

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

Wednesday, March 24th, 2010

12:00 - 2:00 pm

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

Present: Wesley Anderson, Jennifer Chapman (Co-Chair), Terri Clark, Christopher Collins, Tyreef King, Alison Lin

Staff: Joseph Ellis, Mari Ross-Russell

Excused: Dawn M. Acero, Antonio Davis, Val Sowell

Absent: Arti Chhabria, Dionna Samuel, Roberta Waite

Call to Order

J. Chapman called the meeting to order at 12:19 pm.

Approval of Agenda

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

Approval of Minutes (*February 24th, 2010*)

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

Report of Staff

• **Structural Interventions**

M. Ross-Russell told the group that they needed to decide what their next steps would be as they were about to complete the first pass of their interventions review. She felt that the next logical step in the committee's process would be to investigate structural interventions and any other programs that were not classified as DEBIs or EBIs. She said that, as a result, she had sent D. Acosta an email the day before in order to get a list and information on any such programs that were available. However, she said that she had not yet received a response. She also noted that, before the committee started reviewing structural interventions, they would need to devise a method for evaluating such programs since they were completely different from the behavioral interventions currently in review.

M. Ross-Russell also informed the committee that N. Johns had developed a presentation to explain the different types of interventions and their bases. She then asked the group whether or not they wanted to preview the presentation in their own committee meeting before it was shown to the full CPG. T. Clark felt that it would be unnecessary for the committee to preview the presentation before it was shown to the full CPG and the rest of

the group agreed. However, A. Lin pointed out that, if the committee was going to review structural interventions, the presentation should include any theories that supported such programs.

A. Lin pointed out that the responsibility for instituting structural interventions was largely on the Health Department and not CBOs, with the exception of a few programs such as Prevention Point. M. Ross-Russell replied that, while the Health Department would have to work out the details, the committee and the CPG would have to discuss and support structural interventions for them to be included in the prevention plan and the next prevention system. T. Clark recalled that a recently enacted program used text messages to disperse information on HIV prevention programs. She noted that the program could be considered a structural intervention and asked whether anyone knew how it was funded. A. Lin believed that a drug company had funded the program. M. Ross-Russell noted that Prevention Point was funded by the city and that AACO had oversight; however, she was unsure who had funded the texting program. T. Clark said that she would ask D. Acosta about the matter.

A. Lin noted that some structural interventions were so large that they had to be induced and supported by the government, using the addition of fluoride to drinking water as an example. M. Ross-Russell agreed but pointed out that the recent ubiquitous appearance of anti-bacterial hand cream in response to the H1N1 outbreak was also a structural intervention. The rest of the group agreed, noting that the hand cream could be found at all types of public locations.

A. Lin felt that the committee should approach structural interventions differently than the other programs they had already reviewed. She said that it would be difficult for the committee to develop a list of all structural interventions and so she proposed asking CBOs whether they were planning any such programs. The rest of the group agreed and decide to add the question to the panel discussions.

Report of Co-Chairs

None

Discussion Items:

- **Finish Review of Interventions**

3MV – APPROVED

- Targets a specific population?
HIV-negative or HIV-unknown serostatus black MSM.
- Targets a specific behavior?
Reduce unprotected insertive and receptive anal intercourse, reduce the number of sex partners, increase consistent condom use during anal intercourse, and increase testing for HIV and other STIs.
- Effectiveness?

Reduced unprotected anal intercourse with casual sex partners and reduced number of male sex partners

- Sound theoretical basis?
Social Cognitive Theory, Behavioral Skills Acquisition Model, Transtheoretical Model of Behavior Change, and Decisional Balance Model
- Norms, Values, Consumer Preferences?
Facilitated by African American MSM
- Intervention Feasibility?
Cost – 6, 2-3 hour sessions at a retreat.
Materials – minimal materials required, package is available
- Other considerations – T. Clark informed the group that 3MV was not always performed as a retreat, despite what was written in the summary. T. King stated that the program’s retreat design sometimes posed a challenge because participants could not always fully commit.
PCRS connection – “participants ... are encouraged to select and implement a relationship-focused risk-reduction behavior change option with their partner(s).”

