



Pennsylvania Community HIV Prevention Plan Update 2007

DEPARTMENT OF
HEALTH

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

Pennsylvania Community HIV Prevention Plan Update 2007

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,
University of Pittsburgh
Graduate School of Public Health,

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PENNSYLVANIA COMMUNITY

2007

HIV PREVENTION PLAN

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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 2006 developing a Plan Update for 2007. The Epidemiology, Evaluation, Interventions and Needs Assessment Subcommittees along with the Rural Work Group have met on a regular basis to insure that the nine steps of community planning are met to produce the key products of a comprehensive HIV Prevention Plan.

The 2007 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, University of Pittsburgh Graduate School of Public Health (412-383-3000).

HIV Epidemiology Support for Prevention Planning (SECTION UPDATED IN 2006)

The Integrated Epidemiologic Profile of HIV in Pennsylvania (for Prevention and Care) was completed in January 2005 and replaced 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 2005/6. However, trends of data from new large-scale population-wide surveillance systems typically take 4-5 years of data points to stabilize due to reporting system development issues and reporting lags that are inherent in development of new surveillance systems, hence these data will not be ready for use until 2007/8.

The current integrated Epidemiologic Profile was based on AIDS cases diagnosed through December 31, 2003, reported through June 30, 2004 (to accommodate reporting delays), and was released in December 2004/January 2005. The next major update will be based on HIV reporting and incidence data (including AIDS cases) using data from cases diagnosed through December 31, 2005, reported through June 30, 2007 (due to longer reporting delays of the new HIV reporting system). This major update of the Integrated Epidemiologic Profile will be available in December 2007/January 2008 for use at the beginning of the 2008 planning year. In-between the major updates, interim abridged updates that are produced based on AIDS cases consist of the following supplements to the Integrated Epidemiologic profile: a) semi-annual publications of the HIV/AIDS Surveillance Biannual Summary, and the featured abstract series of incisive special analyses on key target populations; b) 2-yearly detailed regional and county-level AIDS prevalence and incidence mini-profiles; and c) other special supplementary analyses that may be needed to support prioritization or other planning-related purposes.

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 A, subsection 1.2.

Over the past 2 planning year cycles, the Epidemiology subcommittee has implemented an integrated roundtable review. This roundtable review is intended to facilitate increased comprehension of the data-driven linkages between Epidemiology of HIV and the work of the respective subcommittees and how this contributes to the prevention plan and application. The review is conducted annually by the Epidemiology Subcommittee in collaboration with other subcommittees, i.e. needs assessment, interventions, and evaluation. Following the orientation meeting (January), the annual integrated roundtable review is conducted earlier in each year's planning cycle during the first two consecutive full Community Planning Group (CPG) meetings (March and May). The integrated roundtable review is frontloaded into an early stage of the planning cycle to ensure that CPG participants can gain an understanding and knowledge of the linkages in each subcommittee's response plans [including gaps in linkages which need to be addressed during subsequent plan development meetings (May, July and August) in an integrated process involving all subcommittees]. This process facilitates cross committee understanding of linkages across subcommittees, integrated plan development and informed CPG member participation in the planning process up to and including the culminating point of the concurrence discussion. Further details of the roundtable review are presented in the planning cycle/timeline, and in subsection 5 of the Section on the Integrated Epidemiologic Profile.

The HIV Epidemiology Section also presents a statement of problems, goals and objectives identified by Young Adult Roundtable (YART) participants. 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, and refers relevant aspects for follow-up by the other subcommittees where applicable.

Current Model for Prioritization of Target/Risk Populations for HIV Prevention (SECTION UPDATED IN 2006)

This section focuses on the process of identifying and ranking a set of target populations that require prevention efforts due to high infection rates and high incidence of HIV risk-related behaviors. The CPG acknowledges the Centers for Disease Control and Prevention (CDC) requirement to prioritize HIV-infected persons as the highest priority population. This requirement was introduced late in the 2003-planning year and the CPG was therefore unable to complete a new process for prioritizing target populations until 2004. In 2005, the CPG convened an ad hoc prioritization workgroup to work with the Health Department (and its consultant team) to refine and update the prioritization model. This initiative to fine-tune the prioritization process for implementation in the next planning period is continuing and more details are in the prioritization section. A summary of current work in progress is outlined at <http://www.health.state.pa.us/hivepi-profile>, subsection 8.2. Revision of Prioritization Model. It is expected that the prioritization refinement will be completed by January 2007.

Community Service Assessment

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

Needs Assessment

The 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 Epidemiologic Profile and the Prioritized Target Populations and in consultation with the Department of Health (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 (nine local county/municipal health departments, seven 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. The Pennsylvania Department of Health utilizes both CDC and State funding for HIV Prevention Interventions.

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

Gap Analysis

The 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 Interventions Subcommittee completed the community services assessment for the first 30 counties. Community services assessment for the final 36 counties was included in the 2006 Plan Update. As in the past the Committee used the Community Resource Inventory, and the gap analysis grid this time to assess the Diffusion of Effective Interventions (DEBI) unmet needs in each county. Also included are the definitions for each of the types of interventions currently being used across the state. The Community Resource Inventory is also included as a reference. 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.

In 2005 – 2006, the CPG was presented with information on the DEBIs; subsequently the Intervention Subcommittee building upon its knowledge of the "Grid" format in the Planning Year of 2005-06 has now developed a DEBI Grid. The Subcommittee analyzed the DEBIs by creating a grid that identified the needs met in relation to the HIV-positive and negative target populations

To develop the DEBI grids, the Intervention Subcommittee reviewed 12 DEBIs identifying what needs they met in relationship to the targeted populations. In addition, the Subcommittee identified the specific interventions utilized in each DEBI to complete the grids. The Subcommittee will continue to update the grids to include subsequent DEBIs.

Appropriate Science-Based Prevention Activities/Interventions

Hepatitis C (HCV) Collaboration

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

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 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 (Center for Rural PA, 2004).

The Appalachian Region's economy has become significantly more diversified over the past 15 years. Once highly dependent on heavy industry, agriculture, and mining, the Region today is becoming increasingly reliant on jobs in service industries, retailing, and government.

In 1965, one in three Appalachians lived in poverty. By 1990, the poverty rate had been cut in half. These gains have transformed the Region from one of almost uniform poverty to one of contrasts: some communities have successfully diversified their economies; some are still adjusting to structural changes in declining sectors; and some severely distressed areas still require basic infrastructure, such as water and sewer systems.

These contrasts are not surprising in light of the Region's size and diversity. The Region includes 410 counties in 13 states. It extends more than 1,000 miles, from southern New York to northeast Mississippi, and is home to nearly 23 million people.

Between the metropolitan areas in the southeast (Philadelphia) and southwest (Pittsburgh) of Pennsylvania lie rural expanses, many of which are extended over and separated by mountainous terrain. Rural regions typically experience unique problems in preventing HIV infection and serving people with HIV/AIDS because of the lack of substantial health and human service infrastructures, as well as cultural denial and resistance to facing the impending transmission of HIV in these areas. It is critical for Pennsylvania to address the distinct problems facing rural regions since the Commonwealth has one of the largest rural populations in the country.

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 identified 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 and sexually transmitted infection (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 Evaluation Subcommittee has been active with having completed the 2005 CPG process evaluation and the third annual poster presentation. This year's process focused upon HIV prevention programs that have implemented science-based HIV prevention interventions.

Evaluation of the 2005 CPG Planning Process

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

The CPG chose to appraise planning process concerns by having trained non-CPG members gather data through open-ended questions posed to small groups of CPG members. It was felt that this method provided greater objectivity and a lack of conflict of interest. The results of the November 2005 review of the calendar year 2005 planning process were presented at a subsequent CPG meeting. Most findings of this evaluation were immediately implemented by the CPG.

Results of the HIV Prevention 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 2006 Poster Session evaluation data are being analyzed.

The second evaluation of the impact of the Plan on interventions is a relatively new (3 year old) activity using poster presentations by nine local county and municipal Departments of Health, the seven 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 Subcommittee members develop a grid to identify all of the issues that Committee members want evaluated and collect the data at the presentations. The data are then analyzed and recommendations developed. This innovative program also promotes communication and networking between the Committee and providers.

Summary of 3 Poster Sessions

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

may have had an effect on what information they were willing to provide. PA Department of Health regional staff presented in 2005 on their prevention activities. In 2006 Community-based providers of prevention services presented. However, they focused on their experiences in conducting the Diffusion of Effective Behavioral Interventions (DEBI). It should be noted that throughout much of the data and the analysis of the data the "what interventions don't work as well" and "barriers to providing effective HIV prevention" data appear to be merged. As a result, the two areas are combed for this overview.

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 its implementation.

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.

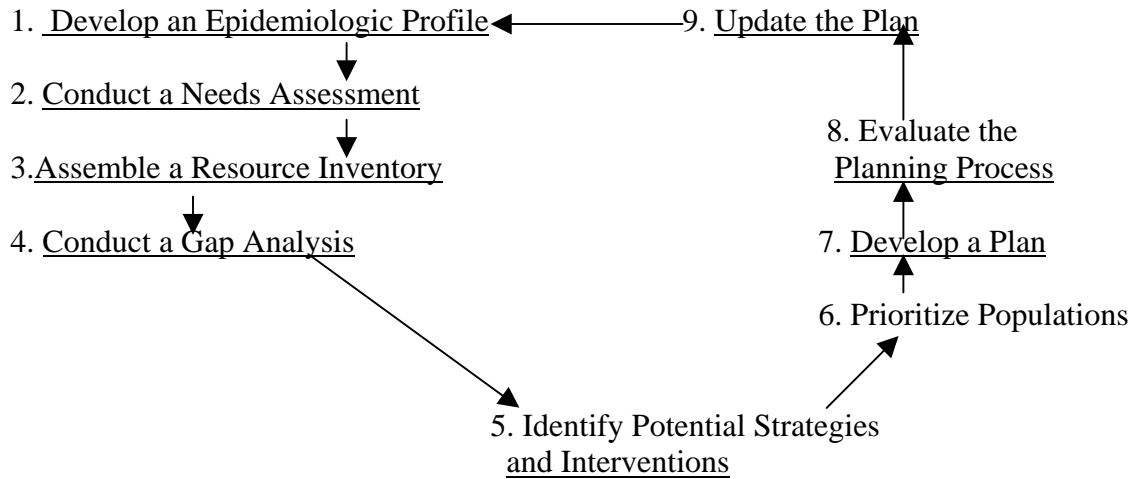
Young Adult Roundtable Process Evaluation

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

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 -Summary

(Based on 5-year CDC cycle: 2004 - 2008)

PA CPG Planning Cycle	Products to be developed:	Due Dates
2004	<ul style="list-style-type: none"> Comprehensive HIV Prevention Plan for 2004 	2004 Plan Submitted 10/03
2005-2007	<ul style="list-style-type: none"> 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 was changed to an Update.) Comprehensive HIV Prevention Plan for 2007 	<ul style="list-style-type: none"> 2005 Update Submitted 10/1/04 2006 Update Submitted 9/21/05 2007 Plan due 9/06
2008	<ul style="list-style-type: none"> Plan Update for 2008 	2008 Plan Update due 9/07

Revised: 7/24/06

2005-2006 CPG Meeting Schedule & Work Plan for 2007 Plan
November 2005 – September 2006

November 16, 2005 (1 day)

Objective	Subcommittee	Comments
Review “Rules of Respectful Engagement”	CPG	Completed
Conduct CPG Process Evaluation/Monitoring/Focus Groups	Evaluation	2 hour session Completed
Update on Nominations and Recruitment Process	DOH and CPG Work Group	CPG Nominations due November 1, 2005
Rural Men’s Study Presentation		Deb P./Penn State U. Conducted
Subcommittees meet to: Complete review/revision of overall Work Plan for 05/06 planning year – 2007 Comprehensive Plan	All	
Poster Presentation discussion: what organizations are to do and bring. Discuss invitation letters to organizations: number of letters, content, and dates to be sent.	Evaluation	Completed
Complete review/revision of overall work plan for 2007 Comprehensive Plan.	Epidemiology	Completed
	Interventions	Completed
	Needs Assessment	Completed
ITEMS TO BE DISCUSSED & SCHEDULED BY STEERING COMMITTEE:		
Dr. Leland Yee presentation (Pitt)		Scheduling to be determined
Poster Presentation by DOH contractors/grantees	“	Scheduled for May
Member attendance and termination letters to members not attending.	“	Completed
New member Orientation – Agenda and participation of Steering Committee	“	Completed
January Agenda		Completed

January 2006 (2 days)

	Objective	Subcommittee(s)	Comments
	1/18 Orientation		
	Conduct full day Orientation of new (& old) members. Includes overview of: <ul style="list-style-type: none"> • CPG guidance • AHP initiative • CDC program announcement 	All	Pitt to 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
	<i>Special evening event: Get Acquainted Reception at 6:00 pm.</i>	<i>Everyone welcome!</i>	Completed
	1/19CPG meeting		Need breakout rooms.
	Welcome new members.		Completed
	Summary/Overview of Epidemiology of HIV in Pennsylvania (80 minutes)	Epidemiology/Dr. Muthambi	Completed
	Review of the Guidance on “How to Recommend/propose Additional Epidemiologic Data Sources/analysis Needed to Support the CPG’s Work”.	Epidemiology	Not conducted. Reschedule?
	Presentation of CPG Process Monitoring findings. (Comparison of 2005 results to 2004 results.)	Evaluation	Rescheduled for March
	Presentation to CPG on results of 2005 Poster Presentation”	Evaluation	Rescheduled for march
	Presentation of CPG Survey Part II findings. (Comparison of 2005 results to 2004 results.)	Evaluation/DOH	Completed
	Subcommittees meet to:		Need breakout rooms.
	Elect chair & co-chair of each subcommittee	All subcommittees	To be completed by March meeting.
	Orient new members to Comprehensive Plan key products specific to each subcommittee: <ul style="list-style-type: none"> • Epidemiologic Profile • Community Services Assessment <ul style="list-style-type: none"> ○ Resource Inventory ○ Needs Assessment ○ Gap Analysis • Prioritize Target Populations • Identify Appropriate Science-based Prevention Interventions • Concurrence 	All subcommittees	Completed
	Continue preparations for May poster presentations. Practical issues: <ul style="list-style-type: none"> • Floor plans and arrangements – reserve 	Evaluation	Ongoing

	<ul style="list-style-type: none"> room in new hotel. • Needed materials and equipment • Process once organizations arrive 		
		Epidemiology	
	<ul style="list-style-type: none"> • Elect subcommittee chair and co-chair. • Orient new members. • Update on work since last meeting. 	Needs Assessment	Completed
		Interventions	Need to elect chair and co-chair

March 2006 (2 days)

	Objective	Subcommittee	Comments
	March 15 & 16		
	Day 1		
	Provide the CPG with an update on the “reprioritization of target populations” project. Step 1: Resource Allocation Model	Epidemiology, DOH	Completed
	Overview of Integrated Roundtable exercise.	Epidemiology	Completed
	<p><u>Part I-March Meeting: Integrated Round-Table Review and Discussion of Plans on Each Transmission Group with Other Subcommittees</u> (Epi Subcomm; Unmet Needs Assessments; Interventions Subcommittees; (Outcome) Evaluation):</p> <p>The integrated approach <u>adds</u> an integrated review mechanism to the current disjointed planning done in separate subcommittees and to conduct the integrated review in phases as the planning year progressed as opposed to waiting until the end of the planning cycle. The proposed format of input to the integrated review is as follows: a) Summary of Epidemiology of HIV in each of the 4 main transmission groups (and constituent target populations); identification of data gaps and plans for obtaining data needed; b) 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</p>	CPG	<p>Format and time for integrated review for each transmission group: 2 hours integrated review is proposed for each of the four transmission groups:</p> <ul style="list-style-type: none"> -<i>Roundtable presentations to full committee</i>: 90 min (30 mins Epi overview on transmission group; 30 mins on Interventions, and 15 mins each for Unmet Needs Assessment and Outcome Evaluation); -<i>Integrated roundtable discussion with full committee</i>: 30 min <p>Timeline: <i>Part I-March meeting</i>: cover 2 transmission groups (incl. their constituent target populations) (4 hrs needed). MSM, MSM/IDU</p> <p>Completed</p>

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.		<i>Part II-May meeting:</i> cover 3 transmission groups (incl. their constituent target populations) (4 hours needed). IDU, Heterosexual, Perinatal
Special Orientation for new members who were unable to attend the January orientation. 6 – 8 PM		Completed Additional members will need orientation.
Subcommittees meet:		
Day 2		
YART Report		Completed
Report on 2005 Poster Presentation Results	Evaluation	Completed
Discussion/report on status of preparation of for May Poster Presentations	Evaluation	Completed
Presentation on 2005 CPG Process Monitoring findings	Evaluation	Completed
Presentation on “2006 CDC Application/Plan Technical Review & Response.” Discussion regarding CDC funding cuts (rescissions). DOH plans	PA DOH	Documents to all CPG members. Completed
Conduct CPG Survey Part I	Evaluation	(CPG member demographics) Survey sent to members not in attendance. Completed
Subcommittees to meet to:		
	Epidemiology	
Elect chair and co-chair	Interventions	Completed
<ul style="list-style-type: none"> Discuss what additional needs assessments need to be conducted. 	Needs Assessment	Ongoing

	<ul style="list-style-type: none"> Review what needs assessments have been done. 		
	<ul style="list-style-type: none"> Last minute review in preparation of Poster Presentations – Anything else to be done? 	Evaluation	Completed
Steering Committee Meets to:			
	Set agenda for next meeting.		Completed
	Meet with Shirley Black to discuss presentation.		Completed. Tentatively scheduled for July meeting.

May 2006 (2 days)

	Objective	Subcommittee	Comments
	May 17 & 18		YART Executive Committee Members to attend this meeting.
	Day 1		
	Steering Committee report back to CPG on invitation to Governor	Steering Committee (Angi)	Completed – YART Executive Committee has requested meetings with Legislators & Governor
	Young Adult Roundtables (YART) status report to CPG. YART Executive Committee attended this meeting.	YART	Completed. YART Executive Committee provided a “YART 101” for the CPG.
Subcommittees meet to:			
	<i>Begin to develop Plan Update</i>	<i>All</i>	Ongoing
		Epidemiology	
		Needs Assessment	
		Interventions	
	Evaluation Subcommittee to prepare for Poster Presentations	Evaluation	
	CPG reconvenes:		
	CPG preparation for Poster Presentations: Distribute questions to CPG Review posters of Department-funded HIV Prevention contractors/grantees. (Focus on state-funded evidence-based interventions/early adopters.) Networking with contractors and CPG	CPG/Evaluation	Completed
	Day 2		
	Comments from CDC Project Officer & discussion with CPG	Lisa Manley	Completed
	PEMS Update	Coleman Terrell Philadelphia DPH	Completed

	CPG provided written feedback on Poster Presentations.	CPG	Completed
	Distribution of CPG Survey Part I.		Completed
	Epidemiology Subcommittee provides direction to CPG on Integrated Roundtable Review .	Epidemiology	Completed
	Epidemiology Subcommittee (Dr. Muthambi) provides Epidemiologic Overview of 3 transmission groups (IDU, Heterosexual & Perinatal).		Completed
	Subcommittees meet to prepare presentations for Round table Review	All	
	<p><u>Part II-May Meeting: Integrated Round-Table Review and Discussion of Plans on Each Transmission Group with Other Subcommittees</u> (Epi Subcomm; Unmet Needs Assessments; Interventions Subcommittees; (Outcome) Evaluation): The integrated approach <u>adds</u> an integrated review mechanism to the current disjointed planning done in separate subcommittees and to conduct the integrated review in phases as the planning year progressed as opposed to waiting until the end of the planning cycle. The proposed format of input to the integrated review is as follows:</p> <p>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;</p> <p>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</p>	CPG/Epidemiology	<p>Format and time for integrated review for each transmission group: 2 hours integrated review is proposed for each of the four transmission groups: -<i>Roundtable presentations to full committee: 90 min</i> (30 mins Epi overview on transmission group; 30 mins on Interventions, and 15 mins each for Unmet Needs Assessment and Outcome Evaluation); -<i>Integrated roundtable discussion with full committee: 30 min</i></p> <p><i>Part II-May meeting:</i> cover 3 transmission groups (incl. their constituent target) (4 hours needed). IDU, Heterosexual, Perinatal</p> <p>Completed</p>

understanding of the underlying Epidemiology of HIV in each transmission group and the prevention response plan to 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.		
Steering Committee Meets to:		
Provide feedback on poster presentations and Roundtable Review		Completed
Set agenda for next meeting. 2 hours on July agenda for Shirley Black		Completed

July 2006 (2 day)

	Objective	Subcommittee	Comments
	July 19 & 20		
	<i>Review of CPG membership “slots” – who/what do I represent as a member?</i>	PA DOH	<i>Steering Committee felt this activity was unnecessary.</i>
	Day 1		
	Report on pre/post test results of Roundtable Review	Epidemiology	Completed
	Report on CPG feedback from Poster Presentations	Evaluation	Completed
	Presentation: DEBI implementation concerns from the field	Tony S. (PPP)	Completed
	Presentation: HIV Prevention Efforts of the Pennsylvania Department of Education	Shirley Black	Completed
	Subcommittees meet to:		
	Subcommittees to prepare draft Plan.	All	Ongoing
	Open issues (may be an opportunity to meet with other subcommittees on potential joint collaborative matters, especially Needs Assessment).	Epidemiology	Ongoing
	Continue to draft Plan for review at next meeting.	Needs Assessment	Ongoing
	Continue to draft Plan for review at next meeting.	Interventions	Ongoing
	Continue to draft Plan for review at next meeting.	Evaluation	Ongoing
	Day 2		
	Presentation: Results of CPG Survey Part I, and CPG membership comparison to Epidemic in Jurisdiction	Evaluation	Completed
	Presentation and review of 2005 CDC Annual Progress Report	DOH	Re-schedule. CDC review not completed.
	CPG discussion/vote on implementation of CPG Process Monitoring for November.	Evaluation	Completed
	Subcommittees meet to:		
	Subcommittees to prepare draft Plan.	All	Subcommittees’ Revisions/Updates submitted to

		University of Pittsburgh
Open issues (may be an opportunity to meet with other subcommittees on potential joint collaborative matters, especially Needs Assessment).	Epidemiology	Subcommittees' Revisions/Updates submitted to University of Pittsburgh
Continue to draft Plan for review at next meeting.	Needs Assessment	Subcommittees' Revisions/Updates submitted to University of Pittsburgh
Continue to draft Plan for review at next meeting.	Interventions	Subcommittees' Revisions/Updates submitted to University of Pittsburgh
Continue to draft Plan for review at next meeting.	Evaluation	Subcommittees' Revisions/Updates submitted to University of Pittsburgh
Steering Committee Meets to:		
Set agenda for next meeting.		Completed
Presentation by Grace Kizzie (Pitt) on needs assessments for African American women over 50.		Reschedule

August 16 & 17, 2006 (2 days)

	Objective	Subcommittee	Comments
	Day 1		
	Presentation of draft 2007 Plan	PPP/CPG	
	Subcommittees meet to review & discuss draft Plan	All	
	<i>Subcommittee co-chairs present to CPG comments on draft Plan</i>	Subcommittee co-chairs	
	<i>Discussion of Nominations & Recruitment – Solicit volunteers for work group</i>	Ken/CPG	
	<i>Presentation: HIV-HCV Co-Infection: Challenges & Prospects</i>	Owen Simwale DOH HCV Coordinator	
	Day 2		
	<i>Needs Assessment Update: Prevention for Positives – Results and Recommendations</i>	Scott Arrowood (PPP) Needs Assessment Subcommittee Chair	
	<i>Needs Assessment Update: Unmet Needs Project (Collaborative project with HRSA/Ryan White Care planning)</i>	Benjamin Muthambi	
	<i>Presentation: Syphilis Elimination Project</i>	Lynn Trotter, DOH STD Program Tony Silvestre (PPP)	

<i>Presentation: PaUDS – HE/RR Services Provided: 1/1/06-6/30/06</i>	Nikki Parain (PPP)	
<i>Presentation: CTR & PCRS Services Provided: 1/1/06-6/30/06</i>	Aaron Smee, DOH	
Subcommittees meet to:		
Develop work plan for 2006 (time permitting)		
Subcommittees meet to review & discuss draft Plan Update	All	
	Epidemiology	
Agree on final Plan contents	Needs Assessment	
	Interventions	
	Evaluation	
Steering Committee meets to:		
Finalize Plan Update		
Review agenda for day 2 and set agenda for September meeting.		
Discuss concurrence process in September		If necessary.

***Plan and Application due to the CDC September 15th**

September 20 2006 (1 day)

	Objective	Subcommittee	Comments
	YART Executive Committee report meeting.	YART	YART Executive Committee Members to attend this meeting.
	Review of draft CDC budget and application	DOH/Ken	
	Review of CDC-funded services	DOH/Ken	
	“Linkages” presentation to CPG	DOH/Ken	
	Subcommittees meet to discuss concurrence	All subcommittees	
	Subcommittee co-chairs present comments/concerns regarding concurrence to CPG.	CPG	
	Vote on concurrence/nonconcurrence/concurrence with reservations.	CPG	
	Conduct CPG Survey Part II	CPG	
	Plan & Application due to CDC September 15.	DOH	
	Status report on CPG Process Monitoring for November	Evaluation	
	Update on nomination and recruitment –	DOH/Ken	

distribute Nomination Applications		
Discussion of State HIV Prevention Budget	DOH/Ken	
Discussion with CDC Project Officer (Glenn Acaham)		Tentative
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 2007 planning year.	All	
	Epidemiology	
	Needs Assessment	
	Interventions	
	Evaluation	
Steering Committee meets to:		
Finalize Plan Update		
Set agenda for November meeting.		

November 15 2006 (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	
Subcommittees meet to: <ul style="list-style-type: none"> complete review/revision of overall Work Plan for 06/07 Comprehensive Plan 	All	
ITEMS TO BE DISCUSSED & SCHEDULED BY STEERING COMMITTEE:		
<ul style="list-style-type: none"> Follow-up presentation by Penn State on Rural Study 	Steering Committee	Scheduling to be determined (on agenda for August)
<ul style="list-style-type: none"> Poster Presentation by HIV Prevention Program Field Staff 	"	Scheduled for May Completed
<ul style="list-style-type: none"> Member attendance and termination of members not attending. 	"	
Steering Committee Meets to:		
Provide feedback on poster presentations & set agenda for next mtg.		

II. INTEGRATED EPIDEMIOLOGIC PROFILE OF HIV/AIDS IN PENNSYLVANIA 2004/2005 EDITION (SECTION UPDATED IN 2006)

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

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

The Profile (for prevention and care) was completed as of January 2005 and replaces the previous Profile. It is attached in *Epidemiology Appendix 1* of this Plan Update. The new profile is presented to the Committee (including new CPG members at orientation) each year in January and March prior to the prioritization process. The current profile is posted online at:

<http://www.health.state.pa.us/hivepi-profile>. Detailed supplementary analyses on each major risk group (i.e. Injection Drug Use (IDU), Heterosexual contact, Men who have Sex with Men (MSM), MSM-IDU, and perinatal transmission) were also presented to the CPG during the planning cycle's roundtable reviews during each year's planning cycle.

2. Profile Update Work in Progress

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

The Community Planning Group acknowledges that AIDS incidence and prevalence data as currently reported, no longer accurately reflects the true impact of the HIV epidemic in Pennsylvania. The Commonwealth began HIV reporting in October 2002 and began HIV incidence and resistance surveillance in 2005/2006. However, trends of data from new large-scale population-wide surveillance systems typically take 4-5 years of data points to stabilize due to reporting system development issues and reporting lags that are inherent in development of new surveillance systems. Hence these data will not be ready for use until 2007/2008.

The current Integrated Epidemiologic Profile was based on AIDS cases diagnosed through December 31, 2003, reported through June 30, 2004 (to accommodate reporting delays), and was released in December 2004/January 2005. The next major update will be based on HIV reporting and incidence data (including AIDS cases) using data from cases diagnosed through December 31, 2005, reported through June 30, 2007 (due to longer reporting delays of the new HIV reporting system). This major update of the Integrated Epidemiologic Profile will be available in December 2007/January 2008 for use at the beginning of the 2008 planning year. In-between the major updates, interim abridged updates that are produced based on AIDS cases consist of the following

supplements to the Integrated Epidemiologic profile: a) semi-annual publications of the HIV/AIDS Surveillance Biannual Summary, and the featured abstract series of incisive special analyses on key target populations; b) Bi-annual (once every two years) detailed regional and county-level AIDS prevalence and incidence mini-profiles; and c) other special supplementary analyses that may be needed to support prioritization or other planning-related purposes.

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

Over the past 2 planning year cycles, the Epidemiology Subcommittee has implemented an integrated roundtable review. This roundtable review is intended to facilitate increased comprehension of the data-driven linkages between Epidemiology of HIV and the work of the respective sub committees and how this contributes to the prevention plan and application. The review is conducted annually by the Epidemiology Subcommittee in collaboration with other subcommittees, i.e. needs assessment, interventions, and evaluation. Following the orientation meeting (January), the annual integrated roundtable review is conducted earlier in each year's planning cycle during the first 2 consecutive full CPG meetings (March and May). The integrated roundtable review is frontloaded into an early stage of the planning cycle to ensure that CPG participants can gain an understanding and knowledge of the linkages in each subcommittee's response plans [including gaps in linkages which need to be addressed during subsequent plan development meetings (May, July and August) in an integrated process involving all subcommittees. This process facilitates cross committee understanding of linkages across subcommittees, integrated plan development and informed CPG member participation in the planning process up to and including the culminating point of the concurrence discussion.

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

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

The written process consists of guidelines by way of a form through which CPG Subcommittees may request/contribute/suggest additional data (guidance for recommending additional local, regional or statewide data sources/analyses for use in the planning process and the development of

the Profile) is available online at: <http://www.health.state.pa.us/hivepi-profile> , subsection 1.2. Planning Committees Input Mechanism.

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

Note: Proposed data source/analyses abstract/summary should be no more than 1 page in length and typed in ≥ 10 pt font

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

[Recommendation to CPG members submitting request: 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 Health & Human Services (HHS)/National Institutes of Health (NIH) format described above under items 1 & 2 above].

4.B. Update on Implementation of Guidance

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

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

This section presents the Young Adult Roundtable (YART) consensus statement on Epidemiology data that they consider to be needed 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. The consensus statement has not been changed since the previous update of the plan.

5.A. Consensus Statement Introduction

This Consensus Statement describes which statistics should be looked at when developing a view of HIV/AIDS infection among young people in Pennsylvania. Most of the information needed for accurate targeting of young people is not currently being collected in Pennsylvania. The Roundtables recognize this as a particularly severe problem and asks the question “How can programs and interventions be effectively targeted if no Epidemiologic data 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 (CDC)(1), we do not know HIV incidence and prevalence data for young people in Pennsylvania.

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

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

Epidemiology Clarifications and/or Response Plans:

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

-HIV Incidence and Prevalence Surveillance: HIV incidence and prevalence data constitute the key Epidemiologic data needed to support HIV prevention planning, including prioritization and targeting of prevention services for adolescents and young adults. These data are now being collected by the Pennsylvania Department of Health and will be available in updates of the Epidemiologic Profile due for the 2008-planning year. The Pennsylvania (PA) Department of Health (DOH) 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 1996/1997. 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 are now operating in tandem from 2005 onwards and

will generate population level data on HIV incidence and prevalence that is needed for all population groups, including adolescents and young adults. Data from the two surveillance systems will be integrated and made available when it is scientifically usable, depending on how quickly the system and the trends generated begin to stabilize.

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

-Behavioral Surveillance: In addition, the Department of Health's HIV Epidemiology Section and Division of Community Epidemiology in the Bureau of Epidemiology, have 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. The Planning Committee (including YART and other subcommittees) continues to work closely with the Epidemiology Subcommittee to enable them to follow the data request guidelines for additional analysis as per established process;

-Bridging the 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 2006 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 2006 and is anticipated to elicit further input on specific issues that need to be taken into account or modified in the data collection processes for HIV Epidemiology studies in progress or planned.

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

This subsection presents the Young Adult Roundtable (YART) consensus statements of problems, goals and objectives identified by the YART quoted verbatim from the YART Consensus Statement 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 groups is adjusted where statistically feasible, taking into account sample sizes available for analyses of meaningful trends, and national standardization used for comparisons with other reference data and census data.]

Objective #2: HIV data should be used to establish target populations (and interventions) in Pennsylvania. Surrogate data suggests that young African Americans, young Latinos/Latinas, young men who have sex with men and young women are at a particularly high risk of HIV infection. HIV infection data should be used to support or disprove the current findings that suggest that these groups are at high risk. HIV reporting (for *young people*) has only recently been implemented; therefore it is too early to draw any conclusions from this newly accumulated data. When sufficient data 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): We suggest referring this issue to the counseling and testing program for review and follow-up. Data currently collected by the Counseling and Testing program includes age of service recipients and can be analyzed by age group to show the number of young people who are accessing HIV testing services and those who return for test results. Update analyses currently underway for the Integrated HIV Epidemiologic Profile will elucidate this issue. Recommendations of data analyses are to be submitted (using the "Guidance" and form referenced in Section C above) to the Epidemiology Subcommittee by November each year indicating what data each subcommittee needs for planning work during the following year].

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

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

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

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

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

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

[Epidemiology Clarification(s) and/or Response Plan(s): The Department is already collecting demographic data on AIDS cases and is therefore able to perform the recommended analyses; 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 Epidemiologic Profile was 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 Epidemiology Subcommittee by November 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 Epidemiologic Profile will elucidate this issue to the degree permissible with available data. In addition, such supplemental data can also be collected through commissioning supplemental observational studies such as needs assessments and surveys in samples of at risk populations. This request is hereby referred to the Needs Assessment Subcommittee for collaborative/joint review and possible follow-up with the Epidemiology Subcommittee]. Further recommendations of data analyses are to be submitted (using the “Guidance” and form referenced in Section C above) to the Epidemiology Subcommittee by November 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 Epidemiology Subcommittee by November each year indicating what data each subcommittee needs for planning work during the following year. Upon receipt of the relevant data needs and study recommendations, the HIV Epidemiology Section has referred this request to the Department of Education through the Division of Community Epidemiology in the Department of Health. The YART is thus invited to submit any other relevant recommendations with the relevant information indicated on the recommendation form for review and follow-up with the Epidemiology Subcommittee and CPG during 2007.

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

[Epidemiology Clarification(s) and/or Response Plan(s): This issue has been addressed under Goal 1, Objective #6. Analyses for the Integrated HIV Epidemiologic Profile has 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 Epidemiology 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 Epidemiologic Profile already analyzes data on adolescents and young adults by demographics (age and race/ethnicity, sex, geographic location) and probable mode of transmission. This approach is continued in the analyses for the new Integrated HIV Epidemiologic Profile. The recommended supplemental data on sexual orientation and gender (note: gender is used in this context to denote part of an individual’s self-perception of sexual identity, which is not necessarily biological sex at birth) may not be currently feasible to collect through the HIV/AIDS case reporting system. However, the Department of Health can collect the recommended supplemental data through commissioning supplemental observational studies such as needs assessments and surveys in representative samples of the target populations of interest. This request is hereby referred to the Needs Assessment Subcommittee for collaborative/joint review and possible follow-up with the Epidemiology Subcommittee. Recommendations of data analyses are to be submitted (using the “Guidance” and form referenced in Section C above) to the Epidemiology Subcommittee by November each year indicating what data each subcommittee needs for planning work during the following year.]

6. Tentative Integrated Timeline of Updates of Epidemiologic and Data Support Work Products for CDC- and HRSA-Funded Activity to be Done Jointly by the Prevention Community Planning Group and the Integrated Care Planning Council

6 A. Updates of Comprehensive Needs Assessment (which includes the Integrated Epidemiologic Profile of HIV/AIDS and various other data products)

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

6.B. Timing of Updates of Each Component of the Comprehensive Needs Assessment The updates of each component will be done based on Academy of Educational Development (AED)/Health Resources & Services Agency (HRSA) guidance for unmet needs assessments

Updates will be performed based on the following timeline:

- Integrated Epidemiologic Profile of HIV/AIDS in Pennsylvania
 - Major updates: every second year;
 - Interim updates/supplements include the ‘Biannual Summary’, and the ‘Featured Abstracts Series’: twice-yearly;
- The Resource Inventory will be updated every one to two years
- The Profile of Provider Capacity and Capability will be updated every two years
- The estimation and assessment of Unmet Needs: A Comprehensive update will occur every two years (reconciling unmet needs and service gaps):
 - Estimation of unmet needs will be updated every second year;

The assessment of service needs among affected populations (incl. service gap analyses and surveys of needs and barriers) will also be updated every second year.

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

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

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

III. PRIORITIZATION OF TARGET POPULATIONS (SECTION UPDATED IN 2006)

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

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

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

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

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

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

- o Predominant mode/risk behavior

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

- o Estimated live HIV cases in transmission category as proportion of total living with HIV in Pennsylvania

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

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

- o Barriers to prevention

- o Resources currently distributed to each target population

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

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

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

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

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

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

NA*=Variable not applied in model

>>^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 1 as a set-aside and also consider the large amount of resources currently spent in the public (through a Ryan White initiative to eliminate perinatal transmission) and the private sector.

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

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

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

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

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

- i) 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;

- ii) 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;
- iii) In addition to the above-outlined primary/“macro prioritization”, the project will develop a mechanism to be used as a guideline for secondary/“micro prioritization” within each prioritized regional population-transmission group

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

Additional details of the plan for revision of prioritization are online at:

<http://www.health.state.pa.us/hivepi-profile>, subsection 8.2. [Revision of Prioritization Model](#)

2.B. Review of CDC Mandate and Recommendations

The CDC has mandated that the HIV-positive population in each state be given first priority in the prioritization process. Since the current state model for prioritizing risk populations was designed with HIV-negative high-risk populations in mind, the current model will need to be adjusted/refined to consider the particular prevention needs of those who are HIV-positive. It would be too resource- and time-consuming to fully integrate this model to consider HIV-positive and HIV-negative populations together in exactly the same process. Therefore, we recommend that two separate processes be conducted for the HIV-positive and HIV-negative populations. The same model will be used for each process, but with adjustments to the weight given to different types of data based on differing circumstances and quality of data per each of these two populations. (See Appendix 2). The CDC’s mandate to include the HIV-positive population in prioritization raises a further issue: it begs the question of whether the HIV-population should be considered as one large priority population, or whether sub-populations among those who are HIV-positive should be considered in prioritization. The team agreed to recommend that sub-populations among HIV-positive be prioritized, as this is a more valid approach since sub-populations among HIV-positive also do not have a uniform likelihood of HIV transmission, barriers, 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 reviewed the literature on prevention needs of populations at high risk of HIV to learn whether updated needs assessment was needed in Pennsylvania. Also, the same investigators reviewed other state's processes for prioritizing risk populations. The results of both of these processes were discussed with members of the State Department of Health and PPP (the group reviewing needs assessment and prioritization processes will hereinafter be referred to as "the prioritization team"). Based on these discussions and consultations, the recommendations in the next section were developed.

2.D. Summary of Recommendations

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

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

The Interventions Subcommittee read and incorporated into their recommendations on interventions, this report's discussion on the use of the Internet as a context for intervention among MSM, and contexts for interventions concerning minority women.

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

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

Step 2: Refine current model for prioritization into two (2) versions custom-designed for application in each of the two main populations of a) HIV+ persons living with HIV and b) HIV- persons at risk of acquiring HIV infection within each region. The refined model would then be applied to each of these two main populations, so as to generate two sets of target populations for HIV prevention based on probable modes of transmission/behavioral risks (i.e., Men who have Sex with Men (MSM), Injection Drug Users (IDU), MSM/IDU, and

heterosexual risks) stratified by race/ethnicity, sex/gender, and age) within each of the two main populations.

Step 3: Apply each model to the two main populations of a) HIV+ persons living with HIV and b) HIV- persons at risk of acquiring HIV infection within each region and generate two (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.

The implications of this process are:

The focus of prioritization is shifted to the regional/service area level where the actual prioritized target populations assume more meaning and have application. In each region, this method will generate two lists of priority populations in Pennsylvania: one for prevention among HIV-positives and one for HIV-negative populations.

The statewide lists of target populations are recognized to be of no practical application, given the diversity of the epidemic in PA, hence the statewide composite lists will only be produced to give an indication of the statewide distribution.

