year CDC cycle: 2004 - 2008)

PA CPG Planning Cycle	**Products to be developed:**	**Due Dates**
1-year cycle (2004)	• Comprehensive HIV Prevention Plan for 2004	2004 Plan Submitted 10/03
Revised: 3-year cycle (2005-2007)	• Plan Update for 2005 • Plan Update for 2006 (*Note: Due to the initiation of the reprioritization of target populations project in 2005, the 2006 Plan will be changed to an Update.) • Comprehensive HIV Prevention Plan for 2007	• 2005 Update Submitted 10/1/04 • 2006 Update due 9/05 • 2007 Plan due 9/06
Revised: 1-year cycle (2008)	• Plan Update for 2008	2008 Plan Update due 9/07

2004-2005 CPG Meeting Schedule & Work Plan for 2005/2006 Plan
November 2004 – August 2005

November 17, 2004 (1 day)

	Objective	**Subcommittee**	**Comments**
	Review "Rules of Respectful Engagement"	CPG	Completed
	Conduct CPG Process Monitoring/focus groups	Evaluation	Completed
	Presentation on Youth Risk Behavioral Survey	Dr. Haignere	Completed
	Update on Nominations and Recruitment Process	DOH and CPG	In process. Nomination forms distributed.
	Elect Community Co-Chair	CPG	Completed
	Subcommittees meet to: • complete review/revision of overall Work Plan for 05/06 Comprehensive Plan • review draft Bylaws	All	Completed
	ITEMS TO BE DISCUSSED & SCHEDULED BY STEERING COMMITTEE:		
	• Follow-up presentation by Penn State on Rural Study	Steering Committee	Scheduling to be determined
	• Poster Presentation by HIV Prevention Program Field Staff	"	Scheduled for May
	• OraQuick Presentation	"	Scheduled for March
	• PEMS Presentation	"	Scheduling to be determined
	• By Laws discussion/vote	"	Tentatively scheduled for May
	• Member attendance and termination of members not attending.	"	Completed, termination letters sent.

January 2005 (2 days)

	Objective	Subcommittee(s)	Comments
	1/19 Orientation		
	Conduct full day Orientation of new (& old) members. Includes overview of: • CPG guidance • AHP initiative • CDC program announcement	All	Distribute Orientation Guide Completed
	Introduction to HIV Epidemiology for Prevention & Care Planning (80 minutes)	Epidemiology/Dr. Muthambi	Completed
	Presentation by each Subcommittee Chairperson	All subcommittee chairpersons.	Completed
	Special meeting of Evaluation Subcommittee: To work on 2004 poster presentation interview data.	Evaluation	Completed
	Special evening event: *Get Acquainted Reception at 6:00 pm.*	*Everyone welcome!*	*Thank you Ronnie!*
	1/20 CPG meeting		**Need breakout rooms.**
	Welcome new members.		
	Summary/Overview of Epidemiology of HIV in Pennsylvania (80 minutes)	Epidemiology/Dr. Muthambi	Completed
	Presentation of CPG Process Monitoring findings. (Comparison of 2004 results to 2003 results.)	Evaluation	Completed
	Presentation of CPG Survey Part II findings. (Comparison of 2004 results to 2003 results.)	Evaluation	Completed
	Presentation to CPG on results of 2004 Poster Presentation"	Evaluation	Completed
	CPG discussion/vote on Bylaws	CPG	Additional revisions submitted. Revised document distributed at March CPG mtg.
	Subcommittees meet to:		**Need breakout rooms.**
	Elect chair & co-chair of each subcommittee	All subcommittees	Completed with the exception of the Interventions Subcommittee (both co-chairs absent).
	Orient new members to Comprehensive Plan key	All subcommittees	Completed &

	products specific to each subcommittee:
	• Epidemiologic Profile
	• Community Services Assessment
	  o Resource Inventory
	  o Needs Assessment
	  o Gap Analysis
	• Prioritize Target Populations
	• Identify Appropriate Science-based Prevention Interventions
	• Concurrence
			ongoing . . .

	Update subcommittee on status of re-prioritization of target populations.	Epidemiology	Completed
	Update subcommittee on status of HIV Epi website.	Epidemiology	Completed
	Update subcommittee on status of needs assessments for women over 50, African Americans and Latinas.	Needs Assessment	Completed
	Provide feedback on interventions from DEBI, for grid revisions.	Interventions	Completed
	Prepare for May presentation to CPG, of 2004 poster presentation findings.	Evaluation	Completed & ongoing . . .
	Plan for March 2005 poster presentations.	Evaluation	Completed & ongoing . . .

March 2005 (2 days)

	Objective	**Subcommittee**	**Comments**
	March 16 & 17		
	Conduct CPG Survey Part I	Evaluation	(member demographics) Conducted. Surveys sent to members not in attendance
	Review 2005 CDC Application/Plan Technical Review & Response.	PA DOH	Documents mailed to all CPG members. Review completed.
	Presentation on "How to recommend/propose additional Epidemiologic data sources/analyses needed to support the CPG's work".	Epidemiology	Completed
	Provide the CPG with an update on the "reprioritization of target populations" project.	Epidemiology	Completed
	Part I-March Meeting: Proposed Integrated Round-Table Review and Discussion of Plans on Each Transmission Group with Other Subcommittees (Epi Subcomm; Unmet Needs Assessments; Interventions Subcommittees; (Outcome) Evaluation): The integrated approach proposes to **add** an integrated review mechanism to the current disjointed planning done in	CPG	**Proposed format and time for integrated review for each transmission group:** 2 hours integrated review is proposed for each of the four transmission groups: -*Roundtable presentations to full committee*: 90 min (30

	separate subcommittees and to conduct the integrated review in phases as the planning year progressed as opposed to waiting until the end of the planning cycle. The proposed format of input to the integrated review is as follows: a) Summary of Epidemiology of HIV in each of the 4 main transmission groups (and constituent target populations); identification of data gaps and plans for obtaining data needed; b) Summary of unmet needs assessments conducted/planned for each of the 4 main transmission groups (and constituent target populations); identification of data gaps and plans for obtaining data needed; c) Interventions for each transmission group (and constituent target populations) and gaps in needed interventions; d) Outcome Evaluation Minimum Standards and Guidance for Each Category of Interventions; **Expected Outcome**: The integrated review approach will enable the full committee to: a) be more engaged and more informed on the development of plans by each subcommittee for each transmission group and its constituent target populations; and b) establish linkage and continuity of plans across subcommittee work. This approach is expected to increase understanding of the underlying Epidemiology of HIV in each transmission group and the prevention response plan alleviate the current disjointed nature of the planning as done in completely separate subcommittee tracks and only hurriedly reconciled at the end of the planning cycle.		mins Epi overview on transmission group; 30 mins on Interventions, and 15 mins each for Unmet Needs Assessment and Outcome Evaluation); -*Integrated roundtable discussion with full committee*: 30 min **Timeline**: *Part I-March meeting*: cover 2 transmission groups (incl. their constituent target populations) (4 hrs needed). Completed. *Part II-May meeting*: cover 2 transmission groups (incl. their constituent target populations) (4 hours needed). Completed
	Primer for May Poster presentation: "Who are the Department's HIV Prevention Program Field Staff and what do they do?"	PA DOH	Completed
	Presentation on Rapid Testing technology (OraQuick) and status of implementation by the Department.	PA DOH	Completed
	Subcommittees to meet to:		
		Epidemiology	
	Review priority populations.	Needs Assessment	Completed
	Determine if additional needs assessments need to be conducted.	Needs Assessment	Ongoing

	Review/finalize needs assessment for women over 50 and review literature on API, mentally ill and immigrants.	Needs Assessment	Ongoing
	Begin gap analysis of next 14 counties based on annual incidence rates.	Interventions	Ongoing
	Review HIV+ needs assessment information to determine use for identifying interventions.	Interventions	Ongoing
	Discuss/plan for contractor poster presentations in May.	Evaluation	Completed

May 2005 (2 days)

	Objective	**Subcommittee**	**Comments**
	May 18 & 19		
	Review posters of Department-funded HIV Prevention Program Field Staff and YAAT Intervention ("Decisions for Life")	CPG	CTR & PCRS services YAAT Intervention Completed
	Young Adult Roundtables (YART) status report to CPG.	YART	Completed
	YART Executive Committee Members to attend this meeting.		Completed. Participated in CPG and subcommittees & met with Steering Committee (working lunch on 5/19/05).
	Part II-May Meeting: Proposed Integrated Round-Table Review and Discussion of Plans on Each Transmission Group with Other Subcommittees (Epi Subcomm; Unmet Needs Assessments; Interventions Subcommittees; (Outcome) Evaluation): The integrated approach proposes to **add** an integrated review mechanism to the current disjointed planning done in separate subcommittees and to conduct the integrated review in phases as the planning year progressed as opposed to waiting until the end of the planning cycle. The proposed format of input to the integrated review is as follows: a) Summary of Epidemiology of HIV in each of the 4 main transmission groups (and constituent target populations); identification of data gaps and plans for obtaining data needed; b) Summary of unmet needs assessments conducted/planned for each of the 4 main transmission groups (and constituent target populations); identification of data gaps and plans for obtaining data needed; c) Interventions for each transmission group (and constituent target populations) and gaps in needed interventions; d) Outcome Evaluation Minimum Standards and Guidance for Each Category of Interventions;	CPG	**Proposed format and time for integrated review for each transmission group:** 2 hours integrated review is proposed for each of the four transmission groups: -*Roundtable presentations to full committee*: 90 min (30 mins Epi overview on transmission group; 30 mins on Interventions, and 15 mins each for Unmet Needs Assessment and Outcome Evaluation); -*Integrated roundtable discussion with full committee*: 30 min **Timeline**: *Part I-March meeting*: cover 2 transmission groups (incl. their constituent target populations) (4 hrs needed);

	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.		**Part II-May meeting:** cover two transmission groups (incl. their constituent target populations – MSM & MSM/IDU) (4 hours needed). **Completed**
	Subcommittees meet to:		
	Begin to draft Comprehensive Plan	***All***	
		Epidemiology	
	Continue review of needs assessment results and literature review.	Needs Assessment	Continued
	Complete gap analysis	Interventions	Continued
	Write statement on interventions funded by CDC.	Interventions	Continued
	Review and begin to compile results of Poster Presentation.	Evaluation	Data collected.

July 2005 (2 day)

	Objective	Subcommittee	Comments
	July 20 & 21		
	Report on the year's activities (Plan Key Products) by each subcommittee:		***This activity was cancelled because the "Roundtable Reviews" that occurred in March and May served this function.***
	• *Report on reprioritization of target populations*	*Epidemiology*	**Completed**
	• *Report on needs assessments conducted in 2005*	*Needs Assessment*	*Completed during "Roundtable Reviews" in March & May.*
	• *Report on Resource Inventory & Gap Analysis*	*Interventions*	*Completed during "Roundtable Reviews" in March & May.*
	• *Report on Appropriate Science-based Prevention Interventions*	*Interventions*	*Completed during "Roundtable Reviews" in March & May.*
	Review of CPG membership "slots" – who/what do I represent as a member?	***PA DOH***	***Steering Committee felt this activity was unnecessary at this time. Removed from July agenda.***
	Report on evaluation activities: o Poster Presentations	Evaluation	Completed
	Presentation and review of 2004 CDC Annual Progress Report	DOH	Completed
	CPG Survey Part I presentation to CPG	PA DOH	Completed
	CPG membership comparison to Epidemic in Jurisdiction	PA DOH	Completed
	CPG discussion/vote on implementation of CPG Process Monitoring for November.	Evaluation	Completed. Approved
	Presentation on "Reprioritization of Target Populations".	Epidemiology, Reprioritization Work Group and Consultants	Completed
	CPG vote on approval of Bylaws	CPG	Additional revisions submitted. Rescheduled for August.
	Subcommittees meet to:		
	Subcommittees to prepare draft Plan.	All	
	Continue writing the draft of plan, including new grid. Include rural intervention concerns in writing.	Interventions	

August 17 & 18, 2005 (2 days)

	Objective	Subcommittee	Comments
	Day 1		
	Presentation of draft Plan Update	PPP/CPG	
	Subcommittees meet to review & discuss draft Plan Update	All	
	Subcommittee co-chairs present to CPG comments on draft Plan Update	Subcommittee co-chairs	
	Approval of draft CPG Bylaws	Ken/CPG	
	Discussion of Nominations & Recruitment – Solicit volunteers for work group	Ken/CPG	
	Report on meeting with Coalitions regarding "Reprioritization".	Reprioritization Work Group	
	Day 2		
	Presentation: Integration of HIV Reporting Into NEDSS	Bureau of Epidemiology staff and Deloitte staff	
	Presentation: Overview of DEBI interventions	Deb D. (PPP)	
	Presentation: Penn State Rural Men's Study	Deb P.	Tentative (not confirmed)
	Presentation: ISP/STARHS	Aaron	Alternate
	Presentation: 2004 CTR data	Aaron	Alternate
	Presentation: PEMS	Ken	Alternate
	Subcommittees meet to:		
	Develop work plan for 2006 (time permitting)		
	Steering Committee		
	Finalize Plan Update		
	Review agenda for day 2 and set agenda for September meeting.		
	Discuss concurrence process in September		

***Plan Update and Application due to the CDC September 21st.**

September 21, 2005 (1 day)

	Objective	Subcommittee	Comments
	Review of draft CDC budget and application	DOH/Ken	
	Review of CDC-funded services	DOH/Ken	
	"Linkages" presentation to CPG	DOH/Ken	
	Subcommittees meet to discuss concurrence	All subcommittees	
	Subcommittee co-chairs present comments/concerns regarding concurrence to CPG.	CPG	
	Vote on concurrenc/nonconcurrence/concurrence with reservations.	CPG	
	Conduct CPG Survey Part II	CPG	
	Plan & Application due to CDC today.	DOH	

	Status report on CPG Process Monitoring for November	Evaluation	
	Discuss nomination and recruitment – solicit volunteers for Nominations & Recruitment Subcommittee	DOH/Ken	
	Discussion with CDC Project Officer (Lisa Manley)		
	Subcommittees meet to:		
	Review Plan and CDC Application and discuss concurrence. Provide comments/concerns to Subcommittee Chairs for presentation to full CPG.		
	Develop work plan for 2006	All	

November 16, 2005 (1 day)

	Objective	**Subcommittee**	**Comments**
	Review "Rules of Respectful Engagement"	CPG	
	Conduct CPG Process Monitoring/focus groups	Evaluation	
	Update on Nominations and Recruitment Process	DOH and CPG	
	"10 Years of Community Planning"	Pitt	
	Rural Men's Study Presentation	Penn State	(on agenda for August)
	PEMS Presentation	DOH	(on agenda for August)
	DEBI Interventions Presentation	Pitt/DOH	(on agenda for August)
	Subcommittees meet to: • complete review/revision of overall Work Plan for 06/07 Comprehensive Plan	All	
	ITEMS TO BE DISCUSSED & SCHEDULED BY STEERING COMMITTEE:		
	• Follow-up presentation by Penn State on Rural Study	Steering Committee	Scheduling to be determined (on agenda for August)
	• Poster Presentation by HIV Prevention Program Field Staff	"	Scheduled for May Completed
	• OraQuick Presentation	"	Scheduled for March Completed
	• PEMS Presentation	"	Scheduling to be determined (on agenda for August)
	• By Laws discussion/vote	"	Tentatively scheduled for May (on agenda for August)
	• Member attendance and termination of members not attending.	"	

II. INTEGRATED EPIDEMIOLOGIC PROFILE OF HIV/AIDS IN PENNSYLVANIA 2004/5 EDITION

The Integrated Epidemiologic Profile of HIV/AIDS in Pennsylvania (Profile) describes the impact of the HIV epidemic in the jurisdiction. This profile provides the foundation for re-prioritizing target populations.

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 *Appendix I of this Plan Update*. The new profile was presented to the Committee (including new CPG members at orientation) in January and March 2005 prior to the prioritization process. The current profile is posted online at: http://www.health.state.pa.us/hivepi-profile

2. Profile Update Work in Progress
The new Profile provides better information about defined populations at high risk for HIV infection. The CPG has begun an update of the prioritization process to refocus attention specifically to person who are living with HIV and at risk or transmitting HIV infection to others in addition to persona at high risk of acquiring HIV. Data gaps are actively identified for updates of the Profile and key updates are to be done in a six-month time frame.

While the new Profile represents significant progress, it should be noted that Pennsylvania began HIV reporting in October 2002 and began HIV incidence and resistance surveillance in 2004/5. However, these data will not be ready for use to make meaningful inferences until 2006/7. A written process for CPG Subcommittees to submit data requests to the DOH Bureau of Epidemiology continues to be implemented.

Finally in 2004, the Department of Health's Bureau of Epidemiology re-assigned an "Epidemiologist for HIV Public Health Programs" to fill the position created in 2003. This person's responsibilities include the development of the Profile.

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

The guidelines for the process through which committee members may contribute suggestions of 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) were presented to the CPG members prior to and during the update of the Profile and before re-prioritization of target populations (to focus on persons living with HIV). The form to be used to submit input/data requests/recommendations for new data sources is included in the Profile online at: http://www.health.state.pa.us/hivepi-profile, subsection 1.2. Planning Committees Input Mechanism. The outline of the guidance for recommending data sources/analyses is a follows:

1. Outline the main statewide or specialized planning questions that are to be answered 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) and
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.

It should also be noted:

- Proposed data source/analyses abstract/summery should be no more than one page in length and typed in >=10 pt font
- To ensure that data requests truly reflect the data needs and is 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/investigators/study management 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 HHS/NIH format described above under items 1 & 2 above].

-Within the current planning year, the HIV Epidemiology subcommittee Co-Chairs provided training to the CPG to reiterate the process of requesting from the Bureau of Epidemiology Several data sources that have been received have been reformatted in accordance with the guidance and are currently being processed.

4. 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 roundtable participants considered 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 Clarifications and/or Response Plans” presents the statements of problems, goals and objectives identified by the YART. These statements are quoted verbatim from the YART consensus statement and Epidemiology Clarifications and/or Response Plans appear next to each objective.

4. A. Young Adult Roundtable Consensus Statement on Epidemiology Data Needs

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 epidemiological data is 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.

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

- ***-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 planning years 2006- 2007. The Pennsylvania (PA) Department of Health (DOH) recognized the increased limitations on usefulness of AIDS incidence data to estimate HIV incidence and prevalence trends after highly active antiretroviral therapy (HAART) was introduced in 1996/7. In response, the Department began a process to make HIV reportable in PA. HIV case reporting began in October 2002; and 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 will 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 is expected to be ready for analyses for planning by 2006-2007, depending on how quickly the system and the trends generated will 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 will be available in the new Integrated HIV Epidemiological Profile that is expected to be available in 2005. The data sources being utilized for these analyses include surrogate data on STI's, teenage pregnancy rates, abortions, etc. The 2005 Integrated HIV Epidemiologic Profile will therefore address 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 initiated 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. In 2005, the Planning Committee (including YART and other subcommittees) was provided with closer support to enable them to follow the data request guidelines for additional analysis as per established process;

- ***-Bridging the evident 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 2005 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 2005 and will in future also 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.

4. B. YART-Identified Problems, Goals, Objectives and Epidemiology Clarifications and/or Response Plans for Each Objective:
This subsection presents the YART consensus statements of problems, goals and objectives identified by the YART quoted verbatim from the YART Consensus Statement and Epidemiology Clarifications and/or Response Plans 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 group scan be 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 becomes 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; and HIV reporting and incidence data will be used when it becomes available, see Section C for further information].*

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)*: 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 Epidemiological Profile will elucidate this issue. Recommendations of data analyses are to be submitted (using the "Guidance" and form referenced in Section C above) to the Epi Subcommittee by October 30 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 is hereby being referred to the Needs Assessment Subcommittee for collaborative/joint review and possible follow-up with the Epi Subcommittee].*

Objective #5: sharing injection drug paraphernalia transmits HIV, and therefore, sharing infected blood. 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 is hereby referred to the Needs Assessment Subcommittee for collaborative/joint review and possible follow-up with the Epi Subcommittee].*

Objective #6: Statistics regarding income, household size, geographic location, and eligion 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 Epidemiological 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 is hereby referred to the Need Assessment Subcommittee for collaborative/joint review and possible follow-up with the Epi 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; and has*

already made such analyses available. HIV reporting data will also be used for this purpose when it becomes available, see Section C for further information. Analyses for the Integrated HIV Epidemiological 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 C above) to the Epi Subcommittee by October 30 each year indicating what data each subcommittee needs 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 Epidemiological 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 is hereby referred to the Needs Assessment Subcommittee for collaborative/joint review and possible follow-up with the Epi Subcommittee]. Further recommendations of data analyses are to be submitted (using the "Guidance" and form referenced in Section C above) to the Epi Subcommittee by October 30 each year indicating what data each subcommittee needs for planning work during the following year].*

Goal #3: Data needs 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 YRBS to survey HIV risk (sexual and drug using) behaviors. Previously the state of Pennsylvania participated in the nationwide CDC sponsored Youth Risk Behavior Survey (YRBS). This survey collected information from high school students on a variety of risk behaviors including drug use and sexual practices. This 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 C above) to the Epi Subcommittee by October 30 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 Epi Subcommittee and CPG during 2005].*

***

Objective #2: Until sufficient HIV infection data among young people is 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 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 C above) to the Epi Subcommittee by October 30 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 includes data on demographics, sex, geographic location and probable mode of transmission. The current Epidemiological 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 is hereby referred to the Needs Assessment Subcommittee for collaborative/joint review and possible follow-up with the Epi subcommittee.*

Recommendations of data analyses are to be submitted (using the "Guidance" and form referenced in Section C above) to the Epi Subcommittee by October 30 each year indicating what data each subcommittee needs for planning work during the following year.]

5. Tentative Integrated Timeline of Updates of Epidemiologic and Data Support Work Products for CDC- and HRSA-funded Activity (that Needs to be Done Jointly by Prevention and Care Planning):

Annual Updates of Comprehensive Needs Assessment:
–The Comprehensive Needs Assessment needs to be updated regularly
–Certain aspects need to be updated annually while other aspects need to be updated every two years.
The development of the Integrated Timeline will be done jointly by they Prevention Committee and Care Planning Council.

5. B. Timing of Updates of Each Component of the Comprehensive Needs Assessment
The updates of each component will be done based on HRSA guidance for unmet needs assessments

Updates will be performed based on the following timeline:

- Minor updates to the integrated Epidemiological Profile of HIV will be done twice a yearly. Major updates will be done every two years.
- The Resource Inventory will be updated every one to two years
- The Profile of Provider Capacity and Capability will be updated every onto two years
- The Assessment of Service Needs Among Affected Populations will be updated every two years
- The Assessment of Unmet Needs and Service Gaps will be update annually.

A Comprehensive update will occur every two years (reconciling unmet needs and service gaps)

III. PRIORITIZATION OF TARGET POPULATIONS

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 as follows:

Factors related to transmission potential of probable mode of transmission:

- Predominant mode/risk behavior

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

- Estimated live HIV cases in transmission category as proportion of total living with HIV in Pennsylvania
- Estimated unadjusted relative risk or likelihood of death as an indicator of relative survival time for transmission category, which is in turn an indicator of relative likelihood of increase/decrease in prevalent pool of infected persons (assuming no decline in other contributing factors)

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

- Barriers to prevention
- 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. The Process was as follows:

- 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
- Categories within each factor were ranked and each factor assigned a relative weight compared to other factors in the model
- 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

- The product for each factor by transmission category was then entered into the respective cell in the transmission category column
- The totals for each transmission category column were calculated; based on the sum of the scores of the transmission category column, the percentage for each transmission category were calculated and entered
- 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
- 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

The statewide-level priority ranking of target populations-transmission groups that resulted from this process is 1) white MSM (18.6%); 2) black IDU (15.8%); 3) black MSM/IDU (10.1%); 4) white MSM/IDU (9.0%); 5) black hetero (8.3%); 6) white IDU (8.2%); White hetero (8.2%); 8) Hispanic IDU (7.6%); 9) black MSM (5.8%); 10) Hispanic hetero (4.4%); 11) Hispanic MSM/IDU (3.0%); 12) Hispanic MSM (1%).

The following table presents a more detailed summary of these results.

Summary Results of Prioritization Model for Ranking of HIV/AIDS Target Populations for HIV Prevention 2002

Rank	Relative % (Overall Score)	Population/ Transmission Group	Sex M=Male/F=Female Distribution	Age Group/ Miscellaneous	Geographic Distribution
1	18.6% (165)	White - MSM	M	*20-39; 13-19, 40-49;	NA*
2	15.8% (140)	Black - IDU	M & F, Mostly Male	*20-39; 13-19	NA
3	10.1% (90)	Black - MSM/IDU	M	*20-39	NA
4	9.0% (80)	White - MSM/IDU	M	*20-39	NA
5	8.3% (74)	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)	White - IDU	M & F, Mostly Male	*20-39	NA
6 (tie)	8.2% (73)	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)	Hispanic - IDU	M & F, Mostly Male	++13-19; *20-39	NA
9	5.8% (52)	Black - MSM	M	13-(*20-29)-39	NA
10	4.4% (39)	Hispanic - Hetero	F & M, Mostly Female sex partners of IDU	-history of STD, 13-19; -partners of IDU, 13-39;	NA

Rank	Relative % (Overall Score)	Population/ Transmission Group	Sex M=Male/F=Female Distribution	Age Group/ Miscellaneous	Geographic Distribution
11	3.0% (27)	Hispanic – MSM/IDU	M	*20-29	NA
12	1.0% (9)	Hispanic MSM	M	*20-29	NA
TOTAL ADULTS	100% - ?5%?				
13	1 %	Perinatal Transmission	Blacks & Hispanics Comparable, Whites 2%; See Table 1.	Hetero Females who are IDU and/or partners of IDU	NA
	?4 %?	Emerging Risk Group Needs Assessments	To be determined by CPG informants;		NA
TOTAL ALL GROUPS	100%	ALL RISK GROUPS	ALL RISK GROUPS	ALL RISK GROUPS	ALL RISK AREAS

NA*=Variable not applied in model
>>*^Please note that 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 1as 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 private sector.

It should be noted 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, for instance:-female sex partners of IDU males, female sex partners of 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 MSMs(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; non-IDU drug and alcohol users 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).

Also note that 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 of Proposed Framework for Refinement of Prioritization of Risk Populations for HIV Prevention in Pennsylvania

This planning year, the Pennsylvania Department of Health and the Prevention Committee have embarked on a revision of the model for prioritization based on the agreed-on objective of achieving regionally based prioritization of risk populations. This revision also takes into consideration the CDD mandate to give highest priority to the HIV-positive populations in the community HIV planning process. The following summarized the objectives, review and planning process and recommendation that resulted from this pats years effort in preparing for refinement of the prioritization of risk populations. Additional details for the revision plan may be found online at http://www.health.state.pa.us./hivepi-profile, Integrated Epidemiologic Profile of HIV/AID in Pennsylvania, Subsection 8.2 Revision of Prioritization Model.

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

Note that th*e secondary process described above entails prioritization of micro factors or "micro-prioritization" within each prioritized regional "macro" population-transmission group in the context of region-specific local target populations. These "micro" factors tend to be region-specific and include social and other risk-accentuating factors Some examples of these factors include low self-esteem 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, non-injection substance use among MSM; socioeconomic status and rural/urban-setting among white MSM homelessness among IDU and black hetero sex workers of low socio-economic status who trade sex for drugs. 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.. 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*.

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 detailed report, to be provided). 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 uniform likelihood of HIV transmission, barriers, etc.

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 undertook a review of 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 are outlined in the attached report and 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 seem to be currently addressed by the Needs Assessment Subcommittee of the PA HIV Prevention Community Planning Committee (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 (to be provided). Therefore, the only recommendations stemming from the review of prevention needs literature are:

The Needs Assessment Subcommittee read and incorporate into their current needs assessments, the attached report's discussions on (a) HIV-positive MSM taking antiretroviral drugs; and, (b) minority women.

The Interventions Subcommittee read and incorporates 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 CPG's adoption of a regional prioritization framework along HIV prevention regions/service areas funded by the Department (10 County/municipal Health Departments and 6 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- 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 (2) 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.

***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 (2) 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 population across regions, i.e. to show a statewide picture of the rank of each target population within each of the two main populations of a) HIV+ persons living with HIV and b) HIV- persons at risk of acquiring HIV infection at the statewide level.

2. E 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 (in the detailed report, to be provided) for whatever benefit they might be to the Committee and its work

3. Timeline for Completion of Refinement of Prioritization:

June - July 2005…… …..CPG Review and Adoption of Proposed Framework
August – December 2005… Completion of Refinement of Model
January/March 2006…… CPG Review and Consideration of Proposed Refined Model for Adoption

March 2006 – June 2006…. 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.

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 Epidemiological (Epi) profile provides information about defined populations at high risk for HIV infection for the CPG to consider in the prioritization process. A new Integrated Epidemiologic Profile of HIV/AIDS in Pennsylvania has been developed, presented and reviewed with the CPG to the CPG in 2004/5. The new 2004/5 Integrated Epidemiologic Profile of HIV/AIDS in Pennsylvania contains the thirteen defined 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 transmission.

Attribute 20 (Epidemiologic Profile): Strengths and limitations of data sources used in the epidemiological profile are described (general issues and jurisdiction-specific issues). The new 2004/5 Integrated Epidemiologic Profile of HIV/AIDS in Pennsylvania contains the strengths and limitations of data sources used in the epidemiological profile (http://www.health.state.pa.us/hivepi-profile, subsection 1.1; Data Sources and Methods).

Attribute 21 (Epidemiological Profile): Data gaps are explicitly identified in the Epidemiological 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 reportable in the Commonwealth. The current profile continues to use AIDS, surrogate data as well as sexually transmissible infection data and other indicators of HIV risk-related behaviors where data are available. The Young Adult 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 (Epidemiological Profile): The Epi profile contains narrative interpretations of data presented. The current 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 (Epidemiological Profile): Evidence that the epidemiological profile was presented to the CPG members prior to the prioritization process. This epidemiological 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).

IV. 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 (2004 HIV Prevention Plan).*

1.B History

When the Committee began in 1994 HIV prevention programs were generally providing information to groups on 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. 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 and 1999-02 the Committee designed large needs assessments. These assessments involved over 160 groups and dozens of interviews of those at risk of infection, including MSM, IDU, and heterosexual partners of those people. The groups were chosen to reflect the epidemic and reflected the racial, ethnic, age, sex, sexual orientation, and place of residence 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 provided 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 Epidemiological 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 2004. The findings of these assessments have been previously reported. This report covers needs assessments of subgroups carried out since 2005.

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 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 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 need 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 epidemiological 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 MSM, studies have found increasing rates of HIV and other STDs among this population
- In most areas, transmission rates among 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

- A needs assessments was conducted in 2005 regarding the following populations:
    - Asian/Pacific Islander men and women
    - Undocumented and recent Hispanic immigrants
    - Severely mentally ill
    - People within jails and prisons or formally incarcerated
    - Prevention issues of Hispanic and African-American women over 50 years of age
    - Transgender/transsexual women who have sex with men

- Prevention with positives initiative

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. 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:

Transgender/Transsexual Women

Transgender refers to a population of individuals who do not conform to traditional conceptions of sex and gender. It should be noted that transgender does not refer to how people self identify, but is merely a shorthand term used to refer collectively as crossdressers, transgenderists, and transsexuals. Programs that provide transgender/transsexual individuals with culturally sensitive treatment services are imperative if transgender/transsexual individuals are to benefit from advances in HIV/AIDS related services.

Increasing evidence demonstrates that the rate of HIV infection among transgender/transsexual (TG/TS) women is high and that the risk of infection may even surpass that for bisexual and homosexual men within California. Reported sero-prevalence exceeds 20% and as high as 60% for African-Americans. Many TG/TS women (i.e. male-to-female [MtF]) are at risk primarily because of risky sex, but the sharing needles in the injection of hormones or intravenous drugs are also seen as a possibility. Only one study examined the sero-prevalance among TG/TS men (FtM) in which they found a rate of <2%, but found that many reported unprotected anal sex and injection drug use and sharing syringes. These individuals may be difficult to target with traditional programs campaigns in addition to fearing discrimination should they seek. The insensitivity of health care professionals has been cited as a reason that these and other services are not accessed. Indeed, reports of insensitive behavior by health care providers (e.g. referring to TG/TS women as he and him, and not acknowledging or respecting their identity) suggest that services are severely lacking in the provision of culturally sensitive interventions and potentially within the provision of HIV disease related health care.

The purpose of this study is to examine the barriers and facilitators to the utilization of HIV/AIDS health care and social services by transgender/transsexual women. This study will examine transgender/transsexual individuals' access to and experiences within HIV/AIDS prevention programs. Data collection is still in progress.

Women of Color over 50

When exploring issues related to AIDS and aging, it is important to consider that there are two separate and distinct populations: those infected at age 50 years and older, and those who were infected at younger ages and are living longer due to advances in AIDS medications. In the case of individuals infected after age 50, many physicians are less likely to have discussed sexual behaviors or HIV infection with them as well as the older patients being less likely to talk about their risk behaviors. Another issue associated with aging is the similarity of symptoms associated with general aging and those associated with HIV/AIDS infection. Symptoms such as physical fatigue, depression and night sweats, common among older adults with chronic diseases, can mimic or mask signs of HIV/AIDS. While the lifespan of healthy people increases the chance of divorce or widowhood increase, acting to create new opportunities to meet new sexual partners. Older persons who find themselves back on the dating scene are often unaware of the sexual risks people are facing today.

Older adults have been found to have many of the same risk factors as their younger counterparts such as unprotected heterosexual sex and drug use. A study conducted by the National Council on Aging found that 61% of men and 37% of women 60 years and older reported being sexually active on a

regular basis. Many older adults are engaging in more sexual activity later in life due to an influx of drugs such as Viagra, Levitra and Cialis. In fact, of those surveyed in this needs assessment 10.3% admitted to performing oral sex; 27.6% reported receiving oral sex; 27.6% reported receiving vaginal sex; and, 100% denied having experienced anal sexual contact in the past six months. In addition, older adult minority women do not perceive themselves as being at-risk for HIV infection, despite being sexually active. The women surveyed perceived HIV disease as an issue impacting younger people, injection drug users, and gay men. They, therefore, were not very likely to have had an HIV test, know their HIV status, or know how to access HIV testing sites and finally older adult minority women associate condom use with pregnancy prevention. Since these women are menopausal, condom use is not a consideration. For the few participants who reported condom use, admittedly, condoms were not used routinely.

In light of these issues, the following recommendations can be made:

- HIV prevention advertisements and messages appear to target young people. Advertisements depicting heterosexual older adults would defuse some of the myths associated with older adults being a-sexual.

- Since older adult women are menopausal, pregnancy is not an issue. Therefore, they fail to see the benefits of condom use. Education about STDs, as well as, HIV prevention would be essential elements for discussions among heterosexual older adult minority women.

- Age-specific and culturally sensitive HIV prevention efforts need to be developed for older adult minority women. Such efforts would address the reality that some older adult minority women struggle with issues of empowerment and self-esteem. Therefore, condom negotiation and prevention skills building techniques are not easily accessible to older adults.

- Terminology that relates to sexually transmitted diseases/infections is obscure for many older adults. Venereal disease is the term with which older adults can relate. Ensuring that the information provided is accurately received, it would be helpful for prevention specialists to employ terms and terminology that older adults are more familiar with.

Asian/Pacific Islander

The barriers include cultural taboos and sanctions that discourage the open discussion of sexual topics as well as the resulting discomfort or inhibition that the API population may experience when discussing sexual topics. Programs that could be designed should systematically attempt to increase the API community's comfort with talking about sex, and also training that will increase their skills and education level about safer sex techniques and addresses their sexuality without any discomfort or feelings of guilt.

