

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

Wednesday, November 4th, 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), Terri Clark

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

Excused: Dawn Marie Acero, Wesley Anderson, Arti Chhabria, Christopher Collins, Antonio Davis, Tyreef King, Alison Lin, Dionna Samuel, Val Sowell, Roberta Waite

Absent: Yexsy Alicea (Co-Chair)

Call to Order

J. Chapman called the meeting to order at 12:47 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 & September 23rd, 2009*)

The group spent some time reviewing a draft of the minutes from their September 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

None

Discussion Items:

• **Lit & Ed Calendar**

M. Getahun reminded the group that they had planned to give the CPG a presentation at the planning body's next meeting in order to report and explain their decisions on programs for heterosexual populations. She said that the Planning Priorities Committee also would be presenting on their process but believed that there would be enough time at the meeting for two presentations. J. Chapman felt that the group should continue with their original plan of presenting their decisions on heterosexual interventions at the November CPG meeting and the rest of the group agreed.

M. Getahun asked the group whether they wanted to convene again on November 18th before the next CPG meeting in order to solidify plans for their presentation. T. Clark noted that she would not be available for any meetings on the 18th. J. Chapman did not believe that it would be necessary for the group to reconvene in two weeks. She felt that the group would be able to sufficiently plan for their presentation by email before the next CPG meeting. The rest of the group supported the idea and J. Chapman said that she would email the committee members who had not yet returned their completed worksheets for the programs they had reviewed.

As the members of the Lit & Ed Committee had decided not to schedule another meeting for November, M. Getahun asked them whether they wanted to reschedule their next meeting for December 16th, the day of the next CPG meeting. T. Clark felt that the 16th was a sensible day for the group's next meeting. She then suggested that the committee use the December meeting to finish reviewing the prevention programs so that they could present the last of their results to the CPG before the end of the year. J. Chapman agreed with the idea; however, she felt that the beginning of the December meeting should be used to explain the process to any new members in attendance and to coordinate the committee's remaining planning work. The rest of the group agreed.

J. Chapman reminded the group that, after they had finished reviewing prevention programs, they still had to weight their factors and plan for the prevention provider panel discussions. M. Ross-Russell reported that she had submitted a request to AACO for a list of prevention providers in the area and the services they offered. However, she said that, although she had yet to receive a response from the grantee, OHP staff had been invited to attend a provider meeting in January, at which they could solicit participants for the panel discussions. She then suggested that the committee hold the panel discussions before weighting the factors because the providers' insights could greatly affect the weighting process. Additionally, she pointed out that the new members of the committee would likely do a better job of weighting the factors if they were given more time to understand the process. The rest of the group agreed.

- **Planning for CPG Workgroup Session**

J. Chapman stated that the committee's forthcoming presentation to the CPG would not be very different from the last update they had given the planning body. As a result, she noted that the PowerPoint developed for the last presentation could be used again after some minor revisions were made. M. Getahun supported the statement; however, she noted that, unlike the last presentation, the CPG would receive the explanations for the group's decisions a few days before the meeting.

- **Populations Summary Sheets**

M. Getahun directed the group's attention to the three handouts that gave a brief overview of research on MSM, youth, and PLWHA populations. The members of the Lit & Ed Committee then spent some time reviewing the documents in order to better inform their decisions about programs for the populations (see handouts for more details). While the group was reviewing the handout entitled *Brief Overview of Research on MSM Populations*, J. Chapman asked what the overall incidence numbers in Philadelphia had

been in 2007. After referring to the *Philadelphia Integrated Epidemiological Profile, 2009*, the group determined that a total of 675 new cases of HIV or AIDS had been recorded in Philadelphia in 2007.

- **Homework Report**

SUMIT – DENIED

J. Chapman started the process by reporting on the programs she had reviewed since the group's last meeting. She told the group that, although she had fully reviewed the program SUMIT, she did not feel it would be necessary for the committee to discuss every factor. She explained that, in her review, she had found that the lead author of the program's research recommended using other proven programs instead of SUMIT because the intervention had only led to modest change in one outcome that had not been sustained in the 6-month follow up. As a result, she felt that the program should be rejected and the rest of the group agreed.