T. King informed the group that he knew an individual who worked on 3MV and was willing to participate in the panel discussions.

Healthy Relationships – APPROVED

- Targets a specific population?
PLWH/A (men and women)
- Targets a specific behavior?
Reduce HIV-transmission risk behaviors
- Effectiveness?
Reduced unprotected anal or vaginal intercourse, fewer non-HIV+ sex partners, increased condom use, and increased refusal of unsafe sex
- Sound theoretical basis?
Social Cognitive Theory
- Norms, Values, Consumer Preferences?
Utilizes positive facilitators
- Intervention Feasibility?
Cost – Five 2-hour sessions, with 2 sessions delivered weekly for 2.5 weeks, delivered in a community AIDS service organization, One male and one female group facilitator (one being an HIV-positive peer counselor), gift card incentives
Materials – package available

- Other considerations – W. Anderson, whose organization runs Healthy Relationships, said that the program was successful. However, he noted that the part of the intervention that focused on teaching men to deal with disclosing their status was only effective for men who were newly infected, versus those who had lived with the disease for a while and had already learned about disclosure. Additionally, he said that Healthy Relationships helped women in dealing with domestic abuse issues.
PCRS connection – enhances decision-making skills for self-disclosing HIV-serostatus to sex partners, and develops strategies to maintain satisfying relationships while protecting both themselves and their partners.

Partnership for Health – APPROVED

- Targets a specific population?
HIV-positive patients in an HIV outpatient clinic
- Targets a specific behavior?
Improve patient/provider communication about prevention and eliminate or reduce unprotected anal or vaginal sex
- Effectiveness?
Those with more than 1 partner were significantly less likely to engage in sex, reduced unprotected sex
- Sound theoretical basis?
Message Framing Theory, Mutual Participation, and Stages of Changes
- Norms, Values, Consumer Preferences?
No specific language
- Intervention Feasibility?
Cost – uses existing clinical staff, 3- to 5-minute session at every clinic visit over 10 to 11 months
Materials – package is available
- Other considerations –could be considered a structural-level intervention as the entire clinic procedures were altered and all clinic patients received the intervention while only a sample of patients were included in the evaluation. low retention rates (see below)
PCRS connection – no specific language

M. Ross-Russell felt it was strange that a program had difficulty retaining clients when it was located in the offices where PLWHA received their primary care. W. Anderson reported that, when he had reviewed Partnership for Health in Atlanta, he had learned that the outreach had worked in a real-world setting but not in the test. J. Chapman agreed and added that, as an individual who regularly worked with clinical patients, she knew that it was difficult to retain them in care. She said that the lack of retention was usually

due to the chaotic lives of patients and not necessarily to whether or not they liked the staff. Furthermore, she said that many patients would simply not go to their doctors unless they were sick. W. Anderson agreed and noted that the locations and hours of operations of doctors' offices could also be inhibitive. J. Chapman suggested approving Partnership for Health and investigating the claim on the CDC website that the program would be updated in the "structural-level intervention section" of the website. The rest of the group agreed.

Nia: A Program of Purpose - REJECTED

- Targets a specific population?
Inner-city heterosexually active, African American men

- Targets a specific behavior?
Improve behavioral and communication skills, and eliminate or reduce sex risk behaviors

- Effectiveness?
Reduced unprotected vaginal sex and increased condom usage

- Sound theoretical basis?
Information-Motivation-Behavioral (IMB) Skills Model

- Norms, Values, Consumer Preferences?
No specific language

- Intervention Feasibility?
Cost – Two 3-hour sessions delivered over a week in community-based center that house multiple social services by two community-based prevention service providers (1 man and 1 woman)
Materials – package is being developed (as of 1994)

- Other considerations – failed to meet best-evidence because of small sample size
PCRS connection – No specific language

The group opted to reject Nia because it was similar to other programs but lacked an intervention package.