The barriers are (a) cultural taboos and sanctions that discourage the open discussion of sexual topics and (b) the resulting discomfort or inhibition that the API population may experience when discussing sexual topics. Programs that could be designed should systematically attempt to increase the API community's comfort with talking about sex, and also training that will increase their skills and education level about safer sex techniques and addresses their sexuality without any discomfort or feelings of guilt.

Severely Mentally Ill -- Update

Several studies find alarmingly high rates of HIV infection among convenience samples of individuals with severe mental illness (SMI). Studies estimate higher prevalence rates of HIV infection in the SMI population (4%-22%) than in the general population (0.3%- 0.8%), and HIV transmission rates that are 13 to 76 times higher than rates in the general population. Rates vary by setting: in newly admissions to inpatient psychiatric facilities, 5-8%; in homeless shelters, 19%; in municipal hospitals, 23%; and in not-for-profit hospitals, 16.3%. These high rates are largely a function of lower socio-economic status, higher rates of substance use, homelessness, and risky sexual behavior including unprotected sex and sex for sale. These psychosocial and economic factors also influence high estimated use of contaminated drug paraphernalia among SMI who also inject drugs.

Further, individuals with SMI <u>and</u> substance-use disorder combined have been found to be at greater risk of HIV infection than are persons with SMI alone. It is also important to note that the prevalence of psychiatric disorders is relatively high among adults receiving care for HIV disease in the United States. Bing and his colleagues enrolled a nationally representative probability sample of 2864 adults receiving care for HIV. Nearly half the sample screened positive for a psychiatric disorder. In addition, Women with severe mental illnesses are more likely to report HIV risk behaviors. The reasons for their greater risks include survival or coerced sex.

Another study found that the severity of a person's mental illness could have an impact upon people's risk. Those with schizophrenia were found to report lower levels of HIV risk then those with other disorders like depression and bi-polar disorder. The reasoning is that those with more severe illnesses are less likely to be sexually active then those with mild/moderate Illnesses like depression. Depression is also an issue with those who have been diagnosed with HIV infection. Further, those with high levels of depression were more likely to report high-risk sexual behaviors.

The following is a list of selected recommendations for HIV prevention interventions for individuals who are SMI:

- Standard education, attitude-change, skills-building, and behavior-change interventions to prevent HIV must be accompanied by routine human support for people who are SMI. Peer advocates and mental health case managers are ideal candidates to offer such support. These important "prevention providers" should be supported with ample HIV-prevention materials, guidance, and encouragement as part of interventions designed for people with SMI. In urban areas, especially, peer advocates and case managers may be more transient (they may come and go), and interventions should take into consideration this transience so that SMI clients are not left hanging when their prevention support system is dismantled.
- Rapid HIV testing seems to be the most effective approach for assuring that clients get test results. These results delivered by a mental health professional ensure the emotional support particularly needed by this population.

HIV prevention must be holistic. That is, prevention interventions must take into consideration a range of barriers confronting people with SMI, e.g., acute needs, such as acute health problems, housing and food needs, take precedence over clients concerns with HIV. Therefore, acute and other chronic needs must be addressed, as well as HIV prevention needs, in holistic interventions.

1.F Prevention with Positives Needs Assessment

Provider Survey

In 2004, PPP and the Mid-Atlantic AIDS ETC conducted a survey of providers attending a conference on preventing STI and HIV transmission with HIV positive individuals. The survey respondents totaled 78, most of which where social workers, case managers, nurses, nurse practitioners, or physician assistants. In addition, most were from either a community-based social service/health organization or a hospital-based/Ryan White clinic. Overwhelmingly, respondents said they conducted risk assessments, mostly by individual interview, with their HIV+ patients/clients, though almost a third were not for the purpose of preventing transmission of STIs or HIV. In regard to the topic of prevention of STIs or HIV transmission to partners, 60% said they had not discussed with most or all (75-100%) of their patients/clients. Skills building topics and activities included: How to use a condom, 64%; How to clean works, 32%; How to disclose status, 33%; Condom distribution 64%; Distribution of works cleaning kits, 5%. Counseling topics included: Personal barriers to risk reduction, 77%; Committing to a risk reduction plan, 45%; Disclosure of status to partners, 41%; and Need for drug and alcohol referral, 52%. Only 41% said their clinic/agency/practice had a written policy to provide STI/HIV prevention services to the patients/clients. Most respondents said they discussed prevention with their patients/clients, but generally the time amounted to a few minutes spent on the average visit. Despite the relatively few minutes spent, 71% believed they had enough time to spend on STI/HIV prevention with their patients/clients.

1.G Consumer Survey Update

The consumer survey started as a questionnaire self-administered to focus group participants in the last segment of the session. Scott Arrowood and Mark Friedman from PPP developed it with feedback from Nicole Crepaz, a published expert from the CDC with experience surveying HIV+ individuals on risk behavior and disclosure. After piloting the questionnaire with the HIV+ focus groups, PPP staff fine tuned the questionnaire and submitted it for additional feedback to the following clinicians experienced with HIV+ populations:

- Dr. Sharon Riddler, University of Pittsburgh Physicians Faculty and UPMC
- Dr. Emanuel Vergis, University of Pittsburgh Physicians Faculty and UPMC
- Carl Garrubba, Physician Assistant UPMC
- Marcy Holloway, Physician Assistant University of Pittsburgh
- Kristin D'Acunto, Physician Assistant University of Pittsburgh

After additional expert feedback was incorporated, Dr. Tony Silvestre submitted the survey questionnaire to the State and the Needs Assessment Sub-Committee for final approval. At this point, the survey questionnaire was submitted to Dr. Linda Frank with the Mid-Atlantic AIDS Education and Training Center (ETC) for implementation.

PPP, the Mid-Atlantic AIDS ETC, and the Pennsylvania Department of Public Welfare are surveying HIV+ consumers who receive drug assistance from the state. The purpose of the survey is to assess knowledge, risk behavior, and provider relationships in regard to STI/HIV prevention with partners.

The research proposal and tool have been completed and are awaiting IRB approval at the University of Pittsburgh. Data is anticipated to available in October 2005.

1. H Prevention within County Jails – CPG Survey

CPG members were contacted and asked about their understanding of HIV prevention issues within county jails.

HIV Education Prevention Needs:
Of the CPG members surveyed, 35.5% identified HIV education as the primary prevention need for incarcerated/post-incarcerated populations. However, skills building and HIV testing were tied as the member's second choice (9.7%).

Access to Relevant HIV Education Prevention Materials:
Of the CPG members surveyed, 38.7% reported they did not feel incarcerated/post-incarcerated persons had access to relevant HIV education/prevention material. However, 12.9% reported they either didn't know or didn't respond to this inquiry.

Aware of Programs Serving These Populations:
Of those surveyed, 41.9% reported they were aware of programs serving incarcerated/post-incarcerated persons. However, 19.4% of the respondents either didn't know of programs or didn't response to the inquiry.

Accessibility of Condoms in Jail or Detention Centers:
Of those surveyed, 32.3% reported not knowing if condoms were accessible in jails or detention centers, 3.2% reported that condoms were accessible, and 64.5% were aware that condoms are considered contraband in jails and detention centers.

Should Condoms be Accessible in Jail/Detention Facilities:
The majority of the respondents,64.5%, reported condoms should be dispersed in jail settings. However, 12.9% of those surveyed did not respond to this inquiry. One respondent (3.2%) felt condoms should not be dispersed in jail settings.

A list of contacts was generated for expert interviews to be conducted later in the year.

1.I Undocumented Hispanic & API -- CPG Survey

HIV Education Prevention Needs:
the CPG members surveyed, education (29%) and skills building (16.1%) were the most frequently prevention need identified. However, 29% of those surveyed did not know or did not respond to the inquiry.

Access to Relevant HIV Education/Prevention Materials:
Although, 6.5% of the respondents felt undocumented persons had access to HIV materials, 32.3% reported feeling this population did not have access to relevant HIV education / prevention materials. However, 12.9% of those surveyed either they didn't know or didn't respond to the inquiry.

Aware of Programs Serving These Populations:
Of those surveyed, 42% reported not knowing about services or didn't respond the inquiry. However, 22.6% of the respondents reported being aware of programs serving undocumented persons. Others surveyed (16.1%) reported there were no service programs targeting undocumented persons.

Location of Programs (where):
Although, 48.4% of those surveyed either didn't know of programs or didn't respond to the inquiry, while 19.4% of the respondents identified the Latino Leadership Alliance as a primary source for programming. Another 9.7% of the respondents identified the Multicultural Health Evaluation Delivery System

HIV Education / Prevention Barriers:
Identified barriers to HIV education and prevention were limited access to healthcare providers (25.8%) and ASO hours of operation (25.8%). Stigma and language barriers were, also, identified as major barriers.

A list of contacts was generated for expert interviews to be conducted later in the year.

1. J Southwestern Pennsylvania AIDS Planning Coalition

In the spring of 2000, an intern at the Jewish Healthcare Foundation mapped HIV prevention services in Al1egheny County. In 2001, the Coalition contracted with a student from the Graduate School of Public Health at the University of Pittsburgh to repeat the study in the ten counties of the region outside of Allegheny County, The assessment was primarily the effort of the SWPAPC Evaluation Committee but there was close collaboration with the Prevention Services Planning Committee and the Rural Issues Advisory Board. The region's interest in this exercise was to quantify HIV prevention activity outside of Allegheny County. Moreover, mapping of HIV prevention and education services permit an assessment of gaps in the service system. While AIDS incidence was decreasing, it is still important to continue HIV prevention services because of the lack of HIV reporting that would provide more current information on who is getting infected.

The Process

The process was somewhat similar to that used in Allegheny County, The first step was to identify all agencies that may be doing HIV prevention activities. The contractor developed a questionnaire with extensive input from the Evaluation Subcommittee and in consultation with the Prevention Services Planning Committee and the Rural Issues Advisory Board. The types of HIV prevention services included in the survey questionnaire were categorized in accordance with the new CDC definitions,

The contractor researched possible HIV prevention and education agencies in the ten counties starting with, members of the Human Services Councils. Subsequently, a snowball model was implemented. This involves asking a first responder for names of other agencies that they know carry out HIV prevention w education services, thereafter following through with these referrals. Working from the list, each agency received a phone call to establish if they would participate in the survey. A packet containing a cover letter stating the purpose of the activity and the benefits of participation, the questionnaire, and the new CDC definitions was mailed out to agencies willing to participate.

The Questionnaire

The questionnaire asked for information on: the type of prevention activity that the agency conducts; targeted demographic population; targeted risk behavior; geographic area served; estimate of average staff and volunteer hours spent on the program; approximate number of persons reached in the time period July 1, 2000 to June 30, 2001; and source of funding. The questionnaire also asked for the outcome used to evaluate the program and for referral to other agencies that may be doing HIV prevention services.

The Results

A total of 171 organizations were contacted, 91 agreed to participate and only 88 completed the questionnaire. Butler County reported the highest number of organizations conducting HIV prevention and education services (14) and Fayette County the least (4). Health communication/public information is the most common prevention service in these counties (50 programs) followed by group level intervention (35) and individual level intervention (33). In general, the programs targeted population groups that did not match that of the live AIDS cases in the county. Similarly, the programs targeted risk behaviors that were divergent to that of the live AIDS cases. There was a great deal of variation among counties in respect of Staff and volunteer hours devoted to the programs (range 90-405 staff hours and 6-50 volunteer hours), as was the numbers of persons reached (8044-38,846). Most received funding from a mix of government and nongovernmental organizations.

1. K Future Needs Assessment Activities

Future needs assessment activities include finishing projects begun earlier in 2005, which include: 1) Incarcerated/ formally incarcerated men and women. 2) Undocumented immigrants (primarily Hispanic). 3) Transgender women who have sex with men (sex work as well as non-sex work). 4.) The HIV positive survey. These projects will be completed in 2006.

Additional need assessments have been identified by the Young Adult Round Table in gathering information on young people age 17 years and young and their HV risk issues. Earlier needs assessment have been conducted on youth between the ages of 18-254. The needs assessment subcommittee will be working to formalize a more collaborative relationship with other CPG subcommittees to assure a more fluid process. Additionally, with the new reprioritization process in place, the needs assessment committee sees the opportunity to work collaboratively with the Integrated Planning Council and Ryan

White funded Coalition representatives to share assessment and information complete through their needs assessment processes.

2. **2005—2006 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 (county/municipal health departments, Ryan White HIV regional planning coalitions, University of Pittsburgh/PA Prevention Project, Council of Spanish Speaking Organizations of the Lehigh Valley), their subcontractors, other state government agencies, and data collected from the PA Prevention Project STOPHIV.COM resource directory database.

<u>It should be noted:</u>

- This Resource Inventory is a list of HIV prevention service providers regardless of their funding source. When possible, the funding source is identified. 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

- When available, Pennsylvania's Unified Data Collection System 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 theses 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. These data will be incorporated into the next Resource Inventory

- Department-funded STD and TB target populations were based on client demographics as reported by the STD and TB program management staff. Again, next year, 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 for next year

- The Interventions Subcommittee reviewed and updated the extensive resource inventory developed with the Department of Health in the 2004 Plan. 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

2005/2006
PENNSYLVANIA (excluding Philadelphia)
RESOURCE INVENTORY FOR HIV PREVENTION

Statewide

Agency	**Funding Source**	**Target Population**	Interventions
Pennsylvania Department of Health (PA DOH) Contractor CHOICE AIDS Factline	State	General Public	HC/PI (Hotline)
PA DOH Contractor PA Prevention Project/University of Pittsburgh STOPHIV.COM Website	CDC	General Public	HC/PI (Electronic Media)
PA DOH Contractor Keystone University PA DOH Resource and Information Clearinghouse	State	General Public	HC/PI (Clearinghouse – Print Media)
PA DOH On-Site Training System "HIV & Substance Abuse Training"	State	Substance Abuse Treatment Counselors	HC/PI, Other
PA DOH On-Site Training System "HIV Prevention Counseling Training"	State	Required for all DOH-funded HIV test sites. Also available to other private sector agencies, upon request.	HC/PI, Other
PA DOH Contractor PA Mid Atlantic AIDS Education & Training Center "Teleconferences & Training Programs"	State, Other Federal	Private sector health care providers, case managers, mental health providers, drug and alcohol treatment providers, social workers, AIDS Services Organizations	HC/PI, Other
PA DOH Contractor PA Prevention Project/University of Pittsburgh "Primary & Secondary School Prevention Education Project"	CDC	Emerging Risk Group – Youth	HC/PI (Electronic Media), Other

OTHER

PA DOH Contractor PA Prevention Project/University of Pittsburgh "Young Adult Roundtable's HIV Peer Prevention Intervention" **NOTE: The site of this Capacity Building project has yet to be determined.**	CDC	Emerging Risk Group – Youth	GLI

ADAMS COUNTY

Agency	Funding Source	Target Population	Intervention
PA DOH HIV Field Staff S. Dussinger	CDC	HIV+ (all risk groups)	PCRS for all CTR sites in this county, CTR
State Health Center (HIV Clinic)	State	General Public	CTR, PCRS, ILI, OR (condom dist.), HC/PI
State Health Center (TB Clinic)	State	White Heterosexual, Black Heterosexual, Hispanic Heterosexual, Emerging Risk Group - Homeless	CTR
Adams County Family Planning (STD Clinic)	CDC	White Heterosexual, Black Heterosexual, Hispanic Heterosexual	CTR
Herr's Ridge Family Practice (STD Clinic)	CDC	White Heterosexual, Black Heterosexual, Hispanic Heterosexual	CTR
Planned Parenthood of Central PA (STD Clinic)	CDC	White Heterosexual, Black Heterosexual, Hispanic Heterosexual	CTR
Adams County Prison PA DOH HIV Field Staff S. Dussinger	CDC	Black Heterosexual, White Heterosexual, Black MSM, White MSM, Black IDU, White IDU	CTR, PCRS, ILI, HC/PI
HIV Planning Coalition Contractor Planned Parenthood of Central PA	State	General Public, Emerging Risk Group – Youth, Perinatal (women)	ILI, GLI, OR, HC/PI
Adams County Shelter for the Homeless		Emerging Risk Group – Homeless, Hispanic Heterosexual, Hispanic IDU, White Heterosexual, White IDU, Black Heterosexual, Black IDU	OR (condom dist.), HC/PI
American Red Cross – Adams County Chapter		General Public	HC/PI
Gettysburg Hospital		General Public	CTR, ILI, HC/PI
Keystone Farmworker Program		Hispanic Heterosexuals, Hispanic IDU, Hispanic MSM	CTR, ILI, HC/PI
The Hope Initiative		HIV +	OR

ALLEGHENY COUNTY

Agency	Funding Source	Target Population	Intervention
Mon Yough PA DOH Participating Provider Agreement (PPA)	CDC	Black Heterosexual, Black IDU, Black MSM	CTR, ILI
Allegheny County Health Department (ACHD)	CDC/State/Other	HIV+ (all risk groups)	PCRS for all CTR sites in this county. Community PROMISE
ACHD (HIV Clinic)	State/Other	General Public	CTR, PCRS, ILI, OR (condom dist.), HC/PI
ACHD (STD Clinic)	CDC/State/Other	White Heterosexual, Black Heterosexual, Hispanic	CTR

		Heterosexual	
ACHD (TB Clinic)	CDC/State/Other	White Heterosexual, Black Heterosexual, Hispanic Heterosexual, Emerging Risk Groups – Youth, Homeless	CTR
ACHD & Contractors: Actual Prevention Interventions reported on 2005 Process Monitoring Forms.	CDC/State/Other	General Public	ILI, GLI, HC/PI
	CDC/State/Other	White MSM	ILI,
	CDC/State/Other	Black IDU	ILI, OR
	CDC/State/Other	Black MSM/IDU	ILI
	CDC/State/Other	Black Heterosexual	ILI, OR
	CDC/State/Other	White IDU	ILI, OR
	CDC/State/Other	White Heterosexual	ILI, GLI,
	CDC/State/Other	Black MSM	ILI
	CDC/State/Other	Perinatal	ILI, GLI, OR
	CDC/State/Other	Emerging Risk Groups	ILI, GLI, OR
ACHD Subcontractor: Housing Authority of the City of Pittsburgh	CDC/State	Black Heterosexual, Black IDU, White Heterosexual, White IDU, Hispanic Heterosexual, Hispanic IDU, HIV+	CTR, OR, HC/PI
ACHD Subcontractor: Mon Yough Community Services (CBO)	CDC/State	Black Heterosexual, White Heterosexual, White IDU, Black IDU, Black MSM, Women	ILI, CTR
ACHD Subcontractor: Seven Project (CBO)	CDC/State	HIV+, Black MSM	CTR, ILI, GLI, OR, HC/PI
ACHD Consultants: 5 Outreach Workers	CDC/State	White MSM, Black MSM, White IDU, Black IDU, White Heterosexual, Black Heterosexual	CTR, ILI, OR
Allegheny County Prison	County	Black Heterosexual, White Heterosexual, Black MSM, White MSM, Black IDU, White IDU	ILI, GLI, CTR
Alpha House (Substance abuse treatment)	Other Federal	White IDU, Black IDU, White Heterosexual, Black Heterosexual	ILI, CTR
Birmingham Clinic (Substance abuse treatment)	Other Federal	White IDU, Black IDU, White Heterosexual, Black Heterosexual	ILI, CTR
Cornell Abraxas (Substance abuse treatment)	Other Federal	Emerging Risk Group – Youth, Black IDU, Black Heterosexual, White IDU,	ILI, CTR

		White Heterosexual	
Cornell Abraxas Center for Adolescent Females (Substance abuse treatment)	Other Federal	Emerging Risk Group – Youth, White IDU, Black IDU, White Heterosexual, Black Heterosexual, Perinatal	ILI, CTR
Family Links (Substance abuse treatment)	Other Federal	White IDU, Black IDU, White Heterosexual, Black Heterosexual, Emerging Risk Group - Youth	ILI, CTR
Gateway Rehabilitation Center (Substance abuse treatment)	Other Federal	White IDU, Black IDU, White Heterosexual, Black Heterosexual	ILI, CTR
Homewood Brushton YMCA (Substance abuse treatment)	Other Federal	White IDU, Black IDU, White Heterosexual, Black Heterosexual	ILI, CTR
House of the Crossroads (Substance abuse treatment)	Other Federal	White IDU, Black IDU, White Heterosexual, Black Heterosexual	ILI, CTR
Mercy Behavioral Health (6 sites) (Substance abuse treatment)	Other Federal	White IDU, Black IDU, White Heterosexual, Black Heterosexual	ILI, CTR
Mon Yough Drug & Alcohol Community Services	Other Federal	White IDU, Black IDU, White Heterosexual, Black Heterosexual	ILI, CTR
Operation Nehemiah/JAMAA (Substance abuse treatment)	Other Federal	White IDU, Black IDU, White Heterosexual, Black Heterosexual	ILI, CTR
Salvation Army Public Inebriate Program (6 sites) (Substance abuse treatment)	Other Federal	White IDU, Black IDU, White Heterosexual, Black Heterosexual, Emerging Risk Group - Homeless	ILI, CTR
PERSAD Center (CBO) (Sexual minority mental health & substance abuse treatment)	State, Federal & Other	HIV+, White MSM, Black MSM, White IDU, Black IDU, White MSM/IDU, Black MSM/IDU	CTR, ILI, GLI, OR, HC/PI
TADISO (6 sites) (Substance abuse treatment)	Other Federal	White IDU, Black IDU, White Heterosexual, Black Heterosexual	ILI, CTR
Alternatives Regional Chemical Abuse Program (7 sites) (Substance abuse treatment)	Other Federal	White IDU, Black IDU, White Heterosexual, Black Heterosexual	ILI, CTR
HIV Planning Coalition Contractor Youth Empowerment Project University of Pittsburgh	State	White MSM, Black MSM, Emerging Risk Group – Youth	ILI, GLI, OR, HC/PI
HIV Planning Coalition Contractor New Life Urban Ministries (CBO)	State	Black Heterosexual, White Heterosexual, White IDU, Black IDU, Emerging Risk Groups – Homeless, Transgender	CTR, ILI, GLI, PCM, HC/PI
HIV Planning Coalition Contractor Pittsburgh AIDS Task Force	State/CDC/Other	HIV+, White MSM, Black MSM, White IDU, Black IDU, White Heterosexual, Black Heterosexual, Women, Emerging Risk	CTR, ILI, GLI, OR, HC/PI Popular Opinion Leader (POL) SISTA

		Groups - Youth (Black), Perinatal	
HIV Planning Coalition Contractor Kingsley Association (CBO)	State/CDC	Black Heterosexual, Emerging Risk Groups - Black Youth	CTR, ILI, GLI, OR, HC/PI
Discovery House (Substance abuse treatment)		White IDU, Black IDU	CTR
Prevention Point Pittsburgh (Syringe exchange)		White IDU, Black IDU	ILI, OR, HC/PI, PCM
Prevention Point Pittsburgh – Positive Health Clinic		HIV+, White IDU, Black IDU, Hispanic IDU	OR (condom dist.), HC/PI
Pittsburgh Men's Study (University research)	Other Federal	White MSM, Black MSM, Black IDU, White IDU	CTR, ILI, HC/PI
Project Pinova (CBO)	Other Federal	Emerging Risk Group – Black Youth	PCM
Ministry AOD Family Center (CBO)		White IDU, Black IDU, White Heterosexual, Black Heterosexual	ILI
Shepherd Wellness Center (CBO)		White MSM, Black MSM, Emerging Risk Group - Transgender	HC/PI
Shuman Center (CBO)		Emerging Risk Group - Youth	ILI, CTR
Partnership for Minority HIV/AIDS Prevention (CBO)		Black Heterosexual, Emerging Risk Group – Black Youth	CTR, OR, HC/PI
Mercy Hospital Van (Operation Safety Net)		Emerging Risk Group - Homeless	CTR
Family Health Council	State	White Heterosexual, Black Heterosexual, Perinatal	ILI, HC/PI, CTR, OR (condom dist) RAPP
Carnegie Mellon University		White Heterosexual, Black Heterosexual, White MSM, Emerging Risk Group - Youth	CTR
Allegheny General Hospital/Positive Health Clinic		HIV+	CTR, HC/PI
American Red Cross Southwestern PA Chapter		General Public	HC/PI
Bethlehem Haven of Pittsburgh (Health care for homeless women)		Women/Perinatal, Emerging Risk Group - Homeless	CTR, HC/PI
Children's Hospital of Pittsburgh		Emerging Risk Group – Youth	CTR
East End Cooperative Ministry House of the Good Samaritan		Emerging Risk group – Homeless, White IDU, Black IDU	OR (condom distribution), HC/PI
East Liberty Family Health Care Center		General Public, Black Heterosexual	CTR
Family HIV Clinic		HIV+, Emerging Risk Group - Youth	CTR, ILI, HC/PI
Forbes Metro Family Practice		General Public	OR (condom distribution)
Forbes Family Practice		General Public	OR (condom distribution)
Health Care to Underserved Populations		Emerging Risk Group – Homeless	CTR
Health Independence and Vitality		HIV+, Black Heterosexual,	GLI, OR, HC/PI

(ASO)		Black MSM, Black IDU	
Hemophilia Center of Western PA		Hemophilia	OR (condom distribution)
Magee Hill House Program (Outpatient clinic, family planning)		General Public, Black Heterosexual, Black IDU, Hispanic Heterosexual, Hispanic IDU	CTR, HC/PI
Magee Women's Hospital		Women/Perinatal, Black Heterosexual	CTR
Pittsburgh AIDS Treatment Center (PACT)		HIV+	CTR, OR
Mathilda H. Theiss Health Center, UPMC		General Public, Black Heterosexual	CTR, OR (condom dist.), HC/PI
McKeesport Family Health Center		General Public, Black Heterosexual	CTR, OR (condom dist.), HC/PI
McKeesport Hospital/Latterman Clinic		HIV+, General Public	CTR, OR (condom dist.), HC/PI
Mercy Family Health Center North		General Public	CTR
Metro Family Practice		HIV+	HC/PI
Ohio Valley General Hospital		General Public	CTR
Pediatric HIV Center of Children's Hospital		HIV+	CTR, ILI, HC/PI
PA/Mid Atlantic AIDS Education and Training Center	CDC/State	General Public	HC/PI, CLI
Planned Parenthood of Western PA		General Public	CTR, OR (condom dist.), HC/PI
Planned Parenthood/Women's Health Services		Black Heterosexual, White Heterosexual – Women	CTR, HC/PI
Primary Care Health Services		General Public	CTR, HC/PI
Rainbow Health Center		General Public	CTR, OR (condom dist.), HC/PI
Shadyside Hospital		General Public	CTR, OR, (condom dist.), HC/PI
UPMC Downtown Clinic		General Public	CTR
UPMC Hazelwood		General Public, Perinatal	CTR, HC/PI
VA Pittsburgh Health Care System		General Public (Veterans), HIV+	CTR, HC/PI
Wilkinsburg Family Health Center		General Public	CTR, HC/PI
YMCA of Pittsburgh		Emerging Risk Group – Homeless	OR (condom dist.)
YWCA Bridge Housing		Emerging Risk Group – Homeless, Women	HC/PI
State Correctional Institution – Pittsburgh		HIV+	CTR, GLI
Positive Health Clinic		HIV+, White IDU, Black IDU	CTR, OR, HC/PI
East Liberty Family Health Care Center		Black Heterosexual, Hispanic IDU, General Public	CTR
Macedonia F.A.C.E.	Federal/State	Black Heterosexual, Black MSM, Black IDU	CTR, ILI
Lydia's Place	State	HIV+	

ARMSTRONG COUNTY

Agency	Funding Source	Target Population	Intervention
PA DOH HIV Field Staff R. Fuhrman	CDC	HIV+ (all risk groups)	PCRS for all CTR sites in this county, CTR
State Health Center (HIV Clinic)	State	General Public	CTR, PCRS, ILI, OR (condom dist.), HC/PI
State Health Center (TB Clinic)	State	White Heterosexual, Black Heterosexual, Emerging Risk Group - Homeless	CTR
Kittanning Family Health Center (STD Clinic)	CDC	White Heterosexual, Black Heterosexual	CTR
Armstrong County Prison PA DOH HIV Field Staff R. Fuhrman	CDC	White IDU, Black IDU, White Heterosexual, Black Heterosexual, White MSM, Black MSM	CTR, PCRS
Irene Stacy Community Mental Health Center		White Heterosexual, Black Heterosexual	CTR

BEAVER COUNTY

Agency	Funding Source	Target Population	Intervention
PA DOH HIV Field Staff R. Fuhrman	CDC	HIV+ (all risk groups)	PCRS for all CTR sites in this county, CTR
State Health Center (HIV Clinic)	State	General Public	CTR, PCRS, ILI, OR (condom dist.), HC/PI
State Health Center (STD Clinic)	CDC	White Heterosexual, Black Heterosexual	CTR
State Health Center (TB Clinic)	State	White Heterosexual, Black Heterosexual, Emerging Risk Group - Homeless	CTR
Aliquippa Family Planning (STD Clinic)	CDC	White Heterosexual, Black Heterosexual	CTR
Aliquippa Hospital (STD Clinic)	CDC	White Heterosexual, Black Heterosexual	CTR
Beaver County Prison Beaver County AIDS Service Organization (HIV PPA)	CDC/State	White IDU, Black IDU, White Heterosexual, Black Heterosexual, White MSM, Black MSM	CTR, ILI
Beaver County AIDS Service Organization (HIV PPA)	CDC/Other	HIV+, General Public, Black Heterosexual, Black MSM, Black IDU	CTR, ILI, GLI, OR (condom dist.), HC/PI
Life and Liberty (HIV PPA)	CDC	Black Heterosexual, Black MSM, Black IDU	ILI, CTR
HIV Planning Coalition Contractor Family Health Council	State	General Public, Women, Emerging Risk Group - Youth	CTR, OR, GLI, HC/PI
HIV Planning Coalition Contractor Pittsburgh AIDS Task Force	State	Black Heterosexual, Emerging Risk Group – Youth (Black), Perinatal (women)	CTR, ILI, GLI, OR, HC/PI
Gateway Rehabilitation Center (Substance abuse treatment)	Other Federal	White IDU, Black IDU White Heterosexual, Black Heterosexual	ILI, CTR
American Red Cross – Beaver County		General Public	HC/PI

Chapter			

BEDFORD COUNTY

Agency	Funding Source	Target Population	Intervention
PA DOH HIV Field Staff S. Dussinger	CDC	HIV+ (all risk groups)	PCRS for all CTR sites in this county, CTR
State Health Center (HIV Clinic)	CDC	General Public, White Heterosexual, Black Heterosexual	CTR, PCRS, ILI, OR (condom dist.), HC/PI
State Health Center (STD Clinic)	CDC	White Heterosexual, Black Heterosexual	CTR, OR (condom dist.), HC/PI
State Health Center (TB Clinic)	State	White Heterosexual, Black Heterosexual, Emerging Risk Group - Homeless	CTR
Bedford County Prison PA DOH HIV Field Staff S. Dussinger	CDC	White IDU, Black IDU, White Heterosexual, Black Heterosexual, White MSM, Black MSM	CTR, PCRS
HIV Planning Coalition Contractor Home Nursing Agency – AIDS Intervention Program (CBO)	State, other	General Public, White MSM, Black MSM, White Heterosexual, Black Heterosexual, White IDU, Black IDU, Hispanic Heterosexual, Hispanic MSM, Hispanic IDU, Perinatal (women), Emerging Risk Group - Homeless	Funded by the Coalition for HC/PI Agency states that they also provide ILI, GLI, OR, PCM & PCRS.

BERKS COUNTY

Agency	Funding Source	Target Population	Intervention
PA DOH HIV Field Staff J. Foster & N. Martinez-King	CDC	HIV+ (all risk groups)	PCRS for all CTR sites in this county, CTR
State Health Center (HIV Clinic)	State	General Public	CTR, PCRS, ILI, OR (condom dist.), HC/PI
State Health Center (TB Clinic)	State	White Heterosexual, Black Heterosexual, Hispanic Heterosexual, Emerging Risk Group - Homeless	CTR
Planned Parenthood of NE PA (STD Clinic)	CDC	White Heterosexual, Black Heterosexual, Hispanic Heterosexual	CTR
Berks County Prison PA DOH HIV Field Staff J. Foster	CDC	White IDU, Black IDU, Hispanic IDU, White Heterosexuals, Black Heterosexuals, Hispanic Heterosexual, White MSM, Black MSM, Hispanic MSM	CTR, PCRS
Berks AIDS Network (PPA)	State/Other	HIV +, White MSM, Black MSM, Hispanic MSM, White IDU, Black IDU, Hispanic IDU, White	CTR, ILI, GLI, OR, HC/PI, PCM VOCES/VOICES (adaptation of SISTA)

		Heterosexual, Black Heterosexual, Hispanic MSM, Hispanic Heterosexual	
New Directions Treatment Services (HIV PPA)	State	Hispanic IDU, Hispanic Heterosexual, Hispanic MSM	CTR
Council of Spanish Speaking Organizations of the Lehigh Valley (HIVPPA)	State	Hispanic Heterosexual, Hispanic IDU, Hispanic MSM	CTR
Council of Spanish Speaking Organizations of the Lehigh Valley (Reading Outreach Project) Actual Prevention Interventions reported on 2005 Process Monitoring forms.	State	General Public	ILI, GLI, OR
	State	White MSM	ILI, OR
	State	Black IDU	ILI, GLI, OR
	State	Black MSM/IDU	ILI, OR
	State	White MSM/IDU	ILI, GLI, OR
	State	Black Heterosexual	ILI, GLI, OR
	State	White IDU	ILI, GLI, OR
	State	White Heterosexual	ILI, GLI, OR
	State	Hispanic IDU	ILI, GLI, OR
	State	Black MSM	ILI, OR
	State	Hispanic Heterosexual	ILI, GLI, OR
	State	Hispanic MSM/IDU	ILI, GLI, OR
	State	Hispanic MSM	ILI, GLI, OR
	State	Perinatal	ILI, GLI, OR
ADAAPT (Substance abuse treatment)	Other Federal	White IDU, Black IDU, Hispanic IDU, White Heterosexual, Black Heterosexual, Hispanic Heterosexual	ILI, CTR
Berks Counseling Center (Substance abuse treatment)	Other Federal	White IDU, Black IDU, Hispanic IDU, White Heterosexual, Black Heterosexual, Hispanic Heterosexual	ILI, CTR
Caron Adolescent (Substance abuse treatment)	Other Federal	White IDU, Black IDU, White Heterosexual, Black Heterosexual, Emerging Risk Group - Youth	ILI, CTR
Caron Inpatient (Substance abuse treatment)	Other Federal	White IDU, Black IDU, White Heterosexuals, Black Heterosexuals	ILI, CTR
Caron Outpatient (Substance abuse treatment)	Other Federal	White IDU, Black IDU, White Heterosexual, Black Heterosexual	ILI, CTR
Center for MH Dual Diagnosis (Substance abuse treatment)	Other Federal	White IDU, Black IDU, Hispanic IDU, White Heterosexual, Black Heterosexual, Hispanic Heterosexual	ILI, CTR
Children's Home of Reading (Substance abuse treatment)	Other Federal	White IDU, Black IDU, Hispanic IDU, White	ILI, CTR

		Heterosexual, Black Heterosexual, Hispanic Heterosexual Emerging Risk Group - Youth	
Conewago – Wernersville (Substance abuse treatment)	Other Federal	White IDU, Black IDU, White Heterosexual, Black Heterosexual	ILI, CTR
Drug and Alcohol Center (Substance abuse treatment)	Other Federal	White IDU, Black IDU, White Heterosexual, Black Heterosexual	ILI, CTR
New Directions Treatment Services (Substance abuse treatment - methadone)	Other Federal	White IDU, Black IDU, Hispanic IDU	ILI, CTR
PA Counseling Services (Substance abuse treatment)	Other Federal	White IDU, Black IDU, Hispanic IDU, White Heterosexual, Black Heterosexual, Hispanic Heterosexual	ILI, CTR
HIV Planning Coalition Contractor American Red Cross	State	General Public (capacity building for other prevention programs)	Other Intervention
HIV Planning Coalition Contractor Keystone Rural Health Center	State	Hispanic MSM, Hispanic IDU, Hispanic Heterosexual	ILI, GLI, OR
Red Cross Hispanic Center Mobile Unit		Hispanic Heterosexual, Hispanic IDU, Hispanic MSM	CTR, OR
Kutztown University		White Heterosexual, Black Heterosexual, White MSM, Black MSM, Emerging Risk Group - Youth	CTR
Rainbow Home		HIV+	CTR, ILI, HC/PI
St. Josephs Medical Center		General Public	CTR, OR (condom dist.), HC/PI

BLAIR COUNTY

Agency	Funding Source	Target Population	Intervention
PA DOH HIV Field Staff S. Dussinger	CDC	HIV+ (all risk groups)	PCRS for all CTR sites in this county, CTR
State Health Center (HIV Clinic)	State	General Public	CTR, PCRS, ILI, OR (condom dist.), HC/PI
State Health Center (STD Clinic)	CDC	White Heterosexual, Black Heterosexual	CTR
State Health Center (TB Clinic)	State	White Heterosexual, Black Heterosexual, White IDU, Black IDU, Emerging Risk Group - Homeless	CTR
Altoona Hospital Family Planning Center (STD Clinic)	CDC	White Heterosexual, Black Heterosexual	CTR, HC/PI
Blair County Prison PA DOH HIV Field Staff S. Dussinger	CDC	White IDU, Black IDU, White Heterosexual, Black Heterosexual, White MSM, Black MSM	CTR, PCRS, ILI, HC/PI
HIV Planning Coalition Contractor AIDS Intervention Project (ASO) Home Nursing Agency	State, other	General Public, White MSM, Black MSM, White Heterosexual, Black Heterosexual, White IDU,	Funded by the Coalition to provide HC/PI Agency states that they also

		Black IDU, Hispanic Heterosexual, Hispanic MSM, Hispanic IDU, Perinatal (women), Emerging Risk Group – Homeless	provide ILI, GLI, OR, PCM & PCRS.

