

**Community Planning Group
Literature & Education Committee
Meeting Minutes**

Wednesday, January 27th, 2010

12:00 - 2:00 pm

The Office of HIV Planning, 340 N. 12th Street, Suite 203, Philadelphia, PA 19107

Present: Dawn Marie Acero, Wesley Anderson, Jennifer Chapman (Co-Chair), Arti Chhabria, Terri Clark, Christopher Collins, Alison Lin

Staff: Joseph Ellis, Mari Ross-Russell

Excused: Antonio Davis, Tyreef King

Absent: Yexsy Alicea (Co-Chair), Dionna Samuel, Val Sowell, Roberta Waite

Guests: Craig Davis, Raymond Hayward, Andrea Johnson, Brian Langley, Eleanor Lundy-Wade, Anthony Pearson

Call to Order

J. Chapman called the meeting to order at 12:23 pm. Afterwards, each member of the group took a moment to introduce his or her self.

Approval of Agenda

The group took a moment to review the meeting agenda. **Motion:** J. Chapman moved and D. Acero seconded to approve the document. **Motion Passed:** All in favor.

Approval of Minutes (*August 26th & December 16th, 2009*)

The group spent some time reviewing a draft of the minutes from their December meeting. **Motion:** Afterwards, J. Chapman moved and T. Clark seconded to approve the draft of the minutes included in the handouts. **Motion Passed:** All in favor.

Report of Staff

None

Report of Co-Chairs

Although she did not have any information to report, J. Chapman asked M. Ross-Russell whether she had been able to contact Y. Alicia and inquire whether she wished to continue in her position as a Co-Chair of the Literature & Education Committee. M. Ross-Russell responded that she had been unsuccessful in her attempts to contact Y. Alicia. However, she said that she had been out of the office for the past week and, therefore, had not attempted to contact Y. Alicia recently. As a result, she said that she would attempt contact once again and report on the matter at the committee's next meeting.

Discussion Items:

- **Finish Review of Interventions**

M. Ross-Russell started the discussion by explaining the color coding in the handout that listed all of the committee's program decisions to date. She told the group that programs for IDU populations were listed in green, Heterosexuals were in blue, MSM were in purple, Youth were in yellow, and PLWH/A were in orange. Additionally, she explained that the appearance of the term "see above" under approval status indicated that the program had already been reviewed for another population (see handout for more information).

J. Chapman took a moment to explain the committee's process for reviewing programs as well as the layout of the Prevention Intervention Information binders to the newer members of the group. Afterwards, she noted that some of the newer programs added to the compendium in 2009 were not in the binders, including some of those which the group would be reviewing at the current meeting.

Motivational Interviewing HIV & Partner Violence Risk Reduction – APPROVED w/ Reservations

- Targets a specific population?
Recently incarcerated, HIV-negative women at risk for HIV (IDUs and Heterosexuals)
- Targets a specific behavior?
Reduce HIV sex risk behavior, HIV injection risk behavior, and intimate partner violence (IPV) risk, and establish or improve life stability issues (food, housing, education, employment, legal services)
- Effectiveness?
Significantly less likely to report any unprotected vaginal or anal intercourse and significantly fewer episodes of unprotected intercourse (reduction in episodes of shared needles were not as significant)
- Sound theoretical basis?
Transtheoretical Model of Change and Motivational Interviewing principles
- Norms, Values, Consumer Preferences?
Gender specific intervention
- Intervention Feasibility?
Cost – Up to 12 sessions over 3 months, requires community health specialists with the County Health Department and trained in Motivation Enhancement Materials – no package available yet
- Other considerations – none
PCRS connection – no specific language

J. Chapman noted that the program's researchers recommended only the HIV Risk Reduction intervention as a best evidence intervention and not the Intimate Partner

Violence (IPV) Risk Reduction intervention because there were no significant differences between the 2 intervention groups with regard to HIV risk behavior and because the HIV & IPV Risk Reduction participants, compared to the control participants, did not show a significant effect in reducing IPV. The group then decided only to approve the program with reservations because a package was not yet available.