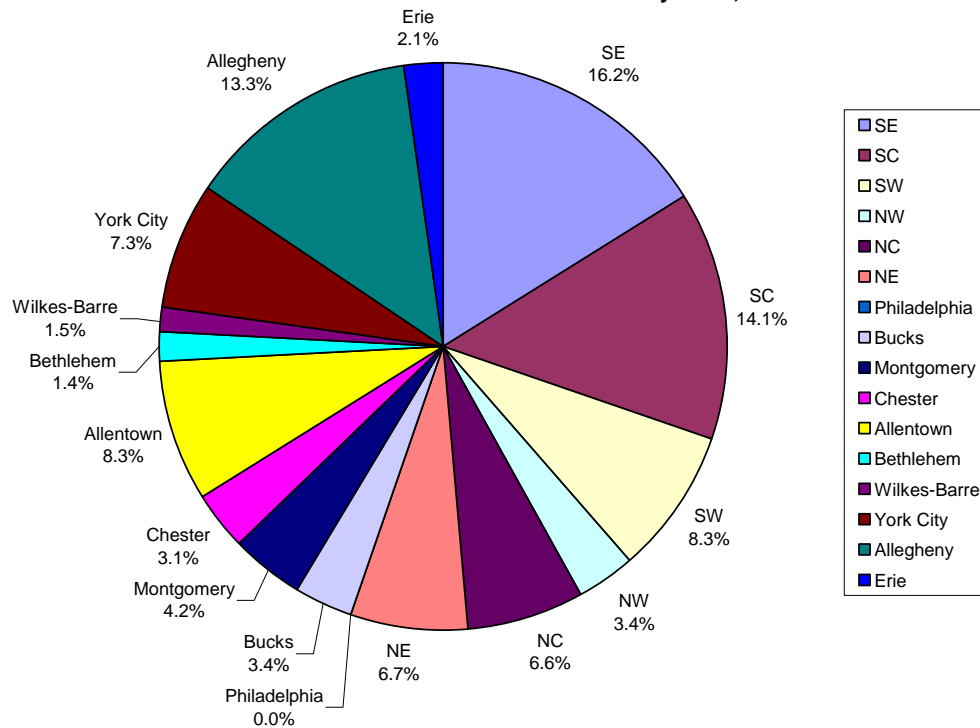
Other recommendations for possible attention are also addressed in the full report attached and are not included in this summary because the issues addressed are beyond the scope of this project. These additional recommendations are provided (see Appendix 2) for whatever benefit they might be to the Committee and its work.

2.E 2006 Progress Update on Refinement of Prioritization

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

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

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



Steps 2 – 4: Work on development of the models for within-region and statewide composite priority ranking of target populations for HIV prevention (HIV+ and HIV- subpopulations and their respective subgroups) has reached advanced stages and is scheduled for completion by December 2006/January 2007. A timeline for completion of the balance of the work is outlined in the next section.

3. Timeline for Completion of Refinement of Prioritization

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

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

March 2007: CPG Review and Consideration of Proposed Refined Model for Adoption;

March 2007 – July 2007: 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 Epidemiologic (Epi) profile provides information about defined populations at high risk for HIV infection for the CPG to consider in the prioritization process. An Integrated Epidemiologic Profile of HIV/AIDS in Pennsylvania has been developed, presented and reviewed with the CPG in 2004/005. The Integrated Epidemiologic Profile of HIV/AIDS in Pennsylvania identifies the thirteen-defined/prioritized populations at high risk for HIV infection across the Commonwealth of Pennsylvania not including Philadelphia. These data will be utilized as input for the new prioritization model that is under development to target those individuals who are living with HIV and HIV negatives at risk of transmission.

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

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

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

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

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* (2003 Five-Year Plan)

1. B. History

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

In addition, the State and the Committee have focused considerable attention to the most widely used HIV prevention intervention, namely, HIV antibody testing and counseling. 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 Men who have Sex with Men (MSM), Injection Drug User (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 geographic location of people with AIDS in Pennsylvania. Groups that appeared to be on the growing edge of the epidemic were over-sampled and special efforts were made to include sub-populations in special need such as the physically and mentally challenged, transgender people, sex workers, recently incarcerated and others.

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

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

As stated above, extensive needs assessments were conducted among a number of at-risk populations between 1994 and 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 Communicable Diseases, Division of HIV/AIDS applied for supplemental funds to identify the needs and barriers to prevention among positives in Pennsylvania. The funds were received in January 2003.

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

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

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

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

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

- analysis of the Epidemiologic profile contained in the Plan
- the relative amount that was known about a particular population (populations for whom little is known may be prioritized)
- feedback from CPG members concerning their experiences and perceptions

HIV remains a threat to the health and well being of a variety of individuals. For example:

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

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

- In 2006, at the direction of the CPG, Pennsylvania Prevention Project staff conducted needs assessments regarding the following populations:

Incarcerated youth and adults

Undocumented individuals

Transgender women

HIV positive individuals in care

Perinatal transmission

1.D. Methods

- **Literature Review:** Databases, web sites, past needs assessments, and other data were searched to identify relevant themes, gaps in literature, and quality methods. Important issues and questions that needed to be assessed were identified.
- **Identification of Sample:** Not all subgroups of populations identified by the CPG could be included due to funding limitations. A steering committee of PPP staff, committee members and other PA experts made preliminary recommendations of subgroups for study based on relevant Epidemiological data, feedback from the CPG, and the literature review.
- **Questions were developed and were based on:** 1) needs of the CPG; 2) topics identified through the literature review; 3) past needs assessments; 4) discussions by the CPG; and 6) outside expert input.
- **Identification of Methods:** A panel consisting of the needs assessment sub-committee identified the most appropriate methods (e.g., key-informant interviews for more marginalized and thus harder to reach populations).
- **Development of Budget:** A detailed budget for the project was then developed.
- **Institutional Review Board:** Application was made to and approval received from the University of Pittsburgh's Institutional Review Board.
- **Staffing and training:** Individuals were identified based on their relationships with target populations and relevant skills to recruit participants, lead groups, or implement interviews. Training included purpose of the study, dynamics of each population, confidentiality, facilitation or interviewing skills, and, other issues.
- **Data Collection:** Focus groups and interviews were tape-recorded. Pilot groups and interviews were implemented. Staff of PPP reviewed the tape recordings of these pilot groups and interviews and provided feedback to the facilitators and interviewers.
- **Analysis of Data:** Three individuals listened to a cross-section of tapes and identified themes based on each theme's frequency, intensity, and level of consensus. Reliability was evaluated. A matrix system was utilized based on the work of Miles and Huberman ([An Expanded Sourcebook: Qualitative Data Analysis](#), 1994). The lead reviewer then analyzed the remaining tapes to record the data based on the identified themes with a back-up

reviewer listening to selected tapes to ensure high quality. Findings were then checked for validity in sessions with CPG members who were also representatives of the targeted populations.

- Evaluation: Participants, facilitators and interviewers completed written evaluations. Facilitators and PPP staff met to evaluate project. Data was presented to the CPG to have them provide feedback.

1.E. Summaries

Incarcerated youth and adults

At the request of Pennsylvania's CPG, key informant interviews were used to identify gaps of information concerning the needs and barriers to HIV prevention among incarcerated persons—youth and adults. Our ongoing data collection process includes lengthy literature reviews, as well as, the construction of a key informant panel. The key informants were comprised of local, state, and nationally recognized leaders in the fields of criminal justice systems, as well as, health care professionals.

Background:

High rates of HIV infection among jail and prison inmates suggest that HIV prevention efforts should focus on incarcerated populations.

Overcrowding, the high prevalence of injection drug use, and other high-risk behaviors among inmates create a prime opportunity for public health officials to affect the course of the HIV epidemic if they can remedy these problems.

Literature Review:

Incarcerated adolescents initiate sexual activities at an earlier age, report more sex partners, and are more likely to be sexually active. Inappropriate decision-making regarding sex underscores the need for specialized services for youth detainees.¹

Pennsylvania has an estimated minority youth population of 14%. Based on the most recent 1998 data available, 61% of the youths confined in secure detention facilities are minority and 74% of the youths confined in secure correctional facilities are minority.

Approximately 25% of all youths arrested in Lehigh and Northampton Counties in 1996 were Latinos; yet Latinos comprise 14% of the population. A national study of the transfer of youth in adult criminal courts found in Philadelphia that 80% of cases filed in adult courts involved minority youth.²

Incarcerated youth report more sexual partners. In one study of those who reported having sexual intercourse, half (49%) had had six or more partners in their lifetimes, including 22% with six to ten

¹ Society for Adolescent Medicine (2000)

² Disproportionate Minority Confinement Report. Pennsylvania Commission on Crime and Delinquency (2000); The Role of Race in Juvenile Justice in Pennsylvania. Department of Criminology and Criminal Justice (1992); and Youth Crime/Adult Time: Is Justice Served? Building Blocks for Youth (2000)

partners and 16% with more than 20 partners. Of all the sexually active youth, over half had sex in the past month and 42% reported having *multiple* partners in the past three months.³

In contrast, according to the *National Survey of Adolescents and Young Adults: Sexual Health Knowledge, Attitudes, and Experiences*, among sexually active adolescents ages 15-17, 42% reported one lifetime partner, 39% reported two to five lifetime partners, 7% reported six to nine lifetime partners, and 4% reported 10 or more lifetime partners.⁴

Many women at risk for HIV and AIDS—women who use drugs, women who trade sex for money or drugs, homeless women, and women with mental disorders—eventually will cycle through jail. Because most jail detainees return to their communities within days, providing HIV and AIDS education in jail must become a public health priority.⁵

US prison inmates are disproportionately indigent young men of color. These individuals are severely affected by HIV/AIDS, largely owing to the high-risk behavior that they engage in prior to incarceration. Researchers and practitioners have issued a call for the importance of offering HIV prevention services in prison settings. However, this call has largely been ignored.⁶

Major Barriers to Condom Use:

Despite the reality that some inmates are sexually active while incarcerated, condoms are considered contraband. Therefore, inmates and detainees are not permitted to have or distribute condoms.

Gaps in Services:

HIV prevention education is a major need identified by key informants.

Reportedly, there are inconsistencies in the types of HIV services available at the various correctional facilities and youth detention centers, throughout Pennsylvania. Some facilities have on-site programming, with HIV Testing & Counseling opportunities, while others have community-based facilities providing prevention education.

Recommendations based on information obtained from key informant surveys:

- Increase HIV Testing & Counseling for all correctional facilities (youth & adult). Several correctional facilities identified the State Health Nurse as their principal contact for HIV education. However, such visits are limited during a calendar year. Onsite personnel must

³ Strack, R. et al. Report of the Monitoring Adolescents in Risky Situations (MARS) Project: findings from the 1999 Out-of-Home Youth Survey. Johns Hopkins University 2000.

⁴ T. Hoff, et al, National Survey of Adolescents and Young Adults: Sexual Health Knowledge, Attitudes and Experiences, Menlo Park, CA.

⁵ HIV and AIDS Risk Behaviors Among Female Jail Detainees: Implications for Public Health Policy

Gary Michael McClelland, PhD, Linda A. Teplin, PhD, Karen M. Abram, PhD and Naomi Jacobs, PhD

⁶ Male Prisoners and HIV Prevention: A Call for Action Ignored Ronald L. Braithwaite, PhD and Kimberly R. J. Arriola, PhD, MPH

be trained and certified as Testers / Counselors to improve upon the frequency for prevention education—both, primary and secondary prevention efforts.

- Sexual activity is taking place in correctional facilities. However, since condoms are considered contraband, the probability for increased HIV rates remains high. Correctional facilities should recognize the realities of same-sex liaisons, and minimize the probability for infecting other inmates, as well as, reducing infections post incarceration.
- Confidentiality is a major concern for incarcerated persons. Therefore, every effort must be made to minimize breeches. Additionally, realistic reprimands must be in place to reinforce the importance of maintaining an inmate's confidentiality.
- HIV prevention literature should be made available to every incarcerated person to ensure accurate information is disseminated throughout the population

Undocumented

At the request of the Pennsylvania CPG, key informant interviews will be used to identify gaps of information concerning the needs and barriers to HIV prevention among undocumented persons living in Pennsylvania. Our ongoing data collection process includes lengthy literature reviews, as well as, the identification and construction of a key informant panel throughout Pennsylvania.

In the United States, there has been a great deal of discussion about immigration. Debates seem to focus on Hispanic workers and the effect that undocumented workers have on the economy. People come to the United States from other countries in an attempt to make their lives better, and it is assumed that it is the economic factors that motivate them to come and stay in the United States.

Caribbean immigrants are disproportionately affected by HIV/AIDS and face numerous barriers to accessing HIV/AIDS care in the U.S. due to many Caribbean's fearing immigration and HIV reporting. HIV positive undocumented immigrants living in the US are less likely to access care because of their illegal status.

HIV patients still live with the problems of stigma and many African immigrants seem to experience this stigma to an even greater degree that people from other cultures. This issue sometimes results in their being reticent about obtaining treatment.

Background:

There are an estimated 3 to 6 million Mexican undocumented residents in the US, and most of them live in California and Texas.¹ Many Mexicans frequently travel back and forth over the border. One-fourth of the AIDS cases in Mexico are among persons who have spent prolonged periods in

¹ Lowell BL, Suro R. How many undocumented: the numbers behind the US-Mexico migration talks. Report by the Pew Hispanic Center. March 2002

the US.² AIDS statistics in Mexico report a slight trend toward the "ruralization" of AIDS that might be linked to male migration to the US.³

A migrant is defined as a farm worker who derives his/her principal employment from farm work, and who for purposes of their work establishes a temporary abode. A seasonal farm worker works primarily in agriculture but does not establish a temporary abode. A high impact area is defined as a logical medical trade area in which there is at least 4000 migrant farm workers and their families residing for a period of 60 days or more⁴

According to Peter Kerndt of the Los Angeles County Office on AIDS, migrant workers in the United States find themselves at greater risk for contracting HIV than other groups because they often lack basic knowledge about disease prevention, as well as having language barriers. Even when people take HIV tests, it is often difficult to get them to come back for the results, said Manuel Palacio, an outreach worker at Bienestar, a nonprofit AIDS organization in Los Angeles.⁵

Cultural barriers also exist. Immigrants who have openly gay relationships in the United States hide their homosexuality when they return to Mexico, making it more difficult for health officials to target AIDS prevention education.⁶

Literature Review:

Limited resources are available targeting undocumented persons living in the United States.

Gaps in Services:

- Limited HIV prevention efforts targeting undocumented persons
- Language barriers impact the quality of services offered.
- HIV prevention skills building techniques needed for undocumented persons.

Recommendations:

HIV surveillance must be improved to understand the scope of HIV among both documented and undocumented immigrants. Conduct a seroprevalence study among migrant/seasonal workers. Data generated by a seroprevalence study could be compared with the reported assessments of risk, and could be used to better target interventions in terms of age, gender and other demographic variables.

- Develop and implement culturally sensitive HIV/AIDS education interventions regarding transmission of HIV for migrant/seasonal farm workers.

² Rangel G, Lozada R. Factores de riesgo de infección por VIH en migrantes mexicanos: el caso de los migrantes que llegan a la Casa del Migrante "Centro Escalabrini y Ejército de Salvación. El Colegio de la Frontera Norte, ISESALUD/COMUSIDA.

³ Magis-Rodríguez C et al. La situación del SIDA en México a finales de 1998. *Enfermedades Infecciosas y Microbiológicas*. 1998; 18, 6: 236-244.

⁴ Magis-Rodríguez C et al. La situación del SIDA en México a finales de 1998. *Enfermedades Infecciosas Microbiológicas*. 1998; 18, 6: 236-244.

⁵ Ibid

- Develop and implement culturally sensitive HIV/AIDS education interventions aimed at HIV testing--dispelling myths regarding the HIV disease process. Counseling clients about safe sexual practices to help stem the spread of HIV infection.
- Develop and implement culturally sensitive interventions (education and outreach interventions) aimed at undocumented males.
- Confidential HIV care and medicine at no cost to participants.
- Instructional training of undocumented persons to assist with navigating healthcare systems within the US. Helping clients find programs in the community that will help them live a more fulfilling life.

Transgender/Transsexual

Recent Studies:

Philadelphia Needs Assessment (Kenagy, 2005)⁷

- 182 people were recruited; 113 Transgender/Transsexual women, 69 Transgender/Transsexual men. 177 provided information about HIV status.
- 16% didn't know their HIV status; 22% of Transgender/Transsexual women, 8% Transgender/Transsexual men.
- 10% of the Transgender/Transsexual women were HIV positive, 0% of Transgender/Transsexual men HIV positive.
- 12% of Transgender/Transsexual women of color were HIV positive, 5% of white Transgender/Transsexual women were HIV positive.
- 60% reported unprotected sexual activity.
- 67.5% of African-American, Hispanic, bi/multi-racial participants reported unprotected sexual activity, while 46% of white participants did.
- 80 people reported experiencing some form of abuse.
- 69% of Transgender/Transsexual women reported being forced to have sex, 30% of Transgender/Transsexual men reported being forced to have sex.
- 26% were denied medical services.

Transwomen of Color (Nemoto, Operario, Keatley, Han, & Soma, 2004)⁸

- 332 Transgender/Transsexual women participated; 112 African-American, 110 Latina, and 110 Asian Pacific Islanders (API).
- Majority (over 80%) identified themselves as heterosexual.
- Half of the participants reported being involved in prostitution.
- A third of the participants reported having less than a high school education.
- Drug use during sex was associated with unprotected, receptive anal sex.
- Rates of Unprotected anal sex were highest among primary partners.

Minority, Male to Female (MtF) youth (Garofalo, Deleon, Osmer, Doll, & Harper, 2006)⁹

⁷ Kenagy, G. P. (2005). Transgender health: findings from two needs assessment studies in Philadelphia. *Health Soc Work*, 30(1), 19-26.

⁸ Nemoto, T., Operario, D., Keatley, J., Han, L., & Soma, T. (2004). HIV risk behaviors among male-to-female transgender persons of color in San Francisco. *Am J Public Health*, 94(7), 1193-1199.

- 51 young (under 24) Transgender/Transsexual women participated.
- 49% reported unprotected receptive anal sex.
- 59% reported exchanging sex for money, drugs, shelter.
- 51% had sex against their will.
- 53% reported sex while intoxicated.

HIV positive (Melendez et al., 2006)¹⁰

- Comparing 59 HIV positive Transgender/Transsexual women with 300 HIV positive nontransgender people.
- Transgender/Transsexual women were more likely to have a history of incarceration.
- Transgender/Transsexual women were more likely to live in a welfare hotel or shelter.
- Transgender/Transsexual women were more likely to use alcohol on a daily basis.
- Fewer Transgender/Transsexual women were on HAART, especially African-American Transgender/Transsexual women.

Focus Groups:

Facilitators and recorders conducted two focus groups in Eastern and Western Pennsylvania. A total of sixteen transgender/transsexual men and women participated in the focus groups after first answering a short intake form describing themselves. Focus groups were tape-recorded.

Major Findings:

- Transgender/transsexual people are not homogenous. They are diverse in identity, behaviors, and presentations.
- Many transgender/transsexual people experience multiple forms of discrimination and violence.
- Discrimination and oppression of transgender people fosters isolation, reduces self-esteem, and limits access to HIV prevention and health promotion resources.
- Many religious institutions do not accept any form of gender nonconformity.
- Many transgender people have limited access to employment in the private and public sectors due to the prejudice and discrimination they face.
- The sex industry is a major income source for those unable to find jobs.
- Transgender people involved in the sex industry reported increased earnings when condoms are not used. Transgender people have limited opportunities for transgender/transsexual specific HIV prevention programs, literature, and/or prevention programs including those facilitated by peer educators.
- 81% of focus group participants reported having had an HIV test. That percentage dropped to 70% when those who identified as gay males were excluded.

⁹ Garofalo, R., Deleon, J., Osmer, E., Doll, M., & Harper, G. W. (2006). Overlooked, misunderstood and at-risk: exploring the lives and HIV risk of ethnic minority male-to-female transgender youth. *J Adolesc Health*, 38(3), 230-236.

¹⁰ Melendez, R. M., Exner, T. A., Ehrhardt, A. A., Dodge, B., Remien, R. H., Rotheram-Borus, M. J., et al. (2006). Health and Health Care Among Male-to-Female Transgender Persons Who Are HIV Positive. *Am J Public Health*, 96(6), 1034-1037.

Interviews:

Eight interviews were conducted within PA with transgender/transsexual women (transwomen) who have sex with men. Interviews were conducted either face to face or over the phone. Participants were located within the Southeastern and Southwestern portions of PA.

Transgender/Transsexual Discrimination.

- Economic discrimination and harassment will influence people's risks.
- Lack of economic opportunities will lead transwomen into sex work where more money is available for those who forgo condoms.
- Discrimination by organizations limit the services that transwomen can get for themselves (e.g., homeless shelters). HIV organizations misclassify transwomen as gay men, as well as a lack of knowledge and respect on the part of staff.
- Fear of discrimination and prejudice prevents transwomen from seeking health care and other services.
- Prison places transwomen at risk for sexual assault, and prison staff do nothing to reduce this risk.

Educational Issues

- A few of the transwomen interviewed had poor knowledge of HIV/AIDS. The beliefs that the virus was spread through saliva or described as part of a conspiracy were mentioned.
- They would like material that is directed toward them.
- Material made available within sex work areas.

Fear

- There is a fear of being seen as having HIV if seen utilizing HIV testing/educational services.
- Those who are HIV positive fear disclosing that fact even to their partners because of the impact that may have on their lives.

Sex Work

- Sex work is seen as the last resort in instances of economic discrimination.
- More money is offered for sex without a condom.
- Many enjoy the thrill of sex work and the attention they get.

Trans Sexuality

- People's sexuality goes through changes with transition, and wanting to have sex within one's new gender role. They are willing to take risks because of the fear of losing partners when demanding condoms. They tend to be overly trusting of their partners.

Conclusion:

There are consistent findings across the different studies and the focus groups and interviews conducted in Pennsylvania. There is a perception by study participants of high-risk behaviors and poor understanding of HIV/AIDS. Discrimination because one is transgender/transsexual creates barriers towards HIV prevention in many ways. While overt discrimination have been reported by participants in regards to access to health and HIV services, the fear people have regarding their

potentially ill-treatment by others will influence their decision to access such services. Sex work as a result of the economic discrimination experienced by transgender/transsexual women has also been mentioned as well as the nonuse of condoms due to the extra money it brings them. The stigma associated with being transgender/transsexual and HIV prevents transgender/transsexual women from talking to their partners about safe sex for fear of losing their partners. Finally, there is a consensus of needing specific material targeting transgender/transsexual people. Previous studies and the people interviewed have identified the following as ways to improve HIV prevention strategies, so that they may better serve transgender/transsexual people.

Recommendations:

- Gather data on transgender/transsexual men and women, have literature available that is oriented toward transgender/transsexual people, and conduct outreach to transgender/transsexual populations (stated with regard to State funded HIV testing programs).
- Make HIV prevention messages/literature and confidential HIV testing and counseling accessible to transgender/transsexual people who are involved in the sex industry.
- Develop and implement mobile prevention and education units (strongly recommended).
- Keep interventions brief and involve creative incentives to promote participation and follow-up.
- Make prevention literature/materials for transgender/transsexual people available that identify risks associated with unprotected sex and sharing needles. These should also identify safe-spaces for transgender people.
- Hire transgender/transsexual people to act as peer educators.
- Develop and implement more research to investigate the HIV/AIDS issues of transgender/transsexual people. It will be important that research projects utilize HIV testing to gather information about HIV prevalence among transgender/transsexual people in addition to collecting information about their risk factors.
- Make forms used by health department staff inclusive of transgender/transsexual individuals thus helping these individuals to identify themselves. In addition, it is important to communicate to transgender people that it is safe for them to identify themselves as transgender.

HIV Positive Survey

Purpose:

- To assess prevention needs and barriers of HIV positive individuals-in-care
- To better understand patient's prevention needs and interventions delivered at HIV clinics

Literature Review:

There were 114 articles from peer-reviewed journals from 1995 to 2006 reviewed.

- 20% to 40% of HIV-positive individuals-in-care engaged in unprotected intercourse.
- Sexually transmitted infections are common, and in some studies more so than the general population.
- Possible factors associated with high-risk behavior:
 - Recent treatment advances.
 - Having a sense of physical well being.
 - Living with a monogamous or primary partner.
 - More frequent use of alcohol and drugs prior to sex.

Having a poor relationship with physician.
Disclosure of status.
Prevention burnout.

Self-Administered Questionnaire with 203 HIV+ Adults in HIV/AIDS Care in Pennsylvania

Age Range:	18 – 68 years
Race:	39% African American 55% White 3% Latino 3% Native American
Sex:	79% Male 21% Female
Transgender: ("yes" or "don't know")	7% (14) all report as born male and living as men
Sexual Orientation:	61% Gay/Lesbian 28% Straight 12% Bisexual/Queer
Income:	39% < \$10,000 29% \$10,000 - \$20,000 19% \$20,000 - \$40,000 13% > \$40,000
Diagnosis year:	60% 1995 or earlier 40% 1996 or later

Findings:

- 35% reported STI since testing positive.
- 55% reported intercourse within the past six months, 67% of whom reported a primary partner and 55% of whom reported casual partner(s).

Of those with primary partners in the past six months

- 28% reported having intercourse without a condom either always or most of the time.
- 95% reported disclosing their status to the primary partner.
- 74% reported their primary partner's status as either HIV- or unknown to them.

Of those with casual partners in the past six months

- 33% reported having intercourse without a condom either always or most of the time.
- 67% disclosed their status sometimes or never.
- 75% asked about partner's status sometimes or never.

Incorrect or Unsure response to Knowledge, Attitude, and Belief statements

- 33% "Barebacking is safe as long as one partner doesn't ejaculate inside the other."
- 17% "Person taking 'triple drug cocktail' for more than a year cannot transmit HIV."

- 36% “Person with an STI is at higher risk of HIV infection/re-infection.”
- 25% “I can become infected with drug resistant strains of HIV.”
- 37% “If an HIV+ person has sex, they have responsibility to disclose their status.”
- 10% “If partner is also HIV+, then a condom is still needed for intercourse.”

Providers

- 80% visited medical provider 3 or more times this year and 80% reported they were very or extremely satisfied.
- Never talked with Doctor about safe sex (17%) or telling partners (38%).
- Never talked with Nurse, Nurse Practitioner, or Physician Assistant about safe sex (31%) or telling partners (43%).
- Never talked with their social worker or case manager about safe sex (30%) or telling partners (35%).

Pre/Post HAART (diagnosed earlier/later than 1995)

- Pre HAART respondents were less likely to have talked with ANY provider about safe sex.
- Pre HAART respondents were less likely to have talked with Nurse, Nurse Practitioner, Physician Assistant, Social Worker, or Case Manager about disclosing status to partners.

Race and Income

- African American men and women were more likely than white men and women to talk with providers about safe sex.
- Lower income people were more likely to talk with providers about safe sex than were higher income people.
- Lower income African American men and women were the most likely to report talking with providers about safe sex.

Preliminary Conclusions

- Significant high-risk behavior exists among HIV+ individuals-in-care.
- HIV+ patients are not getting sufficient prevention and education from providers and health clinics.
- Additional training and resources are needed in medical clinics to provide prevention services.
- More research is needed on successful interventions with HIV+ individuals.
- Physicians need to be more involved in prevention.

Pediatric HIV/AIDS in PA Summary

2000 Plan:

Pennsylvania has one of the highest numbers of reported cases of pediatric AIDS in the U.S., and relatively high numbers even when Philadelphia cases are excluded.

The highest number of pediatric AIDS cases is in the South central region, followed by regions with larger metropolitan areas.

2001 Plan:

Perinatal Demonstration Project

New Directions Treatment Services-The Living Project: This individual and group level intervention targets (4) White perinatal transmission, mostly female injection drug user (IDU) or sex partner of IDU, 13 to 44 years of age, (11) Black perinatal transmission, mostly female IDU or sex partner of IDU, 13 to 44 years of age, and (14) Hispanic perinatal transmission, mostly female IDU or sex partner of IDU, 13-44 years of age to prevent perinatal HIV transmission. The project was established in July 1999 through the New Directions Treatment Services, a narcotic addiction treatment program in the Lehigh Valley. Founded in 1980 as a nonprofit, independent agency, New Directions serves clients in the Lehigh Valley with offices in Allentown and Reading. The HIV/AIDS services began in 1988 with counseling and testing and in 1990; a full-time street outreach educator was employed to expand the program. New Directions Treatment Services provides a variety of programs including street outreach and presentations on HIV/AIDS, medical treatment and case management of HIV positive drug treatment patients, and HIV counseling and testing of both agency patients and the general public. The agency has developed collaborative relationships among organizations and agencies in the community. Included are the clinics, social service departments, and HIV/AIDS case managers at Lehigh Valley and St. Luke's Hospitals, Allentown and Bethlehem Health Bureaus (Independent Municipal Health Departments), the AIDS Service Center, Latino AIDS Outreach, the Hispanic AIDS Education Consortium, and Lehigh Valley Community Mental Health Center. The 1990 Census showed that in the cities of Allentown, Bethlehem, and Easton, 11.8% of the population were of Hispanic origin and 5.1% were African Americans, yet Latinos and African Americans represent 67.5% of all reported diagnosed AIDS cases in the region. The Latino community constitutes the majority of cases. Women in the Lehigh Valley represent 32% of all cases. At New Directions, 38% of heroin addicts in treatment are women and most of those women are of childbearing age (15 to 45 years old). While the actual number of HIV cases acquired through perinatal transmission has been small, there are women who are infected with HIV now and a number who are at high risk for infection based on the current demographics of the disease in the Lehigh Valley. Project goals and objectives:

- Recruiting, hiring, training, and development of staff;
- Identifying and securing office space and provide furniture, phone service, and other office infrastructure as needed;
- Obtaining educational materials, such as brochures and posters, for use by project staff for outreach and peer education;
- Identifying specific census tracts within the Lehigh Valley to receive outreach and other services;
- Identifying and training peer educators;

- Establishing and maintaining ongoing relationships with key stakeholders in the community related to HIV.

2005 plan:

Living Project Preliminary Evaluation

The Living Project completed its final year as a demonstration project subcontracted with the Pennsylvania Prevention Project at the University of Pittsburgh Graduate School of Public Health to provide HIV prevention outreach to Latina women in the Lehigh Valley (Allentown/Bethlehem) area of Pennsylvania. The Living Project was begun in July 1999 as a Pennsylvania Department of Health initiative to target Hispanic and African-American women of childbearing age (primarily 16 to 21) with HIV-prevention information and services. The project was housed in the larger New Directions Treatment Services, a narcotic addiction treatment program in the Lehigh Valley founded in 1980 as a non-profit independent agency. New Directions was chosen because of prior history with IDU clients and contact with young women of childbearing age. Lehigh Valley is especially appropriate as the 2000 census showed that in the cities of Allentown, Bethlehem and Easton, 10.2% of the population was of Hispanic origin and 3.6% were African-Americans. In that region, Latinos and African Americans have been disproportionately impacted by the AIDS epidemic and 67.5% of all reported cases have been among those two groups.

2. Future Needs Assessment Activities

- Reprioritization or target populations are still in process, the needs assessment process will not change until the reprioritization plan is finalized.
- The committee will be working with the Integrated Planning Council and Ryan White funded coalitions to conduct a study on the unmet needs of HIV positive men and women. Unmet needs will include prevention resources. Within 2006-2007, discussion will occur in regards to instrument design and sampling. Data collection will not occur for a few years at least.
- The committee recommended that that the Syphilis Elimination Project being conducted through the University of Pittsburgh will include HIV. The project will collect information on Men who have Sex with Men (MSM) populations that find partners through Internet resources.
- The prevention with positives study being implemented by the University of Pittsburgh will continue. There will also be work towards using the surveys within prisons.
- Utilize the Youth Empowerment Project data to provide needs assessment data.
- Conduct Literature reviews of MSM failure of prevention and Heterosexual women with partners in prison.
- Conduct focus groups or surveys with parents about the HIV prevention needs of their children.

3. Pennsylvania Young Adult Roundtables

Overview and Philosophy:

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

Needs Assessment Data:

Each of the current six statewide Roundtables is composed of young adults at high risk of HIV infection/re-infection. Each Roundtable meets five times per year for three hours. Typical meetings consist of informal discussions about HIV, its transmission and prevention, and reactions to and evaluations of HIV prevention videos and magazines produced for young people. The groups meet in a location recommended by a local recruiter and acceptable to the group members. Refreshments, usually pizza and soda, are served at each meeting.

Priorities:

We wish to determine:

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

In fall 2005, Roundtable members expressed the desire to participate in more skills building activities. Members also expressed the need to review or learn about HIV prevention skills. Members told staff that often programs and interventions provide individuals with prevention knowledge, but not prevention skills. Therefore, Roundtable members developed list of how to properly use a condom and then participated in a condom relay race to improve their efficacy with proper condom usage. Members also provided input regarding HIV/AIDS and sexually transmitted infections (STI) prevention health communication messages. Members also expressed the desire for more HIV prevention education programs that focus on young adults. As a result, members developed a list of necessary components for effective peer-based HIV prevention programs. This list can be utilized in the development of programs that focus on high-risk young adults in Pennsylvania. In February, members of the Roundtables began examining why young people are still becoming infected with HIV and other STIs and why they are not utilizing appropriate risk reduction skills. Roundtable members also reviewed a brochure produced by the ETR Associates, entitled, "Safer Sex Better Too." In April members discussed the needs for up-to-date HIV

prevention videos. Members discussed what they believe makes a good video; the primary skills or topics that should be discussed in a video; and what the overarching message should be in an HIV prevention video. Members expressed their desire to develop their own HIV prevention video as a recommendation for the CPG. Members also started a discussion on marketing their HIV Prevention Consensus Statement to policymakers, outside of the Community Planning Process, whose work has impact on the health of young people. In June, the Roundtables re-examined barriers experienced by young people when accessing HIV prevention programs and testing and counseling centers. Members also reviewed a video entitled, "Sex Smart for Teens: Sexually Transmitted Infections."

Meeting with Legislators:

In September 2005, Roundtable Executive Committee members met with staff members from the Commonwealth of Pennsylvania, House of Representatives, Health and Human Services Committee regarding the HIV prevention needs of young people in Pennsylvania. Members reviewed their HIV Prevention Consensus Statement with these staff members. Members also asked feedback from the staff members regarding how to distribute and market the Consensus Statement to members of the legislators. The Executive Co-chairs worked with the Health and Human Services staff members over the next several months on developing a plan to distribute the Consensus Statement and to meet with key policymakers. In May the Executive Co-chairs met and reviewed feedback from Roundtable members. Initial contacts were made with the Governor's office, Secretary of Education, Chairperson of Health and Human Services, Chairperson of Finance, and the State House of Representatives Majority Leader. The Governor's office initially scheduled a meeting, but had to reschedule due to last minute primary election campaigning. The Executive Committee Co-chairs met again in July to refine their presentation to the legislators. In August 2006, the Co-chairs will present for feedback their refined presentation to the Health and Human Services Committee staff and to CPG consultants with expertise in legislative education and development. The Roundtables are attempting to concretize September 2006 meeting dates.

Leadership Development Skills:

With new Executive Co-chairs and Alternate Co-chairs and in order to improve parity on the committee, the University of Pittsburgh staff developed leadership training for all Co-chairs and Alternate Co-chairs. The training took place in December 2005 with the goals of improving participation and understanding of the CPG process. The training provided members with capacity-building skills related to committee process, plan and goal development, vocabulary, etc. The Co-chairs and Alternate Co-chairs also developed specific goals for the 2006 Roundtable year.

National Alliance of State and Territorial AIDS Directors (NASTAD):

The Pennsylvania Young Adult Roundtables have received national recognition as a model program for involving and providing young adults parity, inclusion, and representation in the statewide HIV prevention community planning process. Pennsylvania was the first state in the country to have young people sitting on the state's Community Planning Group. Other states and jurisdictions have replicated our model for including young people. In April, the Director of the Pennsylvania Young Adult Roundtables provided technical assistance to the State of New Jersey in response to a request to assist in replicating the Roundtable model in that state. In June, The Director and two Roundtable members traveled to Washington, DC, and presented the Roundtable model to fifteen jurisdictions who were interested in involving youth in their HIV prevention efforts. As a result of

this participation, the Roundtables have asked the CPG to develop a technical assistance conference around establishing an agenda for involving youth in HIV prevention on a local level in Pennsylvania. The Roundtables are in the early stages of developing an agenda and logistics of the conference for Pennsylvania AIDS service organizations and Community Based Organizations.

Based upon the Epidemiologic profile and the prioritized target population and in consultation with the Department of Health, the CPG has identified the target populations to be assessed and the types of needs assessments to be implemented, which are to be carried out by University of Pittsburgh staff. This report covers needs assessments of at risk subgroups conducted within 2005-2006 that included incarcerated youth and adults, undocumented persons, transgender/transsexual women, and HIV positive men and women in care. Since reprioritization is still in progress, we will focus on the unmet needs collaboration with the Integrated Planning Council and Ryan White funded coalitions to provide ongoing assessment of the prevention needs of HIV positive individuals. Future needs assessments will include recommendations that will be:

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

4. 2006—2007 Resource Inventory

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

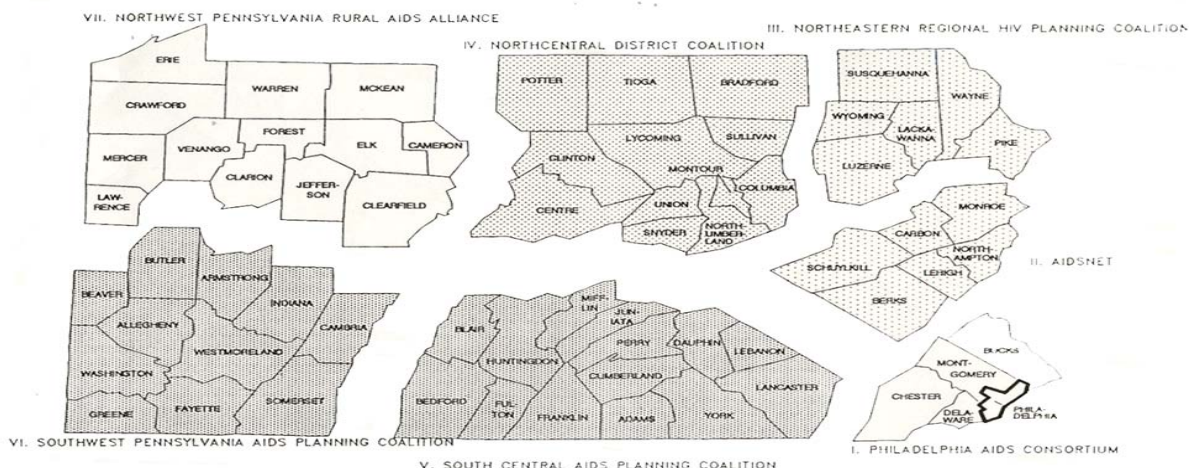
- This Resource Inventory is a list of HIV prevention service providers regardless of their funding source. The Pennsylvania Department of Health utilizes both CDC and State funding for HIV Prevention Interventions.
- Agencies may be listed more than once because they receive funding from multiple sources,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

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

4.A. Resource Inventory Findings

The resource inventory is an important part of the Community Service Assessment (CSA). Each year, the Interventions Subcommittee reviews and updates this document. This year, the Resource Inventory was sent to the nine county, municipal health departments, seven Ryan White Care Coalitions, Planning Committee members as well as other stakeholders familiar with HIV prevention services in their communities for review and update. The Resource Inventory was also cross-referenced with data from the Pennsylvania Uniform Data Collection System (PaUDS) to assure its’ accuracy. For this year’s update, the Intervention Subcommittee unanimously agreed to include the addresses, phone numbers and websites of all the organizations and agencies to create a more functional Resource Inventory.

REGIONAL HIV PLANNING COALITIONS



RESOURCE INVENTORY FINDINGS

The resource inventory is an important part of the Community Service Assessment (CSA). Each year, the Interventions Subcommittee reviews and updates this document. This year, the Resource Inventory was sent to the nine county and municipal health departments, seven Ryan White Care Coalitions, Planning Committee members as well as other stakeholders familiar with HIV prevention services in their communities for review and update. The Resource Inventory was also cross-referenced with data from the Pennsylvania Uniform Data Collection System (PaUDS) to assure its' accuracy. For this year's update, the Intervention Subcommittee unanimously agreed to include the addresses, phone numbers and websites of all the organizations and agencies to create a more functional Resource Inventory.