BRADFORD COUNTY

Agency	Funding Source	Target Population	Intervention
PA DOH HIV Field Staff D. Eberle	CDC	HIV+ (all risk groups)	PCRS for all CTR sites in this county, CTR
State Health Center (HIV Clinic)	State	White Heterosexual	CTR, PCRS, ILI, OR (condom dist.), HC/PI
State Health Center (TB Clinic)	State	White Heterosexual, White IDU, Emerging Risk Group - Homeless	CTR
Guthrie Family Planning (STD Clinic)	CDC	White Heterosexual	CTR
Bradford County Prison PA DOH HIV Field Staff D. Eberle	CDC	White IDU, Black IDU, White Heterosexual, Black Heterosexual, White MSM, Black MSM	CTR, PCRS, ILI, HC/PI
HIV Planning Coalition Contractor HIV/AIDS Support Network/ Robert Packard Hospital	State	White MSM, White IDU, Perinatal (women), White Heterosexual	ILI, GLI, HC/PI, Other

BUCKS COUNTY

Agency	Funding Source	Target Population	Intervention
Bucks County Dept. of Health	CDC/State/Other	HIV+ (all risk groups)	PCRS for all CTR sites in the county.
Bucks County Dept. of Health (HIV Clinic)	State/Other	General Public	CTR, PCRS, ILI, OR (condom dist.), HC/PI
Bucks County Dept. of Health (STD Clinic)	CDC/State/Other	General Public	CTR, PCRS, ILI
Bucks County Dept. of Health (TB Clinic)	State/Other	White Heterosexual, Black Heterosexual, Hispanic Heterosexual, Emerging Risk Group - Homeless, Immigrants	CTR, PCRS, ILI
Bucks County Department of Health: Actual Prevention Interventions reported on 2005 Process Monitoring Forms	CDC/State	General Public	, ILI, GLI
	CDC/State	White MSM	ILI, GLI, OR
	CDC/State	Black IDU	ILI
	CDC/State	Black Heterosexual	GLI, ILI
	CDC/State	White IDU	ILI
	CDC/State	White Heterosexual	GLI, OR, ILI
	CDC/State	Black MSM	ILI, OR, GLI
	CDC/State	Hispanic Heterosexual	GLI, OR
	CDC/State	Hispanic MSM	GLI
	CDC/State	Perinatal	
	CDC/State	Emerging Risk Groups	GLI
Bucks County Prison	CDC/State/Oth	Black IDU, White IDU,	CTR, PCRS, ILI, HC/PI, GLI

Bucks County Department of Health	er Federal & Other	Hispanic IDU, White MSM, Black MSM, Hispanic MSM, Women, General Public	
Bucks County Department of Health Outreach to substance abuse treatment programs.	Other Federal	White IDU, Black IDU, Hispanic IDU Gay, Lesbian, Bisexual, Transgender, Women	CTR, PCRS, ILI, HC/PI
Family Service Association of Bucks County	State	General Public, Black Heterosexuals, Hispanic Heterosexuals	ILI, GLI
HIV Planning Coalition Contractor Family Service of Bucks County HIV/AIDS Program	State/Other Federal/Other	General Public, HIV+, IDUs in treatment	CTR, ILI, GLI, OR, HC/PI
Eastern Area Neighborhood Center (ASO)		General Public, HIV+	GLI, OR, HC/PI
Planned Parenthood Doylestown		General Public, Youth at Risk	CTR, OR (condom dist.), HC/PI, GLI
Planned Parenthood Warminster		General Public, Youth at Risk	CTR, OR (condom dist.), HC/PI, GLI
Weller Health Education Center (ASO)		Emerging Risk Group – Youth	HC/PI
Delaware Valley College	State/Other	Youth At Risk	CTR, ILI, PCRS
Planned Parenthood Association of Bucks County	State	Hispanics, Adolescents	GLI, OR, HC/PI

BUTLER COUNTY

Agency	Funding Source	Target Population	Intervention
PA DOH HIV Field Staff R. Fuhrman	CDC	HIV+ (all risk groups)	PCRS for all CTR sites in the county, CTR
Butler County Prison PA DOH HIV Field Staff R. Fuhrman	CDC	White Heterosexual, White IDU, White MSM, Black Heterosexual, Black IDU, Black MSM	CTR, PCRS, ILI, HC/PI
Butler Family Health Council (STD Clinic)	CDC	White Heterosexual	CTR
Butler Memorial Hospital (STD Clinic)	CDC	White Heterosexual	CTR
Family Health Council of Slippery Rock (STD Clinic)	CDC	White Heterosexual	CTR
Butler Armstrong AIDS Alliance (ASO) (HIV PPA)	State/Other	General Public, White MSM, Black MSM, White IDU, Black IDU, HIV+	CTR, ILI, GLI, OR (condom dist.), HC/PI
Discovery House (HIV PPA) (Methadone treatment)	State	White IDU, Black IDU	ILI, CTR
Slippery Rock University Health Center		White Heterosexual, Black Heterosexual, Emerging Risk Group - Youth	CTR
Irene Stacy Community Mental Health Center		White MSM, White IDU, White Heterosexual	CTR
Family Planning Services of Mercer County (Grove City)		General Public	CTR, OR (condom dist.), HC/PI
Sharing of Hope		HIV+	OR

CAMBRIA COUNTRY

Agency	Funding Source	Target Population	Intervention
PA DOH HIV Field Staff B. Hoza	CDC	HIV+ (all risk groups)	PCRS for all CTR sites in the county, CTR
State Health Center (HIV Clinic)	State	General Public	CTR, PCRS, ILI, OR (condom dist.), HC/PI
State Health Center (TB Clinic)	State	White Heterosexual, Black Heterosexual, White IDU, Black IDU, Emerging Risk Group - Homeless	CTR
Planned Parenthood of W. PA (STD Clinic)	CDC	White Heterosexual, Black Heterosexual	CTR, OR (condom dist.), HC/PI
Cambria County Prison PA DOH HIV Field Staff B. Hoza	CDC	White Heterosexual, White IDU, White MSM, Black Heterosexual, Black IDU, Black MSM	CTR, PCRS, ILI, HC/PI
Johnstown Free Clinic (HIV PPA)	CDC	Black Heterosexual, White Heterosexual	ILI, CTR
HIV Planning Coalition Contractor Keystone Economic Development Corporation	State	Black Heterosexual, Emerging Risk Group - Youth	ILI, GLI, OR, HC/PI
White Deer Run of W. PA (Substance abuse treatment)		Black IDU, White IDU, Black Heterosexual, White Heterosexual	ILI, CTR
Community Care Management (ASO)		HIV+, White MSM, White Heterosexual, Black Heterosexual, Black MSM	OR (condom dist.), HC/PI
UPMC - Lee Regional		Black Heterosexual, White Heterosexual	CTR, ILI

CAMERON COUNTY

Agency	Funding Source	Target Population	Intervention
PA DOH HIV Field Staff A. McCowien	CDC	HIV+ (all risk groups)	PCRS for all CTR sites in the county, CTR
State Health Center (HIV Clinic)	State	General Public	CTR, PCRS, ILI, OR (condom dist.), HC/PI
State Health Center (TB Clinic)	State	White Heterosexual, Black Heterosexual, Emerging Risk Group - Homeless	CTR
Cameron Health Care Center (STD Clinic)	CDC	White Heterosexual	CTR
Northwest PA Rural AIDS Alliance (Field Staff)	State	All risk groups	ILI, GLI, OR (condom dist.), HC/PI

CARBON COUNTY

Agency	Funding Source	Target Population	Intervention
PA DOH HIV Field Staff C. Yozviak	CDC	HIV+ (all risk groups)	PCRS, CTR
State Health Center (HIV Clinic)	State	General Public	CTR, PCRS, ILI, OR (condom dist.), HC/PI
State Health Center (TB Clinic)	State	White Heterosexual, Black Heterosexual, Emerging Risk Group - Homeless	CTR
Carbon County Prison PA DOH HIV Field Staff C. Yozviak	CDC	White Heterosexual, White IDU, White MSM, Black Heterosexual, Black IDU, Black MSM	CTR, PCRS, ILI, HC/PI
Youth Forestry Camp PA DOH HIV Field Staff C. Yozviak	CDC	Substance Abusers: White IDU, Black IDU, White Heterosexual, Black Heterosexual, Emerging Risk Group - Youth	CTR, PCRS, ILI, HC/PI
HIV Planning Coalition Contractor Carbon/Monroe/ Pike Drug & Alcohol Commission - PHAST (Pocono HIV/AIDS Support Team)	State/CDC	Black IDU, White IDU, Black Heterosexual, White Heterosexual, White MSM	CTR, ILI, GLI, OR, HC/PI
HIV Planning Coalition Contractor American Red Cross	State	General Public (capacity building for other prevention programs)	Other Intervention

CENTRE COUNTY

Agency	Funding Source	Target Population	Intervention
PA DOH HIV Field Staff D. Eberle	CDC	HIV+ (all risk groups)	PCRS for all CTR sites in the county, CTR
State Health Center (HIV Clinic)	State	General Public	CTR, PCRS, ILI, OR (condom dist.), HC/PI
State Health Center (TB Clinic)	State	White Heterosexual, Black Heterosexual, Emerging Risk Group - Homeless	CTR
Planned Parenthood State College (STD Clinic)	CDC	White Heterosexual, Black Heterosexual	CTR
Tapestry for Health of Centre County (STD Clinic)	CDC	White Heterosexual, General Public	CTR, HC/PI
State College Medical Services (STD Clinic)	CDC	White Heterosexual, Black Heterosexual	CTR
Centre County Prison PA DOH HIV Field Staff D. Eberle	CDC	White Heterosexual, White IDU, White MSM, Black Heterosexual, Black IDU, Black MSM	CTR, PCRS
The AIDS Project of Centre County (ASO) (HIV PPA)	CDC/Other	General Public, White MSM, HIV+	CTR, ILI, GLI, OR (condom dist.), HC/PI, Other
HIV Planning Coalition Contractor The AIDS Project of Centre County	State	White MSM, Perinatal (women), White IDU, Emerging Risk Group – Youth, White Heterosexual	ILI, GLI, OR
Centre County Youth Center		Emerging Risk Group -	ILI

		Youth	
Pennsylvania State University/University Health Services - Ritenour Health Center		White Heterosexual, Black Heterosexual, Emerging Risk Group - Youth	CTR, OR (condom dist.), HC/PI
Centre Volunteers in Medicine (CVIM)		General Public (Uninsured)	CTR
Gay & Lesbian Switchboard		White MSM, Black MSM, Hispanic MSM	HC/PI

CHESTER COUNTY

Agency	Funding Source	Target Population	Intervention
Chester County Health Department	CDC/State/Other	HIV+ (all risk groups)	PCRS for all CTR sites in this county.
Chester County Health Department (HIV Clinic)	State/Other	General Public	CTR, PCRS, ILI, OR (condom dist.), HC/PI
Chester County Health Department (STD Clinic)	CDC/State/Other	White Heterosexual, Hispanic Heterosexual, Black Heterosexual,	CTR
Chester County Health Department (TB Clinic)	CDC/State/Other	White Heterosexual, Hispanic Heterosexual, Black Heterosexual, Emerging Risk Group - Homeless	CTR
Chester County Prison Chester County Health Department	CDC/State/Other	White Heterosexual, Hispanic Heterosexual, Black Heterosexual, White IDU, Hispanic IDU, Black IDU, White MSM, Hispanic MSM, Black MSM	CTR, PCRS, ILI, HC/PI
Chester County Health Department: Actual Prevention Interventions reported on 2005 Process Monitoring Forms	CDC/State/Other	General Public	
		Black IDU	GLI
		Black Heterosexual	OR
		White IDU	GLI
		White Heterosexual	ILI, GLI, OR
		Hispanic Heterosexual	OR, ILI
HIV Planning Coalition Contractor Planned Parenthood of Chester County	State	General Public	CTR, ILI, GLI, HC/PI
Chester County Infectious Disease Association – John Bartels, MD		HIV+	CTR, ILI, OR (condom dist.), HC/PI
Fami (ASO)		HIV+	OR, HC/PI
Family Services of Chester County (ASO)	State	HIV+, General Public	ILI, GLI, OR (condom dist.), HC/PI
La Comunidad Hispana		Hispanic Heterosexual, Hispanic MSM, Hispanic IDU	CTR, ILI, GLI, OR, HC/PI
Project Salud		Hispanic Heterosexual, Hispanic MSM, Hispanic IDU	CTR, ILI, HC/PI
Southern Chester County Medical Center		General Public	CTR, ILI, HC/PI
Veterans Affairs Medical Center/ HIV Clinic		HIV+	CTR, ILI, HC/PI
W. C. Atkinson case management		HIV+	OR (condom dist.), HC/PI
West Chester University Health Center		White Heterosexual,	CTR, OR (condom dist.), HC/PI

		Emerging Risk Group – Youth	

CLARION COUNTY

Agency	Funding Source	Target Population	Intervention
PA DOH HIV Field Staff A. McCowien	CDC	HIV+ (all risk groups)	PCRS for all CTR sites in this county, CTR
State Health Center (HIV Clinic)	State	General Public	CTR, PCRS, ILI, OR (condom dist.), HC/PI
State Health Center (TB Clinic)	State	White Heterosexual, Black Heterosexual, Hispanic Heterosexual, Emerging Risk Group - Homeless	CTR
Family Health Council – Clarion (STD Clinic)	CDC	General Public, White Heterosexual, Black Heterosexual, Hispanic Heterosexual	CTR, OR (condom dist.), HC/PI
Clarion County Prison PA DOH HIV Field Staff A. McCowien	CDC	White IDU, Black IDU, White Heterosexual, Black Heterosexual, White MSM, Black MSM	CTR, PCRS, ILI, HC/PI
Clarion University (Keeling Health Center)	State	White Heterosexual, Emerging Risk Group - Youth	ILI, GLI, HC/PI
Northwest PA Rural AIDS Alliance	State	HIV+, All risk groups	CTR, ILI, GLI, OR (condom dist.), HC/PI

CLEARFIELD COUNTY

Agency	Funding Source	Target Population	Intervention
PA DOH HIV Field Staff A. McCowien	CDC	HIV+ (all risk groups)	PCRS for all CTR sites in this county, CTR
State Health Center (HIV Clinic)	State	General Public	CTR, PCRS, ILI, OR (condom dist.), HC/PI
State Health Center (TB Clinic)	State	White Heterosexual, Emerging risk Group - Homeless	CTR
Family Heath Council, Clearfield (STD Clinic)	CDC	General Public, White Heterosexual	CTR, ILI, OR (condom dist.), HC/PI
Northwest PA Rural AIDS Alliance (HIV Clinic)	State Federal	HIV+, all risk groups	Prevention for Positives
Northwest PA Rural AIDS Alliance	State	All Risk Groups	ILI, GLI, OR (condom dist.), HC/PI
Discovery House (Methadone Clinic)	For Profit	IDU, substance abusers	ILI, GLI, OR, HC/PI

CLINTON COUNTY

Agency	Funding Source	Target Population	Intervention
PA DOH HIV Field Staff D. Eberle	CDC	HIV+ (all risk groups)	PCRS for all CTR sites in this county, CTR
State Health Center (HIV Clinic)	State	General Public	CTR, PCRS, ILI, OR (condom dist.), HC/PI
State Health Center (TB Clinic)	State	White Heterosexual, Emerging Risk Group - Homeless	CTR
Lock Haven Family Planning (STD Clinic)	CDC	White Heterosexual, Black Heterosexual	CTR
Clinton County Prison PA DOH HIV Field Staff D. Eberle	CDC	White Heterosexual, White IDU, White MSM, Black Heterosexual, Black IDU, Black MSM	CTR, PCRS, ILI, HC/PI
HIV Planning Coalition Contractor Campbell Street Family, Youth and Community	State	White IDU, Perinatal (women), Emerging Risk Group – Youth, White Heterosexual	ILI, GLI
HIV Planning Coalition Contractor The AIDS Project of Centre County	State	White MSM, Perinatal (women), White IDU, Emerging Risk Group – Youth, White Heterosexual	ILI, GLI, OR, HC/PI, Other
Center for Independent Living of North Central PA			ILI

COLUMBIA COUNTY

Agency	Funding Source	Target Population	Intervention
PA DOH HIV Field Staff D. Eberle	CDC	HIV+ (all risk groups)	PCRS for all CTR sites in this county, CTR
State Health Center (HIV Clinic)	State	General Public	CTR, PCRS, ILI, OR (condom dist.), HC/PI
State Health Center (TB Clinic)	State	White Heterosexual, Black Heterosexual, Emerging Risk Group - Homeless	CTR
Dr. Ali Alley (STD Clinic)	CDC	White Heterosexual, Black Heterosexual	CTR
Family Health Services, Bloomsburg (STD Clinic)	CDC	White Heterosexual, Black Heterosexual	CTR
Family Health Services, Berwick		General Public	CTR, ILI, OR (condom dist.), HC/PI
Columbia County Prison PA DOH HIV Field Staff	CDC	Black Heterosexual, White Heterosexual, Black MSM, White MSM, Black IDU, White IDU	CTR, PCRS, ILI, HC/PI
HIV Planning Coalition Contractor Caring Communities for AIDS	State	HIV+, Perinatal (women), Emerging Risk Group – Youth, White Heterosexual	ILI, GLI, OR, HC/PI, Other

CRAWFORD COUNTY

Agency	Funding Source	Target Population	Intervention
PA DOH HIV Field Staff A. McCowien	CDC	HIV+ (all risk groups)	PCRS for all CTR sites in the county, CTR
State Health Center (HIV Clinic)	State	General Public	CTR, PCRS, ILI, OR (condom dist.), HC/PI
State Health Center (TB Clinic)	State	White Heterosexual, Black Heterosexual, Emerging Risk Group - Homeless	CTR
Conneaut Valley Health Services (STD Clinic)	CDC	White Heterosexual, Black Heterosexual	CTR, OR (condom dist.), HC/PI
Meadville Family Planning (STD Clinic)	CDC	White Heterosexual, Black Heterosexual	CTR
Crawford County Prison PA DOH HIV Field Staff A. McCowien	CDC	Black Heterosexual, White Heterosexual, Black MSM, White MSM, Black IDU, White IDU	CTR, PCRS, ILI, HC/PI
Northwest PA Rural AIDS Alliance (Field Staff)	State	All Risk Groups	ILI, GLI, OR (condom dist.), HC/PI
Cambridge Springs Prison	CDC/State/Other	Black Heterosexual White Heterosexual Hispanic Heterosexual Black IDU White IDU Hispanic IDU	GLI

CUMBERLAND COUNTY

Agency	Funding Source	Target Population	Intervention
PA DOH HIV Field Staff ES. Dussinger	CDC	HIV+ (all risk groups)	PCRS for all CTR sites in this county, CTR
State Health Center (HIV Clinic)	State	General Public	CTR, PCRS, ILI, OR (condom dist.), HC/PI
State Health Center (TB Clinic)	State	White Heterosexual, Black Heterosexual, Emerging Risk Group - Homeless	CTR
Sadler Health Center (HIV Clinic)	State	General Public	CTR, ILI, OR (condom dist.), HC/PI
Carlisle Planned Parenthood (STD Clinic)	CDC	White Heterosexual, Black Heterosexual	CTR, OR (condom dist.), HC/PI
Shippensburg Planned Parenthood (STD Clinic)	CDC	White Heterosexual, Black Heterosexual	CTR
Cumberland County Prison PA DOH HIV Field Staff	CDC	Black Heterosexual, White Heterosexual, Black MSM, White MSM, Black IDU, White IDU	CTR, PCRS, ILI, HC/PI
Sadler Health Center-AIDS Community Alliance (HIV PPA)	CDC	General Public	ILI, CTR
HIV Planning Coalition Contractor AIDS Community Alliance	State	White MSM, White MSM/IDU, White IDU, Perinatal (women), Emerging Risk Group - Youth	ILI, GLI, OR
HIV Planning Coalition Contractor	State	White Heterosexual	GLI, PCM

The Program for Female Offenders		(women), Black Heterosexual (women), Perinatal (women), Emerging Risk Group - Youth	
Dickinson College		White Heterosexual, Black Heterosexual, White MSM, White MSM, Emerging Risk Group - Youth	CTR

DAUPHIN COUNTY

Agency	Funding Source	Target Population	Intervention
PA DOH HIV Field Staff S. Dussinger	CDC	HIV+ (all risk groups)	PCRS for all CTR sites in this county, CTR
District Health Office (HIV Clinic)	State	General Public	CTR, PCRS, ILI, OR (condom dist.), HC/PI
District Health Office (TB Clinic)	State	White Heterosexual, Black Heterosexual, Hispanic Heterosexual, Emerging Risk Group - Homeless	CTR
Dr. Bakari (STD Clinic)	CDC	STD Clients	CTR
Hamilton Health Center (STD Clinic)	CDC	Black Heterosexual, Black IDU, Hispanic Heterosexual, Perinatal	CTR
Pinnacle Health System (STD Clinic)	CDC	White Heterosexual, Black Heterosexual	CTR
Planned Parenthood (STD Clinic)	CDC	White Heterosexual, Black Heterosexual	CTR
Dauphin County Prison PA DOH HIV Field Staff S. Dussinger	CDC	Black Heterosexual, White Heterosexual, Black MSM, White MSM, Black IDU, White IDU	CTR, PCRS, ILI, HC/PI
AIDS Community Alliance (ACA) (HIV PPA)	State/Other	White MSM, Black MSM, Hispanic MSM, HIV+, General Public	CTR, ILI, GLI, OR (condom dist.), HC/PI
Community Check-Up Center (HIV PPA)	State	Black Heterosexual, Hispanic Heterosexual, Emerging Risk Group – Youth, Perinatal	ILI, CTR
Hamilton Health Center (HIV PPA)	State	Black Heterosexual, Black IDU, Hispanic Heterosexual, Hispanic IDU, Perinatal	ILI, CTR
Visiting Nurses Association (VNA) of PA (HIV PPA) “walk-in site”	State	Black Heterosexual, Hispanic Heterosexual	ILI, CTR
Bethesda Mission Served by VNA (HIV PPA)	State	White IDU, Black IDU, Hispanic IDU, White Heterosexual, Black Heterosexual, Hispanic Heterosexual, Emerging Risk Group - Homeless	ILI, CTR
Capital Pavilion (Substance abuse treatment)	State	White IDU, Black IDU, Hispanic IDU	ILI, CTR

Served by VNA (HIV PPA)			
Salvation Army Served by VNA (HIV PPA)	State	Black IDU, Hispanic IDU	ILI, CTR
Battered Women's Shelter Served by VNA (HIV PPA)	State	Perinatal, White Heterosexual, Black Heterosexual, Hispanic Heterosexual	ILI, CTR
Kline Plaza Medical Center (HIV PPA)	State	General Public	ILI, CTR
Pinnacle Health System (HIV PPA)	State	General Public	ILI, CTR
Planned Parenthood of the Susquehanna Valley (HIV PPA)	State/Other	General Public	CTR, ILI, OR (condom dist.), HC/PI
HIV Planning Coalition Contractor AIDS Community Alliance	State	White MSM, White MSM/IDU, White IDU, Perinatal (women), Emerging Risk Group - Youth	ILI, GLI, OR
Conewago Place (Substance abuse treatment)	Other Federal	White IDU, Black IDU, White Heterosexual, Black Heterosexual	ILI, CTR
Daystar Center (Substance abuse treatment)	Other Federal	White IDU, Black IDU, White Heterosexual, Black Heterosexual	ILI, CTR
Discovery House (Methadone treatment)	Other Federal	White IDU, Black IDU	ILI, CTR
Gaudenzia Outpatient (Substance abuse treatment)	Other Federal	White IDU, Black IDU, White Heterosexual, Black Heterosexual	ILI, CTR
Harrisburg YMCA (Substance abuse treatment)	Other Federal	White IDU, Black IDU, White Heterosexual, Black Heterosexual	ILI, CTR
Naaman Center (Substance abuse treatment)	Other Federal	White IDU, Black IDU, White Heterosexual, Black Heterosexual	ILI, CTR
White Deer Run (Substance abuse treatment)	Other Federal	White IDU, Black IDU, White Heterosexuals, Black Heterosexuals	ILI, CTR
Council of Spanish Speaking Organizations of the Lehigh Valley (Harrisburg Outreach Project) Prevention Interventions reported on the 2005 Process Monitoring forms.	State	General Public	ILI, GLI, OR
	State	White MSM	ILI, OR
	State	Black IDU	ILI, GLI, OR
	State	Black MSM/IDU	ILI, OR
	State	White MSM/IDU	ILI, GLI, OR
	State	Black Heterosexual	ILI, GLI, OR
	State	White IDU	ILI, GLI, OR
	State	White Heterosexual	ILI, GLI, OR
	State	Hispanic IDU	ILI, GLI, OR
	State	Black MSM	ILI, OR
	State	Hispanic Heterosexual	ILI, GLI, OR
	State	Hispanic MSM/IDU	ILI, GLI, OR
	State	Hispanic MSM	ILI, GLI, OR

	State	Perinatal	ILI, GLI, OR
Program for Female Offenders	State	Perinatal, Black Heterosexual, Hispanic Heterosexual, White Heterosexual, Emerging Risk Group - Youth	CTR, GLI, PCM
Children's Resource Center Polyclinic Hospital		Emerging Risk Group - Youth	CTR
SAFE Program		Perinatal	CTR
Schaffner Youth Center		Emerging Risk Group – Youth, White IDU, Black IDU, Hispanic IDU	CTR
American Red Cross		General Public	HC/PI
Central Allison Hill Community Center		Hispanic Heterosexual	OR (condom dist.), HC/PI
Gay & Lesbian Switchboard of Harrisburg		MSM	HC/PI
Names Project		General Public	HC/PI
Pediatric Comprehensive Care Clinic		HIV+	CTR, ILI, OR (condom dist.), HC/PI
Pinnacle Health Hospital – Polyclinic Hospital		HIV+	CTR, ILI, OR (condom dist.), HC/PI

DELAWARE COUNTY

Agency	Funding Source	Target Population	Intervention
PA DOH HIV Field Staff E. Davis	CDC	HIV+ (all risk groups)	PCRS for all CTR sites in this county, CTR
State Health Center (HIV Clinic)	State	General Public	CTR, PCRS, ILI, OR (condom dist.), HC/PI
State Health Center (TB Clinic)	State	White Heterosexual, Black Heterosexual, Hispanic Heterosexual, Emerging Risk Group - Homeless	CTR
State Health Center (STD Clinic)	CDC	White Heterosexual, Black Heterosexual, Hispanic Heterosexual	CTR
Delaware County Prison PA DOH HIV Field Staff E. Davis	CDC	Black Heterosexuals, White Heterosexuals, Black MSM, White MSM, Black IDU, White IDU	CTR, PCRS, ILI, HC/PI
Delaware County Prison Served by ChesPenn Health Services (HIV PPA)	CDC	Black IDU, Black Heterosexual, Black MSM, White IDU, White Heterosexual, White MSM, Hispanic IDU, Hispanic Heterosexual, Hispanic MSM	ILI, CTR
AIDS Care Group (ASO)	Other/State/Federal	HIV+, White IDU, Black IDU, Hispanic IDU, White Heterosexuals, Black Heterosexuals, Hispanic Heterosexuals, White MSM, Black MSM, Hispanic MSM	CTR, GLI, HC/PI
Crozer Chester Medical Center		General Public	CTR, OR, HC/PI
Crozer Chester Methadone	Other Federal	White IDU, Black IDU,	ILI, CTR

(Substance abuse treatment - methadone)		Hispanic IDU	
ChesPenn Health Services (HIV/substance abuse outreach project)	Other Federal	White IDU, Black IDU, Hispanic IDU, Black Heterosexual	ILI, CTR, OR, HC/PI
ChesPenn Health Services (STD Clinic)	CDC	General Public, Black Heterosexual, White Heterosexual, Hispanic Heterosexual, HIV+	CTR, ILI, OR (condom dist.), HC/PI
HIV Planning Coalition Contractor Crozer Chester Medical Center	State	General Public	CTR, ILI, GLI, HC/PI
American Red Cross, Chester Wallingford Chapter		General Public	HC/PI
Family & Community Service of Delaware County		General Public, HIV+	OR (condom dist.), HC/PI
Planned Parenthood of Southeastern PA		General Public	CTR, ILI, OR (condom dist.), HC/PI
Recovery Center, Crozer Chester Medical Center		HIV+	CTR, ILI, OR (condom dist.), HC/PI

ELK COUNTY

Agency	Funding Source	Target Population	Intervention
PA DOH HIV Field Staff A. McCowien	CDC	HIV+ (all risk groups)	PCRS for all CTR sites in this county, CTR
State Health Center (HIV Clinic)	State	General Public	CTR, PCRS, ILI, OR (condom dist.), HC/PI
State Health Center (TB Clinic)	State	White Heterosexual, Emerging Risk Group - Homeless	CTR
Family Health Council (STD Clinic)	CDC	White Heterosexual	CTR, ILI, OR (condom dist.), HC/PI
Elk County Prison PA DOH HIV Field Staff A. McCowien	CDC	Black Heterosexuals, White Heterosexuals, Black MSM, White MSM, Black IDU, White IDU	CTR, PCRS, ILI, HC/PI
American Red Cross		General Public	HC/PI
Northwest PA Rural AIDS Alliance (Field Staff)	State	All risk groups	ILI, GLI, OR (condom dist), HC/PI

ERIE COUNTY

Agency	Funding Source	Target Population	Intervention
Erie County Health Department (ECHD)	CDC/State/Other	HIV+ (all risk groups)	PCRS for all CTR sites in this county.
ECHD (HIV Clinic)	CDC/State/Other	General	CTR, PCRS, ILI, OR (condom dist.), HC/PI
ECHD (STD Clinic)	CDC/State/Other	White Heterosexual, Black Heterosexual, Hispanic Heterosexual	CTR
ECHD (TB Clinic)	CDC/State/Other	White Heterosexual, Black Heterosexual, Hispanic Heterosexual, Emerging Risk Group - Homeless	CTR
STOP Erie ECDH Outreach	CDC/State/Other	White MSM, Black MSM, Hispanic MSM, White IDU,	CTR, ILI, OR

		Black IDU, Hispanic IDU, Black Heterosexual, Hispanic Heterosexual, White Heterosexual	
Erie County Prison ECHD	CDC/State/Other	Black Heterosexual, White Heterosexual, Hispanic Heterosexual, Black MSM, White MSM, Hispanic MSM, Black IDU, White IDU, Hispanic IDU	CTR, PCRS, ILI, HC/PI
Albion Prison	CDC/State/Other	Black Heterosexual, White Heterosexual, Hispanic Heterosexual, Black MSM, White MSM, Hispanic MSM, Black IDU, White IDU, Hispanic IDU	GLI
Juvenile Detention Centers ECHD	CDC/State/Other	Emerging Risk Group – Youth, White IDU, Black IDU, Hispanic IDU	CTR, PCRS, ILI, HC/PI
Pre-release Program	CDC/State/Other	Black Heterosexual, White Heterosexual, Hispanic Heterosexual, Black MSM, White MSM, Hispanic MSM, Black IDU, White IDU, Hispanic IDU	CTR, PCRS, ILI, HC/PI
ECHD Actual Prevention Interventions reported on the 2005 Process Monitoring forms.	CDC/State/Other	General Public	ILI, GLI, OR,
	CDC/State/Other	White MSM	ILI, GLI, OR
	CDC/State/Other	Black IDU	ILI, GLI
	CDC/State/Other	Black MSM/IDU	ILI
	CDC/State/Other	White MSM/IDU	ILI
	CDC/State/Other	Black Heterosexual	ILI, GLI, OR
	CDC/State/Other	White IDU	ILI, GLI
	CDC/State/Other	White Heterosexual	ILI, GLI, OR
	CDC/State/Other	Hispanic IDU	ILI, GLI
	CDC/State/Other	Black MSM	ILI, OR
	CDC/State/Other	Hispanic Heterosexual	ILI, GLI, OR
	CDC/State/Other	Hispanic MSM	ILI, OR
	CDC/State/Other	Perinatal	ILI, GLI, OR
	CDC/State/Other	Emerging Risk	OR, ILI, GLI
ECHD Contractor:	CDC/State/Oth	Hispanic Heterosexuals,	CTR, ILI, GLI, OR, HC/PI

Hispanic American Council	er	Hispanic IDU, Hispanic MSM	
ECHD Contractor: Minority Health Education Delivery System	CDC/State/Other	Hispanic Heterosexuals, Hispanic IDU, Hispanic MSM	CTR, ILI, HC/PI
HIV Planning Coalition Contractor Erie County Department of Health (City of Erie & county)	State	Emerging Risk Group – Youth, Black Heterosexual, Hispanic Heterosexual	ILI, GLI, OR, HC/PI
HIV Planning Coalition Contractor Gaudenzia, SHOUT Outreach (City of Erie)	State	Emerging Risk Group – Youth, White IDU, Black IDU, Hispanic IDU, Black Heterosexual, Hispanic Heterosexual	CTR, ILI, GLI, OR, HC/PI
HIV Planning Coalition Contractor Minority Health Education Delivery System (City of Erie)	State	Black Heterosexual, Hispanic Heterosexual, Emerging Risk Group – Asian Pacific Islander	GLI, HC/PI
Gaudenzia Crossroads Outreach to substance abuse treatment.	Other Federal	White IDU, Black IDU, Hispanic IDU, White Heterosexual, Black Heterosexual, Hispanic Heterosexual	ILI, CTR, GLI
Deerfield Treatment (Substance abuse treatment)	Other Federal	White IDU, Black IDU, Hispanic IDU, White Heterosexual, Black Heterosexual, Hispanic Heterosexual	ILI, CTR, GLI
Guadenzia Intermediate Punishment Program (Substance abuse treatment)	Other Federal	White IDU, Black IDU, Hispanic IDU, White Heterosexual, Black Heterosexual, Hispanic Heterosexual	ILI, CTR, GLI
Gaudenzia Outpatient & Partial (Substance abuse treatment)	Other Federal	White IDU, Black IDU, Hispanic IDU, White Heterosexual, Black Heterosexual, Hispanic Heterosexual	ILI, CTR, GLI
Guadenzia Residential Treatment (Substance abuse treatment)	Other Federal	White IDU, Black IDU, Hispanic IDU, White Heterosexual, Black Heterosexual, Hispanic Heterosexual	ILI, CTR, GLI
GECAC Treatment Services (Substance abuse treatment)	Other Federal	White IDU, Black IDU, Hispanic IDU, White Heterosexual, Black Heterosexual, Hispanic Heterosexual	ILI, CTR, GLI
John F. Kennedy Center (Substance abuse treatment)	Other Federal	White IDU, Black IDU, Hispanic IDU, White Heterosexual, Black Heterosexual, Hispanic Heterosexual	ILI, CTR, OR
Dr. Daniel Snow Recovery House (Substance abuse treatment)	Other Federal	White IDU, Black IDU, Hispanic IDU, White Heterosexual, Black	ILI, CTR