Healthy Living Project – APPROVED

- Targets a specific population?
HIV positive men and women at risk of transmitting HIV
- Targets a specific behavior?
Designed to improve quality of life in broad areas of health – mental physical and emotional
- Effectiveness?
Yes – reduced unprotected acts with people of negative or unknown status
- Sound theoretical basis?
Social Action Theory
- Norms, Values, Consumer Preferences?
Yes – the deliverer is supposed to be a member of the targeted community.
- Intervention Feasibility?
Adaptability – Yes, the program was tested in three large cities, utilizing community agencies
Cost – fifteen 90-minute sessions delivered over the course of a year with nothing else required besides staff.
Materials – a package is available
- Other considerations
PCRS connection – the program seeks to manage symptoms of depression to avoid unwanted consequences for clients, their friends, and their partners.

Mpowerment – APPROVED

- Targets a specific population?
Young gay and bisexual men ages 18 - 29

- Targets a specific behavior?
Reduce unprotected sex acts and increase condom usage
- Sound theoretical basis?
Diffusion of Innovation Theory
- Norms, Values, Consumer Preferences?
The CLI is run by a core group of gay men from the community
- Intervention Feasibility?
Cost – fairly inexpensive – run by core group of men from community and paid staff, campaign is run by word of mouth
Adaptability – Yes, run by community members
- Other considerations
PCRS connection – condom use skills training

Be Proud Be Responsible – APPROVED

- Targets a specific population?
African American male adolescents
- Targets a specific behavior?
Reduce positive thoughts about risky behavior
- Effectiveness?
At 3 month follow up, reports of significantly less sexual activity and fewer reports of unprotected sex and partners with multiple other sexual partners.
- Sound theoretical basis?
Social Cognitive Theory, Theory of Reasoned Action, and Planned Behaviors
- Norms, Values, Consumer Preferences?
Materials are tailored to the targeted population
- Intervention Feasibility?
Adaptability – T. Clark informed the group that the program had already been successfully adapted for females locally.
Cost – minimal – six sessions with materials available online.
- Other considerations
Performed locally
PCRS connection – Condom negotiation skills

Sisters Saving Sisters – APPROVED (with Reservations)

- Targets a specific population?
Sexually active, African American and Latina, inner-city, adolescent females
- Targets a specific behavior?
To eliminate or reduce unprotected sex, to reduce the number of sexual partners, and to prevent new STD infections
- Sound theoretical basis?
Social Cognitive Theory, Theory of Reasoned Action, and Planned Behaviors
- Norms, Values, Consumer Preferences?
The group determined that the program was culturally relevant to the target population due to its high retention rates. Additionally, the program specifies the need for an African American deliverer.
- Intervention Feasibility?
Low Cost – the single, 250-minute session intervention is delivered in a hospital setting by an African American woman with at least a college degree and experience working with inner city adolescents.
- Other considerations
Originated in Philly, but not currently funded locally.
PCRS connection – Condom negotiation skills

The group decided to approve Sisters Saving Sisters with reservations after they learned that the program did not currently have an intervention packet available. T. Clark stated that an intervention packet would be essential for the program because of the numerous games involved in its delivery.

FOY (Focus On Youth) + ImPACT – APPROVED

- Targets a specific population?
High risk, African American youth living in low-income urban community sites
- Targets a specific behavior?
Reducing truancy, substance abuse, and sexual risk behavior
- Sound theoretical basis?
Protection Motivation Theory
- Norms, Values, Consumer Preferences?
No evidence of youth involvement in program design but the intervention is supposed to be carried out in community settings
- Intervention Feasibility?
Cost – 1.5 hour sessions held each week for 9 weeks; package available

Staff – One facilitator and an assistant group leader
Adaptability – The program has operated in Baltimore

- Other considerations
The addition of ImPACT involves parents/guardians in the program.
PCRS connection – N/A

FOY (without ImPACT) – DENIED

T. Clark informed the group that the two versions of FOY were different in ways other than the addition of ImPACT. She explained that FOY without ImPACT targeted naturally formed peer friendship groups to address social approval, peer pressure, and condom usage. She noted that the program did not address truancy. M. Getahun pointed out that FOY had been developed from 1993-1996 while the version with the addition of ImPACT had been developed later, from 1999-2002. As a result, she speculated that the latter version might simply have been an update of the earlier FOY. M. Ross-Russell agreed and then pointed out that the addition of ImPACT changed FOY from a promising- to a best-evidence intervention. T. Clark suggested that the group recommend the use of FOY with the addition of ImPACT and deny the earlier version of the program. The rest of the group agreed.