AIDNET Region

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

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

PROVIDER	<u>PREVENTION SERVICES</u>	TARGET POPULATION (S)
<u>BERKS COUNTY</u>		
ADAPPT 438 Walnut Street #901-909 Reading, PA	Counseling, Testing and Referral Services (CTR), Individual Level Intervention (ILI)	Black Heterosexual Hispanic Heterosexual White Heterosexual Black IDU

* 2000 US Census Data

PROVIDER	PREVENTION SERVICES	TARGET POPULATION (S)
		Hispanic IDU White IDU
<p>American Red Cross 701 Centre Avenue Reading, PA 19601</p> <p>610.375.4383 www.berks.redcross.org</p>	Other	General Public
<p>Berks AIDS Network 429 Walnut Street PO Box 8626 Reading, PA 19603</p> <p>610.375.6523 www.berksaidsnetwork.org</p>	<p>Counseling, Testing and Referral Services (CTR) Partner Counseling and Referral Services (PCRS), Individual Level Intervention (ILI), Outreach, Health Communication/Public Information (HC/PI) Comprehensive Risk Counseling and Services (CRCS)</p> <p>DEBI Intervention: VOCES/VOICES</p>	<p>HIV+ Black Heterosexual Hispanic Heterosexual White Heterosexual Black IDU Hispanic IDU White IDU Black MSM Hispanic MSM White MSM</p>
<p>Berks Counseling Center 524 Franklin Street Reading, PA 19602</p> <p>610.373.4281 www.berkscounselingcenter.org</p>	<p>Counseling, Testing and Referral Services (CTR), Individual Level Intervention (ILI)</p>	<p>Black Heterosexual Hispanic Heterosexual White Heterosexual Black IDU Hispanic IDU White IDU</p>
<p>Berks County Prison 1287 County Welfare Road Leesport, PA 19533</p> <p>610.208.4800 www.co.berks.pa.us</p>	<p>Counseling, Testing and Referral Services (CTR) Partner Counseling and Referral Services (PCRS)</p>	<p>Black Heterosexual Hispanic Heterosexual White Heterosexual Black IDU Hispanic IDU White IDU Black MSM Hispanic MSM White MSM</p>
<p>Berks County State Health Center HIV Clinic Reading State Building 625 Cherry Street Room 442</p>	<p>Counseling, Testing and Referral Services, (CTR) Partner Counseling and Referral Services (PCRS), Individual Level</p>	General Public

PROVIDER	PREVENTION SERVICES	TARGET POPULATION (S)
Reading, PA 19602 610.378.4377	Intervention (ILI), Outreach, Health Communication/Public Information (HC/PI)	
Berks County State Health Center Tuberculosis Clinic Reading State Building 625 Cherry Street Room 442 Reading, PA 19602 610.378.4377	Counseling, Testing and Referral Services (CTR)	Black Heterosexual Hispanic Heterosexual White Heterosexual Emerging Risk Groups – Homeless
Blue Mountain House of Hope PO Box 67 Kempston, PA 19529	Counseling, Testing and Referral Services (CTR)	General Public
Caron Adolescent Treatment Center 17 Camp Road Wernersville, PA 19565 800.678.2332 www.caron.org	Counseling, Testing and Referral Services (CTR), Individual Level Intervention (ILI)	Black Heterosexual White Heterosexual Black IDU White IDU Emerging Risk Group – Youth
Caron Inpatient Galen Hall, Box A Wernersville, PA 19565 800.678.2332 www.caron.org	Counseling, Testing and Referral Services (CTR), Individual Level Intervention (ILI)	Black Heterosexual White Heterosexual Black IDU White IDU
Caron Outpatient 17 Camp Road Wernersville, PA 19565 800.678.2332 www.caron.org	Counseling, Testing and Referral Services (CTR), Individual Level Intervention (ILI)	Black Heterosexual White Heterosexual Black IDU White IDU
Center for Mental Health Reading Hospital and Medical Center Building K and Spruce Streets West Reading, PA 19611 610.988.8186	Counseling, Testing and Referral Services (CTR), Individual Level Intervention (ILI)	Black Heterosexual Hispanic Heterosexual White Heterosexual Black IDU Hispanic IDU White IDU
Children’s Home of Reading 1010 Centre Avenue	Counseling, Testing and Referral Services (CTR),	Black Heterosexual Hispanic Heterosexual

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

PROVIDER	PREVENTION SERVICES	TARGET POPULATION (S)
Reading City 938 Penn Street Reading, PA 19602 610.478.8088 www.pacounseling.org	Referral Services (CTR), Individual Level Intervention (ILI)	Hispanic Heterosexual White Heterosexual Black IDU Hispanic IDU White IDU
Planned Parenthood of Northeast Pennsylvania 48 South Fourth Street Reading, PA 19602 610.376.8061 www.ppnep.org	Counseling, Testing and Referral Services (CTR)	Black Heterosexual Hispanic Heterosexual White Heterosexual
Rainbow Home of Berks County Wernersville State Hospital PO Box 300 Wernersville, PA 19565 610.678.6172 www.rainbowhome.org	Counseling, Testing and Referral Services (CTR), Individual Level Intervention (ILI), Health Communication/Public Information (HC/PI)	HIV+
Red Cross Hispanic Mobile Unit 429 Walnut Street Reading, PA 19601 610.375.6523 www.berks.redcross.org	Counseling, Testing and Referral Services (CTR), Outreach	Hispanic Heterosexual Hispanic IDU Hispanic MSM
St. Joseph's Medical Center 215 North Twelfth Street Reading, PA 19603 610.378.2000 www.sjmcberks.org	Counseling, Testing and Referral Services (CTR), Outreach, Health Communication/Public Information (HC/PI)	General Public
Teen Challenge PO Box 98 Rehrersburg, PA 19550 717.933.4181	Counseling, Testing and Referral Services (CTR)	General Public
CARBON COUNTY		
American Red Cross of the Lehigh Valley 2200 Avenue A Bethlehem, PA 18017	Other	General Public

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

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

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

PROVIDER	PREVENTION SERVICES	TARGET POPULATION (S)
Allentown, PA 18102 610.782.3270 www.lehighcounty.org	Partner Counseling and Referral Services (PCRS), Individual Level Intervention (ILI), Health Communication/Public Information (HC/PI)	White Heterosexual Black IDU Hispanic IDU White IDU Black MSM Hispanic MSM White MSM
Lehigh County State Health Center HIV Clinic 3730 Lehigh Street Suite 206 Whitehall, PA 18502 610.821.6770	Counseling, Testing and Referral Services (CTR), Partner Counseling and Referral Services (PCRS), Individual Level Intervention (ILI), Outreach, Health Communication/Public Information (HC/PI)	General Public
Lehigh County State Health Center STD Clinic 3730 Lehigh Street Suite 206 Whitehall, PA 18502 610.821.6770	Counseling, Testing and Referral Services (CTR)	Black Heterosexual Hispanic Heterosexual White Heterosexual
Lehigh County State Health Center Tuberculosis Clinic 3730 Lehigh Street Suite 206 Whitehall, PA 18502 610.821.6770	Counseling, Testing and Referral Services (CTR)	Black Heterosexual White Heterosexual Emerging Risk Group – Homeless
New Directions Treatment Services 716 Chew Street Allentown, PA 18102 610.434.6890	Counseling, Testing and Referral Services (CTR), Individual Level Intervention (ILI), Group Level Intervention (GLI), Outreach DEBI Interventions: Community PROMISE VOCES/VOICES	Black IDU Hispanic IDU White IDU Black Heterosexual Hispanic Heterosexual White Heterosexual Black MSM/IDU Hispanic MSM/IDU White MSM/IDU Perinatal
Planned Parenthood of Northeast PA 2901 Hamilton Boulevard Allentown, PA 18103	Counseling, Testing and Referral Services (CTR), Individual Level Intervention (ILI),	General Public

PROVIDER	PREVENTION SERVICES	TARGET POPULATION (S)
610.439.1033 www.ppnep.org	Outreach, Health Communication/Public Information (HC/PI)	
The Caring Place – Family Health Program 931 Hamilton Street 4 th Floor Allentown, PA 18101 610.433.5683	Counseling, Testing and Referral Services (CTR)	General Public
The Program for Women and Families 1030 Walnut Street Allentown, PA 18012 610.433.6556	Group Level Intervention (GLI)	Black Heterosexual Hispanic Heterosexual White Heterosexual Black IDU Hispanic IDU White IDU Partners of IDU Black MSM Hispanic MSM White MSM Incarcerated General Public Emerging Risk Groups – Youth, Women
MONROE COUNTY		
American Red Cross – Monroe County Chapter 322 Park Avenue Stroudsburg, PA 18360 570.476.3800 www.arcofmonroecounty.com	Health Communication/Public Information (HC/PI), Other	General Public
Carbon/Monroe/Pike Drug and Alcohol Commission (PHAST) (Pocono HIV/AIDS Support Team) 724A Phillips Street Stroudsburg, PA 18360 570.421.1960 www.cmpda.cog.pa.us	Counseling, Testing and Referral Services (CTR), Partner Counseling and Referral Services (PCRS), Individual Level Intervention (ILI), Group Level Intervention (GLI), Outreach, Health Communication/Public Information (HC/PI)	Black Heterosexual White Heterosexual Black IDU White IDU White MSM
Monroe County Prison	Counseling, Testing and	Black Heterosexual

PROVIDER	PREVENTION SERVICES	TARGET POPULATION (S)
4250 Manor Drive Stroudsburg, PA 18360 717.992.3232	Referral Services (CTR), Partner Counseling and Referral Services (PCRS)	White Heterosexual Black IDU White IDU Black MSM White MSM
Monroe County State Health Center HIV Clinic RR 2 Box 2003 Stroudsburg, PA 18360 570.424.3020	Counseling, Testing and Referral Services (CTR), Partner Counseling and Referral Services (PCRS), Individual Level Intervention (ILI), Outreach, Health Communication/Public Information (HC/PI)	General Public
Monroe County State Health Center Tuberculosis Clinic RR 2 Box 2003 Stroudsburg, PA 18360 570.424.3020	Counseling, Testing and Referral Services (CTR)	Black Heterosexual White Heterosexual Emerging Risk Group – Homeless
Planned Parenthood of Northeast Pennsylvania 28 North Seventh Street Stroudsburg, PA 18360 570.424.8306 www.ppnep.org	Counseling, Testing and Referral Services (CTR), Individual Level Intervention (ILI), Outreach, Health Communication/Public Information (HC/PI)	Black Heterosexual White Heterosexual
Rainbow Mountain 210 Mount Nebo Road East Stroudsburg, PA 18301	Counseling, Testing and Referral Services (CTR)	General Public
<u>NORTHAMPTON COUNTY</u>		
Advocates for Healthy Children, Inc.	Health Communication/Public Information (HC/PI)	Emerging Risk Group – Youth
AIDS Service Center 60 West Broad Street Suite 99 Bethlehem, PA 18018 610.974.8700	Counseling, Testing and Referral Services (CTR), Individual Level Intervention (ILI), Group Level Intervention (GLI), Outreach, Health Communication/Public Information (HC/PI)	HIV+ Black Heterosexual Hispanic Heterosexual White Heterosexual Black IDU Hispanic IDU White IDU Black MSM

PROVIDER	PREVENTION SERVICES	TARGET POPULATION (S)
		Hispanic MSM White MSM
American Red Cross of the Greater Lehigh Valley 2200 Avenue A Bethlehem, PA 18017 610.865.4400 www.redcrosslv.org	Other	General Public
Bethlehem City Health Bureau 10 East Church Street Bethlehem, PA 18018 610.865.7087 www.bethlehem-pa.gov	Partner Counseling and Referral Services (PCRS) DEBI Interventions: VOICES (5 sites) Healthy Relationships	HIV+
Bethlehem City Health Bureau – HIV Clinic 10 East Church Street Bethlehem, PA 18018 610.865.7087 www.bethlehem-pa.gov	Counseling, Testing and Referral Services (CTR), Individual Level Intervention (ILI), Outreach, Health Communication/Public Information (HC/PI)	General Public
Bethlehem City Health Bureau – STD Clinic 10 East Church Street Bethlehem, PA 18018 610.865.7087 www.bethlehem-pa.gov	Counseling, Testing and Referral Services (CTR)	Black Heterosexual Hispanic Heterosexual White Heterosexual
Bethlehem City Health Bureau - Tuberculosis Clinic 10 East Church Street Bethlehem, PA 18018 610.865.7087 www.bethlehem-pa.gov	Counseling, Testing and Referral Services (CTR)	Black Heterosexual Hispanic Heterosexual White Heterosexual Emerging Risk Group – Homeless
CADA 502 East 4 th Street Bethlehem, PA 18015 610.434.6890	Counseling, Testing and Referral Services (CTR)	General Public
Casa Refugio 1436 East 5 th Street Bethlehem, PA 18015	Counseling, Testing and Referral Services (CTR)	General Public

PROVIDER	PREVENTION SERVICES	TARGET POPULATION (S)
610.865.7058		
Community Care Center 111 North 4 th Street Easton, PA 18042 610.253.9868	Counseling, Testing and Referral Services (CTR)	Black Heterosexual Hispanic Heterosexual White Heterosexual
Council of Spanish Speaking Organizations of the Lehigh Valley (CSSOLV) 520 East Fourth Street Bethlehem, PA 18015 610.686.7800	Individual Level Intervention (ILI), Group Level Intervention (GLI), Outreach	Black Heterosexual Hispanic Heterosexual White Heterosexual Black IDU Hispanic IDU White IDU Black MSM Hispanic MSM White MSM Black MSM/IDU Hispanic MSM/IDU White MSM/IDU Perinatal
Easton Hospital 250 South 21 st Street Easton, PA 610.253.1460 www.easton-hospital.com	Counseling, Testing and Referral Services (CTR), Individual Level Intervention (ILI)	Black Heterosexual Hispanic Heterosexual
Hogar Crea Freemanburg Men 1920 East Market Street Bethlehem, PA 18017 Women 1409 Pembroke Road Bethlehem, PA 18017 610.865.7058	Counseling, Testing and Referral Services (CTR)	General Public
Latino AIDS Outreach Program 128 West Fourth Street Bethlehem, PA 610.868.7800	Counseling, Testing and Referral Services (CTR), Individual Level Intervention (ILI), Outreach, Health Communication/Public Information (HC/PI)	Hispanic Heterosexual Hispanic IDU Hispanic MSM
Latino Outreach Program and	Counseling, Testing and	Hispanic Heterosexual

PROVIDER	PREVENTION SERVICES	TARGET POPULATION (S)
Wellness Center 502 East Fourth Street Bethlehem, PA 18015 610.868.7800	Referral Services (CTR)	
Marvine Family Center 1400 Lebanon Street Bethlehem, PA 18017 610.868.7126	Counseling, Testing and Referral Services (CTR)	General Public
North Juvenile Detention Center 650 Ferry Street Easton, PA 18042 610.865.7058	Counseling, Testing and Referral Services (CTR)	General Public
Northampton County Jail 666 Walnut Street Easton, PA 18042 610.559.3233	Counseling, Testing and Referral Services (CTR), Partner Counseling and Referral Services (PCRS), Individual Level Intervention (ILI), Health Communication/Public Information (HC/PI)	Black Heterosexual White Heterosexual Black IDU White IDU Black MSM White MSM
Northampton County Juvenile Detention Center 370 South Cedarbrook Road Allentown, PA 610.820.3233	Counseling, Testing and Referral Services (CTR)	Emerging Risk Group – Youth
Northampton County State Health Center HIV Clinic 1600 Northampton Street Easton, PA 18042 610.250.1825	Counseling, Testing and Referral Services (CTR), Partner Counseling and Referral Services (PCRS), Individual Level Intervention (ILI), Outreach, Health Communication/Public Information (HC/PI)	General Public
Northampton County State Health Center Tuberculosis Clinic 1600 Northampton Street Easton, PA 18042	Counseling, Testing and Referral Services (CTR)	Black Heterosexual White Heterosexual Emerging Risk Group – Homeless

PROVIDER	PREVENTION SERVICES	TARGET POPULATION (S)
610.250.1825		
Planned Parenthood of Northeast Pennsylvania 2906 William Penn Highway Easton, PA 610.258.7195	Counseling, Testing and Referral Services (CTR), Individual Level Intervention (ILI), Health Communication/Public Information (HC/PI)	Black Heterosexual Hispanic Heterosexual White Heterosexual General Public
Recovery Revolutions, Inc. 26 Market Street Bangor, PA 18013 610.599.7700	Counseling, Testing and Referral Services (CTR)	General Public
Riverside CARE 44 East Broad Street Bethlehem, PA 18108 158 South 3 rd Street Easton, PA 18042 610.865.7058	Counseling, Testing and Referral Services (CTR)	General Public
Safe Harbor Homeless Shelter – Easton 536 Bushkill Drive Easton, PA 610.865.7058	Counseling, Testing and Referral Services (CTR)	Black IDU Hispanic IDU White IDU Emerging Risk Group – Homeless
St. Luke’s Women’s Health Centers 801 Ostrum Street East Wing 3 Bethlehem, PA 18015 610.954.4761 414/416 Northampton Street Easton, PA 18042 610.559.2175 www.slnh.lehighvalley.org	Counseling, Testing and Referral Services (CTR), Individual Level Intervention (ILI), Health Communication/Public Information (HC/PI)	Perinatal
The Program for Women and Children 1030 Walnut Street Allentown, PA 18012	Group Level Intervention (GLI)	Black Heterosexual Hispanic Heterosexual White Heterosexual Black IDU Hispanic IDU

PROVIDER	PREVENTION SERVICES	TARGET POPULATION (S)
610.433.6556		White IDU Partners of IDU Black MSM Hispanic MSM White MSM Incarcerated
Third Street Alliance 41 North 3 rd Street Easton, PA 18045 610.434.6890	Counseling, Testing and Referral Services (CTR)	General Public
Victory House 314 Fillmore Street Bethlehem, PA 18015 610.434.6890	Counseling, Testing and Referral Services (CTR)	General Public
Weaversville Juvenile Intensive Treatment Unit 6710 Weaversville Road Northampton, PA 18067 610.865.7087	Counseling, Testing and Referral Services (CTR)	General Public
SCHUYLKILL COUNTY		
American Red Cross – Schuylkill and Eastern Northumberland Counties 1402 Laurel Boulevard Pottsville, PA 17901 570.622.9550 www.infionline.net	Other	General Public
Berks AIDS Network 429 Walnut Street PO Box 8626 Reading, PA 19603 610.375.6523 www.berksaidnetwork.org	Individual Level Intervention (ILI), Group Level Intervention (GLI), Outreach, Health Communication/Public Information (HC/PI)	HIV+ Heterosexual IDU MSM
Schuylkill County First Step 108 South Claude A. Lord Boulevard Pottsville, PA 17901 570.621.2890	Counseling, Testing and Referral Services (CTR), Individual Level Intervention (ILI)	Black Heterosexual White Heterosexual Black IDU White IDU
Schuylkill County State Health	Counseling, Testing and	General Public

PROVIDER	PREVENTION SERVICES	TARGET POPULATION (S)
Center HIV Clinic 405 One Norwegian Plaza Pottsville, PA 17901 570.621.3112	Referral Services (CTR), Partner Counseling and Referral Services (PCRS), Individual Level Intervention (ILI), Outreach, Health Communication/Public Information (HC/PI)	
Schuylkill County State Health Center Tuberculosis Clinic 405 One Norwegian Plaza Pottsville, PA 17901 570.621.3112	Counseling, Testing and Referral Services (CTR)	Black Heterosexual White Heterosexual Emerging Risk Group – Homeless
Schuylkill Wellness Services 512-514 North Center Street Pottsville, PA 17901 570.622.3980	Counseling, Testing and Referral Services (CTR), Individual Level Intervention (ILI)	Black Heterosexual White Heterosexual Black IDU White IDU
Shamokin Family Planning 717 Race Street Shamokin, PA 17822 570.648.0582	Counseling, Testing and Referral Services (CTR)	Black Heterosexual White Heterosexual

The North Central Region

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

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

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

PROVIDER	PREVENTION SERVICES	TARGET POPULATION (S)
570.882.5805 800.388.9416	Communication/Public Information (HC/PI), Other	
Towanda State Health Center 846 Main Street PO Box 29 Towanda, PA 18848 570.265.2194	Counseling, Testing and Referral Services (CTR)	General Public
<u>CENTRE COUNTY</u>		
Centre City Youth Center 148 Paradise Road Bellefonte, PA 16823 814.355.0650	Counseling, Testing and Referral Services (CTR)	General Public
Centre County Prison 213 East High Street Bellefonte, PA 16823 814.355.6794	Counseling, Testing and Referral Services (CTR), Partner Counseling and Referral Services (PCRS)	Black Heterosexual White Heterosexual Black IDU White IDU Black MSM White MSM
Centre County State Health Center HIV Clinic 280 West Hamilton Avenue State College, PA 16801 814.865.0932 814.865.0933 814.865.0934	Counseling, Testing and Referral Services (CTR), Partner Counseling and Referral Services (PCRS), Individual Level Intervention (ILI), Outreach, Health Communication/Public Information (HC/PI)	General Public
Centre County State Health Center Tuberculosis Clinic 280 West Hamilton Avenue State College, PA 16801 814.865.0932 814.865.0933 814.865.0934	Counseling, Testing and Referral Services (CTR)	Black Heterosexual White Heterosexual
Centre County Youth Service Bureau 410 South Fraser Street State College, PA 16801 814.237.5731 www.ccysb.com	Individual Level Intervention (ILI)	Emerging Risk Group – Youth

PROVIDER	PREVENTION SERVICES	TARGET POPULATION (S)
<p>Centre Volunteers in Medicine (CVIM) 251 Easterly Parkway Suite 102 State College, PA 16801</p> <p>814.231.4843 web.cvim.net</p>	<p>Counseling, Testing and Referral Services (CTR)</p>	<p>General Public (uninsured)</p>
<p>Gay and Lesbian Switchboard of Harrisburg 1300A North Third Street Harrisburg, PA 17102 717.234.0328 www.askglsh.org</p>	<p>Health Communication/Public Information (HC/PI)</p>	<p>Black MSM White MSM Hispanic MSM</p>
<p>Pennsylvania State University/University Health Services – Ritenour Health Center 237 Ritenour Building University Park, PA 16802</p> <p>814.863.0461 www.sa.psu.edu</p>	<p>Counseling, Testing and Referral Services (CTR), Outreach, Health Communication/Public Information (HC/PI)</p>	<p>Black Heterosexual White Heterosexual Emerging Risk Group – Youth</p>
<p>Planned Parenthood of Central Pennsylvania 3091 Enterprise Drive Suite 150 State College, PA 16801</p> <p>814.867.7778 www.plannedparenthoodpa.org</p>	<p>Counseling, Testing and Referral Services (CTR)</p>	<p>Black Heterosexual White Heterosexual</p>
<p>State College Medical Services</p>	<p>Counseling, Testing and Referral Services (CTR)</p>	<p>Black Heterosexual White Heterosexual</p>
<p>State College State Health Center 280 West Hamilton Avenue State College, PA 16801</p> <p>814.865.0932</p>	<p>Counseling, Testing and Referral Services (CTR)</p>	<p>General Public</p>
<p>Tapestry for Health of Centre and Huntingdon Counties 240 Match Factory Place Bellefonte, PA 16823</p> <p>1231 Warm Springs Avenue Suite 101</p>	<p>Counseling, Testing and Referral Services (CTR), Health Communication/Public Information (HC/PI)</p>	<p>White Heterosexual General Public</p>

PROVIDER	PREVENTION SERVICES	TARGET POPULATION (S)
Huntingdon, PA 16652 814.355.2762 (Bellefonte) 814.643.5364 (Huntingdon) www.tapestryofhealth.org		
The AIDS Project of Centre County 315 South Allen Street State College, PA 16801 200 East Presque Isle Street 6 th Floor Philipsburg, PA 16866 814.234.7087 (State College) 814.342.6992 (Philipsburg)	Counseling, Testing and Referral Services (CTR), Individual Level Intervention (ILI), Group Level Intervention (GLI), Outreach, Health Communication/Public Information (HC/PI), Other DEBI Interventions: Street Smart Teen AIDS Prevention (TAP)	HIV+ White MSM White IDU General Public Perinatal Emerging Risk Group – Youth
CLINTON COUNTY		
Campbell Street Family, Youth and Community Association 600 Campbell Street Williamsport, PA 17701 570.322.5515	Individual Level Intervention (ILI), Group Level Intervention (GLI)	White Heterosexual White IDU Perinatal Emerging Risk Group – Youth
Center for Independent Living of North Central PA 210 Market Street Suite A Williamsport, PA 17701 570.327.9070 www.cilncp.org	Individual Level Intervention (ILI)	
Clinic of Lock Haven Family Planning 955 Bellefonte Avenue Lock Haven, PA 17745 570.748.7770	Counseling, Testing and Referral Services (CTR)	Black Heterosexual White Heterosexual
Clinton County Prison PO Box 419 McElhattan, PA 17748 717.769.7685	Counseling, Testing and Referral Services (CTR), Partner Counseling and Referral Services (PCRS), Individual Level	Black Heterosexual White Heterosexual Black IDU White IDU Black MSM

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

PROVIDER	PREVENTION SERVICES	TARGET POPULATION (S)
7 th and Iron Streets Bloomsburg, PA 17815 570.784.4805	Referral Services (CTR)	
Columbia County State Health Center HIV Clinic 1123C Old Berwick Road Bloomsburg, PA 17815 570.387.4257	Counseling, Testing and Referral Services (CTR), Partner Counseling and Referral Services (PCRS), Individual Level Intervention (ILI), Outreach, Health Communication/Public Information (HC/PI)	General Public
Columbia County State Health Center Tuberculosis Clinic 1123C Old Berwick Road Bloomsburg, PA 17815 570.387.4257	Counseling, Testing and Referral Services (CTR)	Black Heterosexual White Heterosexual Emerging Risk Group – Homeless
Dr. Ali Alley 301 West Third Street Berwick, PA 570.759.0351	Counseling, Testing and Referral Services (CTR)	Black Heterosexual White Heterosexual
Family Health Network, Berwick	Counseling, Testing and Referral Services (CTR), Individual Level Intervention (ILI), Health Communication/Public Information (HC/PI)	Black Heterosexual White Heterosexual Black IDU White IDU Black MSM White MSM
Family Health Services of Bloomsburg 2201 Fifth Street Hollow Road Suite 1 Bloomsburg, PA 17815 717.387.0236	Counseling, Testing and Referral Services (CTR)	Black Heterosexual White Heterosexual
<u>LYCOMING COUNTY</u>		
AIDS Resource Alliance 200 Pine Street Suite 300 Williamsport, PA 17701	Counseling, Testing and Referral Services (CTR), Individual Level Intervention (ILI), Group	HIV+ Black Heterosexual White Heterosexual Black IDU

PROVIDER	PREVENTION SERVICES	TARGET POPULATION (S)
570.322.8448 www.charities.org/ara.html	Level Intervention (GLI), Outreach, Health Communication/Public Information (HC/PI), Other DEBI Interventions: VOICES Real AIDS Prevention Project (RAPP) Becoming a Responsible Teen (BART)	White IDU Black MSM White MSM Emerging Risk Group – Youth
Campbell Street Family, Youth and Community Association 600 Campbell Street Williamsport, PA 17701 570.322.5515	Individual Level Intervention (ILI), Group Level Intervention (GLI), Health Communication/Public Information (HC/PI)	Black Heterosexual White Heterosexual Black IDU White IDU Perinatal Emerging Risk Group – Youth
Choices Recovery Program 307 Laird Street Plains, PA 18702 570.408.9320	Counseling, Testing and Referral Services (CTR)	General Public
Family Center for Reproductive Health Williamsport Hospital and Medical Center 777 Rural Avenue 7 th Floor Williamsport, PA 17701 570.321.3131 www.shscare.org	Counseling, Testing and Referral Services (CTR), Individual Level Intervention (ILI), Outreach, Health Communication/Public Information (HC/PI)	General Public
Healthy Concepts	Counseling, Testing and Referral Services (CTR), Individual Level Intervention (ILI), Outreach, Health Communication/Public Information (HC/PI)	General Public Perinatal
Lycoming College Student Health Services 700 College Place Williamsport, PA 17701	Counseling, Testing and Referral Services (CTR)	General Public

PROVIDER	PREVENTION SERVICES	TARGET POPULATION (S)
570.321.4052		
<p>Lycoming County Prison 154 West Third Street Williamsport, PA 17701</p> <p>570.326.4623</p>	<p>Counseling, Testing and Referral Services (CTR), Partner Counseling and Referral Services (PCRS), Individual Level Intervention (ILI), Health Communication/Public Information (HC/PI)</p>	<p>Black Heterosexual White Heterosexual Black IDU White IDU Black MSM White MSM</p>
<p>Lycoming County State Health Center HIV Clinic 1000 Commerce Park Suite 106 Williamsport, PA 17701</p> <p>570.327.3440</p> <p>215 East Church Street Lock Haven, PA 17745</p> <p>570.893.2437</p>	<p>Counseling, Testing and Referral Services (CTR), Partner Counseling and Referral Services (PCRS), Individual Level Intervention (ILI), Outreach, Health Communication/Public Information (HC/PI)</p>	<p>General Public</p>
<p>Lycoming County State Health Center Tuberculosis Clinic 1000 Commerce Park Suite 106 Williamsport, PA 17701</p> <p>570.327.3440</p> <p>215 East Church Street Lock Haven, PA 17745</p> <p>570.893.2437</p>	<p>Counseling, Testing and Referral Services (CTR)</p>	<p>Black Heterosexual White Heterosexual Emerging Risk Group – Homeless</p>
<p>North Central District AIDS Coalition 8 North Grove Street PO Box 658 Lock Haven, PA 17745</p> <p>570.748.2850 www.ncdac.org</p>	<p>Health Communication/Public Information (HC/PI)</p>	<p>General Public</p>
<p>Williamsport Hospital and Medical</p>	<p>Counseling, Testing and</p>	<p>Black Heterosexual</p>

PROVIDER	PREVENTION SERVICES	TARGET POPULATION (S)
Center 777 Rural Avenue 7 th Floor Williamsport, PA 17701 570.321.3131 www.shscares.org	Referral Services (CTR), Individual Level Intervention (ILI), Outreach, Health Communication/Public Information (HC/PI)	White Heterosexual General Public
<u>MONTOUR COUNTY</u>		
AIDS Resource Alliance 200 Pine Street Suite 300 Williamsport, PA 17701 570.322.8448 www.charities.org/ara.html	Individual Level Intervention (ILI), Group Level Intervention (GLI), Outreach DEBI Interventions: VOICES Real AIDS Prevention Project (RAPP) Becoming a Responsible Teen (BART)	Black Heterosexual White Heterosexual Black IDU White IDU Black MSM White MSM Emerging Risk Group – Youth
Caring Communities for AIDS 570.714.6323 www.caringcommunities4aids.org	Individual Level Intervention (ILI), Group Level Intervention (GLI), Outreach, Health Communication/Public Information (HC/PI), Other	HIV+ White Heterosexual Perinatal Emerging Risk Group – Youth
Columbia – Montour Family Health Inc. 2201 Fifth Street Hollow Road Bloomsburg, PA 17815 570.387.0236	Counseling, Testing and Referral Services (CTR), Individual Level Intervention (ILI), Health Communication/Public Information (HC/PI)	General Public
Danville Center for Adolescent Females 13 Kirkbride Drive Danville, PA 17821 570.271.4700	Counseling, Testing and Referral Services (CTR)	Black Heterosexual White Heterosexual Emerging Risk Group – Youth
Montour County Prison 117 Church Street Box 163 Danville, PA 17821 717.275.2306	Counseling, Testing and Referral Services (CTR), Partner Counseling and Referral Services (PCRS), Individual Level Intervention (ILI), Health	Black Heterosexual White Heterosexual Black IDU White IDU Black MSM White MSM

PROVIDER	PREVENTION SERVICES	TARGET POPULATION (S)
	Communication/Public Information (HC/PI)	
Montour County State Health Center HIV Clinic 329 Church Street Box 275 Danville, PA 17821 570.275.7092	Counseling, Testing and Referral Services (CTR), Partner Counseling and Referral Services (PCRS), Individual Level Intervention (ILI), Outreach, Health Communication/Public Information (HC/PI)	General Public
Montour County State Health Center STD Clinic 329 Church Street Box 275 Danville, PA 17821 570.275.7092	Counseling, Testing and Referral Services (CTR)	Black Heterosexual White Heterosexual
Montour County State Health Center Tuberculosis Clinic 329 Church Street Box 275 Danville, PA 17821 570.275.7092	Counseling, Testing and Referral Services (CTR)	Black Heterosexual White Heterosexual
North Central Secure Treatment Unit 210 Clinic Road Danville, PA 17821 570.271.4711	Counseling, Testing and Referral Services (CTR)	Black Heterosexual White Heterosexual Black IDU White IDU
Northwestern Academy 3800 State Road Route 61 Coal Township, PA 17866 570.644.5344	Counseling, Testing and Referral Services (CTR)	
<u>NORTHUMBERLAND COUNTY</u>		
AIDS Resource Alliance 200 Pine Street Suite 300 Williamsport, PA 17701 570.322.8448 www.charities.org/ara.html	Individual Level Intervention (ILI), Group Level Intervention (GLI), Outreach, Health Communication/Public Information (HC/PI)	Black Heterosexual White Heterosexual Black IDU White IDU Black MSM White MSM Emerging Risk Group –

PROVIDER	PREVENTION SERVICES	TARGET POPULATION (S)
	DEBI Interventions: VOICES Real AIDS Prevention Project (RAPP) Becoming a Responsible Teen (BART)	Perinatal, Youth
Center for Independent Living of North Central PA 210 Market Street Suite A Williamsport, PA 17701 570.327.9070 800.984.7492 www.cilncp.org	Individual Level Intervention (ILI), Health Communication/Public Information (HC/PI)	General Public
Family Planning Services of S.U.N. 717 Race Street Shamokin, PA 17872 717.648.1521	Individual Level Intervention (ILI), Group Level Intervention (GLI), Outreach	White Heterosexual White IDU Perinatal Emerging Risk Group – Youth
Northumberland County Prison 39 North Second Street Sunbury, PA 17801 717.286.7981	Counseling, Testing and Referral Services (CTR), Partner Counseling and Referral Services (PCRS), Individual Level Intervention (ILI), Health Communication/Public Information (HC/PI)	Black Heterosexual White Heterosexual Black IDU White IDU Black MSM White MSM
Northumberland County State Health Center HIV Clinic 247 Pennsylvania Avenue Sunbury, PA 17801 570.988.5513	Counseling, Testing and Referral Services (CTR), Partner Counseling and Referral Services (PCRS), Individual Level Intervention (ILI), Outreach, Health Communication/Public Information (HC/PI)	General Public
Northumberland County State Health Center STD Clinic 247 Pennsylvania Avenue Sunbury, PA 17801 570.988.5513	Counseling, Testing and Referral Services (CTR)	Black Heterosexual White Heterosexual

PROVIDER	PREVENTION SERVICES	TARGET POPULATION (S)
Northumberland County State Health Center Tuberculosis Clinic 247 Pennsylvania Avenue Sunbury, PA 17801 570.988.5513	Counseling, Testing and Referral Services (CTR)	Black Heterosexual White Heterosexual
S.U.N. Home Health Services, Inc. 61 Duke Street PO Box 232 Northumberland, PA 17857 888.478.6227 800.634.5232 570.473.8320	Outreach, Health Communication/Public Information (HC/PI)	General Public
Shamokin Family Planning 717 Race Street Shamokin, PA 17872 570.648.0582	Counseling, Testing and Referral Services (CTR)	General Public
<u>POTTER COUNTY</u>		
Campbell Street Family, Youth and Community Association 600 Campbell Street Williamsport, PA 17701 570.322.5515	Individual Level Intervention (ILI), Group Level Intervention (GLI),	Black IDU White IDU Perinatal Emerging Risk Group – Youth
Central Potter County Health Center 71 Elk Street Coudersport, PA 16915 814.274.7070	Counseling, Testing and Referral Services (CTR)	General Public
Charles Cole Memorial Hospital Second Street Coudersport, PA 16915	Counseling, Testing and Referral Services (CTR)	General Public
Potter County Prison 102 East Second Street Coudersport, PA 16915 814.274.9790	Counseling, Testing and Referral Services (CTR), Partner Counseling and Referral Services (PCRS)	Black Heterosexual White Heterosexual Black IDU White IDU Black MSM White MSM
Potter County State Health Center HIV Clinic 269 Route 6 West	Counseling, Testing and Referral Services (CTR), Partner Counseling and	General Public

PROVIDER	PREVENTION SERVICES	TARGET POPULATION (S)
Room 2 Coudersport, PA 16915 814.274.3626	Referral Services (PCRS), Individual Level Intervention (ILI), Outreach, Health Communication/Public Information (HC/PI)	
Potter County State Health Center STD Clinic 269 Route 6 West, Room 2 Coudersport, PA 16915 814.274.3626	Counseling, Testing and Referral Services (CTR)	Black Heterosexual White Heterosexual
Potter County State Health Center Tuberculosis Clinic 269 Route 6 West Room 2 Coudersport, PA 16915 814.274.3626	Counseling, Testing and Referral Services (CTR)	White Heterosexual Emerging Risk Group – Homeless
<u>SNYDER COUNTY</u>		
Family Planning Services of S.U.N. 713 Bridge Street Suite 7 Selinsgrove, PA 17870 570.372.0637	Individual Level Intervention (ILI), Group Level Intervention (GLI), Outreach	White Heterosexual White IDU Perinatal Emerging Risk Group – Youth
S.U.N. Home Health Services, Inc. 61 Duke Street PO Box 232 Northumberland, PA 17857 888.478.6227 800.634.5232 570.473.8320	Outreach, Health Communication/Public Information (HC/PI)	General Public
Snyder County Prison 600 Old Colony Road Selinsgrove, PA 17870 717.374.7912	Counseling, Testing and Referral Services (CTR), Partner Counseling and Referral Services (PCRS), Individual Level Intervention (ILI), Health Communication/Public Information (HC/PI)	Black Heterosexual White Heterosexual Black IDU White IDU Black MSM White MSM
Snyder County State Health Center HIV Clinic	Counseling, Testing and Referral Services (CTR),	General Public

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

PROVIDER	PREVENTION SERVICES	TARGET POPULATION (S)
	Outreach	Perinatal
HIV/AIDS Support Network – Robert Packard Hospital 96 Hayden Street Sayre, PA 18840 570.882.5805 800.388.9416	Individual Level Intervention (ILI), Group Level Intervention (GLI), Outreach, Health Communication/Public Information (HC/PI), Other	White Heterosexual Perinatal Emerging Risk Group – Youth
Sullivan County State Health Center 1000 Commerce Park Drive #109 Williamsport, PA 17701 717.327.3400	Counseling, Testing and Referral Services (CTR)	General Public
<u>TIOGA COUNTY</u>		
HIV/AIDS Support Network – Parker Hospital	Individual Level Intervention (ILI), Group Level Intervention (GLI), Outreach	White Heterosexual White IDU White MSM Perinatal
HIV/AIDS Support Network – Robert Packard Hospital 96 Hayden Street Sayre, PA 18840 570.882.5805 800.388.9416	Individual Level Intervention (ILI), Group Level Intervention (GLI), Health Communication/Public Information (HC/PI), Other	White Heterosexual Black Heterosexual Black IDU White IDU Black MSM White MSM Perinatal Emerging Risk Group – Youth
Laurel Health Center - Blossburg Family Planning 6 Riverside Plaza Blossburg, PA 16912 570.683.2174	Counseling, Testing and Referral Services (CTR)	White Heterosexual
Laurel Health Center - Elkland Family Planning Clinic 103 Forest View Drive Ekland, PA 16920 814.258.5117	Counseling, Testing and Referral Services (CTR)	White Heterosexual
Laurel Health Center - Lawrenceville Family Planning Clinic Route 15	Counseling, Testing and Referral Services (CTR)	White Heterosexual

PROVIDER	PREVENTION SERVICES	TARGET POPULATION (S)
Somers Lane Lawrenceville, PA 16929 570.827.0125		
Laurel Health Center - Mansfield Family Planning Clinic 40 West Wellsboro Street Mansfield, PA 16933 717.662.2002	Counseling, Testing and Referral Services (CTR)	White Heterosexual
Laurel Health Center - Wellsboro Family Planning Clinic 103 West Avenue Wellsboro, PA 16901 570.724.1010	Counseling, Testing and Referral Services (CTR)	White Heterosexual
Laurel Health Center – Westfield Family Planning Clinic 236 East Main Street Westfield, PA 16950 814.367.5911	Counseling, Testing and Referral Services (CTR)	White Heterosexual
Tioga County Prison 1768 Shimmery Hill Road Wellsboro, PA 16901 717.724.5911	Counseling, Testing and Referral Services (CTR), Partner Counseling and Referral Services (PCRS)	Black Heterosexual White Heterosexual Black IDU White IDU Black MSM White MSM
Tioga County State Health Center HIV Clinic 44 Plaza Lane Wellsboro, PA 16901 570.724.2911	Counseling, Testing and Referral Services (CTR), Partner Counseling and Referral Services (PCRS), Individual Level Intervention (ILI), Outreach, Health Communication/Public Information (HC/PI)	General Public
Tioga County State Health Center Tuberculosis Clinic 144C East A Wellsboro, PA 16901 570.724.2911	Counseling, Testing and Referral Services (CTR)	White Heterosexual Emerging Risk Group – Homeless
Tioga County Women’s Coalition PO Box 933	Outreach, Health Communication/Public	Perinatal

PROVIDER	PREVENTION SERVICES	TARGET POPULATION (S)
Wellsboro, PA 16901 717.724.3554	Information (HC/PI)	
UNION COUNTY		
AIDS Resource Alliance 200 Pine Street Suite 300 Williamsport, PA 17701 570.322.8448 www.charities.org/ara.html	Individual Level Intervention (ILI), Group Level Intervention (GLI), Outreach, Health Communication/Public Information (HC/PI), Other DEBI Interventions: VOICES Real AIDS Prevention Project (RAPP) Becoming a Responsible Teen (BART)	Black Heterosexual White Heterosexual Black IDU White IDU Black MSM White MSM Perinatal Emerging Risk Group – Youth
Center for Independent Living of North Central PA 210 Market Street Suite A Williamsport, PA 17701 570.327.9070 800.984.7492 www.cilncp.org	Individual Level Intervention (ILI)	General Public
Family Planning Services of S.U.N. 717 Race Street Shamokin, PA 17872 717.648.1521	Individual Level Intervention (ILI), Group Level Intervention (GLI), Outreach	White Heterosexual White IDU Perinatal Emerging Risk Group – Youth
Union County Prison 103 South Second Street Lewisburg, PA 17837 717.524.7811	Counseling, Testing and Referral Services (CTR), Partner Counseling and Referral Services (PCRS)	Black Heterosexual White Heterosexual Black IDU White IDU Black MSM White MSM
Union County State Health Center HIV Clinic 260 Reitz Boulevard Suite 3 Lewisburg, PA 17837	Counseling, Testing and Referral Services (CTR), Partner Counseling and Referral Services (PCRS)	General Public