Brief Group Counseling – APPROVED

- Targets a specific population?
Asian and Pacific Islander MSM (only program specific to this population)

- Targets a specific behavior?
Increase positive ethnic and sexual identity, increase acknowledgement of HIV risk behaviors, enhance AIDS knowledge, attitudes towards safer sex, safe-sex negotiation skills, and eliminate or reduce sex risk behaviors

- Effectiveness?
Reduced number of sex partners and occasions of unprotected sex
- Sound theoretical basis?
Health Belief Model, Theory of Reasoned Action, and Social Cognitive Theory
- Norms, Values, Consumer Preferences?
Culturally specific
- Intervention Feasibility?
Cost – One 3-hour session in a community-based agency delivered by a highly trained, paid intervention coordinator and one community volunteer with 6 hours of training
Materials – package is available
- Other considerations – None
PCRS connection – No specific language

Responsible, Empowered, Aware, Living (REAL) Men – APPROVED w/ RES

- Targets a specific population?
African-American adolescent boys ages 11 to 14 and their fathers
- Targets a specific behavior?
Increase communication about sexuality between fathers and sons, promote delay of intercourse, and increase condom use among sexually-active adolescents
- Effectiveness?
Increased abstinence
- Sound theoretical basis?
Social Cognitive Theory
- Norms, Values, Consumer Preferences?
No specific language
- Intervention Feasibility?
Cost – Seven 2-hour sessions delivered over 7 consecutive weeks in Boys and Girls Clubs by facilitators (first 6 sessions are for fathers only to teach them how to communicate with their kids)
Materials – no package available
- Other considerations – This intervention did not meet best evidence criteria due to use of a one-tailed statistical test.
PCRS connection – No specific language

A. Lin pointed out that the article was published in 2007, noting that the intervention package might now be available. J. Chapman said that she had worked with Collen DiIorio in graduate school and offered to follow up with her on the matter.

As the committee was running out of meeting time, they opted to assign the last three programs as homework assignments. T. King offered to review Condom Promotion while A. Lin and T. Clark offered to review Teen Health and HIV Education and Testing respectively.

- **Planning for Provider Panel Discussions**

M. Ross-Russell directed the group's attention to the handout which grouped all of the city's funded organizations for the purpose of planning the provider panel discussions. She said that she was debating whether to plan for two discussions per CPG meeting with the hope that some providers would overlap on different types of interventions. She clarified that the length of each discussion would depend largely on how many questions the committee developed for the participants. She also noted that the list was only a draft and, as a result, many of the providers included might not be able or willing to participate in the process. In response to a question by W. Anderson, she said that the questions should inquire about whether the interventions worked.

A. Lin noted that there were only nineteen different interventions represented on the handout. She asked whether any other programs should be included in the discussions. M. Ross-Russell replied that the point of the panels was not to focus on individual programs but rather on types of programs and the populations they targeted.

J. Chapman suggested that the committee structure the panels by introducing the interventions, giving a general overview of the types of programs, and then letting the participants talk about their experiences. W. Anderson noted that, following the suggestion, the conversations would have the potential to be very long. He also said that the committee should try to keep the conversations neutral as some programs might have difficulties with recruitment or retention. T. King suggested placing a time limit on the discussions to keep them succinct. M. Ross-Russell agreed and added that, by developing the questions and sending them to participants ahead of time, they could keep discussions on track.

A. Lin suggested that the group focus on front-line staff workers and ask questions about challenges, adaptations, successes, and the uniqueness of programs. The rest of the group agreed and added implementation concerns, evaluations, targeted populations, and training as other topics for questions. A. Lin requested that providers complete their questions before the panel discussions so that the members of the Lit & Ed Committee could have hard copies of their answers. The group closed the discussion by deciding to hold the first panel in May so that they would have more time for planning.

Action Item:

- **Lit & Ed Co-Chair Election**

W. Anderson nominated T. Clark as the new Co-Chair for the Lit & Ed Committee. She accepted the nomination and the rest of the committee unanimously approved her for the position.

