

BRIGHT IDEAS



**INNOVATIVE OR PROMISING PRACTICES IN
HIV PREVENTION AND HIV PREVENTION
COMMUNITY PLANNING**

THIRD EDITION
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NASTAD
NATIONAL ALLIANCE OF STATE AND TERRITORIAL AIDS DIRECTORS

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Summary

Bright Ideas 2002 follows the success of *Bright Ideas 2001 and 2000*, shared for the first time two years ago (March 2000) at the Community Planning Leadership Summit for HIV Prevention in Los Angeles. We are pleased to present another set of practices identified as noteworthy or promising, to help us better share and network about strategies to increase the effectiveness of community planning and HIV prevention in the nation.

As with last year's issue, development of *Bright Ideas 2002* used as its starting point recommendations on noteworthy practices made during the External Review of state and local health department HIV prevention cooperative agreement applications and community planning group (CPG) comprehensive HIV prevention plans. This review was conducted by the Centers for Disease Control and Prevention (CDC) in October 2001. The External Review brings together representatives from community planning groups, health departments, and CDC, along with behavioral/social scientists and epidemiologists to provide a peer review of the applications and plans submitted annually by the sixty-five state and local health departments funded by CDC. The purpose of the External Review is to monitor ongoing compliance with CDC's *Guidance on Community Planning*, as well as to identify technical assistance needs and noteworthy practices around HIV prevention planning and programs.

Staff from the Academy for Educational Development (AED) and National Alliance of State and Territorial AIDS Directors (NASTAD) attended the External Review to observe the process, monitor trends, and provide assistance to CDC in compiling information and recommendations generated during the Review. As a component of their participation, NASTAD and AED worked in collaboration with CDC to compile the noteworthy practices identified by reviewers. NASTAD then worked with jurisdictions to obtain additional information and details about the specific practices cited during the External Review, as well as contact information. NASTAD also asked jurisdictions to identify any additional practices they wanted to profile.

The following compilation of noteworthy practices represents activities that peers or the jurisdictions felt were notable and that have not been included in previous editions. These practices include strategies for supporting the community planning process as well as innovative approaches to HIV prevention program service delivery. Practices include those funded with both state and federal resources.

We were careful to include as many jurisdictions as possible in *Bright Ideas 2002* to ensure the most inclusive inventory. This year, we relied on jurisdictions to respond to our request to profile their practices. We are very pleased at the response for *Bright Ideas 2002* and received submissions from several jurisdictions that were not profiled last year. We feel this year's edition highlights many interesting and useful practices other jurisdictions may want to incorporate into their own programs.

As with last year's edition, HIV prevention practices are listed alphabetically by jurisdiction. The main features of the practice and contact information are included so interested individuals can contact the appropriate personnel or jurisdiction for additional information.

If you have noteworthy or promising practices you would like to share with other planning groups or health departments, please contact your CDC Project Officer, or forward them to Alberto M. Santana at NASTAD (asantana@nastad.org; (202) 434-8090).

Alberto M. Santana, HIV/AIDS Technical Assistance Coordinator at NASTAD, prepared this document. Community planning group members and health department staff from around the country provided critical assistance as well. Many thanks to all those who assisted in the development of *Bright Ideas 2002*. Publication of *Bright Ideas* is made possible through funding from the CDC.

Ark of Refuge California

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Program Description

The California Office of AIDS, in collaboration with the Ark of Refuge, an African-American United Church of Christ have developed a curriculum to prepare African American faith-based leaders in the delivery of HIV prevention messages. Through a contract with the Office of AIDS, the Ark of Refuge administers programs to reduce the risk of HIV infection for African-Americans. The purpose is to increase awareness through educational and other materials for use by pastors, through training sessions and workshops. In addition, the Ark of Refuge distributes fliers, brochures and a ministry kit that includes educational tools for HIV/AIDS sermons and prevention messages for dissemination to African-American churches.