TLC (Together Learning Choices) – APPROVED (with Reservations)

- Targets a specific population?
HIV+ adolescents 13-29 (only program to target positive youths reviewed)
- Targets a specific behavior?
Enhance health behaviors and condom use and eliminate or reduce unprotected sex and drug use
- Sound theoretical basis?
Social Action Theory
- Norms, Values, Consumer Preferences?
Male and female co-facilitators in order to mix the gender groups
- Intervention Feasibility?
Twenty-three 2-hour sessions, package available

T. Clark noted that the group would have to determine the availability of the materials for TLC before they could fully approve the program. J. Chapman agreed and stated that she would also like to know why the program had only received a promising-evidence designation. She felt that the TLC's low retention rates should not weigh heavily against the program since it targeted such a difficult population.

Street Smart – APPROVED

- Targets a specific population?
High-risk runaway youth, ages 11 – 18 years, males and females of various ethnicities (45% were dropouts)
- Targets a specific behavior?
Eliminate or reduce sex risk behaviors and substance abuse through the development of coping skills and self awareness
- Effectiveness?
Reduced unprotected sex (maintained significant level after 21 months)
- Sound theoretical basis?
Social Learning Theory
- Intervention Feasibility?
Cost – 10 sessions (9 small group and 1 individual) delivered over 3 week period; intervention package available; minimal materials required.
Staff – one shelter staff person and one trained facilitator
- Other considerations
Large homeless youth population in Philadelphia
PCRS connection – N/A

J. Chapman stated that, as with TLC, the targeted population of Street Smart was difficult to work with and so low retention rates should not be weighted too heavily against the program. She then stated her approval for the program because all of its other aspects seemed positive, especially since the population it targeted was large in Philadelphia. The rest of the group agreed.

LIFT – APPROVED (with Reservations)

- Targets a specific population?
HIV positive individuals with childhood sexual abuse histories
- Targets a specific behavior?
Eliminate or reduce risk behavior and teach coping skills for abuse and positivity
- Effectiveness?
Shown to significantly reduce risky sexual behaviors
- Sound theoretical basis?
Cognitive Theory of Stress and Coping
Cognitive Behavioral Treatment Strategies for Sexual Trauma

- Intervention Feasibility?
Cost – expensive, requires four therapists and two clinical psychologists
- Other considerations
No intervention package available
PCRS connection – outcomes showed reduced unprotected sex with all partners

J. Chapman informed the group that she had recently seen a presentation on LIFT that was delivered by one of the program’s designers. She believed that the program was very new, which she felt could explain why an intervention package was not yet available. She said that the program seemed as though it would be incredibly effective but noted that the likely cost would be prohibitive. She suggested that the group approve LIFT with reservations based on whether or not the program’s requirement for clinical psychologists could be altered. The rest of the group agreed.

Old Business

None

New Business

None

Review/Next Steps

- The committee reviewed their calendar and rescheduled their December meeting.
- Afterwards, the committee continued with their review of prevention programs.

Announcements

None

Adjournment

The meeting was adjourned by general consensus at 2:39 pm.

Respectfully Submitted,

Joseph Ellis, Staff

Handouts Distributed at the Meeting:

- Meeting Agenda
- Meeting Minutes (*September 23rd, 2009*)
- Brief Overview of Research on MSM Populations
- Brief Overview of Research on Youth Populations
- Brief Overview of Research on PLWHA Populations
- OHP Meeting Calendar

COMMUNITY PLANNING GROUP (CPG)

Literature & Education Committee

Wednesday, November 4th, 2009

12:30 - 2:30 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 & September 23rd, 2009*)

Report of Staff

Report of Co-Chairs

Discussion Items:

- **Lit & Ed Calendar**
- **Planning for CPG Workgroup Session**
- **Populations Summary Sheets**
- **Homework Report**
- **Next Meeting Date**

Old Business

New Business

Review/Next Steps

Announcements

Adjournment

*The next meeting date and time of the Lit & Ed Committee is **TBD**
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, September 23rd, 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), Terri Clark, Dionna Samuel

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

Excused: Yexsy Alicea (Co-Chair), Christopher Collins

Call to Order

J. Chapman called the meeting to order at 12:24 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, 2009*)

As no one from the committee's August meeting was in attendance, the group tabled the approval of the minutes until their next meeting.

Report of Staff

• **Lit & Ed Calendar**

M. Getahun suggested that the committee spend some time planning their calendar so that they could gain a better understanding of the planning work that remained and the time that they had to complete it. She believed that the review of programs for heterosexuals could be completed by October and that the rest of the interventions could be reviewed by the end of the November meeting.