Old Business

None

New Business

None

Review/Next Steps

- The committee continued with their review of interventions, making decisions on the following programs: 3MV, Brief Group Counseling, Healthy Relationships, Partnerships for Health, Nia, Real Men.
- The group also started planning for the upcoming prevention provider panel discussions and developed some preliminary questions.
- Additionally, the group elected T. Clark as their new Co-Chair.

Announcements

None

Adjournment

The meeting was adjourned by general consensus at 2:06 pm.

Respectfully Submitted,

Joseph Ellis, Staff

Handouts Distributed at the Meeting:

- Meeting Agenda
- Meeting Minutes (*February 24th, 2010*)
- Interventions and Providers for Panels Spreadsheet
- OHP Meeting Calendar

COMMUNITY PLANNING GROUP (CPG)

Literature & Education Committee

Wednesday, March 24th, 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 (*February 24th, 2010*)

Report of Staff

- **Structural Interventions**

Report of Co-Chairs

Discussion Items:

- **Finish Review of Interventions**
- **Planning for Provider Panel Discussions**
 - **Develop Questions**

Action Item:

- **Lit & Ed Co-Chair Election**

Old Business

New Business

Review/Next Steps

Announcements

Adjournment

*The next meeting of the Lit & Ed Committee will be on **Wednesday, April 28th, 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
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Wednesday, February 24th, 2010

12:00 - 2:00 pm

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

Present: Wesley Anderson, Jennifer Chapman (Co-Chair), Terri Clark, Christopher Collins, Antonio Davis, Tyreef King, Alison Lin, Dionna Samuel

Staff: Aneeza Agha, Joseph Ellis

Excused: Dawn Marie Acero, Arti Chhabria, Val Sowell

Absent: Yexsy Alicea (Co-Chair)

Call to Order

T. Clark called the meeting to order at 12:14 pm.

Approval of Agenda

The group took a moment to review the meeting agenda. **Motion:** T. Clark moved and A. Davis seconded to approve the document. **Motion Passed:** All in favor.

Approval of Minutes (*January 27th, 2010*)

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

Report of Staff

A. Agha reported that M. Ross-Russell had been unsuccessful in her attempt to contact Y. Alicia since the last meeting of the Lit & Ed Committee. As a result, she said that the group could choose to select a replacement Co-chair since Y. Alicia was unavailable to continue her membership with the CPG. T. Clark suggested making the matter an action item at the committee's next meeting. The rest of the group agreed.

Report of Co-Chairs

None

Discussion Items:

- **Finish Review of Interventions**

ARK (Assisting in Rehabilitating Kids) – APPROVED w/RES

- Targets a specific population?
Substance-dependent adolescents

- Targets a specific behavior?
Increase abstinence, increase safer sex behaviors, eliminate or reduce sex risk behaviors
- Effectiveness?
Increased abstinence, reduced unprotected sex, increased protected sex and condom use
- Sound theoretical basis?
Information Motivation Behavior (IMB) Model, Extended Parallel Process Model (EPPM)
- Norms, Values, Consumer Preferences?
Nothing specific
- Intervention Feasibility?
Cost – 12 90-minutes sessions delivered over 28 days; co-facilitated by male and female with psychology degrees; designed for use in inpatient drug facility.
Materials – no package available
- Other considerations – Based off of BART; the group was unsure whether there were any inpatient drug facilities in Philadelphia
PCRS connection – no specific statement

A. Lin debated whether anyone would use ARK since it was so similar to BART, which was a best-evidence intervention and already in use. However, she suggested approving the program with reservations because she could not see any problems with it except for its lack of an available intervention package. The rest of the group agreed.