HIP (Health Improvement Project) – APPROVED w/ Reservations

- Targets a specific population?
Heterosexual psychiatric outpatients receiving care for mental illness
- Targets a specific behavior?
Increase HIV related knowledge, interpersonal skills and attitudes favoring condom use; avoid unsafe sex practices
- Effectiveness?
Reduced unprotected vaginal sex, reduced number of total and casual sex partners, increased safer sex communication
- Sound theoretical basis?
IMB model
- Norms, Values, Consumer Preferences?
Delivered in community-based hospital outpatient psychiatric clinics
- Intervention Feasibility?
Cost – likely expensive – 10 sessions over 5 weeks, requires that the primary facilitator has doctoral-level clinical training and that the co-facilitator has at least master’s-level clinical training
Materials – package is not yet available
- Other considerations – program’s concern is sexual activity of those with mental health history.
PCRS connection – no specific language

M. Ross-Russell noted that there had been a great deal of concern over the lack of prevention programs that specifically targeted individuals with mental health issues. She believed that HIP may have been designed to address the matter but pointed out that many people had felt that simply adapting an existing program would be a sufficient resolution. T. Clark suggested that the group approve HIP because of the scarcity of programs targeting populations with mental health issues. However, she felt that the approval should include reservations because of the program’s potential cost and because a package was not yet available. She noted that either the health department or the upcoming provider discussions could give the group a better idea about the program’s cost. The rest of the group agreed.

W. Anderson asked whether more copies of the Prevention Intervention Information binders could be created for the new members of the Lit & Ed Committee. J. Ellis said that he would look into developing more binders as well as digital copies of the binders.

Video Opportunities for Innovative Condom Education and Safer Sex (VOICES/VOCES) – APPROVED

- Targets a specific population?
African American and Hispanic STD clinic patients
- Targets a specific behavior?
Preventing new STD infections and increasing condom use
- Effectiveness?
Reduced new STD infections
- Sound theoretical basis?
Health Belief Model and Theory of Reasoned Action
- Norms, Values, Consumer Preferences?
Bilingual materials
- Intervention Feasibility?
Cost – inexpensive – one 45-minute session delivered by a video in an STD clinic waiting room
Materials – video and condom board (in Spanish and English)
- Other considerations – none
PCRS connection – nothing explicit

Doing Something Different – APPROVED w/Reservations

- Targets a specific population?
Inner-city STD clinic patients
- Targets a specific behavior?
Preventing new STD infections and increasing condom use
- Effectiveness?
Reduced STD re-infection risk
- Sound theoretical basis?
Not reported
- Norms, Values, Consumer Preferences?
Discusses reasons why people don't use condoms, addresses taboos.
- Intervention Feasibility?

Cost – inexpensive, one session delivered by a video in an STD clinic waiting room

Materials – packet available

- Other considerations – failed to meet the best-evidence criteria due to assigning groups of individuals to study condition while analyzing at the individual level; no evidence that the intervention was effective in reducing STD re-infection risk among female STD clinic patients; similar to VOICES/VOCES in various aspects: intervention goal, target population, intervention setting, group-delivery format, and same intervention video (main difference is that the *Doing Something Different* intervention has an additional role playing activity); original study performed from 1988 - 1999 (possibly dated)
PCRS connection – nothing explicit

W. Anderson felt that *Doing Something Different* was flawed due to the items listed under ‘Other considerations’ and because it had no theoretical basis. As a result, he suggested that the committee reject the program. However, T. Clark felt that there was nothing glaringly wrong with the program in light of its low cost. Therefore, she suggested approving the program, especially since the committee was only in the first round of reviews. M. Ross-Russell agreed but suggested that the committee approve the program with reservations because the concerns raised by W. Anderson were justified. The rest of the group agreed and M. Ross-Russell pointed out that more documentation on the program was available.

As the time was nearing 2:00 pm, J. Chapman suggested bringing the discussion to a close. She then said that she would send assignments to the committee members for programs to review before the next meeting along with a digital copy of Worksheet 13.

Old Business

C. Collins approved a draft of the minutes from the Literature & Education Committee’s meeting on August 26th, 2009.

New Business

C. Collins reminded the group that they still needed to develop some questions for the upcoming prevention provider panel discussions.

Review/Next Steps

- At their January meeting, the Lit & Ed Committee continued with their review of interventions, making decisions on the following programs: Motivational Interviewing HIV & Partner Violence Risk Reduction, Health Improvement Project (HIP), VOICES/VOCES, and *Doing Something Different*.
- Their next meeting will be held on Wednesday, February 24th, from 12:00 – 2:00 pm.

Announcements

None

Adjournment

The meeting was adjourned by general consensus at 2:04 pm.

Respectfully Submitted,

Joseph Ellis, Staff

Handouts Distributed at the Meeting:

- Meeting Agenda
- Meeting Minutes (*August 26th & December 16th, 2009*)
- Literature & Education Calendar 2009 - 2010
- OHP Meeting Calendar

COMMUNITY PLANNING GROUP (CPG)

Literature & Education Committee

Wednesday, January 27th, 2010

12:00 - 2:00 pm

The Office of HIV Planning, 340 N. 12th Street, Suite 203, Philadelphia

Call to Order/Introductions

Approval of Agenda

Approval of Minutes (*August 26th, 2009 & December 16th, 2009*)

Report of Staff

Report of Co-Chairs

Discussion Items:

- **Finish Review of Interventions**

Old Business

New Business

Review/Next Steps

Announcements

Adjournment

*The next meeting of the Lit & Ed Committee will be on **Wednesday, February 24th, 2010***

The Office of HIV Planning, 340 N. 12th Street, Suite 203, Philadelphia

Please refer to the Office of HIV Planning's attached Calendar of Events or its website, www.hivphilly.org, for updated committee meeting information.