M. Getahun also told the group that the OHP had contacted AACO in order to obtain input on the feasibility of the committee's approved programs. She said that the grantee had said that they would provide the information after the list of programs had been pared down to a manageable amount. Since the committee had only rejected a few programs for IDUs, she suggested that they ask the CPG for more input on the programs they had approved in hopes that more could be taken off of the list. Since such a procedure would also more greatly involve the CPG, she proposed that the committee bring the results of each of their program reviews by population to the full planning body for further review. She clarified that the CPG could review IDU programs at their next meeting and heterosexual programs in November, if the committee was able to keep up with their calendar. The rest of the group agreed.

M. Ross-Russell reported that she had requested from the grantee a list of prevention providers and the programs they offered. She clarified that, as the group had previously discussed, they could use the list to coordinate a panel discussion with providers at an upcoming CPG meeting in order to acquire more information about locally operating programs. She suggested organizing the discussions by programs because a number of interventions were used to target various populations. She pointed out, however, that the committee would have to invite all the providers of a program to the discussion in order to not appear biased. T. Clark supported the idea of coordinating a panel discussion; however, she felt that such an activity would be most appropriate after the group had finished their review of programs. J. Chapman agreed and so the group decided to schedule the panel discussions for either February or March. T. Clark asked whether the panel discussions should take place in a CPG or Lit & Ed Committee meeting. M. Ross-Russell suggested holding the discussions in a CPG meeting because, in addition to satisfying the committee's charge of keeping the planning body informed, CPG members might be able to add to the conversation. The rest of the group agreed and so she said that OHP staff would invite providers to the discussion after they had received the list from AACO.

As a final item for the committee's calendar, M. Getahun asked the group when they wanted to assign weights to their factors for reviewing programs. J. Chapman and T. Clark both felt that the process should occur after the panel discussions because they believed that information could arise during the conversations that would affect the weights. As a result, M. Getahun scheduled the weighting process on the calendar for April or May. She then took a moment to review the group's decisions and to note that a review of the calendar would be done at each meeting to keep the committee on schedule.

Report of Co-Chairs

J. Chapman informed the group that, although she had updated their list of remaining interventions for review, she had forgotten to include the local programs. As a result, she said that she would revise the list directly after the group's meeting and distribute an updated copy to them before the end of the day.

Discussion Items:

- **Heterosexual Epidemiological Data**

M. Getahun directed the group's attention to the handout entitled *Brief Overview of Research on Heterosexual Populations*. She said that she had created the overview by compiling 2008 epidemiological data from Kathleen Brady with what seemed to be the most pertinent information on heterosexuals from the Prevention Intervention Information Binder. She felt that the information would help the group make decisions about which programs would be most effective for the targeted population. As a result, she said that she would create such documents for the rest of the at-risk populations before the committee reviewed the programs that targeted them. As the group read over the handout, she noted that, according to the most recent epidemiological data, African Americans, Latinos, and women were the heterosexual populations most affected by HIV in Philadelphia.

J. Chapman felt that the information in the overview would be helpful to the CPG as they reviewed the programs that the Lit & Ed Committee had approved. M. Getahun agreed and said that she would include the overview on IDU populations in the handouts for the CPG so that they could refer to it as they went through the activity.

- **Homework Report**

J. Chapman stated that she had been unable to find any information on SSSB (Safer Sex Skills Building) and Female Condom Skills Training. She asked whether OHP staff had been able to find any information on either of the two programs. M. Getahun replied that the CDC was regularly adding new interventions to their compendium and, as a result, occasionally did not have information for some of the programs. She said that, in such cases, she had searched for secondary source evaluations or articles on the programs and included whatever she found in the binders.

CHOICES – APPROVED WITH RESERVATIONS

- Targets a specific population?
Low income heterosexually active women
- Targets a specific behavior?
Developing skills that emphasize behavior change (lifestyle balance, abstinence, monogamy, and condom use) to prevent new STIs.
- Effectiveness?
In follow up after 12 months, women in the skills training classes were significantly less likely to acquire a new STD.
- Sound theoretical basis?
Motivational interviewing, decision making exercises, and the Relapse Prevention model
- Norms, Values, Consumer Preferences?
Small groups and an educational component
- Intervention Feasibility?
 - Staff – possibly requires masters or doctoral level psychotherapist.
- Other considerations
 - PCRS connection?
 - Condom negotiating skills training

The group generally approved of CHOICES; however, they opted to place a reservation on the program until they could find out whether it required a masters or doctoral level psychotherapist.

LIGHT (Living In Good Health Together) - APPROVED

- Targets a specific population?
Sexually active, low-income, inner city, high risk men and women

- Targets a specific behavior?
Skills training – identify and manage risk, assertiveness, and negotiating condom use.