Evaluating Local Interventions (ELI) California

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Program Description

ELI is a web-based information system that will enable California's prevention providers to systematically collect and access information critical to effectively preventing HIV infection. In collaboration with the University-wide AIDS Research Program (UARP), The Office of AIDS (OA) has worked with providers statewide to develop ELI's core measures that target program implementation and risk behavior data collection. ELI builds capacity for local prevention evaluation and will be replacing the currently required statistical information questionnaire (SIQ) and will streamline the way programs report information on the services that they are delivering.

Because ELI will enable immediate access to program data across intervention types, it builds capacity for local prevention evaluation and will be useful for all providers in planning and implementing programs. Increasing attention to evaluation provides an opportunity for California to further develop a comprehensive strategy with the capacity to produce useful information for all stakeholders. Information resulting from evaluation activities can be used to improve existing programs, enhance prevention program planning and to secure additional resources.

Translation Research for Interventions Serving Gay, Bisexual Men and MSM in California California

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Program Description

To date, “very little scientific attention has been directed to the critical question of helping public health providers of AIDS prevention services successfully adopt interventions shown to be effective in the research arena” (Kelly, 2000, p. 1082). As a result, despite many scientific advances made in HIV prevention, those advances are not always reaching community prevention service providers. Given this context, the University of California’s University-wide AIDS Research Program (UARP) and the California Office of AIDS have identified the need to operationalize and study the transfer of evidence-based prevention programs to community organizations delivering HIV prevention services to high priority populations. A request for applications has been jointly developed to provide funding to support community collaborative research projects that will study the process of translating and implementing evidence-based HIV prevention interventions designed to reduce high risk.

Community Days Connecticut

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Program Description

To contribute to the Connecticut Community Planning Group’s (CPG) needs assessment process, Community Days are held to collect data and gain better insight to HIV prevention needs in specific communities. Community members are asked about what works, what doesn’t work, and what might work in HIV prevention in their community. Community Days involve a series of interactive community events in a variety of settings within a specific geographic area selected by Community Planning Group members and advisors. CPG members and advisors travel from place to place in the area and interact with community members on their own “turf.” Examples of previous Community Day locations include homeless shelters, youth centers, churches, drug treatment facilities, syringe exchange programs, schools, and correctional institutions. Approximately 500 community members attended Community Day events held this past planning cycle.

Epidemiology Made Easy Connecticut

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Program Description

The Connecticut Community Planning Group strives for parity, inclusion and representation in a number of ways. One such way focuses on addressing members' and advisors' technical assistance needs. New members and advisors consistently identify using data to assess needs in the community planning process as an area for assistance. To meet this need, the CPG leadership responded by tapping into the epidemiology expertise of the group and the consulting staff who facilitate the community planning process to develop a two-hour interactive training that teaches members and advisors the importance of using data in community planning, basic concepts of epidemiology, typically used epidemiological jargon, and 4 tools used to present data.

Policy & Procedures Manual Connecticut

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Program Description

The Connecticut Community Planning Group (CPG) recently established a Policy & Procedures Manual to provide written documentation of the structure and practices of the group. The Manual serves a different purpose than the CPG bylaws document called the CPG Charter. The Policy & Procedures Manual is complemented with a quick-reference brochure titled "Frequently Asked Questions from the Connecticut CPG Policy & Procedures Manual." The brochure is available in English and Spanish.

