

**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

COMMUNITY PLANNING GROUP (CPG)

Literature & Education Committee

Wednesday, August 26th, 2009

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

Report of Staff

- **Populations Changes**

Report of Co-Chairs

Discussion Items:

- **Continue IDU Interventions Review**

Old Business

New Business

Review/Next Steps

Announcements

Adjournment

*The next Lit. & Ed. Committee meeting will be held on **Wednesday, September 23rd, 12:00 – 2:00 pm.**
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, July 22nd, 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), Jennifer Chapman (Co-Chair), Terri Clark

Guest: Kai Chandler

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

Excused: Christopher Collins, Dionna Samuel

Call to Order

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

Approval of Agenda

Motion: T. Clark 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 (*May 27th, 2009*)

Motion: J. Chapman 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

M. Ross-Russell reported that the CPG would be taking the CDC's membership survey at their next meeting. She reminded the group that the survey was used by the CDC as an indicator of the community planning being done by the CPG. She said that she would explain the survey to the CPG at the meeting, even though the Lit & Ed committee had done so in the previous year, because of time constraints. She then informed that group that the CDC had recently changed the way the survey was scored so that a response of "don't know" was now counted.

Report of Co-Chairs

Y. Alicia informed the group that she had recently changed her place of employment and that, as a result, would no longer have difficulty in attending meetings. She then introduced her new supervisor, Kai Chandler.

Discussion Items:

• **Planning for Factors Presentation**

J. Chapman directed the committee's attention to the presentation slides she had developed on the group's selected factors for reviewing interventions. She told the group that she had taken all of the procedural information for the presentation from the AED

Guidelines. She then asked whether the information in the third slide of the presentation, which concerned the committee's membership, was correct. In response, J. Ellis informed the group that Roberta Waite and Penny Killian were only on the group's mailing list and not actual members of the committee. As a result, the group decided to remove the two names from the slide.

M. Getahun directed the group's attention to the additional handout for the presentation, which listed and explained all of the committee's selected factors for reviewing interventions. As the group looked over the document, she explained the two different subsets underneath 'feasibility,' the sixth item on the list. She said that the first subset – adaptability, cost effectiveness, training, and staff – listed the feasibility factors that the committee had been able to make some reasonable assumptions about. She then reminded the group that the second set of feasibility factors – capacity, sustainability, and resources – would have to be determined by the Health Department after the committee had pared down their list of potential interventions. Additionally, she pointed out that "other," the last factor on the list, was the heading under which the committee captured any information that did not fit neatly into any of the other categories. In closing, she asked the group whether there were any elements to the document that they wanted to alter. However, no suggestions were given.

After J. Chapman had finished reviewing the slides for the presentation, Y. Alicia suggested asking the members of the CPG for any information they could give on programs operating in other cities at the end of their presentation. T. Clark proposed requesting information from the CPG on locally-developed interventions since details on them were not as readily accessible as were those concerning DEBIs and EBIS. The rest of the committee members agreed.

The group briefly discussed some of the CPG recruitment efforts after they had completed their planning for the presentation. M. Ross-Russell reported that the OHP was going to use the grantee's mailing list to disperse information about the CPG and membership applications to further the recruitment effort. T. Clark offered to forward the recruitment mailing to the AIDS Education Month mailing list when she received it.

- **Continue IDU Interventions Review**

The group continued their review of interventions using the HIV Prevention Intervention Information binders, two completed copies of worksheet 13 on Safety Counts and Project TEACH, and data on Safety Counts from the Prevention Provider Survey. M. Getahun informed the group that the two copies of worksheet 13 had been completed by Leah Hilsey, the interventions coordinator for both of the programs. T. Clark and Y. Alicia both noted that L. Hilsey had been very thorough in completing the worksheets.

Safety Counts – APPROVED

- Targets a specific population? Yes
IDUs and non-injection users who are not currently in any drug treatment programs

- Targets a specific behavior? Yes
High-risk sexual and drug use behaviors
- Effectiveness? Yes
“...1.5 times more likely to reduce drug- and sex-related risks compared with clients in the standard intervention” (Worksheet 13 – Safety Counts)
- Sound theoretical basis? Yes
Social Cognitive Model and the Theory of Reasoned Action
- Norms, Values, Consumer Preferences? Yes
Peer driven recruitment and indigenous leadership
- Intervention Feasibility?
 - Adaptability – Yes
 - Cost – currently running on \$10,000
 - Training – resources are available
 - Staff – the program works with 1 full-time coordinator and a few assistants; however, 5-6 full-time staff members are recommended.
- Ability to have the greatest impact on decreasing new infections? Yes
Clients were 1.5 more likely to reduce drug- and sex-related risks than those in standard interventions. They were also 2.5 times more likely to self-report an increase in condom use.
- Other considerations
Clients are tested for drug usage, which ensures adherence to the program. Also the intervention is already performed locally.