Insights – REJECTED

- Targets a specific population?
Heterosexually active, non-monogamous, young women in urban settings
- Targets a specific behavior?
Increase condom use
- Effectiveness?
Increased condom use
- Sound theoretical basis?
Transtheoretical Model of behavioral change, AIDS risk reduction model, Theory of Reasoned Action
- Norms, Values, Consumer Preferences?
No explicit statement

- Intervention Feasibility?
Cost – inexpensive, performed largely through mail
Materials – no package available
- Other considerations – follow up time was short (2 months), also see below
PCRS connection – no explicit statement

A. Lin felt that the results of the study on Insights were questionable because they relied completely on self-reporting by participants. T. King agreed but noted that, as long as participants signed off on the process and were made aware that their responses would help themselves and their community, it was possible that they would answer correctly. However, he said that poor literacy skills in the targeted populations could make an intervention ineffective if it was delivered completely by mail. A. Lin proposed rejecting Insights because of the reasons already mentioned by the group and because an intervention package was not available, which she felt was especially important for a program delivered entirely by mail. The rest of the group agreed.

POL (Popular Opinion Leader) – ACCEPTED w/RES

- Targets a specific population?
Men who frequent gay bars
- Targets a specific behavior?
To eliminate or reduce sexual risk behaviors
- Effectiveness?
Reduced unprotected anal intercourse, increased condom use, decreased number of sexual partners
- Sound theoretical basis?
Diffusion of Innovations
- Norms, Values, Consumer Preferences?
Peer education model (uses “key opinion leaders” to endorse safer sex behaviors), social networking
- Intervention Feasibility?
Cost – inexpensive, requires only training of community leaders and printed materials.
Materials – package available
- Other considerations – performed locally (COLOURS), failed to meet the best-evidence criteria due to insufficient number of communities (1 city received the intervention; 2 cities served as comparison cities), only performed in one city (Biloxi), not replicated. Also inaccurate evaluation due to attrition of participants who followed up
PCRS connection – no specific mention

T. Clark felt that the group should accept the program with reservations because it was already performed locally and because they could likely have providers discuss POL at the upcoming panel discussions. A. Lin agreed but said that COLOURS may have stopped providing POL and switched to Community Promise. She then stated that the effectiveness of all CLIs were difficult to measure because participants were recruited randomly and, therefore, were difficult to find later when measuring outcomes.

Safer Sex - REJECTED

- Targets a specific population?
Adolescent females diagnosed with a STD
- Targets a specific behavior?
Prevent recurrence of STDs, increase condom use, eliminate or reduce sex risk behaviors
- Effectiveness?
Reduced number of non-main partners (did not increase condom use, reduce other sex risk behaviors, or reduce recurrence of STDs)
- Sound theoretical basis?
Social Cognitive Theory, Transtheoretical Model of Behavioral Change, Motivational Interviewing
- Norms, Values, Consumer Preferences?
Uses female health educator
- Intervention Feasibility?
Cost – one 30-minute session with a video, boosters at 1, 3, and 6 months
Materials – no package is available.
- Other considerations – none
PCRS connection – no explicit statement

T. Clark pointed out that, although Safer Sex seemed feasible and inexpensive, it had poor efficacy and lacked an available package. A. Lin also noted that the program's merits seemed to already be available through other interventions. The group then decided to reject Safer Sex.

RAPP (Real AIDS Prevention Project) – APPROVED w/ RES

- Targets a specific population?
Sexually active, low-income women of reproductive age in inner city communities
- Targets a specific behavior?
Increase positive community norms and attitudes concerning condom use, increase women's condom use behaviors with main and other sex partners

- Effectiveness?
Reduced proportion of participants who reported never using condoms with main partner
- Sound theoretical basis?
Transtheoretical Model of Behavior Change, Social Learning Theory, Diffusion of Innovation Model
- Norms, Values, Consumer Preferences?
Uses peer networks and role models
- Intervention Feasibility?
Cost – training outreach specialist and a full-time coordinator
Materials – package is available
- Other considerations – Performed in Philadelphia, though possibly no longer, similar to POL and Community Promise in that it seeks to increase positive perceptions about condom use in communities.
PCRS connection – no specific statement

A. Lin stated that it was difficult to ascertain how RAPP differed from Community Promise and POL. However, she said that Jennifer Lauby was associated with the program and suggested bring her in for a discussion on it.