		Heterosexual, Hispanic Heterosexual	
Edmund L. Thomas Juvenile Detention Center Services provided by ECHD.	CDC/State/Other	Emerging Risk Group - Youth	CTR, ILI, HC/PI
Behrend College Services provided by ECHD.	CDC/State/Other	White Heterosexual, Black Heterosexual	CTR, ILI, HC/PI
Edinboro University Services provided by ECHD.	CDC/State/Other	White Heterosexual, Black Heterosexual	CTR, ILI, HC/PI
Mercyhurst College Services provided by ECHD.	CDC/State/Other	White Heterosexual, Black Heterosexual	CTR, ILI, HC/PI
St. Paul's Neighborhood Clinic		General Public	CTR
GECAC Youth Empowerment Program		Emerging Risk Group - Youth	ILI
Harbor Creek Youth Services		Emerging Risk Group - Youth	ILI
Community Health Network (Homeless Outreach)		Emerging Risk Group - Homeless	ILI, CTR
Martin Luther King Center		Black Heterosexual	ILI
Northwest PA Rural AIDS Alliance		General Public	ILI, GLI, OR, HC/PI
St. Paul's Episcopal Cathedral, HIV/AIDS Outreach Ministry		General Public	HC/PI
ECHD	CDC/State/Other	General Public, Black Heterosexual, Hispanic Heterosexuals, IDU, MSM	SISTA, VOICES/VOCES, Street Smart
ECHD - Corry Office	CDC/State/other	General Public	CTR, PCRS, ILI, OR (condom dist), HC/PI
Northwest PA Rural AIDS Alliance (Field Staff)	State	All risk Groups	ILI, GLI, OR (condom dist.), HC/PI
Northwest PA Rural AIDS Alliance	State/Federal	HIV+ all risk groups	Prevention for Positives
MHEDS			VOCES/VOICES

FAYETTE COUNTY

Agency	Funding Source	Target Population	Intervention
PA DOH HIV Field Staff B. Hoza	CDC	HIV+ (all risk groups)	PCRS for all CTR sites in this county, CTR
State Health Center (HIV Clinic)	State	General Public	CTR, PCRS, ILI, OR (condom dist.), HC/PI
State Health Center (TB Clinic)	State	White Heterosexual, Emerging Risk Group – Homeless	CTR
State Health Center (STD Clinic)	CDC	White Heterosexual	CTR
Uniontown Family Health Council (STD)	CDC	White Heterosexual	CTR
Albert Gallatin AIDS Program		General Public, HIV+	HC/PI
Highlands Hospital		General Public	CTR, ILI, HC/PI

FOREST COUNTY

Agency	Funding Source	Target Population	Intervention
PA DOH HIV Field Staff A. McCowien	CDC	HIV+ (all risk groups)	PCRS, CTR
State Health Center (HIV Clinic)	State	General Public	CTR, PCRS, ILI, OR (condom dist.), HC/PI

State Health Center (TB Clinic)	State	White Heterosexual, Emerging Risk Group - Homeless	CTR
State Health Center (STD Clinic)	CDC	White Heterosexual	CTR
Cornell Abraxas (Substance abuse treatment) (Male, Juvenile Correction/Detention)	Other Federal	White IDU, Black IDU, Hispanic IDU, White Heterosexual, Black Heterosexual, Hispanic Heterosexual, Emerging Risk Group - Youth	ILI, CTR
Northwest PA Rural AIDS Alliance (Field Staff)	State	All Risk Groups	ILI, GLI, OR (condom dist), HC/PI

FRANKLIN COUNTY

Agency	Funding Source	Target Population	Intervention
PA DOH HIV Field Staff S. Dussinger	CDC	HIV+ (all risk groups)	PCRS, CTR
State Health Center (HIV Clinic)	State	General Public	CTR, PCRS, ILI, OR (condom dist.), HC/PI
State Health Center (TB Clinic)	State	White Heterosexual, Black Heterosexual	CTR
Chambersburg Family Health Services (STD Clinic)	CDC	White Heterosexual, Black Heterosexual	CTR
Franklin County Prison PA DOH HIV Field Staff S. Dussinger	CDC	Black Heterosexual, White Heterosexual, Black MSM, White MSM, Black IDU, White IDU	CTR, PCRS, ILI, HC/PI
HIV Planning Coalition Contractor Planned Parenthood of Central PA	State	Black Heterosexual, White Heterosexual, Hispanic Heterosexual, Emerging Risk Group – Homeless, Perinatal (women), General Public	CTR, ILI GLI, OR (condom dist.), HC/PI
Keystone Health Center		General Public	CTR, ILI, OR (condom dist.), HC/PI

FULTON COUNTY

Agency	Funding Source	Target Population	Intervention
PA DOH HIV Field Staff S. Dussinger	CDC	HIV+ (all risk groups)	PCRS for all CTR sites in this county, CTR
State Health Center (HIV Clinic)	State	General Public	CTR, PCRS, ILI, OR (condom dist.), HC/PI
State Health Center (STD Clinic)	CDC	White Heterosexual, Black Heterosexual,	CTR
State Health Center (TB Clinic)	State	White Heterosexual, Black Heterosexual, Emerging Risk Group - Homeless	CTR
Fulton County Prison PA DOH HIV Field Staff S. Dussinger	CDC	Black Heterosexual, White Heterosexual, Black MSM, White MSM, Black IDU, White IDU	CTR, PCRS, ILI, HC/PI
HIV Planning Coalition Contractor AIDS Intervention Project (ASO)	State, other	General Public, White MSM, Black MSM, White	Coalition funding provides HC/PI

Home Nursing Agency		Heterosexual, Black Heterosexual, White IDU, Black IDU, Hispanic Heterosexual, Hispanic MSM, Hispanic IDU, Perinatal (women)	Agency states that they also provide ILI, OR, PCM & PCRS.
HIV Planning Coalition Contractor Planned Parenthood of Central PA	State	Black Heterosexual, White Heterosexual, Hispanic Heterosexual, Emerging Risk Group – Homeless, Perinatal (women)	GLI, OR, HC/PI

GREENE COUNTY

Agency	Funding Source	Target Population	Intervention
PA DOH HIV Field Staff R. Fuhrman	CDC	HIV+ (all risk groups)	PCRS for all CTR sites in this county, CTR
State Health Center (HIV Clinic)	State	General Public	CTR, PCRS, ILI, OR (condom dist.), HC/PI
State Health Center (STD Clinic)	CDC	White Heterosexual, Black Heterosexual,	CTR
State Health Center (TB Clinic)	State	White Heterosexual, Black Heterosexual, Emerging Risk Group - Homeless	CTR
Greene County AIDS Task Force		General Public	HC/PI

HUNTINGDON COUNTY

Agency	Funding Source	Target Population	Intervention
PA DOH HIV Field Staff S. Dussinger	CDC	HIV+ (all risk groups)	PCRS for all CTR sites in this county, CTR
State Health Center (HIV Clinic)	State	General Public	CTR, PCRS
State Health Center (STD Clinic)	State	White Heterosexual, Black Heterosexual	CTR
State Health Center (TB Clinic)	State	White Heterosexual, Black Heterosexual, Emerging Risk Group - Homeless	CTR
Huntingdon County Prison PA DOH HIV Field Staff S. Dussinger	CDC	Black Heterosexual, White Heterosexual, Black MSM, White MSM, Black IDU, White IDU	CTR, PCRS, ILI, HC/PI
Huntingdon Family Health Services		General Public	CTR, ILI, OR, HC/PI
Youth Forestry Camp		Emerging Risk Group – Youth	CTR
HIV Planning Coalition Contractor AIDS Intervention Project (ASO) Home Nursing Agency	State, other	General Public, White MSM, Black MSM, White Heterosexual, Black Heterosexual, White IDU, Black IDU, Hispanic Heterosexual, Hispanic MSM, Hispanic IDU, Perinatal (women)	Coalition funding provides HC/PI Agency states that they also provide ILI, GLI, OR, PCM & PCRS.

INDIANA COUNTY

Agency	Funding Source	Target Population	Intervention
PA DOH HIV Field Staff B. Hoza	CDC	HIV+ (all risk groups)	PCRS, CTR
State Health Center (HIV Clinic)	State	General Public	CTR, PCRS, ILI, OR (condom dist.), HC/PI
State Health Center (TB Clinic)	State	White Heterosexual, Black Heterosexual, Emerging Risk Group - Homeless	CTR
State Health Center (STD Clinic)	CDC	White Heterosexual, Black Heterosexual	CTR
Indiana Family Health Council (STD Clinic)	CDC	White Heterosexual	CTR
Indiana County Prison PA DOH HIV Field Staff B. Hoza	CDC	Black Heterosexuals, White Heterosexuals, Black MSM, White MSM, Black IDU, White IDU	CTR, PCRS, ILI, HC/PI
Keystone Economic Development Corporation	State	Black Heterosexual, Emerging Risk Group - Youth	ILI, GLI, OR, HC/PI
UPMC Lee Regional		Black Heterosexual, White Heterosexual	ILI, CTR

JEFFERSON COUNTY

Agency	Funding Source	Target Population	Intervention
PA DOH HIV Field Staff A. McCowien	CDC	HIV+ (all risk groups)	PCRS, CTR
State Health Center (HIV Clinic)	State	General Public	CTR, PCRS, ILI, OR (condom dist.), HC/PI
State Health Center (TB Clinic)	State	White Heterosexual, Black Heterosexual, Emerging Risk Group - Homeless	CTR
Punxsutawney Family Planning (STD Clinic)	CDC	White Heterosexual	CTR
State Health Center (STD Clinic)	CDC	White Heterosexual	CTR
Jefferson County Prison PA DOH HIV Field Staff A. McCowien	CDC	Black Heterosexuals, White Heterosexuals, Black MSM, White MSM, Black IDU, White IDU	CTR, PCRS, LIL, HC/PI
Northwest PA Rural AIDS Alliance (Field Staff)	State	All Risk Groups	ILI, GLI, OR (condom dist), HC/PI

JUNIATA COUNTY

Agency	Funding Source	Target Population	Intervention
PA DOH HIV Field Staff S. Dussinger	CDC	HIV+ (all risk groups)	PCRS for all CTR sites in this county, CTR
State Health Center (HIV Clinic)	State	General Public	CTR, PCRS, ILI, OR (condom dist.), HC/PI
State Health Center (STD Clinic)	State	White Heterosexual, Black Heterosexual	CTR
State Health Center (TB Clinic)	State	White Heterosexual, Black Heterosexual, Emerging	CTR

		Risk Group - Homeless	
Juniata County Prison PA DOH HIV Field Staff S. Dussinger	CDC	Black Heterosexual, White Heterosexual, Black MSM, White MSM, Black IDU, White IDU	CTR, PCRS, ILI, HC/PI
HIV Planning Coalition Contractor AIDS Community Alliance	State	White MSM, White MSM/IDU, White IDU, Perinatal (women), Emerging Risk Group - Youth	ILI, GLI, OR

LACKAWANNA COUNTY

Agency	Funding Source	Target Population	Intervention
PA DOH HIV Field Staff P. Baloga	CDC	HIV+ (all risk groups)	PCRS for all CTR sites in this county, CTR
State Health Center (HIV Clinic)	State	General Public	CTR, PCRS, ILI, OR (condom dist.), HC/PI
Scranton Planned Parenthood (STD Clinic)	CDC	White Heterosexual, Black Heterosexual	CTR
State Health Center (TB Clinic)	State	White Heterosexual, Black Heterosexual, Emerging Risk Group - Homeless	CTR
Lackawanna County Prison PA DOH HIV Field Staff P. Baloga	CDC	Black Heterosexual, White Heterosexual, Black MSM, White MSM, Black IDU, White IDU	CTR, PCRS, ILI, HC/PI
HIV Planning Coalition Contractor United Neighborhood Centers of Lackawanna County	State	Hispanic Heterosexual, Emerging Risk Group - Youth (Black)	ILI, GLI, OR, HC/PI, Other
HIV Planning Coalition Contractor Drug & Alcohol Treatment Services	State	White IDU, Black IDU	ILI
HIV Planning Coalition Contractor United Neighborhood Centers of Lackawanna County	State	Hispanic Heterosexual, Emerging Risk Group – Youth (Black)	ILI, GLI, OR, HC/PI, Other
HIV Planning Coalition Contractor American Red Cross – Wyoming Valley Chapter	State	General Public, White Heterosexuals, Black Heterosexuals, Black Adults, MSMs who do and do not identify (white and black), IDUs, Homeless, Emerging Risk Groups - Youth Perinatal Women, in include sex industry workers	ILI, GLI, OR, HC/PI
Scranton Temple (STD Clinic)	CDC	General Public	CTR
Circle of Care Family Planning (HIV Clinic)	CDC	General Public	CTR

LANCASTER COUNTY

Agency	Funding Source	Target Population	Intervention
PA DOH HIV Field Staff	CDC	HIV+ (all risk groups)	PCRS for all CTR sites in this county, CTR
State Health Center (HIV Clinic)	State	General Public	CTR, PCRS, ILI, OR (condom dist.), HC/PI
SE Lancaster Health Center (HIV Clinic)	State	General Public	CTR, PCRS, ILI, OR (condom dist.), HC/PI
State Health Center (TB Clinic)	State	White Heterosexual, Black Heterosexual, Hispanic Heterosexual, Emerging Risk Group - Homeless	CTR
Lancaster General Hospital (STD Clinic)	CDC	White Heterosexual, Black Heterosexual, Hispanic Heterosexual	CTR
Lancaster Planned Parenthood (STD Clinic)	CDC	White Heterosexual, Black Heterosexual, Hispanic Heterosexual	CTR
SE Lancaster Health Center (STD Clinic)	CDC	White Heterosexual, Black Heterosexual, Hispanic Heterosexual	CTR
Lancaster County Prison PA DOH HIV Field Staff	CDC	Black Heterosexuals, White Heterosexuals, Black MSM, White MSM, Black IDU, White IDU	CTR, PCRS, ILI, HC/PI
Elizabethtown College Served by AIDS Community Alliance (HIV PPA)	CDC	White Heterosexual, White MSM	ILI, CTR
Millersville University Served by AIDS Community Alliance (HIV PPA)	CDC	White Heterosexual, White MSM	ILI, CTR
Ujima Outreach Services (HIV PPA)	CDC	Black Heterosexual, Black IDU, Black MSM	ILI, CTR
Urban League of Lancaster County (HIV PPA)	CDC/Other	Black Heterosexual, Black IDU, Black MSM, Hispanic IDU, Hispanic Heterosexual, Hispanic MSM, HIV+, General Public	ILI, CTR, OR, HC/PI
Council of Spanish Speaking Organizations of the Lehigh Valley (Lancaster Outreach Project – Spanish American Civic Association) Actual Prevention Interventions reported on the 2005 Process Monitoring forms.	State	General Public	ILI, GLI, OR
	State	White MSM	ILI, OR
	State	Black IDU	ILI, GLI, OR
	State	Black MSM/IDU	ILI, OR
	State	White MSM/IDU	ILI, GLI, OR
	State	Black Heterosexual	ILI, GLI, OR
	State	White IDU	ILI, GLI, OR
	State	White Heterosexual	ILI, GLI, OR
	State	Hispanic IDU	ILI, GLI, OR
	State	Black MSM	ILI, OR

	State	Hispanic Heterosexual	ILI, GLI, OR
	State	Hispanic MSM/IDU	ILI, GLI, OR
	State	Hispanic MSM	ILI, GLI, OR
	State	Perinatal	ILI, GLI, OR
Spanish American Civic Association/Nuestra Clinica (Substance abuse treatment)	Other Federal	Hispanic IDU, Hispanic Heterosexual, Hispanic MSM	CTR, ILI, GLI, OR (condom dist.), HC/PI
HIV Planning Coalition Contractor Spanish American Civic Association/Nuestra Clinica	State	Hispanic IDU, Hispanic Heterosexual, Emerging Risk Group _ youth, general Public	ILI, GLI, HC/PI
HIV Planning Coalition Contractor AIDS Community Alliance	State/CDC	White MSM, Hispanic MSM, White MSM/IDU, White IDU, Hispanic IDU, Hispanic Heterosexual, Perinatal (women), Emerging Risk Group - Youth	ILI, GLI, OR
Brethren Mennonite AIDS Hotline		White MSM, White Heterosexual, White IDU	HC/PI
Ephrata Community Hospital		General Public	CTR, HC/PI
The Gathering Place (ASO)		HIV+, General Public	HC/PI
Lancaster General Hospital		General Public	CTR, ILI, HC/PI
Lancaster General Hospital: Susquehanna Division		General Public	CTR
Visiting Nurse Association/VNA Hospice		General Public, HIV+	HC/PI

LAWRENCE COUNTY

Agency	Funding Source	Target Population	Intervention
PA DOH HIV Field Staff A. McCowien	CDC	HIV+ (all risk groups)	PCRS for all CTR sites in this county, CTR
State Health Center (HIV Clinic)	State	General Public	CTR, PCRS, ILI, OR (condom dist.) HC/PI
New Castle Family Health Council (STD Clinic)	CDC	White Heterosexual, Black Heterosexual	CTR
State Health Center (TB Clinic)	State	White Heterosexual, Black Heterosexual	CTR
Lawrence County Prison PA DOH HIV Field Staff A. McCowien	CDC	Black Heterosexuals, White Heterosexuals, Black MSM, White MSM, Black IDU, White IDU	CTR, PCRS, ILI, HC/PI
HIV Planning Coalition Contractor Family Health Council	State	Emerging Risk Group – Youth	GLI, HC/PI
Northwest PA Rural AIDS Alliance (Field Staff)	State	All Risk Groups	ILI, GLI, OR (condom dist), HC/PI

LEBANON COUNTY

Agency	Funding Source	Target Population	Intervention
PA DOH HIV Field Staff S. Dussinger	CDC	HIV+ (all risk groups)	PCRS for all CTR sites in this county, CTR
State Health Center (HIV Clinic)	State	General Public	CTR, PCRS, ILI, OR (condom dist.) HC/PI
State Health Center (TB Clinic)	State	White Heterosexual, Black	CTR

		Heterosexual, Emerging Risk Group - Homeless	
Good Samaritan Family Planning Center (STD Clinic)	CDC	White Heterosexual, Black Heterosexual	CTR
Lebanon Family Health (STD Clinic)	CDC	White Heterosexual, Black Heterosexual	CTR
Lebanon County Prison PA DOH HIV Field Staff S. Dussinger	CDC	Black Heterosexuals, White Heterosexuals, Black MSM, White MSM, Black IDU, White IDU	CTR, PCRS, ILI, HC/PI
AIDS Community Alliance (HIV PPA)	CDC	General Public	ILI, CTR
HIV Planning Coalition Contractor AIDS Community Alliance	State	White MSM, White MSM/IDU, White IDU, Perinatal (women), Emerging Risk Group - Youth	ILI, GLI, OR
Good Samaritan Family Practice		General Public	CTR, ILI, OR (condom dist.), HC/PI
Veteran's Affairs Medical Center, HIV Clinic		HIV+ (veterans), Emerging Risk Group - Homeless	HC/PI

LEHIGH COUNTY

Agency	Funding Source	Target Population	Intervention
PA DOH HIV Field Staff C. Yozviak	*CDC*	HIV+ (all risk groups)	*PCRS for all CTR sites in this county (excluding the city of Allentown), CTR*
State Health Center (HIV Clinic)	State	General Public	CTR, PCRS, ILI, OR (condom dist.) HC/PI
State Health Center (STD Clinic)	CDC	White Heterosexual, Black Heterosexual, Hispanic Heterosexual	CTR
State Health Center (TB Clinic)	State	White Heterosexual, Black Heterosexual, Hispanic Heterosexual, Emerging Risk Group - Homeless	CTR
Latinos for Healthy Communities (HIV PPA)	CDC	Hispanic Heterosexual, Hispanic IDU, Hispanic MSM	ILI, CTR
Allentown Health Bureau	CDC/State	HIV+ (all risk groups)	PCRS for all CTR sites in this county.
Allentown Health Bureau (HIV Clinic)	CDC/State	General Public	CTR, ILI, OR, (condom dist.), HC/PI
Allentown Health Bureau (STD Clinic)	CDC/State	White Heterosexual, Black Heterosexual, Hispanic Heterosexual, MSM, general public	CTR (condom dist.)
Allentown Health Bureau (TB Clinic)	CDC/State	White Heterosexual, Black Heterosexual, Hispanic Heterosexual, MSM, General Public Emerging Risk Group -	CTR

		Homeless	
Allentown Health Bureau (Outreach to substance abuse treatment programs)	Other Federal	White IDU, Black IDU, Hispanic IDU, White Heterosexual, Black Heterosexual, Hispanic Heterosexual	CTR, GLI, HC/PI (condom dist.)
Lehigh County Prison Allentown Health Bureau	CDC/State	Black Heterosexuals, White Heterosexuals, Black MSM, White MSM, Black IDU, White IDU, White MSM, Black MSM, Hispanic MSM	CTR, PCRS, ILI, HC/PI
Allentown Health Bureau: Actual Prevention Interventions reported on the 2005 Process Monitoring forms.	CDC/State	General Public	
	CDC/State	White MSM	ILI,
	CDC/State	Black IDU	GLI
	CDC/State	Black Heterosexual	ILI, GLI, OR
	CDC/State	White IDU	ILI, GLI
	CDC/State	White Heterosexual	ILI, GLI, OR
	CDC/State	Hispanic IDU	ILI, GLI
	CDC/State	Hispanic Heterosexual	ILI, GLI, OR
	CDC/State	Hispanic MSM	ILI, GLI
	CDC/State	Emerging Risk	ILI, OR, GLI
New Directions Treatment Services (Substance abuse treatment)	Other Federal	Hispanic IDU, White IDU, Black IDU, Perinatal	CTR, ILI, GLI, OR
HIV Planning Coalition Contractor American Red Cross	State	General Public (capacity building for other prevention programs)	Other Intervention
HIV Planning Coalition Contractor Keystone Rural Health Center	State	Hispanic Heterosexual	ILI, GLI, OR
HIV Planning Coalition Contractor New Directions Treatment Services	State	Hispanic IDU, White IDU, Black IDU, Hispanic Heterosexual, Black Heterosexual, White Heterosexual, Hispanic MSM/IDU, White MSM/IDU, Black MSM/IDU, Perinatal	ILI, GLI, OR PROMISE VOICES/VOCES
HIV Planning Coalition Contractor The Program for Women and Families	State	White, Black, Hispanic Heterosexual Females, White, Black, Hispanic Female IDU or Female Partners of IDU, Incarcerated, Young, White, Black, Hispanic Heterosexuals Men, Incarcerated, Young White, Black, Hispanic MSM, Incarcerated, Young, White, Black, Hispanic IDU Men	GLI
AIDS Activity Office Lehigh Valley Hospital		HIV+, General Public	CTR, ILI, OR, (condom dist.), HC/PI
American Red Cross of the Greater Lehigh Valley		General Public	HC/PI

Lehigh County Conference of Churches, Wellness Center		General Public	CTR
Planned Parenthood of Northeast PA		General Public	CTR, ILI, OR (condom dist.), HC/PI
Program for Women and Families, Inc. – The Respect Program		General Public, Emerging Risk Group – Youth, Women/Perinatal	GLI

LYCOMING COUNTY

Agency	Funding Source	Target Population	Intervention
PA DOH HIV Field Staff D. Eberle	CDC	HIV+ (all risk groups)	PCRS for all CTR sites in this county, CTR
State Health Center (HIV Clinic)	State	General Public	CTR, PCRS, ILI, OR (condom dist.), HC/PI
State Health Center (TB Clinic)	State	White Heterosexual, Black Heterosexual, Emerging Risk Group - Homeless	CTR
Williamsport Hosp. Family Center (STD Clinic)	CDC	White Heterosexual, Black Heterosexual	CTR
Lycoming County Prison PA DOH HIV Field Staff D. Eberle	CDC	Black Heterosexuals, White Heterosexuals, Black MSM, White MSM, Black IDU, White IDU	CTR, PCRS, ILI, HC/PI
AIDS Resource Alliance (HIV PPA)	CDC	White MSM, Black MSM, White IDU, Black IDU, HIV+	CTR, ILI, OR (condom dist.), HC/PI, Other
HIV Planning Coalition Contractor AIDS Resource Alliance	State	White MSM, Black MSM, White IDU, Black IDU, Perinatal (women), White Heterosexual, Black Heterosexual, Emerging Risk Group – Youth	ILI, GLI, OR
HIV Planning Coalition Contractor Campbell Street Family, Youth and Community	State	White IDU, Black IDU, White Heterosexual, Black Heterosexual, Perinatal (women), Emerging Risk Group – Youth	ILI, GLI
Campbell Street Family, Youth & Community Assoc, Inc.		General Public, Emerging Risk Group - Youth	HC/PI
Healthy Concepts (Family Planning)		General Public, Women/Perinatal	CTR, ILI, OR (condom dist.), HC/PI
North Central District AIDS Coalition		General Public	HC/PI
Family Center for Reproductive Health		General Public	CTR, ILI, OR (condom dist.), HC/PI
Williamsport Hospital and Medical Center		General Public	CTR, ILI, OR (condom dist.), HC/PI

LUZERNE COUNTY

Agency	Funding Source	Target Population	Intervention
PA DOH HIV Field Staff C. Zaleppa	CDC	HIV+ (all risk groups)	PCRS for all CTR sites in this county, CTR
Wyoming Valley AIDS Council	CDC	High Risk Women	CTR, HC/PI
Luzerne County Prison PA DOH HIV Field Staff C. Zaleppa	CDC	Black Heterosexual, White Heterosexual, Black MSM, White MSM, Black IDU, White IDU	CTR, ILI, HC/PI, PCRS
HIV Planning Coalition Contractor Serento Gardens Alcohol & Drug Services	State	White IDU, Hispanic IDU	ILI
HIV Planning Coalition Contractor United Neighborhood Centers of Lackawanna County	State	Hispanic Heterosexual, Emerging Risk Group – Youth (Black)	ILI, GLI, OR, HC/PI, Other
HIV Planning Coalition Contractor Wyoming Valley Alcohol & Drug Services, Inc.	State	White IDU, Black IDU	ILI
HIV Planning Coalition Contractor American Red Cross – Wyoming Valley Chapter	State	General Public, White Heterosexual, Black Heterosexual, Black Adults, MSMs who do and do not identify (black and white), IDUs, Homeless, Emerging Risk Groups - Youth, perinatal women, to include sex industry workers	ILI, GLI, OR, HC/PI
Northeastern Regional HIV Planning Coalition		General Public	HC/PI
State Health Center	State	General Public	CTR, PCRS, ILI, OR (condom dist.), HC/PI
State Health Center (HIV Clinic)	State	White Heterosexuals, Black Heterosexuals, Hispanic Heterosexuals, Emerging Risk Groups - Homeless	CTR
Hazleton Planned Parenthood (STD Clinic)	CDC	White Heterosexual, Black Heterosexual, Hispanic Heterosexual	CTR
Wilkes-Barre City Health Department (HIV Clinic)	State	General Public	CTR, PCRS, ILI, OR (condom dist.), HC/PI
Wilkes-Barre City Health Department (TB Clinic)	State	White Heterosexual, Black Heterosexual, Hispanic Heterosexual, Emerging Risk Groups - Homeless	CTR
Wilkes-Barre City Health Department	CDC/State	HIV+ (all risk groups)	PCRS for all CTR sites in the city of Wilkes-Barre

MCKEAN COUNTY

Agency	Funding Source	Target Population	Intervention
PA DOH HIV Field Staff A. McCowien	CDC	HIV+ (all risk groups)	PCRS for all CTR sites in this county, CTR
State Health Center (HIV Clinic)	State	General Public	CTR, PCRS, ILI, OR (condom dist.), HC/PI
State Health Center (TB Clinic)	State	White Heterosexual, Emerging Risk Group - Homeless	CTR
McKean Family Planning (STD Clinic)	CDC	White Heterosexual	CTR
Northwest PA Rural AIDS Alliance (Field Staff)	State	All Risk Groups	ILI, GLI, OR (condom dist), HC/PI

MERCER COUNTY

Agency	Funding Source	Target Population	Intervention
PA DOH HIV Field Staff A. McCowien	CDC	HIV+ (all risk groups)	PCRS for all CTR sites in this county, CTR
State Health Center (HIV Clinic)	State	General Public	CTR, PCRS, ILI, OR (condom dist.), HC/PI
State Health Center (TB Clinic)	State	White Heterosexual, Black Heterosexual, Emerging Risk Group - Homeless	CTR
Family Planning of Mercer County (STD Clinic)	CDC	White Heterosexual, Black Heterosexual	CTR
Farrell Primary Health Network (STD Clinic)	CDC	White Heterosexual, Black Heterosexual	CTR
Greenville Family Planning (STD Clinic)	CDC	White Heterosexual, Black Heterosexual	CTR
Grove City Family Planning (STD Clinic)	CDC	White Heterosexual, Black Heterosexual	CTR
Mercer County Prison PA DOH HIV Field Staff A. McCowien	CDC	Black Heterosexuals, White Heterosexuals, Black MSM, White MSM, Black IDU, White IDU	CTR, PCRS, ILI, HC/PI
HIV Planning Coalition Contractor Family Health Council	State	Emerging Risk Group – Youth	GLI, HC/PI
HIV Planning Coalition Contractor Mercer Behavioral Health	State	White IDU, Black IDU, Emerging Risk Group – Youth, White Heterosexual, Black Heterosexual, White MSM, Black MSM	ILI, GLI, HC/PI
Family Planning of Mercer County Behavioral Health Commission		General Public	CTR, ILI, OR (condom dist.), HC/PI
AIDS Service Program of Mercer County		General Public, HIV+	ILI, GLI, OR (condom dist.), HC/PI
Sharon Primary Health Network			
Northwest PA Rural AIDS Alliance (Field Staff)	State	All Risk Groups	ILI, GLI, OR (condom dist), HC/PI
Greenville Family Planning		General Public	CTR, OR (condom dist), HC/PI

Northwest PA Rural AIDS Alliance (HIV Clinic)	State/Federal	HIV+ all risk groups	Prevention for Positives

MIFFLIN COUNTY

Agency	Funding Source	Target Population	Intervention
PA DOH HIV Field Staff S. Dussinger	CDC	HIV+ (all risk groups)	PCRS for all CTR sites in this county, CTR
State Health Center (HIV Clinic)	State	General Public	CTR, PCRS, ILI, OR (condom dist.), HC/PI
State Health Center (STD Clinic)	CDC	White Heterosexual	CTR
State Health Center (TB Clinic)	State	White Heterosexual, Emerging Risk Group - Homeless	CTR
Mifflin County Prison PA DOH HIV Field Staff S. Dussinger	CDC	Black Heterosexuals, White Heterosexuals, Black MSM, White MSM, Black IDU, White IDU	CTR
HIV Planning Coalition Contractor AIDS Community Alliance	State	White MSM, White MSM/IDU, White IDU, Perinatal (women), Emerging Risk Group - Youth	ILI, GLI, OR
Lewistown Women's Health Services		Perinatal	

MONTGOMERY COUNTY

Agency	Funding Source	Target Population	Intervention
Montgomery County Health Dept.	CDC/State/Other	HIV+ (all risk groups)	PCRS for all CTR sites in this county.
Montgomery County Health Dept. (HIV Clinic) Pottstown Willow Grove Norristown	State	General Public	CTR, ILI, OR (condom dist.), HC/PI
Montgomery County Health Dept. (STD Clinic) Pottstown Willow Grove Norristown	CDC	White Heterosexual, Black Heterosexual, Hispanic Heterosexual	CTR, OR (condom dist.)
Montgomery County Health Dept. (TB Clinic) Pottstown Willow Grove Norristown	State	White Heterosexual, Black Heterosexual, Hispanic heterosexual, Emerging Risk Group – Homeless	CTR
Montgomery County Health Dept. (Outreach to substance abuse treatment sites)	CDC/State/Other	White MSM, Black MSM, Hispanic MSM, White IDU, Black IDU, Hispanic IDU, White Heterosexual, Black Heterosexual, Emerging Risk Group – Homeless	CTR, PCRS, ILI, HC/PI
Montgomery County Health Dept. Actual Prevention Interventions reported on 2005 Process Monitoring forms.	CDC/State	General Public	ILI, GLI

	CDC/State	White MSM	ILI, OR
	CDC/State	Black IDU	ILI, OR
	CDC/State	Black Heterosexual	ILI, OR, GLI
	CDC/State	White IDU	ILI, OR
	CDC/State	White Heterosexual	ILI, OR, GLI
	CDC/State	Hispanic IDU	OR
	CDC/State	Black MSM	ILI, MSM
	CDC/State	Hispanic Heterosexual	OR, GLI
	CDC/State	Hispanic MSM	ILI
	CDC/State	Perinatal	ILI, GLI
HIV Planning Coalition Contractor Family Service of Montgomery County	State	General Public, Heterosexual, HIV+	ILI, GLI, OR
Alternatives, Inc. (Substance abuse treatment)		White MSM, White MSM/IDU, Black MSM, Black MSM/IDU, Hispanic MSM, Hispanic MSM/IDU	CTR, ILI, GLI, HC/PI
Montgomery County AIDS Task Force		General Public	HC/PI
Montgomery Fornance Family Practice		General Public	CTR, ILI, HC/PI
Valley Forge Medical Center (Substance abuse treatment for PWA)		HIV+, White IDU, Black IDU, Hispanic IDU, White MSM, Black MSM, Hispanic MSM, White Heterosexual, Black Heterosexual, Hispanic Heterosexual	CTR, ILI, GLI, HC/PI, other

MONROE COUNTY

Agency	Funding Source	Target Population	Intervention
PA DOH HIV Field Staff C. Yozviak	CDC	HIV+ (all risk groups)	PCRS, CTR
State Health Center (HIV Clinic)	State	General Public	CTR, PCRS, ILI, OR (condom dist.), HC/PI
State Health Center (TB Clinic)	State	White Heterosexual, Black Heterosexual, Emerging Risk Group - Homeless	CTR
Stroudsburg Planned Parenthood (STD Clinic)	CDC	White Heterosexual, Black Heterosexual	CTR, ILI, OR (condom dist.), HC/PI
Monroe County Prison PA DOH HIV Field Staff C. Yozviak	CDC	Black Heterosexual, White Heterosexual, Black MSM, White MSM, Black IDU, White IDU	CTR, PCRS
HIV Planning Coalition Contractor Carbon/Monroe/ Pike Drug & Alcohol Commission - PHAST (Pocono HIV/AIDS Support Team)	State/CDC	Black IDU, White IDU, Black Heterosexual, White Heterosexual, White MSM	CTR, ILI, GLI, OR, HC/PI,
American Red Cross – Monroe County Chapter	State	General Public	HC/PI, Other