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

The Northeast Region

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

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

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

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

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

PROVIDER	PREVENTION SERVICES	TARGET POPULATION (S)
Planned Parenthood of Northeast Pennsylvania 10 West Chestnut Street Hazelton, PA 18201 570.545.0876 www.ppnep.org	Counseling, Testing and Referral Services (CTR)	Black Heterosexual Hispanic Heterosexual White Heterosexual
Serento Gardens Alcohol and Drug Services 145 West Broad Street Hazelton, PA 18201 570.445.9902	Individual Level Intervention (ILI)	Hispanic IDU White IDU
United Neighborhood Centers of Lackawanna County 410 Olive Street Scranton, PA 18508 570.346.0759	Individual Level Intervention (ILI), Group Level Intervention (GLI), Outreach, Health Communication/Public Information (HC/PI), Other DEBI Interventions: VOICES/VOCES Healthy Relationships	Hispanic Heterosexual Emerging Risk Group – Youth
Wilkes-Barre City Health Department 16 East Northampton Street Wilkes-Barre, PA 18701 570.208.4268	Counseling, Testing and Referral Services (CTR), Partner Counseling and Referral Services (PCRS)	HIV+
Wilkes-Barre City Health Department Tuberculosis Clinic 16 East Northampton Street Wilkes-Barre, PA 18701 570.208.4268	Counseling, Testing and Referral Services (CTR)	Black Heterosexual Hispanic Heterosexual White Heterosexual Emerging Risk Group – Homeless
Wilkes-Barre Family Planning Family Care Center 2 Sharp Street Kingston, PA 18704 570.522.8916	Counseling, Testing and Referral Services (CTR)	General Public
Wyoming Valley AIDS Council 183 Market Street Suite 102	Counseling, Testing and Referral Services (CTR), Health	Emerging Risk Group – Women

PROVIDER	PREVENTION SERVICES	TARGET POPULATION (S)
Kingston, PA 18703 570.823.5808	Communication/Public Information (HC/PI)	
Wyoming Valley Alcohol and Drug Services, Inc. 437 North Main Street Wilkes-Barre, PA 18705 570.820.8888 570.655.3900	Individual Level Intervention (ILI)	Black IDU White IDU
PIKE COUNTY		
American Red Cross – Wyoming Valley Chapter 256 North Sherman Street Wilkes-Barre, PA 18702 570.823.7161 www.wyomingvalleyredcross.org	Individual Level Intervention (ILI), Group Level Intervention (GLI), Outreach, Health Communication/Public Information (HC/PI), Other DEBI Interventions: SISTA Safety Counts	Black Heterosexual White Heterosexual MSM IDU General Public Emerging Risk Groups – Homeless, Perinatal, Women, Youth
Carbon/Monroe/Pike Drug and Alcohol Commission 542 US Routes 6 and 209 Milford, PA 18337 570.296.7255 www.cmpda.cog.pa.us	Counseling, Testing and Referral Services (CTR), Individual Level Intervention (ILI)	Black IDU White IDU
Milford Family Planning Center Milford Professional Plaza 20 Buist Road Suite 103 Milford, PA 18337 570.296.8714	Counseling, Testing and Referral Services (CTR),	General Public
Pike County Prison 175 Pike City Boulevard Lords Valley, PA 18428 717.775.5500	Counseling, Testing and Referral Services (CTR), Partner Counseling and Referral Services (PCRS)	Black Heterosexual White Heterosexual Black IDU White IDU Black MSM White MSM
Pike County State Health Center HIV Clinic #10 Buist Road Suite 401	Counseling, Testing and Referral Services (CTR), Individual Level Intervention (ILI),	General Public

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

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

PROVIDER	PREVENTION SERVICES	TARGET POPULATION (S)
Honesdale, PA 18431 570.253.5626		
United Neighborhood Centers of Lackawanna County 410 Olive Street Scranton, PA 18508 570.346.0759	Individual Level Intervention (ILI), Group Level Intervention (GLI), Outreach, Health Communication/Public Information (HC/PI), Other DEBI Interventions: VOICES/VOCES Healthy Relationships	Hispanic Heterosexual Emerging Risk Group – Youth
Wayne County State Health Center HIV Clinic 615 Erie Heights Honesdale, PA 18431 570.253.7141	Counseling, Testing and Referral Services (CTR), Individual Level Intervention (ILI), Outreach, Health Communication/Public Information (HC/PI)	General Public
Wayne County State Health Center Tuberculosis Clinic 615 Erie Heights Honesdale, PA 18431 570.253.7141	Counseling, Testing and Referral Services (CTR)	Black Heterosexual Hispanic Heterosexual White Heterosexual Emerging Risk Group – Homeless
WYOMING COUNTY		
American Red Cross – Wyoming Valley Chapter 256 North Sherman Street Wilkes-Barre, PA 18702 570.823.7161 www.wyomingvalleyredcross.org	Individual Level Intervention (ILI), Group Level Intervention (GLI), Outreach, Health Communication/Public Information (HC/PI), Other DEBI Interventions: SISTA Safety Counts	Black Heterosexual White Heterosexual MSM IDU General Public Emerging Risk Groups – Homeless, Perinatal, Women, Youth
Drug and Alcohol Treatment Services	Individual Level Intervention (ILI)	Black IDU White IDU
United Neighborhood Centers of Lackawanna County 410 Olive Street Scranton, PA 18508	Individual Level Intervention (ILI), Group Level Intervention (GLI), Outreach, Health Communication/Public	Hispanic Heterosexual Emerging Risk Group – Youth

PROVIDER	PREVENTION SERVICES	TARGET POPULATION (S)
570.346.0759	Information (HC/PI), Other DEBI Interventions: VOICES/VOCES Healthy Relationships	
Wyoming County State Health Center HIV Clinic 2 Skyline Complex Tunkhannock, PA 18657 570.836.2981	Counseling, Testing and Referral Services (CTR), Individual Level Intervention (ILI), Outreach, Health Communication/Public Information (HC/PI)	General Public
Wyoming County State Health Center Tuberculosis Clinic 2 Skyline Complex Tunkhannock, PA 18657 570.836.2981	Counseling, Testing and Referral Services (CTR)	Black Heterosexual Hispanic Heterosexual White Heterosexual Emerging Risk Group – Homeless
Wyoming Valley AIDS Council 67-69 Public Square PO Box 2677 Wilkes-Barre, PA 18703 570.823.5808	Counseling, Testing and Referral Services (CTR), Health Communication/Public Information (HC/PI)	Emerging Risk Group – Women

The Northwest Region

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

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

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

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

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

PROVIDER	PREVENTION SERVICES	TARGET POPULATION (S)
814.587.2021		
Crawford County Correctional Facility 2100 Independence Drive Saegertown, PA 16433 814.763.1190	Counseling, Testing and Referral Services (CTR), Partner Counseling and Referral Services (PCRS), Individual Level Intervention (ILI), Health Communication/Public Information (HC/PI)	Black Heterosexual White Heterosexual Black IDU White IDU Black MSM White MSM
Crawford County State Health Center HIV Clinic 900 Water Street Meadville, PA 16335 814.332.6947	Counseling, Testing and Referral Services (CTR), Partner Counseling and Referral Services (PCRS), Individual Level Intervention (ILI), Outreach, Health Communication/Public Information (HC/PI)	General Public
Crawford County State Health Center Tuberculosis Clinic 900 Water Street Meadville, PA 16335 814.332.6947	Counseling, Testing and Referral Services (CTR)	Black Heterosexual White Heterosexual Emerging Risk Group – Homeless
Erie County Health Department – Corry Office 43 East Washington Street Corry, PA 16407 814.663.3891 814.664.3978 www.ecdh.org	Counseling, Testing and Referral Services (CTR)	General Public
Family Planning of Crawford County 747 Terrace Street Meadville, PA 16335 814.333.7088	Counseling, Testing and Referral Services (CTR)	Black Heterosexual White Heterosexual
Greenville Family Planning 74 Shenango Street Greenville, PA 16125 724.588.2272	Counseling, Testing and Referral Services (CTR)	General Public
Northwest PA Rural AIDS	Individual Level	All Risk Groups

PROVIDER	PREVENTION SERVICES	TARGET POPULATION (S)
Alliance 15870 Route 322 Suite 2 Clarion, PA 16214 814.764.6066 www.northwestalliance.org	Intervention (ILI), Group Level Intervention (GLI), Outreach, Health Communication/Public Information (HC/PI)	
SCI Cambridge Springs 451 Fullerton Avenue Cambridge Springs, PA 16403 814.398.5400	Group Level Intervention (GLI)	Black Heterosexual Hispanic Heterosexual White Heterosexual Black IDU Hispanic IDU White IDU
<u>ELK COUNTY</u>		
American Red Cross – Elk/Cameron Counties Chapter 21 North Mary’s St. Mary’s, PA 15857 814.834.2915	Health Communication/Public Information (HC/PI)	General Public
Elk County Prison Box 448 Courthouse Ridgeway, PA 15853 814.776.5342	Counseling, Testing and Referral Services (CTR), Partner Counseling and Referral Services (PCRS), Individual Level Intervention (ILI), Health Communication/Public Information (HC/PI)	Black Heterosexual White Heterosexual Black IDU White IDU Black MSM White MSM
Elk County State Health Center HIV Clinic 778 Washington Street St. Mary’s, PA 15857 814.834.5351	Counseling, Testing and Referral Services (CTR), Partner Counseling and Referral Services (PCRS), Individual Level Intervention (ILI), Outreach, Health Communication/Public Information (HC/PI)	General Public
Elk County State Health Center Tuberculosis Clinic 778 Washington Street St. Mary’s, PA 15857 814.834.5351	Counseling, Testing and Referral Services (CTR)	White Heterosexual Emerging Risk Group – Homeless
Family Health Council	Counseling, Testing and	White Heterosexual

PROVIDER	PREVENTION SERVICES	TARGET POPULATION (S)
776 Washington Street St. Mary's, PA 15857 814.834.3090	Referral Services (CTR), Individual Level Intervention (ILI), Outreach, Health Communication/Public Information (HC/PI)	
Northwest PA Rural AIDS Alliance 15870 Route 322 Suite 2 Clarion, PA 16214 814.764.6066 www.northwestalliance.org	Individual Level Intervention (ILI), Group Level Intervention (GLI), Outreach, Health Communication/Public Information (HC/PI)	All Risk Groups
<u>ERIE COUNTY</u>		
Abraxas II 502 West 6 th Street Erie, PA 16507 814.459.0618	Counseling, Testing and Referral Services (CTR)	General Public
Booker T. Washington Center 1720 Holland Street Erie, PA 16503 814.453.5744	Counseling, Testing and Referral Services (CTR) DEBI Intervention: SISTA	General Public
Community Health Network 1202 State Street Erie, PA 16501	Counseling, Testing and Referral Services (CTR), Individual Level Intervention (ILI)	Emerging Risk Group – Homeless
Cove Forge Drug and Alcohol Center 2000 West 8 th Street Erie, PA 16505 814.452.5603	Counseling, Testing and Referral Services (CTR)	General Public
Deerfield Dual Diagnosis Substance Abuse Services 2610 German Street Erie, PA 16504 814.878.2103 stairwaysbh.org	Counseling, Testing and Referral Services (CTR), Individual Level Intervention (ILI), Group Level Intervention (GLI)	Black Heterosexual Hispanic Heterosexual White Heterosexual Black IDU Hispanic IDU White IDU
Dr. Daniel Snow Recovery	Counseling, Testing and	Black Heterosexual

PROVIDER	PREVENTION SERVICES	TARGET POPULATION (S)
House 414 West Fifth Street Erie, PA 16507 814.456.5758	Referral Services (CTR), Individual Level Intervention (ILI)	Hispanic Heterosexual White Heterosexual Black IDU Hispanic IDU White IDU
Edinboro Family Planning 118 East Plum Street Edinboro, PA 16412 814.734.7600	Counseling, Testing and Referral Services (CTR)	General Public
Edinboro University of Pennsylvania Edinboro, PA 16444 814.732.2000	Counseling, Testing and Referral Services (CTR), Individual Level Intervention (ILI), Health Communication/Public Information (HC/PI)	Black Heterosexual White Heterosexual
Edmund L. Thomas Juvenile Detention Center 4728 Lake Pleasant Road Erie, PA 16504 814.451.6191	Counseling, Testing and Referral Services (CTR), Individual Level Intervention (ILI), Health Communication/Public Information (HC/PI)	Emerging Risk Group – Youth
Erie County Department of Health 606 West Second Street Erie, PA 16507 814.451.6700 www.ecdh.org	Counseling, Testing and Referral Services (CTR), Partner Counseling and Referral Services (PCRS), Individual Level Intervention (ILI), Group Level Intervention (GLI), Outreach, Health Communication/Public Information (HC/PI) DEBI Interventions: Safety Counts Healthy Relationships	HIV+ Black Heterosexual Hispanic Heterosexual IDU MSM General Public Emerging Risk Group - Youth
Erie County Department of Health – Corry Office 43 East Washington Street Corry, PA 16407 814.663.3891 www.ecdh.org	Counseling, Testing and Referral Services (CTR), Individual Level Intervention (ILI), Group Level Intervention (GLI), Outreach, Health Communication/Public Information (HC/PI)	General Public

PROVIDER	PREVENTION SERVICES	TARGET POPULATION (S)
Erie County Department of Health HIV Clinic 606 West Second Street Erie, PA 16507 814.451.6700 www.ecdh.org	Counseling, Testing and Referral Services (CTR), Partner Counseling and Referral Services (PCRS), Individual Level Intervention (ILI), Outreach, Health Communication/Public Information (HC/PI)	General Public
Erie County Department of Health STD Clinic 606 West Second Street Erie, PA 16507 814.451.6700 www.ecdh.org	Counseling, Testing and Referral Services (CTR)	Black Heterosexual Hispanic Heterosexual White Heterosexual
Erie County Department of Health Tuberculosis Clinic 606 West Second Street Erie, PA 16507 814.451.6700 www.ecdh.org	Counseling, Testing and Referral Services (CTR)	Black Heterosexual Hispanic Heterosexual White Heterosexual Emerging Risk Group – Homeless
Erie County Prison 1618 Ash Street Erie, PA 16503 814.451.7524 814.451.7525	Counseling, Testing and Referral Services (CTR), Partner Counseling and Referral Services (PCRS), Individual Level Intervention (ILI), Health Communication/Public Information (HC/PI)	Black Heterosexual Hispanic Heterosexual White Heterosexual Black IDU Hispanic IDU White IDU Black MSM Hispanic MSM White MSM
Erie County Prison Pre-release Program 1618 Ash Street Erie, PA 16503 814.451.7524 814.451.7525	Counseling, Testing and Referral Services (CTR), Partner Counseling and Referral Services (PCRS), Individual Level Intervention (ILI), Health Communication/Public Information (HC/PI)	Black Heterosexual Hispanic Heterosexual White Heterosexual Black IDU Hispanic IDU White IDU Black MSM Hispanic MSM White MSM
Esper Treatment Center 25 West 18 th Street Erie, PA 16501	Counseling, Testing and Referral Services (CTR)	General Public

PROVIDER	PREVENTION SERVICES	TARGET POPULATION (S)
814.451.6716		
Gateway Rehabilitation Drug and Alcohol Detention Center 2860 East 28 th Street Erie, PA 16510	Counseling, Testing and Referral Services (CTR)	General Public
814.899.0081		
Gaudenzia Crossroads 414 West Fifth Street Erie, PA 16507 814.459.4775 www.gaudenzia.erie.org	Counseling, Testing and Referral Services (CTR), Individual Level Intervention (ILI), Group Level Intervention (GLI)	Black Heterosexual Hispanic Heterosexual White Heterosexual Black IDU Hispanic IDU White IDU
Gaudenzia Intermediate Punishment Program 414 West Fifth Street Erie, PA 16507 814.459.4775 www.gaudenzia.erie.org	Counseling, Testing and Referral Services (CTR), Individual Level Intervention (ILI), Group Level Intervention (GLI)	Black Heterosexual Hispanic Heterosexual White Heterosexual Black IDU Hispanic IDU White IDU
Gaudenzia Outpatient and Partial Treatment Center 414 West Fifth Street Erie, PA 16507 814.459.4775 www.gaudenzia.erie.org	Counseling, Testing and Referral Services (CTR), Individual Level Intervention (ILI), Group Level Intervention (GLI)	Black Heterosexual Hispanic Heterosexual White Heterosexual Black IDU Hispanic IDU White IDU
Gaudenzia Residential Treatment Program 414 West Fifth Street Erie, PA 16507 814.459.4775 www.gaudenzia.erie.org	Counseling, Testing and Referral Services (CTR), Individual Level Intervention (ILI), Group Level Intervention (GLI)	Black Heterosexual Hispanic Heterosexual White Heterosexual Black IDU Hispanic IDU White IDU
GECAC Treatment Services 18 West Ninth Street Erie, PA 16501 814.459.4581 800.769.2436 www.gecac.org	Counseling, Testing and Referral Services (CTR), Individual Level Intervention (ILI), Group Level Intervention (GLI)	Black Heterosexual Hispanic Heterosexual White Heterosexual Black IDU Hispanic IDU White IDU
GECAC Youth	Individual Level	Emerging Risk Group –

PROVIDER	PREVENTION SERVICES	TARGET POPULATION (S)
Empowerment Program 18 West Ninth Street Erie, PA 16501 814.459.4581 800.769.2436 www.gecac.org	Intervention (ILI)	Youth
Greater Calvary Full Gospel Baptist Church 2624 German Street Erie, PA 16504 814.459.1787 www.greatercalvaryfgbc.org	Counseling, Testing and Referral Services (CTR)	General Public
Harbor Creek Youth Services 5712 Iroquois Avenue Harborcreek, PA 16421 814.899.7664 www.hys-erie.org	Individual Level Intervention (ILI)	Emerging Risk Group – Youth
Hispanic American Council of Erie 554 East 10 th Street Erie, PA 16507 814.455.0212	Counseling, Testing and Referral Services (CTR), Individual Level Intervention (ILI), Group Level Intervention (GLI), Outreach, Health Communication/Public Information (HC/PI)	Hispanic Heterosexual Hispanic IDU Hispanic MSM
John F. Kennedy Center 2021 East 20 th Street Erie, PA 16510 814.898.0400 users.stargate.net/~jfkdn/	Counseling, Testing and Referral Services (CTR), Individual Level Intervention (ILI), Outreach	Black Heterosexual Hispanic Heterosexual White Heterosexual Black IDU Hispanic IDU White IDU
Martin Luther King Center 312 Chestnut Street Erie, PA 16502 814.459.2761	Individual Level Intervention (ILI)	Black Heterosexual
Mercyhurst College 501 East 38 th Street Erie, PA 16546	Counseling, Testing and Referral Services (CTR), Individual Level Intervention (ILI), Health	Black Heterosexual White Heterosexual

PROVIDER	PREVENTION SERVICES	TARGET POPULATION (S)
814.824.2000 www.mercyhurst.edu	Communication/Public Information (HC/PI)	
Minority Health Education Delivery System (MHEDS) 2928 Peach Street Erie, PA 16508 814.453.6229	Counseling, Testing and Referral Services (CTR), Individual Level Intervention (ILI), Group Level Intervention (GLI), Health Communication/Public Information (HC/PI) DEBI Intervention: VOCES/VOICES	Black Heterosexual Hispanic Heterosexual Hispanic IDU Hispanic MSM Emerging Risk Group – Asian/Pacific Islander
Northwest PA Rural AIDS Alliance 15870 Route 322 Suite 2 Clarion, PA 16214 814.764.6066 www.northwestalliance.org	Individual Level Intervention (ILI), Group Level Intervention (GLI), Outreach, Health Communication/Public Information (HC/PI), Prevention for Positives	HIV+ General Public All Risk Groups
Safenet 1702 French Street Erie, PA 16507 814.458.8161	Counseling, Testing and Referral Services (CTR)	General Public
SCI Albion 10745 Route 18 Albion, PA 16475 814.756.5778	Group Level Intervention (GLI)	Black Heterosexual Hispanic Heterosexual White Heterosexual Black IDU Hispanic IDU White IDU Black MSM Hispanic MSM White MSM
SHOUT Outreach Program, Gaudenzia Crossroads 414 West Fifth Street Erie, PA 16507 814.459.4775 www.gaudenzia.erie.org	Counseling, Testing and Referral Services (CTR), Individual Level Intervention (ILI), Group Level Intervention (GLI), Outreach, Health Communication/Public Information (HC/PI)	Black Heterosexual Hispanic Heterosexual Black IDU Hispanic IDU White IDU Emerging Risk Group – Youth
St. Paul's Neighborhood Free Clinic	Counseling, Testing and Referral Services (CTR)	General Public

PROVIDER	PREVENTION SERVICES	TARGET POPULATION (S)
1608 Walnut Street Erie, PA 16502 814.454.8755 www.stpaulfreeclinic.org		
Street Outreach Prevention (STOP) Erie 606 West 2 nd Street Erie, PA 16507 814.451.6700	Counseling, Testing and Referral Services (CTR), Individual Level Intervention (ILI), Outreach	Black Heterosexual Hispanic Heterosexual White Heterosexual Black IDU Hispanic IDU White IDU Black MSM Hispanic MSM White MSM
The Pennsylvania State University - Behrend College 5091 Station Road Erie, PA 814.898.6100	Counseling, Testing and Referral Services (CTR), Individual Level Intervention (ILI), Health Communication/Public Information (HC/PI)	Black Heterosexual White Heterosexual
FOREST COUNTY		
Cornell Abraxas I Blue Jay Village North Forest Street Marienville, PA 16239 814.927.6615	Counseling, Testing and Referral Services (CTR), Individual Level Intervention (ILI)	Black Heterosexual Hispanic Heterosexual White Heterosexual Black IDU Hispanic IDU White IDU Emerging Risk Group – Youth
Forest County State Health Center HIV Clinic PO Box 405 South Elm Street Tionesta, PA 16353 814.755.3564	Counseling, Testing and Referral Services (CTR), Partner Counseling and Referral Services (PCRS), Individual Level Intervention (ILI), Outreach, Health Communication/Public Information (HC/PI)	General Public
Forest County State Health Center STD Clinic PO Box 405 South Elm Street	Counseling, Testing and Referral Services (CTR)	White Heterosexual

PROVIDER	PREVENTION SERVICES	TARGET POPULATION (S)
Tionesta, PA 16353 814.755.3564		
Forest County State Health Center Tuberculosis Clinic PO Box 405 South Elm Street Tionesta, PA 16353 814.755.3564	Counseling, Testing and Referral Services (CTR)	White Heterosexual Emerging Risk Group – Homeless
Northwest PA Rural AIDS Alliance 15870 Route 322 Suite 2 Clarion, PA 16214 814.764.6066 www.northwestalliance.org	Individual Level Intervention (ILI), Group Level Intervention (GLI), Outreach, Health Communication/Public Information (HC/PI)	All Risk Groups
<u>JEFFERSON COUNTY</u>		
Family Health Council - Punxsutawney 203 North Main Street Punxsutawney, PA 15767 814.938.3421	Counseling, Testing and Referral Services (CTR)	White Heterosexual
Jefferson County Prison 578 Service Center Road Brookville, PA 15825 814.849.1933	Counseling, Testing and Referral Services (CTR), Partner Counseling and Referral Services (PCRS), Individual Level Intervention (ILI), Health Communication/Public Information (HC/PI)	Black Heterosexual Hispanic Heterosexual White Heterosexual Black IDU Hispanic IDU White IDU Black MSM Hispanic MSM White MSM
Jefferson County State Health Center HIV Clinic 203 North Main Street Punxsutawney, PA 15767 814.938.6630	Counseling, Testing and Referral Services (CTR), Partner Counseling and Referral Services (PCRS), Individual Level Intervention (ILI), Outreach, Health Communication/Public Information (HC/PI)	General Public
Jefferson County State	Counseling, Testing and	White Heterosexual

PROVIDER	PREVENTION SERVICES	TARGET POPULATION (S)
Health Center STD Clinic 203 North Main Street Punxsutawney, PA 15767 814.938.6630	Referral Services (CTR)	
Jefferson County State Health Center Tuberculosis Clinic 203 North Main Street Punxsutawney, PA 15767 814.938.6630	Counseling, Testing and Referral Services (CTR)	Black Heterosexual White Heterosexual Emerging Risk Group – Homeless
Northwest PA Rural AIDS Alliance 15870 Route 322 Suite 2 Clarion, PA 16214 814.764.6066 www.northwestalliance.org	Individual Level Intervention (ILI), Group Level Intervention (GLI), Outreach, Health Communication/Public Information (HC/PI)	All Risk Groups
Punxsutawney State Health Center 1000 West Mahoning Street Punxsutawney, PA 15767 814.938.6630	Counseling, Testing and Referral Services (CTR)	General Public
<u>LAWRENCE COUNTY</u>		
Family Health Council 2 Cascade Galleria Plaza New Castle, PA 16101 724.658.6681 www.fhcinc.org	Counseling, Testing and Referral Services (CTR), Group Level Intervention (GLI), Health Communication/Public Information (HC/PI)	Black Heterosexual White Heterosexual Emerging Risk Group - Youth
Lawrence County Prison 433 Court Street New Castle, PA 16101 412.654.5384	Counseling, Testing and Referral Services (CTR), Partner Counseling and Referral Services (PCRS), Individual Level Intervention (ILI), Health Communication/Public Information (HC/PI)	Black Heterosexual White Heterosexual Black IDU White IDU Black MSM White MSM
Lawrence County State Health Center HIV Clinic 106 Margaret Street	Counseling, Testing and Referral Services (CTR), Partner Counseling and	General Public

PROVIDER	PREVENTION SERVICES	TARGET POPULATION (S)
New Castle, PA 16101 724.656.3088	Referral Services (PCRS), Individual Level Intervention (ILI), Outreach, Health Communication/Public Information (HC/PI)	
Lawrence County State Health Center Tuberculosis Clinic 106 Margaret Street New Castle, PA 16101 724.656.3088	Counseling, Testing and Referral Services (CTR)	Black Heterosexual White Heterosexual
New Castle Family Planning 15 West Washington Street New Castle, PA 16101 724.658.6681	Counseling, Testing and Referral Services (CTR)	General Public
Northwest PA Rural AIDS Alliance 15870 Route 322 Suite 2 Clarion, PA 16214 814.764.6066 www.northwestalliance.org	Individual Level Intervention (ILI), Group Level Intervention (GLI), Outreach, Health Communication/Public Information (HC/PI)	All Risk Groups
<u>MCKEAN COUNTY</u>		
Family Planning Services of McKean County 70 ½ Mechanic Street Bradford, PA 16701 814.368.6129	Counseling, Testing and Referral Services (CTR)	White Heterosexual
McKean County State Health Center HIV Clinic 84-90 Boyleston Street Bradford, PA 16701 814.368.0426	Counseling, Testing and Referral Services (CTR), Partner Counseling and Referral Services (PCRS), Individual Level Intervention (ILI), Outreach, Health Communication/Public Information (HC/PI)	General Public
McKean County State	Counseling, Testing and	White Heterosexual

PROVIDER	PREVENTION SERVICES	TARGET POPULATION (S)
Health Center Tuberculosis Clinic 84-90 Boylston Street Bradford, PA 16701 814.368.0426	Referral Services (CTR)	Emerging Risk Group – Homeless
Northwest PA Rural AIDS Alliance 15870 Route 322 Suite 2 Clarion, PA 16214 814.764.6066 www.northwestalliance.org	Individual Level Intervention (ILI), Group Level Intervention (GLI), Outreach, Health Communication/Public Information (HC/PI)	All Risk Groups
<u>MERCER COUNTY</u>		
AIDS Service Program of Mercer County 87 Stambaugh Avenue Suite 1 Sharon, PA 16146 724.981.3670 724.981.1671	Individual Level Intervention (ILI), Group Level Intervention (GLI), Outreach, Health Communication/Public Information (HC/PI)	HIV+ General Public
Discovery House 1868 East State Street Hermitage, PA 16148 724.981.9815	Counseling, Testing and Referral Services (CTR)	General Public
Family Planning of Mercer County 87 Stambaugh Avenue Suite 1 Sharon, PA 16146 724.981.3670 724.981.1671	Counseling, Testing and Referral Services (CTR), Group Level Intervention (GLI), Health Communication/Public Information (HC/PI)	Black Heterosexual White Heterosexual Emerging Risk Group – Youth
Family Planning of Mercer County - Greenville 74 Shenango Street Greenville, PA 16125 724.588.2272	Counseling, Testing and Referral Services (CTR)	Black Heterosexual White Heterosexual
Family Planning of Mercer County – Grove City	Counseling, Testing and Referral Services (CTR),	Black Heterosexual White Heterosexual

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

PROVIDER	PREVENTION SERVICES	TARGET POPULATION (S)
Alliance 15870 Route 322 Suite 2 Clarion, PA 16214 814.764.6066 www.northwestalliance.org	Intervention (ILI), Group Level Intervention (GLI), Outreach, Health Communication/Public Information (HC/PI), Prevention for Positives	All Risk Groups
<u>VENANGO COUNTY</u>		
Family Health Council, Seneca Route 257 Box 409 Seneca, PA 16346 814.676.1811	Counseling, Testing and Referral Services (CTR)	General Public
Family Planning Service of Venango County PO Box 409 Seneca, PA 16346 814.676.1811	Counseling, Testing and Referral Services (CTR), Individual Level Intervention (ILI), Health Communication/Public Information (HC/PI)	Black Heterosexual White Heterosexual
Northwest PA Rural AIDS Alliance 15870 Route 322 Suite 2 Clarion, PA 16214 814.764.6066 www.northwestalliance.org	Individual Level Intervention (ILI), Group Level Intervention (GLI), Outreach, Health Communication/Public Information (HC/PI), Prevention for Positives	HIV+ All Risk Groups
Titusville Area Hospital 406 West Oak Street Titusville, PA 16354 814.827.1851 www.titusvillehospital.org	Counseling, Testing and Referral Services (CTR), Individual Level Intervention (ILI), Health Communication/Public Information (HC/PI)	General Public
Turning Point PO Box 1030 Franklin, PA 16323 814.437.5393	Counseling, Testing and Referral Services (CTR)	General Public
Venango County Prison 1186 Elk Street Franklin, PA 16323	Counseling, Testing and Referral Services (CTR), Partner Counseling and Referral Services (PCRS)	Black Heterosexual White Heterosexual Black IDU White IDU

PROVIDER	PREVENTION SERVICES	TARGET POPULATION (S)
814.432.9629		Black MSM White MSM
Venango County State Health Center HIV Clinic Box 191 Seneca, PA 16346 814.677.0672	Counseling, Testing and Referral Services (CTR), Partner Counseling and Referral Services (PCRS), Individual Level Intervention (ILI), Outreach, Health Communication/Public Information (HC/PI)	General Public
Venango County State Health Center STD Clinic Box 191 Seneca, PA 16346 814.677.0672	Counseling, Testing and Referral Services (CTR)	Black Heterosexual White Heterosexual
Venango County State Health Center Tuberculosis Clinic Box 191 Seneca, PA 16346 814.677.0672	Counseling, Testing and Referral Services (CTR)	Black Heterosexual White Heterosexual General Public Emerging Risk Group – Homeless
<u>WARREN COUNTY</u>		
Family Health Council of Warren County 514 Third Avenue Amex Building North Warren, PA 16365 814.723.5852	Counseling, Testing and Referral Services (CTR)	Black Heterosexual White Heterosexual
Family Planning Services of Warren County 2 South State Street North Warren, PA 16365 814.723.5852	Counseling, Testing and Referral Services (CTR)	General Public
Northwest PA Rural AIDS Alliance 15870 Route 322 Suite 2 Clarion, PA 16214	Individual Level Intervention (ILI), Group Level Intervention (GLI), Outreach, Health Communication/Public Information (HC/PI),	HIV+ All Risk Groups

PROVIDER	PREVENTION SERVICES	TARGET POPULATION (S)
814.764.6066 www.northwestalliance.org	Prevention for Positives	
Warren County Prison 407 Market Street Warren, PA 16365 814.723.7553	Counseling, Testing and Referral Services (CTR), Partner Counseling and Referral Services (PCRS)	Black Heterosexual White Heterosexual Black IDU White IDU Black MSM White MSM
Warren County State Health Center HIV Clinic 223 North State Street North Warren, PA 16365 814.728.3566	Counseling, Testing and Referral Services (CTR), Partner Counseling and Referral Services (PCRS), Individual Level Intervention (ILI), Outreach, Health Communication/Public Information (HC/PI)	General Public
Warren County State Health Center Tuberculosis Clinic 223 North State Street North Warren, PA 16365 814.728.3566	Counseling, Testing and Referral Services (CTR)	Black Heterosexual White Heterosexual General Public Emerging Risk Group – Homeless

The South Central Region

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

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

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

PROVIDER	PREVENTION SERVICES	TARGET POPULATION (S)
Gettysburg Health Center at Herr's Ridge PO Box 378 820 Chambersburg Road Gettysburg, PA 17325 717.337.4400	Counseling, Testing and Referral Services (CTR)	Black Heterosexual Hispanic Heterosexual White Heterosexual
Gettysburg Hospital 147 Gettysburg Street Gettysburg, PA 17325 717.334.2121 717.337.4125	Counseling, Testing and Referral Services (CTR), Individual Level Intervention (ILI), Health Communication/Public Information (HC/PI)	General Public
Keystone Farm Worker Program 424 East Middle Street Gettysburg, PA 17325 717.334.0001	Counseling, Testing and Referral Services (CTR), Individual Level Intervention (ILI), Health Communication/Public Information (HC/PI)	Hispanic Heterosexual Hispanic IDU Hispanic MSM
Planned Parenthood of Central Pennsylvania 963 Biglerville Road Gettysburg, PA 17325 717.344.9275 www.ppcpa.org	Counseling, Testing and Referral Services (CTR), Individual Level Intervention (ILI), Group Level Intervention (GLI), Outreach, Health Communication/Public Information (HC/PI)	Black Heterosexual Hispanic Heterosexual White Heterosexual General Public Emerging Risk Groups – Youth, Perinatal
<u>BEDFORD COUNTY</u>		
Alum Bank Community Health Center 121 Rolling Acres Drive Alum Bank, PA 15521 814.839.4191	Counseling, Testing and Referral Services (CTR)	General Public
Bedford County Prison 204 South Thomas Street Bedford, PA 15222 814.623.6513	Counseling, Testing and Referral Services (CTR), Partner Counseling and Referral Services (PCRS)	Black Heterosexual White Heterosexual Black IDU White IDU Black MSM White MSM
Bedford County State Health Center HIV Clinic 130 Vondersmith Avenue Bedford, PA 15522	Counseling, Testing and Referral Services (CTR), Partner Counseling and Referral Services (PCRS),	Black Heterosexual White Heterosexual General Public

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

PROVIDER	PREVENTION SERVICES	TARGET POPULATION (S)
814.695.9731	Referral Services (PCRS), Individual Level Intervention (ILI), Health Communication/Public Information (HC/PI)	White IDU Black MSM White MSM
Blair County State Health Center HIV Clinic 615 Howard Avenue Altoona, PA 16601 814.946.7300	Counseling, Testing and Referral Services (CTR), Partner Counseling and Referral Services (PCRS), Individual Level Intervention (ILI), Outreach, Health Communication/Public Information (HC/PI)	General Public
Blair County State Health Center STD Clinic 615 Howard Avenue Altoona, PA 16601 814.946.7300	Counseling, Testing and Referral Services (CTR)	Black Heterosexual White Heterosexual
Blair County State Health Center Tuberculosis Clinic 615 Howard Avenue Altoona, PA 16601 814.946.7300	Counseling, Testing and Referral Services (CTR)	Black Heterosexual White Heterosexual Black IDU White IDU Emerging Risk Group – Homeless
Home Nursing Agency – AIDS Intervention Project 201 Chestnut Avenue PO Box 352 Altoona, PA 16603 814.944.2982 800.445.6262 www.homenursingagency.com	Partner Counseling and Referral Services (PCRS), Individual Level Intervention (ILI), Group Level Intervention (GLI), Outreach, Health Communication/Public Information (HC/PI)	Black Heterosexual Hispanic Heterosexual White Heterosexual Black IDU Hispanic IDU White IDU Black MSM Hispanic MSM White MSM General Public Emerging Risk Groups – Homeless, Perinatal, Transgender

PROVIDER	PREVENTION SERVICES	TARGET POPULATION (S)
<u>CUMBERLAND COUNTY</u>		
AIDS Community Alliance 401 Division Street Suite 100 Harrisburg, PA 17110 717.233.7190 800.867.1550 www.aca-pa.com	Individual Level Intervention (ILI), Group Level Intervention (GLI), Outreach	White IDU White MSM White MSM/IDU Emerging Risk Groups – Perinatal, Youth
Cumberland County Prison 1101 Claremont Road Carlisle, PA 17013 717.245.8787	Counseling, Testing and Referral Services (CTR), Partner Counseling and Referral Services (PCRS), Individual Level Intervention (ILI), Health Communication/Public Information (HC/PI)	Black Heterosexual White Heterosexual Black IDU White IDU Black MSM White MSM
Cumberland County State Health Center HIV Clinic 431 East North Street Carlisle, PA 17013 717.243.5151	Counseling, Testing and Referral Services (CTR), Partner Counseling and Referral Services (PCRS), Individual Level Intervention (ILI), Outreach, Health Communication/Public Information (HC/PI)	General Public
Cumberland County State Health Center Tuberculosis Clinic 431 East North Street Carlisle, PA 17013 717.243.5151	Counseling, Testing and Referral Services (CTR)	Black Heterosexual White Heterosexual Emerging Risk Group – Homeless
Dickinson College PO Box 1773 Cherry and Louther Streets Carlisle, PA 17013 717.243.5121	Counseling, Testing and Referral Services (CTR)	Black Heterosexual White Heterosexual Black MSM White MSM Emerging Risk Group – Youth
Planned Parenthood of the Susquehanna Valley 977 Walnut Bottom Road Carlisle, PA 17013	Counseling, Testing and Referral Services (CTR), Outreach, Health Communication/Public Information (HC/PI)	Black Heterosexual White Heterosexual

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

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

PROVIDER	PREVENTION SERVICES	TARGET POPULATION (S)
Frederick Health Center 100 Evelyn Drive Millersburg, PA 17061 717.692.4761	Counseling, Testing and Referral Services (CTR)	General Public
Gaudenzia Common Ground 2835 North Front Street Harrisburg, PA 17110 717.238.5553	Counseling, Testing and Referral Services (CTR)	General Public
Gaudenzia Concept 90 PO Box 10396 Harrisburg, PA 17105 717.232.3232	Counseling, Testing and Referral Services (CTR)	General Public
Gaudenzia Inc., Outpatient 2039 North Second Street Harrisburg, PA 17102 717.233.3424	Counseling, Testing and Referral Services (CTR), Individual Level Intervention (ILI)	Black Heterosexual White Heterosexual Black IDU White IDU
Gay and Lesbian Switchboard of Harrisburg 1300A North Third Street Harrisburg, PA 17102 717.234.0328	Health Communication/Public Information (HC/PI)	MSM
Hamilton Health Center 1821 Fulton Street Harrisburg, PA 17102 717.232.9971 1650 Walnut Street Harrisburg, PA 17110 717.230.3946	Counseling, Testing and Referral Services (CTR), Individual Level Intervention (ILI)	Black Heterosexual Hispanic Heterosexual Black IDU Hispanic IDU Emerging Risk Group – Perinatal
Harrisburg Area YMCA 410 Fallowfield Road Camp Hill, PA 17011 717.975.1897	Individual Level Intervention (ILI)	Black Heterosexual White Heterosexual Black IDU White IDU
Kline Plaza Medical Center 43 Kline Village Harrisburg, PA 17104	Counseling, Testing and Referral Services (CTR), Individual Level	General Public

PROVIDER	PREVENTION SERVICES	TARGET POPULATION (S)
717.232.0500	Intervention (ILI)	
Outbound House 2901 North 6 th Street Harrisburg, PA 17102 717.233.1035	Counseling, Testing and Referral Services (CTR)	General Public
Pediatric Comprehensive Care Clinic Milton Hershey Medical Center PO Box 850 Hershey, PA 17033 717.531.8882 717.531.7531 717.531.8521	Counseling, Testing and Referral Services (CTR), Individual Level Intervention (ILI), Outreach, Health Communication/Public Information (HC/PI)	HIV+
Pinnacle Health Adult Clinic 2645 North Third Street 4 th Floor Harrisburg, PA 17110 717.782.2421	Counseling, Testing and Referral Services (CTR), Individual Level Intervention (ILI)	Black Heterosexual White Heterosexual General Public
Pinnacle Health at Polyclinic Hospital 2601 North Third Street Harrisburg, PA 17110 717.782.6800 877.543.5018	Counseling, Testing and Referral Services (CTR), Individual Level Intervention (ILI), Outreach, Health Communication/Public Information (HC/PI)	HIV+
Pinnacle Health at Polyclinic Hospital - Children's Resource Center 2601 North Third Street Harrisburg, PA 17110 717.782.6800 877.543.5018	Counseling, Testing and Referral Services (CTR)	Emerging Risk Group – Youth
Planned Parenthood of the Susquehanna Valley 1514 North 2 nd Street Harrisburg, PA 17102 717.234.2479	Counseling, Testing and Referral Services (CTR), Individual Level Intervention (ILI), Outreach, Health Communication/Public	Black Heterosexual White Heterosexual General Public

PROVIDER	PREVENTION SERVICES	TARGET POPULATION (S)
	Information (HC/PI)	
PROGRAM for Female Offenders 1515 Derry Street Harrisburg, PA 17104 717.238.9950	Counseling, Testing and Referral Services (CTR), Group Level Intervention (GLI), Comprehensive Risk Counseling and Services (CRCS)	Black Heterosexual Hispanic Heterosexual White Heterosexual Emerging Risk Groups – Perinatal, Youth
Salvation Army 125 South Hanover Street Carlisle, PA 17103 717.249.1411 112 Green Street Harrisburg, PA 17102 717.233.6755 2328 Locust Lane Harrisburg, PA 17109 717.238.8678 50 East King Street York, PA 17401 717.848.2364 3650 Vartan Way Box 60095 Harrisburg, PA 17106 717.233.1035	Individual Level Intervention (ILI)	Black IDU Hispanic IDU
Sienna House PO Box 60217 Harrisburg, PA 17106 717.238.7455	Counseling, Testing and Referral Services (CTR)	General Public
The Naaman Center 4600 East Harrisburg Pike Elizabethtown, PA 17022 717.367.9115 888.243.4316	Counseling, Testing and Referral Services (CTR), Individual Level Intervention (ILI)	Black Heterosexual White Heterosexual Black IDU White IDU