Positive Choice: Interactive Video Doctor – APPROVED w/ RES

- Targets a specific population?
HIV-positive clinic patients
- Targets a specific behavior?
Eliminate or reduce sex risk behaviors and illicit drug use
- Effectiveness?
Reduced unprotected sex and number of casual sex partners
- Sound theoretical basis?
Motivational interviewing principles
- Norms, Values, Consumer Preferences?
No explicit statement
- Intervention Feasibility?
Cost – inexpensive, delivered through a video
Materials – no package available
- Other considerations – few programs available for PLWHA

PCRS connection – no explicit statement

Women’s Health Promotion – APPROVED w/ RES

- Targets a specific population?
HIV-negative heterosexual Hispanic women
- Targets a specific behavior?
Eliminate or reduce sex risk behavior
- Effectiveness?
Increase condom use with main partner after 3 months but, after 15 months, no significant change
- Sound theoretical basis?
Social Cognitive Theory, Theory of Reasoned Action, Health Belief Model
- Norms, Values, Consumer Preferences?
Conducted in Spanish by two trained bilingual community health educators; the primary facilitator is a respected community leader.
- Intervention Feasibility?
Cost – Twelve 90- to 120-minute sessions delivered over 12 weeks in a community clinic
Materials – no package
- Other considerations – see below
PCRS connection – no explicit statement

T. King felt that the use of Spanish as the sole delivery language for Women’s Health Promotion could be problematic as many Hispanic women did not speak Spanish. Although she supported his statement, A. Lin did not believe the problem outweighed the program’s usefulness because there were little to no prevention programs conducted in Spanish in Philadelphia. W. Anderson agreed, noting that it was good to have programs developed in Spanish because interventions that had been translated into other languages were often hurt by the adaptations. A. Lin suggested approving Women’s Health Promotion with reservations due to its lack of an available package and the rest of the group agreed.

WILLOW (Women Involved in Life Learning from Other Women) - APPROVED

- Targets a specific population?
Sexually-active, female clinic patients living with HIV
- Targets a specific behavior?
Reduce HIV transmission risk behaviors, reduce sexually transmitted diseases (STDs), and enhance HIV-preventive psychosocial and structural factors

- Effectiveness?
Reduced unprotected vaginal sex, reduced new STDs, and increased condom use
- Sound theoretical basis?
Social Cognitive Theory and Theory of Gender and Power
- Norms, Values, Consumer Preferences?
Includes female peer educator living with HIV
- Intervention Feasibility?
Cost – Four 4-hour sessions delivered over 4 consecutive weeks in a community site and an HIV service clinic
Materials – package is in development through the CDC’s DEBI project
- Other considerations – None
PCRS connection – no explicit statement

A. Lin felt that the package for WILLOW should be completed soon as it had been in development for about a year. T. Clark agreed and noted that the program could work well for prevention with positives. The rest of the group agreed and approved the program.

HORIZONS – APPROVED w/ RES

- Targets a specific population?
Heterosexually active African-American adolescent females seeking sexual health services
- Targets a specific behavior?
Reduce Sexually Transmitted Diseases (STDs), increase condom use, increase communication with male partners about safer sex and STDs, increase male partners accessing STD services
- Effectiveness?
Reduced chlamydial infection, increased condom use
- Sound theoretical basis?
Social Cognitive Theory and Theory of Gender and Power
- Norms, Values, Consumer Preferences?
Delivered by African American female health educators
- Intervention Feasibility?
Cost – Two 4-hour group sessions, followed by 4 (15-minute) telephone contacts approximately every 2.5 months over approximately 9 months
Materials – package unavailable

- Other considerations – None
PCRS connection – The HORIZON intervention also showed significant effects on increasing communication with male sex partners about safer sex.

Although the group generally approved of HORIZON, they opted to place reservations on it due to the unavailability of an intervention package.