Please contact the office at least 5 days in advance if you require special assistance

**Community Planning Group
Literature & Education Committee
Meeting Minutes**

Wednesday, December 16th, 2009

12:00 - 2:00 pm

The Office of HIV Planning, 340 N. 12th Street, Suite 203, Philadelphia, PA 19107

Present: Jennifer Chapman (Co-Chair), Arti Chhabria, Terri Clark, Christopher Collins, Antonio Davis, Alison Lin

Staff: Joseph Ellis, Monica Getahun, Mari Ross-Russell

Excused: Dawn Marie Acero, Wesley Anderson, Dionna Samuel, Val Sowell

Absent: Yexsy Alicea (Co-Chair), Tyreef King, Roberta Waite

Call to Order

J. Chapman called the meeting to order at 12:22 pm.

Approval of Agenda

The group took a moment to review the agenda for the day's meeting. **Motion: J. Chapman moved and T. Clark seconded to approve the document. Motion Passed: All in favor.**

Approval of Minutes (*August 26th & November 4th, 2009*)

The group spent some time reviewing a draft of the minutes from their November meeting. **Motion: Afterwards, J. Chapman moved and T. Clark seconded to approve the draft of the minutes included in the handouts. Motion Passed: All in favor.**

J. Ellis informed the group that they still had an unapproved set of minutes from their August meeting. He explained that not enough of the three committee members who had been in attendance in August had since been to a meeting to approve the draft. M. Ross-Russell stated that, once one of the individuals reviewed the draft, the committee could approve the document by general consensus.

Report of Staff

None

Report of Co-Chairs

None

Discussion Items:

• **Lit & Ed Calendar**

J. Chapman took a moment to explain the committee's ongoing process of reviewing interventions to the new members of the committee. She said that the Lit and Ed Committee had been reviewing all of the programs in the CDC's Compendium as well as

any additional programs in use locally to determine which ones would be included in Philadelphia's next prevention plan. She told the new members that the committee was using data from the prevention intervention information binders, which had been compiled by OHP staff members, and any other sources they could find to make determinations about their thirteen selected factors. T. Clark clarified that the thirteen factors had come from suggestions in worksheet 13 of the AED guidance, which the committee then revised and had approved by the CPG. J. Chapman told the group that, after they had finished reviewing programs, they would assign a weight to each of the factors in order to further pare down their list of programs. In closing, she said that there were only a few programs left for the committee to review, most of which would be done at the current meeting.

In response to a question by A. Lin, J. Chapman noted that there was no limit on the number of programs that could be included in the prevention plan. M. Getahun added that the committee had been approving most of the programs they reviewed because they did not yet have much information on program feasibility. She said that, when the Health Department provided the committee with the information on program feasibility, the list would almost certainly be pared down. Looking through the factors, A. Lin asked what specific partner connections the committee should be looking for in their program reviews. M. Getahun replied that the committee had added the factor for partner connections in response to the CDC's strengthening language on the need for prevention programs to be mindful of the sexual and needle-sharing partners of high-risk individuals. She clarified that the language was still somewhat vague and, therefore, the committee was simply noting any mention of partners in program descriptions.

The group then spent some time reviewing their calendar. M. Getahun noted that the CDC had added a number of interventions to the compendium since the group started their review of programs. She said that, hopefully, the panel discussions would remove a significant number of programs from the committee's list before they began weighting their factors.

- **Finish Review of Interventions**

- **Communal-Effectance AIDS Prevention – APPROVED w/ RESERVATIONS**

- Targets a specific population?
Low-income single heterosexual inner-city females attending urban clinics
- Targets a specific behavior?
Reduce risk behaviors and enhance HIV-preventive psychosocial and structural factors
- Effectiveness?
Significantly less self reported episodes of unprotected sex
Also tested for STI and HIV at follow up with no changes in status
- Sound theoretical basis?
Social Learning Theory

Conservation of Resources Theory
Theory of Gender and Power

- Norms, Values, Consumer Preferences?
Female facilitators
- Intervention Feasibility?
Cost – 6 sessions 1.5 – 2 hours each, by trained staff.
Materials – no package available
- Other considerations – none
PCRS connection – no language

Although the group generally approved of Communal-Effectance AIDS Prevention, they opted to set reservations to their approval because an intervention package was not yet available.