Temperature Check and Robert's Rules of Order

Connecticut

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Program Description

Adapting two ideas from the New Haven Ryan White Title I Planning Council, the Connecticut Community Planning Group has implemented two new practices to ease the group's decision-making processes. First, a new consensus building method to encourage and increase member and advisor participation called the CPG temperature check. Each member and advisor is given a set of 5 cards. The cards contain phrases that summarize how the individual is feeling about the topic at hand. Phrases on the five cards include: Yes, I am satisfied that this is the best decision for the group, given the current situation; Yes, while not perfect, this decision is acceptable to me; No, I need more information or clarification before moving toward a vote; No, I do not agree with decision; and No, Define the term. I need clarification about the situation. Throughout the meeting the co-chairs take the temperature of the group to make sure everyone feels they are participating in the process. The CPG also developed a one-page, two-sided summary of frequently used Robert's Rules of Order. The "cheat sheet" highlights typical rules used during a CPG meeting and instructions on how to implement the rule. Temperature cards and Robert's Rules sheets are both available to members of the public so that they can follow the process. The cards and the one-page cheat sheets have improved member, advisor and public participation and the CPG leadership considers both successful decision-making techniques for Connecticut.

Website

Connecticut

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Program Description

Now everyone can find the Connecticut Community Planning Group (CPG) at www.ctcpug.org. The CPG website offers the group's mission statement, the monthly meeting schedule and downloadable versions of the 2002-2004 Comprehensive HIV Prevention Plan, informational brochure, and News & Notes, the CPG's monthly newsletter. The website also links to over 30 HIV/AIDS related organizations and resources including: the Center for Disease Control and Prevention, Academy for Educational Development, Connecticut State Department of Public Health, six evaluation sites, 16 national sites and seven university sites. Being able to access HIV/AIDS and community planning information and resources at the click of a button assists the CPG in accomplishing its work accurately and on time.

Communicable Disease Integration Committee (CDIC)

Delaware

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Program Description

The Delaware HIV Prevention Program, Ryan White Title II, STD Program, laboratory personnel and clinic managers meet regularly as part of the Communicable Disease Integration Committee (CDIC). Hepatitis B, Immunization and Tuberculosis programs are also represented on the committee. Development of standards, protocols, and recommendations for service improvement occur as part of routine CDIC meetings. The committee is working on integrating service delivery in Family Planning and STD clinics throughout the state. HIV Prevention Counseling and Testing is incorporated into clinic appointments.

Community Planning Evaluation Delaware

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Program Description

Since 1995, Delaware's Division of Public Health has contracted an independent consultant to evaluate CPG activities and process. The role of the consultant has been allowed to evolve and change over time to meet the needs of the CPG, though the principle responsibilities of the consultant remain stable.

The independent consultant provides the following:

- Design and implementation of an evaluation program to meet the CDC evaluation requirements concerning the CPG core objectives.
- Provide the CPG with information and recommendations useful to the committee in meeting its developmental needs.
- Provide formal evaluation reports to DPH and the CPG twice a year.
- Evaluate the CPG's progress toward meeting its self-generated goals and objectives outside of the scope of the CDC mandated core objectives.
- Provide other technical assistance as needed. This may include education about evaluation methods and interpretation of results, group decision-making processes, formation of group identity, meeting effectiveness, etc.

The consultant gathers information through direct observation of the process, periodic surveys, and review of CPG products (minutes, work plans, official documents, the 3-year plan, etc.).

The periodic surveys approximate/quantify the CPG members' feelings relative to trust, inclusion, decision making processes, belonging, etc. and provide a relative measure of change throughout the year and the CPG process. Delaware's CPG has found this information worthwhile and useful.

In 2002, the focus of the consultant and DPH will be to further refine the information gathered through the survey, especially information related to CPG membership demographics, and to continue refinement of an already successful process for generation/revision of the three-year HIV prevention plan.

DPH Collaborates with Department of Corrections

Delaware

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Program Description

The HIV Prevention Program provides peer education and support groups for inmates in Delaware correctional facilities. Funding for this program is supplemented by the Ryan White Title II program, providing discharge case management for HIV positive inmates. The collaborative program allows the Department of Corrections to develop a continuous system of care for HIV positive inmates, beginning with education while inside the prison and extending for 30 days post-release with case management services.