FEMIT (Female Condom Skills Training) – APPROVED w/RES

- Targets a specific population?
HIV-negative heterosexual women attending family planning clinics
- Targets a specific behavior?
Increase use of female condoms and protected sex
- Effectiveness?
Increased use of condoms, including female condoms
- Sound theoretical basis?
Social Learning Theory
- Norms, Values, Consumer Preferences?
No specific statement
- Intervention Feasibility?
Cost – Four sessions delivered over 6 weeks, including 2 individual and 1 group session ranging from 2 to 2.5 hours and a 30-minute telephone follow-up session, delivered in family planning clinics by health educators
Materials – package not available
- Other considerations – None
PCRS connection – No specific statement

T. Clark stated that she had learned through a recent conference call on new female condoms that training on using the prophylactics would soon be available. She noted that FEMIT could be related to the training. She then suggested approving FEMIT with reservations since a package was not yet available and the rest of the group agreed.

SSSB (Safer Sex Skills Building) – APPROVED

- Targets a specific population?
Heterosexually active women in drug treatment
- Targets a specific behavior?
Increase condom use, decrease unsafe sexual behaviors, increase safer sex negotiation skills, and increase HIV/STD risk awareness

- Effectiveness?
Reduced unprotected vaginal and anal sex
- Sound theoretical basis?
Not reported
- Norms, Values, Consumer Preferences?
Female counselors
- Intervention Feasibility?
Cost – Five sessions, approximately 90 minutes each, delivered over 3 weeks by two counselors in community-based methadone maintenance programs and outpatient psychosocial treatment programs
Materials – package available
- Other considerations – failed to meet Best-evidence criteria because of low retention rates
PCRS connection – No specific statement

J. Chapman noted that SSSB's difficulties with retention rates could be related to the fact that it was set in rehab clinics, which inherently had difficulty with retention. The rest of the group then stated their approval for the program.

Teen Health Project – APPROVED

- Targets a specific population?
Adolescents of high risk for HIV who live in urban, low-income housing developments
- Targets a specific behavior?
Increase abstinence and condom use
- Effectiveness?
Continued abstinence and increased condom use (more significant in the CLI communities)
- Sound theoretical basis?
Diffusion of Innovation and Social Cognitive Theory
- Norms, Values, Consumer Preferences?
No specific mention
- Intervention Feasibility?
Cost – Two 3-hour workshops conducted 1 week apart; the community-level intervention phase (2 follow-up sessions, 4 program activities and 2 community-wide events, each of unspecified length) delivered over 10 months; and a 90-

minute parent workshop delivered by two trained facilitators and peer opinion leaders in low-income housing developments
Materials – package is available

- Other considerations – low retention rate for CLI (61%), no significant difference in effects of CLI versus GLI.
PCRS connection – no specific statements

A. Lin felt that the group should reject the CLI version of Teen Health Project since there were no significant differences in the outcomes of the GLI and the CLI. However, J. Chapman disagreed, noting that the only difference in the CLI was the addition of two community events, which she felt could neither be expensive nor detrimental. The rest of the group agreed.

REMAS (Real Men Are Safe) – APPROVED

- Targets a specific population?
Sexually active men in drug treatment
- Targets a specific behavior?
Reduce unprotected vaginal and anal sexual intercourse occasions and increase communication
- Effectiveness?
After 90 days, significantly less unprotected sex.
- Sound theoretical basis?
Information-Motivation-Behavioral Change (IMB) Model
- Norms, Values, Consumer Preferences?
Gender specific but includes both MSM and heterosexual men
- Intervention Feasibility?
Cost – five 90-minute group sessions delivered in methadone clinics and psychosocial outpatient clinics by male counselors
Materials – package available.
- Other considerations – performed in Philadelphia
PCRS connection – stresses communication in a relationship

As the group was running out of time, they took a moment to determine which programs they had yet to review. Following the document *Remainder – Interventions to Review*, it was noted that Motivational Interviewing, VOICES/VOCES, LIFT, Doing Something Different, RESPECT: Enhanced Counseling, TLC, and Focus on Youth had all been reviewed already. They noted that the remaining programs were Brief Group Counseling, Healthy Relationships, Condom Promotion, HIV Education and Testing, Nia, Partnership for Health (loss-frame), Real Men, and Teen Health. J. Chapman

informed the group that she was unable to find any information on the program Start, which she believed was no longer in operation. D. Acero and W. Anderson said that they would forward their completed worksheets to OHP staff before the next meeting.