- Effectiveness?
Fewer vaginal and anal sex acts at all times and in all groups (3 follow ups), increase in consistent condom use in all groups, fewer STD symptoms in 3 out of 4 groups, and significantly smaller percentage of people identified with gonorrhea than in comparison

- Sound theoretical basis?
Social Cognitive Theory

- Norms, Values, Consumer Preferences?
Small groups (5 – 15 people) comprised of same-sex individuals

- Intervention Feasibility?
 - Cost – 7 sessions twice a week, each 90 – 120 minutes (inexpensive)
 - Staff – Two trained facilitators

- Other considerations
 - PCRS connection?
Yes, teaches condom use skills and targets drug-using partners.

J. Ellis reminded the group that, at their last meeting, they had decided that each member of the committee would report his or her decisions and reasoning about whether or not to approve the programs they had reviewed for homework. He said that the decision had been based on the committee's need to expedite their process. However, T. Clark felt that each committee member should be familiar with all of the programs being reviewed. As a result, she said that doing away with the fuller conversations about each of the programs would be harmful to the process. D. Samuel replied that, although full discussions about each program would be more beneficial to the process, the committee needed to find a way to compromise between the two methods of reviewing programs because of the amount they had yet to cover. The rest of the group agreed.

Project FIO (the Future is Ours) – APPROVED

- Targets a specific population?
Sexually active, heterosexual women

- Targets a specific behavior?
Teaches skills to negotiate safer sex

- Effectiveness?
Significantly fewer unprotected sex occasions and higher condom use in control group
- Sound theoretical basis?
AIDS Risk Reduction Model and Social Learning Theory
- Norms, Values, Consumer Preferences?
Cultural competency
- Intervention Feasibility?
 - Cost – minimal resources required and only 8 2-hour sessions
 - Staff – two facilitators
- Other considerations
 - PCRS connection?
Teaches condom negotiation skills

Project SAFE – APPROVED WITH RESERVATIONS

- Targets a specific population?
African American and Mexican American women with a STI diagnosed in a public health clinic
- Targets a specific behavior?
To reduce new infections of STIs and the behaviors that cause them
- Effectiveness?
Unknown
- Sound theoretical basis?
AIDS Risk Reduction Model
- Norms, Values, Consumer Preferences?
Small groups, ethnically matched female facilitator
- Intervention Feasibility?
 - Cost – 3 1-hour sessions with groups of 5-6 women over 3-week period
 - Staff – nurse clinician required to provide STD screening and treatment
- Other considerations
 - PCRS connection?
Teaches condom use skills

T. Clark stated that the only factor of Project SAFE that stood out to her was that it operated out of an STD clinic. As a result, she felt that the program's full approval should be decided by whether or not another program in operation was also conducted out of an STD clinic. The rest of the group agreed.

Project RESPECT

Brief Counseling – APPROVED

Brief Counseling + Booster – DENIED

Enhanced – DENIED

- Targets a specific population?
BC – sexually active, HIV negative heterosexuals who are STD clinic patients
BC + B – same as above but also includes homosexuals and bisexuals
E – same as BC
- Targets a specific behavior?
BC – eliminate or reduce sex risk behaviors and prevent new STIs
BC + B – same as above
E – same as above
- Effectiveness?
BC – control group saw a significant reduction in new STIs and unprotected sex acts.
BC + B – no more effective than BC in reducing new STIs
E – same as above
- Sound theoretical basis?
Theory of Reasoned Action and the Social Cognitive Theory
- Norms, Values, Consumer Preferences?
unknown
- Intervention Feasibility?
BC – 2, 20-minute ILI counseling sessions
BC + B – same as above with an extra 20-minute counseling session after 6 months
E – same as BC but 4 sessions instead of 2
- Other considerations
 - PCRS connection?
No language

After the group had reviewed the information on the three variations of RESPECT, J. Chapman stated that the enhanced version seemed to have been created first and that, after the enhanced version had only average outcomes, the other two variations were later developed. The rest of the group agreed and, as a result, decided to reject the enhanced

version of RESPECT. The committee also rejected the brief counseling plus booster version of the program after they realized that it had not been more effective than the brief counseling alone at reducing new STIs.

Before proceeding to their next discussion item, the group decided that, moving forward, they would email their completed versions of Worksheet 13 to M. Getahun before their meetings. M. Getahun said that she would contact Y. Alicia and C. Collins to see whether they had any completed worksheets.