PROVIDER	PREVENTION SERVICES	TARGET POPULATION (S)
www.naamancenter.com		
Visiting Nurses Association of Central PA 3315 Derry Street Harrisburg, PA 17111 717.233.1035 800.995.8207 www.vnacentrpa.org	Counseling, Testing and Referral Services (CTR), Individual Level Intervention (ILI)	Black Heterosexual Hispanic Heterosexual
White Deer Run Governor's Plaza S 2001 South Front Street Street Building 1 Suites 212-214 Harrisburg, PA 17102 717.221.8712 www.whitedeerrun.com	Counseling, Testing and Referral Services (CTR), Individual Level Intervention (ILI)	Black Heterosexual White Heterosexual Black IDU White IDU
FRANKLIN COUNTY		
Family Health Services of South Central Pennsylvania 1854 Wayne Avenue Chambersburg, PA 17201 717.264.4666 www.ppcpa.org	Counseling, Testing and Referral Services (CTR)	Black Heterosexual White Heterosexual
Franklin County Prison 625 Franklin Farm Lane Chambersburg, PA 17201 717.264.9513	Counseling, Testing and Referral Services (CTR), Partner Counseling and Referral Services (PCRS), Individual Level Intervention (ILI), Health Communication/Public Information (HC/PI)	Black Heterosexual White Heterosexual Black IDU White IDU Black MSM White MSM
Franklin County State Health Center HIV Clinic 518 Cleveland Avenue Chambersburg, PA 17201 717.264.4666	Counseling, Testing and Referral Services (CTR), Partner Counseling and Referral Services (PCRS), Individual Level Intervention (ILI), Outreach, Health Communication/Public Information (HC/PI)	General Public
Franklin County State Health	Counseling, Testing and	Black Heterosexual

PROVIDER	PREVENTION SERVICES	TARGET POPULATION (S)
Center Tuberculosis Clinic 518 Cleveland Avenue Chambersburg, PA 17201 717.264.4666	Referral Services (CTR)	White Heterosexual
Keystone Rural Health Center Keystone Family Practice 820 Fifth Avenue Chambersburg, PA 717.263.4313 www.keystonehealth.org	Individual Level Intervention (ILI), Group Level Intervention (GLI), Outreach	Hispanic Heterosexual
Planned Parenthood of Central PA 1854 Wayne Avenue Chambersburg, PA 17201 717.264.4666 www.plannedparenthood.org	Counseling, Testing and Referral Services (CTR), Individual Level Intervention (ILI), Group Level Intervention (GLI), Outreach, Health Communication/Public Information (HC/PI)	Black Heterosexual Hispanic Heterosexual White Heterosexual General Public Emerging Risk Groups – Perinatal, Youth
<u>FULTON COUNTY</u>		
Fulton County Prison North Second Street McConnellsburg, PA 17233 717.485.4221	Counseling, Testing and Referral Services (CTR), Partner Counseling and Referral Services (PCRS), Individual Level Intervention (ILI), Health Communication/Public Information (HC/PI)	Black Heterosexual White Heterosexual Black IDU White IDU Black MSM White MSM
Fulton County State Health Center HIV Clinic Penn's Village Shopping Center PO Box 248 McConnellsburg, PA 17233 717.485.5137	Counseling, Testing and Referral Services (CTR), Partner Counseling and Referral Services (PCRS), Individual Level Intervention (ILI), Outreach, Health Communication/Public Information (HC/PI)	General Public
Fulton County State Health Center STD Clinic Penn's Village Shopping Center PO Box 248 McConnellsburg, PA 17233	Counseling, Testing and Referral Services (CTR)	Black Heterosexual White Heterosexual

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

PROVIDER	PREVENTION SERVICES	TARGET POPULATION (S)
Huntingdon County Prison 300 Church Street Huntingdon, PA 16652 814.643.2490	Counseling, Testing and Referral Services (CTR), Partner Counseling and Referral Services (PCRS), Individual Level Intervention (ILI), Health Communication/Public Information (HC/PI)	Black Heterosexual White Heterosexual Black IDU White IDU Black MSM White MSM
Huntingdon County State Health Center HIV Clinic 900 Moore Street Huntingdon, PA 16652 814.643.3700	Counseling, Testing and Referral Services (CTR), Partner Counseling and Referral Services (PCRS)	General Public
Huntingdon County State Health Center STD Clinic 900 Moore Street Huntingdon, PA 16652 814.643.3700	Counseling, Testing and Referral Services (CTR)	Black Heterosexual White Heterosexual
Huntingdon County State Health Center Tuberculosis Clinic 900 Moore Street Huntingdon, PA 16652 814.643.3700	Counseling, Testing and Referral Services (CTR)	Black Heterosexual White Heterosexual Emerging Risk Group - Homeless
Huntingdon Family Health Services JC Blair Hospital 1227 Warm Springs Avenue Huntingdon, PA 16652 814.643.5364	Counseling, Testing and Referral Services (CTR), Individual Level Intervention (ILI), Outreach, Health Communication/Public Information (HC/PI)	General Public
<u>JUNIATA COUNTY</u>		
AIDS Community Alliance 401 Division Street Suite 100 Harrisburg, PA 17110 717.233.7190 800.867.1550 www.aca-pa.com	Counseling, Testing and Referral Services (CTR), Individual Level Intervention (ILI), Group Level Intervention (GLI), Outreach	White IDU White MSM White MSM/IDU Emerging Risk Groups – Perinatal, Youth

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

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

PROVIDER	PREVENTION SERVICES	TARGET POPULATION (S)
PO Box 355 554 North Duke Street Lancaster, PA 17602 717.290.5511 717.299.7800		White Heterosexual
Lancaster General Hospital 555 North Duke Street Lancaster, PA 17602 717.290.5511 717.299.7800	Counseling, Testing and Referral Services (CTR), Individual Level Intervention (ILI), Health Communication/Public Information (HC/PI)	General Public
Lancaster General Hospital – Susquehanna Division 306 North 7 th Street Columbia, PA 17512 717.684.2841	Counseling, Testing and Referral Services (CTR)	General Public
Millersville University 1 South George Street PO Box 1002 Millersville, PA 17551 717.872.3011 www.millersville.edu	Individual Level Intervention (ILI)	White Heterosexual White MSM
Nuestra Clinica 445 East King Street Lancaster, PA 17602 717.295.7994	Counseling, Testing and Referral Services (CTR)	General Public
Planned Parenthood of the Susquehanna Valley 13 South Lime Street Lancaster, Pa 17602 717.299.2891 www.ppsv.net	Counseling, Testing and Referral Services (CTR)	Black Heterosexual Hispanic Heterosexual White Heterosexual
Southeast Lancaster Health Center 625 South Duke Street Lancaster, PA 17602 717.299.6371	Counseling, Testing and Referral Services (CTR)	General Public
Southeast Lancaster Health Services - HIV and STD	Counseling, Testing and Referral Services (CTR),	General Public

PROVIDER	PREVENTION SERVICES	TARGET POPULATION (S)
Clinics 625 South Duke Street PO Box 598 Lancaster, PA 17602 717.299.6372 www.selhs.org	Partner Counseling and Referral Services (PCRS), Individual Level Intervention (ILI), Outreach, Health Communication/Public Information (HC/PI)	
Spanish American Civic Association – Nuestra Clinica 545 Pershing Avenue Lancaster, PA 17602 717.293.4150	Counseling, Testing and Referral Services (CTR), Individual Level Intervention (ILI), Group Level Intervention (GLI), Health Communication/Public Information (HC/PI)	Hispanic Heterosexual Hispanic IDU Hispanic MSM General Public Emerging Risk Groups – Youth
Summit Quest Academy 1170 South State Street Ephrata, PA 17522 800.441.7345	Counseling, Testing and Referral Services (CTR)	General Public
The Gathering Place PO Box 1222 440 Pershing Avenue Lancaster, PA 17602 717.295.4630	Counseling, Testing and Referral Services (CTR), Health Communication/Public Information (HC/PI)	HIV+ General Public
Ujima Outreach Services 512 East Strawberry Street Lancaster, PA 17602 717.509.1790	Individual Level Intervention (ILI)	Black Heterosexual Black IDU Black MSM
Urban League of Lancaster County 502 South Duke Street Lancaster, PA 17602 717.394.1966	Counseling, Testing and Referral Services (CTR), Individual Level Intervention (ILI), Outreach, Health Communication/Public Information (HC/PI)	HIV+ Black Heterosexual Hispanic Heterosexual Black IDU Hispanic IDU Black MSM Hispanic MSM General Public
Visiting Nurse Association/VNA Hospice 1181 Old Homestead Lane Suite 105 Lancaster, PA 17601	Health Communication/Public Information (HC/PI)	HIV+ General Public

PROVIDER	PREVENTION SERVICES	TARGET POPULATION (S)
717.397.8251 www.lancastergeneral.org		
LEBANON COUNTY		
AIDS Community Alliance 9 North 9 th Street Lebanon, PA 17042 717.272.2044 800.867.1550 www.aca-pa.com	Counseling, Testing and Referral Services (CTR), Individual Level Intervention (ILI), Group Level Intervention (GLI), Outreach	White IDU White MSM White MSM/IDU Emerging Risk Groups – Perinatal, Youth
Good Samaritan Family Practice Hyman S. Caplan Pavilion 2 nd Floor 4 th and Willow Streets Lebanon, PA 17042 717.274.0474	Counseling, Testing and Referral Services (CTR), Individual Level Intervention (ILI), Outreach, Health Communication/Public Information (HC/PI)	Black Heterosexual White Heterosexual General Public
Lebanon County Prison 730 West Walnut Street Lebanon, PA 17042 717.274.5451	Counseling, Testing and Referral Services (CTR), Partner Counseling and Referral Services (PCRS), Individual Level Intervention (ILI), Health Communication/Public Information (HC/PI)	Black Heterosexual White Heterosexual Black IDU White IDU Black MSM White MSM
Lebanon County State Health Center HIV Clinic 9 North Ninth Street Lebanon, Pa 17042 717.272.2044	Counseling, Testing and Referral Services (CTR), Partner Counseling and Referral Services (PCRS), Individual Level Intervention (ILI), Outreach, Health Communication/Public Information (HC/PI)	General Public
Lebanon County State Health Center Tuberculosis Clinic 9 North Ninth Street Lebanon, Pa 17042 717.272.2044	Counseling, Testing and Referral Services (CTR)	Black Heterosexual White Heterosexual Emerging Risk Group – Homeless
Lebanon Family Health Services	Counseling, Testing and Referral Services (CTR)	Black Heterosexual White Heterosexual

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

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

PROVIDER	PREVENTION SERVICES	TARGET POPULATION (S)
Center Tuberculosis Clinic RR #1 Box 35E 135 Red Hill Road Newport, PA 17074 717.567.2011	Referral Services (CTR)	Emerging Risk Group – Homeless
Planned Parenthood of the Susquehanna Valley 133 South Fifth Street Newport, Pa 17074 717.567.3002 www.ppsv.net	Counseling, Testing and Referral Services (CTR)	White Heterosexual
<u>YORK COUNTY</u>		
Atkins House 307 East King Street York, PA 17403 717.848.5454 www.atkinshouse.org	Counseling, Testing and Referral Services (CTR), Individual Level Intervention (ILI), Group Level Intervention (GLI), Health Communication/Public Information (HC/PI)	Black Heterosexual Hispanic Heterosexual White Heterosexual Black IDU Hispanic IDU White IDU Emerging Risk Group – Perinatal
Caring Together 116 South George Street York, PA 17403 717.851.3643 717.846.6776	Individual Level Intervention (ILI), Group Level Intervention (GLI), Health Communication/Public Information (HC/PI)	HIV+
Family First Health Hanover Health Center 404 York Street York, PA 17331 717.632.9052 www.familyfirsthealth.com	Counseling, Testing and Referral Services (CTR), Individual Level Intervention (ILI), Health Communication/Public Information (HC/PI)	General Public
Family First Health Prevention Case Management Project 116 South George Street York, PA 17401 717.846.6776 www.familyfirsthealth.com	Comprehensive Risk Counseling and Services (CRCS)	HIV+ Black Heterosexual Hispanic Heterosexual White Heterosexual

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

PROVIDER	PREVENTION SERVICES	TARGET POPULATION (S)
717.637.6544		
York City Health Bureau 227 West Market Street York, PA 17401 717.849.2252	Counseling, Testing and Referral Services (CTR), Partner Counseling and Referral Services (PCRS), Outreach, Comprehensive Risk Counseling and Services (CRCS), Health Communication/Public Information (HC/PI) DEBI Interventions: SISTA Condom Skills Education	HIV+ Black Heterosexual White Heterosexual Black IDU White IDU Black MSM White MSM
York City Health Bureau – Tuberculosis Program 227 West Market Street York, PA 17401 717.849.2252	Counseling, Testing and Referral Services (CTR)	General Public
York County Prison 3400 Concord Road York, PA 17402 717.840.7580	Counseling, Testing and Referral Services (CTR), Partner Counseling and Referral Services (PCRS), Individual Level Intervention (ILI)	Black Heterosexual White Heterosexual Black IDU White IDU Black MSM White MSM
York County State Health Center HIV Clinic 1750 North George Street York, PA 17404 717.771.1336	Counseling, Testing and Referral Services (CTR), Partner Counseling and Referral Services (PCRS), Individual Level Intervention (ILI), Outreach, Health Communication/Public Information (HC/PI)	General Public
York County State Health Center Tuberculosis Clinic 1750 North George Street York, PA 17404 717.771.1336	Counseling, Testing and Referral Services (CTR)	General Public
York Development Center	Counseling, Testing and	General Public

PROVIDER	PREVENTION SERVICES	TARGET POPULATION (S)
3564 Meindel Road York, PA 17042 717.771.9570	Referral Services (CTR)	
Youth Detention Center 3564 Meindel Road York, PA 17402 717.840.7570	Counseling, Testing and Referral Services (CTR)	Emerging Risk Group – Youth

Southwest Region

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

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

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

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

PROVIDER	PREVENTION SERVICES	TARGET POPULATION(S)
Fifth Avenue Commons 905 Watson Street Pittsburgh, PA 15219 412.391.1348 www.bethlehemhaven.org	Health Communication/Public Information (HC/PI)	Women
Carnegie Mellon University Student Health Center 1060 Morewood Avenue Pittsburgh, PA 15213 412.268.2157 www.cmu.edu	Counseling, Testing and Referral Services (CTR)	Black Heterosexual White Heterosexual White MSM Emerging Risk Group – Youth
Cornell Abraxas Center for Adolescent Females 306 Penn Avenue Pittsburgh, PA 15221 412.244.3710 www.cornellcompanies.com	Counseling, Testing and Referral Services (CTR), Individual Level Intervention (ILI)	Black Heterosexual White Heterosexual Black IDU White IDU Emerging Risk Groups – Perinatal, Youth
Cornell Abraxas III 437 Turrett Street Pittsburgh, PA 15206 412.691.0904 www.cornellcompanies.com	Counseling, Testing and Referral Services (CTR), Individual Level Intervention (ILI)	Black Heterosexual White Heterosexual Black IDU White IDU Emerging Risk Group – Youth
Discovery House 1391 Washington Boulevard Pittsburgh, PA 15206 412.661.9222	Counseling, Testing and Referral Services (CTR)	Black IDU White IDU
East End Cooperative Ministry House of the Good Samaritan 250 North Highland Avenue Pittsburgh, PA 15206 412.361.5549 412.361.5013	Outreach, Health Communication/Public Information (HC/PI)	Black IDU White IDU Emerging Risk Group – Homeless
East Liberty Family Health Care Center 7171 Churchland Street Pittsburgh, PA 15206	Counseling, Testing and Referral Services (CTR)	Black Heterosexual Hispanic IDU General Public

PROVIDER	PREVENTION SERVICES	TARGET POPULATION(S)
412.661.2802 (East Liberty) 412.361.8284 (Lincoln/Lemington)		
<p>Family Links – Family Counseling Center 844 Proctor Way Pittsburgh, PA 15210</p> <p>Outpatient Treatment Center Hosanna House 807 Wallace Avenue Suite 204 Pittsburgh, PA 15221</p> <p>412.381.8230 (Allentown) 412.661.1800 (East Liberty) 412.244.9755 (Hosanna House) www.familylinks.org</p>	Counseling, Testing and Referral Services (CTR), Individual Level Intervention (ILI)	Black Heterosexual White Heterosexual Black IDU White IDU Emerging Risk Group – Youth
Forbes Family Practice 2570 Haymaker Road Monroeville, PA 15146 412.858.2760	Outreach	General Public
Forbes Metro Family Practice 901B West Street Pittsburgh, PA 15221 412.247.2310 www.metrofamilypractice.org	Outreach	General Public
Gateway Rehabilitation Center Moffett Run Road Aliquippa, PA 15001 412.766.8700 800.472.1177 www.gatewayrehab.org	Counseling, Testing and Referral Services (CTR), Individual Level Intervention (ILI)	Black Heterosexual White Heterosexual Black IDU White IDU
Health Care to Underserved Populations Montefiore Hospital Suite 933W 200 Lothrop Street Pittsburgh, PA 15213	Counseling, Testing and Referral Services (CTR)	Emerging Risk Group – Homeless

PROVIDER	PREVENTION SERVICES	TARGET POPULATION(S)
412.692.4706		
Health, Independence and Vitality 905 West Street 4 th Floor Pittsburgh, PA 15221 412.242.2500 www.patf.org	Group Level Intervention (GLI), Outreach, Health Communication/Public Information	HIV+ Black Heterosexual Black IDU Black MSM
Hemophilia Center of Western PA 3636 Boulevard of the Allies Pittsburgh, PA 15213 412.209.7280 412.209.7288 412.209.7293	Outreach	Hemophiliacs
Holy Family Institute 8235 Ohio River Boulevard Pittsburgh, PA 15202 412.766.5434	Counseling, Testing and Referral Services (CTR)	General Public
Homewood Brushton YMCA Counseling Services 7140 Bennett Street Pittsburgh, PA 15208 412.243.2900	Counseling, Testing and Referral Services (CTR), Individual Level Intervention (ILI)	Black Heterosexual White Heterosexual Black IDU White IDU
House of Crossroads – Substance Abuse Treatment 2012 Centre Avenue Pittsburgh, Pa 15219 412.281.5080	Counseling, Testing and Referral Services (CTR), Individual Level Intervention (ILI)	Black Heterosexual White Heterosexual Black IDU White IDU
Housing Authority of the City of Pittsburgh 700 Fifth Avenue 4 th Floor Pittsburgh, PA 15219 412.456.5079 www.hacp.org	Counseling, Testing and Referral Services (CTR), Outreach, Health Communication/Public Information (HC/PI)	HIV+ Black Heterosexual Hispanic Heterosexual White Heterosexual Black IDU Hispanic IDU White IDU
JAMAA -Ministry AOD	Counseling, Testing and	Black Heterosexual

PROVIDER	PREVENTION SERVICES	TARGET POPULATION(S)
Family Center 216 North Highland Avenue Pittsburgh, PA 15206 412.362.8054 www.operationnehemiah.org	Referral Services (CTR), Individual Level Intervention (ILI)	White Heterosexual Black IDU White IDU
Kingsley Association 6435 Frankstown Avenue Pittsburgh, PA 15206 412.661.8751 www.kingsleyassociation.org	Counseling, Testing and Referral Services (CTR), Individual Level Intervention (ILI), Group Level Intervention (GLI), Outreach, Health Communication/Public Information (HC/PI)	Black Heterosexual Emerging Risk Group – Youth
Latterman Family Health Center 2347 Fifth Avenue McKeesport, PA 15132 412.673.5504	Counseling, Testing and Referral Services (CTR), Outreach, Health Communication/Public Information (HC/PI)	HIV+ General Public
Lydia's Place 710 Fifth Avenue Pittsburgh, PA 15219 412.391.1013 www.lydiasplace.org	Counseling, Testing and Referral Services (CTR) DEBI Intervention: SISTA	HIV+ Black Heterosexual General Public
Macedonia F.A.C.E. 2851 Bedford Avenue Pittsburgh, PA 15219 412.687.8004	Counseling, Testing and Referral Services (CTR), Individual Level Intervention (ILI)	Black Heterosexual Black IDU Black MSM
Magee Women's Hospital 300 Halkett Street Pittsburgh, PA 15213 412.641.4455 www.magee.edu	Counseling, Testing and Referral Services (CTR)	Black Heterosexual Emerging Risk Groups – Perinatal, Women
Mathilda H. Theiss Health Center UPMC 373 Burrows Street Pittsburgh, PA 15213 412.383.1550	Counseling, Testing and Referral Services (CTR), Outreach, Health Communication/Public Information (HC/PI)	Black Heterosexual General Public
McKeesport Family Health Center	Counseling, Testing and Referral Services (CTR),	Black Heterosexual General Public

PROVIDER	PREVENTION SERVICES	TARGET POPULATION(S)
627 Lysle Boulevard McKeesport, PA 15132 412.664.4112	Outreach, Health Communication/Public Information (HC/PI)	
Mercy Behavioral Health 1200 Reedsdale Street Pittsburgh, PA 15233 412.323.4500 412.488.4040 888.424.2287 www.mercybehavioral.org	Counseling, Testing and Referral Services (CTR), Individual Level Intervention (ILI)	Black Heterosexual White Heterosexual Black IDU White IDU
Mercy Family Health Center North 5700 Corporate Drive, Suite 265 Pittsburgh, PA 15237 412.369.5900 www.mercylink.org	Counseling, Testing and Referral Services (CTR)	General Public
Mercy Hospital of Pittsburgh Operation Safety Net 1400 Locust Street Pittsburgh, PA 15219 412.232.5739 www.mercylink.org	Counseling, Testing and Referral Services (CTR)	Emerging Risk Group – Homeless
Metro Family Practice 901B West Street Pittsburgh, PA 15221 412.247.2310 www.metrofamilypractice.org	Health Communication/Public Information (HC/PI)	HIV+
Mon Yough Community Services 331 Shaw Avenue McKeesport, PA 15132 412.675.8500 www.mycs.org	Counseling, Testing and Referral Services (CTR), Individual Level Intervention (ILI)	Black Heterosexual White Heterosexual Black IDU White IDU Black MSM Women
Mon Yough Drug and Alcohol Community Services 335 Shaw Avenue McKeesport, PA 15132	Counseling, Testing and Referral Services (CTR), Individual Level Intervention (ILI)	Black Heterosexual White Heterosexual Black IDU White IDU

PROVIDER	PREVENTION SERVICES	TARGET POPULATION(S)
412.675.8560 412.375.8500		
New Life Ministries 1008 7 th Avenue Suite 206 Beaver Falls, PA 15011 724.843.8540	Counseling, Testing and Referral Services (CTR), Individual Level Intervention (ILI), Group Level Intervention (GLI), Outreach, Comprehensive Risk Counseling and Services (CRCS), Health Communication/Public Information (HC/PI)	Black Heterosexual White Heterosexual Black IDU White IDU Emerging Risk Groups – Youth, Transgender
Ohio Valley General Hospital PO Box 113 McKees Rocks, PA 15136 412.777.6161	Counseling, Testing and Referral Services (CTR)	General Public
PA/Mid Atlantic AIDS Education and Training Center 200 Lothrop Street Pittsburgh, PA 15213 412.647.7228 www.publichealth.pitt.edu	Health Communication/Public Information (HC/PI), Community Level Intervention (CLI)	General Public
Partnership for Minority HIV/AIDS Prevention 201 S. Highland Avenue Suite 101 Pittsburgh, PA 15206 412.441.0259 www.pmhap.org	Counseling, Testing Referral Services (CTR), Outreach, Group Level and Individual Level Interventions, Health Communication/Public Information (HC/PI)	Black Heterosexual Emerging Risk Group – Black Youth IDU
Pediatric HIV Center of Children’s Hospital 3705 Fifth Avenue Pittsburgh, PA 15213 412.683.6073 412.692.5355 www.chp.edu	Counseling, Testing and Referral Services (CTR), Individual Level Intervention (ILI), Health Communication/Public Information (HC/PI)	HIV+
PERSAD Center 5150 Penn Avenue Pittsburgh, PA 15224	Counseling, Testing and Referral Services (CTR), Individual Level Intervention	HIV+ Black IDU White IDU

PROVIDER	PREVENTION SERVICES	TARGET POPULATION(S)
412.441.9786 www.persadcenter.org	(ILI), Group Level Intervention (GLI), Outreach, Health Communication/Public Information (HC/PI)	Black MSM White MSM Black MSM/IDU White MSM/IDU
Pitt Men's Study PO Box 7319 Pittsburgh, PA 15213 412.624.2008 800.987.1963 www.stophiv.com/pms/	Counseling, Testing and Referral Services (CTR), Individual Level Intervention (ILI), Health Communication/Public Information (HC/PI)	Black IDU White IDU Black MSM White MSM
Pittsburgh AIDS Center for Treatment (PACT) 200 Lothrop Street, Room 607 Pittsburgh, PA 15213 412.647.7228 412.647.3112	Counseling, Testing and Referral Services (CTR), Outreach	HIV+ General Public
Pittsburgh AIDS Task Force Penn Office West 905 West Street 4 th Floor Pittsburgh, PA 15221 412.242.2500 www.patf.org	Counseling, Testing and Referral Services (CTR), Individual Level Intervention (ILI), Group Level Intervention (GLI), Outreach, Health Communication/Public Information (HC/PI) DEBI Interventions: Popular Opinion Leader (POL) SISTA	HIV+ Black Heterosexual White Heterosexual Black MSM White MSM Emerging Risk Groups – Youth, Perinatal, Women
Planned Parenthood of Western Pennsylvania - Women's Health Services 933 Liberty Avenue Pittsburgh, PA 15222 412.434.8971 www.ppwp.org	Counseling, Testing and Referral Services (CTR), Outreach, Health Communication/Public Information (HC/PI)	Black Heterosexual White Heterosexual General Public Emerging Risk Group – Women
Positive Health Clinic of Allegheny General Hospital 320 East North Avenue	Counseling, Testing and Referral Services (CTR), Outreach, Health	HIV+ Black IDU White IDU

PROVIDER	PREVENTION SERVICES	TARGET POPULATION(S)
Pittsburgh, PA 15212 412.359.3360 412.359.3131 www.wpahs.org/AGH	Communication/Public Information (HC/PI)	
Prevention Point Pittsburgh 907 West Street 5 th Floor Pittsburgh, PA 15208 412.491.0916 412.247.3404 www.pppgh.org	Individual Level Intervention (ILI), Outreach, Comprehensive Risk Counseling and Services (CRCS), Health Communication/Public Information (HC/PI)	HIV+ Black IDU White IDU Hispanic IDU
Primary Care Health Services 7227 Hamilton Avenue Pittsburgh, PA 15208 412.244.4700	Counseling, Testing and Referral Services (CTR), Health Communication/Public Information (HC/PI)	General Public
Project Pinoa	Comprehensive Risk Counseling and Services (CRCS)	Emerging Risk Group – Black Youth
Pyramid Health Care Birmingham Towers Suite 321, 2100W Pittsburgh, PA 15203 412.241.5341	Counseling, Testing and Referral Services (CTR)	General Public
Rainbow Health Center	Counseling, Testing and Referral Services (CTR), Outreach, Health Communication/Public Information (HC/PI)	General Public
Salvation Army Public Inebriate Program/Adult Rehabilitation Center 54 South 9 th Street Pittsburgh, PA 15203 412.481.7900	Counseling, Testing and Referral Services (CTR), Individual Level Intervention (ILI)	Black Heterosexual White Heterosexual Black IDU White IDU Emerging Risk Group – Homeless
SCI – Pittsburgh PO Box 99901 Pittsburgh, PA 15233 412.761.1955	Counseling, Testing and Referral Services (CTR), Group Level Intervention (GLI)	HIV+

PROVIDER	PREVENTION SERVICES	TARGET POPULATION(S)
Seven Project, Inc. 305 Pennoak Drive Pittsburgh, PA 15235 412.867.5057	Counseling, Testing and Referral Services (CTR), Individual Level Intervention (ILI), Group Level Intervention (GLI), Outreach, Health Communication/Public Information (HC/PI)	HIV+ <u>Black MSM</u> Black Heterosexual
Shadyside Hospital 5230 Centre Avenue Pittsburgh, PA 15232 412.623.2121	Counseling, Testing and Referral Services (CTR), Outreach, Health Communication/Public Information (HC/PI)	General Public
Shepherd Wellness Community 4800 Sciota Street Pittsburgh, PA 15224 412.683.4477 www.swonline.org	Health Communication/Public Information (HC/PI)	Black MSM White MSM Emerging Risk Group – Transgender
Shuman Juvenile Detention Center 7150 Highland Drive Pittsburgh, PA 15206 412.665.4143	Counseling, Testing and Referral Services (CTR), Individual Level Intervention (ILI)	Emerging Risk Group – Youth
TADISO 1524 Beaver Avenue Pittsburgh, PA 15233 5907 Penn Avenue Pittsburgh, PA 15206 412.322.8415 www.tadiso.org	Counseling, Testing and Referral Services (CTR), Individual Level Intervention (ILI)	Black Heterosexual White Heterosexual Black IDU White IDU
UPMC Downtown Clinic 339 6 th Avenue 5 th Floor Pittsburgh, PA 15222 412.560.8762	Counseling, Testing and Referral Services (CTR)	General Public
UPMC Family HIV Clinic 200 Lothrop Street Pittsburgh, PA 15213	Counseling, Testing and Referral Services (CTR), Individual Level Intervention (ILI), Health	HIV+ Emerging Risk Group - Youth

PROVIDER	PREVENTION SERVICES	TARGET POPULATION(S)
412.647.3112	Communication/Public Information (HC/PI)	
UPMC Hazelwood 4918 Second Avenue Pittsburgh, PA 15207 412.521.6705	Counseling, Testing and Referral Services (CTR), Health Communication/Public Information (HC/PI)	General Public Emerging Risk Group – Perinatal
Veteran’s Pittsburgh Health Care System University Drive CIIE-U Pittsburgh, PA 15240 412.688.6000	Counseling, Testing and Referral Services (CTR), Health Communication/Public Information (HC/PI)	HIV+ General Public
Whale’s Tale 250 Shady Avenue Pittsburgh, PA 15208 412.661.1800	Counseling, Testing and Referral Services (CTR)	General Public
Wilkinsburg Family Health Center Hosanna House 807 Wallace Avenue 2 nd Floor Suite 203 Pittsburgh, PA 15221 412.247.5216	Counseling, Testing and Referral Services (CTR), Health Communication/Public Information (HC/PI)	General Public
YMCA of Pittsburgh 2621 Centre Avenue Pittsburgh, PA 15219 412.621.1762	Outreach	Emerging Risk Group – Homeless
Youth Empowerment Project www.persadcenter.org	Individual Level Intervention (ILI), Group Level Intervention (GLI), Outreach, Health Communication/Public Information (HC/PI)	Black MSM White MSM Emerging Risk Group – Youth
YWCA Bridge Housing PO Box 8645 Pittsburgh, PA 15221 412.371.2723	Health Communication/Public Information (HC/PI)	Emerging Risk Groups – Homeless, Women

PROVIDER	PREVENTION SERVICES	TARGET POPULATION(S)
<u>ARMSTRONG COUNTY</u>		
Armstrong County Prison 171 Staley's Court Road Kittanning, PA 16201 724.545.9222	Counseling, Testing and Referral Services (CTR), Partner Counseling and Referral Services (PCRS)	Black Heterosexual White Heterosexual Black IDU White IDU Black MSM White MSM
Armstrong County State Health Center HIV Clinic 239 Butler Road Kittanning, PA 16201 724.543.2818 724.543.2700	Counseling, Testing and Referral Services (CTR), Partner Counseling and Referral Services (PCRS), Individual Level Intervention (ILI), Outreach, Health Communication/Public Information (HC/PI)	General Public
Armstrong County State Health Center Tuberculosis Clinic 239 Butler Road Kittanning, PA 16201 724.543.2818 724.543.2700	Counseling, Testing and Referral Services (CTR)	Black Heterosexual White Heterosexual Emerging Risk Group - Homeless
Armstrong Family Planning 310 Market Street Kittanning, PA 16201 724.543.7035	Counseling, Testing and Referral Services (CTR)	General Public
Irene Stacy Community Mental Health Center 112 Hillvue Drive Butler, PA 16001 724.287.0791	Counseling, Testing and Referral Services (CTR)	Black Heterosexual White Heterosexual
<u>BEAVER COUNTY</u>		
Adagio Health 468 Franklin Avenue Aliquippa, PA 15001 724.375.8110	Counseling, Testing and Referral Services (CTR), Group Level Intervention (GLI), Outreach, Health Communication/Public Information (HC/PI)	General Public Emerging Risk Group – Youth
Aliquippa Family Planning 468 Franklin Avenue Aliquippa, PA 15001	Counseling, Testing and Referral Services (CTR)	Black Heterosexual White Heterosexual

PROVIDER	PREVENTION SERVICES	TARGET POPULATION(S)
724.375.8110		
Aliquippa Hospital	Counseling, Testing and Referral Services (CTR)	Black Heterosexual White Heterosexual
American Red Cross – Beaver/Lawrence County Chapter 133 Friendship Circle Beaver, PA 15009 1.800.999.2566 www.forcomm.net/arcbeaver/	Health Communication/Public Information (HC/PI)	General Public
Beaver County Prison 6000 Woodlawn Road Aliquippa, PA 15001 724.378.8177	Counseling, Testing and Referral Services (CTR), Individual Level Intervention (ILI)	Black Heterosexual White Heterosexual Black IDU White IDU Black MSM White MSM
Beaver County State Health Center HIV Clinic 300 South Walnut Lane Beaver, PA 15090 412.773.7436	Counseling, Testing and Referral Services (CTR), Partner Counseling and Referral Services (PCRS), Individual Level Intervention (ILI), Outreach, Health Communication/Public Information (HC/PI)	General Public
Beaver County State Health Center STD Clinic 300 South Walnut Lane Beaver, PA 15090 412.773.7436	Counseling, Testing and Referral Services (CTR)	Black Heterosexual White Heterosexual
Beaver County State Health Center Tuberculosis Clinic 300 South Walnut Lane Beaver, PA 15090 412.773.7436	Counseling, Testing and Referral Services (CTR)	Black Heterosexual White Heterosexual Emerging Risk Group - Homeless
Gateway Rehabilitation Center Moffett Run Road Aliquippa, PA 15001 412.766.8700	Counseling, Testing and Referral Services (CTR), Individual Level Intervention (ILI)	Black Heterosexual White Heterosexual Black IDU White IDU

PROVIDER	PREVENTION SERVICES	TARGET POPULATION(S)
724.378.4461 www.gatewayrehab.org		
Life and Liberty 761 Merchant Street PO Box 761 Ambridge, PA 15003 724.266.5951	Counseling, Testing and Referral Services (CTR), Individual Level Intervention (ILI)	Black Heterosexual Black IDU Black MSM
Open Door Community Outreach Center PO Box 606 Aliquippa, PA 15001 724.378.5489	Counseling, Testing and Referral Services (CTR)	General Public
Pittsburgh AIDS Task Force Penn Office West 905 West Street 4 th Floor Pittsburgh, PA 15221 412.242.2500 www.patf.org	Counseling, Testing and Referral Services (CTR), Individual Level Intervention (ILI), Group Level Intervention (GLI), Outreach, Health Communication/Public Information (HC/PI) DEBI Interventions: SISTA POL	Black Heterosexual Emerging Risk Groups – Black Youth, Perinatal
<u>BUTLER COUNTY</u>		
Adagio Health 255 Grove City Road Slippery Rock, PA 16057 724.794.2060	Counseling, Testing and Referral Services (CTR)	General Public
Butler County Prison 121 Vogeley Way PO Box 1208 Butler, PA 16003 724.284.5256	Counseling, Testing and Referral Services (CTR), Partner Counseling and Referral Services (PCRS), Individual Level Intervention (ILI), Health Communication/Public Information (HC/PI)	Black Heterosexual White Heterosexual Black IDU White IDU Black MSM White MSM
Butler Family Health Council 165 Brugh Avenue Suite 306 Butler, PA 16001	Counseling, Testing and Referral Services (CTR)	White Heterosexual

PROVIDER	PREVENTION SERVICES	TARGET POPULATION(S)
724.282.2730		
Butler Memorial Hospital 216 North Washington Street Butler, PA 16001 724.283.0322 www.butlerhealthsystem.org	Counseling, Testing and Referral Services (CTR)	White Heterosexual
Butler/Armstrong AIDS Alliance 112 Hillvue Drive Butler, PA 16001 724.283.3636 800.531.1793	Counseling, Testing and Referral Services (CTR), Individual Level Intervention (ILI), Group Level Intervention (GLI), Outreach, Health Communication/Public Information (HC/PI)	HIV+ Black IDU White IDU Black MSM White MSM General Public
Discovery House 326 Thompson Park Drive Cranberry Township, PA 16066 724.779.2012	Counseling, Testing and Referral Services (CTR), Individual Level Intervention (ILI)	Black IDU White IDU
Family Planning Services of Butler County 323 Sunset Drive Butler, PA 16001 724.282.2730	Counseling, Testing and Referral Services (CTR), Outreach, Health Communication/Public Information (HC/PI)	General Public
Irene Stacy Community Mental Health Center 112 Hillvue Drive Butler, PA 16001 724.287.0791	Counseling, Testing and Referral Services (CTR)	White Heterosexual White IDU White MSM
Sharing of Hope 200 Second Avenue Freedom, PA 15042 724.869.2902 412.634.2024	Outreach	HIV+
Slippery Rock University McLachlin Student Health Center Slippery Rock, PA 16057	Counseling, Testing and Referral Services (CTR)	Black Heterosexual White Heterosexual Emerging Risk Group – Youth

PROVIDER	PREVENTION SERVICES	TARGET POPULATION(S)
724.738.2052 www.sru.edu		
CAMBRIA COUNTY		
Cambria County Prison 425 Manor Drive Box 595 Ebensburg, PA 15931	Counseling, Testing and Referral Services (CTR), Partner Counseling and Referral Services (PCRS), Individual Level Intervention (ILI), Health Communication/Public Information (HC/PI)	Black Heterosexual White Heterosexual Black IDU White IDU Black MSM White MSM
Cambria County State Health Center HIV Clinic 430 Main Street Johnstown, PA 15901 814.533.2205	Counseling, Testing and Referral Services (CTR), Partner Counseling and Referral Services (PCRS), Individual Level Intervention (ILI), Outreach, Health Communication/Public Information (HC/PI)	General Public
Cambria County State Health Center Tuberculosis Clinic 430 Main Street Johnstown, PA 15901 814.533.2205	Counseling, Testing and Referral Services (CTR)	Black Heterosexual White Heterosexual Black IDU White IDU Emerging Risk Group - Homeless
Community Care Management 119 Walnut Street 4 th Floor, Suite 404 Walnut Plaza Johnstown, PA 15901 814.533.7767	Outreach, Health Communication/Public Information (HC/PI)	HIV+ Black Heterosexual White Heterosexual Black MSM White MSM
Johnstown Free Medical Clinic 1020 Frankstown Street Suite 308 Johnstown, PA 15905 814.533.1894	Counseling, Testing and Referral Services (CTR), Individual Level Intervention (ILI)	Black Heterosexual White Heterosexual
Planned Parenthood of Western PA 817 Franklin Street	Counseling, Testing and Referral Services (CTR), Outreach, Health	Black Heterosexual White Heterosexual

PROVIDER	PREVENTION SERVICES	TARGET POPULATION(S)
Johnstown, PA 15901 814.535.5545	Communication/Public Information (HC/PI)	
UPMC – Lee Regional 320 Main Street Johnstown, PA 15901 814.533.0123 www.upmc.com	Counseling, Testing and Referral Services (CTR), Individual Level Intervention (ILI)	Black Heterosexual White Heterosexual
White Deer Run of Western PA 109 Sumner Street Box 286 Cresson, PA 16630	Counseling, Testing and Referral Services (CTR), Individual Level Intervention (ILI)	Black Heterosexual White Heterosexual Black IDU White IDU
FAYETTE COUNTY		
Adagio Health 22 Mill Street Uniontown, PA 15401 724.437.1582	Counseling, Testing and Referral Services (CTR)	White Heterosexual
Albert Gallatin AIDS Program 22 South Main Street Masontown, PA 15461 724.583.7822	Health Communication/Public Information (HC/PI)	HIV+ General Public
Fayette County State Health Center HIV Clinic 100 New Salem Road Uniontown, PA 15401 412.439.7400	Counseling, Testing and Referral Services (CTR), Partner Counseling and Referral Services (PCRS), Individual Level Intervention (ILI), Outreach, Health Communication/Public Information (HC/PI)	General Public
Fayette County State Health Center STD Clinic 100 New Salem Road Uniontown, PA 15401 412.439.7400	Counseling, Testing and Referral Services (CTR)	White Heterosexual
Fayette County State Health Center Tuberculosis Clinic 100 New Salem Road Uniontown, PA 15401	Counseling, Testing and Referral Services (CTR)	White Heterosexual Emerging Risk Group – Homeless