MONTOUR COUNTY

Agency	Funding Source	Target Population	Intervention
PA DOH HIV Field Staff D. Eberle	CDC	HIV+ (all risk groups)	PCRS for all CTR sites in this county, CTR
State Health Center (HIV Clinic)	State	General Public	CTR, PCRS, ILI, OR (condom dist.), HC/PI
State Health Center (STD Clinic)	State	White Heterosexual, Black Heterosexual	CTR
State Health Center (TB Clinic)	State	White Heterosexual, Black Heterosexual	CTR
Montour County Prison PA DOH HIV Field Staff D. Eberle	CDC	Black Heterosexual, White Heterosexual, Black MSM, White MSM, Black IDU, White IDU	CTR, PCRS, ILI, HC/PI
HIV Planning Coalition Contractor Caring Communities for AIDS	State	HIV+, General Public, Perinatal (women), Emerging Risk Group – Youth, White Heterosexual	ILI, GLI, OR, HC/PI, Other
HIV Planning Coalition Contractor AIDS Resource Alliance	State	White MSM, Black MSM, White IDU, Black IDU, Perinatal (women), White Heterosexual, Black Heterosexual, Emerging Risk Group – Youth	ILI, GLI, OR
Danville Center for Adolescent Females		Emerging Risk Group – Youth, White Heterosexual, Black Heterosexual	CTR
North Central Secure Treatment Unit		White Heterosexual, Black Heterosexual, White IDU, Black IDU	CTR
Family Health Services		General Public	CTR, ILI, HC/PI
Northwestern Academy			CTR

NORTHAMPTON COUNTY

Agency	Funding Source	Target Population	Intervention
PA DOH HIV Field Staff C. Yozviak	*CDC*	HIV+ (all risk groups)	PCRS for all CTR sites in this county (excluding the city of Bethlehem), CTR
State Health Center (HIV Clinic)	State	General Public	CTR, PCRS, ILI, OR, (condom dist.), HC/PI
State Health Center (TB Clinic)	State	White Heterosexual, Black Heterosexual, Hispanic Heterosexual, Emerging Risk Group - Homeless	CTR
Community Care Center (STD Clinic)	CDC	White Heterosexual, Hispanic Heterosexual, Black Heterosexual	CTR
Easton Planned Parenthood (STD Clinic)	CDC	White Heterosexual, Hispanic Heterosexual,	CTR

		Black Heterosexual	
Marvine Family Center (HIV Clinic)	State	*General Public*	CTR
Safe Harbor Homeless Shelter (HIV Clinic)	CDC/State	Emerging Risk Group – Homeless, White IDU, Black IDU, Hispanic IDU	CTR
Easton Hospital (HIV PPA)	CDC	*Black Heterosexual, Hispanic Heterosexual*	ILI, CTR
Bethlehem City Health Bureau	***CDC/State/Other***	HIV+ (all risk groups)	*PCRS at all CTR sites in this county*
Bethlehem City Health Bureau (HIV Clinic)	***State***	*General Public*	*CTR, ILI, OR (condom dist.), HC/PI*
Bethlehem City Health Bureau (STD Clinic)	***CDC***	*White Heterosexual, Black Heterosexual, Hispanic Heterosexual*	*CTR*
Bethlehem City Health Bureau (TB Clinic)	*State*	*White Heterosexual, Black Heterosexual, Hispanic Heterosexual, Emerging Risk Group - Homeless*	*CTR*
Northampton County Jail Bethlehem City Health Bureau	CDC/State	Black Heterosexual, White Heterosexual, Black MSM, White MSM, Black IDU, White IDU	CTR, PCRS, ILI, HC/PI
Bethlehem City Health Bureau Actual Prevention Interventions reported on the 2005 Process Monitoring forms.	CDC/State/Other	General Public	ILI, GLI
	CDC/State/Other	White MSM	ILI, GLI
	CDC/State/Other	Black IDU	ILI, GLI
	CDC/State/Other	White MSM/IDU	ILI
	CDC/State/Other	Black Heterosexual	ILI, GLI, OR
	CDC/State/Other	White IDU	ILI, GLI
	CDC/State/Other	White Heterosexual	ILI, GLI, OR
	CDC/State/Other	Hispanic IDU	ILI, GLI,
	CDC/State/Other	Hispanic Heterosexual	ILI, GLI, OR
	CDC/State/Other	Hispanic MSM	GLI
	CDC/State/Other	Perinatal	ILI,
	CDC/State/Other	Emerging Risk	ILI, OR

Latino AIDS Outreach Program	State	Hispanic Heterosexual, Hispanic IDU, Hispanic MSM	CTR, ILI, OR, HC/PI
Northampton County Juvenile Detention Center	CDC/State	Emerging Risk Group - Youth	CTR
Council of Spanish Speaking Organizations of the Lehigh Valley (Lehigh Valley Outreach Project)	State	General Public	ILI, GLI, OR
	State	White MSM	ILI, OR
	State	Black IDU	ILI, GLI, OR
	State	Black MSM/IDU	ILI, OR
	State	White MSM/IDU	ILI, GLI, OR
	State	Black Heterosexual	ILI, GLI, OR
	State	White IDU	ILI, GLI, OR
	State	White Heterosexual	ILI, GLI, OR
	State	Hispanic IDU	ILI, GLI, OR
	State	Black MSM	ILI, OR
	State	Hispanic Heterosexual	ILI, GLI, OR
	State	Hispanic MSM/IDU	ILI, GLI, OR
	State	Hispanic MSM	ILI, GLI, OR
	State	Perinatal	ILI, GLI, OR
HIV Planning Coalition Contractor AIDS Services Center	State/CDC	*HIV+, White IDU, Black IDU, Hispanic IDU, White MSM, Black MSM, Hispanic MSM, White Heterosexual, Black Heterosexual, Hispanic Heterosexual,*	CTR, ILI, GLI, OR, HC/PI
HIV Planning Coalition Contractor American Red Cross	State	General Public (capacity building for other prevention programs)	Other Intervention
Bethlehem Hispanic Wellness Center		*Hispanic Heterosexual*	CTR
St. Luke's Women's Clinic (Prenatal Clinic)		Perinatal	CTR, ILI, HC/PI
Advocates for Healthy Children		Emerging Risk Group – Youth	HC/PI
Planned Parenthood of Northeast PA		General Public	CTR, ILI, HC/PI
HIV Planning Coalition Contractor The Program for Women and Families	State	White, Black, Hispanic Heterosexual Females, White, Black, Hispanic Female IDU and Female Partners of IDU, Incarcerated, Young, White, Black, Hispanic, Heterosexual Men, Incarcerated, Young, Black, Hispanic MSM, Incarcerated, Young, Black, Hispanic IDU Men	GLI

NORTHUMBERLAND COUNTY

Agency	Funding	Target Population	Intervention

	Source		
PA DOH HIV Field Staff D. Eberle	CDC	HIV+ (all risk groups)	PCRS for all CTR sites in this county, CTR
State Health Center (HIV Clinic)	State	General Public	CTR, PCRS, ILI, OR (condom dist.), HC/PI
State Health Center (STD Clinic)	CDC	White Heterosexual, Black Heterosexual	CTR
State Health Center (TB Clinic)	State	White Heterosexual, Black Heterosexual	CTR
Northumberland County Prison PA DOH HIV Field Staff D. Eberle	CDC	Black Heterosexual, White Heterosexual, Black MSM, White MSM, Black IDU, White IDU	CTR, PCRS, ILI, HC/PI
HIV Planning Coalition Contractor Family Planning Services of S.U.N.	State	Perinatal (women), White IDU, White Heterosexual, Emerging Risk Group – Youth	ILI, GLI, OR
HIV Planning Coalition Contractor AIDS Resource Alliance	State	White MSM, Black MSM, White IDU, Black IDU, Perinatal (women), White Heterosexual, Black Heterosexual, Emerging Risk Group – Youth	ILI, GLI, OR, HC/PI, Other
S.U.N. Home Health Services, Inc. Counties		General Public	OR (condom dist.), HC/PI
Ctr. For Independent Living of N. Central PA		General Public	ILI, HC/PI

PERRY COUNTY

Agency	Funding Source	Target Population	Intervention
PA DOH HIV Field Staff S. Dussinger	CDC	HIV+ (all risk groups)	PCRS for all CTR sites in this county, CTR
State Health Center (HIV Clinic)	State	General Public	CTR, PCRS, ILI, OR (condom dist.), HC/PI
State Health Center (TB Clinic)	State	White Heterosexual, Emerging Risk group - Homeless	CTR
Newport Planned Parenthood (STD Clinic)	CDC	White Heterosexual	CTR
Perry County Prison PA DOH HIV Field Staff S. Dussinger	CDC	Black Heterosexual, White Heterosexual, Black MSM, White MSM, Black IDU, White IDU	CTR, PCRS, ILI, HC/PI
Loysville Youth Development Center PA DOH HIV Field Staff S. Dussinger	CDC	*Emerging Risk Group – Youth, White Heterosexual, Black Heterosexual, Hispanic Heterosexual, White IDU, Black IDU, Hispanic IDU*	CTR, PCRS, ILI, HC/PI
HIV Planning Coalition Contractor AIDS Community Alliance	State	White MSM, White MSM/IDU, White IDU, Perinatal (women),	ILI, GLI, OR

		Emerging Risk Group - Youth	

PIKE COUNTY

Agency	Funding Source	Target Population	Intervention
PA DOH HIV Field Staff P. Baloga	CDC	HIV+ (all risk groups)	PCRS for all CTR sites in this county, CTR
State Health Center (HIV Clinic)	State	*General Public*	CTR, PCRS, ILI, OR (condom dist.), HC/PI
State Health Center (TB Clinic)	State	White Heterosexual, Black Heterosexual, Emerging Risk Group - Homeless	CTR
Pike County Prison PA DOH HIV Field Staff P. Baloga	CDC	Black Heterosexual, White Heterosexual, Black MSM, White MSM, Black IDU, White IDU	CTR, PCRS
Carbon/Monroe/ Pike Drug & Alcohol Commission (PPA)	CDC	Black IDU, White IDU, Black Heterosexual, White Heterosexual	ILI, CTR
HIV Planning Coalition Contractor Drug & Alcohol Treatment Services	State	White IDU, Black IDU	ILI
HIV Planning Coalition Contractor United Neighborhood Centers of Lackawanna County	State	Hispanic Heterosexual, Emerging Risk Group – Youth (Black)	ILI, GLI, OR, HC/PI, Other
HIV Planning Coalition Contractor American Red Cross – Wyoming Valley Chapter	State	General Public, White Heterosexual, Black Heterosexual, Black Adults, MSMs who do and do not identify (white and black), IDUs, Homeless, Emerging Risk Groups - Youth, Perinatal Women, to include sex industry workers	ILI, GLI, OR, HC/PI
Maternal and Family Health Services - Milford Family Planning (STD Clinic)	CDC	General Public	CTR

POTTER COUNTY

Agency	Funding Source	Target Population	Intervention
PA DOH HIV Field Staff D. Eberle	CDC	HIV+ (all risk groups)	PCRS for all CTR sites in this county, CTR
State Health Center (HIV Clinic)	State	*General Public*	CTR, PCRS, ILI, OR (condom dist.), HC/PI
State Health Center (STD Clinic)	CDC	White Heterosexual, Black Heterosexual,	CTR
State Health Center (TB Clinic)	State	White Heterosexual, Emerging Risk Group - Homeless	CTR
Potter County Prison PA DOH HIV Field Staff D. Eberle	CDC	Black Heterosexual, White Heterosexual, Black MSM, White MSM, Black IDU, White IDU	CTR, PCRS
HIV Planning Coalition Contractor	State	White IDU, Black IDU,	ILI, GLI

Campbell Street Family, Youth and Community		Perinatal (women), Emerging Risk Group – Youth	

SCHUYLKILL COUNTY

Agency	Funding Source	Target Population	Intervention
PA DOH HIV Field Staff J. Foster & N. Martinez-King	CDC	HIV+ (all risk groups)	PCRS for all CTR sites in this county, CTR
State Health Center (HIV Clinic)	*State*	General Public	*CTR, PCRS, ILI, OR (condom dist.), HC/PI*
Shamokin Family Planning (STD Clinic)	*CDC*	White Heterosexual, Black Heterosexual	*CTR*
State Health Center (TB Clinic)	*State*	White Heterosexual, Black Heterosexual, Emerging Risk Group – Homeless	*CTR*
Schuylkill Wellness Services (HIV PPA)	*CDC/Other*	White IDU, White Heterosexual	*CTR*
Schuylkill Wellness Services (Outreach to 7 substance abuse treatment sites)	*Other Federal*	White IDU, Black IDU, White Heterosexual, Black Heterosexual	*ILI, CTR*
Schuylkill County Drug & Alcohol/Central Intake/First Step	*Other Federal*	White IDU, Black IDU, White Heterosexual, Black Heterosexual	*ILI, CTR*
HIV Planning Coalition Contractor American Red Cross	State	General Public (capacity building for other prevention programs)	Other Intervention
HIV Planning Coalition Contractor Berks AIDS Network	State	HIV+, IDU, MSM, Heterosexual (emphasis on youth and minority)	ILI, GLI, OR, HC/PI (PCM done at Berks County location only)
Northwest Academy			*ILI, CTR*
Family Service Agency		HIV+	*GLI*
HIV Planning Coalition Contractor Keystone Rural Health Center	*State*	Hispanic Heterosexual	*ILI, GLI, OR*

SNYDER COUNTY

Agency	Funding Source	Target Population	Intervention
PA DOH HIV Field Staff D. Eberle	CDC	HIV+ (all risk groups)	PCRS for all CTR sites in this county, CTR
State Health Center (HIV Clinic)	State	General Public	CTR, PCRS, ILI, OR (condom dist.), HC/PI
State Health Center (STD Clinic)	CDC	White Heterosexual, Black Heterosexual,	CTR
State Health Center (TB Clinic)	State	White Heterosexual, Black Heterosexual, Emerging	CTR

		Risk Group - Homeless	
Snyder County Prison PA DOH HIV Field Staff D. Eberle	CDC	Black Heterosexual, White Heterosexual, Black MSM, White MSM, Black IDU, White IDU	CTR, PCRS, ILI, HC/PI
HIV Planning Coalition Contractor Family Planning Services of S.U.N.	State	Perinatal (women), White IDU, White Heterosexual, Emerging Risk Group – Youth	ILI, GLI, OR
S.U.N. Home Health Services, Inc. Counties		General Public	OR (condom dist.), HC/PI

SOMERSET COUNTY

Agency	Funding Source	Target Population	Intervention
PA DOH HIV Field Staff B. Hoza	CDC	HIV+ (all risk groups)	PCRS for all CTR sites in this county, CTR
Somerset County Prison PA DOH HIV Field Staff B. Hoza	CDC	Black Heterosexuals, White Heterosexuals, Black MSM, White MSM, Black IDU, White IDU	CTR, PCRS, ILI, OR (condom dist.), HC/PI
State Health Center (HIV Clinic)	State	General Public	CTR, PCRS, ILI, OR (condom dist.), HC/PI
Somerset Planned Parenthood (STD Clinic)	CDC	General Public, White Heterosexual, Black Heterosexual	CTR
State Health Center (TB Clinic)	State	White Heterosexual, Black Heterosexual, Emerging Risk Group - Homeless	CTR
Windber Medical Center		General Public	CTR, ILI, HC/PI

SUSQUEHANNA COUNTY

Agency	Funding Source	Target Population	Intervention
PA DOH HIV Field Staff P. Baloga	CDC	HIV+ (all risk groups)	PCRS for all CTR sites in this county, CTR
State Health Center (HIV Clinic)	State	General Public	CTR, PCRS, ILI, OR (condom dist.), HC/PI
State Health Center (TB Clinic)	State	White Heterosexual, Black Heterosexual, Emerging Risk Group - Homeless	CTR
HIV Planning Coalition Contractor Drug & Alcohol Treatment Services	State	White IDU, Black IDU	ILI
HIV Planning Coalition Contractor United Neighborhood Centers of Lackawanna County	State	Hispanic Heterosexual, Emerging Risk Group – Youth (Black)	ILI, GLI, OR, HC/PI, Other
HIV Planning Coalition Contractor American Red Cross – Wyoming Valley Chapter	State	General Public, White Heterosexual, Black Heterosexual, Black Adults, MSMs who do and do not identify (white and black), IDUs, Homeless, Emerging Risk Groups - Youth,	ILI, GLI, OR, HC/PI

		Perinatal Women, to include sex industry workers	
Christians for AIDS Awareness		General Public	HC/PI

SULLIVAN COUNTY

Agency	Funding Source	Target Population	Intervention
PA DOH HIV Field Staff D. Eberle	CDC	HIV+ (all risk groups for PCRS) General Public (CTR)	CTR, PCRS
HIV Planning Coalition Contractor HIV/AIDS Support Network - Robert Packard Hospital	State	Perinatal (women), Emerging Risk Group – Youth, White Heterosexual	ILI, GLI, OR, HC/PI, Other
HIV Planning Coalition Contractor HIV/AIDS Support Network/Parker Hospital	State	White MSM, White IDU, Perinatal (women), White Heterosexual	ILI, GLI, OR
REFER TO LYCOMING CO. FOR ADDITIONAL RESOURCES			

TIOGA COUNTY

Agency	Funding Source	Target Population	Intervention
PA DOH HIV Field Staff D. Eberle	CDC	HIV+ (all risk groups)	PCRS for all CTR sites in this county, CTR
State Health Center (HIV Clinic)	State	General Public	CTR, PCRS, ILI, OR (condom dist.), HC/PI
State Health Center (TB Clinic)	State	White Heterosexual, Emerging Risk Group - Homeless	CTR
Blossburg Laurel Health Center (STD Clinic)	CDC	White Heterosexual	CTR
Elkland Laurel Health Center (STD Clinic)	CDC	White Heterosexual	CTR
Lawrenceville Laurel Health Ctr. (STD Clinic)	CDC	White Heterosexual	CTR
Mansfield Laurel Health Center (STD Clinic)	CDC	White Heterosexual	CTR
Wellsboro Laurel Health Center (STD Clinic)	CDC	White Heterosexual	CTR
Westfield Laurel Health Center (STD Clinic)	CDC	White Heterosexual	CTR
Tioga County Prison PA DOH HIV Field Staff D. Eberle	CDC	Black Heterosexual, White Heterosexual, Black MSM, White MSM, Black IDU, White IDU	CTR, PCRS
HIV Planning Coalition Contractor HIV/AIDS Support Network/Parker Hospital	State	White MSM, White IDU, Perinatal (women), White Heterosexual	ILI, GLI, OR
HIV Planning Coalition Contractor HIV/AIDS Support Network - Robert Packard Hospital	State	White MSM, Black MSM, White IDU, Black IDU, Perinatal (women), White Heterosexual, Black Heterosexual, Emerging Risk Group – Youth	ILI, GLI, Other, HC/PI
Tioga County Women's Coalition		Perinatal	OR, HC/PI

UNION COUNTY

Agency	Funding Source	Target Population	Intervention
PA DOH HIV Field Staff D. Eberle	CDC	HIV+ (all risk groups)	PCRS for all CTR sites in this county, CTR
State Health Center (HIV Clinic)	State	General Public	CTR, PCRS
State Health Center (STD Clinic)	State	White Heterosexual, Black Heterosexual	CTR
State Health Center (TB Clinic)	State	White Heterosexual, Black Heterosexual, Emerging Risk Group - Homeless	CTR
Union County Prison PA DOH HIV Field Staff D. Eberle	CDC	Black Heterosexual, White Heterosexual, Black MSM, White MSM, Black IDU, White IDU	CTR, PCRS
HIV Planning Coalition Contractor Family Planning Services of S.U.N.	State	Perinatal (women), White IDU, White Heterosexual, Emerging Risk Group – Youth	ILI, GLI, OR
HIV Planning Coalition Contractor AIDS Resource Alliance	State	White MSM, Black MSM, White IDU, Black IDU, Perinatal (women), White Heterosexual, Black Heterosexual, Emerging Risk Group – Youth	ILI, GLI, OR, HC/PI, Other
Center for Independent Living of N. Central PA		General Public	ILI

VENANGO COUNTY

Agency	Funding Source	Target Population	Intervention
PA DOH HIV Field Staff A. McCowien	CDC	HIV+ (all risk groups)	PCRS for all CTR sites in this county, CTR
State Health Center (HIV Clinic)	State	General Public	CTR, PCRS, ILI, OR (condom dist.), HC/PI
State Health Center (STD Clinic)	State	White Heterosexual, Black Heterosexual	CTR
State Health Center (TB Clinic)	State	General Public, White Heterosexual, Black Heterosexual, Emerging Risk Group - Homeless	CTR
Family Planning Service (STD Clinic)	CDC	White Heterosexual, Black Heterosexual	CTR, ILI, HC/PI
Venango County Prison PA DOH HIV Field Staff A. McCowien	CDC	Black Heterosexuals, White Heterosexuals, Black MSM, White MSM, Black IDU, White IDU	CTR, PCRS
Titusville Area Hospital		General Public	CTR, ILI, HC/PI
Northwest PA Rural AIDS Alliance (Field Staff)	State	All Risk Groups	ILI, GLI, OR (condom dist), HC/PI
Northwest PA Rural AIDS Alliance (HIV	State/Federal	HIV+ All Risk Groups	Prevention for Positives

Clinic)			

WARREN COUNTY

Agency	Funding Source	Target Population	Intervention
PA DOH HIV Field Staff A. McCowien	CDC	HIV+ (all risk groups)	PCRS for all CTR sites in this county, CTR
State Health Center North Warren (HIV Clinic)	State	General Public	CTR, PCRS, ILI, OR (condom dist.), HC/PI
Family Health Council Warren (STD Clinic)	CDC	White Heterosexual, Black Heterosexual	CTR
State Health Center (TB Clinic)	State	White Heterosexual, Black Heterosexual, Emerging Risk Group - Homeless	CTR
Warren County Jail PA DOH HIV Field Staff A. McCowien	CDC	Black Heterosexuals, White Heterosexuals, Black MSM, White MSM, Black IDU, White IDU	CTR, PCRS
Northwest PA Rural AIDS Alliance (Field Staff)	State	All Risk Groups	ILI, GLI, OR (condom dist), HC/PI
Northwest PA Rural AIDS Alliance (HIV Clinic)	State/Federal	HIV+ All Risk Groups	Prevention for Positives

WAYNE COUNTY

Agency	Funding Source	Target Population	Intervention
PA DOH HIV Field Staff P. Baloga	CDC	HIV+ (all risk groups)	PCRS for all CTR sites in this county, CTR
State Health Center (HIV Clinic)	State	General Public	CTR, PCRS, ILI, OR (condom dist.), HC/PI
State Health Center (TB Clinic)	State	White Heterosexual, Black Heterosexual, Emerging Risk Group - Homeless	CTR
HIV Planning Coalition Contractor Drug & Alcohol Treatment Services	State	White IDU, Black IDU	ILI
HIV Planning Coalition Contractor United Neighborhood Centers of Lackawanna County	State	Hispanic Heterosexual, Emerging Risk Group – Youth (Black)	ILI, GLI, OR, HC/PI, Other
HIV Planning Coalition Contractor American Red Cross – Wyoming Valley Chapter	State	General Public, White Heterosexual, Black Heterosexual, Black Adults, MSMs who do and do not identify (white and black), IDUs, Homeless, Emerging Risk Groups - Youth, Perinatal women, to include sex industry workers	ILI, GLI, OR, HC/PI
Honesdale Family Planning Clinic	CDC	General Public	CTR

WASHINGTON COUNTY

Agency	Funding Source	Target Population	Intervention
PA DOH HIV Field Staff R. Fuhrman	CDC	HIV+ (all risk groups)	*PCRS for all CTR sites in this county, CTR*
State Health Center (HIV Clinic)	State	General Public	CTR, PCRS, ILI, OR (condom dist.), HC/PI
State Health Center (STD Clinic)	CDC	White Heterosexual, Black Heterosexual	CTR
State Health Center (TB Clinic)	State	White Heterosexual, Black Heterosexual, Emerging Risk Group - Homeless	CTR
Washington County Prison *PA DOH HIV Field Staff* R. Fuhrman	CDC	*White Heterosexual, Black Heterosexual, White IDU, Black IDU, White MSM, Black MSM*	*CTR, PCRS*
Family Health Council Washington		*General Public*	*CTR, ILI, OR (condom dist.), HC/PI*
Planned Parenthood of Western PA		*General Public*	*CTR, ILI, OR (condom dist.), HC/PI*

WESTMORELAND COUNTY

Agency	Funding Source	Target Population	Intervention
PA DOH HIV Field Staff R. Fuhrman	CDC	HIV+ (all risk groups)	*PCRS for all CTR sites in this county, CTR*
State Health Center (HIV Clinic) Greensburg	State	General Public	CTR, PCRS, ILI, OR (condom dist.), HC/PI
State Health Center (STD Clinic) Greensburg	CDC	White Heterosexual, Black Heterosexual	CTR
State Health Center (TB Clinic) Greensburg	State	White Heterosexual, Black Heterosexual, Emerging Risk Group - Homeless	CTR
State Health Center (HIV Clinic) Monessen	State	General Public	CTR, PCRS, ILI, OR (condom dist.), HC/PI
State Health Center (STD Clinic) Monessen	CDC	White Heterosexual, Black Heterosexual	CTR
State Health Center (TB Clinic) Monessen	State	White Heterosexual, Black Heterosexual, Emerging Risk Group - Homeless	CTR

Community Health Clinic (HIV PPA)	CDC	*Black Heterosexual, Hispanic Heterosexual*	*CTR, ILI,*
Southwest Behavioral Care (Substance abuse treatment) (HIV PPA)	CDC	*White IDU, Black IDU, Hispanic IDU, White Heterosexual, Black Heterosexual, Hispanic Heterosexual*	*ILI, CTR*
Mon Valley AIDS Task Force		*General Public, HIV+*	*HC/PI*
Westmoreland AIDS Service Organization		*General Public, HIV+*	*GLI, HC/PI*
Westmoreland Regional Hospital		*General Public*	*CTR, ILI, HC/PI*

WYOMING COUNTY

Agency	Funding Source	Target Population	Intervention
PA DOH HIV Field Staff P. Baloga	CDC	HIV+ (all risk groups)	PCRS for all CTR sites in this county, CTR
State Health Center (HIV Clinic)	State	General Public	CTR, PCRS, ILI, OR (condom dist.), HC/PI
State Health Center (TB Clinic)	State	White Heterosexual, Black Heterosexual	CTR
HIV Planning Coalition Contractor United Neighborhood Centers of Lackawanna County	State	Hispanic Heterosexual, Emerging Risk Group – Youth (Black)	ILI, GLI, OR, HC/PI, Other
HIV Planning Coalition Contractor Wyoming Valley Alcohol & Drug Services, Inc.	State	White IDU, Black IDU	ILI
HIV Planning Coalition Contractor American Red Cross – Wyoming Valley Chapter	State	General Public, White Heterosexual, Black Heterosexual, Black adults, MSMs who do or do not identify (white and black), IDUs, Homeless, Emerging Risk Groups - Youth, Perinatal Women, to include sex industry workers	ILI, GLI, OR, HC/PI
Wyoming Valley AIDS Council	State	High Risk Women	HC/PI, CTR
Northeast AIDS Coalition	State	General Public	SISTA, Safety Counts

YORK COUNTY

Agency	Funding Source	Target Population	Intervention
PA DOH HIV Field Staff S. Dussinger	CDC	HIV+ (all risk groups)	PCRS for all CTR sites in this county (excluding the city of York), CTR
State Health Center (HIV Clinic)	State	General Public	CTR, PCRS, ILI, OR (condom dist.), HC/PI
State Health Center (TB Clinic)	State	General Public	CTR
Hannah Penn Health Center	CDC	General Public	CTR

(STD Clinic)			
Hanover Health Center (STD Clinic)	CDC	General Public	CTR, ILI, HC/PI
Homer Hetrick Center (STD Clinic)	CDC	General Public	CTR
York County Prison PA DOH HIV Field Staff S. Dussinger	CDC	Black Heterosexual, White Heterosexual, Black MSM, White MSM, Black IDU, White IDU	CTR, ILI, PCRS
York City Health Bureau	CDC/State/Other	HIV+ (all risk groups)	PCRS for all CTR sites in the city. VOCES/VOICES
York City Health Bureau 2005 Prevention interventions, excluding CTR & PCRS.	CDC/State/Other	General Public	ILI, GLI, PCM
	CDC/State/Other	White MSM	ILI, PCM
	CDC/State/Other	Black IDU	ILI, HC/PI
	CDC/State/Other	Black Heterosexual	ILI, OR, PCM
	CDC/State/Other	White IDU	HC/PI
	CDC/State/Other	White Heterosexual	ILI, PCM
	CDC/State/Other	Hispanic IDU	HC/PI
	CDC/State/Other	Hispanic Heterosexual	ILI, PCM
	CDC/State/Other	Emerging Risk	OR, ILI, GLI
Atkins House Served by York City Health Bureau	CDC/State Other	White IDU, Black IDU, Hispanic IDU, White Heterosexual, Black Heterosexual, Hispanic Heterosexual	CTR, ILI, GLI, HC/PI
York City Health Bureau contractor: Planned Parenthood (HIV Clinic & STD Clinic)	CDC/State/Other	General Public, White Heterosexual, Black Heterosexual, Hispanic Heterosexual	CTR, ILI, OR (condom dist.), HC/PI
York City Health Bureau contractor: York Health Corporation (Outreach)	CDC/State/Other	White IDU, Black IDU, Hispanic IDU, White Heterosexual, Black Heterosexual, Hispanic Heterosexual, White MSM, Black MSM, Hispanic MSM	CTR, ILI, OR, HC/PI
York City Health Bureau contractor: York Health Corporation (PCM project)	CDC/State/Other	HIV+, White Heterosexual, Black Heterosexual, Hispanic Heterosexual	PCM
HIV Planning Coalition Contractor Planned Parenthood of Central PA	State	General Public, Emerging Risk Group – Youth, Perinatal (women)	ILI, GLI, OR, HC/PI
HIV Planning Coalition Contractor Atkins House	State	Perinatal (Black & Hispanic women)	ILI, GLI
The Hope Initiative		General Public	OR

Youth Development Center		Emerging Risk group - Youth	CTR
Hanover General Hospital		General Public	CTR, HC/PI
Caring Together		HIV+	ILI, GLI, HC/PI

4. Gap Analysis

This section describes the process of synthesizing data from the epidemiological profile, needs assessment and resource inventory, to conduct a gap analysis that delineates both met and unmet needs of priority populations and identifies gaps in HIV prevention services by geographic area (county). Integral to this process was a concurrent process that identified a set of prevention interventions necessary to reduce transmission in prioritized target populations. This process also ensured those prevention interventions for identified priority target populations are based on behavioral and social science, outcome effectiveness, and/or have been adequately tested with intended consumers for cultural appropriateness, relevance, and acceptability.

Following the completion of the process of prioritizing target populations, conducted by the Epidemiology Subcommittee, the Interventions Subcommittee requested technical assistance to develop a process for prioritizing a set of science-based prevention interventions for each of the priority populations. Technical assistance was arranged through the CDC project officer, and during a CPG meeting on July 17, 2002, Denise Raybon of the Academy for Educational Development provided technical assistance for the CPPG members on “Setting HIV Prevention Priorities”.

The CPG and specifically, the Interventions Subcommittee found the technical assistance and prioritization examples from other states helpful, but had difficulty in making the examples meet our needs, especially since the ever-changing Community Planning Guidance (Guidance) no longer required the “prioritization” of interventions. The Interventions Subcommittee reviewed the draft Guidance during the August 2003 CPG meeting, paying particular attention to the Attributes related to “Prevention Activities/Interventions”, and developed a “grid” approach to identify a set of interventions for each of the priority populations that meet the Prevention Activities/Interventions Attributes, and are identified as both “needed” by the target populations and “effective” for the target populations. The “grid” approach allowed the Interventions Subcommittee to develop a set of interventions (based upon the CDC’s and CPG’s list of intervention types) for each of the CPG’s prioritized target populations, and then use this list to conduct the gap analysis.

Step 1:
The Interventions Subcommittee constructed a grid that listed the CPG ranked populations/transmission groups (x-axis) and the CDC/CPG list of prevention interventions (y-axis). This grid format is the basis for all subsequent activities used to identify a set of science-based prevention interventions for each of the prioritized target populations and to identify met and unmet needs, and service gaps.

Grid #1

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

Step 2:
The Interventions Subcommittee reviewed the complete Needs Assessment reports (*Appendix N of the 2004 Plan submission*) and identified the HIV prevention "needs" indicated by each prioritized target population. The grid was completed by placing a check mark in the corresponding cell for each intervention recommended by the prioritized target population in the Needs Assessment reports. The completed grid identifies intervention needed/requested by each prioritized target population, as identified in the Needs Assessments report.

The Interventions Subcommittee believes that this process addresses Guidance Attribute #43 by providing evidence that the prevention intervention is acceptable to the target population.

Grid #2
HIV Prevention Intervention "Needs"
As identified in the Pennsylvania Prevention Project's Needs Assessments
Final Completed 5/22/03

		CTR	PCRS	ILI	GLI	OR	PCM	HC/PI	Other (CLI)
Ranked Population Target Group	Ranked Population Target Group								
HIV+	HIV-								
1.White MSM	White MSM			X	X	X		X	X
2.Black IDU	Black IDU	X		X	X	X	X	X	X
3.Black MSM/IDU	Black MSM/IDU	X		X	X	X	X	X	X
4.White MSM/IDU	White MSM/IDU	X		X	X	X	X	X	X
5.Black Heterosexual	Black Heterosexual			X	X	X		X	
6.White IDU	White IDU	X		X	X	X	X	X	X
7.White Heterosexual	White Heterosexual			X	X	X		X	
8.Hispanic IDU	Hispanic IDU	X		X	X	X	X	X	X
9.Black MSM	Black MSM			X	X	X		X	X
10.Hispanic Heterosexual	Hispanic Heterosexual			X	X	X		X	
Hispanic MSM/IDU	Hispanic MSM/IDU	X		X	X	X	X	X	X
Hispanic MSM	Hispanic MSM			X	X	X		X	X
Perinatal Transmission	Perinatal Transmission							X	
Emerging Risk Groups	Emerging Risk Groups								
Youth	Youth	X		X	X	X	X	X	X
Transgender	Transgender				X	X		X	
Homeless	Homeless					X			
Asian Pacific Islander	Asian Pacific Islander	Data incomplete – currently being collected.							

Note: Current needs assessment data is not specific to serostatus. Additional data will be collected in 2005, specific to HIV+ individuals in all target groups. Due to the CDC's mandate of making HIV+ individuals the #1 priority, needs assessment data has been generalized for both HIV+ and HIV- target groups.

Step 3:
The Interventions Subcommittee utilized the CDC "Compendium of HIV Prevention Interventions with Evidence of Effectiveness", (*Appendix Q of the 2004 Plan*), to identify interventions that demonstrate evidence of effectiveness for reducing sex and/or drug-related risks, for each of the prioritized target populations. The grid was completed by placing a check mark (X) in the corresponding cell, for each intervention identified in the Compendium, for each specific priority population. The completed grid identifies 74 science-based interventions effective for preventing HIV transmission, for each priority population.

The Interventions Subcommittee believes that this process addresses Guidance Attributes #42, 44, 45, and 46. The Interventions Subcommittee inferred that inclusion of an intervention in the CDC Compendium indicated that the intervention demonstrated: application of existing behavioral and social science, and pre- and post-test outcome evidence to show effectiveness in averting or reducing high-risk behavior within the target population (Attribute 42); evidence that the intervention is feasible to implement for the intended population in the intended setting (Attribute 44); evidence that the intervention was developed by or with input from the target population (Attribute 45); and, focus, level, factors expected to affect risk, setting, and frequency/duration (Attribute 46).