- **Planning for CPG Workgroup Session**

M. Getahun directed the group's attention to the handout containing all of their approval decisions for IDU programs. As the group looked over the documents, D. Samuel asked whether it would be possible in the future to get the information to the CPG well before the meeting so that they would have sufficient time to review it. The rest of the group agreed and M. Getahun said that she would prepare the documents earlier for the rest of the committee's program discussions with the CPG. D. Samuel also felt that the documents should clearly list the committee's reason for rejecting a program and the rest of the committee members supported the idea. As a result, the group decided to review their reasons for rejecting CLEAR, Sniffer, Community Promise, and DUIT and add the information to the handouts.

J. Chapman asked whether the CPG should be broken into smaller groups to perform the task of reviewing each of the committee's decisions about the programs. M. Getahun replied that, while doing so would probably be the most efficient manner of conducting the task, it was possible that there would not be enough CPG members in attendance for small groups. M. Ross-Russell pointed out that the specific procedures used to conduct the workgroup sessions would likely develop as the committee went through the process. She reminded the group that their ultimate goal was to familiarize the CPG with what they were doing and to include the planning body in the process. M. Getahun added that the presentation would also get the CPG members thinking about potential questions for their upcoming panel discussion. She then offered to help the committee develop a PowerPoint display for their presentation before the start of the CPG meeting. The group felt that a PowerPoint display would be beneficial to their presentation and, therefore, opted to end the meeting early in order to develop it.

Old Business

None

New Business

None

Review/Next Steps

- The Lit & Ed Committee started their meeting by reviewing the tasks they had to complete within the next year and scheduling deadlines for them on their calendar.
- The group also reviewed data on Heterosexual populations to inform their decisions about the programs targeting the population

- The group then reviewed CHOICES, Light, Project FIO, Project Safe, and three variations of RESPECT. The group approved of all of the programs with the exception of the enhanced and boosted versions of RESPECT.
- The group concluded their meeting by planning for their presentation in the CPG meeting.

Announcements

None

Adjournment

The meeting was adjourned by general consensus at 2:18 pm.

Respectfully Submitted,

Joseph Ellis, Staff

Handouts Distributed at the Meeting:

- Meeting Agenda
- Meeting Minutes (*August 26th, 2009*)
- Lit & Ed Committee Calendar 2009 – 2010
- Brief Overview of Research on Heterosexual Populations
- Committee Decisions on IDU Programs
- OHP Meeting Calendar

BRIEF OVERVIEW OF RESEARCH ON MSM POPULATIONS

Who is at risk? (Taken from AACO's MSM Work Group and UCSF's Summary)

- MSM disproportionately affected by AIDS and account for the largest percentage of persons with AIDS in the US (53%)
- MSM with alcohol and recreational drug use are at special risk, drug use is higher in MSM than heterosexuals
- Unprotected anal intercourse between an HIV+ and an HIV- man remains the greatest risk for HIV transmission among MSM
- Increased HIV diagnosis for MSM and racial disparities point to continued need for tailored intervention especially for those in minority groups
- Older men with large numbers of sex partners and young men who used "party" drugs and older men who used nitrate inhalants are most likely to contract HIV
- Over half of all reported HIV/AIDS cases among males aged 13-24 were among male-male sexual contact

Problems reaching this population

- MSM of color (African American and Latino MSM) are more likely than their White counterparts to engage in high risk activities due to social and cultural factors including homophobia, racism, and self-esteem
- Sexual risk factors account for the majority of infections in MSM, although not all reasons are known for the recent increase, research shows that with improved HIV treatment, safe sexual practices are affected as a result of optimism.
- Unknown HIV serostatus. A large percentage of MSM are not aware of their infections
- Substance abuse and complacency about risk. Evidence of underestimation of risk among MSM

How can this population be reached?

- Effective programs for young MSM must address the context of their lives and the individual, interpersonal and societal factors that put them at risk.
- Comprehensive strategies that target those who do not necessarily identify as gay or bisexual but still have male-male sexual contact
- Programs for young MSM need to involve them directly in planning and implementation and foster support

SELECTED LITERATURE REVIEW

A Meta-Analytic Review of HIV Behavioral Interventions for Reducing Sexual Risk Behavior of Men Who Have Sex with Men

Herbst et al. 2005

- Interventions successful in reducing risky sexual behavior were based on theoretic models, included interpersonal skills training, incorporated several delivery methods, and were delivered over multiple sessions spanning a minimum of 3 weeks.
- Behavioral interventions provide an efficacious means of HIV prevention for MSM. To the extent that proven HIV prevention interventions for MSM can be successfully replicated in community settings and adapted and tailored to different situations, the effectiveness of current HIV prevention efforts can be increased