BART – APPROVED

- Targets a specific population?
African American adolescents
- Targets a specific behavior?
Increase abstinence and sound decision-making
Eliminate sexual risk behaviors
- Effectiveness?
Decreased initiation of sexual activity and increased condom use for those who had started
- Sound theoretical basis?
Information Motivation Behavior Model
Social Learning Theory
- Intervention Feasibility?
Materials – package available
- Other considerations
Performed locally and nationally and is well respected
PCRS connection – program encourages sharing info with partner, friends and family

Project Connect – APPROVED

- Targets a specific population?
Minority inner city heterosexual couples
- Targets a specific behavior?

Increase safer sex practices among partners and relationship communication

- Effectiveness?
High retention rates and significant increases in proportion of protected vaginal sex acts compared to control groups
- Sound theoretical basis?
Aids Risk Reduction Model
Bronfenbrenner's Ecological Perspective
- Intervention Feasibility?
Cost – Inexpensive – six 2-hour sessions facilitated by graduate students (Masters in Social Work (MSW) or social work graduate student), set in hospital outpatient clinic.
- Other considerations
PCRS connection – partners included in the program

Cuidate – APPROVED

- Targets a specific population?
Latino youth
- Targets a specific behavior?
Increase condom use, abstinence, and the skills and self efficacy in negotiating abstinence and condom use
- Effectiveness?
Reduced sexual activity, number of sex partners, and unprotected sex acts, and increased condom use
- Sound theoretical basis?
Social Cognitive Theory, Theory of Reasoned Action, Theory of Planned Behavior
- Norms, Values, Consumer Preferences?
Incorporates salient aspects of Latino culture
- Intervention Feasibility?
Materials – package being developed by the Replicating Effective Program (REP) Project
- Other considerations
Developed in Philadelphia as an adaptation of Be Proud Be Responsible
Targets Latinos but does not exclude other youth
PCRS connection – discusses gender role expectations and designed for a mixed group, not gender segregated

In response to a question by T. Clark, M. Ross-Russell explained that the REP Project was a CDC initiative that made user-friendly intervention packages for programs that had been proven to work.

EXPLORE – APPROVED w/Reservations

- Targets a specific population?
HIV-seronegative MSM
- Targets a specific behavior?
Reduce unprotected anal sex, specifically serodiscordant receptive
- Effectiveness?
Inconclusive – 85% retention over the course of 10 sessions but only 18 % reduction in HIV incidence, which is not statistically significant
- Sound theoretical basis?
Information-Motivation- Behavior Skill Model; Motivational Enhancement; Social Learning Theory
- Intervention Feasibility?
Cost – inexpensive – delivered by counselors with 40 hours of training and can be delivered by phone
Materials – available from the New York Blood Center
- Other considerations
Performed in 6 major cities; excluded individuals in monogamous relationships; based on the non-significant effect of the intervention on the primary outcome of the study, HIV incidence, the EXPLORE team does not recommend use of the intervention in its present form
PCRS connection – None

The group generally approved of the EXPLORE program. However, they opted only to approve it with reservations because the team that tested the program did not recommend using it in its present form because its primary outcome effect was insignificant.

Female Condom Skills Training

The group did not review this program because they could not find any information on it in the binder. However, they decided to review Female Condom Skills Training at a later time if they could find information on it.

Personalized Cognitive Risk Reduction Counseling – APPROVED

- Targets a specific population?
HIV-seronegative MSM who have undergone repeat HIV testing
- Targets a specific behavior?

Reducing unprotected anal sex with non-primary partners of unknown or discordant HIV status

- Effectiveness?
Significant decrease in percent of unprotected anal sex compared to those receiving standard HIV counseling alone
- Sound theoretical basis?
Gold's model of "on-line" versus "off-line" self-appraisal of risk behavior; Model of Relapse Prevention
- Intervention Feasibility?
Cost – inexpensive – one 1-hour session held at testing clinic by either a licensed mental health professional or counselor
Materials – no package available
- Other considerations
Inclusion of sex diary in the program did not change outcomes.
PCRS connection – None explicitly mentioned

Although the members of the Lit & Ed Committee approved of the Personal Cognitive Risk Reduction Counseling program, they questioned how it would be possible to follow up with clients since recruitment was done at anonymous testing sites.