Presentation:

- **Youth Risk Behavior Survey (YRBS) – Judith Peters**

A. Agha informed the group that J. Peters had been unable to attend the current meeting. She asked them whether they wanted to have the YRBS presentation given to the entire CPG instead of just the Lit & Ed Committee. The group agreed and A. Agha replied that OHP staff would follow up with J. Peters on the matter.

Old Business

None

New Business

A. Lin asked when the planning for the prevention provider panel discussions should begin. A. Agha replied that the group could start the discussions at their next meeting as they were close to completing their primary review of programs.

Review/Next Steps

The Lit & Ed Committee made decisions on ARK, INSIGHTS, POL, Safer Sex, RAPP, Positive Choice: Interactive Video Doctor, WHP, Willow, Teen Health, Horizons, Female Condom Skills Training, SSSB, and REMAS.

Announcements

D. Samuel said that a new trend in HIV prevention was centered on technology-driven interventions, noting that her organization was applying for a grant to develop an intervention for MSM that would be delivered by cell phone. She said that it would be interesting to see how the trend developed because it could pose a threat to traditional CBOs. She told the group that many of the presentations scheduled for the CDC's upcoming STD Prevention Conference were on the use of Facebook and the internet in prevention initiatives. As she had just registered for the conference, she said that she would bring back information.

Adjournment

The meeting was adjourned by general consensus at 2:06 pm.

Respectfully Submitted,

Joseph Ellis, Staff

Handouts Distributed at the Meeting:

- Meeting Agenda
- Meeting Minutes (*January 27th, 2010*)
- Packet of Descriptions of New Interventions
- OHP Meeting Calendar

Intervention	Agency
3MV	GALAEI
3MV	MAZZONI
MPOWERMENT	THE ATTIC
HEALTHY RELATIONSHIPS	MAZZONI
HEALTHY RELATIONSHIPS	PA School for the Deaf

Panel by Population:
Men who have Sex
with Men

COMMUNITY PROMISE	COLOURS
COMMUNITY PROMISE	FPC SAFEGUARDS
COMMUNITY PROMISE	GALAEI
RAPP	Family Planning Council Circle of Care

Panel by Intervention
Type: Community
Level Intervention -

PROJECT RESPECT	Family Planning Council Health Resource Centers
PROJECT RESPECT	PA School for the Deaf
SISTA	Family Planning Council Circle of Care

Panel by Intervention
Type: Heterosexual

CRCS	ACTIONAIDS
CRCS	BEBASHI
CRCS	CHOP R
CRCS	CHOP V
CRCS	CONGRESO
CRCS	DREXEL ST. CHRIS
CRCS	GALAEI
CRCS	MAZZONI
CRCS	PREVENTION PT
CRCS	THE ATTIC

Two Panels by
Intervention Type:
CRCS

SAFETY COUNTS	BEBASHI
SAFETY COUNTS	FIGHT
SAFETY COUNTS	ODAAT
SAFETY COUNTS	PREVENTION PT
SAFETY COUNTS TIP	PREVENTION PT

Panel by Population:
Drug User

PROTECT AND RESPECT	DREXEL Partnership Practice
TEACH	FIGHT
TEACH OUTSIDE	FIGHT

Panel by local
intervention

BART	URBAN SOLUTIONS
BART	YOACAP
BE PROUD	ACTIONAIDS
BE PROUD	PA School for the Deaf
BE PROUD	VISION for Equality
PALMS	PHMC

Panel/s by Population
Type: Youth

Protocol Based Counseling	CHOP Adolescent
SUPPORT GROUP	YOACAP
Teens Linked to Care	DREXEL ST. CHRIS
VOICES	CONGRESO
VOICES	FIGHT YHEP

type: youth