HIV INTERVENTION RESEARCH FOR MEN WHO HAVE SEX WITH MEN: A 7-YEAR UPDATE

Johnson et al. 2005

- 54 interventions with 16,224 participants that were evaluated in 40 randomized trials and controlled observational studies with independent comparison groups
- Our review shows that some populations at high risk have been critically underserved in intervention research, particularly African American and Latino MSM, and MSM in countries where English is not the primary language
- Behavioral interventions reduce self-reported unprotected sex among MSM.

HIV Prevention Research for Men Who Have Sex with Men: A Systematic Review and Meta-analysis

Johnson et al. 2002

- The most clearly favorable effects were observed among interventions that promoted interpersonal skills, were delivered in community-level formats, or focused on younger populations or those at higher behavioral risk.
- These studies demonstrate that interventions can promote risk reduction among men who have sex with men. Yet given the epidemiology of HIV in the United States, the small number of rigorous controlled intervention trials for this population is striking
- Younger study samples began at higher behavioral risk, and these were the groups where the most favorable changes were observed.

LOCAL DATA

HIV/AIDS among MSM in Philadelphia, 2006-2008

	2006		2007		2008	
	N	Col %	N	Col %	N	Col %
<u>Total</u>	343	100.00%	379	100.00%	361	100.00%
<u>Diagnosis</u>						
AIDS	138	40.20%	139	36.60%	81	22.40%
HIV (Non-AIDS)	205	59.70%	240	63.30%	280	77.50%
<u>Race</u>						
Black	214	62.30%	213	56.20%	210	58.10%
Hispanic	21	6.10%	36	9.40%	36	9.90%
White	102	29.70%	120	31.60%	109	30.10%
Other/UNK	6	1.70%	10	2.60%	6	1.60%
<u>Age</u>						
< 24 Years	72	20.90%	98	25.80%	95	26.30%
24-39 Years	138	40.20%	162	42.70%	153	42.30%
40+ Years	133	38.70%	119	31.30%	113	31.30%

AACO 2009

BRIEF OVERVIEW OF RESEARCH ON PLWHA POPULATIONS

Who is at risk?

- CDC estimates that 25% of people living with HIV/AIDS (PLWHA) are unaware of their serostatus and 33% are not receiving care
- Partners of those who are positive (both main and casual partners)
- PLWHA IDU users
- Minority and underserved populations including African American and Latinos who do not have regular care access and linkage

How can this population be reached? (From Outreach, Counseling and Testing: Strategies and Interventions in a National HIV Prevention with Positives Project)

- Street and community outreach (SCO) & HIV Counseling and Testing (CTS) strategies must be flexible and modified periodically to reflect the changing HIV prevention needs of PLWHA
- Locating clients to deliver their HIV test results is an ongoing challenge to identifying HIV-positive persons and linking them to services. For example, jurisdictional issues in correctional settings prevent inmates' post-release contact information from being shared with CTS workers.
- Lengthy wait times for receiving test results may also deter clients from returning for results and services. Rapid testing capabilities could enhance CTS services and identify PLWHA more efficiently
- Brief and anonymous SCO interventions are beneficial for reluctant clients but present challenges to collecting evaluation data. These programs are appropriate interventions to distribute HIV prevention materials and recruit clients for HIV prevention services.

SELECTED LITERATURE REVIEW

Meta-Analysis of High-Risk Sexual Behavior in Persons Aware and Unaware They are Infected with HIV in the United States

Marks et al. 2008

- The prevalence of high-risk sexual behavior is reduced substantially after people become aware they are HIV+. Increased emphasis on HIV testing and counseling is needed to reduce exposure to HIV from persons unaware they are infected.
- Resources and efforts are needed to make HIV testing opportunities more accessible (eg, rapid tests) and to reduce barriers to testing so that infected persons learn their status. Public health campaigns targeting young MSM, especially young MSM of color, are urgently needed; because many of these men are unaware they are infected.
- Assisting HIV+ people to establish social networks that encourage risk reduction and provide social support for seeking medical care and adhering to treatment regimens has also shown promise in demonstration projects.