Grid #3
HIV Prevention Interventions with "Evidence of Effectiveness"
As identified in the CDC Compendium of Prevention Interventions

Final Completed 5/22/03

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

Note: Due to the CDC's mandate of making HIV+ individuals the #1 priority, data has been generalized for both HIV+ and HIV- target groups.
No CTR, PCRS or PCM interventions were indicated in the Compendium.
No interventions for perinatal or transgender target groups were indicated in the Compendium.

The Interventions Subcommittee recognizes that the CDC "New Strategies for a Changing Epidemic" recommends:
• CTR for all target groups
• PCRS for all HIV+ target groups
• Special emphasis on CTR for perinatal
The Interventions Subcommittee also acknowledges that the CDC Guidelines on HIV

Prevention Case Management (PCM) indicate that "priority for PCM services should be given to HIV seropositive persons having or likely to have difficulty initiating or sustaining practices that reduce or prevent HIV transmission and re-infection".

Step 4:
The Interventions Subcommittee combined Grid #2 and Grid#3 to identify interventions for each priority population that are both "needed" and "effective". This resulted in the "Final Grid". This "Final Grid" provided the basis of the "Gap Analysis Grid".

Intervention Subcommittee's "Final Grid" (combination of GRID #2 & #3)
HIV Prevention Intervention **"Needs" (N)**: As identified in the Pennsylvania Prevention Project's Needs Assessments & HIV Prevention Interventions with **"Evidence of Effectiveness" (E)**: As identified in the CDC Compendium of Prevention Interventions
Completed 5/22/03

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

Notes:

• Current “Needs Assessment” or “Effectiveness” data is not specific to serostatus.
• Due to the CDC’s mandate of making HIV+ individuals the #1 priority, data has been generalized for both HIV+ and HIV- target groups.
• No CTR, PCRS or PCM interventions were indicated in the Compendium.
• No interventions for perinatal or transgender target groups were indicated in the Compendium.

The Interventions Subcommittee recognizes that the CDC “New Strategies for a Changing Epidemic” recommends:
1. CTR for all target groups (marked with an *E*)
2. PCRS for all HIV+ target groups (marked with an *E*)
3. Special emphasis on CTR for Perinatal (marked with an *E*)

The Interventions Subcommittee also acknowledges that the CDC Guidelines on HIV Prevention Case Management (PCM) indicate that “priority for PCM services should be given to HIV seropositive persons having or likely to have difficulty initiating or sustaining practices that reduce or prevent HIV transmission and re-infection” (Marked with an *E+).*
Additional “Needs Assessment” data will be collected in 2004, specific to HIV+ individuals in all target groups.

This “Final Grid” identifies a set of appropriate science-based prevention interventions necessary to reduce transmission for each prioritized target population, that have been identified as both “effective” (intervention effectiveness as identified by the CDC) and “needed” (cultural/ethnic appropriateness as identified by the target population needs assessments).

Step 5 (Gap Analysis)
The next step in completing the CSA is to use the “Final Grid” (What interventions are needed and effective) and compare this to the Resource Inventory (what is being provided) and determine met and unmet needs, and service gaps. To facilitate the use of the “Final Grid” as a data collection tool, the interventions that were identified as both “needed” and “effective” have been shaded. The resulting grid is identified as the “Gap Analysis Grid”.

<u>In the following “Gap Analysis Grid,”</u> the dark shaded cells denote the prevention interventions that have been identified by the Interventions Subcommittee as necessary to reduce HIV transmission in prioritized target populations (based on effectiveness and appropriateness). The lighter shaded cells denote interventions recommended by the CDC.
A number in a cell indicates that this intervention is occurring (“met need”).
The absence of a number in a dark shaded cell indicates an “unmet need.”

COUNTY _____ RANK _____

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

The following is a list of tools required for completing the “Gap Analysis Grid:”

- Epidemiological Profile/Recommendation from Epidemiology Subcommittee: list of “High Outcome” counties
- Resource Inventory

Gap Analysis Grid Process:

• Assign a rank to each of the “High Outcome” counties, based on a data source recommended by the EPI Subcommittee. This will prioritize the counties where interventions will have the greatest impact on reducing HIV transmission

• Fill out one Grid sheet, for each county, with the county name and corresponding rank assigned in Step 1

• Complete a Gap Analysis Grid for each county by reviewing the interventions and target groups listed in the Resource Inventory. If an intervention is noted in the Resource Inventory for the target group, place a check mark in the corresponding cell of the grid. Cells may have multiple check marks. This indicates, “met needs”

• After all interventions for target groups from the Resource Inventory are marked on the Grid for the county, shaded areas without check marks will indicate “unmet need”

• From each completed Grid, compile a list of the unmet needs (interventions) for target groups identified by this process. This will be your list of prioritized interventions for each target group by geographic area (county)

Step 6 (Gap Analysis):

The final step of the CSA process consisted of identifying gaps in service of the set of prevention interventions identified as necessary to reduce transmission in the prioritized target populations. The Gap Analysis synthesized data from the epi-profile, needs assessment and resource inventory. The actual identification of the service gaps was accomplished by completing a “Gap Analysis Grid” for geographic locations (counties) in the jurisdiction, using epi-profile data (average rate of change in the number of AIDS cases, and average annual incidence rate), to identify where prevention interventions will have the greatest impact in reducing HIV transmission. The Interventions Subcommittee and the Needs Assessment Subcommittee collaborated on this task.

As stated above, an integral part of this process was to consider where geographically in the jurisdiction to target interventions, in order to have the greatest impact on reducing HIV transmission. The Interventions Subcommittee and the Needs Assessment Subcommittee consulted the Epidemiology Subcommittee for a recommendation on prioritizing the counties. The Epidemiology Subcommittee recommended targeting the following “High Outcome” counties: Allegheny, Cumberland, Dauphin, Delaware, Erie,
Huntington, Lehigh, Lycoming, Northumberland, Philadelphia, Somerset, Union, Wayne, and York. Philadelphia was not included because it is not within the purview of this CPG.

“High Outcome” counties were defined as counties with high average annual case rates (>7.3 cases/100,000; 50th percentile) AND high average annual rate of change (> +15%; 62nd percentile) due to all cases diagnosed 1993-1997. The epidemiological analysis and source of this recommendation is included in the Epidemiological Profile, 2002-2003 Update.

The Interventions Subcommittee and the Needs Assessment Subcommittee conducted the Gap Analysis at the CPG meeting on July 16 and 17, 2003.

The process was as follows:

• The Needs Assessment and Interventions Subcommittees approved the prioritization data source recommended by the Epidemiology Subcommittee to identify geographic locations within the jurisdiction where prevention interventions will have the greatest impact in reducing HIV transmission. Both Subcommittees agreed to use the "14 Overall High Outcome Counties" data. This list was reduced to "13 Overall High Outcome Counties" because Philadelphia was not included

• The Subcommittee members agreed to re-evaluate this process next year to see how to "fine tune" the process and what new data may be available to us – i.e. HIV reporting, improved process monitoring data, etc.

• The "tools" needed to do the gap analysis (prevention definitions, resource inventory, 13 gap grids with county names and rank, and gap analysis (instructions) were distributed and instructions for completing the "Gap Grid" were discussed. An example was then demonstrated

• Members of the two Subcommittees formed work groups, assigned counties and completed the gap analysis grids by reviewing the resource inventory for each county and indicating on the grid what prevention interventions are available (met needs) for those at risk within the county. Subcommittee members indicated on the Gap Grid if the intervention is being provided multiple times

• Subcommittee members completed Gap Analysis Grids on counties they were familiar with. During this process, Subcommittee members noted that there was some inaccurate information in the Resource Inventory. Adjustments were made as the Gap Analysis Grids were completed, based upon the knowledge of the Subcommittee members

• A list of unmet needs (interventions identified as "needed & effective" for each target population, but not indicated on the resource inventory) was collected from the completed Gap Grids and listed on newsprint for each of the "13 High Outcome Counties"

• Subcommittee members discussed the need to further prioritize these unmet needs, according to interventions and target populations, within each county

• The Needs Assessment Committee decided to leave this work to the Interventions Subcommittee.

• Epidemiological data on the "Incidence of AIDS in PA", for each of the "13 High Outcome Counties" was distributed and discussed with the Interventions Subcommittee members. Subcommittee members agreed to consider this data in prioritizing target populations, within each of the "13 High Outcome Counties"

• In addition, the Subcommittee members agreed to prioritize the unmet needs within each of the "13 High Outcome Counties" by intervention type based upon best practices, as recommended by the CDC.

• The Subcommittee members reviewed all of the unmet needs for each of the "13
High Outcome Counties" and ranked the unmet interventions by intervention type and target population.

• A completed list of ranked unmet needs was compiled

• The Interventions Subcommittee provided a verbal presentation of the Gap

• The Analysis process to the CPG and a written report was distributed to all CPG members

• This year the Interventions subcommittee continued the process of analyzing the prevention activities in the next "High Output Counties", based on the epidemiological information available. The next 14 counties (Sullivan, Pike, Snyder, Lebanon, Greene, Berks, Clearfield, Lancaster, Northhampton, Adams, Chester, Montgomery, Mifflin, and Lacakawanna) were analyzed using the previous year's methods of determining what activity happens in each community. Using the same "Gap Analysis Grid" as explained above for last year's submission

In the second year of the process the interventions subcommittee continued analyzing the prevention activities in the next 14 counties based on their AIDS incidence rate per capita. The same “gap analysis grid” was used.

This year’s list of unmet needs has two limitations: 1) Although some of the counties seem to have long lists of unmet needs, we take note that it is possible that some of the target populations do not exist in the counties that were analyzed. Where possible, the list has been annotated to indicate census data from 2002; 2) Some of the counties indicate high average incidence rates due to the location of State Correctional facilities in the counties. Where possible the list is annotated where those facilities exist. It is recognized that our work, although exhaustive, is not perfect. We hope each year to improve our list of offered and accurate information and can assist the coalitions in planning to use funds to reach and teach those populations within their borders in an effective and cost efficient manner.

In order to continue the work of the interventions subcommittee and analyze current use of resources the next 14 counties were analyzed based on incidence rates. The gap analysis grids indicate use of current resources, and indicate gaps in service for each of the counties.

We also present here a list of unmet needs for each of the counties analyzed. Both CDC recommended, and identified effective interventions are listed. A grid score of 1 in any intervention area warranted a notation of “additional efforts needed.” Further note should be taken that all perceived needs in services apply to both persons who are HIV-positive and HIV-negative.

Further comparison of the most current census records for each county will refine the community services assessment and help illuminate actual need for services, rather than perceived absences of effort to reach targeted populations. This exercise will result in use of CDC recommended interventions to reach targeted populations that will be cost effective in helping to affect the outcome of this epidemic.

As will be explained elsewhere in this plan, our state has begun the process of re-prioritizing at risk populations that will be reported regionally. When this process is complete the goal of the interventions subcommittee will be to disseminate a menu of interventions for those populations.

We will re-visit the composition of the gap analysis grid and its use of shading to indicate needed and effective interventions in light of the Diffusion of Effective Behavioral Interventions (DEBI).

CPG Prevention Intervention Definitions

Counseling, Testing and Referral (CTR)	Counseling and testing refers to a voluntary client-centered, interactive process that provides information about testing procedures and how to prevent the transmission and acquisition of HIV infection. Clients also learn their serostatus, participate in a personal risk assessment and develop a personal risk reduction plan. Referral links individuals with high-risk behaviors and those infected with HIV to prevention, psychological, and medical resources needed to meet their primary and secondary HIV prevention needs.
Individual- level Interventions (ILI)	Health education and risk-reduction counseling provided to one individual at a time. ILIs assist clients in making plans for individual behavior change and ongoing appraisals of their own behavior and include skills building activities. These interventions also facilitate linkages to services in both clinic and community settings (e.g., substance abuse treatment settings) in support of behaviors and practices that prevent transmission of HIV, and they help clients make plans to obtain these services. **Note: According to a strict categorization, outreach and prevention case management also are individual-level interventions. However, for the purposes of this reporting, ILI does *not* include outreach or prevention case management, which each constitutes their own intervention categories.**
Group-level Interventions (GLI)	Health education and risk-reduction counseling (see above) that shifts the delivery of service from the individual to groups of varying sizes. GLIs use peer and non-peer models involving a wide-range of skills, information, education and support. **Note: Many providers may consider general education activities to be group-level interventions. However, for the purposes of this reporting, GLI does *not* include "one-shot" educational presentations or lectures (that lack a skills component). Those types of activities should be included in the Health Communication/Public Information category.**
Outreach (OR)	HIV/AIDS educational interventions generally conducted by peer or paraprofessional educators face-to-face with high-risk individuals in the client's neighborhoods or other areas where clients typically congregate. Outreach usually includes distribution of condoms, bleach, sexual responsibility kits, and educational materials. Includes peer opinion leader models.
Prevention Case Management (PCM)	Client-centered HIV prevention activity with the fundamental goal of promoting the adoption of HIV risk-reduction behaviors by clients with multiple, complex problems and risk-reduction need; a hybrid of HIV risk-reduction counseling and traditional case management that provides intensive, ongoing, and individualized prevention counseling, support and service brokerage.
Partner Counseling and Referral Services (PCRS)	A systematic approach to notifying sex and needle sharing partners of HIV-infected persons of their possible exposure to HIV so they can avoid infection or, if already infected, can prevent transmission to others. PCRS helps partners gain earlier access to individualized counseling, HIV testing, medical evaluation, treatment, and other prevention services.
9870798Health Communications Public Information (HC/PI)	The delivery of planned HIV/AIDS prevention messages through one of more channels to target audiences to build general support for safe behavior, support personal risk-reduction efforts, and/or inform persons at risk for infection how to obtain specific services. **Electronic Media**: Means by which information is electronically conveyed to large groups of people; includes radio, television, public service announcements, news broadcasts, infomercials, etc., which reach a large-scale (e.g., city-, region-, or statewide) audience.

	Print Media: These formats also reach a large-scale or nationwide audience; includes any printed material, such a newspapers, magazines, pamphlets, and "environmental media" such as billboards and transportation signage. **Hotline**: Telephone service (local or toll-free) offering up-to-date information and referral to local services, e.g., counseling/testing and support groups. **Clearinghouse**: Interactive electronic outreach systems using telephones, mail, and the Internet/Worldwide Web to provide responsive information service to the general public as well as high-risk populations. **Presentations/Lectures**: These are information-only activities conducted in-group settings; often called "one-shot" education interventions.
Other Interventions	Category to be used for those interventions that cannot be described by the definitions provided for the other six types of interventions (example forms A-F). This category includes community-level interventions (CLI). CLI are interventions that seek to improve the risk reductions and behaviors in a community through a focus on the community as a whole, rather than by intervening with individuals or small groups. Attempting to alter social norms, policies, or characteristics of the environment often does this. Examples of CLI include community mobilizations, social marketing campaigns, community-wide events, policy interventions, and structural interventions.

4. Unmet Needs and Gap Analysis Grids

For this yearly update the interventions subcommittee has continued its analysis of community services for the remaining counties in Pennsylvania. In the prior two years the committee completed the community services assessment for the first 27 counties. This year we submit the remaining 36 counties. These counties were chosen and ranked based on the annual AIDS incidence rate per capita. As in the past the committee used the community resource inventory, and the gap analysis grid to assess unmet needs in each county. The process for use of the gap analysis grid is explained for the reader in this section. We have also included here the definitions of each of the types of interventions currently being used in the state. The Community Resource Inventory is also included as a reference. *It must be recorded here that the community resource inventory is a list of services that were reported by each community to the CPG, therefore it relies heavily on the understanding of each community as to the services it offers.*

Each county represented in this update appears with its gap analysis grid, its population demographics as reported in the 2000 Census, and a list of the needs that are unmet in each community. The unmet needs in each county are represented by the check marks under each intervention in the gap analysis grid shown on the right hand page. Some of the unmet needs listed for certain counties may be a function of a small or non-existent target population. It is necessary to pay special attention to the census of each county in assessing its list of unmet needs. It should also be noted that Prevention Case Management is funded in only a few counties and therefore appears to be an unmet need in the counties where no funding exists.

Armstrong County demographics per the 2000 census:

Total Population:	72,392	American Indian/Alaska Native:	66
White:	71,173	Native Hawaiian/Other Pacific Islander:	13
African American:	592	Some Other Race:	97
Asian:	89	Hispanic or Latino:	308

Armstrong County Unmet Needs

	ILI	GLI	OR	PCM	HC/PI	CLI
White MSM	☑	☑	☑		☑	☑
White IDU	☑	☑	☑	☑		☑
Hispanic MSM/IDU	☑		☑	☑	☑	☑
Black IDU	☑	☑	☑	☑		☑
White Heterosexual	☑		☑			
Hispanic MSM	☑	☑	☑			☑
Black MSM/IDU	☑		☑	☑		☑
Hispanic IDU	☑	☑	☑	☑		☑
Youth	☑	☑	☑	☑	☑	☑
White MSM/IDU	☑		☑	☑		☑
Black MSM	☑	☑	☑		☑	☑
Black Heterosexual	☑	☑	☑		☑	
Hispanic Heterosexual	☑	☑	☑		☑	

Intervention Subcommittee's Gap Analysis GRID

Key: The dark shaded cells denote the interventions that have been identified by the Subcommittee as priority interventions ("effective" and "needed"). The lighter shaded cells denote interventions recommended by the CDC.

A check mark in a cell indicates that this intervention is occurring ("met need").
The absence of a check mark in a dark shaded cell indicates an "unmet need".

COUNTY __ARMSTRONG___ RANK __ 50____

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

Beaver County demographics per the 2000 census:

Total Population:	181,412	American Indian/Alaskan Native:	190
White:	167,890	Native Hawaiian/ Other Pacific Islander:	24
African American:	10,811	Some Other Race:	362
Asian:	458	Hispanic or Latino:	1,315

Beaver County Unmet Needs

	ILI	GLI	OR	PCM	HC/PI	CLI
White MSM		☑	☑	☑	☑	☑
White IDU		☑	☑	☑		☑
Hispanic MSM/IDU	☑		☑	☑		☑
Black IDU				☑		☑
White Heterosexual			☑	☑		☑
Hispanic MSM	☑	☑	☑	☑	☑	☑
Black MSM/IDU	☑		☑	☑		☑
Hispanic IDU	☑	☑	☑	☑		☑
Youth				☑		☑
White MSM/IDU	☑		☑	☑		☑
Black MSM				☑		☑
Black Heterosexual				☑		☑
Hispanic Heterosexual	☑	☑	☑	☑	☑	☑

Intervention Subcommittee's Gap Analysis GRID

Key: The dark shaded cells denote the interventions that have been identified by the Subcommittee as priority interventions ("effective" and "needed"). The lighter shaded cells denote interventions recommended by the CDC.

A check mark in a cell indicates that this intervention is occurring ("met need").
The absence of a check mark in a dark shaded cell indicates an "unmet need".

COUNTY __BEAVER___ RANK ___31___

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

Bedford County demographics per the 2000 census:

Total Population:	49,984	American Indian/Alaska Native:	54
White:	49,713	Native Hawaiian/Other Pacific Islander:	7
African American:	178	Some Other Race:	78
Asian:	143	Hispanic or Latino:	263

Bedford County Unmet Needs

	ILI	GLI	OR	PCM	HC/PI	CLI
White MSM						☑
White IDU						☑
Hispanic MSM/IDU						☑
Black IDU						☑
White Heterosexual						
Hispanic MSM						☑
Black MSM/IDU						☑
Hispanic IDU						☑
Youth						☑
White MSM/IDU						☑
Black MSM						☑
Black Heterosexual						
Hispanic Heterosexual						

Intervention Subcommittee's Gap Analysis GRID

Key: The dark shaded cells denote the interventions that have been identified by the Subcommittee as priority interventions ("effective" and "needed"). The lighter shaded cells denote interventions recommended by the CDC.

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COUNTY _BEDFORD__ RANK __45____

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

Blair County Demographics per the 2000 census:

Total Population:	129,144	American Indian/Alaskan Native:	109
White:	126,059	Native Hawaiian/ Oth. Pacific Islander:	19
African American:	1,535	Some other Race:	180
Asian:	463	Hispanic or Latino:	662

Blair County Unmet Needs

	ILI	GLI	OR	PCM	HC/PI	CLI
White MSM						☑
White IDU						☑
Hispanic MSM/IDU						☑
Black IDU						☑
White Heterosexual						
Hispanic MSM						☑
Black MSM/IDU	☑					☑
Hispanic IDU						☑
Youth						☑
White MSM/IDU						☑
Black MSM						☑
Black Heterosexual						
Hispanic Heterosexual						

Intervention Subcommittee's Gap Analysis GRID

Key: The dark shaded cells denote the interventions that have been identified by the Subcommittee as priority interventions ("effective" and "needed"). The lighter shaded cells denote interventions recommended by the CDC.

A check mark in a cell indicates that this intervention is occurring ("met need").
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COUNTY __BLAIR___ RANK ___29___

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

Bradford County Unmet Needs

	ILI	GLI	OR	PCM	HC/PI	CLI
White MSM					☑	☑
White IDU				☑		☑
Hispanic MSM/IDU	☑		☑	☑		☑
Black IDU		☑	☑	☑		☑
White Heterosexual						
Hispanic MSM	☑	☑	☑		☑	☑
Black MSM/IDU	☑		☑	☑		☑
Hispanic IDU		☑	☑	☑		☑
Youth	☑	☑	☑	☑	☑	☑
White MSM/IDU	☑		☑	☑		☑
Black MSM		☑	☑			☑
Black Heterosexual		☑	☑			
Hispanic Heterosexual	☑	☑	☑		☑	

Intervention Subcommittee's Gap Analysis GRID

Key: The dark shaded cells denote the interventions that have been identified by the Subcommittee as priority interventions ("effective" and "needed"). The lighter shaded cells denote interventions recommended by the CDC.

A check mark in a cell indicates that this intervention is occurring ("met need").
The absence of a check mark in a dark shaded cell indicates an "unmet need".

COUNTY __BRADFORD__ RANK __47____

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

Bucks County Unmet Needs

	ILI	GLI	OR	PCM	HC/PI	CLI
White MSM						☑
White IDU				☑		☑
Hispanic MSM/IDU				☑		☑
Black IDU				☑		☑
White Heterosexual						
Hispanic MSM						☑
Black MSM/IDU				☑		☑
Hispanic IDU				☑		☑
Youth				☑		☑
White MSM/IDU				☑		☑
Black MSM						☑
Black Heterosexual						
Hispanic Heterosexual						

Intervention Subcommittee's Gap Analysis GRID

Key: The dark shaded cells denote the interventions that have been identified by the Subcommittee as priority interventions ("effective" and "needed"). The lighter shaded cells denote interventions recommended by the CDC.

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COUNTY __BUCKS____ RANK ___36___

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

Butler County demographics per the 2000 census:

Total Population:	174,083	American Indian/Alaska Native:	149
White:	170,302	Native Hawaiian/Other Pacific Islander:	54
African American:	1,367	Some Other Race:	293
Asian:	978	Hispanic or Latino:	1,016

Butler County Unmet Needs

	ILI	GLI	OR	PCM	HC/PI	CLI
White MSM						☑
White IDU				☑		☑
Hispanic MSM/IDU				☑		☑
Black IDU				☑		☑
White Heterosexual						
Hispanic MSM						☑
Black MSM/IDU				☑		☑
Hispanic IDU				☑		☑
Youth				☑		☑
White MSM/IDU				☑		☑
Black MSM						☑
Black Heterosexual						
Hispanic Heterosexual						

Intervention Subcommittee's Gap Analysis GRID

Key: The dark shaded cells denote the interventions that have been identified by the Subcommittee as priority interventions ("effective" and "needed"). The lighter shaded cells denote interventions recommended by the CDC.

A check mark in a cell indicates that this intervention is occurring ("met need").
The absence of a check mark in a dark shaded cell indicates an "unmet need".

COUNTY _BUTLER__ RANK ___35___

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

Cambria County Unmet Needs

	ILI	GLI	OR	PCM	HC/PI	CLI
White MSM		☑				
White IDU		☑		☑		☑
Hispanic MSM/IDU				☑		☑
Black IDU		☑		☑		☑
White Heterosexual						
Hispanic MSM		☑				☑
Black MSM/IDU				☑		☑
Hispanic IDU		☑		☑		☑
Youth		☑		☑		☑
White MSM/IDU				☑		☑
Black MSM		☑				☑
Black Heterosexual						
Hispanic Heterosexual		☑				

Intervention Subcommittee's Gap Analysis GRID

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A check mark in a cell indicates that this intervention is occurring ("met need").
The absence of a check mark in a dark shaded cell indicates an "unmet need".

COUNTY _CAMBRIA__ RANK ___37___

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

Cameron County Unmet Needs

	ILI	GLI	OR	PCM	HC/PI	CLI
White MSM			☑			☑
White IDU			☑	☑		☑
Hispanic MSM/IDU			☑	☑		☑
Black IDU			☑	☑		☑
White Heterosexual			☑			
Hispanic MSM			☑			☑
Black MSM/IDU			☑	☑		☑
Hispanic IDU			☑	☑		☑
Youth			☑	☑		☑
White MSM/IDU			☑	☑		☑
Black MSM			☑			☑
Black Heterosexual			☑			
Hispanic Heterosexual			☑			

Intervention Subcommittee's Gap Analysis GRID

Key: The dark shaded cells denote the interventions that have been identified by the Subcommittee as priority interventions ("effective" and "needed"). The lighter shaded cells denote interventions recommended by the CDC.

A check mark in a cell indicates that this intervention is occurring ("met need").
The absence of a check mark in a dark shaded cell indicates an "unmet need".

COUNTY _CAMERON_ RANK __53____

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

Carbon County Unmet Needs

	ILI	GLI	OR	PCM	HC/PI	CLI
White MSM						☑
White IDU				☑		☑
Hispanic MSM/IDU	☑		☑	☑		☑
Black IDU				☑		☑
White Heterosexual						
Hispanic MSM	☑	☑	☑		☑	☑
Black MSM/IDU	☑		☑	☑		☑
Hispanic IDU	☑	☑	☑	☑		☑
Youth		☑	☑	☑		☑
White MSM/IDU	☑		☑	☑		☑
Black MSM		☑	☑			☑
Black Heterosexual						
Hispanic Heterosexual	☑	☑	☑		☑	

Intervention Subcommittee's Gap Analysis GRID

Key: The dark shaded cells denote the interventions that have been identified by the Subcommittee as priority interventions ("effective" and "needed"). The lighter shaded cells denote interventions recommended by the CDC.

A check mark in a cell indicates that this intervention is occurring ("met need").
The absence of a check mark in a dark shaded cell indicates an "unmet need".

COUNTY __CARBON__ RANK __46____

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

Centre County Unmet Needs

	ILI	GLI	OR	PCM	HC/PI	CLI
White MSM						☑
White IDU				☑		☑
Hispanic MSM/IDU				☑		☑
Black IDU				☑		☑
White Heterosexual						
Hispanic MSM						☑
Black MSM/IDU				☑		☑
Hispanic IDU				☑		☑
Youth				☑		☑
White MSM/IDU				☑		☑
Black MSM						☑
Black Heterosexual						
Hispanic Heterosexual						

Intervention Subcommittee's Gap Analysis GRID

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A check mark in a cell indicates that this intervention is occurring ("met need").
The absence of a check mark in a dark shaded cell indicates an "unmet need".

COUNTY _CENTRE_ RANK ___34___

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

Clarion County demographics per the 2000 census:

Total Population:	41,765	American Indian/Alaska Native:	45
White:	40,998	Native Hawaiian/Other Pacific Islander:	2
African American:	329	Some Other Race:	32
Asian:	142	Hispanic or Latino:	172

Clarion County Unmet Need

	ILI	GLI	OR	PCM	HC/PI	CLI
White MSM		☑				☑
White IDU		☑		☑		☑
Hispanic MSM/IDU				☑		☑
Black IDU		☑		☑		☑
White Heterosexual						
Hispanic MSM		☑				☑
Black MSM/IDU				☑		☑
Hispanic IDU		☑		☑		☑
Youth		☑		☑		☑
White MSM/IDU				☑		☑
Black MSM		☑				☑
Black Heterosexual		☑				
Hispanic Heterosexual		☑				

Intervention Subcommittee's Gap Analysis GRID

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A check mark in a cell indicates that this intervention is occurring ("met need").
The absence of a check mark in a dark shaded cell indicates an "unmet need".

COUNTY _CLARION_ RANK __54____

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

Clinton County Unmet Needs

	ILI	GLI	OR	PCM	HC/PI	CLI
White MSM						☑
White IDU				☑		☑
Hispanic MSM/IDU				☑		☑
Black IDU		☑		☑		☑
White Heterosexual						
Hispanic MSM		☑				☑
Black MSM/IDU				☑		☑
Hispanic IDU		☑		☑		☑
Youth				☑		☑
White MSM/IDU				☑		☑
Black MSM		☑				☑
Black Heterosexual		☑				
Hispanic Heterosexual		☑				

Intervention Subcommittee's Gap Analysis GRID

Key: The dark shaded cells denote the interventions that have been identified by the Subcommittee as priority interventions ("effective" and "needed"). The lighter shaded cells denote interventions recommended by the CDC.

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COUNTY __CLINTON_____ RANK __55____

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

Columbia County demographics per the 2000 census:

Total Population:	64,151	American Indian/Alaskan Native:	94
White:	62,602	Native Hawaiian/ Other Pacific Islander:	21
African American:	516	Some Other Race:	213
Asian:	334	Hispanic or Latino:	609

Columbia County Unmet Needs

	ILI	GLI	OR	PCM	HC/PI	CLI
White MSM						☑
White IDU		☑		☑		☑
Hispanic MSM/IDU				☑		☑
Black IDU		☑		☑		☑
White Heterosexual						
Hispanic MSM		☑				☑
Black MSM/IDU		☑		☑		☑
Hispanic IDU		☑		☑		☑
Youth		☑		☑		☑
White MSM/IDU		☑		☑		☑
Black MSM		☑				☑
Black Heterosexual						
Hispanic Heterosexual		☑				

Intervention Subcommittee's Gap Analysis GRID

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COUNTY __COLUMBIA____ RANK ___32___

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

Crawford County demographics per the 2000 census:

Total Population:	90,366	American Indian/Alaska Native:	184
White:	87,653	Native Hawaiian/ Other Pacific Islander:	23
African American:	1,437	Some Other Race:	117
Asian:	254	Hispanic or Latino:	537

Crawford County Unmet Needs

	ILI	GLI	OR	PCM	HC/PI	CLI
White MSM		☑				☑
White IDU		☑		☑		☑
Hispanic MSM/IDU				☑		☑
Black IDU		☑		☑		☑
White Heterosexual						
Hispanic MSM		☑				☑
Black MSM/IDU				☑		☑
Hispanic IDU		☑		☑		☑
Youth		☑		☑		☑
White MSM/IDU				☑		☑
Black MSM		☑				☑
Black Heterosexual		☑				
Hispanic Heterosexual		☑				

Intervention Subcommittee's Gap Analysis GRID

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COUNTY CRAWFORD RANK __41____

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

Elk County Unmet Needs

	ILI	GLI	OR	PCM	HC/PI	CLI
White MSM		☑				☑
White IDU		☑		☑		☑
Hispanic MSM/IDU				☑		☑
Black IDU		☑		☑		☑
White Heterosexual						
Hispanic MSM		☑				☑
Black MSM/IDU				☑		☑
Hispanic IDU		☑		☑		☑
Youth		☑		☑		☑
White MSM/IDU				☑		☑
Black MSM		☑				☑
Black Heterosexual		☑				
Hispanic Heterosexual		☑				

Intervention Subcommittee's Gap Analysis GRID

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COUNTY __ELK____ RANK __56____

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

Fayette County demographics per the 2000 census:

Total population:	148,644	American Indian/Alaska Native:	168
White:	141,657	Native Hawaiian/Other Pacific Islander:	18
African American:	5,223	Some Other Race:	170
Asian:	323	Hispanic or Latino:	564

Fayette County Unmet Needs

	ILI	GLI	OR	PCM	HC/PI	CLI
White MSM	☑	☑	☑		☑	☑
White IDU	☑	☑	☑	☑		☑
Hispanic MSM/IDU	☑		☑	☑		☑
Black IDU	☑	☑	☑	☑		☑
White Heterosexual	☑		☑			
Hispanic MSM	☑	☑	☑		☑	☑
Black MSM/IDU	☑		☑	☑		☑
Hispanic IDU	☑	☑	☑	☑		☑
Youth	☑	☑	☑	☑	☑	☑
White MSM/IDU	☑		☑	☑		☑
Black MSM	☑	☑	☑		☑	☑
Black Heterosexual	☑	☑	☑		☑	
Hispanic Heterosexual	☑	☑	☑		☑	

Intervention Subcommittee's Gap Analysis GRID

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COUNTY __FAYETTE__ RANK ___51___

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

Forest County Unmet Needs

	ILI	GLI	OR	PCM	HC/PI	CLI
White MSM						☑
White IDU				☑		☑
Hispanic MSM/IDU				☑		☑
Black IDU				☑		☑
White Heterosexual						
Hispanic MSM						☑
Black MSM/IDU				☑		☑
Hispanic IDU				☑		☑
Youth				☑		☑
White MSM/IDU				☑		☑
Black MSM						☑
Black Heterosexual						
Hispanic Heterosexual						

Intervention Subcommittee's Gap Analysis GRID

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COUNTY ___FOREST___ RANK __57____

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

Franklin County Unmet Needs

	ILI	GLI	OR	PCM	HC/PI	CLI
White MSM		☑	☑			☑
White IDU		☑	☑	☑		☑
Hispanic MSM/IDU	☑	☑	☑	☑		☑
Black IDU		☑	☑	☑		☑
White Heterosexual						
Hispanic MSM	☑	☑	☑		☑	☑
Black MSM/IDU	☑		☑	☑		☑
Hispanic IDU	☑	☑	☑	☑		☑
Youth	☑	☑	☑	☑	☑	☑
White MSM/IDU	☑		☑	☑		☑
Black MSM		☑	☑			☑
Black Heterosexual						
Hispanic Heterosexual						

Intervention Subcommittee's Gap Analysis GRID

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COUNTY __FRANKLIN___ RANK ___49___

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

Fulton County Unmet Needs

	ILI	GLI	OR	PCM	HC/PI	CLI
White MSM		☑				☑
White IDU		☑				☑
Hispanic MSM/IDU	☑		☑	☑		☑
Black IDU		☑				☑
White Heterosexual						
Hispanic MSM		☑				☑
Black MSM/IDU	☑		☑	☑		☑
Hispanic IDU		☑		☑		☑
Youth	☑	☑	☑	☑		☑
White MSM/IDU	☑		☑	☑		☑
Black MSM		☑				☑
Black Heterosexual						
Hispanic Heterosexual						

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COUNTY ___FULTON___ RANK __58____

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

Indiana County Unmet Needs

	ILI	GLI	OR	PCM	HC/PI	CLI
White MSM		☑	☑			☑
White IDU		☑	☑	☑		☑
Hispanic MSM/IDU	☑		☑	☑		☑
Black IDU		☑	☑	☑		☑
White Heterosexual			☑			
Hispanic MSM	☑	☑	☑		☑	☑
Black MSM/IDU	☑		☑	☑		☑
Hispanic IDU	☑	☑	☑	☑		☑
Youth				☑		☑
White MSM/IDU	☑		☑	☑		☑
Black MSM		☑	☑			☑
Black Heterosexual						
Hispanic Heterosexual	☑	☑	☑		☑	

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A check mark in a cell indicates that this intervention is occurring ("met need").
The absence of a check mark in a dark shaded cell indicates an "unmet need".