PROVIDER	PREVENTION SERVICES	TARGET POPULATION(S)
412.439.7400		
Highlands Hospital 401 East Murphy Avenue Connellsville, PA 15425 724.628.1500	Counseling, Testing and Referral Services (CTR), Individual Level Intervention (ILI), Health Communication/Public Information (HC/PI)	General Public
<u>GREENE COUNTY</u>		
Greene County AIDS Task Force Greene County Memorial Hospital Bonar and 7 th Streets Waynesburg, PA 15370 724.627.3101	Health Communication/Public Information	General Public
Greene County State Health Center HIV Clinic 423 East Oak View Drive Waynesburg, PA 15370 724.627.3168	Counseling, Testing and Referral Services (CTR), Partner Counseling and Referral Services (PCRS), Individual Level Intervention (ILI), Outreach, Health Communication/Public Information (HC/PI)	General Public
Greene County State Health Center STD Clinic 423 East Oak View Drive Waynesburg, PA 15370 724.627.3168	Counseling, Testing and Referral Services (CTR)	Black Heterosexual White Heterosexual
Greene County State Health Center Tuberculosis Clinic 423 East Oak View Drive Waynesburg, PA 15370 724.627.3168	Counseling, Testing and Referral Services (CTR)	Black Heterosexual White Heterosexual Emerging Risk Group - Homeless
<u>INDIANA COUNTY</u>		
Indiana County Prison 55 North 9 th Street Indiana, PA 15701 412.349.2225	Counseling, Testing and Referral Services (CTR), Partner Counseling and Referral Services (PCRS), Individual Level Intervention (ILI), Health Communication/Public	Black Heterosexual White Heterosexual Black IDU White IDU Black MSM White MSM

PROVIDER	PREVENTION SERVICES	TARGET POPULATION(S)
	Information (HC/PI)	
Indiana County State Health Center HIV Clinic 75 North 2 nd Street Indiana, PA 15701 724.357.2995	Counseling, Testing and Referral Services (CTR), Partner Counseling and Referral Services (PCRS), Individual Level Intervention (ILI), Outreach, Health Communication/Public Information (HC/PI)	General Public
Indiana County State Health Center STD Clinic 75 North 2 nd Street Indiana, PA 15701 724.357.2995	Counseling, Testing and Referral Services (CTR)	Black Heterosexual White Heterosexual
Indiana County State Health Center Tuberculosis Clinic 75 North 2 nd Street Indiana, PA 15701 724.357.2995	Counseling, Testing and Referral Services (CTR)	Black Heterosexual White Heterosexual Emerging Risk Group - Homeless
Indiana Family Health Council 1097 Oak Street Indiana, PA 15701 724.349.2022	Counseling, Testing and Referral Services (CTR)	White Heterosexual
UPMC – Lee Regional 320 Main Street Johnstown, PA 15901 814.533.0123 www.upmc.com	Counseling, Testing and Referral Services (CTR), Individual Level Intervention (ILI)	Black Heterosexual White Heterosexual
<u>SOMERSET COUNTY</u>		
Somerset County Prison 127 East Fairview Street Somerset, PA 15501 814.443.3679	Counseling, Testing and Referral Services (CTR), Partner Counseling and Referral Services (PCRS), Individual Level Intervention (ILI), Outreach, Health Communication/Public Information (HC/PI)	Black Heterosexual White Heterosexual Black IDU White IDU Black MSM White MSM
Somerset County State Health Center HIV Clinic	Counseling, Testing and Referral Services (CTR),	General Public

PROVIDER	PREVENTION SERVICES	TARGET POPULATION(S)
651 South Center Avenue Somerset, PA 15501 814.445.7981	Partner Counseling and Referral Services (PCRS), Individual Level Intervention (ILI), Outreach, Health Communication/Public Information (HC/PI)	
Somerset County State Health Center Tuberculosis Clinic 651 South Center Avenue Somerset, PA 15501 814.445.7981	Counseling, Testing and Referral Services (CTR)	Black Heterosexual White Heterosexual Emerging Risk Group - Homeless
Somerset Planned Parenthood 4185 Glades Pike #200 Somerset, PA 15501 814.443.6549	Counseling, Testing and Referral Services (CTR)	Black Heterosexual White Heterosexual General Public
Windber Medical Center 600 Somerset Avenue Windber, PA 15963 814.467.6611 windbercare.com	Counseling, Testing and Referral Services (CTR), Individual Level Intervention (ILI), Health Communication/Public Information (HC/PI)	General Public
WASHINGTON COUNTY		
Adagio Health 75 East Maiden Street Washington, PA 15301 724.228.7113	Counseling, Testing and Referral Services (CTR), Individual Level Intervention (ILI), Outreach, Health Communication/Public Information (HC/PI)	General Public
California University of Pennsylvania 250 University Avenue California, PA 15419	Counseling, Testing and Referral Services (CTR)	General Public
Planned Parenthood of Western PA 817 Franklin Street Johnstown, PA 15901 814.535.5545 www.ppwp.org	Counseling, Testing and Referral Services (CTR), Individual Level Intervention (ILI), Outreach, Health Communication/Public Information (HC/PI)	General Public
Washington County Prison 29 West Cherry Avenue Washington, PA 15301	Counseling, Testing and Referral Services (CTR), Partner Counseling and Referral Services (PCRS)	Black Heterosexual White Heterosexual Black IDU White IDU

PROVIDER	PREVENTION SERVICES	TARGET POPULATION(S)
724.228.6845		Black MSM White MSM
Washington County State Health Center HIV Clinic 167 North Main Street Suite 100 Washington, PA 15301 724.223.4540	Counseling, Testing and Referral Services (CTR), Partner Counseling and Referral Services (PCRS), Individual Level Intervention (ILI), Outreach, Health Communication/Public Information (HC/PI)	General Public
Washington County State Health Center STD Clinic 167 North Main Street Suite 100 Washington, PA 15301 412.223.4540	Counseling, Testing and Referral Services (CTR)	Black Heterosexual White Heterosexual
Washington County State Health Center Tuberculosis Clinic 167 North Main Street Suite 100 Washington, PA 15301 412.223.4540	Counseling, Testing and Referral Services (CTR)	Black Heterosexual White Heterosexual Emerging Risk Group – Homeless
<u>WESTMORELAND COUNTY</u>		
Adagio Health 3058 Leechburg Road Lower Burrell, PA 15068 724.337.3400	Counseling, Testing and Referral Services (CTR)	General Public
Community Health Clinic 422 Ninth Street New Kensington, PA 15068 724.335.3335	Counseling, Testing and Referral Services (CTR), Individual Level Intervention (ILI)	Black Heterosexual Hispanic Heterosexual
Comprehensive Substance Abuse Services 211 Huff Avenue Suite C Greensburg, PA 15601 724.853.8623	Counseling, Testing and Referral Services (CTR)	General Public
Mon Valley AIDS Task	Health	HIV+

PROVIDER	PREVENTION SERVICES	TARGET POPULATION(S)
Force PO Box 416 Monessen, PA 15062 724.258.1270 724.258.2193 724.644.4436	Communication/Public Information (HC/PI)	General Public
Southwest Behavioral Health Services Mon Valley Community Health Center Eastgate 8 Monessen, PA 15062 724.682.9000 Alle-Kiski 2120 Freeport Road New Kensington, PA 15068 724.339.6860	Counseling, Testing and Referral Services (CTR), Individual Level Intervention (ILI)	Black Heterosexual Hispanic Heterosexual White Heterosexual Black IDU Hispanic IDU White IDU
Southwest Secure Treatment Unit State Route 1014 PO Box 94 Torrance, PA 15779 412.459.1100	Counseling, Testing and Referral Services (CTR)	General Public
Westmoreland County State Health Center HIV Clinic – Greensburg 120 Harrison Avenue Greensburg, PA 15601 724.832.5315	Counseling, Testing and Referral Services (CTR), Partner Counseling and Referral Services (PCRS), Individual Level Intervention (ILI), Outreach, Health Communication/Public Information (HC/PI)	General Public
Westmoreland County State Health Center HIV Clinic – Monessen Eastgate #8 Room 140 Monessen, PA 15062 724.684.2945	Counseling, Testing and Referral Services (CTR), Partner Counseling and Referral Services (PCRS), Individual Level Intervention (ILI), Outreach, Health Communication/Public Information (HC/PI)	General Public
Westmoreland County State	Counseling, Testing and	Black Heterosexual

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

The Philadelphia AIDS Consortium (TPAC) Region

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

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

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

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

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

PROVIDER	PREVENTION SERVICES	TARGET POPULATION(S)
		Black IDU Hispanic IDU White IDU Emerging Risk Group – Women
Livengrin 4833 Holmeville Road Bensalem, PA 19020 215.638.5200	Counseling, Testing and Referral Services (CTR)	General Public
Penn Foundation 807 Lawn Avenue Sellersville, PA 18960 215.257.9999	Counseling, Testing and Referral Services (CTR)	Black Heterosexual Hispanic Heterosexual White Heterosexual Black IDU Hispanic IDU White IDU Emerging Risk Group – Women
Planned Parenthood of Doylestown The Atrium 301 Main Street Suite 2E Doylestown, PA 18901 215.348.0555 www.ppbucks.org	Counseling, Testing and Referral Services (CTR), Group Level Intervention (GLI), Outreach, Health Communication/Public Information (HC/PI)	General Public Emerging Risk Group – Youth
Planned Parenthood of Warminster The Atrium 610 Louis Drive Suite 303 Warminster, PA 18974 215.957.7980 www.ppbucks.org	Counseling, Testing and Referral Services (CTR), Group Level Intervention (GLI), Outreach, Health Communication/Public Information (HC/PI)	General Public Emerging Risk Group – Youth
Pyramid Healthcare 2705 Old Bethlehem Pike Quakertown, PA 18951	Counseling, Testing and Referral Services (CTR)	Black Heterosexual Hispanic Heterosexual White Heterosexual Black IDU Hispanic IDU White IDU Black MSM Hispanic MSM

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

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

PROVIDER	PREVENTION SERVICES	TARGET POPULATION(S)
<p>830 East Chestnut Street Coatesville, PA 19320</p> <p>Oxford Health Care 35 North 3rd Street Oxford, PA 19363</p> <p>610.344.5562</p>		
<p>Chester County Infectious Disease Association – John Bartels, MD 213 Reeceville Road Suite 13 Coatesville, PA 19320</p> <p>610.383.7505</p>	<p>Counseling, Testing and Referral Services (CTR), Individual Level Intervention (ILI), Outreach, Health Communication/Public Information (HC/PI)</p>	HIV+
<p>Chester County Prison 501 South Wawaset Road West Chester, PA 19382</p> <p>610.793.1510</p>	<p>Counseling, Testing and Referral Services (CTR), Partner Counseling and Referral Services (PCRS), Individual Level Intervention (ILI), Health Communication/Public Information (HC/PI)</p>	<p>Black Heterosexual White Heterosexual Black IDU White IDU Black MSM White MSM</p>
<p>Fami – Family Health Services of Chester County 301 North Matlack West Chester, PA 19380</p> <p>610.696.4900 www.familyservice-cc.org</p>	<p>Individual Level Intervention (ILI), Group Level Intervention (GLI), Outreach, Health Communication/Public Information (HC/PI)</p>	<p>HIV+ General Public</p>
<p>First United Church of Christ 145 Chestnut Street Spring City, PA 19475</p> <p>610.344.5562</p>	<p>Counseling, Testing and Referral Services (CTR)</p>	General Public
<p>Gaudenzia West Chester Outpatient 110 Westtown Road Suite 115 West Chester, PA 19382</p> <p>610.429.1414</p>	<p>Counseling, Testing and Referral Services (CTR)</p>	General Public
HELP Counseling Counterpoint	Counseling, Testing and	General Public

PROVIDER	PREVENTION SERVICES	TARGET POPULATION(S)
503 North Walnut Road Suite E Kennett Square, PA 19438 610.444.0555	Referral Services (CTR)	
La Comunidad Hispana 314-316 East State Street Kennett Square, PA 19348 610.444.4545 www.lacomunidadhispana.org	Counseling, Testing and Referral Services (CTR), Individual Level Intervention (ILI), Group Level Intervention (GLI), Outreach, Health Communication/Public Information (HC/PI)	Hispanic Heterosexual Hispanic IDU Hispanic MSM
Northwestern Human Services of Phoenixville 21 Gay Street Phoenixville, PA 19460 610.933.0400	Counseling, Testing and Referral Services (CTR)	General Public
Paoli Center for Addictive Diseases 21 Industrial Boulevard Suite 200 Paoli, PA 19301	Counseling, Testing and Referral Services (CTR)	General Public
Planned Parenthood of Chester County 8 South Wayne Street West Chester, PA 19382 610.692.1770 1660 Baltimore Pike Avondale, PA 610.268.8848 1001 East Lincoln Highway Suite 101 Coatesville, PA 19320 610.383.5911 1041 West Bridge Street Suite 10A	Counseling, Testing and Referral Services (CTR), Individual Level Intervention (ILI), Outreach, Health Communication/Public Information (HC/PI)	HIV+

PROVIDER	PREVENTION SERVICES	TARGET POPULATION(S)
Phoenixville, PA 610.935.0599 www.plan4it.org		
Project Salud of La Comunidad Hispana Kennett Square Medical Office Building 400 McFarlan Road Suite #2 Kennett Square, PA 19348 412.444.5278 www.lacomunidadhispana.org	Counseling, Testing and Referral Services (CTR), Individual Level Intervention (ILI), Health Communication/Public Information (HC/PI)	Hispanic Heterosexual Hispanic IDU Hispanic MSM
Riverside Care Continuum, Inc. 31 South 10 th Avenue Suite 6 Coatesville, PA 19320 610.383.9600	Counseling, Testing and Referral Services (CTR)	General Public
Southern Chester County Medical Center	Counseling, Testing and Referral Services (CTR), Individual Level Intervention (ILI), Health Communication/Public Information (HC/PI)	General Public
The Clinic 143 Church Street Phoenixville, PA 19460 610.344.5562	Counseling, Testing and Referral Services (CTR)	General Public
Veterans Affairs Medical Center and HIV Clinic 1400 Blackhorse Hill Road Building #2, Room 250 2 nd Floor Coatesville, PA 19320 610.384.7711	Counseling, Testing and Referral Services (CTR), Individual Level Intervention (ILI), Health Communication/Public Information (HC/PI)	HIV+
W.C. Atkinson Case Management 201 Reeceville Road Coatesville, PA 19320	Outreach, Health Communication/Public Information (HC/PI)	HIV+

PROVIDER	PREVENTION SERVICES	TARGET POPULATION(S)
610.383.8348		
West Chester University Health Center Rosedale Avenue West Chester, PA 19383 610.436.1000 www.wcupa.edu	Counseling, Testing and Referral Services (CTR), Outreach, Health Communication/Public Information (HC/PI)	White Heterosexual Emerging Risk Group – Youth
<u>DELAWARE COUNTY</u>		
AIDS Care Group 2304 Edgemont Avenue Chester, PA 19013 610.872.9101	Counseling, Testing and Referral Services (CTR), Group Level Intervention (GLI), Health Communication/Public Information (HC/PI)	HIV+ Black Heterosexual Hispanic Heterosexual White Heterosexual Black IDU Hispanic IDU White IDU Black MSM Hispanic MSM White MSM
American Red Cross, Chester - Wallingford Chapter 1729 Edgemont Avenue Chester, PA 19013 610.874.1484 www.craftech.com/~redcross/	Health Communication/Public Information (HC/PI)	General Public
ChesPenn Health Services 2600 West 9 th Street Chester, PA 19013 610.859.2059 www.chespenn.org	Counseling, Testing and Referral Services (CTR), Individual Level Intervention (ILI), Outreach, Health Communication/Public Information (HC/PI)	HIV+ Black Heterosexual Hispanic Heterosexual White Heterosexual Black IDU Hispanic IDU White IDU General Public
Crozer Chester Medical Center Crozer Chester Community Hospital Chester, PA 19013 610.447.2000 www.crozer.org	Counseling, Testing and Referral Services (CTR), Individual Level Intervention (ILI), Group Level Intervention (GLI), Outreach, Health Communication/Public Information (HC/PI)	HIV+ General Public
Crozer Chester Methadone Clinic	Counseling, Testing and Referral Services (CTR),	Black IDU Hispanic IDU

PROVIDER	PREVENTION SERVICES	TARGET POPULATION(S)
Crozer Chester Community Hospital Upland, PA 19013 610.447.2000 www.crozer.org	Individual Level Intervention (ILI)	White IDU
Delaware County State Health Center – HIV Clinic 5 th and Penn Streets Chester, PA 19013 610.447.3250	Counseling, Testing and Referral Services (CTR), Partner Counseling and Referral Services (PCRS), Individual Level Intervention (ILI), Outreach, Health Communication/Public Information (HC/PI)	General Public
Delaware County State Health Center – STD Clinic 5 th and Penn Streets Chester, PA 19013 610.447.3250	Counseling, Testing and Referral Services (CTR)	Black Heterosexual Hispanic Heterosexual White Heterosexual
Delaware County State Health Center – Tuberculosis Clinic 5 th and Penn Streets Chester, PA 19013 610.447.3250	Counseling, Testing and Referral Services (CTR)	Black Heterosexual Hispanic Heterosexual White Heterosexual Emerging Risk Groups – Homeless, Immigrants
Family and Community Services of Delaware County 100 West Front Street Media, PA 19063 37 North Glenwood Avenue Clifton Heights, PA 19018 610.566.7540 (Media) 610.626.5800 (Clifton Heights)	Outreach, Health Communication/Public Information (HC/PI)	HIV+ General Public
George W. Hill Correctional Facility Box 23A Thornton, PA 19373 610.358.2150	Counseling, Testing and Referral Services (CTR), Partner Counseling and Referral Services (PCRS), Individual Level Intervention (ILI), Health Communication/Public	Black Heterosexual Hispanic Heterosexual White Heterosexual Black IDU Hispanic IDU White IDU Black MSM

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

PROVIDER	PREVENTION SERVICES	TARGET POPULATION(S)
Fort Washington, PA 19034 215.641.6863 800.342.5429 www.alternatives.com	Individual Level Intervention (ILI), Group Level Intervention (GLI), Health Communication/Public Information (HC/PI)	White MSM Black MSM/IDU Hispanic MSM/IDU Black MSM/IDU
Family Services of Montgomery County – Project Hope 180 West Germantown Pike Suite 3B Norristown, PA 19401 610.272.1520 3125 Ridge Pike Eagleville, PA 19403 610.630.2211	Individual Level Intervention (ILI), Group Level Intervention (GLI), Outreach	HIV+ Heterosexual General Public
Montgomery County AIDS Task Force 536 Fort Washington Avenue Fort Washington, PA 19034 215.646.3683	Health Communication/Public Information (HC/PI)	General Public
Montgomery County Health Department 102 York Road Suite 401 Willow Grove, PA 19090 215.784.5415	Counseling, Testing and Referral Services (CTR), Partner Counseling and Referral Services (PCRS), Individual Level Intervention (ILI), Health Communication/Public Information (HC/PI) DEBI Intervention: VOICES/VOCES	HIV+ Black Heterosexual Hispanic Heterosexual White Heterosexual Black IDU Hispanic IDU White IDU Black MSM Hispanic MSM White MSM Emerging Risk Groups – Homeless
Montgomery County Health Department – HIV Clinic 1430 DeKalb Street Norristown, PA 19401 364 King Street Pottstown, PA 19464 610.970.5040	Counseling, Testing and Referral Services (CTR), Individual Level Intervention (ILI), Outreach, Health Communication/Public Information (HC/PI)	General Public

PROVIDER	PREVENTION SERVICES	TARGET POPULATION(S)
<p>Montgomery County Correctional Facility 1430 DeKalb Street Box 311 Norristown, PA 19403</p> <p>610.278.5117</p>	<p>Counseling, Testing and Referral Services (CTR)</p>	<p>General Public</p>
<p>Montgomery County Health Department – STD Clinic 1430 DeKalb Street Norristown, PA 19401</p> <p>364 King Street Pottstown, PA 19464</p> <p>610.970.5040</p>	<p>Counseling, Testing and Referral Services (CTR), Outreach</p>	<p>Black Heterosexual Hispanic Heterosexual White Heterosexual</p>
<p>Montgomery County Health Department – Tuberculosis Clinic 1430 DeKalb Street Norristown, PA 19401</p> <p>364 King Street Pottstown, PA 19464</p> <p>610.970.5040</p>	<p>Counseling, Testing and Referral Services (CTR)</p>	<p>Black Heterosexual Hispanic Heterosexual White Heterosexual Emerging Risk Groups – Homeless</p>
<p>Montgomery Fornace Family Practice 1330 Powell Street Suite 409 Norristown, PA 19401</p> <p>610.227.0964</p>	<p>Counseling, Testing and Referral Services (CTR), Individual Level Intervention (ILI), Health Communication/Public Information (HC/PI)</p>	<p>General Public</p>
<p>Planned Parenthood of Southeastern Pennsylvania 19 Lindenwold Avenue Ambler, PA 19002</p> <p>215.542.8370</p> <p>1220 Powell Street Norristown, PA 19401</p> <p>610.279.6095</p>	<p>Counseling, Testing and Referral Services (CTR), Individual Level Intervention (ILI), Outreach, Health Communication/Public Information (HC/PI)</p>	<p>General Public</p>

PROVIDER	PREVENTION SERVICES	TARGET POPULATION(S)
644 High Street Pottstown, PA 19469 610.326.8080 78 Second Street Collegeville, PA 19426 610.409.8891		
Valley Forge Medical Center and Hospital 1033 West Germantown Pike Norristown, PA 19403 610.539.8500	Counseling, Testing and Referral Services (CTR), Individual Level Intervention (ILI), Group Level Intervention (GLI), Health Communication/Public Information (HC/PI), Other	HIV+ Black Heterosexual Hispanic Heterosexual White Heterosexual Black IDU Hispanic IDU White IDU Black MSM Hispanic MSM White MSM

5. Gap Analysis

This section describes the process that identified a set of prevention interventions necessary to reduce transmission in prioritized target populations. The Intervention Subcommittee utilized the CDC approved prevention interventions identified for priority target populations that are based on behavioral and social science, outcome effectiveness and/or have been adequately tested with intended consumers for cultural appropriateness, relevance, and acceptability i.e. the Diffusion of Effective Behavioral Interventions (DEBI).

In 2005 – 2006, the CPG was presented with information on the DEBIs; subsequently the Intervention Subcommittee building upon its knowledge of the “Grid” format in the Planning Year of 2005-06 has now developed a DEBI Grid. The Subcommittee analyzed the DEBIs by creating a grid that identified the needs met in relation to the HIV-positive and negative target populations

The process was as follows:

To develop the DEBI grids, the Intervention Subcommittee reviewed 12 DEBIs identifying what needs they met in relationship to the targeted populations. In addition, the Subcommittee identified the specific interventions utilized in each DEBI to complete the grids. The Subcommittee will continue to update the grids to include any subsequent DEBIs.

The following is the process utilized for completing the DEBI analysis grids. The grids provide a description of each DEBI including each target population that the intervention is designed to address.

DEBI Grid Process:

The first analysis grid under each DEBI identifies if the intervention meets the needs of HIV-positive individuals.

The second analysis grid under each DEBI identifies if the intervention meets the needs of HIV-negative individuals.

Priority populations (1 through 14) are listed on the left side of the analysis grid
 MSM-men who have sex with men, IDU-injection drug user, MSM/IDU-men who have sex with men who are injection drug users

The services addressed by the DEBI are listed on the top of the analysis grid
 CTR-counseling testing and referral, PCRS-partner counseling and referral services, ILI-individual level intervention, GLI-group level intervention, OR-Outreach, PCM-prevention case management, HC/PI-health communications/public information, Other CLI-community level interventions

Pennsylvania HIV Prevention Plan HIV-Positive/Negative Target Populations that Apply to Each DEBI Interventions

DEBI Interventions →	Community Promise	Healthy Relationships	Holistic Harm Reduction	Many Men Many Voices	MPOWERment	Popular Opinion Leader	R.A.P.P.	Safety Counts	SISTA	Street Smart	Teens Linked To Care	VOICES/VOCES
Ranked Population Target Group												
HIV+												
1. White MSM	X	X			X						X	
2. Black IDU	X	X	X					X			X	
3. Black MSM/IDU	X	X	X								X	
4. White MSM/IDU	X	X	X								X	
5. Black Heterosexual	X	X									X	
6. White IDU	X	X	X					X			X	
7. White Heterosexual	X	X									X	
8. Hispanic IDU	X	X	X					X			X	
9. Black MSM	X	X			X						X	
10. Hispanic Heterosexual	X	X									X	
11. Hispanic MSM/IDU	X	X	X								X	
12. Hispanic MSM	X	X			X						X	
13. Perinatal Transmission	X	X									X	
14. Emerging Risk Groups	X	X									X	

Youth	X	X			X						X	
Transgender	X	X									X	
Homeless	X	X									X	
Asian Pacific Islander	X	X									X	

DEBI Interventions →	Community Promise	Healthy Relationships	Holistic Harm Reduction	Many Men Many Voices	MPowerment	Popular Opinion Leader	R.A.P.P.	Safety Counts	SISTA	Street Smart	Teens Linked To Care	VOICES/VOCES
Ranked Population Target Group												
HIV-												
1. White MSM	X				X	X						
2. Black IDU	X							X				
3. Black MSM/IDU	X											
4. White MSM/IDU	X											
5. Black Heterosexual	X						X		X			X
6. White IDU	X							X				
7. White Heterosexual	X						X					
8. Hispanic IDU	X							X				
9. Black MSM	X			X	X	X						
10. Hispanic Heterosexual	X						X					X
11. Hispanic MSM/IDU	X											
12. Hispanic MSM	X			X	X	X						
13. Perinatal Transmission	X						X					
14. Emerging Risk Groups	X											
Youth	X				X					X		
Transgender	X											
Homeless	X									X		
Asian Pacific Islander	X											

Community Promise

Peers Reaching Out & Modeling Intervention Strategies is a community-level intervention based on several behavior change theories

CTR-counseling testing and referral, PCRS-partner counseling and referral services, ILI-individual level intervention, GLI-group level intervention, OR-Outreach, PCM-prevention case management, HC/PI-health communications/public information, Other CLI-community level interventions

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

	CTR	PCRS	ILI	GLI	OR	PCM	HC/PI	Other (CLI)
Ranked Population Target Group								
HIV-								
1. White MSM								X
2. Black IDU								X
3. Black MSM/IDU								X
4. White MSM/IDU								X
5. Black Heterosexual								X
6. White IDU								X
7. White Heterosexual								X
8. Hispanic IDU								X
9. Black MSM								X
10. Hispanic								X

Heterosexual								
11. Hispanic MSM/IDU								X
12. Hispanic MSM								X
13. Perinatal Transmission								X
14. Emerging Risk Groups								X
Youth								X
Transgender								X
Homeless								X
Asian Pacific Islander								X

Healthy Relationships

Healthy Relationships is a five sessions, small-group intervention for men and women living with HIV/AIDS. It is based on Social Cognitive Theory and focuses on developing skills and building self-efficacy and positive expectation about new behaviors through modeling behaviors and practicing new skills.

CTR-counseling testing and referral, PCRS-partner counseling and referral services, ILI-individual level intervention, GLI-group level intervention, OR-Outreach, PCM-prevention case management, HC/PI-health communications/public information, Other CLI-community level interventions

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

	CTR	PCRS	ILI	GLI	OR	PCM	HC/PI	Other (CLI)
--	-----	------	-----	-----	----	-----	-------	-------------

Ranked Population Target Group								
HIV-								
1. White MSM								
2. Black IDU								
3. Black MSM/IDU								
4. White MSM/IDU								
5. Black Heterosexual								
6. White IDU								
7. White Heterosexual								
8. Hispanic IDU								
9. Black MSM								
10. Hispanic Heterosexual								
11. Hispanic MSM/IDU								
12. Hispanic MSM								
13. Perinatal Transmission								
14. Emerging Risk Groups								
Youth								
Transgender								
Homeless								
Asian Pacific Islander								

Holistic Health Recovery Program

The Holistic Health Recovery Program is a 12 sessions, manual-guided group-level program for HIV-positive and HIV-negative injection drug users

CTR-counseling testing and referral, PCRS-partner counseling and referral services, ILI-individual level intervention, GLI-group level intervention, OR-Outreach, PCM-prevention case management, HC/PI-health communications/public information, Other CLI-community level interventions

	CTR	PCRS	ILI	GLI	OR	PCM	HC/PI	Other CLI
Ranked Population Target Group								
HIV+								
1. White MSM								
2. Black IDU				X				
3. Black MSM/IDU				X				
4. White MSM/IDU				X				
5. Black Heterosexual								
6. White IDU				X				
7. White Heterosexual								
8. Hispanic IDU				X				
9. Black MSM								
10. Hispanic Heterosexual								
11. Hispanic MSM/IDU				X				

12. Hispanic MSM								
13. Perinatal Transmission								
14. Emerging Risk Groups								
Youth								
Transgender								
Homeless								
Asian Pacific Islander								

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

Many Men Many Voices

Many Men, Many Voices is a six or seven session group level sexually transmitted infection and HIIV prevention intervention for gay men of color.

CTR-counseling testing and referral, PCRS-partner counseling and referral services, ILI-individual level intervention, GLI-group level intervention, OR-Outreach, PCM-prevention case management, HC/PI-health communications/public information, Other CLI-community level interventions

	CTR	PCRS	ILI	GLI	OR	PCM	HC/PI	Other CLI
Ranked Population Target Group								
HIV+								

1. White MSM								
2. Black IDU								
3. Black MSM/IDU								
4. White MSM/IDU								
5. Black Heterosexual								
6. White IDU								
7. White Heterosexual								
8. Hispanic IDU								
9. Black MSM								
10. Hispanic Heterosexual								
11. Hispanic MSM/IDU								
12. Hispanic MSM								
13. Perinatal Transmission								
14. Emerging Risk Groups								
Youth								
Transgender								
Homeless								
Asian Pacific Islander								

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

Mpowerment

Mpowerment is a community-level intervention for young men who have sex with men that uses a combination of informal and formal outreach, discussion groups, creation of safe spaces social opportunities and social marketing to reach a broad range of young men with HIV prevention, safer sex and risk reduction messages.

CTR-counseling testing and referral, PCRS-partner counseling and referral services, ILI-individual level intervention, GLI-group level intervention, OR-Outreach, PCM-prevention case management, HC/PI-health communications/public information, Other CLI-community level interventions

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

	CTR	PCRS	ILI	GLI	OR	PCM	HC/PI	Other (CLI)
Ranked Population Target Group								
HIV-								
1. White MSM				X	X		X	X
2. Black IDU								
3. Black MSM/IDU								
4. White MSM/IDU								
5. Black Heterosexual								
6. White IDU								
7. White Heterosexual								
8. Hispanic IDU								

9. Black MSM				X	X		X	X
10. Hispanic Heterosexual								
11. Hispanic MSM/IDU								
12. Hispanic MSM				X	X		X	X
13. Perinatal Transmission								
14. Emerging Risk Groups								
Youth				X	X		X	X
Transgender								
Homeless								
Asian Pacific Islander								

Popular Opinion Leader

Popular Opinion Leader is a community-level intervention that involves identifying, enlisting and training key opinion leaders to encourage safer sexual norms and behaviors within their social networks through risk-reduction conversations

CTR-counseling testing and referral, PCRS-partner counseling and referral services, ILI-individual level intervention, GLI-group level intervention, OR-Outreach, PCM-prevention case management, HC/PI-health communications/public information, Other CLI-community level interventions

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

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

R.A.P.P.

The Real AIDS Prevention Project is a community mobilization program, designed to reduce risk for HIV and unintended pregnancy among women in communities at high-risk for HIV. This intervention relies on peer-led activities, including: outreach/one-on-one brief conversations with brochures, referrals, and distribution. Small group safer sex discussions and presentation are utilized.

CTR-counseling testing and referral, PCRS-partner counseling and referral services, ILI-individual level intervention, GLI-group level intervention, OR-Outreach, PCM-prevention case management, HC/PI-health communications/public information, Other CLI-community level interventions

	CTR	PCRS	ILI	GLI	OR	PCM	HC/PI	Other CLI
Ranked Population Target Group								
HIV+								
1. White MSM								
2. Black IDU								
3. Black MSM/IDU								
4. White MSM/IDU								
5. Black Heterosexual								
6. White IDU								
7. White Heterosexual								

8. Hispanic IDU								
9. Black MSM								
10. Hispanic Heterosexual								
11. Hispanic MSM/IDU								
12. Hispanic MSM								
13. Perinatal Transmission								
14. Emerging Risk Groups								
Youth								
Transgender								
Homeless								
Asian Pacific Islander								

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

Safety Counts

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

CTR-counseling testing and referral, PCRS-partner counseling and referral services, ILI-individual level intervention, GLI-group level intervention, OR-Outreach, PCM-prevention case management, HC/PI-health communications/public information, Other CLI-community level interventions

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

	CTR	PCRS	ILI	GLI	OR	PCM	HC/PI	Other (CLI)
Ranked Population Target Group								
HIV-								
1. White MSM								
2. Black IDU	X		X	X				
3. Black MSM/IDU								
4. White MSM/IDU								
5. Black Heterosexual								
6. White IDU	X		X	X				
7. White Heterosexual								
8. Hispanic IDU	X		X	X				
9. Black MSM								

10. Hispanic Heterosexual								
11. Hispanic MSM/IDU								
12. Hispanic MSM								
13. Perinatal Transmission								
14. Emerging Risk Groups								
Youth								
Transgender								
Homeless								
Asian Pacific Islander								

SISTA

Sisters Informing Sisters on Topics about AIDS is a group-level, gender and culturally relevant intervention, designed to increase condom use with African American women. Five peer-led group sessions are conducted that focus on ethnic and gender pride, HIV knowledge and skills training around sexual risk reduction behaviors and decision-making. The invention is based on Social Learning Theory as well as the Theory of Gender and Power

CTR-counseling testing and referral, PCRS-partner counseling and referral services, ILI-individual level intervention, GLI-group level intervention, OR-Outreach, PCM-prevention case management, HC/PI-health communications/public information, Other CLI-community level interventions

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

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

Street Smart

Street Smart is a multi-session, skill-building program to help runaway and homeless youth practice safer sexual behaviors and reduce substance use. The sessions address improving youth’s social skills, assertiveness and coping through exercises on problem solving, identifying triggers, and reducing harmful behaviors. Agency staff also provides individual counseling and trips to community health providers

CTR-counseling testing and referral, PCRS-partner counseling and referral services, ILI-individual level intervention, GLI-group level intervention, OR-Outreach, PCM-prevention case management, HC/PI-health communications/public information, Other CLI-community level interventions

	CTR	PCRS	ILI	GLI	OR	PCM	HC/PI	Other CLI
Ranked Population Target Group								
HIV+								
1. White MSM								
2. Black IDU								
3. Black MSM/IDU								
4. White MSM/IDU								
5. Black Heterosexual								
6. White IDU								
7. White Heterosexual								

8. Hispanic IDU								
9. Black MSM								
10. Hispanic Heterosexual								
11. Hispanic MSM/IDU								
12. Hispanic MSM								
13. Perinatal Transmission								
14. Emerging Risk Groups								
Youth								
Transgender								
Homeless								
Asian Pacific Islander								

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

Teens Linked to Care

Is an effective intervention for young people, aged 13 to 29 living with HIV that is delivered in small groups.

CTR-counseling testing and referral, PCRS-partner counseling and referral services, ILI-individual level intervention, GLI-group level intervention, OR-Outreach, PCM-prevention case management, HC/PI-health communications/public information, Other CLI-community level interventions

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

	CTR	PCRS	ILI	GLI	OR	PCM	HC/PI	Other (CLI)
Ranked Population Target Group								
HIV-								
1. White MSM								
2. Black IDU								
3. Black MSM/IDU								
4. White MSM/IDU								
5. Black Heterosexual								
6. White IDU								
7. White Heterosexual								
8. Hispanic IDU								
9. Black MSM								
10. Hispanic								

Heterosexual								
11. Hispanic MSM/IDU								
12. Hispanic MSM								
13. Perinatal Transmission								
14. Emerging Risk Groups								
Youth								
Transgender								
Homeless								
Asian Pacific Islander								

Voices/Voces

Video Opportunities for Innovative Condom Education and Safer Sex is a group-level single session video-based intervention designed to increase condom use among heterosexual African American and Latino men and women who visit STD clinics

CTR-counseling testing and referral, PCRS-partner counseling and referral services, ILI-individual level intervention, GLI-group level intervention, OR-Outreach, PCM-prevention case management, HC/PI-health communications/public information, Other CLI-community level interventions

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

	CTR	PCRS	ILI	GLI	OR	PCM	HC/PI	Other (CLI)
--	-----	------	-----	-----	----	-----	-------	-------------

Ranked Population Target Group								
HIV-								
1. White MSM								
2. Black IDU								
3. Black MSM/IDU								
4. White MSM/IDU								
5. Black Heterosexual				X				
6. White IDU								
7. White Heterosexual								
8. Hispanic IDU								
9. Black MSM								
10. Hispanic Heterosexual				X				
11. Hispanic MSM/IDU								
12. Hispanic MSM								
13. Perinatal Transmission								
14. Emerging Risk Groups								
Youth								
Transgender								
Homeless								
Asian Pacific Islander								

V. INTERVENTIONS—APPROPRIATE SCIENCE-BASED PREVENTION ACTIVITIES

1. Hepatitis C (HCV) Collaboration

The Community Planning Group (CPG) and the Department of Health recognize the need to collaborate and coordinate with other related programs.

The CPG has engaged in numerous discussions regarding Hepatitis C Virus (HCV) infection, HIV/HCV co-infection, and the target populations-transmission groups impacted by these epidemics.

The CPG recognizes that HCV prevention is insufficiently funded.

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

- Future prevention planning activities will be coordinated with and inclusive of the Department's HCV Coordinator. CPG membership for the HCV Coordinator will be discussed with the CPG Steering Committee.
- Each Subcommittee (Epidemiology, Needs Assessment, Interventions and Evaluation) will be cognizant of the need to integrate HCV issues, and when appropriate, HCV issues will be addressed when developing Plan key products (Epidemiologic Profile, Community Services Assessment, Priority Target Populations, and Science-Based Interventions).

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

- Hepatitis and sexually transmitted infections (STI) training is made available thru the Division of HIV/AIDS on-site training system. These trainings are made available to HIV prevention staff, HIV counseling and testing staff and substance abuse treatment staff. HIV counseling and testing staff have been encouraged to incorporate HCV and STI prevention counseling within HIV prevention counseling sessions.
- The Division of HIV/AIDS, the Division of Immunizations and the Bureau of Drug and Alcohol Programs have collaborated to make Hepatitis A and B vaccines available to substance abuse treatment facilities and to injection drug users thru the Department's State Health Centers.
- In 2005, a collaborative effort between the Division of HIV/AIDS and the Bureau of Drug and Alcohol Programs resulted in an initiative to utilize Substance Abuse Prevention and Treatment Block Grant; HIV set-aside funds for HCV testing of HIV infected clients in substance abuse treatment facilities.
- This initiative resulted in the allocation of state funds to expand this initiative. The funds will be used to provide HCV testing to additional substance abuse treatment facilities and individuals not known to be HIV infected.

The Department will continue to update the CPG on its collaborative activities with HCV and related programs.

2. Rural Work Group

The Pennsylvania Community Planning Group (CPG) has established a rural work group, consisting of volunteer committee members who are applying their efforts outside of regular committee meeting time to address the unique and often not well-understood concerns of rural areas within our state.

The express purpose of the rural work group is to address the special demographic, geographic and social/cultural conditions that impact the HIV prevention needs of non-metropolitan populations in Pennsylvania so that these needs can be included in the prevention plan. Although rural areas are significant sources of the state's natural resources and are of primary importance to the economy of Pennsylvania, the needs of rural people are often overlooked because of population dispersion and inadequate political infrastructures (Willits & Luloff, & Higdon, 2004). As information related to rural needs and interventions of proven effectiveness are located and researched they will be included in our plan as a means of assisting non-metropolitan prevention groups adapt recommended procedures within each of their unique rural areas.

2.A. 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, 42 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). Of the 42 rural counties depicted in Table V.1, 25 (60%) report poverty levels that are below that of Pennsylvania (10.5%) (Center for Rural PA, 2006)

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 especially due to distance and transportation problems; and limited telecommunication access. According to the Pennsylvania Office of Rural Health, rural areas have fewer hospital beds and fewer primary care physicians, dentists, and other health care providers than do urban areas. In addition, although the population of rural non-whites increased from 2 percent to 4 percent between 1990 and 2000, most rural counties have extremely low percentages of ethnic and racial minorities. However, youth under 18 years of age account for 23% of the population, which is comparable to urban areas (Center for Rural Pennsylvania, 2000). Figure V.1 depicts rural and urban counties of Pennsylvania. Table V.1 lists the rural counties of Pennsylvania by population density and percent Black and Hispanic.