Group Level Interventions for Persons Living With HIV: A Catalyst for Individual Change

Hyde et al. 2005

- Study highlights the experiential opportunities that group interventions offer with respect to HIV knowledge, social support, HIV disclosure skills, and HIV risk reductions.
- Participants talked highly of their experiences in group-level interventions, suggesting that they should be considered an important prevention strategy for people living with HIV.
- Lessons learned thus far include the need to develop research that (a) targets multiple levels of prevention; (b) enhances long-term maintenance of risk reduction; (c) fosters intervention dissemination, adaptation, and implementation; and (d) enhances community input and ownership.

LOCAL DATA

Philadelphia EMA Adult Living HIV/AIDS Cases by Exposure, Race and Ethnicity, Age, and Gender, December 2007*

	2007	
	N	%
Exposure Category		
MSM	5,046	28.9
MSM/IDU	563	3.3
IDU	5,132	30.4
Heterosexual	6,085	36.0
Other	79	0.5
Total	16,905	99
Race/Ethnicity		
White (Non-Hispanic)	3,542	21.0
Black (Non-Hispanic)	11,133	65.9
Hispanic	2,037	12.0
Other/Unknown	193	1.1
Total	16,905	100
Age		
13 to 19	650	3.8
20 to 29	4,303	25.5
30 to 39	6,105	36.1
40 to 49	3,970	23.5
50+	1,649	9.8
Unknown	228	1.3
Total	16,905	100
Gender		
Male	11,897	70.4
Female	5,008	29.6
Total	16,905	100

Philadelphia HIV/AIDS Epidemiological Update 2007

City of Philadelphia, Department of Public Health, AIDS Activities Coordinating Office, Surveillance Unit

BRIEF OVERVIEW OF RESEARCH ON YOUTH POPULATIONS

Who is at risk? (Taken UCSF's Summary)

- Some sexually-active young African-American and Latina women are at especially high risk for HIV infection, especially those from poorer neighborhoods
- Half of all new infections in the US occur in people younger than 25. From 1994 to 1997, 44% of all HIV infections among young people aged 13-24 occurred among females, and 63% among African-Americans
- Unprotected sexual intercourse puts young people at risk not only for HIV, but for other sexually transmitted diseases (STDs) and unintended pregnancy

Problems reaching this population

- In the name of culture, religion or morality, young people are often denied access to information about their bodies and health risks that can help keep them safe.
- Gay/exploring same-sex relationships, drug users, juvenile offenders, school dropouts, runaways, homeless or migrant youth are often hard to reach for prevention and education efforts since they may not attend school on a regular basis, and have limited access to health care and service-delivery systems

How can this population be reached?

- Young people need to get prevention messages in lots of different ways and in lots of different settings. Schools alone can't do the job
- Programs targeting hard-to-reach adolescents at high risk for HIV are necessary in many different venues outside of schools. Programs based in venues such as residential child care facilities, alternative schools and youth detention centers are needed.
- Peer educators can use an empowerment-oriented approach targeted to youth aged 12-17 to teach about preventing HIV and STDs, and to mobilize and link resources for young people through social and community networks
- Programs should focus on contextual factors that lead young people to engage in higher rates of sexual activity and lower rates of condom use, such as low self-esteem, depression, substance use, gang activity, stress of living in turbulent urban environments, or boredom/restlessness related to unemployment.
- Any program for adolescents should be interesting, fun and interactive, and involve youth in the planning and implementation. This is especially true for out-of-the-mainstream youth and youth from diverse cultures

SELECTED LITERATURE REVIEW

HIV risk among homosexual, bisexual, and heterosexual male and female youths.

Rotheram-Borus et al. 1999

- The prevalence and frequency of sexual risk acts varied by gender but were similar across youth of different sexual orientations, ethnicities, and ages. Condom use and the social-cognitive mediators of risk varied by sexual orientation and gender.
- Homosexual youths reported a gap between their positive attitudes toward HIV prevention and their skills to implement safer sex acts, particularly under social pressure.
- Bisexual youths appeared at greatest risk; their reports of sexual risk were the highest, yet their perceived risk for HIV was relatively low and skills and knowledge were moderate (relative to their peers).
- Heterosexual youths appear at high risk for HIV based on reports of low rates of condom use and HIV-related beliefs and attitudes. However, heterosexual youths demonstrated the highest level of condom skills.

Common Processes in Evidence-Based Adolescent HIV Prevention Programs

Ingram et al. 2008

- By focusing on the common processes that occur in successful interventions, rather than on their theoretical explanations or idiosyncratic packaging, we are making an empirically validated knowledge base more accessible to community interventionists.
- This qualitative analysis demonstrated that successful HIV programs contain processes not articulated in their developers' theoretical models.