COUNTY ___INDIANA___ RANK __59____

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

Jefferson County Unmet Needs

	ILI	GLI	OR	PCM	HC/PI	CLI
White MSM		☑	☑			☑
White IDU		☑	☑	☑		☑
Hispanic MSM/IDU	☑		☑	☑		☑
Black IDU		☑	☑	☑		☑
White Heterosexual	☑		☑			
Hispanic MSM	☑	☑	☑		☑	☑
Black MSM/IDU	☑		☑	☑		☑
Hispanic IDU	☑	☑	☑	☑		☑
Youth	☑	☑	☑	☑	☑	☑
White MSM/IDU	☑		☑	☑		☑
Black MSM		☑	☑			☑
Black Heterosexual		☑	☑			
Hispanic Heterosexual	☑	☑	☑		☑	

Intervention Subcommittee's Gap Analysis GRID

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A check mark in a cell indicates that this intervention is occurring ("met need").
The absence of a check mark in a dark shaded cell indicates an "unmet need".

COUNTY __JEFFERSON_ RANK __42___

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

Juniata County demographics per the 2000 census:

Total Population: American Indian/Alaska Native:
White: Native Hawaiian/Other Pacific Islander
African American: Some Other Race:
Asian: Hispanic or Latino

Juniata County Unmet Needs

	ILI	GLI	OR	PCM	HC/PI	CLI
White MSM		☑	☑			☑
White IDU		☑	☑	☑		☑
Hispanic MSM/IDU	☑		☑	☑		☑
Black IDU		☑	☑	☑		☑
White Heterosexual	☑		☑			
Hispanic MSM	☑	☑	☑		☑	☑
Black MSM/IDU	☑		☑	☑		☑
Hispanic IDU	☑	☑	☑	☑		☑
Youth	☑	☑	☑	☑	☑	☑
White MSM/IDU	☑		☑	☑		☑
Black MSM		☑	☑			☑
Black Heterosexual		☑	☑			
Hispanic Heterosexual	☑	☑	☑		☑	

Intervention Subcommittee's Gap Analysis GRID

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COUNTY __JUNIATA_ RANK __60___

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

Lawrence County demographics per the 2000 census:

Total Population:	94,643	American Indian/Alaska Native:	95
White:	89,894	Native Hawaiian/Other Pacific Islander:	9
African American:	3,416	Some Other Race:	176
Asian:	258	Hispanic or Latino:	529

Lawrence County Unmet Needs

	ILI	GLI	OR	PCM	HC/PI	CLI
White MSM						☑
White IDU				☑		☑
Hispanic MSM/IDU				☑		☑
Black IDU				☑		☑
White Heterosexual						
Hispanic MSM						☑
Black MSM/IDU				☑		☑
Hispanic IDU				☑		☑
Youth				☑		☑
White MSM/IDU				☑		☑
Black MSM						☑
Black Heterosexual						
Hispanic Heterosexual						

Luzerne County demographics per the 2000 census:

Total Population:	319,250	American Indian/Alaska Native:	285
White:	308,476	Native Hawaiian/Other Pacific Islander:	47
African American:	5,408	Some Other Race:	1,359
Asian:	1,860	Hispanic or Latino:	3,713

Luzerne County Unmet Needs

	ILI	GLI	OR	PCM	HC/PI	CLI
White MSM						☑
White IDU				☑		☑
Hispanic MSM/IDU	☑		☑	☑		☑
Black IDU				☑		☑
White Heterosexual						
Hispanic MSM	☑	☑	☑			☑
Black MSM/IDU	☑		☑	☑		☑
Hispanic IDU		☑	☑	☑		☑
Youth			☑	☑		☑
White MSM/IDU	☑		☑	☑		☑
Black MSM						☑
Black Heterosexual						
Hispanic Heterosexual						

Intervention Subcommittee's Gap Analysis GRID

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COUNTY ___LUZERNE___ RANK ___48___

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

McKean County demographics per the 2000 census:

Total Population:	45,936	American Indian/Alaska Native:	149
White:	44,312	Native Hawaiian/Other Pacific Islander:	11
African American:	860	Some Other Race:	186
Asian:	139	Hispanic or Latino:	485

McKean County Unmet Needs

	ILI	GLI	OR	PCM	HC/PI	CLI
White MSM						☑
White IDU				☑		☑
Hispanic MSM/IDU				☑		☑
Black IDU				☑		☑
White Heterosexual						
Hispanic MSM						☑
Black MSM/IDU				☑		☑
Hispanic IDU				☑		☑
Youth				☑		☑
White MSM/IDU				☑		☑
Black MSM						☑
Black Heterosexual						
Hispanic Heterosexual						

Intervention Subcommittee's Gap Analysis GRID

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COUNTY ___MCKEAN___ RANK __61____

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

Mercer County Unmet Needs

	ILI	GLI	OR	PCM	HC/PI	CLI
White MSM						☑
White IDU						☑
Hispanic MSM/IDU						☑
Black IDU						☑
White Heterosexual						
Hispanic MSM						☑
Black MSM/IDU						☑
Hispanic IDU						☑
Youth						☑
White MSM/IDU						☑
Black MSM						☑
Black Heterosexual						
Hispanic Heterosexual						

Intervention Subcommittee's Gap Analysis GRID

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COUNTY __MERCER__ RANK ___52___

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

Monroe County Unmet Needs

	ILI	GLI	OR	PCM	HC/PI	CLI
White MSM				☑		☑
White IDU				☑		☑
Hispanic MSM/IDU	☑	☑	☑	☑		☑
Black IDU				☑		☑
White Heterosexual				☑		☑
Hispanic MSM	☑	☑	☑	☑		☑
Black MSM/IDU	☑	☑	☑	☑		☑
Hispanic IDU	☑	☑	☑	☑		☑
Youth	☑	☑	☑	☑		☑
White MSM/IDU	☑	☑	☑	☑		☑
Black MSM	☑	☑	☑	☑		☑
Black Heterosexual				☑		☑
Hispanic Heterosexual	☑	☑	☑	☑		☑

Intervention Subcommittee's Gap Analysis GRID

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COUNTY __MONROE_ RANK __30___

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

Montour County Unmet Needs

	ILI	GLI	OR	PCM	HC/PI	CLI
White MSM						☑
White IDU				☑		☑
Hispanic MSM/IDU	☑		☑	☑	☑	☑
Black IDU				☑		☑
White Heterosexual						
Hispanic MSM	☑	☑	☑			☑
Black MSM/IDU	☑		☑	☑		☑
Hispanic IDU				☑		☑
Youth				☑	☑	☑
White MSM/IDU	☑		☑	☑		☑
Black MSM		☑	☑			☑
Black Heterosexual						
Hispanic Heterosexual	☑	☑	☑		☑	

Intervention Subcommittee's Gap Analysis GRID

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COUNTY __MONTOUR__ RANK __62____

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

Perry County demographics per the 2000 census:

Total Population:	43,602	American Indian/Alaska Native:	53
White:	42,964	Native Hawaiian/Other Pacific Islander:	5
African American:	189	Some Other Race:	92
Asian:	65	Hispanic or Latino:	301

Perry County Unmet Needs

	ILI	GLI	OR	PCM	HC/PI	CLI
White MSM						☑
White IDU				☑		☑
Hispanic MSM/IDU	☑		☑	☑		☑
Black IDU		☑	☑	☑		☑
White Heterosexual			☑			
Hispanic MSM	☑	☑	☑		☑	☑
Black MSM/IDU	☑		☑	☑		☑
Hispanic IDU		☑		☑		☑
Youth				☑		☑
White MSM/IDU				☑		☑
Black MSM		☑	☑			☑
Black Heterosexual		☑	☑			
Hispanic Heterosexual		☑	☑			

Intervention Subcommittee's Gap Analysis GRID

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COUNTY ___PERRY_____ RANK ___40___

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

Potter County Unmet Needs

	ILI	GLI	OR	PCM	HC/PI	CLI
White MSM		☑				☑
White IDU				☑		☑
Hispanic MSM/IDU				☑		☑
Black IDU				☑		☑
White Heterosexual						
Hispanic MSM		☑				☑
Black MSM/IDU				☑		☑
Hispanic IDU		☑		☑		☑
Youth				☑		☑
White MSM/IDU				☑		☑
Black MSM		☑				☑
Black Heterosexual		☑				
Hispanic Heterosexual		☑				

Intervention Subcommittee's Gap Analysis GRID

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COUNTY __POTTER_____ RANK __63____

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

Schuylkill County demographics per the 2000 census:

Total Population:	150,336	American Indian/Alaska Native:	114
White:	145,249	Native Hawaiian/Other Pacific Islander:	19
African American:	3,147	Some Other Race:	531
Asian:	625	Hispanic or Latino:	1,671

Schuylkill County Unmet Needs

	ILI	GLI	OR	PCM	HC/PI	CLI
White MSM						☑
White IDU				☑		☑
Hispanic MSM/IDU	☑		☑	☑		☑
Black IDU				☑		☑
White Heterosexual			☑			
Hispanic MSM	☑	☑	☑		☑	☑
Black MSM/IDU	☑		☑	☑		☑
Hispanic IDU	☑	☑	☑	☑		☑
Youth				☑		☑
White MSM/IDU	☑		☑	☑		☑
Black MSM	☑	☑	☑		☑	☑
Black Heterosexual		☑	☑		☑	
Hispanic Heterosexual					☑	

Intervention Subcommittee's Gap Analysis GRID

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The absence of a check mark in a dark shaded cell indicates an "unmet need".

COUNTY__SCHUYLKILL___ RANK __44____

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

Susquehanna County Unmet Needs:

	ILI	GLI	OR	PCM	HC/PI	CLI
White MSM						☑
White IDU				☑		☑
Hispanic MSM/IDU				☑		☑
Black IDU				☑		☑
White Heterosexual						
Hispanic MSM						☑
Black MSM/IDU				☑		☑
Hispanic IDU				☑		☑
Youth				☑		
White MSM/IDU				☑		☑
Black MSM						☑
Black Heterosexual						
Hispanic Heterosexual						

Intervention Subcommittee's Gap Analysis GRID

Key: The dark shaded cells denote the interventions that have been identified by the Subcommittee as priority interventions ("effective" and "needed"). The lighter shaded cells denote interventions recommended by the CDC.

A check mark in a cell indicates that this intervention is occurring ("met need").
The absence of a check mark in a dark shaded cell indicates an "unmet need".

COUNTY SUSQUEHANNA RANK __39____

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

Tioga County Unmet Needs

	ILI	GLI	OR	PCM	HC/PI	CLI
White MSM						
White IDU				☑		
Hispanic MSM/IDU	☑		☑	☑		☑
Black IDU			☑	☑		
White Heterosexual						
Hispanic MSM	☑	☑	☑		☑	☑
Black MSM/IDU	☑		☑	☑		☑
Hispanic IDU		☑	☑	☑		☑
Youth			☑	☑		
White MSM/IDU	☑		☑	☑		☑
Black MSM			☑			
Black Heterosexual			☑			
Hispanic Heterosexual	☑	☑	☑		☑	

Intervention Subcommittee's Gap Analysis GRID

Key: The dark shaded cells denote the interventions that have been identified by the Subcommittee as priority interventions ("effective" and "needed"). The lighter shaded cells denote interventions recommended by the CDC.

A check mark in a cell indicates that this intervention is occurring ("met need").
The absence of a check mark in a dark shaded cell indicates an "unmet need".

COUNTY ___TIOGA_____ RANK __64____

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

Union County Unmet Needs

	ILI	GLI	OR	PCM	HC/PI	CLI
White MSM						
White IDU				☑		☑
Hispanic MSM/IDU	☑		☑	☑		☑
Black IDU				☑		
White Heterosexual						
Hispanic MSM	☑	☑	☑		☑	☑
Black MSM/IDU	☑		☑	☑		☑
Hispanic IDU				☑		☑
Youth						
White MSM/IDU	☑		☑	☑		☑
Black MSM						
Black Heterosexual						
Hispanic Heterosexual	☑	☑	☑		☑	

Intervention Subcommittee's Gap Analysis GRID

Key: The dark shaded cells denote the interventions that have been identified by the Subcommittee as priority interventions ("effective" and "needed"). The lighter shaded cells denote interventions recommended by the CDC.

A check mark in a cell indicates that this intervention is occurring ("met need").
The absence of a check mark in a dark shaded cell indicates an "unmet need".

COUNTY ___UNION__ RANK __1____

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

Venango County demographics per the 2000 census:

Total Population:	57,565	American Indian/Alaska Native:	105
White:	56,208	Native Hawaiian/Other Pacific Islander:	11
African American:	626	Some Other Race:	98
Asian:	132	Hispanic or Latino:	298

Venango County Unmet Needs

	ILI	GLI	OR	PCM	HC/PI	CLI
White MSM						☑
White IDU				☑		☑
Hispanic MSM/IDU				☑		☑
Black IDU				☑		☑
White Heterosexual						
Hispanic MSM						☑
Black MSM/IDU				☑		☑
Hispanic IDU				☑		☑
Youth				☑		☑
White MSM/IDU				☑		☑
Black MSM						☑
Black Heterosexual						
Hispanic Heterosexual						

Intervention Subcommittee's Gap Analysis GRID

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A check mark in a cell indicates that this intervention is occurring ("met need").
The absence of a check mark in a dark shaded cell indicates an "unmet need".

COUNTY __VENANGO___ RANK __65___

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

Warren County Unmet Needs

	ILI	GLI	OR	PCM	HC/PI	CLI
White MSM						☑
White IDU				☑		☑
Hispanic MSM/IDU				☑		☑
Black IDU				☑		☑
White Heterosexual						
Hispanic MSM						☑
Black MSM/IDU				☑		☑
Hispanic IDU				☑		☑
Youth				☑		☑
White MSM/IDU				☑		☑
Black MSM						☑
Black Heterosexual						
Hispanic Heterosexual						

Intervention Subcommittee's Gap Analysis GRID

Key: The dark shaded cells denote the interventions that have been identified by the Subcommittee as priority interventions ("effective" and "needed"). The lighter shaded cells denote interventions recommended by the CDC.

A check mark in a cell indicates that this intervention is occurring ("met need").
The absence of a check mark in a dark shaded cell indicates an "unmet need".

COUNTY ___WARREN___ RANK __66____

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

Washington County demographics per the 2000census:

Total Population:	202,897	American Indian/Alaska Native:	175
White:	193,297	Native Hawaiian/Other Pacific Islander:	44
African American:	6,606	Some Other Race:	381
Asian:	725	Hispanic or Latino:	1,170

Washington County Unmet Needs

	ILI	GLI	OR	PCM	HC/PI	CLI
White MSM	☑	☑	☑		☑	☑
White IDU	☑	☑	☑	☑		☑
Hispanic MSM/IDU	☑		☑	☑		☑
Black IDU	☑	☑	☑	☑		☑
White Heterosexual	☑		☑			
Hispanic MSM	☑	☑	☑		☑	☑
Black MSM/IDU	☑		☑	☑		☑
Hispanic IDU	☑	☑	☑	☑		☑
Youth	☑	☑	☑	☑	☑	☑
White MSM/IDU	☑		☑	☑		☑
Black MSM	☑	☑	☑		☑	☑
Black Heterosexual	☑	☑	☑		☑	
Hispanic Heterosexual	☑	☑	☑		☑	

Intervention Subcommittee's Gap Analysis GRID

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A check mark in a cell indicates that this intervention is occurring ("met need").
The absence of a check mark in a dark shaded cell indicates an "unmet need".

COUNTY _WASHINGTON_ RANK __38____

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

Westmoreland County demographics per the 2000 census:

Total Population:	369,993	American Indian/Alaskan Native:	327
White:	357,325	Native Hawaiian/ Other Pacific Islander:	64
African American:	7,446	Some Other Race:	548
Asian:	1,920	Hispanic Or Latino:	1,869

Westmoreland County Unmet Needs

	ILI	GLI	OR	PCM	HC/PI	CLI
White MSM	☑	☑	☑		☑	☑
White IDU		☑	☑	☑	☑	☑
Hispanic MSM/IDU	☑		☑	☑	☑	☑
Black IDU		☑	☑	☑	☑	☑
White Heterosexual			☑		☑	☑
Hispanic MSM	☑	☑	☑		☑	☑
Black MSM/IDU	☑		☑	☑	☑	☑
Hispanic IDU	☑	☑	☑	☑	☑	☑
Youth	☑	☑	☑	☑	☑	☑
White MSM/IDU	☑		☑	☑	☑	☑
Black MSM	☑	☑	☑		☑	☑
Black Heterosexual		☑	☑		☑	☑
Hispanic Heterosexual		☑	☑		☑	☑

Intervention Subcommittee's Gap Analysis GRID

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A check mark in a cell indicates that this intervention is occurring ("met need").
The absence of a check mark in a dark shaded cell indicates an "unmet need".

COUNTY _WESTMORELAND_ RANK ___33___

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

Wyoming County Demographics per the 2000 Census:

Total Population:	28,080	American Indian/Alaskan Native:	47
White:	27,598	Native Hawaiian/Other Pacific Islander:	2
African American:	149	Some other race:	41
Asian:	77	Hispanic or Latino:	187

Wyoming County Unmet Needs

	ILI	GLI	OR	PCM	HC/PI	CLI
White MSM						☑
White IDU						☑
Hispanic MSM/IDU	☑		☑	☑		☑
Black IDU				☑		☑
White Heterosexual						
Hispanic MSM	☑	☑	☑		☑	☑
Black MSM/IDU	☑		☑	☑		☑
Hispanic IDU	☑		☑	☑		☑
Youth				☑		
White MSM/IDU	☑		☑	☑		☑
Black MSM						☑
Black Heterosexual						
Hispanic Heterosexual						

Intervention Subcommittee's Gap Analysis GRID

Key: The dark shaded cells denote the interventions that have been identified by the Subcommittee as priority interventions ("effective" and "needed"). The lighter shaded cells denote interventions recommended by the CDC.

A check mark in a cell indicates that this intervention is occurring ("met need").
The absence of a check mark in a dark shaded cell indicates an "unmet need".

COUNTY __WYOMING___ RANK __15____

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

V. APPROPRIATE SCIENCE-BASED ACTIVITIES/INTERVENTIONS

The Interventions Subcommittee meets during the regular sessions of the CPG, and has the capacity to meet outside the regularly scheduled times to complete its work for the plan. The co-chairs of the subcommittee also participate in the meetings of the steering committee. The work of this committee has been to analyze the intervention services that currently exist in each county in the state. Once that process is completed, the committee will begin the process of recommending interventions that are demonstrated to work with the many target populations in the state. The committee works in concert with the representatives from the epidemiology, needs assessment and evaluation subcommittees to complete its work.

Included in this section is the work of the Rural Work Group which was established earlier in this cycle of plans to better assess the needs of the counties in Pennsylvania that are considered to be rural. The work group has expended its efforts this year in better defining those rural counties, and beginning to analyze their strengths, and needs.

It has been and remains the goal of the Interventions Subcommittee to establish a menu of scientifically proven interventions for reducing the risk of contracting HIV. Such a menu disseminated to service providers will insure a consistent approach to helping individuals at risk to reduce or eliminate the behaviors that place them at risk for contracting HIV. The process for implementation of the Diffusion of Behavioral Interventions in the state is ongoing. Additions of interventions to the DEBI menu will insure options for every population at risk.

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 misunderstood 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, 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. Of those 16 counties designated as urban, 14 contain rural municipalities (boroughs or townships with population densities of less than 274 people per square mile). 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) (Center for Rural PA, 2004)

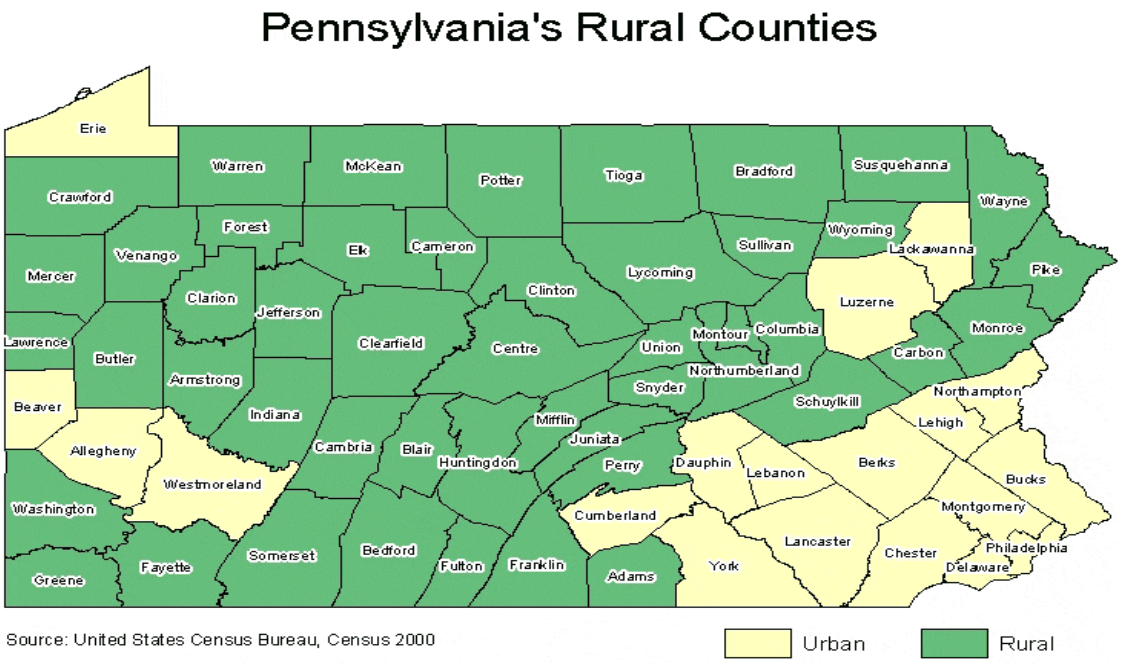

Figure V.1

Other issues that impact rural areas are low incomes, 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. 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 (Center for Rural Pennsylvania, 2000). Figure #### depicts rural and urban counties of Pennsylvania. Table #### lists the rural counties of Pennsylvania by population density and percent Black and Hispanic.

Table V.1

Rural Counties in Pennsylvania

Rural County	Percent Rural	Total Population	Percent Black	Percent Hispanic
Adams	83.8	91,292	1.2	3.6
Armstrong	85.2	72,392	0.8	0.4
Bedford	93.5	49,984	0.4	0.5
Blair *	35	129,144	1.2	0.5
Bradford	79.5	62,146	0.3	0.5
Butler	67.4	174,083	0.8	0.6

Rural County	Percent Rural	Total Population	Percent Black	Percent Hispanic
Cambria *	48.4	152,598	2.8	0.9
Cameron	57.7	5,974	0.4	0.6
Carbon*	47.6	58,759	0.3	1.3
Centre*	42.7	135,758	2.6	1.7
Clarion	84.5	41,765	0.8	0.4
Clearfield	77.2	83,382	1.5	0.6
Clinton	75.2	36,774	0.5	0.3
Columbia	62.9	63,674	0.5	0.8
Crawford	75.9	90,366	1.6	0.6
Elk	60.9	35,112	0.1	0.4
Erie **	25.2	280,843	6.1	2.2
Fayette	70.8	148,644	3.5	0.4
Forest	100	4,946	2.2	1.2
Franklin	71.1	129,313	2.3	1.8
Fulton	100	14,261	0.7	0.4
Greene	89.2	40,672	3.9	0.9
Hunting-don	78	45,586	5.1	1.1
Indiana	79.1	89,605	1.6	0.5
Jefferson	70.1	45,932	0.1	0.4
Juniata	100	22,821	0.4	1.6
Lackawana**	16.8	213,295	1.3	1.4
Lawrence	54.1	94,643	3.6	0.6
Lebanon ***	57.7	120,327	1.3	5

Rural County	Percent Rural	Total Population	Percent Black	Percent Hispanic
Luzerne **	27.1	319,250	1.7	1.2
Lycoming *	45.7	116,709	2.7	0.8
Mercer	49	120,293	5.3	0.7
Mifflin	79.8	46,486	0.5	0.6
Monroe	80.3	128,541	2.1	3.1
Montour	55.1	17,571*	0.6	0.8
Northum-berland	51.1	93,163**	0.5	0.9
Perry	94.1	43,602	0.4	0.7
Potter	82.9	17,115	0.3	0.6
Schuykill	58.3	150,336	2.1	1.1
Snyder	85.3	37,546	0.8	1
Somerset	80.5	80,023	1.6	0.7
Sullivan	100	6,038	1.2	0.5
Susquehanna	100	42,238	0.3	0.7
Tioga	100	42,190	0.3	0.6
Union	74.4	40,546	7.1	4.1
Venango	60.3	57,565	1.1	0.5
Warren	75.2	43,863	0.2	0.3
Wayne	87.6	46,080	1.3	1.6
Wyoming	100	29,298	0.7	0.7
York	46	381,751	3.7	3.0
Pike	100	41,357	1.1	3.3

*Designated Rural Counties with < 50% rural population due to presence of a major population center, e.g. Williamsport in Lycoming County.

**Designated Urban Counties that are situated in remote areas and contain population centers that are service areas for rural populations, e.g. Wilkes-Barre in Luzerne County.

***Designated Urban Counties with > 50% rural population, e.g. Lebanon County

Note: The above designations were established by the Center for Rural Pennsylvania and were based on 2000 Census data.

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.

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
Although HIV is increasing in rural areas of Pennsylvania, the epidemiology of that increase is still not clear. 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, 2004). These trends place a significant burden on rural health care systems that are not always prepared to offer HIV education, counseling, care and treatment.

Summary of Findings from CPG Program Evaluation.
In May 2004 the CPG 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 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 is the fastest growing county in the state). Large urban transplant populations; the N.E. (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 PSE outreach workers

Conclusions

The above findings lend support to the findings of other researchers cited in the beginning of this section. 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.

Recommendations

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

- Identify the priority groups at risk for HIV that is location-based
- Identify Best Practices – programs that have been successful with rural populations, e.g. monitoring the DEBI programs that can be best adapted for use with rural populations
- Advocate for continued retention and training of HIV providers
- Identify the methods by which rural populations adopt prevention behaviors (adoption/diffusion theory)

- Assist rural providers in developing community networks to help reach difficult populations (e.g. DOH networking with Corporative Extension)

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Willits, F.K., Luloff, A.E., and Higdon, F.X. (2004). Current and changing views of rural Pennsylvanians. University Park, PA: Department of Agricultural Economics and Rural Sociology, The Pennsylvania State University.

2. Young Adult Roundtable HIV Prevention Intervention

This is a peer-based group-level intervention, rooted in community planning, which is being designed by and for sexually -active young people (ages 13-24). The intervention targets risk behaviors through a comprehensive, interactive and skills-based, risk reduction program that focuses on HIV/STI counseling and testing, treatment, protection skills and informed decision-making. The intervention curriculum will be completed by December 2004 and will be piloted among high-risk populations of young people in four locations across the state in 2005.

The Roundtable HIV Prevention Intervention emerged from Pennsylvania Young Adult Roundtable needs assessment data and from focus group and key informant data collected among young people and others across the state between 1993-1996 that highlighted a need for risk reduction, skills-based prevention interventions specifically for sexually-active young people. The Roundtable Intervention's unique design process employed basic principles of HIV prevention community planning: parity, inclusion, representation, collaboration and participation and resulted in a peer-based intervention that is both evidence-based and rooted in behavioral science.

Begun in 2000, the Roundtable HIV Prevention Intervention was designed by a planning group of eighteen diverse and high-risk young people (Young Adult Advisory Team or YAAT), ranging in age from 15-23 (median=19). More than half (61%) was female. One-third (33%) were African American, 22% Caucasian, 22% multi-racial, 17% Latina, and 1% Native American. Most (39%) identified as straight, 33% as gay, 22% as bisexual and 1% as lesbian.

YAAT, working in plenary from September 2000 to October 2001 and in a sub-committee of five members from December 2001 to the present, collaborated with members of the Pennsylvania Young

Adult Roundtables, with University of Pittsburgh staff and with members of the PA CPG. The resulting Intervention, behavior-based and rooted in risk reduction, is one that is culturally appropriate for and tailored to the specific prevention needs of sexually active young people.

University of Pittsburgh staff provided information and technical assistance to YAAT members and facilitated and recorded monthly, weekend meetings in order to fortify the planning capacities of its members and to ensure the resulting intervention was bolstered by scientific theory and by the most current HIV prevention research. For example, YAAT members review the CDC's Guidelines for HIV Education and Risk Reduction, sample programs for young people from the CDC's Compendium of Effective HIV Prevention Interventions, and examples of how various behavioral science theories can be incorporated into an intervention. Presentations on program evaluation help YAAT members to incorporate process and outcome evaluative components in the Intervention.

As part of the formative process and in keeping with the community planning process, YAAT, with the administrative support of University of Pittsburgh staff, sought oral and written feedback about the intervention from members of the PA HIV Prevention Community Planning Committee. YAAT members acknowledged the invaluable experience and expertise of CPG members and, therefore, their ability to contribute to the intervention and its goal of preventing HIV/STI infection/re-infection among sexually active young adults.

YAAT members identified the following critical objectives for their Intervention:

- To assist young adults in identifying, understanding, and sharing their risk factors, and barriers to risk reduction in order to: facilitate the learning process, assist the facilitator in customizing the intervention, meet participants where they are, and, thereby, reduce their risk of STI/HIV infection/reinfection and associated risks of unintended pregnancy
- To increase young adults' awareness of current, local and accessible community resources that provide culturally competent services that will meet their needs and, thereby, reduce their risk of STI/HIV infection/reinfection and associated risks of unintended pregnancy
- To ensure that the intervention is properly implemented, continually improved, and is meeting its goal
- To provide young adults with factual information about HIV/AIDS, STIs, unintended pregnancy and related risk factors, and their impact on one's health and susceptibility to STI/HIV infection/reinfection and associated risks of unintended pregnancy
- To encourage HIV/STI counseling and testing so that young adults know and understand their HIV/STI status
- To develop intra-personal and inter-personal skills that will enable young adults to make healthier, less risky decisions that impact their sexual behaviors
- Using current HIV/AIDS, STI, and pregnancy data to increase young adults' awareness of the scope of the epidemic and their own personal risk
- To encourage young adults, through critical thinking and social analysis, to identify and to analyze personal values and social/cultural norms, the relationship between them, and their impact on an individual's risk behaviors
- To develop technical skills that will enable young adults to protect themselves from STI/HIV infection/reinfection and unintended pregnancy

Topics, developed from these preliminary objectives, were expanded and further developed into the curriculum content, which is designed for implementation with groups of up to fifteen participants for 8 sessions over a period of four weeks:

INTERVENTION MODULES		
	Title	Sample Learning Objectives
SESSION ONE	Personal Risk Assessment	• identify personal risk factors for HIV infection/re-infection
MODULE ONE	HIV Primary and Secondary Prevention and Treatment	• understand levels of risk of common modes of HIV transmission • identify importance of STI and HIV treatment
MODULE TWO	Protection Skills	• demonstrate male condom use efficacy
MODULE THREE	HIV Counseling and Testing/Resources	• understand HIV counseling and testing experience and results • identify local, accessible test sites
MODULE FOUR	Cultural/Community Norms, Personal Values, and Decision-Making Skills	• identify social forces that impact risk reduction behaviors
MODULE FIVE	Social Competency, Communication Skills, and Decision-Making Skills	• demonstrate sexual negotiation efficacy
FINAL SESSION	Personal Risk Re-Assessment and Wrap Up	• update personal risk reduction plan • complete Intervention evaluation

Specific methods in this Intervention, each rooted in behavioral science theory, have been identified by young, experienced outreach workers and young HIV prevention planners. It is hoped that these methods will maximize participant's knowledge and skill acquisition and their participation in the learning process throughout the Intervention. According to YAAT members, methods should always be engaging and interactive, as well as appropriate and sensitive to the diverse needs of group members. Methods employed in this intervention include:

Informational Presentation
This method is similar to a lecture. Although young people have stated repeatedly that they dislike and do not learn well from lectures (and we have avoided them wherever possible), there are large pieces of factual information that cannot be presented in any other way. In these instances, facilitators are to present the information to the participants in small understandable pieces and back it up with facilitated discussions and other types of methods. To promote interaction and dialogue during an IP, facilitators should encourage participants to ask questions

Facilitated Discussion
This is the preferred alternative to an IP. Facilitated discussions promote open dialogue within the group about the topic or information at hand, or following an activity. The facilitator is there to answer questions and to guide the group to an objective, but group members should always be involved and encouraged to take discussions where they need, while the facilitators keep the intended goal in sight.
Guest Speaker/ Personal Perspective
This method, which most young people prefer, is when an outside speaker, such as an HIV counselor or a person living with HIV/AIDS, meets with participants to discuss a specific topic or to present a

personal perspective on a given topic. Young people prefer guest speakers to be young, informed and skilled at public speaking.

Focused Activity/Game
Roundtable members and most other young people identify fun and interactive as two essential components of effective learning. These specific methods have been identified as fun, interactive and effective in illustrating a key idea or skill.

Understanding the need for continual participant and facilitator feedback and the importance of accountability to ensure the Intervention's ongoing effectiveness, YAAT members included the following monitoring and evaluation components:

INTERVENTION MONITORING & EVALUATION	
• process monitoring	• participant surveys
• process evaluation	• participant surveys • participant discussions • facilitators' surveys/debriefings
• outcome evaluation	• pre/post Intervention risk assessment surveys with 6-month follow-up • pre/post test module surveys

As detailed in the Intervention's introduction written by YAAT members, sexually active young adults often feel as though they are judged for their sexual behaviors. YAAT members believe, therefore, that it is critical to create a safe, non-judgmental, sex positive, culturally sensitive environment in order to establish lines of open communication and to ensure participants' comfort. Furthermore, although the Intervention is focused on sexual activity and sexual health, it was also important for YAAT members to include information and resources that will address individuals' social, mental and emotional health as well as physical health concerns that are not related specifically to sexual activity. Finally, in order for this Intervention to accomplish its goal of long-term behavior change, the Intervention must continually encourage participants to make informed decisions and choose their own path.

The Intervention's opening declaration, written by YAAT members in July 2001, captures the spirit, motivations and goals of the Intervention's designers:

> This is our voice. We have been plagued by AIDS, an epidemic that seems incurable and is spreading rapidly in our lives and affecting our families, friends, partners and communities. It is our responsibility to educate ourselves, while promoting less risky behaviors.
>
> We are a team that represents a cross-section of high-risk young adults. We have come together with different experiences; therefore, we are better equipped to convey the HIV/AIDS, STI and unintended pregnancy prevention needs of young adults. We recognize the need for peer-based, sex-positive HIV/AIDS, STI and unintended pregnancy prevention programs and interventions.
>
> According to the Centers for Disease Control and Prevention the majority of young adults is sexually active and is being infected by HIV and other STIs at alarming rates. When we came together we knew that abstinence-only and abstinence-plus programs are not meeting young adults' needs; therefore, we have designed this original intervention, based on harm reduction principles, to reach those who we represent.

We have provided an intervention that empowers sexually active young adults to make healthier decisions that will reduce their risk of STI and HIV infection/re-infection, of AIDS and of unintended pregnancy.

VI. EVALUATION

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.

Activities Conducted by the Evaluation Sub-Committee:
The evaluation sub-committee conducts two 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 (see Figure 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 is a relatively new (two years old) activity using poster presentations by local Departments of Health, the seven Ryan White Coalitions which 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.

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 three programs (see Figure 1). The first is an assessment of Pennsylvania's public counseling and testing sites including a survey distributed to staff at the sites, interviews with randomly chosen staff at these sites, and a participant observation methodology. The latter uses trained actors to visit various test sites and undergo testing and counseling while keeping very careful records of their experience. The results of this evaluation are used by the Pennsylvania Department of Health to train the staff at testing sites and to revise policy where necessary. The results have also been presented at various conferences and published in two journals.

The second method is 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.