STD/AIDS Risk Reduction Trial (START) – APPROVED

- Targets a specific population?
Young men soon to be released from prison
- Targets a specific behavior?
Eliminate or reduce risk behaviors for HIV, STD, and Hepatitis
- Effectiveness?
At three months, participants were significantly less likely to report unprotected vaginal or anal sex
- Sound theoretical basis?
No explicit theoretical basis, based on behavior change strategies and principles
- Intervention Feasibility?
Cost – approximately 4-7 hours of sessions before and after release from prison over a period of 14 weeks
Materials – package being developed by the REP Project
- Other considerations
Not currently many, if any, programs targeting the population
PCRS connection – counseling for at-risk partners

Safe in the City - APPROVED

- Targets a specific population?
STD clinic patients who are Heterosexual adults
- Targets a specific behavior?
Prevent new STD infections through risk reduction training
- Effectiveness?
During 14 months of follow up, significantly fewer STDs were diagnosed for patients receiving the program than those receiving standard STD care alone.
- Sound theoretical basis?
Information-Motivation- Behavior Skill Model; Social Cognitive Theory; Theory of Planned Behavior
- Intervention Feasibility?
Cost – incredibly inexpensive, consists only of a video and posters
- Other considerations
PCRS connection – develops skills to facilitate partner treatment

M. Getahun pointed out that the study group would not have been able to determine whether client behavior changes had simply resulted from the fact that those in the program had recently acquired an STD infection. However, the group still opted to approve of the program because it was inexpensive and easy to implement.

Sistering, Informing, Healing, Living, and Empowering (SIHLE) – APPROVED

- Targets a specific population?
Sexually-experienced African American adolescent girls
- Targets a specific behavior?
Reduce sexual risk behaviors, STDs, and pregnancy through enhancing skills and mediators of HIV prevention behaviors
- Effectiveness?
High retention rates and significant reductions in unprotected sex, STD infections, and pregnancy; also increased reports of condom use
- Sound theoretical basis?
Social Cognitive Theory, Theory of Gender and Power
- Intervention Feasibility?
Cost – four 4-hour sessions
Materials – package and training currently being developed by DEBI project
- Other considerations

PCRS connection – None

Sister-to-Sister (GLI and ILI) – APPROVED w/Reservations

- Targets a specific population?
Inner city African American female clinic patients

- Targets a specific behavior?
Eliminate or reduce sex risk behaviors and prevent new STD infections

- Effectiveness?
Inconclusive, “no significant effects...at six month follow up” but the GLI had a marginally significant effect in reducing STD infections and the ILI had a marginally significant effect in increasing condom use after 12 months.

- Sound theoretical basis?
Social Cognitive Theory

- Norms, Values, Consumer Preferences?
“culturally-sensitive” and “gender-appropriate”

- Intervention Feasibility?
Cost – one session (200 minutes for GLI; 20 minutes for ILI) delivered by nurses with over 10 years of experience
Materials – package being developed by the REP Project

- Other considerations
PCRS connection – no explicit mention

T. Clark suggested that the group investigate how the developers of Sister-to-Sister felt about the program’s efficacy when compared to other interventions that they had developed, such as Be Proud Be Responsible, BART, and Sisters Savings Sisters. She felt that D. Samuel might be able to get the program developers to discuss the matter with the committee. The rest of the group agreed and opted to approve Sister-to-Sister only with reservations until they ascertained whether they could get more information.

Old Business

None

New Business

A. Davis informed the group that he would be traveling with an organization to discuss HIV policy with legislators. As a result, he asked what the best source of information would be concerning the state of the local epidemic. M. Ross-Russell suggested that he review the Epidemiological Profile and AACO’s Quarterly Report.

T. Clark asked whether the committee would need to select a new Co-Chair in the near future as Y. Alicia had not been to a meeting in four consecutive months. J. Ellis

informed the group that Y. Alicia had been excused from their September meeting, but that she had not responded to any meeting reminders since then. T. Clark offered to help out with the Co-Chair duties as long as Y. Alicia was absent, clarifying that she would give up the position upon Y. Alicia's return. M. Ross-Russell replied that, in keeping with proper procedure, she would first attempt to contact Y. Alicia about the matter specifically. She said that she would let the committee know whether she had received a response at their next meeting.

M. Ross-Russell asked the group whether they could delay their panel discussions until March to allow sufficient time to plan for the meetings after an announcement was made at the provider meeting in January. The members of the committee supported the idea.

Review/Next Steps

- At their December meeting, the members of the Lit & Ed Committee reviewed their calendar and continued with their review of interventions.
- Their next meeting will be held on Wednesday, January 27th, from 12:00 – 2:00 pm.

Announcements

None

Adjournment

The meeting was adjourned by general consensus at 2:16 pm.

Respectfully Submitted,

Joseph Ellis, Staff

Handouts Distributed at the Meeting:

- Meeting Agenda
- Meeting Minutes (*August 26th & November 4th, 2009*)
- Literature & Education Calendar 2009 - 2010
- OHP Meeting Calendar

**Community Planning Group
Literature & Education Committee
Meeting Minutes**

Wednesday, August 26th, 2009

12:00 - 2:00 pm

The Office of HIV Planning, 340 N. 12th Street, Suite 203, Philadelphia, PA 19107

Present: Yexsy Alicea (Co-Chair), Christopher Collins, Dionna Samuel

Staff: Joseph Ellis, Monica Getahun, Mari Ross-Russell

Excused: Jennifer Chapman (Co-Chair), Terri Clark

Call to Order

Y. Alicia called the meeting to order at 12:40 pm.

Approval of Agenda

Motion: D. Samuel moved and Y. Alicia seconded to approve the meeting agenda after the group had reviewed the document. **Motion Passed:** All in favor.