SAPT Set Aside Use by HIV Prevention Program

Delaware

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Program Description

The Delaware HIV Prevention Program, within the Division of Public Health, and the Division of Substance Abuse and Mental Health (DSAMH) collaborated on the development of contracts with agencies to provide HIV prevention services to injecting drug users. Funding for IDU-specific contracts will be derived from two sources, HIV Prevention funding and the SAPT Set Aside. HIV prevention is the lead program for developing and monitoring the contracts. DPH will provide reports to DSAMH for the Substance Abuse Prevention and Treatment (SAPT) block grant reports for the Substance Abuse and Mental Health Services Administration (SAMHSA). DSAMH continues to participate in the Prevention Planning Committee (Delaware's Community Planning Group), providing insight into the current drug use statistics and services.

New Castle County Youth Committee

Delaware

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Program Description.

Through collaborative efforts with the Boys and Girls Club of Delaware, a New Castle County Youth Committee (NCCYC) was developed in 2001. Representatives serve on the HIV Prevention Planning Committee, as voting members, and participate in work groups. The youth committee provides insight into prevention programs that will or will not resonate with youth. Youth are held to the same attendance standards. Because CPG meetings are held in the afternoon, youth must commit to the process and have gained permission to miss school for the prevention activities. In June 2001, NCCYC sponsored a counseling and testing event with over 300 attending. Forty-seven youth and adults were tested at this event.

Gadsden Correctional Institution – Linkage Program

Florida

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Program Description

This program provides HIV education and linkage to services for women in a state prison. The 900-bed facility is usually operating at 98% capacity and the HIV positivity rate is 10%. All of the women in the prison are offered eight-week classes to provide education about risk factors, prevention strategies, modes of transmission, and treatment options. These classes are full for six months in advance and many of the women who are unaware of their HIV status request an HIV test while taking part in the class.

An unexpected benefit of the program has been an improvement in the relationships between the infected women and their uninfected peers. As the general population learned more about how the virus is transmitted and began to understand that casual contact did not put them at risk, there has been a dramatic decrease in discrimination towards HIV-infected women.

Women who are HIV infected are taught about the importance of consistent medical appointments and how to obtain and take their medicine. Three months prior to their release, they participate in a discharge plan to ensure there is no interruption in their medical care. The last month of their incarceration, they become responsible for taking their own medication. They leave the prison with a copy of pertinent medical records, a 30-day supply of medication and an appointment for on-going case management in the community where they will return.

I. M. Sulzbacher Center for the Homeless – Linking Clients to Care

Florida

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Program Description

This program was developed to link HIV-positive homeless people to care services, both while they are in the facility and after they leave. HIV counseling and testing is also offered through other funding sources in order to identify new HIV-positive residents. This program has been especially challenging because of the transient nature of the residents. However, staff have learned how, when and where to locate residents who have left the shelter and dropped out of the local system of care.

Testing homeless persons living in abandoned buildings, parks or on the street is provided via a mobile unit; HIV-positive persons are assisted by shelter case managers in getting medical care, mental health services and on-going case management is provided by local community-based organizations specializing in providing care for this population. Staffs from the program often go with clients to their appointments; they provide support for persons who may be overwhelmed by the prospect of filling out forms and communicating with unfamiliar people about their health.

Many of these people were previously receiving Ryan White case management services but had dropped out of the system. Substance abuse, mental illness, and unstable living conditions made it extremely difficult for them to adhere to the rigorous appointment and medication schedules. The key ingredient of the success of this program is the personal involvement of the staff in assisting clients in obtaining needed services.