Sniffer – DENIED

- Targets a specific population?
Intranasal heroin users (at-risk for and/or history of IDU)
- Targets a specific behavior?
The program seeks to provide clients with safe injection procedures, self assertion and coping skills, a refusal to inject, and the ability to deal with depression.
- Effectiveness?
Patients were significantly less likely to report IDU than the control group
- Sound theoretical basis?
Social Learning Theory

The group rejected Sniffer before completely reviewing the program because of a number of issues uncovered during the discussion. Primarily, Y. Alicia noted that the targeted population, intranasal heroin users, was likely to be very small in Philadelphia.

Additionally, the group felt that powdered heroin was likely to be more expensive than the injectable variety and, thereby, more likely to be used only by wealthier individuals. They were further convinced of this idea after noting that the sample study was largely White and college educated.

BRAINE – APPROVED

- Targets a specific population? Yes
Active IDUs who are also heavy alcohol users
- Targets a specific behavior? Yes
Reduce alcohol use and injection-related risk behaviors
- Effectiveness? Unconfirmed
The study had only a small sample size, which kept it from being a DEBI.
- Sound theoretical basis? Yes
Motivational interviewing principles
- Norms, Values, Consumer Preferences?
N/A
- Intervention Feasibility?
 - Adaptability – recruitment is performed at needle exchange sites.
 - Cost – minimal – staff with motivational interviewing skills and only two sessions
 - Training – only for motivational interviewing
 - Staff – one counselor
- Ability to have the greatest impact on decreasing new infections?
Two-session ILI with a 97% retention rating after 5 months
- Other considerations
The study sample was 90% white and 62% male.

During the committee's review of BRAINE, T. Clark stated that the program would likely be low cost despite the fact that it called for a Ph.D. level counselor. She explained that many counselors were trained in motivational interviewing through CRCS, which she felt negated the need for a Ph.D. The rest of the group agreed to approve the program based on the probability of its low cost and because its targeted population was likely very large in Philadelphia. However, J. Chapman noted that it could be worthwhile to get more information on BRAINE from other jurisdictions that were running the program.

The group moved into a discussion on Community Promise, noting that the CLI was currently being performed by GALAEI, COLOURS, and PHMC. Y. Alicia informed the group that she personally knew a few individuals who worked for Community Promise and offered to contact them to try and obtain some information about the program. M.

Ross-Russell stated that a number of providers were moving away from CLIs because of cost and the lack of control that could be maintained over such programs. K. Chandler reported that CHOP was giving a presentation on the effectiveness of Get Real, another CLI. As a result, he believed that the hospital might be able to provide some data on the program.

The Lit & Ed Committee took a moment to ascertain which IDU-targeting programs they had yet to review. As the group read over the list of programs currently funded in Philadelphia, Y. Alicia stated her belief that the committee did not need to review TIP because it was already known to work well and because it targeted Trans individuals, a highly underserved population. The rest of the group agreed. Before moving on to their next program for review, the committee requested that the OHP gather information on prison case management, CRCS, and Get Real.

M. Ross-Russell clarified that TEACH, TEACH Outside, and TEACH Spanish were all the same program. She said that, while all versions of the program targeted PLWHA, TEACH Outside targeted those with histories of incarceration while TEACH Spanish targeted those who were Spanish speakers with little or no understanding of English. Y. Alicia noted that Project TEACH had been running in Philadelphia for many years. T. Clark asked the group whether they felt it was necessary to formally review the program. J. Chapman asked whether the program had ever been evaluated, noting that DARE, a program that also had been running for many years, had recently been deemed ineffective after a thorough evaluation. Y. Alicia informed the group that many of her clients had been enrolled in TEACH and had given her great feedback about the program. M. Getahun directed the group's attention to L. Hilsey's completed worksheet 13 on TEACH, which was included in the handouts. She then suggested that the committee review the program for thoroughness and to have the process documented.

TEACH – APPROVED

- Targets a specific population?
Adult PLWHA
- Targets a specific behavior?
Prevention and treatment education, outreach, and advocacy
- Effectiveness?
Pre- and post-tests on knowledge, attitude, and behavior are given.
- Sound theoretical basis?
Health Belief Theory
- Norms, Values, Consumer Preferences?
Peers play an integral role in every session.
- Intervention Feasibility?
 - Adaptability – has been adapted for various subpopulations of PLWHA

- Cost – Under financial stress
 - Training – four sessions per year
 - Staff – one staff person
- Ability to have the greatest impact on decreasing new infections?
The program has been running for over 15 years and also provides linkage to care.
 - Other considerations
The program fulfills the prevention with positives goal of the CDC.