Approval of Minutes (*July 22nd, 2009*)

Motion: D. Samuel moved and Y. Alicia seconded to approve the minutes from the group's last meeting after the members of the Lit & Ed Committee had had taken some time to review the document. **Motion Passed:** All in favor.

Report of Staff

• **Populations Changes**

M. Ross Russell reported that the CDC had released the guidance for the prevention application. She said that parts of the document gave the impression that the CDC wanted to start focusing prevention efforts on the partners of PLWHA and IDUs. She then read the following statement from the guidance to illustrate her point: "Uninfected, high-risk populations such as sex partners or needle-using partners of people living with HIV should be prioritized based on community needs." She told the group that, when the CDC made recommendations such as the statement she had just read, they tended to strengthen the language to mandates in subsequent years. As a result, she suggested that the group add another factor to their interventions review to denote whether programs took partner services into consideration at all, though she felt that such findings were unlikely. If the group decided to add the extra factor, she continued, OHP staff would go back through the already reviewed programs to look for mention of partner services. D. Samuels agreed with adding an additional factor for partner services. However, because she also did not believe that many such connections would be found, she suggested making note of indirect connections to partners of PLWHA or IDUs as well, such as condom negotiating skills. The rest of the group agreed.

M. Ross-Russell also informed the group that, as of their next meeting, M. Getahun would be taking her place as the supportive staff person for the Lit and Ed Committee.

Report of Co-Chairs

None

Discussion Items:

- **Continue IDU Interventions Review**

The group continued their review of IDU interventions with Community Promise, which Y. Alicia had agreed to gather information on at the last meeting. Y. Alicia informed the group that the CLI was comprised of focus groups that disseminated information through peer networks. However, she said that it was difficult to ascertain whether the program was having an impact because it was relatively new. The group did not completely review Community Promise because they rejected it after learning that the program's efficacy had not been determined. However, they decided to review the program again if they were able to obtain more data on it at a later date.

Community Promise – **DENIED**, with reservations

- Targets a specific population?
No specific population – locally, the program is used for MSM and Heterosexual youth populations
- Targets a specific behavior?
Sexual risk reduction by reducing the number of sex partners
- Effectiveness?
The program's efficacy has not been determined
- Sound theoretical basis?
No theoretical basis
- Norms, Values, Consumer Preferences?
Yes – the program is peer driven
- Intervention Feasibility?
 - Cost – The program is inexpensive as it only requires a manual and some videos.
- Ability to have the greatest impact on decreasing new infections?
Get Real is another similar program
- Other considerations
The program is already in use locally.
 - PCRS connection?
No known connection.

DUIT - **DENIED**

- Targets a specific population?
IDU youth who are both HIV and Hepatitis C negative
- Targets a specific behavior?
Eliminate or reduce injection and sexual risk behaviors.
- Effectiveness?
Although there were significantly reduced injection behaviors after six months and a high retention rate, anal sex reduced more in the comparison group than in the study group.
- Sound theoretical basis?
Social Learning Theory; Peer-Education Framework; Information, Motivation, and Behavioral (IMB) Skills Model

The group did not completely review DUIT because they rejected the program after learning that anal sex reduced more in the comparison group than in the study group.

As the group had decided to next review Comprehensive Risk Counseling Services (CRCS), M. Getahun directed their attention to the handout that gave some feedback on the program from the Prevention Provider Survey. She pointed out that most of the responses in the survey had come from case managers and that 86% of respondents had felt that the program was successful. Y. Alicia stated that she was dissatisfied with the program and provided a few reasons for her sentiment. She said that CRCS was not cost effective because counselors were supposed to have a twenty to thirty client case load but usually only had five or less clients. In addition, she told the group that providers of the services had difficulty retaining and engaging clients in risk reduction sessions because, although CRCS was intended to be preventative, most clients wanted the services while in crisis. C. Collins disagreed with Y. Alicia, saying that, in his experience, CRCS gave clients what they needed and left them content. Additionally, he felt that the services were cost effective as long as recruitment was performed effectively and targeted the correct population. Commenting on some of the CRCS barriers listed in the handout, he said that economic strains were affecting all interventions, noting that incentives were necessary for retaining clients. He also said that youth were difficult for all interventions to recruit and retain and that some recruitment problems stemmed from the fact that too many providers were offering the same services. In closing, he told the group that whether or not a program of any kind was able to retain clients was largely dependent on the counselor and their ability to connect with consumers. The group then performed a formal review of CRCS using the available data.