Targeted Outreach for Pregnant Women Act (TOPWA) Program

Florida

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Program Description

The Targeted Outreach for Pregnant Women Act (TOPWA) program is established in 11 Florida counties to reach high-risk or HIV-infected pregnant women who are not receiving adequate prenatal care and are at risk for delivering a substance-exposed or HIV-infected newborn. TOPWA service providers are community-based organizations experienced in conducting outreach in their local area. Outreach is conducted in specific venues where eligible clients may be found; relationships are also established with community leaders and others connected to the target population. Collaborative agreements and reciprocal referral processes are negotiated with existing community service agencies and organizations. Each woman contacted through outreach is offered HIV testing, education on HIV transmission and risk, and prevention materials. Women unsure of their pregnancy status are offered a pregnancy test. Pregnant women are provided information on the availability of zidovudine and the benefits of early treatment of HIV, the benefits of prenatal care and the dangers of substance abuse during pregnancy. Each woman is screened to determine her eligibility for TOPWA. An assessment is performed on each TOPWA eligible woman to determine her level of risk and service needs. TOPWA clients are provided referrals and direct linkages with services as indicated by the assessment, such as prenatal care, housing, substance abuse treatment, and domestic violence services. Referrals are tracked to ensure completion and clients are followed through birth of the infant.

Needs Assessment of MSMs from a Rural State

Idaho

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Program Description

Rural states with many low population density areas are not immune to the problem of HIV, and may face unique barriers to providing preventive and health care services. As in North America generally, the majority of rural AIDS cases have occurred among men who have sex with other men. Previous research has indicated that as many as a third of gay and bisexual men continue to practice unprotected anal sex (Lemp, et al., 1994). Recently, the Idaho Prevention and Planning Group (IPPG) conducted a needs assessment of this high-risk group via both semi-structured focus groups and a statewide anonymous survey. Our purpose was to examine the prevalence of sexual risk behaviors, reasons given for not using condoms, and age differences.

Condom use during anal sex depended on whether or not the participant was in a committed relationship. Reasons for not using condoms can be grouped into 3 factors: (a) concern about partner's reaction, (b) concern about personal feelings/experience, and (c) HIV status. Younger participants indicated concern about partner's reaction more often than older participants as a reason for not using condoms.

The younger group (under 21 years) reported more female partners and less condom use than the older groups. Older participants (35+ years) indicated that giving your name was a source of concern about getting tested for HIV. The 21 to 34 year old age group identified fear of results as well as giving your name as concerns about HIV testing. Younger participants indicated fear of results and waiting time as concerns about testing.

Sister Project Idaho

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Program Description

The *Sisters Project* is a woman's health program that builds women's pride, gives women the tools to create healthier relationships, and provides a comfortable space for women to talk about their relationships. The Sisters Project is focused on HIV risk reduction through women's empowerment and has been adapted from SISTA, a program developed by Drs. Gina Wingood and Ralph DiClemente of Emory University in Atlanta. Specifically, Sisters addresses issues unique to rural women:

- Economic circumstances affect the choices women make for themselves and their families. Lack of economic resources often lead to lack of education and, therefore, limit the earning power of rural women.
- Rural women face challenges that are not faced by men in similar situations. For example, women often have primary child care responsibilities and are often solely responsible for pregnancy and disease prevention.
- Domestic abuse is on the rise in rural Idaho with too few supporting resources such as women's shelters, advocacy, and counseling.
- Racial and gender bias limit the options women have when making choice in their lives.

Social learning theory and facilitated peer-to-peer education are the heart of the Sisters Project. Small groups meet each week for four weeks with a Sisters Educator to explore:

- Women's Pride,
- Sexually Transmitted Diseases and Protecting Women's Health,
- Assertiveness Skills Training, and
- Behavioral Self-Management and Coping Skills.

Women who attend these sessions are paid a small stipend and provided with child care and transportation if needed.

Meeting Format for Group Focus

Illinois

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Program Description

Each Illinois HIV Prevention Community Planning Group (PCPG) meeting begins with a welcome, then a moment of silence. Then, selected community members read the PCPG Mission Statement, The Core Community Planning Objectives, and the Ground Rules for Respectful Engagement. This has helped the group to focus on what they need to be doing while at this meeting. The Ground Rules and the Core Objectives are also posted on the wall in the front of the group so that they are reminded of the purpose and function of the meeting.