Pennsylvania's Rural Counties

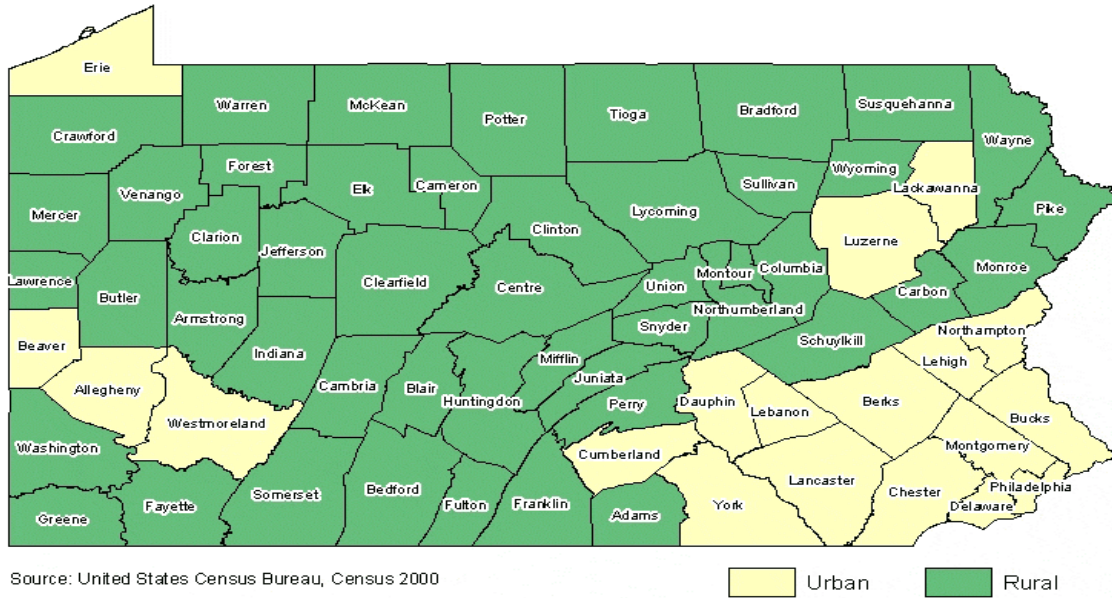


Figure V.1

Table V.1

Rural Counties in Pennsylvania with Greater than 40 Percent Rural Population

Rural County	Percent Rural	Total Population	Percent Black	Percent Hispanic
Adams	59.8	99,749	1.6	4.7
Armstrong	63.1	70,586	0.9	0.5
Bedford	84.4	50,091	0.4	0.6
Bradford	72.2	62,537	0.5	0.7
Butler	46.7	182,087	0.8	0.6
Cameron	43.6	5,639	0.9	0.5
Carbon	50.5	61,959	0.1	1.9
Clarion	78.6	40,589	0.9	0.5
Clearfield	54.1	82,783	2.0	0.7

Rural County	Percent Rural	Total Population	Percent Black	Percent Hispanic
Clinton	50.8	37,439	0.8	0.7
Columbia	44.3	64,939	0.9	1.3
Crawford	65.4	89,442	1.7	0.6
Elk	46.8	33,557	0.2	0.5
Fayette	47.8	146,142	3.8	0.4
Forest	100	5,739	2.8	1.4
Franklin	47.2	137,409	2.6	2.4
Fulton	100	14,673	0.7	0.6
Greene	68.7	40,672	3.9	1.0
Huntingdon	69.3	45,947	5.5	1.2
Indiana	62.1	88,703	1.7	0.6
Jefferson	66.1	45,759	0.3	0.5
Juniata	85.4	23,507	0.5	2.4
Lawrence	41.1	92,809	3.8	0.7
McKean	63.4	44,370	2.2	1.1
Mercer	48.1	119,598	5.4	0.5
Mifflin	55.8	46,335	0.5	0.6
Monroe	49.6	163,234	9.9	10.0
Montour	54.3	18,032	1.3	1.1
Perry	86.3	44,738	0.6	0.8
Pike	89.4	56,337	4.7	6.5
Potter	100	17,834	0.9	0.9

Rural County	Percent Rural	Total Population	Percent Black	Percent Hispanic
Snyder	71.3	38,207	1.1	1.2
Somerset	74.5	78,907	2.3	0.8
Sullivan	100	6,391	3.5	1.3
Susquehanna	81.5	42,124	0.5	0.8
Tioga	84.3	41,649	0.9	0.6
Union	45.0	43,131	7.5	4.1
Venango	54.0	55,928	1.3	0.6
Warren	54.6	42,033	0.4	0.3
Wayne	83.9	50,113	1.9	2.0
Wyoming	85.0	28,160	0.6	0.9
York	46.0	381,751	3.7	3.0

The above designations were established by the Center for Rural Pennsylvania and were based on 2005 Census data updates.

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, do work in some of the north and southeastern counties of the state and are known to be at risk for HIV. Programming for these populations is in place. It is also noted that since the 1990 US Census that the Hispanic population in rural counties has steadily increased and at times exceeds the rural Black population in several counties.

2.B. 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).

3. 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.

3.A. Summary of Findings Related to Rural Areas from CPG Program Evaluations

Results of 2004 Poster Presentation—Funded HIV Agencies:

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 fastest growing county in 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, IDUs, 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

Results of 2005 Poster Presentation—PA Department of Health Field Staff:

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

Results of 2006 Poster Presentation—Agencies Utilizing DEBI Interventions:

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

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

Results of the Rural Men’s Study:

Deborah Bray Preston, PhD,RN, Principal Investigator

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

Funded 2001 to 2005 by NIMH: RO1-MH 62981

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

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

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

Age, Education, Race and Ethnicity

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

Table V-2

Sexual Orientation and Victimization

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

Table V-3

Sexual Health

Variable N=414 %	North West % N=29	North Central % N=101	North East % N=68	South West % N=48	South Central % N=130	AIDS NET % N=37	
HIV Positive	8.8	10	6	6	15	8	11
Tested for HIV							
NO	19	17	34	31	33	25	22
1- 9 Times	69	70	56	62	56	68	65
10 – 20 Times	12	13	10	7	10	6	13
Have Had STD in Last 5 years	10	10	3	10	8	13	22

Table V-4

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

Table V-5

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

Table V-6

Mental Health and Stigma

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

Table V-7

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

Figure V.2 Relationship of Stigma to Sexual Risk

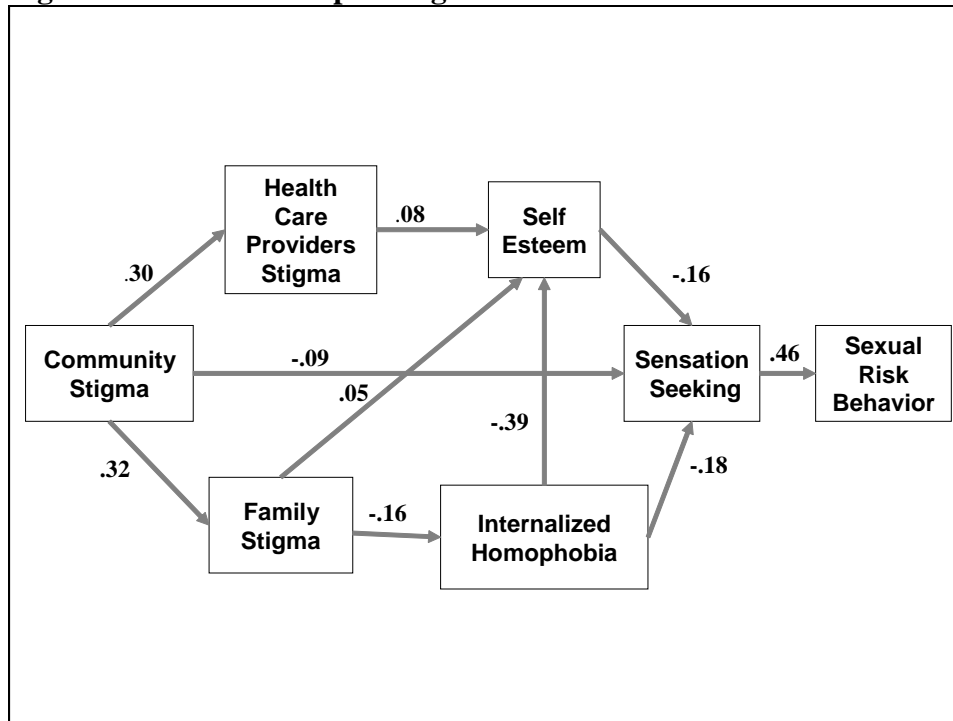


Figure V.2 shows that the stigma experienced by rural men is indirectly related to their sexual risk behavior through sensation seeking, self esteem and internalized homophobia.

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

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. A further concern is the issue of stigma as a barrier to AIDS prevention programming. In the data presented from the Rural Men's Study, the effect of stigma on sexual risk taking behavior is clear – more intolerance leads to higher risk-taking. Furthermore, the data collected from all of the three poster presentations indicate that stigma in rural communities is a major barrier to prevention programming.

Recommendations:

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

1. Identify the priority groups at risk for HIV that is location-based.
2. Identify Best Practices – programs that have been successful with rural populations. e.g. monitoring the DEBI programs that can be best adapted for use with rural populations.
3. Advocate for continued retention and training of HIV providers.
4. Identify the methods by which rural populations adopt prevention behaviors (adoption/diffusion theory).
5. Assist rural providers in developing community networks to help reach difficult populations.
6. Identify ways in which stigma in rural communities can be reduced.

References:

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Preston D.B., D'Augelli A.R., Kassab C.D., Cain R.E., Schulze F.W., and Starks M.T. (2004) The influence of stigma on the sexual risk behavior of rural men who have sex with men. *AIDS Education and Prevention*, 16(4):291-303.

Willits, F.K., Luloff, A.E., & 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.

3. Decisions For Life

3.A History

Decisions For Life (DFL) is a peer-based, group-level intervention that was designed by and for sexually active young people (ages 13-24). DFL is rooted in HIV prevention science and community planning, and 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 risk reduction decision-making.

Begun in 2000, DFL was designed by a Young Adult Advisory Team (YAAT), a planning group of eighteen diverse and high-risk young people, ranging in age from 15-23 (median=19). YAAT, working in plenary from September 2000 to October 2001 and in a sub-committee of five members from December 2001 to the present, has collaborated with members of the Pennsylvania Young Adult Roundtables, with University of Pittsburgh staff, with members of the Pennsylvania Community Planning Group (CPG) and with other statewide HIV prevention specialists. The resulting Intervention, Decisions For Life, is behavior-based and rooted in risk reduction, and is tailored to the prevention needs of ALL sexually active young people.

3.B. External Review

DFL is rooted in HIV prevention community planning. As part of the project's formative process, YAAT, with the administrative support of University of Pittsburgh staff, has sought oral and written feedback about the intervention content from numerous sources including the Pennsylvania Young Adult Roundtables, HIV prevention clinical and research specialists, PA DOH staff, and members of the PA HIV Prevention Community Planning Committee. In addition to invaluable curriculum feedback, PA CPG reviewers unanimously agreed that Decisions For Life is an intervention that can be implemented with any at-risk population, regardless of age. In addition, YAAT members have met with participants from the first pilot group to discuss their experiences and recommendations.

3.C. DFL Curriculum

The DFL curriculum targets HIV risk behaviors. With a focus on risk behaviors (and not risk populations), the DFL curriculum requires no "adapting and tailoring" for implementation among diverse populations of young people. Curriculum topics, developed from preliminary YAAT objectives, were expanded and further developed into the curriculum content, which is designed for implementation with groups of up to fifteen participants for ten 4-hour sessions over a period of four to six weeks:

DECISIONS FOR LIFE CURRICULUM OVERVIEW		
	<u>Title</u>	<u>Sample Learning Objectives</u>
SESSION ONE	<u>Personal Risk Assessment</u>	<ul style="list-style-type: none"> • identify personal risk factors for HIV infection/re-infection
MODULE ONE	HIV Primary and Secondary Prevention and Treatment	<ul style="list-style-type: none"> • understand levels of risk of common modes of HIV transmission • identify importance of STI and HIV treatment
MODULE TWO	Protection Skills	<ul style="list-style-type: none"> • demonstrate male condom use efficacy
MODULE THREE	HIV Counseling and Testing/Resources	<ul style="list-style-type: none"> • understand HIV counseling and testing experience and results • identify local, accessible test sites
MODULE FOU	Cultural/Community Norms, Personal Values, and Decision-Making Skills	<ul style="list-style-type: none"> • identify social forces that impact risk reduction behaviors
MODULE FIVE	Social Competency, Communication Skills, and Decision-Making Skills	<ul style="list-style-type: none"> • demonstrate sexual negotiation efficacy
FINAL SESSION	Personal Risk Re-Assessment and Wrap Up	<ul style="list-style-type: none"> • update personal risk reduction plan • complete Intervention evaluation

3.D. Evaluation

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

3.E. DFL Pilot Groups

Consistent with the goals of HIV prevention community planning, the DFL curriculum is being piloted throughout Pennsylvania in targeted locations among targeted populations of sexually-active, high risk young people (ages 13-24) in order to obtain their feedback about the curriculum and to then have YAAT members use that feedback to enhance the curriculum’s potential effectiveness in reducing HIV risk behaviors. The targeted groups include: young men who have sex with men (YMSM), young African American and Latina females, young African American and Latino males and young people who live in rural communities. Members of the Pennsylvania CPG are assisting in identifying local recruiters and young participants for pilot groups.

During the spring 2006, the first DFL pilot group was conducted in Pittsburgh. This group was comprised of ten YMSM (40 % African American, 40% Caucasian, 20 % Latino, age range 15.9 to 20.5). In addition to specific feedback about the DFL curriculum, group members provided process data (see below), which were collected over ten, 4-hour sessions. Session evaluation/satisfaction scores reflect average ratings over the ten sessions on 11 Likert-type (1-4, 1=least satisfied, 4=most satisfied) items – such as comfort with group and comfort with facilitator. Scores reflect averages of both participant (3.79, n=10) and individual session (3.82, n=10).

Decisions For Life											
2006 Pittsburgh Pilot Group: YMSM											
Session Evaluation Data and Attendance Rates by Participant (n=10)											
Demographic/age	1 Sun 5/7	2 Sat 5/13	3 Sun 5/21	4 Sat 6/3	5 Sun 6/4	6 Fri 6/9	7 Sat 6/10	8 Sun 6/11	9 Fri 6/16	10 Sun 6/18	TOTAL
BGM, 20.5	✓ 4.0	✓ 3.6	✓ 3.5	✓ 4.0	✓ 3.9	✗	✓ 4.0	✓ 3.9	✗	✓ 4.0	8 3.86
BGM, 16.2	✓ 3.3	✓ 3.5	✓ 3.1	✓ 4.0	✓ 3.0	✓ 3.4	✓ 3.1	✓ 3.2	✓ 3.9	✓ 3.0	10 3.35
WGM, 18.9	✓ 3.9	✓ 3.9	✓ 3.8	✓ 4.0	✓ 4.0	✓ 4.0	✓ 4.0	✓ 4.0	✓ 4.0	✓ 4.0	10 3.96
WGM, 20.3	✓ 4.0	✓ 3.7	✓ 3.9	✓ 4.0	✓ 4.0	✓ 4.0	✓ 3.9	✓ 4.0	✓ 4.0	✓ 4.0	10 3.95
LGM, 19.1	✓ 3.7	✓ 3.9	✓ 3.6	✗	✓ 3.9	✗	✓ 4.0	✓ 3.9	✓ 3.9	✓ 3.6	8 3.8
WGM, 18.9	✓ 4.0	✓ 4.0	✓ 4.0	✓ 4.0	✓ 4.0	✓ 4.0	✓ 4.0	✓ 4.0	✓ 4.0	✓ 4.0	10 4.0
BBM, 17.6	✓ 3.0	✗	✗	✓ 4.0	✓ 4.0	✗	✗	✗	✗	✗	3 3.66
BBM, 15.9	✓ 3.9	✓	✗	✗	✗	✗	✗	✗	✗	✗	2 3.9
LGM, 20.5	✓ 4.0	✗	✓ 4.0	✗	✗	✗	✗	✗	✗	✗	2 4.0
WBM, 18.9	✓ 3.4	✗	✓ 3.4	✗	✗	✗	✗	✗	✗	✗	2 3.4
TOTAL	10 3.72	7 3.76*	8 3.66	6 4.0	7 3.82	4 3.85	6 3.83	6 3.83	5 3.9 6	6 3.76	6.5 3.82 6.5 3.7 9

The average attendance rate per session was 65% or 6.5 individuals, with an overall retention rate over ten sessions of 60%. Four individuals (3 Caucasian, 1 African American) had 100% and two (1 Latino and 1 African American) had 80% attendance rates. Of the four individuals (2 African American, 1 Latino and 1 Caucasian) with the lowest attendance rates (20%), two (1 African American and 1 Latino) dropped out with no explanations; 1 (Caucasian) moved from Pittsburgh; and 1 (African American) experienced schedule conflicts with work.

Participants provided these additional written comments in their curriculum evaluations completed on the final day:

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

- AWESOME. Loved the program, wish to attend more like it.
- I love DFL... I hope you make me a facilitator for the next group.

3.F. DFL Philosophy

In order to accomplish its goal of long-term behavior change, the DFL curriculum must continually encourage participants to make informed decisions and to choose their own path. The opening Declaration of Decisions For Life, written by YAAT members in July 2001, captures the spirit, motivations and goals of DFL young 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.

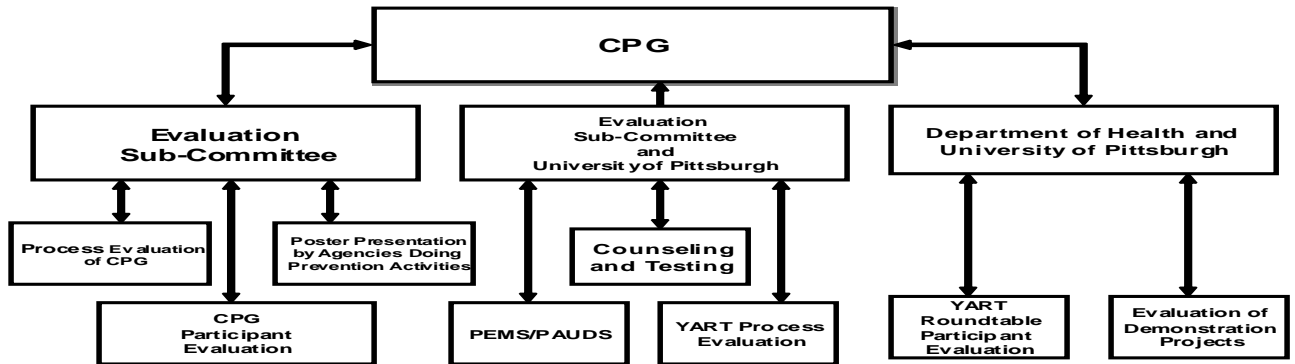
We are a team that represents a cross-section of high-risk young adults. We have come together with different experiences; therefore, we are better equipped to convey the HIV/AIDS, STI and unintended pregnancy prevention needs of young adults. We recognize the need for peer-based, sex-positive HIV/AIDS, 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

Figure VI.1



1. Introduction

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

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

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

The Pennsylvania Department of Health and the University of Pittsburgh collaborate to conduct evaluations of the program in two ways. First, the Department of Health with the CPG's guidance has created more than a dozen demonstration projects over the years. Each project included an evaluation of the process and impact of the process that was created with input from the CPG (see

Figure VI.1). The results of the evaluations were used to guide the projects' development and to aid in determining continued funding of the projects.

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

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.

3. Activities Conducted by the Evaluation Sub-Committee

The evaluation sub-committee conducts three evaluations. The first is a process evaluation of the CPG and the second is an evaluation of statewide prevention interventions by means of a poster presentation by statewide agencies and the third is CPG participant evaluation (see Figure 1). The process evaluation was designed to evaluate the CPG's internal functions, its relationship with the Pennsylvania Department of Health and the University of Pittsburgh staff, and to identify strengths and weaknesses of the CPG. The results of the process evaluation are presented to the CPG and recommendations for change emerge and are implemented. This evaluation occurs every year at the November meeting after the annual plan is submitted.

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

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

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

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

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

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

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

4.A. Results of 2005 Pennsylvania Uniform Data Collection System (PaUDS) Activities

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

Currently all nine local county and municipal health departments and the seven Ryan White Coalitions are required to report using the PaUDS system. Reports are submitted to the Commonwealth on a quarterly basis. All agencies submitted data each quarter in 2005 and 2006. Data were submitted and accepted to the Commonwealth in quarterly reports. The quarterly reports summarize all of the data for that current quarter and present a "snapshot" of Pennsylvania HIV prevention activities.

The Evaluation subcommittee will begin to make use of PaUDS data for their subcommittee needs beginning in August 2006. The subcommittee will begin to receive PaUDS reports on a quarterly basis. This will allow them to evaluate what organizations and agencies are implementing interventions to what target populations. The subcommittee believes utilizing this data will help in their planning process.

The Program Evaluation and Monitoring System (PEMS) was to begin in January 2006, but has been put on hold indefinitely for HE/RR activities. PEMS is currently being utilized for all Counseling and Testing data.

4.B. CPG Young Adult Roundtable Process Evaluation Data: 1997-2005

Quantitative Data:

Each year in November, Planning Committee members complete an anonymous survey as part of the Roundtable process evaluation. Below are the means (average) of Planning Committee responses to the first ten questions from the 2005 November's survey (extreme right column), together with mean responses from the eight prior years. Four numeric responses to each of the ten items were possible: 1= "completely disagree"; 2= "disagree"; 3= "agree"; 4= "completely agree." Those items marked by an asterisk * were not included in that year's survey.

Pennsylvania Young Adult Roundtables Trends In Pennsylvania

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

The following table represents the breakdown of 2005 Planning Committee responses to the first ten questions. Four numeric responses to each of the ten items were possible: 1= “completely disagree”; 2= “disagree”; 3= “agree”; 4= “completely agree.”

#	Variable: “Your belief that...”	2005 Surveys n=27 (75%)	2005 Survey Average
1	<i>YART gives youth a voice in the community planning process</i>	3.7% Completely Disagree 0% Disagree 29.6% Agree 66.7% Completely Agree	3.6
2	<i>Roundtable members reflect epidemic in Pennsylvania</i>	0% Completely Disagree 3.7% Disagree 66.7% Agree 25.9% Completely Agree	3.2
3	<i>Important needs assessment data from YART to PC</i>	0% Completely Disagree 0% Disagree 51.9% Agree 48.1% Completely Agree	3.5
4	<i>Young PC members have parity in planning process</i>	3.7% Completely Disagree 0% Disagree 33.3% Agree 63% Completely Agree	3.6
5	<i>Young PC members contribute to community planning process</i>	0% Completely Disagree 0% Disagree 29.6% Agree 70.4% Completely Agree	3.7
6	<i>Mentors convey data from YART to PC</i>	3.7% Completely Disagree 14.8% Disagree 40.7% Agree 37% Completely Agree	3.2
7	<i>YART important part of Community planning process</i>	0% Completely Disagree 0% Disagree 7.4% Agree 92.6% Completely Agree	3.9
8	<i>Roundtable Exec meetings important for PC to meet youth</i>	0% Completely Disagree 3.7% Disagree 33.3% Agree 63% Completely Agree	3.6
9	<i>Consensus Statement provides important data for process</i>	0% Completely Disagree 0% Disagree 37% Agree 59.3% Completely Agree	3.6
10	<i>YART ensure young people PIR in PA’s planning process</i>	3.7% Completely Disagree 3.7% Disagree 40.7% Agree 48.1% Completely Agree	3.7

Below are the numbers of Planning Committee responses (**November 2005**) to inquiries about **how much information** you have about the Roundtable Consensus Statement.

	none	very little	some	a lot
Roundtable Consensus Statement	1 (3.7%)	1 (3.7%)	11 (40.7%)	13 (48.1%)

Below are the numbers of Planning Committee responses (**November 2005**) to inquiries about the extent to which needs assessment information from the Roundtable Consensus Statement was used in the planning process, the extent to which Planning Committee mentors to the Roundtables have provided information to the Planning Committee about the prevention needs of Roundtable members, and the perceptions of Roundtable members' participation at Planning Committee meetings:

	not at all	very little	a bit here and there	a lot
<i>The extent to which the ideas in Consensus Statement have been used in Comprehensive Prevention Plan</i>	0 (0%)	4 (14.8%)	7 (25.9%)	15 (55.6%)
	none	very little	some	a lot
<i>Amount of information shared by Mentors with Planning Committee about prevention needs of Roundtable members</i>	1 (3.7%)	3 (11.1%)	14 (51.9%)	3 (11.1%)
<i>Perception of Roundtable members' participation at Planning Committee Meetings.</i>	0 (0%)	1 (3.7%)	11 (40.7%)	10 (37.5%)

Qualitative Data from November 2005 Surveys:

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

Recommendations to Improve the Pennsylvania Young Adult Roundtables:

- Target HIV+, more rural work, and more IDU inclusively.
- Improper regional representation by recruitment in geographic areas less representative...this can be done by de-centralizing the coordination and soliciting local/regional professionals/experts to coordinate activities at the local level.
- We need a roundtable of HIV+ youth and IDU.
- No specific recommendations at this time.
- Encourage the roundtables to be included more in the discussion process -- possibly more members.
- I think that the YART reps that attend the main meetings feel hesitant about becoming involved or vocal throughout the meeting. We should encourage their regular input, other than when they are scheduled on the agenda.
- Expanding throughout the state.
- I would really like to see that youth from Delaware county area included in the Roundtables. I know that efforts have been made to do so the only thing that can be done is continuing to try different ways to recruit the youth in this area.
- Open mentoring to other advocates who are not n CPG, but are very capable, knowledgeable, and eager in the prevention of HIV/AIDS and working with youth.
- Pay the co-chairs for planning committee meetings.

- Be more invisible, somehow.
- Getting roundtable participants to get more involved in community, schools, and organizations.
- Mentor mentors who go to meetings.
- Develop roundtables in several additional regions of the state, to ensure inclusion of the diverse political climate that may or may not hinder public knowledge to the HIV/AIDS epidemic in Pennsylvania.
- I am not convinced that youth's time is will spent watching the committee meeting. Nor do I want to see them hanging out in the lobby when their interest wane.
- Just continue and function in all areas of the state.
- I hope that the Roundtable youth will continue to challenge and direct us in addressing their critical needs. They are our future, our only future. If we can continue to recruit Roundtable members, I think we'll be okay.

About the Roundtable HIV Prevention Consensus Statement:

- May need to devote more time on the agenda periodically to keep information in front of the committee.
- Extremely excellent performance in being ahead through the country.
- Needs completed.
- Good. A lot of hard work went into it.
- Commendable, much effort was obviously expended to provide a comprehensive statement.
- The Consensus Statement keeps me humble.

About Planning Committee Mentors/Planning Committee:

- Too new to comment appropriately.
- Not really a forum to present information on a consistent basis.
- Outstanding by standing by your grounds
- Open mentoring to other people (can continue confidentiality).
- We need more active mentors. Also bring back Ronnie Colcher.
- Improve mentor's attendance.
- Not much information shared by Roundtable mentors, at least as far as I'm aware. More recognition/identification of who these members are in the CPG.
- I am privileged to be a mentor.
- Some mentors far more "intentional" than others.
- The Roundtable youth provide balance and valuable insights about the HIV/AIDS epidemic. Their participation is what keeps us on our toes.

Young Adult Information Needed by Planning Committee to Effectively Plan:

- Tangible ways to implement the Consensus Statement, revised survey, and epi data in general.
- You have been providing the information expected... on an going basis. Thanks.
- The Consensus Statement really embodies what the planning committee needs. We need to ensure that elements included in the statement are acted upon, as appropriate.
- Continue to "keep it real."
- Rapport building information and understanding.

- Changing mindsets of young people around HIV/AIDS and sexual activity.
- Current trends for youth related to HIV/AIDS.
- More information on what interventions actually work in reducing youth's risk.
- Information on needs assessment for youth. Examples: education, how can they get involved thru school activities, etc.
- Their ideas, opinions, and recommendations.
- What steps are taken to try and form other groups across the state?
- Recruitment issues, especially male participants. How also we can get more young HIV positive individuals involved.
- Continue to keep Planning Committee informed of types of prevention that appeal to youth
- The incidence of HIV/AIDS prevention education in the public schools -vs.- the resistance by school officials to provide risk factors and education materials to students.
- What have been their experiences about what works in prevention?
- Continue to provide input from all groups across the state.
- 1.) What is/are greatest risk factors in each Roundtable area? 2.) What is/are best received education practices in each area? 3.) How can the Planning Committee assist the youth in developing best practices criteria for each of these Roundtables?

Improve Executive Committee Participation at Planning Committee Meetings:

- That might be a Planning Committee concern rather than a Roundtable imperfection.
- Maybe by being included more frequency on the agenda.
- The Williamsport Roundtable that I attended ran very smoothly to my surprise. Participants were vocal. Had good input and were very inviting.
- Mentors should be more visible.
- Planning committee continue to encourage participation of young adults. Planning committee give more parity to young adults. CPG members should try to remember they were young.
- Assure a two-way communication lines to the general body of the CPG and when roundtable mentors are unable to attend CPG meetings. Ensure that either a surrogate roundtable member attends or the mentor contacts the chair or vice-chair of the CPG Planning Committee/YART sub-committee. Actively procure additional roundtables in areas of the Commonwealth not yet included especially rural central PA/South Central PA. Local political climate may be a barrier to both education and information being disseminated to young people. Education to young people in public, parochial, and home schooling, is where the cure for HIV lies!
- Pre-plan agenda for interactive and small group discussions on particular prevention topics.
- Continue current process.

Other Comments:

- No comment at this writing.
- Start more groups.
- I want to thank the young adults who participate in the Roundtables for their dedication energy and great ideas.
- Would be nice to know of what areas (state-wide) need YART chapters/mentors and what steps are necessary to get members to join or become part of the YART.

- One of the distinctions of the PA Planning process.
- Try to add young people to each group each year. Do a special recruitment.
- Our youth are our greatest asset and they're the BEST!

5. Prevention for Positives Demonstration Project Evaluation

Prevention with Positives Initiatives Evaluation

Two Ryan White Title III clinics have been subcontracted to integrate prevention into the care of all patients. Prevention services are to follow CDC guidance, include Prevention Case Management and Referral Services and approved DEBI interventions upon their availability. The Evaluation Subcommittee will review the evaluation plan and instruments. Evaluation will require quarterly reporting including the following components:

1. Patient Information
 - Demographics
 - STI testing
 - Self-report of sexual and drug-using behavior
2. Process
 - Program Structure and Service Delivery
 - Assessment Tools and Supplemental Materials
3. Other Prevention Services
 - Non-program Clinic Staff
 - Other Agencies
4. Barriers/Facilitators of Success
 - Relationships between Program, Clinic, and Institutional Setting

6. Pennsylvania Young Adult Roundtables Participant Evaluation

The 2006 Roundtable evaluation yielded 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.

Roundtable members participate in six statewide, excluding Philadelphia, planning groups in the communities of Allentown, Carbondale, Erie, Harrisburg, Pittsburgh, and Williamsport.

In 2006, there were 136 Roundtable members.

Forty-six percent of all Roundtable members are new to the project in 2006.

Ten members (7%) have been with the project for five or more years.

Roundtable members range in age from 13 to 26, with a mean (average age) of 17.

Fifty percent of members identify as male and 50% as female.

Race and ethnic breakdowns are as follows: 43% of Roundtable members identify as "African American/Black"; 29% identify as "Caucasian/White/European American"; another 14% identify as "Latino/Hispanic"; and 13% identify as multiracial.

This year, 71% of Roundtable members have identified as "straight"; 14% as "gay"; 4% as "lesbian"; 7% as "bisexual"; 1% as "not sure at this point."

Information from all Roundtable members across the state indicates that most (63%) have used some type of drug (alcohol, etc.) in the past twelve months; some (3%) have injected at least one type of drug (including steroids); and 2% have shared an injection needle with another person.

Fifty percent (50%) of Roundtable members have NOT been tested for HIV, and most (85%) have never been diagnosed with a sexually transmitted infection.

Of the 127 (94%) Roundtable members that responded to this question, 83% (n=106) had at least one sex partner and 45% (n=58) had more than one sex partner, in the past 12 months. Fifteen percent (n=21) did not have any sex partners during that time.

Of the 119 (88%) Roundtable members that responded to the question, 48% (n=57) claims that “protection was always used during sex”; 40% (n=47) that “protection was sometimes used during sex”; and 13% (n=15) that “protection was never used during sex” in the past 12 months.

In November 2005, Pennsylvania Young Adult Roundtable Members completed an anonymous survey as part of the Roundtable process evaluation. Below is the breakdown of YART responses (in percentages) to the first ten questions from last November’s survey. Three numeric responses to each of the ten items were possible: 1 = “low”; 2 = “average”; 3 = “high”.

#	Variable	n=48
1	Your comfort level while participating in this group	81.3% high comfort level 14.6% average comfort level 2.1% low comfort level 2.1% no response
2	<i>Your comfort level with other members in the group</i>	64.6% high comfort level 35.4% average comfort level 0.0% low comfort level 0.0% no response
3	<i>Your comfort level with the group’s ground rules</i>	89.6% high comfort level 10.4% average comfort level 0.0% low comfort level 0.0% no response
4	<i>Your belief that information from this group is really used in the statewide HIV prevention planning process</i>	77.1% high belief level 18.8% average belief level 2.1% low belief level 2.1% no response
5	<i>Your comfort level with Pitt’s group facilitator</i>	79.2% high comfort level 20.8% average comfort level 0.0% low comfort level 0.0% no response
6	<i>Your belief that your participation in this group is completely confidential</i>	79.2% high belief level 16.7% average belief level 0.0% low belief level 2.1% no response
7	<i>Your comfort level with the group’s meeting place</i>	72.9% high comfort level 22.9% average comfort level 2.1% low comfort level 2.1% no response
8	<i>Your comfort level with the Planning Committee Mentor</i>	72.9% high comfort level 16.7% average comfort level 6.3% low comfort level 4.2% no response
9	<i>Your belief that your group Representatives do a good job in representing this group in Harrisburg</i>	77.1% high belief level 16.7% average belief level

		6.3% low belief level 0.0% no response
10	<i>Your belief that time at meetings is well spent</i>	77.1% high belief level 22.9% average belief level 0.0% low belief level 0.0% no response

The following are the responses to the seven, open-ended questions of the survey:

1. Why do you **participate** in this group?
 - Because I learn more
 - To learn about STDs
 - To find out [about] and explain HIV
 - Its educational and interesting
 - I am the rep
 - To learn about AIDS and STDs and stuff around that nature
 - To keep myself safe and when the time comes teach my little sister
 - I love I've been doing it for a while
 - To get more knowledge on protecting myself
 - I love the reason for the roundtables
 - To learn more about HIV and to talk about thing
 - I think this information will help me further in life
 - To educate, to stop the deadly epidemic, to make a difference
 - To keep myself posted on what I need to know to protect myself
 - Cause I want to learn more about my life
 - To be a voice
 - I want to be more educated
 - Since I don't get this information in school, it will help me help other people and inform them
 - I want to learn more about it
 - To become educated
 - Because its good outreach to people at risk
 - Because I also learn by actively doing something myself
 - To learn more about HIV / AIDS and other diseases
 - I participate in this group because it is important for people to know how I feel [unintelligible word] sharing
 - I need to know what's going on and how can I prevent myself
 - It's fun and educational
 - To learn things I didn't know before
 - It is educational to myself and the data taken from the group helps give an idea of the special activity of young people.
 - Because I believe that it is an important and progressive issue
 - To gain knowledge in the subject and to actually use it out in the world
 - I want my voice to be heard, and I care about HIV / AIDS and how it is ravaging the youth. I participate because I want to do something to stop the epidemic.
 - I was uneducated and was curious--wanted to have my options on these issues.
 - This is a really good project and I've seen our input used first hand
 - To know about HIV / AIDS and other diseases
 - I believe when I come with my ideas about sexual health I am heard. I love this group and the people in it.

- For my awareness as well as knowledge. I also believe that I can pass this along to help others.
- I want to initiate change regarding HIV / AIDS in the queer community
- To submit my data to the program, state, CPG, etc...
- To learn, and help out in any way I can.
- I hear new things about HIV and AIDS
- Because my friends do and they pay me
- To get more information and give others information
- I want to know about HIV
- I believe that we (youth) should have a voice in the statewide plan (sic).
- Its real like everyone speaks from the soul
- I get to say what's on my mind
- I learn a lot here

2. What do you **dislike** about being in this group?

- Nothing (23)
- Nothing/works well, and learn a lot
- It seems like the reps is the only one that talks
- Nothing I love it
- Our meeting space and time length
- When there's a lack of participation
- There is nothing I dislike about the program
- "It seems like its particular ""clicks"" like girls who dislike each other because of corny stuff"
- What I dislike about being in this group is that [unintelligible word] no expressing myself to the group members because I am not allowing myself to express what I want them to hear
- That this is the only educational program offer to young adults in Erie
- Meetings are too long
- Not being that involved but I try anyway
- Some disorganized
- One member likes to dominate EVERY conversation
- Some of the people
- I get frustrated with getting off topic.
- Sometimes it is a struggle to stay on task with such a rambunctious group
- Meetings are far and few between.
- Not much but the energy isn't always put in the right place
- A lot of the questions we are asked are elementary and our game turn into hand raising contests.
- Sometimes people don't listen
- Need longer breaks
- The way people get at you
- Some of the rules

3. What **changes** would you make to improve the Roundtables, and **why** would you make them?

- More people/member (6)
- None/nothing (9)
- None as of now (3)
- More activities
- More videos, guest speakers
- More reliable members, Grace or Deb needs to be the solicitor
- More interesting ways to keep males involved

- I would make more games and more hands-on activities because i think we absorb information quicker and better that way
 - I want them to show movies and play more games
 - I would try to have like video presentations so we as a collective group can see reality and be able to discuss what we saw
 - Present a movie about HIV / AIDS and maybe bring in some people who actually is experiencing the disease. Show some pictures of the signs of it.
 - More videos, i haven't seen any yet
 - I would offer more programs in Erie as a chain connected to the roundtable and have work in the community more.
 - Make the group bigger to get more feedback
 - Change length of meeting (short attention span), less focus on sexual orientation
 - Recruit members from different areas, and would also try to get more members to come. The more members we recruit, the more feedback we get from people of all walks of life.
 - Better organization of meetings
 - Electronic gags for participants with remote controls held by Michael Shankle
 - I would get lemonade because i hate carbonated drinks
 - To meet more often, to keep ideas fluent and fresh.
 - Rules need to be enforced
 - 1 or 2 more meetings a year
 - Having a sliding scale judging how much information the group has to begin with and working with each group based on its level.
 - Get a new mentor, she never comes through
 - New members--seems like always the same people
 - Longer break time
 - The change would be just how you talk to people and because you might not know that you are hurting that person
 - I think everything is fine
4. What **information** would be helpful for the group to have next year?
- More info about drug use
 - IDU
 - More, and different people
 - More demonstrations (2)
 - More about how to say no
 - I'm sure they will come up with something
 - Pamphlet about protection
 - More examples of what can happen if we don't protect ourselves
 - To learn more about safe sex
 - Different world wide percentages of AIDS
 - More statistics and pamphlets
 - Videos
 - Information about uneducated teens about safe sex
 - We have good info already
 - The background of HIV
 - I don't know (2)
 - Videos--live speakers
 - More information about STIs because we are just so used to just hearing about HIV/AIDS

- Same as this year
 - A breakdown of the background of the disease and [unintelligible word] from it
 - What to inform people of HIV / AIDS. As roundtable members would come up with videos, t-shirts, slogans, etc... earn money for research on HIV / AIDS.
 - I think the information that we are learning now would be something they should know.
 - Information on what young people know and don't know about HIV / AIDS and STIs.
 - To understand that this is a meaningful cause to work for...not just for money.
 - More discussion on other infections
 - Statistics on the rates of infection in high school aged youth, current stats on the correlations between STIs and all infection.
 - More hand outs, statistics, guest speakers
 - Epi data so we could show some of the statistics
 - As much as possible. Get them all peer educator training.
 - Where to become certified peer educators (2), and other resources
 - More activities/community events...possibly a youth-made pamphlet for events.
 - Resource directory based on area or state
 - Annual goals from the past and for the future
 - Actual symptoms of people with HIV / AIDS or sexually transmitted diseases.
 - Everything
 - More about STIs
 - Drugs and pregnancy
5. Why do you think some Roundtable members **drop out** of the group during the year?
- Not enough time/work
 - Can't make it
 - They might not think its confidential
 - Not enough time and work
 - ""irresponsible,"" personal discomforts"
 - Got locked up (2), got jobs
 - Their just not responsible
 - Some just come for money
 - It is too long
 - They don't realize the importance of the group and the help it can be to PA and the world
 - Its only 1 time every two months
 - They got something
 - Lack of interest to begin with
 - They probably have other things to do, or don't feel like going
 - Forget, or don't have time (2)
 - Because they feel kind of shy
 - Because they may feel uncomfortable or because they are a boy and there isn't that many
 - Because maybe everything is just a repetition to them and they just get bored with because they think they know all that there is to know
 - Some don't care about health
 - Because either they are experiencing it in real life or they are hiding their feelings behind it
 - They feel they're not hearing what they want to hear
 - School, and problems in household or members.
 - I think they do because maybe they forget or get busy, or maybe they don't feel comfortable there.
 - They feel uncomfortable or not committed

- Lack of motivation and interest, busy schedule.
 - Don't care or don't have time
 - They only come for the money and don't feel clear about the project
 - Lack of communication and some are in it just for the money
 - College, relationships, broken friendships
 - Don't know
 - They're lame--and college
 - They slept with other people. Also, they didn't give a damn to begin with.
 - Disagreement with views, or they don't want to commit. Uncomfortable, they didn't expect it to be serious.
 - College, jobs, moving, normal life events
 - College, confrontation with internal issues
 - Lack of interest and other responsibilities.
 - Personal reasons
 - Meetings are far apart and people forget
 - Change of location, not knowing where the location is. They've moved.
 - Jobs
 - Conflicts with school, work, other members
 - Probably don't like the other guy
 - Because of relationships
 - Personal problems
6. How can we identify **new Roundtable members** who would be good for this group next year?
- Find interested youth
 - Question them
 - Not sure/Don't Know (6)
 - Hard to tell
 - Tell them about the benefits
 - Average "Joes" in high school
 - Interview (5)
 - People that is willing to talk and show opinions
 - Out-going, respected, respectable, caring, honest
 - They come to the meetings
 - Friends - you interview them
 - Activists, people willing to make a difference, people willing to talk in groups
 - No answer (2)
 - Word of mouth
 - Put up flyers in schools and churches, have them take a survey
 - By sending out papers
 - Someone who is willing to learn and get there voice heard
 - Evaluations / interviews
 - You can identify them by seeing who really knows about this kind of info, also is good at public speaking and just making sure they are comfortable talking about it
 - So more people can learn about HIV /AIDS and other diseases
 - By sending flyers or something to see if they would volunteer to do it
 - People tell their friends who they know wouldn't play
 - How they interact, [unintelligible word] to make a difference, and keeping a role model.