Old Business

J. Chapman said that she would resend assignments for the next interventions to review.

New Business

None

Review/Next Steps

- The Lit & Ed Committee planned for their presentation to the CPG on their factors for reviewing interventions.
- Afterwards, the group continued their program reviews, discussing Safety Counts, Sniffer, BRAINE, and Project Teach.
- At their next meeting, the group will continue reviewing interventions.

Announcements

None

Adjournment

The meeting was adjourned by general consensus at 1:59 pm.

Respectfully Submitted,

Joseph Ellis, Staff

Handouts Distributed at the Meeting:

- Meeting Agenda
- Meeting Minutes (*May 27th, 2009*)
- CPG Literature & Education Update Presentation Slides
- Factors for Intervention Review Handout
- Worksheet 13 – TEACH
- Worksheet 13 – Safety Counts
- Excerpt from Prevention Provider Survey
- OHP Meeting Calendar

There were 22 respondents who provided *Comprehensive Risk Counseling Services (CRCS)* at their agency.

Table 24. What is the Title of Person Providing CRCS?

(N=21)	N	%
HIV Case Manager	1	5
Prevention Case Manager	14	67
Other,		
• CRCS counselor		
• HIV Testing Specialist	6	29
• Prevention Counselor		
• Prevention Specialist		

Table 25. What Does CRCS Do?

(N=22)	Yes
Increases information & skills for the client to make sound choices	21 (95%)
Assesses high risk clients to determine specific risk and psychosocial needs	20 (91%)
Develops an individualized prevention plan with goals and measurable objectives	20 (91%)
Reaches target population in a culturally competent way	20 (91%)
Provides ongoing, multi-session intensive HIV risk and behavior change counseling	20 (91%)
Coordinates client support with other case management programs	19 (86%)
Provides referrals	20 (91%)
Refers clients to support groups	18 (71%)
Provides referrals and linkages to other services such as drug and alcohol, housing, food and other support	19 (86%)
Other	1 (.04%)
• Provides tokens for transportation and food	

Eighty-seven percent of the respondents had a training on CRCS and 86% felt it was effective in changing a client's risk behaviors. Some barriers to the intervention included working with youth and getting them committed to participating in the intervention (x6), retention, lack of client follow through, economic barriers for clients, denial, mental or substance use issues, and having a strict structure. Some things that worked well with the intervention included: case manager relationship with clients (x5), being client centered (x4), referrals (x2) providing incentives (x2), having consistency and frequency of sessions with low level short term goals, education given to patients, reaching high risk clients who are in a place to receive services, and regular engagement with clients. Overall, an average of 130 clients were served this intervention in the last 12 months and the provider representatives had a good understanding of what CRCS does.

Target Population:

Black and White Men Who Have Sex with Men between the ages of 14 and 25 in Philadelphia and the surrounding counties.

Intervention Name: get REAL Philly

Targets a specific population:

Our primary focus is to reach black and white men who have sex with men between the ages of 14 and 25. However our materials are distributed to anyone who interested in learning about the project or reading one of our peer based stories.

Targets a specific behavior:

The goal of the program is to encourage behavior modification and reduce recreational drug use, binge drinking and risky sexual practices.

Effectiveness:

In addition to developing peer based stories we also have an evaluation component. We surveyed close to 300 men prior to the intervention materials being released. We then survey those men over 3 years to see if they were exposed to the intervention materials and if they had any effect on their behavior. We also do a cross sample of 100 different men each year over 3 years who have been exposed to the intervention and compare the data. to the data of the original sample.

Norms, values, consumer preferences:

Prior to the intervention materials being developed we held several focus groups with men in the target population to get their opinions on the media we were creating and to make sure it was culturally relevant to both racial groups.

Capacity

get REAL Philly is less like a typical intervention and more like a social media campaign. In order make the intervention successful there needs to be a graphic designer available to create images and provide the proper formats for printing and uploading to social networking sites. An outreach team is also needed to distribute materials throughout the community. The length of time to develop each peer based story from start to finish make take about 2 months from the initial interview to the printing of the brochure. I would estimate the cost for each brochure to be about \$1500.

Sustainability

Given the availability of men willing to share their personal stories, I think the intervention is sustainable over time.