Orientation of New Members

Iowa

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Program Description

The Membership /Orientation /Bylaws Committee, which conducts orientation for new CPG members compiled a short booklet designed to help new members understand the community planning process. This has helped new members learn the major tasks and responsibilities of a CPG member. The booklet includes essential principles and components of community planning, and highlights each section with discussion questions.

Mentorship Program for New Community Planning Group Members Maryland

Contact Information

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Program Description

In order to empower members of the Maryland HIV Prevention Community Planning Group (CPG) to be informed, active, vocal and full participants, the Membership Committee of the CPG established a Mentorship Program to supplement the initial orientation new members receive from staff. Mentors are CPG members in good standing who have been on the CPG for at least one and a half years. When possible, new members are matched with a mentor from a different geographic region of Maryland. Mentors are expected to help the new member learn and understand the community planning process, and introduce the new member to others on the CPG. Mentors are expected to eat lunch with the new member before the monthly meetings and call the new member periodically. A Mentorship Coordinator provides feedback to mentors on their work with the new members and addresses any questions or concerns they may have.

Exit Interview for Outgoing Community Planning Group Members Maryland

Contact Information

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Website: <http://www.dhmh.state.md.us/AIDS>

Program Description

Maryland developed an Exit Interview to gauge the experience of former CPG members. The evaluation tool consists of 27 questions about the person's experience on the CPG (and, where applicable, participation in one of its five regional advisory committees, Regional Work Groups (RWG)). Questions were designed to assess what aided in the person's understanding of the planning process, and what motivated him or her to remain involved. Feedback on the leadership and staff of the process is also solicited. The Exit Interview is designed to be administered orally, either in-person or over the phone. Responses from the Exit Interview will be used to help improve the training, leadership development, motivation and recognition of CPG members.

People of Color HIV Prevention Capacity Building Initiative Maine

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Program Description

Maine is a large, rural state with the least racial and ethnic diversity in the nation. There are no minority AIDS service organizations (ASO) in the state. However, the Maine CPG and the Bureau of Health have identified providing prevention services to Maine's communities of color as a priority. In order to address the need for culturally competent prevention services targeting people of color, the Maine Bureau of Health, using the needs outlined in the Maine Comprehensive HIV Plan created by the CPG, set out to identify minority based community based organizations that provided other types of service to communities of color.

Once these organizations were identified, the Maine BOH began a capacity building initiative with each organization so they will be able to provide prevention services. The Maine BOH has entered into contracts with organizations that serve Latinos, American Indians/Native Americans and African Americans.

First year activities include organizational and strategic development and preparing a foundation for the program development.

The Maine BOH provides capacity building assistance directly as well as using resources of the CDC.

African American Lunch & Learns Michigan

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Program Description

African American Lunch & Learns are used to educate the African American community about HIV/AIDS and the community planning process. Lunch & Learns are an example of a successful collaboration between the state health department, the statewide planning body, the regional planning bodies, and the community-at-large. The state health department provides the funding to the regional planning body that in turn coordinates with local agencies to carry out the process. Lunch & Learns tend to be focus groups, though each region is free to determine which format will best work in their community. The Lunch & Learns seek to determine what works and does not work in HIV prevention, what are effective methods or ways of reaching the community, and what are the barriers and facilitators to bringing the community into the planning process. The Lunch & Learns have been successful in providing information for regional needs assessments as well as getting HIV prevention information into communities, which are considered hard to reach.

Primary Prevention for HIV+ People Michigan

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Program Description

During 2001, the Michigan PLWH/A Task Force and HAPIS/DHAS collaborated in conducting a statewide needs assessment of primary prevention needs of HIV-infected individuals. The needs assessment combined a self-administered survey questionnaire and focus groups. Based on the findings of the needs assessment, a program was designed to address these needs.