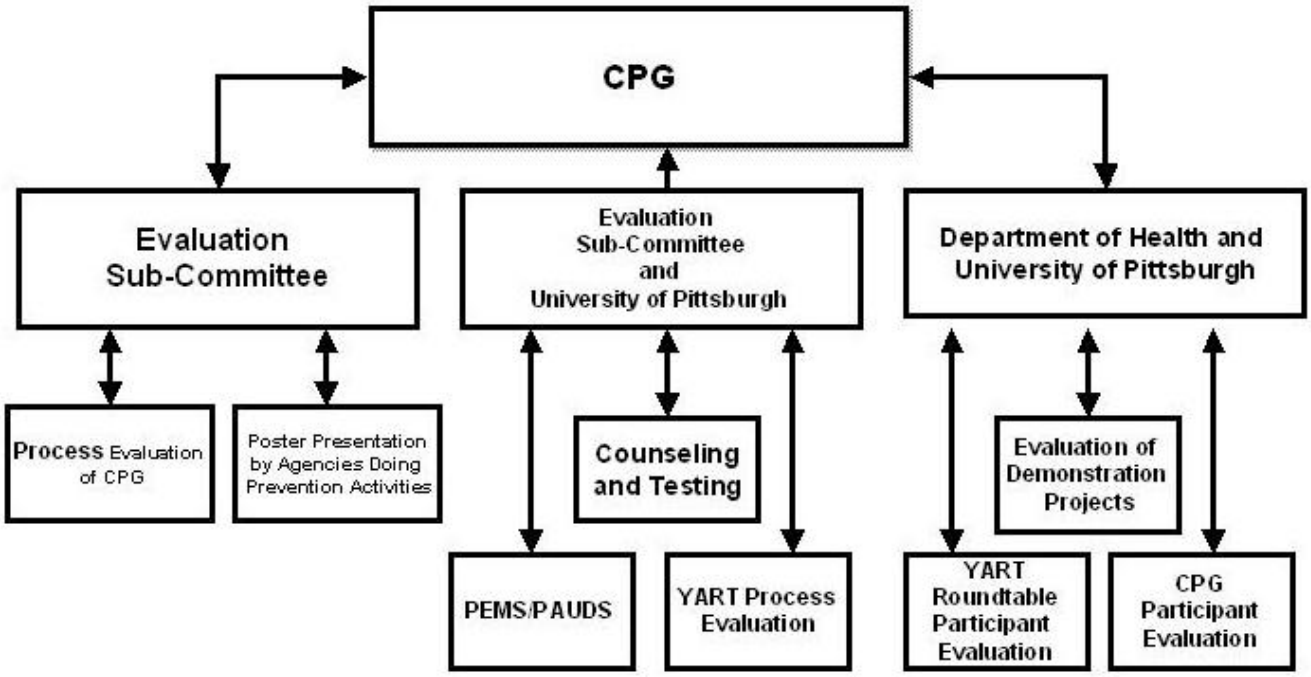
The third method is the Young Adult Roundtable Process Evaluation. It is administed annually at the November meeting to CPG members. This survey provides CPG members the opportunity (both qualitatively and quantitatively) to comment on the progress of the Roundtables during the past year. The evaluative 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.

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 three 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 1). The results of the evaluations were used to guide the projects' development and to aid in determining continued funding of the projects. This year the two HIV clinic based projects that were created to establish prevention programming for HIV positive individuals at the clinics are currently developing evaluation protocols. The third current project completed its major impact evaluation last year and was included in last year's plan. The fourth project- the Young Adult Roundtable is an intervention created by and for young adults. It is in its piloting phase where pre and post intervention surveys will be used to revise that intervention as needed.

The second method identifies the demographic characteristics of the CPG members in order to determine whether they reflect the demographic characteristics of the HIV epidemic in Pennsylvania.

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.

Figure VI.1



In conclusion, the CPG highly values its evaluation activities and has integrated them into all phases of its work. CPG 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, the results of the evaluation activities continue to produce recommendations that lead to valuable changes in CPG, Department of Health and agency HIV-related prevention activities.

Results of the Activities Conducted by the Evaluation Sub-Committee:

1. Evaluation of the 2004 CPG Process: Findings from the Nominal Group Process:

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 were presented at a subsequent CPG meeting.

The CPG Process Evaluation utilizes focus groups of Committee members. The Evaluation Subcommittee based on issues identified during the year by Committee members develops questions for the focus groups. An entire afternoon of a Committee meeting is put aside for this evaluation. Focus Group facilitators are outsiders (currently we are using trained graduate students). Notes are kept during the groups. The notes reflect the issues discussed and the relative importance of the issues. The notes are then subjected to content analysis and a report is generated. The report is then presented to the Committee for discussion and action.

Introduction:
On November 17, 2004, the Community Planning Group (CPG) met in Harrisburg, Pennsylvania, at the Best Western Hotel. As part of this meeting, a qualitative evaluation was conducted on the 2004 CPG planning process using the nominal group process with three groups of CPG members. A total of 22 CPG members participated. The specific purpose of the nominal group process was to evaluate the facilitation of the CPG planning provided by staff from the Pennsylvania Department of Health and the University of Pittsburgh. CPG members were also asked to provide recommendations (if any) to improve the planning process for upcoming years. Evaluators were Nandi Troutman, Tifanie Hudgins, Lyndsay Mandel, Sara Ritsko, Sara Price, & Tawny Youtz. The evaluation was supervised by Steven Godin, PhD, MPH, CHES Chair of the CPG Evaluation Sub-Committee.

Methodology:
The group facilitators employed the nominal group process to examine the CPG members' perceived "strengths" and "weaknesses" of the planning process and solicit the CPG members' recommendations for how to improve the planning process in upcoming years.

CPG members were randomly assigned to three focus groups. One facilitator and one recorder ran each of the groups. The groups were each assigned to different rooms for the evaluation process. Group A consisted of eight members, Group B had seven members, and Group C had seven members. Each group was asked three questions in the following order:

1) When looking at the facilitation role that PA-DOH and University of Pittsburgh played, what do you believe was/were the strength(s) of the CPG planning process?

2) When looking at the facilitation role that PA-DOH and University of Pittsburgh played, what do you believe was/were the weakness(es) of the CPG planning process?

3) What recommendations (if any) would you make to the PA-DOH and the University of Pittsburgh to improve the CPG planning process and/or the effectiveness of HIV prevention in PA for the coming year?

<u>Group A's Voting Process</u>:
The voting in this group was done in two rounds for each question. During the first round of voting, each participant had the chance to vote two times for what they felt were the best answers. The facilitator read through each option and the participants' answers were tallied. After completing the first round of voting the top two or three choices were singled out, and a second vote was conducted. This time, the participants could only vote once. This process led to obtaining responses that had the highest vote. The voting process for question 3 was a little different. Group A members felt that question 3 should be two separate questions (Part A and Part B). They voted on part A and part B in the same process as above. In order to receive a final answer for question 3, the top answer from part A and the top answer for part B were then voted on, allowing each participant one vote.

<u>Dynamics of Group A</u>:
The members of this group worked well together to come up with answers to the questions. They helped each other to clarify answers so everyone understood. All members of the group contributed, but

some seemed to have more comments. Occasionally members would pass if they did not have an answer to the question, or agreed with something another member had stated. On every question the group worked together to combine answers as a way of prioritizing. They seemed to feel that if their comments were not voted on as number one, that it would not be heard. They were assured them that all input provided within the focus group would be listed in the report.

Group B's Voting Process

The members understood the process of the nominal group format. The facilitator group leader read the question twice. The members were then given the opportunity to respond in a round- robin fashion. The responses were drawn from the members in the order in which they sat. Each person was allowed one response in the first round, and debating was not allowed. After everyone had the opportunity to respond, the round- robin techniques were used again. This time, the responses began with the last person who responded during the first round. After all responses were voiced, the group voted. Voting took place in the form of two rounds. During the first round, each member was given two votes. This process resulted in three to four responses, which were then prioritized through a second voting process where each member voted once.

Dynamics of Group B

Occasionally, there was need for clarification of the responses given. Some of the responses overlapped or the group members felt could be combined into one answer. Time was also needed for debating that took place on some of the questions. Overall, the group worked well together.

Group C's Voting Process:

The voting in this group was done in two rounds for each question. During the first round of voting, each participant had the chance to vote two times for what they felt were the best answers. The facilitator read through each option and the participants' answers were tallied. After completing the first round of voting the top two or three choices were singled out, and voted on again. This time the participants could only vote once. This led to the final answer for each question.

Dynamics of the Group C:

The members of the group worked very well together to clarify their concerns and opinions on how to improve the planning process. Everyone contributed to the focus group process equally. There was only one member of the group who tended to over-extend his speaking time. The rest of the group members were very brief and concise on the input they contributed. Two of the members were rather new to CPG collation, but their input was still very beneficial. Many of the members believed that all the recommendations that were brought up in the focus group were beneficial to the improvement of the planning process.

Focus Group Results:

Group A (n= 8 members)

1st Vote	**2nd Vote**	**Question #1: Strengths**
8	7	1. Organization/ Timeliness/ Well-Controlled
8	1	2. Collaboration/ Ownership of all participants in the process./ Diversity of individuals involved in the planning process / Strong functioning sub-committees.*

0	0	3. Clarity of roles was more consistent.

* Originally some of these responses were separate points, but the group decided to combine several responses into one.

1st Vote	2nd Vote	Question #2: Weaknesses
7	6	1. No weaknesses
0	0	2. Paperwork (updates) was not consistent.
6	2	3. Duplication of paperwork/documentation was overwhelming.
2	0	4. Interdepartmental confusion/communication (University of Pittsburgh only).

1st Vote	2nd Vote	Question #3: Recommendations
Part A: Recommendations to the PA-DOH to improve the CPG planning process		
1	0	1. Manage paperwork
7	2	2. Encourage more responsibility of members/ Strengthen and clarify member expectations.
7	6	3. Further clarify mentor roles.
0	0	4. Coordination with travel reimbursement.
1	0	5. DOH- provide an epidemiologist for committee only.
Part B: Recommendations to improve the effectiveness of HIV prevention in PA for the coming year to the DOH. **		
4	0	1. Better condoms/more condoms/different types of condoms
6	7	2. Improve and clarify evaluation of services provided / Improve school based and prison based prevention programs / Improved recognition that there is a diverse commonwealth. Prevention protocols are mostly urban (not rural). Improved rural models for prevention and education.*
4	1	3. Improve DOH media blitzes all over PA.
1	0	4. DOH should advocate to legislators for needle exchange (for level playing field.)
Final Answer: Vote between top choices from part A and B.		
		Part A: Further clarify mentor roles.
7		Part B: Improve and clarify evaluation of services provided / Improve school based and prison based prevention programs / Improved recognition that there is a diverse commonwealth. Prevention protocols are mostly urban (not rural). Improved rural models for prevention and education. *

* Originally some of these responses were separate points, but the group decided to combine several responses into one.

** The group found question #3 to be two separate questions. They thought it was asking two distinctly different things and was poorly worded. It was very hard and frustrating for the group to conduct a final vote between parts A and B.

Group B (n=7 members)

1st Vote	2nd Vote	Question # 1- Strengths
4	1	1. Pitt plays a very strong role in research data and does supplemental research in a timely fashion.
4	6	2. Excellent organization and coordination of PA-DOH co-chair. Pitt and PA-DOH coordinate activities well and have constant communication. Everyone is included in the process of helping the committee move smoothly and stay on schedule. Structure was lacking but much better due to co-chair of PA-DOH.
3	0	3. Pitt does a good job disseminating information from planning committee and putting representation into one voice. Both Pitt and PA-DOH treated input with respect.
1	0	4. Action is speaking louder than words. Appreciate the fact that it is not all talk and things are seen in writing. Committee is now accountable, which is something that has been lacking.
1	0	5. Excellent communication of PA-DOH co-chair with CDC. Co-chair has given a true commitment to the CPG.

1st Vote	2nd Vote	Question # 2- Weaknesses
5	0	1. Hold people accountable for unexcused absences, expect those with disabilities.
0	0	2. Relatively new to process, but happy with how things are going.
2	0	3. One must give up a lot to be on the committee and more consideration should be taken for the needs of consumers.
3	3	4. Need to use more technology to decrease paperwork. There is too much duplication and the hard copy is not always needed. Too much money is wasted on distribution. Is it possible to send information electronically or meet online?
4	4	5. Not enough time is given before meetings to review larger pieces of work. Also, explain to new comers more of what is going on. With not enough time to review work and newcomers not knowing the information some may be voting on things they don't understand.

1st vote	2nd vote	Question 3: Recommendations
5	3	1. Need to address fact that field staff is not allowed to use CPG plan and apply it in practice under guides of communicable diseases.
1	0	2. PA-DOH should lobby Pennsylvania government/legislation to provide more education to young people and other high-risk populations. The high-risk populations won't be reached without legislation.
1	0	3. CPG membership should be more inclusive to other Pennsylvania departments. Department of Public Welfare is not included in committee. When

		someone leaves the committee it takes to long to replace the appointed positions. The positions should be replaces right away.
3	3	4. Give more lead-time on projects they will be voting on and include clear instructions.
0	0	5. Focus more on people in their own rural community and give the community better recognition.
2	0	6. Allocation for funding needs to be culturally sensitive. Money should go to the high-risk communities.
0	0	7. More collaboration with the Philadelphia CPG. Our CPG should collaborate to find out why and how they are doing things.
1	0	8. Because of flat funding, explore other grants while using CPG planning as a basis for application.
1	0	9. More advertising, such as PSA's, should be used.

* 1 abstention on final vote for question 3.

Group C (n=7 members)

1st Vote	**2nd Vote**	**Question # 1- Strengths**
4	4	1. Knowledge and longevity of the project
3	0	2. Well organized
4	3	3. Communicating more clearly
1	0	4. Welcoming to new members
2	0	5. Years of experience in the planning process

1st Vote	**2nd Vote**	**Question # 2-Weaknesses**
2	0	1.Taking to long to start meetings
1	0	2. Difficulty communicating between meetings
6	0	3. Lack of attendance at meetings
0	0	4. Community Co-chair's disrespectful comments to CPG members
1	0	5. Lack of follow through by the mentors
2	0	6. Longevity

A second vote was not taken this time because of the overwhelming amount of votes for # 3 – lack of attendance at meetings.

1st Vote	**2nd Vote**	**Question # 3- Recommendations**
2	0	1. Attendance policy reviewed
2	0	2. More energy in recruiting committed members
4	**6**	**3. Conduct research on why members do not attend**
2	0	4. Evaluations conducted after each meeting
2	0	5. Stricter enforcement of time agenda at meetings
3	**1**	**6. Recruitment of a larger pool of members**

Common Themes Consistent Across the Three Focus Groups

After reviewing all of the responses from the nominal group process participants, these are the common themes:

STRENGTHS

- Excellent Organization/ Coordination/ Well-Controlled Meetings
- Collaboration/ Ownership of all participants in the process/ diversity of individuals involved in the planning process / Strong functioning sub-committees

WEAKNESSES

- Amount and Duplication of paperwork/documentation was overwhelming
- Encourage more responsibility of members; strengthen and clarify member expectations
- Further clarify mentor roles
- Lack of attendance at meetings

RECOMMENDATIONS

- Improve and clarify evaluation of services provided; improve school based and prison based prevention programs; improved recognition that there is a diverse commonwealth; prevention protocols are mostly urban (not rural); improved rural models for prevention and education.
- Address problems with attendance; recruit a larger pool of members.
- Encourage more responsibility of members/ Strengthen and clarify member expectations.

2. Results of the HIV Prevention Provider's Poster Session 2004

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.

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. Presenters were interviewed by CPG members during the session. A set of five questions was formulated to guide the interviews. The questions were as follows:

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

2) Regarding your target population . . . which interventions do you feel are working . . . and why?

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?

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

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

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?

- Anonymous, free telephone education targeting low income Heterosexuals, MSM, IDU, Prenatals Targets women and families, IDU's, MSM's, sex workers and youth, farm workers and prevention workers. Programs vary by county and population needs. Programs work because provider has an extensive network of organizations that collaborate in this effort. The programs are also comprehensive – ranging from ILI's to GLI's etc. Every effort is made to provide programming based on populations at risk and on geographical location.

- ILI's work well because counselor can focus on individual and gain trust. Have culturally sensitive staff, credibility, bilingual staff and literature for handouts. Strong outreach to college students and school students due to good community networks. Also have sexual assault nurse examiners.

- Counseling and testing at prisons. Strong relationship with schools. High school program in health classes – school nurse refers high-risk students to health department; coordinated with community hospital. Peer counseling; testing done twice a year in local universities, colleges. Outreach program to Latino community. Mandatory HIV prevention program with drug and alcohol rehabilitation; good affiliation with LGBT youth.
- Have a weekend clinic and provide prevention services to the MSM population in the Eastern part of the county. Do prevention programming with outpatient and inpatient drug and alcohol clients

- Have good networks with community agencies. GLI's work well with drug and alcohol, family and some youth groups. Some outreach to schools. Do PCRS.

- One-to-one counseling works best with young parent program. Have extensive outreach programs that reach 4,000 people. Examples are: programs for mushroom workers (have a bilingual (Spanish) outreach worker), GLI's in colleges, schools, prisons and drug and alcohol facilities and do location testing. Do a lot of health communication through hotline, news releases, TV ads. Present information at health fairs. Partner counseling to HIV infected clients. Testing and

counseling by RN's in seven locations. Also to have TB clinics, communicable disease education (phone), STD clinic, and a drop in policy.

- Innovative approaches to outreach to Spanish speaking people through schools and clubs; most successful with peer education.

- Innovative HIV Prevention services to the two State Prisons in the County. What works well is outreach to gay bars; they are taking products and information; doing street outreach; barbershop/salon outreach working well. "Teens AIDS Peer Corps" are utilized as mentors to educate other teens on a variety of HIV prevention techniques; seems to be an intervention that works well. Hands on activity seemed to work better for them. Good networking skills; good activities for youth; abstinence based / other options depending on religious affiliation. Have faith-based collaborations.

- Most successful are the Group Level Interventions; they are recruited with a formal curriculum given. Also the County Prison programs are successful. Attempts to reach MSMs were innovative.

- Services stronger in more populated areas. Street outreach during concerts and fairs United Neighborhood targets all counties in the coalition. Good ideas of outreach: cooking, hair braiding, etc.

- Interventions with drug treatment facilities, male correctional facilities (especially young men) have been well received. Have developed popular opinion leader's educational sessions, especially to very rural areas. Teen AIDS Peer Group and the Peer Educators are most successful; Peer Empowerment Conference being done; through Family Health Council. Strong focus on street outreach with African Americans and injectable drug users; Work in all Schools where programs are half abstinence based and half intervention based.

- Mass media messages work best. Training of staff of service agencies and schools to do programming is successful. GLI' s work best in minority communities, interventions for pregnant teens etc. Street fairs are successful.

- Website used as a resource for teachers and students, curriculum development; Internet access is not available to everyone. <u>YART Intervention</u> – technical assistance for "adult" and young peer educators.

- Provides free, anonymous community (urban)-based HIV testing and counseling. Partners with seven HHS organizations to do collaborative outreach. Outreach to African Americans, GLBT. Teens Programs work when they are collaborative and have community support, have enough resources and staff. Safe sex workshops are a hit.

- Exceptional success in working with teens. Programs are very interactive with community outreach; very youth oriented; good connection to HIV positive persons. Strong focus on African Americans and MSMs; Provide HIV retreats, outreach, collaborations that work well.

Thematic Analysis of Question 2:
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?

- If consumers self-identify their risk the (telephone program) educators can collect data and note changes over time. They have noted a shift in risk categories because of this. The biggest problem is getting callers to give information. But based on what they have been able to collect, they are observing an increase in heterosexual risk, more calls from younger people.

- Trying to find and reach IDUs because of lack of access through networks related to this risk group. ILI/GLI seemed to be an effective outreach tools; Excellent outreach to Latinos. Collaboration with other agencies, trust that has been developed in the different counties among care providers and potential at risk populations – means that confidentiality is maintained. Evaluation of programs and revision based on outcomes. Many schools and prisons have been supportive of GLI's. Outreach is working really well – programs and staff have good reputations in counties.

- Transgender issues; incomplete information due to the nature of transgender discretion. Do not provide services to school-age population, in-school environment or outside of school environment because of school boards.

- Lack of transgender information. Lack of outreach. Mandatory HIV prevention with drug alcohol rehabilitation; good affiliation with LGBT youth; amazing relationship with area high school.

- Clinics - Have well trained staff and excellent networks.

- What works well is outreach to gay bars- educators are taking products and information; still evaluating street outreach; barbershop/salon outreach working well (distributing material in these places) "Teens AIDS Peer Corps" are utilized as mentors to educate other teens on a variety of HIV prevention techniques; seems to be an intervention that works well.

- Attempts to reach MSMs are innovative.

- Targeting rural youth is a challenge. Need to get into the schools. Abstinence only education doesn't work. American Red Cross does a lot of really creative interventions with diverse groups

at risk as does United Neighborhood Centers. Have tailored the interventions to the population really well.

- 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 as schools are hard to get into e.g. have programs in only 2 of 7 school districts; cannot provide services to school age, gay lesbian, transgender, questioning youth; Work in all Schools- 1/2 abstinence based; 1/2 intervention based; May speak about condoms, not allowed to demonstrate. Personal perspectives program; HIV+ individual speaks to group. Keep on-going contact with health teachers and physical education teachers. Power point presentation works within the Health Education Standards Target population. Do access IDU's because of strong focus on street outreach with African Americans and injectable drug users "Trailer Park People are difficult - do not know how to reach them or provide intervention.

- Youth project is still in progress; one barrier is obtaining enough youth for the project. Peer based Website based on issues coming from youth roundtables. Very difficult to reach older minority females. Barriers – political; cultural; effective HIV prevention and not abstinence-based; barriers against comprehensive education

- Problems with funding; cultural competencies of staff; lack of trained staff; inability for staff to create "trust" in target populations; attrition within target population with long-term interventions; entry into prisons difficult - no condoms allowed in the prisons.

- MSM hard population to reach especially young MSMs. Continue to try to get to the gay clubs. Homeless are also difficult. Difficult to "open the door" to the Hospital – regardless of type of intervention. Cannot provide services to school age population in school environment because of school district administration. Do not provide services to school-age population outside of school environment.

Thematic Analysis of Question 3

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?

- Telephone fact line – but keeping updated information is a problem. The most significant barrier faced is stigma – this means that callers are reluctant to identify their needs and risk factors.

- Difficult in rural areas; stigma a problem. The mobility of; access to MSM populations; funding; conservative nature of schools. Mix of rural & urban outreach; wide selection of programs. Large geographic area, some at risk populations difficult to access. Movement of clients in and out of counties, especially the migrant population. Staff turnover. Heavy crack down on drug use by police has made IDU interventions difficult. Hard to get some people to commit to prevention over a long time period. In the case of GLI,s working with the schedules of schools prisons etc. Abstinence only approach in some schools. Restriction of distribution of condom/bleach kits due to stigma. Some participants won't be honest in groups.

- Great ability to network with surrounding organizations/colleges; good access to LGBT and IVDU communities. Lack of administrative support for the efforts of the HIV prevention staff. Higher up the chain of command are administrators who do not support the efforts of the staff. The public and local health care providers do not understand the role of public health. Great Barriers are school boards. Funding. Limited ability to distribute condoms.

- Difficult to provide services to rural parts of county. Community Church supports GLBT. Cultural barriers . . . target population trust of the agency staff; concerns about deportation issues. Lack of support from local churches . . . stigma exists with in many churches. Perceived norms that women teens are all sexually active.

- North end and center of county hard to reach. Time constraints, C&T done during the day only. Difficulty getting information into the schools. Lack of Indo-European languages spoken. Good outreach to at-risk communities. Do not address school age population in school environment or outside of school environment. Barrier: School districts and boards. Lack of trust, limited clinic hours, transportation, staff shortage, language barriers. Community awareness of services.

- Barriers – reaching the MSM populations. (MSMs may be going to Philly); getting into schools in more conservative areas especially. Conservative atmosphere in some areas of the county.

- Work on overcoming the obstacles such as: resources, gaining more volunteer time; gaining trust. Used church as a means to reach out to the at-risk community. Need time; need trust. Lack of support from local churches. Stigma of HIV in the Hispanic Community. "AIDS" is an old story . . . people are tired of hearing about HIV . . . people view HIV/AIDS as a problem that is not a high priority.

- Easiest to provide services where there are networks or partners that can reach high-risk populations. Good networking skills; good activities for youth; abstinence based / other options depending on religious affiliation. Barriers – county areas outside of the city. Barriers – funding and staff; a better OraQuick to give quicker results; religious organizations are a barrier with the abstinence only mentality. Get rid of abstinence only!!. Funding; specific demographics; religion; HIV positive speakers not available; lack of training updates for staff; Hard to reach GLBTQ, D and A users and Prisons.

- Barriers – growing Hispanic population, Mexican. Have permission to be in a Gay Bar-difficulty accessing outside this venue. Funding, Language barriers, Transportation to some areas of the county. Community perceptions for needs for services.

- Continued stigma in rural PA; lack of skilled staff; lack of cultural competencies; unaware of how to access target populations; lack of funding to do the job right. Trouble reaching schools within home base. Cost of condoms etc. and inability to distribute these to certain populations. Lack of community trust.

- Rural areas underserved. Biggest challenge, "shaking the bushes". Remote counties are most difficult to provide services. Large urban transplant populations. Targeting rural youth is a challenge. Need to get into the schools. Abstinence only education doesn't work. Reduction in Funding – are writing grants. "Canned" interventions do not work – especially in areas where staff is limited.

- 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. Target population: "Trailer Park People; barrier: do not know how to reach them or provide intervention.

- A disconnect between the needs of local agencies and expectations by the PA-DOH; perceived lack of support from the PA-DOH.

- Limited funding, staff turnover, disenfranchised community with limited resources, lack of staff trained in language and cultural differences, limited access to schools and community settings, difficulty building trust among staff. Unavailability of condoms in correctional facilities. Difficulty maintaining long-term relationships with consumers at risk. CDC shift to funding only prevention to HIV positives.

- Getting funding. Need professionally competent and trained staff. Miscommunication about who programs are for (for all infected individuals, not just certain groups). Education level of the community – many people fear the disease – hard to get community support for prevention. Increasing threat of HIV among the young – reluctance to admit/denial in this group that HIV is a threat.

- Barriers – Funding to meet request of agencies or new services; reporting requirements /administrative requirements, especially for smaller agencies. The change in definition perceived a barrier. Good connections to youth; good connections w/ coalitions.

- Inter-agency conflicts are not resolved and create barriers for collaboration.

- Barriers include problems accessing the Hospital. Stigma. Inattention from the "stoic German population". Unable to go into the high school but have connection to middle school. Also a problem getting into county jail as it is one block outside the city limits. Lots of interaction with various members of community. HIPAA interpretations. Many different barriers that need to be broken, i.e. some community health staff are "Escaping" to Washington DC and/or Baltimore, MD; MSMs are hiding.

Thematic Analysis of Question 4:
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

Access because of distance and spread of population results in:

- 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?

- Staff turnover / training of new staff

- Lack of administrative support for the efforts of the HIV prevention staff. Higher up the chain of command are administrators who do not support the efforts of the staff. The public and local health care providers do not understand the role of public health

- They have no other staff/subcontractors; everyone has training; what the nurses who do the work need is updating; they all have 3 day counseling & testing training.

- Lack of training updates; staff

- Lack of skilled staff; lack of cultural competencies; unaware of how to access target populations; lack of funding to do the job right

- Staff trained well but could use more updating

- Lack of trained staff; inability for staff to create "trust" in target populations; attrition w/in target population with long-term interventions; entry into prisons; condoms in the prisons. Staff needs training in doing outreach and HIV education strategies.

- Providers need to better understand the new definitions (more RR components, for example). Training- training for prevention not yet a requirement in PA. Once standards are put in place donors are needed to help train providers.

- May benefit from Technical Assistance on how to network & collaborate with other key members of that community. Updated training is always welcome

Thematic Analysis of Question 5:

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

2. A Preliminary Results of the HIV Prevention Provider's Poster Session 2005

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 a **preliminary analysis** of the results. A more detailed report of the completed results will be presented in future.

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.

Procedure:
Letters were sent to field staff inviting them to present a poster about their projects at the May 2005 CPG meeting. The letter included guidelines for the presentation and emphasized the purpose of the presentations in a non-threatening way based on feedback from the presenters in the 2004 session (see paragraph 1 in the 2004 results section above). Presenters representing 13 state programs attended the session. CPG members interviewed presenters during the session. A set of four questions was formulated to guide the interviews. The questions were as follows:

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

The results were collated and aggregated by question. Further analysis identifying themes and addressing issues of reliability are in progress. All the raw data will be typed from the data collection sheets. The data will then be collated by the themes and a final report will be presented to the CPG at their November 2005 meeting.

Preliminary Results:

Bold = Most frequent answers to questions

Question 1) What Interventions are Effective and Why?

- Internet-based contact works with those with Internet access
- Those that require agency partnerships
- Use set interventions & additional material to augment
- Community-based, not school-based
- ILI interventions work best
- Outreach efforts target those at risk via informal networks (i.e., word of mouth)
- The use of coupons as incentives
- PCRS – very successful
- Outreach at gay campgrounds
- Home-based interventions
- Counseling and testing in the jails
- Outreach in the parks
- Methadone clinics doing well
- Interventions that can be adapted to local needs
- Rapid HIV testing has helped

Question 2) What Interventions are Less Effective and Why?

- Those that require cultural diversity skills
- Work requiring education/intervention with the prisons; also a theme of working with prisons during discharge….and losing track of clients once that happens
- Targeting MSMs in rural areas
- Any prevention efforts that require great distances to travel
- Anything requiring collaboration with the schools
- Work requiring collaboration with health care providers….resistance
- Those efforts that occur during non-traditional hours
- PCRS, due to time constraints in reaching people

Question 3) What are the Biggest Barriers in Doing Effective HIV Prevention?

- Weather & travel
- ***Funding & other resources (i.e., space, supplies, etc.)***
- ***Staff commitment and attitude***
- ***Not enough staff***
- Feeling overwhelmed with work
- ***Transportation***
- ***Language barriers***
- Difficulty getting "buy in" from all community members
- Partner notification and counseling very difficult to do
- ***Not having trained staff***
- Accessing the HIV+ population
- Condoms not allowed in prison
- Demands from other job responsibilities
- Epi numbers may be inaccurate
- Fear of confidentiality issues in rural areas
- Resistance of correctional facility staff
- Not being able to find health care providers to work with clients
- General public's attitudes and stigma

4) What are the HIV Prevention Training Needs (if any)?

- ***Info on HepC and co-infection issues***
- ***Working with older adults; HIV and seniors***
- How to work with physicians who are not interested in the issues
- ***Cultural diversity***
- How HIV testing works
- Group facilitators need training to run groups
- Training in "life skills- problem solving, communication skills, basic helper skills
- AIDS treatment updates
- HIV cross-infection
- Lab testing procedures
- Outreach in rural counties
- STDs and HIV
- How to work with the "down low"
- Drug interaction effects for those on anti-virals

- Implementation of the DEBI interventions at the local level
- Understanding the lesbian, gay women culture
- Staff need to speak Spanish… bi-lingual needs are great
- Substance abuse treatment knowledge

In Summary

The results of the two poster sessions (2004 and 2005) will be combined into a report that will be submitted to the CPG. In addition, the use of poster sessions as an innovative method of HIV/AIDS program evaluation as well as the results of the two sessions and the feedback from the poster presenters will be submitted as a presentation to the next US Conference on AIDS.

Results of Activities Conducted by the Evaluation Sub-Committee and the University of Pittsburgh:

3. Results of 2005 PAUDS Activities

PAUDS/PEMS
PAUDS data from local departments of health, Coalitions and CDC funded programs have been submitted each quarter in 2004 and 2005. Data were accepted and submitted to the State in quarterly reports. The fourth report summarizes all of the data for the year and presents a "snapshot" of Pennsylvania HIV prevention activities.

Beginning in January 2006, a new data collection system, the Program Evaluation and Monitoring System (PEMS) will begin. PEMS supports the CDC's *Advancing HIV (AHP) Initiative: New Strategies for a Changing Epidemic* and HIV Prevention Strategic Plan by "strengthening the capacity of its grantees to monitor the degree to which prevention services are reaching those most affected by the epidemic." All agencies currently collecting PAUDS data will transition to collect PEMS data. Agency staff has been trained and will be able to make the transition.

The PEMS data collection system is similar to the PaUDS system in many ways, but allows a more detailed analysis of the information. In order to prepare for the transition, Department and University of Pittsburgh staff has participated in telephone conferences with the CDC. In October 2004, Bob Burton, the Department's PEMS coordinator, participated in a weeklong PEMS training in Atlanta. In June 2005, he was deployed to Iraq. As a result, Nicole Pirain at the University has temporarily replaced him in that role.

4. Results of the Young Adult Roundtable Evaluations

The current roundtable evaluation yielded a good deal of information about the demographic characteristics and risk behaviors of the young adults. The groups are developed to represent at risk youth in the state and thus be able to contribute to the planning process. Currently, Roundtable members participate in six statewide, excluding Philadelphia, planning groups in the communities of Allentown, Carbondale, Erie, Harrisburg, Pittsburgh, and Williamsport. A little over half of all Roundtable members (55%) are new to the project in 2005. Twelve members (10%) have been with the project for five or more years. Roundtable members range in age from 13 to 25, with a mean (average age) of 18. Fifty-sex percent of members identify as male (56%) and 42% as female. Race and ethnic

breakdowns are as follows: 42% of Roundtable members identify as "African American/Black"; 29% identify as "Caucasian/White/European American"; another 13% identify as "Latino/Hispanic/Puerto Rican"; and 16% identify as multiracial. More members identify as multiracial then every before in the project. This year, we have no young people who identify as either "Asian American/Pacific Islander" or "Native American." These two populations have historically been under-represented in the project. This year, 70% of Roundtable members have identified as "straight"; 15% as "gay"; 4% as "lesbian"; 4% as "bisexual"; 1% as "not sure at this point." Information from all Roundtable members across the state indicates that most (58%) have never used any type of drug (alcohol, etc.); some (4%), however, have injected at least one type of drug (including steroids); and 2% have shared an injection needle with another person. The majority (52%) of Roundtable members have NOT been tested for HIV, and most (87%) have never been diagnosed with a sexually transmitted infection. Of the 104 (89%) Roundtable members that responded to this question, 84% (n=104) had at least one sex partner and 42% (n=43) had more than one sex partner, in the past 12 months. 17% (n=17) did not have any sex partners during that time. Of the 91 (78%) Roundtable members that responded to the question, 41% (n=37) claims that "protection was always used during sex"; 49% (n=44) that "protection was sometimes used during sex"; and 11% (n=10) that "protection was never used during sex" in the past 12 months.

5. Evaluation Sub-Committee Recommendations:

1. Continue to conduct evaluations as outlined in paragraph two of the introduction to this evaluation section of the plan.

2. 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.

2. That the Steering Committee establish a Work Group, comprised of CPG members and AETC members, to take the results of the barriers presented at the Poster Presentations and make recommendations to the PADOH for resolution. (One example might be: Service Providers expressed specific needs for further information and training.

3. That the above Work Group also examined the disconnect between HIV trainings offered and the needs of HIV Educators and Prevention Providers.

6. CPG Evaluation Subcommittee Timelines

CPG Meeting	Poster Presentation Timeline	CPG Process Evaluation Timeline
September—1 Day	Finalize Organizations to be invited on 6 & 7 May '06	Finalize questions and process details
November—1 Day	Finalize what organization are to do and bring letters to organizations: number of letters, content and dates to be sent	Process Evaluation—two-hour session
January—2 Days	Final Report of 2005 Poster Presentations Practical issues for 2006 Poster	Process Evaluation Report

	Presentation: - Floor plans and arrangements: Pineford, Royalton, Blair and Eisenhower rooms - Needed materials and equipment Process once organizations arrive	
March—2 Days	Last minute review. Anything else to be done	
May—2 Days	Poster presentations on second day	
July—2 Days	Present raw data from Poster Presentations	
August—2 Days		

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