CRCS - **APPROVED**

- Targets a specific population?
Locally, the program targets all at-risk populations

- Targets a specific behavior?
To reduce or eliminate sexual risk behaviors
- Effectiveness?
Yes, according to those who responded to the Prevention Provider Survey
- Sound theoretical basis?
The group deduced that the program was based either on the Theory of Reasoned Action or motivational interviewing.
- Norms, Values, Consumer Preferences?
Yes, according to those who responded to the Prevention Provider Survey
- Intervention Feasibility?
 - Adaptability – yes
 - Cost – staff and incentives; cost effectiveness depends on the provider
 - Training – yes
- Ability to have the greatest impact on decreasing new infections?
Undetermined
- Other considerations
The program is already funded locally
 - PCRS connection?
“CRCS...is conducted with only one client at a time, unless the client’s partner is involved in the sessions.”

As the committee had completed their review of IDU programs, they took a moment to ascertain which interventions they would need to investigate for Heterosexual populations. They determined that, since a number of the local programs targeted both Heterosexual and IDU populations, they would not have to review them twice.

Focus on the Future - **ACCEPTED**

- Targets a specific population?
Young, Heterosexual, African American men with a newly diagnosed STD
- Targets a specific behavior?
Increase quality and consistency of condom use, reduce number of sexual partners and STD reinfections
- Effectiveness?
Yes, over 6 months, men in the program had significantly less reinfections and female partners than those receiving only standard of care.

- Sound theoretical basis?
IMB Skills Model, Lay Health Advisor Model
- Norms, Values, Consumer Preferences?
Yes, delivered by African American men from the community who are able to effectively communicate without judging
- Intervention Feasibility?
 - Adaptability – Yes
 - Cost – inexpensive – delivered in clinic, single session, 55 minute 1 on 1.
 - Training – yes, community member is trained as lay health advisor
 - Staff – lay health person, cheaper than clinician
- Ability to have the greatest impact on decreasing new infections?
M. Getahun felt that this factor would be more useful for comparative purposes after the group had pared down their list of interventions. The rest of the committee agreed.
- Other considerations
Large target population in Philadelphia
 - PCRS connection? – Yes

Old Business

None

New Business

Y. Alicia felt that each member of the group should start reviewing programs on their own between meetings in order to expedite the process. C. Collins agreed and suggested assigning a list of programs for each member of the committee to review. He said that the assignments and a blank copy of worksheet 13 could be sent by email. The rest of the group agreed and Y. Alicia said that she would contact J. Chapman to inform her of the new procedure.

D. Samuel asked whether the group would continue to use the question ‘ability to have the greatest impact on decreasing new infections?’ as a factor in their program review. In response, M. Getahun noted that the forthcoming weighting of factors would probably reduce the list of programs that the group would have to compare using the question.

Review/Next Steps

- After being informed that the CDC was strongly encouraging jurisdictions to target the partners of PLWHA and IDUs, the Lit & Ed Committee decided to add an additional factor to their program review to make note of whether interventions attempted partner linkages.
- The group continued their program review, making decisions on Community Promise, DUIT, CRCS, and Focus on the Future.

- In closing, the committee decided to have members review and make decisions on programs individually before meetings in order to expedite the process.

Announcements

None

Adjournment

The meeting was adjourned by general consensus at 2:04 pm.

Respectfully Submitted,

Joseph Ellis, Staff

Handouts Distributed at the Meeting:

- Meeting Agenda
- Meeting Minutes (*July 22nd, 2009*)
- Prevention Provider Survey Summary for CRCS
- Completed Worksheet 13 for Get Real Philly
- OHP Meeting Calendar