- They must be dedicated and comfortable with their sexuality.
 - Active members of the gay community that will be motivated, people who are comfortable with.
 - As freshmen or newbies
 - Go to different places to recruit. And we need to ask them specific questions to find out if they are meant as if they would be good members.
 - Personality, organizational skills, open minded people
 - Going to the schools and asking for new members
 - A 1 on 1 meeting with survey or a written survey. A letter of intent?
 - Local youth groups based on demographic needs, people outside the already established group to eliminate drama
 - Continue our recruitment strategy as of 01-2005
 - Ask current roundtable members
 - By going to gay youth events
 - Have people bring friends, arrange car pools.
 - Sexually active people, Hispanics, outgoing willing to communicate or be involved.
 - People around us we see can put good info towards our cause and fall under the right qualifications
 - People who have AIDS and more active people
7. What are some of the Roundtable **goals** we should think about for **next** year?
- More people/Members (3)
 - More meetings
 - Not sure/Don't Know (2)
 - New members
 - Recruitment loyalty
 - To get more people to stay in the group
 - Heavy recruitment
 - More activities
 - Recruitment, bigger group, getting the word out, more about AIDS HIV & STDs
 - More people more info - less time
 - Recruit more members, need more males, keep same reps, younger people to recruit, always reiterate group rules
 - No answer (4)
 - Different ways for us to get involved in the community
 - We should think about prevention of more and more people from unprotected sex
 - More movies more people coming in who have them things
 - Become more active in the area
 - Perseverance / and do better than we did the year before
 - Learning about some more things that really rarely get touched upon
 - Maybe field trips to hospitals, HIV clinics
 - Videos 2. [unintelligible word] more boys 3. More activities
 - More boys / activities
 - More males, target ages, coming up with videos, t-shirts, slogans
 - More people and a better understanding of the sexuality of young people
 - Getting the word out about our meetings (into the media)
 - Gain more knowledge and have community events
 - Recruit people who would be sincere about the organization
 - Get the consensus statement out to more people
 - High ones

- To grow and to show more initiative in the newsletter
- Raise awareness.
- More activities, role plays, tangible resources, intervention association
- Where are we going with all this? What does the CPG need from us? What other data can be pulled from these groups we've created?
- More participation (people showing up)
- Getting out in the community and educating people one on one
- Get people that actually went through having sexually transmitted diseases or have HIV / AIDS.
- Don't know
- Certified peer educator so we can get the word out
- Getting guest speakers
- Getting done what you need to do
- Try to keep people

Comments

- Super cool
- See you soon
- Keep up the good work
- Thanks for everything
- Can't wait for next year!
- Roundtables are awesome!
- Love you Mike!! And Faber (LOL)
- I love group!
- Cool (2) job u guys
- I love the roundtables they're so supportive and knowledgeable
- Hi
- I truly adore our new Pitt's group facilitator. I can't remember her name. She said our mentor and her are good friends.
- Need to focus sometimes.
- I'm never sure how to get the meeting back on track. We get very scattered sometimes.
- Where is Elsa?

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

7. A. Evaluation of the 2005 CPG Process: Findings from the Nominal Group Process

Submitted by: Nandi Troutman, Tifanie Hudgins, Lyndsay Mandel, Sara Ritsko, Sara Price and Tawny Youtz

Supervised by: Steve Godin, PhD MPH CHES

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 16, 2005, the Community Planning Group (CPG) met in Harrisburg, Pennsylvania, at the Best Western Hotel to conduct a year- end evaluation of the CPG planning process. A qualitative evaluation was conducted to determine the effectiveness of the 2005 CPG planning process, using the nominal group process technique. The specific purpose of the nominal group process was to determine the strengths and weakness of the planning process over the past fiscal year. The 26 members who participated were also asked to provide recommendations that could improve the planning process for upcoming years.

Methodology:

CPG members were randomly assigned to three focus groups. Of the six staff available, one facilitator and one recorder were assigned to facilitate each of the three groups. The groups met within three different rooms within the hotel to partake in the focus group process. Groups A and B consisted of nine members and Group C consisted of eight members. Three group facilitators engaged the members in a “nominal group process” focus group methodology to examine the CPG members’ perceived strengths and weaknesses of the planning process. In addition, group members were asked to provide recommendations for improving the CPG planning process in upcoming years.

Members of each group were asked three questions in the following order:

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

Group A’s Voting Process:

The facilitator read the first question out loud twice, and allowed each member time to formulate a response. The facilitator then moved clockwise around the table to solicit a response from each member. Once the first round of responses was completed, the facilitator then moved counter-clockwise around the table to solicit any additional input to the question. After all members of the group were satisfied with the answers given, a discussion of those responses ensued. The discussion ranged from clarification of responses, to combining some comments that were similar in nature so that the final answers captured the feedback the group members wanted to provide.

The voting in this group was conducted in two rounds for each question. During the first round of voting, each member was given the opportunity to vote two times for what they felt was the best response. The facilitator read through each option and the participants' answers were tallied. After completing the first round of voting, the top three responses were singled out, and voted on in the second round. During the second round, each member was only allowed one vote. The response with the most votes was determined to be the answer for that question. Results from this process can be found in Table 1 below.

Dynamics of Group A:

Groups A's process took well under the allotted time provided, and all input was completed in approximately 45 minutes. Most of the members of this group were familiar with this evaluation, having been involved with the nominal group process in previous years. All of the group members contributed, although some abstained during the voting process. Occasionally, the group had to be reminded of the rules involving the nominal group process, in that, no discussions would be held on any comments, until all comments were given.

Group B's Voting Process:

All members were given an introduction to the nominal group format. The facilitator read the question twice and gave the participants some time to think about responses. The voting in this group was done in two rounds for each question. The facilitator went around the table and asked for each person to give one answer. After everyone gave one answer, the facilitator asked for a second response. Once all clarifications were made to the responses the facilitator read through each option and a vote was taken. Each participant could vote twice in the first round. After the first round was completed and the top two or three choices were singled out, a second vote was conducted. The participants were allowed one vote in this round. This resulted in one final answer for each question. The results for Group B can also be found in Table 1 below.

Dynamics of Group B:

The members of this group worked well together to provide answers to the questions and to clarify any of the answers. All members of the group contributed. One member contributed more than others and his/her opinion was voiced more often than others. Some members passed if they did not have any responses to give. This was especially true for the second time around, after one set of answers has already been given. The group members worked to combine as many answers as possible. Once a response was written on the board, the group made sure all responses were clear and contained enough key information so that their feedback would be clear. The voting process itself went well and no disagreements were expressed by any members throughout the process.

Group C's Voting Process:

The voting for 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 once again. For this round of voting, the participants could only vote once. The results for Group C can be found in Table 1 below.

Dynamics of Group C:

The majority of members in group C were cooperative with each other and the process. There was one particular member who was very energetic in answering every question. Although clearly each member was provided a chance to express their viewpoint, this one particular member felt compelled to provide input as others contributed. Every member strongly believed that all strengths, weaknesses, and recommendations that were mentioned were important and thus made it hard to choose the most important one/s. Nonetheless, the contributions and results of the voting process are provided in

Table 1

Focus Group Results:

Table 1.

Group A: (9 group members, 8 voting)

1st Vote	2nd Vote	Question #1: Strengths
5	5	1. All subcommittees are collaborating to share information
0	2	2. Overall, the collaboration of CPG, Department of Health, and University of Pittsburgh has been more positive in the overall process this year
5	1	3. Input from the young adult round table has been extremely important
3	0	4. Overall, process has been well organized because of strengths of co-chairs within the CPG
1	0	5. As a group, thinking has moved forward in that we (the CPG) are beginning to realize that there are different geographic locations with different demographic groups or populations rather than viewing PA as one large population
0	0	6. The epidemiology and research is translatable into practice
1	0	7. Involvement of new members of the CPG has been helpful
0	0	8. Members of CPG committee are diverse
0	0	9. Data being collected by CPG committee has been a strength contributing to improvements in planning
0	0	10. Commitment of membership
0	0	11. Subcommittee involvement has been very positive
1	0	12. Utilization of data into actual substantive planning has improved
0	0	13. Makeup of CPG committee includes appropriate expertise

1st Vote	2nd Vote	Question #2: Weaknesses
9	8	1. Learning curve is great for new members, and therefore, not always clear to new members what overall goal of the CPG is*
2	0	2. CPG is losing a lot of seasoned members
1	0	3. Negative attitude of some CPG members towards others
1	0	4. The epi process is not clearly understood/comprehensible at all times
1	0	5. Too much paperwork
0	0	6. Young adult round table members need stronger community relationships
1	0	7. Poor marketing of the CPG plan
0	0	8. We could expand upon building and development internally
0	0	9. Lack of attendance or inconsistency of members' commitment to the process

* Originally this statement was a mix of separate points, but the group decided to combine several responses into this one statement.

1 st Vote	2 nd Vote	Question #3: Recommendations
8	8	1. The orientation process at the beginning of the year needs to be more comprehensive; develop an educational module to help new members become better acquainted with the orientation process of the CPG*
2	0	2. Overall involvement in the development of the CPG plan
3	0	3. Involvement of lay members in epi presentation should increase
1	0	4. Schedule time for professional development at each meeting
1	0	5. New membership match up with mentors should not necessarily be based on geography, but more so on expertise
0	0	6. Give us less paperwork
0	0	7. Presentation of education should be part of yearly program done by the Department of Education

* Originally this statement was a mix of separate points, but the group decided to combine several responses into this one statement.

Group B (n = 9 members)

1 st Vote	2 nd Vote	Question #1: Strengths
5	1	1. Diversity of group members/sharing knowledge/different perspectives
2	0	2. Competent members on the CPG committee and supporting staff
0	0	3. CPG is provided an introduction of new programs and data in a way that is understandable
3	0	4. Collaboration between the subcommittees has been a strength
0	0	5. Devised planning of the CPG and committee staff
7	8	6. We started process earlier & the work was spread out; thus, there was less crunch time in the end & we built upon prior successes
0	0	7. Organization skills of the Health Department co-chair
0	0	8. Receptivity to feedback from the CPG

*1 abstention on the first vote for question 1.

1 st Vote	2 nd Vote	Question #2: Weaknesses
7	3	1. Significant volume of material to be reviewed; not enough time to process all the material. Data are always changing.
1	0	2. Continued fragmentation due to members' nonattendance
3	0	3. Traveling procedures result in higher costs/management of budget
7	6	4. Consensus statement and lack of incorporation and utilization/lack of subcommittee incorporation due to use of "we" vs. "they" as it relates to the youth round table
0	0	5. Lack of HIV knowledge in geographic areas where it is not represented
0	0	6. Lack of appreciation for the CPG and the time commitment put in by the CPG members

1 st	2 nd	Question #3: Recommendations
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Vote	Vote	
8	9	1. More effective recruitment of experts and consumers that represent the face of HIV/AIDS in PA; Provide clearer processes and more formal training of new members; Provide clear guidelines for mentoring responsibilities and identify gaps in what is actually done by the mentors
3	0	2. Consistently maintaining inclusiveness, parody, and communication links among various parties involved (between CPG, DOH, PITT)
2	0	3. Overlap one of the CPG meetings with the integrated planning counsel meeting in the future.
5	0	4. Build in formal guidelines for presentations; allow for more discussion and answering of questions in those formal presentations

* Originally this statement was a mix of separate points, but the group decided to combine several responses into this one statement.

Group C (n=8 members)

1 st Vote	2 nd Vote	Question #1 Strengths
1	0	1. Diversity of CPG members' thoughts and ideas
4	2	2. CPG's ability to understand PA's HIV problems; good information provided in presentations
7	5	3. Expertise provided by those in different fields; support staff organized and brings good information to the table
3	1	4. Effective communication from co-chairs; group is well structured and organized as a whole
0	0	5. CPG committee's understanding of mission and goals
1	0	6. Expansion of focus groups

1 st Vote	2 nd Vote	Question #2 Weaknesses
2	0	1. Non-attendance & lack of commitment by some CPG members
1	0	2. Lack of roundtable groups representation & young people involvement
2	0	3. Lack of adequate information in the orientation of newcomers
1	0	4. Lack of enough speakers
7	4	5. A lot of paperwork to read & resulting personal commitment
1	0	6. Content of presentations does not reach all education levels
3	4	7. Lack of participation by young people in work groups

1 st Vote	2 nd Vote	Question #3 Recommendations
1	0	1. Increase attendance of the CPG membership
3	0	2. For those lacking mentors, have a roving mentor assigned for each meeting
4	3	3. Improve information flow so that it reaches all levels within the CPG

5	4	4. Compile/condense information in paperwork provided
1	0	5. Encourage more involvement by young people
1	0	6. Missing state representation (i.e. governor's office)
1	0	7. Spice-up CPG meeting with new presentations

* For this question, one CPG member decided not to vote the second round

Common Themes across the Three Focus Groups:

Strengths of the CPG Planning Process in 2005

The planning process started earlier in the fiscal year, and this early start was helpful to the CPG members. This year, the workload was spread out, rather than being left to be completed at the end of the fiscal year. All subcommittees were collaborative and shared information. The CPG planning process was well organized by the co-chairs, with effective communication between the CPG members, the staff within the Pennsylvania State Department of Health and the University of Pittsburgh. The diversity of the CPG members has improved with specific attention given to improved expertise and capacity of the CPG to understand the Epidemiologic Profile and data available for planning purposes.

Weaknesses of the CPG Planning Process in 2005

The learning curve is significant for new members and there is a perceived threat that the loss of seasoned CPG members may threaten the contiguity of the planning process. Furthermore, the perennial problem with nonattendance and lack of commitment by some CPG members is disruptive to the planning process. There is a lack of adequate mentoring for new members. New members struggle some to understand the overall process, and have more difficulty understanding the epi profile, the various data provided, and the role these data provide in the planning process. The volume of paperwork provided can be over-whelming. Some CPG members feel the youth within the group are not empowered to participate, and that the youth roundtables are not fully integrated into the planning process.

Recommendations to Improve the CPG Planning Process this Coming Year 2006

Improvements need to be made with regard to the **orientation process** with an emphasis on more comprehensive education of the new CPG members. Attention needs to be given to how the mentoring process can be more effective in helping new members, including having roving mentor(s) to help when assigned mentors are not available. There is a continued concern on the part of some CPG members regarding the **level of commitment members** have towards the planning process. All members need to contribute their share, rather than relying on the core group members. Some CPG members feel it would be helpful to have occasional presentations provided to the CPG to build knowledge and capacity for the CPG to effectively plan. Efforts are needed to **recruit CPG members that represent the face of HIV & AIDS in Pennsylvania. Youth and the youth roundtables need to be an integral part of the planning process.** Last, efforts are needed to assess ways in which the **paperwork and reading material provided to the CPG can be more streamlined.** In some cases, CPG members report they have not reviewed the material, and in other cases, CPG members report they have now received two or more copies of the same material.

Some CPG members begin to read material provided, only to realize they have completed this reading task earlier. An assessment needs to be conducted as to why some members require multiple copies, while others do not.

7. B. Results of the HIV Prevention Provider's Poster Sessions

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

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

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

Purpose:

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

Procedure:

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

Upon completion of the interviews, the CPG members wrote their summaries of the answers to the five questions on a prepared summary sheet. In addition, presenters submitted a summary handout to the evaluation sub-committee.

The sub-committee summarized and collated the raw data from the interviews according to the five questions. In addition, the presenter's handouts were analyzed and additional information related to the five questions was compiled and summarized. The summaries were listed by agency in bullet format. Finally, a thematic analysis was conducted. Common themes were extracted from the data and summarized for each question. In addition, themes that were particular to non-metropolitan areas of Pennsylvania were extracted and summarized.

Results:

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

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

Question 1:

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

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

Question 2:

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

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

Question 3:

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

Programs most difficult to implement:

- Outreach to at-risk populations: homeless, IVDUs, married MSM in rural areas, married Hispanic men.

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

Programs easiest to implement:

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

Question 4:

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

Barriers:

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

Question 5:

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

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

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

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

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

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

Purpose:

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

Overview and General Analytic Approach:

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

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

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

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

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

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

Summary of Findings:

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

Effective Interventions:

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

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

schools as an effective intervention site also rated schools as an intervention with less effectiveness due to restrictions related to the types of interventions permissible. The other presenter who rated schools as an effective intervention also rated the inability to access schools as a barrier to the delivery of effective HIV prevention interventions. Finally, there are several interventions that were rated as effective by one of the presenters. These are noted in section four with greater description in section three.

Less Effective Interventions:

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

Major Barriers to Effective Interventions:

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

Training Needs:

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

Consistency of Findings Between Regional and General Reviews:

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

Evaluation of Process:

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

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

Comparison of Regional Data:

This table summarizes the data from Section 3 above and describes the level of consensus between regions of Pennsylvania: South West, South Central, North Central, North East, North West and South East.

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

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

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

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

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

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

1. Target Population(s) of Focus
2. Descriptions of DEBI and Science-Based Interventions Provided
3. Information that Describes What Interventions are Effective & Why
4. Information that Describes What Interventions are Less Effective and Why
5. Information that Describes the Biggest Barriers in Implementing Your Intervention

6. Descriptions of HIV Prevention Training Needs (if any)
7. Whether or not they use the State's Prevention Plan

Methods:

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

Results:

General themes/observations related to DEBIs

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

Relative effectiveness of specific DEBIs and possible contributory factors:

Adolescents Living Safely – AIDS Services Organization (ASO) in a non-major urban area serving both urban and rural areas. Program targeted LGBT youth. It is very difficult to determine the effectiveness of this intervention because the provider and CPG members provide so little data about it. It appears that the difficulty of identifying/accessing LGBT youth in rural areas is a significant barrier.

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

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

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

Healthy Relationships, implemented by a hospital in a large urban area, appears to be the only DEBI exclusively focusing on positive individuals. Its effectiveness cannot be determined even though they do appear to be implementing the intervention as prescribed. They have had 2 of 5 sessions thus far. Intensive case management (which does not appear to be the DEBI) feels like therapy to many participants and, according to their reports, this feeling causes many participants to drop out of the program. Stigma is a problem, as certain patients feel singled out, as though they're being focused on for having spread the disease or because they're bad. Some people do not feel like they need the intervention.

Holistic Health Recovery Program is being implemented by an ASO in a non-major urban area that serves both urban and rural areas serving IDUs and other substance using populations who are willing to commit to recovery. The level of effectiveness of this DEBI cannot be determined as there is almost no process or outcome data provided. The mention that retention is a challenge and barrier suggests limited effectiveness though they do say that the program content is culturally relevant. The DEBI combines small group and individual sessions. Recruitment is labor intensive. Again, retention is challenging. The program is reported to be costly to implement and there is community resistance to the harm reduction approach.

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

MSM while the ASO #2 targets Asian MSM. It is difficult to determine the effectiveness of the ASO #1 program. They have recruited and trained 120 MSM since 2005 throughout various social venues. Leaders are willing to access CTR services. They do not indicate how many contacts the leaders made or what exactly the leaders did with respect to prevention activities. Nevertheless, the POL's have self-reported likeliness to reduce the number of sexual partners and to practice safer sex. The effectiveness of the POL intervention by ASO #2 is also difficult to determine as no process or outcome evaluation data were provided. Nevertheless, it does appear to be at least somewhat effective as presenters stated that because API individuals tend to model perceived leaders generally, this DEBI takes advantage of the cultural identity of the target. In this way the intervention feels natural to participants. It was also reported however that the DEBI was not tested on other ethnic communities. For example, the DEBI sometimes does not take language and culture into account especially if venues contain groups that ascribe to different cultures and speak different languages. They also stated that there is a need for a much longer pre-implementation stage to plan for diversity of cultures, values, and backgrounds. If not, the message becomes culturally insensitive. But the longer planning stage is not possible when funders expect quick results. Lack of resources is a major barrier.

A health services department of a University in a rural area has implemented **The Real AIDS Prevention Project (RAPP)**. It targets heterosexually active men and women. The implementation appears to adhere to the prescribed DEBI (content of the small groups, peer networks, one to one outreach). Evaluations indicated that the women gained new information and intended to be tested for HIV as well as to use condoms with their sexual partners. They will measure behavioral outcomes in 2008. Presenters stated that safer sex parties give women a comfortable environment to open up. Peer network and outreach appears to work effectively. Nevertheless, having one-to-one discussions based on the individuals' stage of readiness to change felt unrealistic to educators. Instead they develop a web-site that asked students questions which then directs them to the corresponding web-site (based on stage of change) with appropriate influencing factors and role model stories. They've had to change stories to make them relevant to college students. Again, the stage based encounters were inappropriate for college students, felt like forced encounters, not natural. They did not want to be identified as influential peers with participants. They state that facilitators and outreach workers need more training than what is recommended in the packet. Volunteer coordinator would benefit from training in volunteer coordination.

The Safety Counts intervention is being implemented by three agencies. First is a Health Department in a smaller urban area that also serves rural clients. They are targeting heroin addicts. The program appears to be effective, though limited as about on-half drop out before completing the program. Helpful attributes of the program include incentives, social events "keeping it honest, respectful, staff who keep it real." Retention is a big challenge as well as people participating under the influence. The cost of the program and insufficient funding is a problem. Parents and boyfriends sometimes interfere. Staffing is limited thus reducing the effectiveness of the study.

An ASO in a smaller urban area that also serves rural people is also implementing this DEBI targeting **Latino active drug users**, IDU and non-IDU. Only anecdotal data was provided with respect to outcomes. The number of individuals involved is not clear. Retention is much better in groups than in individual follow-up sessions although statistics were not provided. Factors that facilitate effectiveness include setting expectations in the beginning, using "steps" of change, social events that recognize participants' efforts and positive participant attributes incentives, a focus on sex and drugs, videos of success stories and

the bilingual nature of the intervention. Attendance is affected by addiction and some individuals participate while under the influence. It is difficult to follow-up with participants.

Another non-HIV specific, non-profit organization in a mostly rural area uses **Safety Counts** to target active IDU and crack cocaine users. Effectiveness has been demonstrated through pre and posttest evaluations on knowledge and also questionnaires that require participants to commit to behavioral change and to create a plan as to how they would make this change. Post-test knowledge increased by 12%. Fifth-seven percent made solid behavioral change commitments. 62% came in for testing. At the same time insufficient funding limits their ability to implement the program including the inability to pay required personnel. Because they cannot provide incentives, they had to implement a modified version of **Safety Counts**, in treatment facilities only. The illegality of syringe exchange in PA was also cited as a barrier. Finally, a previously identified ASO in a non-major urban area (that serves this area and rural areas) intended to implement this DEBI to target drug-using populations but could not do so because of staff turnover.

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

The other non-HIV specific, non-profit organization in a mostly rural area mentioned above also implements **SISTA** and targeting African American women. This appears to be effective with respect to the number of women participating, improving retention, and their ability to follow the DEBI content and procedures. About 1,000 African American females participate annually. They are seeing a change in behavior, such as condom negotiation and use. They report it to be effective though they don't provide data to support this. Their Garden Party Graduation and Luncheon helps with retention. Women are invited along with relatives and friends. Other women are encouraged to participate. The retention level increased by 60% by adding this formal and public acknowledgement of women's efforts. Follow-up becomes less difficult as this is a good place for structured follow-up. Each graduate is requested to meet two hours before the beginning of the event to complete updated surveys and additional evaluative questions. The positive effect is attributed to the intervention being culturally specific. The cost of the incentive is a challenge but they seem to have gotten most of what is needed donated. Nevertheless, the lack of resources limits what can be accomplished. Retention of women is a challenge.

An ASO in a smaller urban area with outreach to rural clients implements **SISTA** targeting African American women, ages 18-52. They state that they have a 50% success rate though success is not defined. In addition, the program instills pride and has young black women talking to other young black women. Retention is a challenge. Lack of funding is a major problem. Female participants do not feel a sense of community or of family in general which stands in the way to their participation. Cost of supplies is a challenge.

An ASO in a major urban area previously mentioned implements **SISTA** also targeting African American female adults. They state that over 75% of the participants have reported an increase in their likelihood to negotiate safer practices with their sexual or drug partners and an increase in how they feel about themselves and the decisions they make. Two hundred and ninety-one women recruited and trained in the SISTA project since January 2005. Recruiting individuals from existing groups is their approach (i.e., jails, D&A treatment, clients at PATF). No condom distribution/demonstration is allowed in jails. Recruiting individuals in the community is more difficult.

The office of health services at a rural University implements **SISTA** targeting heterosexually active African American college women. The group was able to develop trust and therefore discuss sensitive information. This is offered as an academic course and so people who sign up for this can ease it into their schedule. Homework allows participants a chance to apply what they learn in class and to share experiences with their partners. The homework is not relevant to those participants without partners. Films created for project are outdated.

Finally, the ASO in a non-major urban setting that serves both urban and rural areas implements **VOICES/VOCES** targeting heterosexual African Americans ages 18 and over who are at high risk of infection. This is a single session intervention that is easily to implement, bilingual, and one that can be implemented in a variety of settings by few staff.

Presenter Evaluations:

What prompted you to participate in the session?

Note: All bullets are quotations.

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

What do you think went well?

- Process of providing information in a focused and succinct manner. Information presented was outstanding.
- Some questionnaires asked excellent questions
- The method of having smaller groups rotate through gave the opportunity to reach a larger number of people quickly.
- The form participants had to fill out – they seemed to focus on getting those answers and this limited the conversation.
- The instructions concerning what exactly to present. Information provided prior to the presentation day could have been a little more in depth and detailed. I felt confused about where to meet, whom to meet, etc. as well as how the presentations were going to run.

- Do see what others are doing and how we compare with respect to effectiveness
- Questioners validated my experiences and concerns. That other organizations were having similar issues. I especially enjoyed talking with other groups that were using the other DEBIs, but in different ways.
- It was remarkable, that given similar barriers, that everyone was provide effective prevention to their individual target populations.
- People were very interested and attentive.
- The set up and floor plan worked well. It gave the audience a smooth flow, less confusion.
- The overall poster presentation was excellent. Good set up and concept.

What problems did you encounter?

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

What suggestions do you have for change?

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

Other:

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

Evaluations by CPG members:

What went well?

- Liked small groups.
- Set up worked well. Much more organized; we got to pay more attention to each presentation.
- Feedback sheets were a great tool.
- Presentations very thorough.

- DEBI interventions are well represented in presentations but training is essential and not being available in our area.
- Event ran so smoothly. People seemed to appreciate not having to listen to 10 or 11 presentations.
- Very well structured. Movement was also better than last year.
- Presenters very informative.
- Strict adherence to time.
- Time allotted for presentations was adequate.
- Adequate amount of time.
- Great networking opportunity.
- Projects were enlightening.

What didn't work so well?

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

Changes for next time?

- Nothing.
- How about YART filling out the feedback sheets as well.
- Place chairs and maybe a five-minute break halfway through so people can use the restroom and generally decompress without missing out on important information.
- Please use a simpler evaluation tool like met or unmet needs. Scoring or good or bad.
- Make sure that you make the groups (2) have a variety of presenters. My group had 3 SISTA interventions. So it would have been nice to see the others. Also, maybe time in the end so if people had more questions they could have gone back instead of holding up time.
- Recommend no more than 4 posters per group to review.
- Perhaps a way for CPG members to hear every presentation.
- Give us chairs. My back started to hurt.
- More air conditioning.
- Possibly smaller groups of CPG members so not to place anyone too far from posted information.

- Some CPG's displays were of small type set and thus difficult to read.
- Don't withhold desserts.
- Long time to stand and my back started hurting.
- We needed something to write on if we are going to stand and collect (write down) information.
- Might combine all similar projects (SISTA) and compare what was effective and not so effective.
- Add Young Adult Roundtable.
- Add a faith based organization.
- Build in breaks!
- Rethink the questions.
- Difficult to hear.
- Difficult to write on sheets.

Methodological Issues:

1. Criteria used to assess effectiveness in this report are: A) To what degree did the organization's implementation of the DEBI match the prescription of how the DEBI was to be implemented (fidelity)? B) Process evaluative data (e.g., qualitative, number of individuals who begin and complete the intervention). C) Outcome evaluative data (e.g., pre- and post-test data about intentions to use condoms). D) The nature of the intervention (i.e., single contact versus multi-contact (e.g., ongoing groups) interventions.
2. Note: Based on #1, it is difficult to assess the effectiveness of approximately one third of the 19 interventions (i.e., unable to determine the fidelity of the intervention to the DEBI, little or no process or outcome evaluative data), about a third are clearly effective though probably to a limited degree, and about a third probably possess substantial effectiveness.

Summary:

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

There are a number of themes shared by each group of presenters (with respect to "what works" "what doesn't work as well/barriers to effective HIV prevention"). This is not to say that all providers within a poster session necessarily agreed on each point. Nevertheless, while there may have been an exception, the general consensus among providers, across poster-sessions, was as

follows. They agreed that the following prevention activities were moderately to very effective: 1) peer-to-peer preventions, 2) interventions that include testing and counseling, 3) interventions that specifically address the culture of a target population, 4) interventions that provide community-based outreach using strong networks that target a specific population (Note: This theme was not formally stated by the 2006 presenters but is implied given the overall content of that poster session).

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

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

Evaluation Sub-Committee Recommendations:

- (a) Continue to conduct evaluations as outlined in paragraph two of the introduction to this evaluation section of the plan.
- (b) Continue to utilize the evaluation data collected to inform the activities of the CPG needs assessment and intervention committees as well as the activities of the CPG and its committees and work groups.
- (c) That the Steering Committee establishes a Work Group comprised of CPG members and AIDS Education and Training Center (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.

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

VII. CONCLUSIONS AND RECOMMENDATIONS

1. Subcommittee and Workgroups

1.A. Epidemiology

Conclusions: The Epidemiology Subcommittee is structured to review the Integrated Epidemiologic Profile of HIV/AIDS in Pennsylvania by means of the roundtable review process that provides a focused picture of the epidemic in Pennsylvania for use by the entire CPG. The Epidemiology Subcommittee has an existing mechanism to handle data request from other committee members in addressing the overall goals of the Commonwealth's prevention plan.

Recommendations: the Epidemiology Subcommittee will maintain updates to the Integrated Epidemiologic Profile with the ultimate goals of providing accurate and timely data about HIV incidence and prevalence in Pennsylvania. The subcommittee will continue to solicit data needs from the entire CPG. In addition, they will use the Epidemiologic Profile to prioritize HIV positive populations at risk of spreading the virus and those who are at high risk of acquiring HIV infection throughout the jurisdiction.

1.B Evaluation

Conclusions: There are two major annual endeavors for the Evaluation Subcommittee the, 1) CPG process monitoring and 2) poster presentations. The Poster Presentations elicit dialogue and networking between the CPG and HIV prevention funded agencies as well as elicit information for program evaluation. The poster sessions reveal the activities performed, the use and challenges of using the HIV Prevention Plan/Updates, difficulties with implementation, and barriers and needs for staff training. The Process Evaluation evaluates the CPG planning process using external facilitators to increase the objectivity. The strengths and weakness of the planning process are identified, and recommendations are made for improvement are provided.

Recommendations: The Poster Presentations process needs to be continued, as well as more support needs to be provided to agencies **prior** to implementing DEBIs and information about the Poster Presentation needs to be presented at a conference. Based on the Process Evaluation, we propose that the, 1) CPG member orientation needs to be more comprehensive, 2) mentoring for new CPG members needs to be more effective, 3) there needs to be an increased level of commitment among CPG members in terms of mentoring, participation and attendance, 4) training for CPG members on how to plan effectively is needed, 5) more effective recruitment of CPG members is needed so that members better reflect the face of HIV in Pennsylvania, 6) the Young Adult Roundtables need to be more a part of the planning process, and 7) paperwork and reading materials need to be streamlined.

1.C. Interventions

Conclusions: The Interventions Subcommittee task this past year was to examine the Diffusion of Behavioral Interventions (DEBI) in order to develop a gap analysis based upon the descriptions of the program. This analysis identified met as well as unmet needs as they related to priority populations. The Subcommittee examined 12 DEBIs that are currently part of the CDC's diffusion

of behavioral interventions. The Subcommittee will continue to review interventions that are identified as DEBI and other HIV prevention science based initiatives.

Recommendations: The Intervention Subcommittee will review the CARE Act Data Reports (CADR) to examine how we can effectively utilize the data in future Subcommittee efforts. The Subcommittee will utilize data pertaining to the Ryan White CARE Act Titles II and III. Title II authorizes the distribution of Federal funds to States and Territories to improve the quality, availability, and organization of health care and support services for individuals with HIV disease and their families. Title III provides support for early intervention services, including preventive, diagnostic, and therapeutic services for HIV/AIDS clients.

In response to the Young Adult Round Table (YART) HIV Prevention Intervention data as outlined in the 2006 plan update, the Intervention Subcommittee recognizes that YART is not widespread throughout the State of Pennsylvania and cannot provide an accurate assessment for ages 13 – 24 for the rural and urban areas of Pennsylvania. In 2007, the Intervention Subcommittee plans to research means to better address the needs of our young adults, and provide a safe venue for young adults to ask questions and receive accurate information.

1. D. Needs Assessment

Conclusions: Based upon the Epidemiologic profile and the prioritized target population and in consultation with the Department of Health, the CPG has identified the target populations to be assessed and the types of needs assessments to be implemented, which are to be carried out by University of Pittsburgh staff. The 2005-2006 needs assessments of at risk subgroups included incarcerated youth and adults, undocumented persons, transgender/transsexual women, and HIV positive men and women in care.

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

1.E. Rural Work Group

Conclusions: The Rural Work Group continues to interface with the four major subcommittees to advocate for including parity within the Plan Update of our rural HIV coalition s areas. The group recognizes that defining priority groups at risk in rural areas is in itself, a challenging task. We understand that socio-economic and geographic barriers exist throughout rural Pennsylvania and that these barriers have their own ethnic and regional associated stigmas. Nonetheless, the Rural Work Group has developed six recommendations that we believe can be implemented in the Plan Update for positive results throughout our rural communities.

Recommendations: 1) Identify the priority groups at risk for HIV that is location-based. 2) Identify Best Practices – programs that have been successful with rural populations, such as monitoring the DEBI programs that can be best adapted for use with rural populations, 3) Advocate for continued retention and training of HIV providers, 4) Identify the methods by which rural populations adopt prevention behaviors (adoption/diffusion theory), 5) Assist rural providers in developing

community networks to help reach difficult populations, and 6) Identify ways in which stigma in rural communities can be reduced

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

The Department conducts a process for demonstrating to the Community Planning Group (CPG) that there is a correspondence between the Plan and the Centers for Disease Control and Prevention (CDC) application for future funding and that services delivered in the previous year correspond to the Plan. This process includes the following actions:

- The CDC grant application/Interim Progress Report (Grant), including budget, is provided to all members of the CPG.
- The Department provides a presentation to the CPG on the Grant, wherein the Department demonstrates the linkages between the Grant and the Plan. An opportunity is provided for questions and discussion.
- The Department provides a presentation to the CPG on the intervention/services provided in the year prior to the Grant. An opportunity is provided for questions and discussion.
- A concurrence process is conducted wherein each CPG member has the opportunity to cast a written vote on whether the Department's Grant does or does not, and to what degree, agree with the priorities set forth in the Plan.

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

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

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

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

- Grant funding is provided for two Prevention Case Management/Comprehensive Risk Counseling Services demonstration projects for individuals with HIV/AIDS.
- Grant funding is provided to the county/municipal health departments to implement evidence-based interventions.

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

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

Epidemiology Subcommittee

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

Needs Assessment Subcommittee

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

Interventions

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

Evaluation

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

GLOSSARY OF KEY TERMS

Terms

- Asian Pacific Islanders (API)
- AIDS Service Organization (ASO)
- CARE Act Data Reports (CADR)
- Centers for Disease Control & Prevention (CDC)
- Pennsylvania HIV Prevention Community Planning Committee, the CDC Community Planning Group (CPG)
- Community Resource Inventory
- Community Services Assessment (CSA)
The HIV prevention community planning process of examining the HIV prevention needs and barriers of specific populations through needs assessment, the HIV prevention resources available and a gap analysis between the needs and resources.
- Diffusion of Effective Interventions (DEBI)
The CDC approved (currently 12) interventions of proven effectiveness for HIV prevention.
- Decisions For Life (DFL)
An HIV prevention intervention for sexually active young adults developed by young adults.
- Gap Analysis
The analysis of HIV prevention services based upon an examination of the Community Resource Inventory producing a view of what is not available
- Gap analysis grid
A process developed by the Community Planning Group in which target populations and HIV prevention resources in each county in Pennsylvania is examined.
- Health Resources and Services Administration (HRSA)
Part of the Department of Health and Human Services (HHS) that administers and funds the Ryan White HIV/AIDS Care Act for persons living with HIV/AIDS.
- Individual level interventions (ILI)
HIV prevention
- Injection drug user (IDU)

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

- **Integrated Epidemiological Profile**
The combined epidemiological profile for HIV Prevention and HIV care.
- **Men who have sex with men (MSM)**
A population at higher risk for HIV transmission that is comprised of men who self-identify as gay or bisexual and/or had sexual activity with another man in the past five years.
- **Needs assessment**
A formalized process for gathering both qualitative and quantitative HIV prevention needs and barriers through surveys, focus groups and key informant interviews with specific populations.
- **Program Evaluation Monitoring System (PEMS)**
The CDC data gathering system for HIV prevention services currently implemented in counseling and testing services.
- **Pennsylvania Prevention Project**
The Department of Health Division of HIV AIDS funded subcontractor at the University of Pittsburgh Graduate School of Public Health
- **Prevention Poster Session**
A process by which multiple individuals and/or community-based organizations can present information about the HIV prevention work in a group setting.
- **Prioritized Target Populations**
- **Rural Work Group**
The members of the CPG who focus their attention on HIV prevention in rural areas to insure representation on the CPG and efforts directed to rural areas.
- **Ryan White Coalitions**
Seven designated Ryan White HIV/AIDS Regional Planning Coalitions that receive Health Resources and Services Administration funds for HIV care through the Pennsylvania Health Department, and state funds for HIV prevention.
- **Surveillance Biannual Summary for HIV/AIDS**
The Pennsylvania Department of Health Bureau of Epidemiology diagnosed AIDS statistics for the Commonwealth provide twice a year.
- **Uniform Data Collection System**
The Division of HIV/AIDS services data collection system for HIV prevention and care services completed on a monthly basis by contractors/providers.
- **Hepatitis C (HCV)**

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

- **Young Adult Advisory Team (YAAT)**
A group of youth and young adults who have developed and assisted in the pilot testing of the Decision for Life HIV prevention intervention for sexually active young people.
- **YART Consensus Statement**
A document produced by the Young Adult Roundtable participants on the HIV prevention needs and related barriers.
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- **Young Adult Roundtable (YART)**
Groups of youth and young adults who meet on a quarterly basis in various locations throughout the state. The groups
- **YART Process Evaluation**
The annual evaluation of the Young Adult Roundtable process done by the various YART groups as well as by the Community Planning Group to assess their perceptions of the YART process.

2005 HIV Prevention Community Planning Committee (CPG)

Ruth Banks Bell Bethlehem	Julie Hirschak Altoona	Deborah Bray Preston State College
Shirley Black Harrisburg	Stacey Kulp Wilkes-Barre	Grace Shu Montoursville
Joy Braden Bethel Park	Terry Kurtz Lancaster	Steven R. Simmelkjaer Erie
Rodney N. Brooks Harrisburg	Lina Leedy Harrisburg	David C. Spring Lock Haven
Raegn Camuso Harrisburg	Sara Luby Pittsburgh	James Taylor Mt. Union
Thomas Chisom Chester	Conswelia McCourt Philadelphia	Braxton H. Vaughn Erie
Sheila Church Chester	Rebecca Miller Monaca	Elsa Vazquez Allentown
Marian W. Colcher Norristown	John Montero Horsham	Matthew Vazquez Harrisburg
Sonny Concepcion Erie	Luisa Morla Allentown	Sharita Washington Doylestown
Tonya Crook Harrisburg	Reza Nassiri Erie	Christopher Whitney Doylestown
Ken Culton Lancaster	Andrea Norris Elizabethtown	Yvette Wiggins Pittsburgh
Maria O. Deffley York	Daphne Parker Pittsburgh	Nate Williams Pittsburgh
Hector Gonzalez Harrisburg	Angi PeaceTree Altoona	John Zurlo Hershey
Diana P. Harrington Pittsburgh	Jack Pishke Pittsburgh	