DRAFT

Intervention Name	Approval Status	CDC Designation	Intervention Type	Target Population (Risk)	Target Population (Gender, Race & Age)	Target Behavior	Efficacy	Theoretical Basis	Norms/Values	Feasibility	Greatest Impact for less \$	Local Relevance	Partner Linkage	Others	Literature Resources
CLEAR	Rejected	Best Evidence	ILI	IDU	HIV+, Male, Female, AA, Hisp, W	Yes	Yes	Cog. Beh, Social Action	Nothing specific listed	Expensive, Lic. Therapist, Clinical SW					
Female & Culturally-Specific Negotiation	Accepted	Best Evidence	ILI	IDU/DU	Female, AA	Yes Risk reduction	Yes	Gender power, planned beh., reasoned actions, soc. Cog., trans-	Gender-specific behaviors	20 to 40 min sessions	Inexpensive				
Modelo de Intervención Psicomédica MIP	Accepted with reservations	Best Evidence	ILI	IDU	Male, Female, Hisp	Yes Risk reduction		Motivational interviewing, stages of change	Yes Spanish speaking IDU	Questionable	Questionable				
Motivational Interviewing HIV & Partner Violence Risk Reduction (new 2009)		Best Evidence	ILI	IDU	Female, AA, W, Hisp, AI										
SHIELD	Accepted	Best Evidence	GLI	IDU	Male, Female, AA, Otr	Yes Risk reduction	Yes	Act. Learning, Cog. Consistency, Soc. Idt, Soc, Cog.,	Yes Peer networks, program buy in	Questionable	Questionable				
STRIVE (new 2008)	Accepted	Best Evidence	GLI	IDU /HCV	Male, Female, AA, Hisp, W,Otr	Yes	Yes	Cog. Beh, Social Learning	Yes	Yes, adaptation may be required	for dec. new infections				
Women's Co-Op	Accepted	Best Evidence	GLI	DU/Crack	Female, AA	Yes Risk reduction	Yes 77% retention rate	AA feminism, empowerment	Yes gender & culture specific	Yes, cost effective, training avail.	high retention rate over time				
Intervention Name	Approval Status	CDC Designation	Intervention Type	Target Population (Risk)	Target Population (Gender, Race & Age)	Target Behavior	Efficacy	Theoretical Basis	Norms/Values	Feasibility	Greatest Impact for less \$	Local Relevance	Partner Linkage	Others	Literature Resources
BRAINE	Accepted	Promising	ILI	IDU/ Heavy alcohol users	Male, Female, W, Otr	Reduce alcohol and injection	Unknown	Motivational interviewing		Yes, adaptable, cost effective, some training	2 ILI 97% retention	original population sample different than local pops			
Community Promise	Rejected w/ reservations	Promising	CLI	IDU/ CDC identified all pops	Male, Female, AA, Hisp, W, Otr	sexual risk reduction	Unknown	None provided	peer driven	Cost effective, materials available		program in use. Similar to "get real"			
DUIT	Rejected	Promising	GLI	IDU/ Hep c neg	Female, Trans, AA, Hisp, W, Otr	Risk Reduction	results reported questioned	soc. Learning, peer ed, mot & beh skills							
Intensive AIDS Education	Accepted	Promising	GLI	IDU/ incarcerated	Male, AA, Hisp, W	Yes, Risk reduction	Increased condom use	problem solving therapy	none provided	Adaptable, cost effective, training		suggested for youth			

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TLC	See youth section	Promising	GLI	MSM	HIV+, Male, AA, W, Hisp, Otr										
CRCS	Accepted (see above)	Local		MSM	All populations										
Prison Case Management		Local		MSM											
TEACH	Accepted (see above)	Local	GLI	MSM	All HIV+ populations										
TEACH Outside	Accepted (see above)	Local	GLI	MSM	All HIV+ populations										
TEACH Spanish	Accepted (see above)	Local	GLI	MSM	All HIV+ populations										
BART	Accepted	Best Evidence	GLI	High Risk Youth	Male, Female, AA	Risk reduction	Good outcomes sexual risk reduction	Information Motivation Behavior		materials available		currently used in Phila with young msm & heterosexual	pcrs connection-program encourages info sharing	Conducted nationally well reviewed	
Be Proud! Be Responsible		Best Evidence	GLI	High Risk Youth	Male, AA	Risk reduction	sexual risk reduction	Soc. Cog. Reasoned action	tailored to be cultural and gender specific	Adaptable, cost effective		already in use	yes condom negotiation		
CLEAR	Rejected (see above)	Best Evidence	ILI	High Risk Youth	Female, AA, Hisp, W										
¡CUÍDATE! (Take Care of Yourself)	Accepted	Best Evidence	GLI	High Risk Youth	Male, Female, Hisp	sexual risk reduction	Good outcomes sexual risk reduction	Soc. Cog. Reasoned action, planned behavior	tailored to be culturally and linguistically specific	6-60 min. session on weekends, materials available		adaptation of be proud be responsible conducted in Phila	yes condom negotiation		
Focus on Youth FOY +ImPact	Accepted	Best Evidence	GLI	High Risk Youth	Male, Female, AA	reduction-sub. Abuse, sexual risk		protection motivation	parents and guardians are involved	9-1 1/2 hour sessions, materials		worked in Baltimore			
HORIZONS (new 2009)		Best Evidence	GLI	High Risk Youth	Female, AA										
SiHLE	Accepted	Best Evidence	GLI	High Risk Youth	Female, AA	reduction-sexual risk, STDs, pregnancy	reduced partners, STDs	Soc. Cog., Gender Power	tailored to be cultural and gender specific	4-4 hr sessions materials in development			PCRS connection	pregnancy reduction not sustained at 12 months	