The resultant program specifically targets HIV-infected MSM who have been aware of their infection for at least two years. The program combines community outreach, group level skills building and psychosocial support and individual-level prevention counseling. The program will be evaluated for effectiveness in facilitating adoption and maintenance of behavioral risk reduction among participants. This program is being conducted as a demonstration project and in partnership with five community-based organizations in Southeast Michigan. One community-based organization serves as the coordinator for the project with HAPIS/DHAS providing technical support for design, implementation and evaluation of the program.

Enhancing HIV/STD Prevention within Case Management

Missouri

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www.GoColumbiaMo.com/dept/health/clinnurs/chd.html

Program Description

This program provides persons living with HIV infection resource materials that address issues surrounding HIV prevention designed for individuals that are HIV positive. The program engages persons living with HIV infection in assessment of risky behaviors discussion of risk reduction strategies.

Resources are also provided to participants in order to support their safer sex choices and risk reduction plan. Regional HIV case managers participated in a one-day skills building workshop to increase their capacity to provide increased HIV prevention dialogue with their clients as well as enhance communication skills surrounding HIV prevention and its relationship to drug use, interpersonal relationships, sexual involvement, and pregnancy. Case managers within the region assisted in the design of a risk assessment tool and follow-up client contact tool to be used specifically with case management clients.

Generation Queer otherwise known as Gen Q

Missouri

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Program Description

Generation Queer, commonly known as Gen Q, is a Peer to Peer program providing interactive HIV/STD prevention and healthy lifestyle development for gay and at risk youth under the age of 25, in a safe and secure environment.

We have outreach workers that help us meet our goal of talking with the Kansas City youth. We target the at risk and gay youth in the area. Monthly meetings are a chance for us to interact with the gay and at risk youth by using innovative activities and lesson plans.

Health and Education for Youth

Missouri

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Program Description

Health and Education for Youth (HEY) is the adolescent program of Project ARK (AIDS/HIV Resources for Kids), the Ryan White title IV grantee for St. Louis Metropolitan Area. The program also receives CDC HIV prevention funds through the state. HEY is the only youth-specific HIV program in the area. HEY's mission is to build community capacity to improve the care and coordination of services for HIV-positive youth and at-risk youth. HEY provides youth-sensitive comprehensive care for youth aged 13-24 living with HIV, youth-friendly HIV antibody testing, and prevention programming for youth at-risk of HIV infection. Furthermore, HEY exists to educate the community on youth-sensitive HIV care and prevention. HEY uses peer outreach workers in its prevention and outreach components and believes in involving youth in all aspects of its programming, from design to implementation.

The HEY program believes that youth can, and will, make good decisions about their health when they have accurate information and consistent support. HEY helps give youth the information and support that they need to make those good decisions. Youth-sensitive care respects privacy, maintains confidentiality and is sensitive to both the developmental needs of youth and the cultures of specific youth sub-populations.

Prevention Website

Missouri

Contact Information

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KC Free Health Clinic

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Program Description

This website was designed by a subcontractor of the Kansas City Health Department. The name of the organization that sponsors the website is KC Free Health Clinic. The intent of the website is to provide information about HIV prevention, modes of transmission, and the latest information on infection rate trends.

The name "I'll Do Ya" is a catch phrase that promotes free, confidential HIV testing to populations most at risk for HIV in outreach settings. This name promotes the convenience of obtaining HIV testing in outreach settings anytime and anywhere. This kind of outreach testing is very conducive to providing individual, personalized prevention education.

Missouri Statewide CPG

Missouri

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Program Description

The Missouri Statewide CPG was effectively restructured in 2000. As a result, the CPG now functions in the following capacities:

- There are six regional planning groups and they are advisory groups in order to function within the guidance CDC sets forth.
- There is one official Community Planning Group body comprised of representatives and at-large individuals from all of the regions of Missouri. There is a state, urban, and rural co-chair to lead the group. This structure will enhance the state's ability to meet PIR requirements more readily according to guidance from CDC.
- The state CPG functions in working subcommittees. The statewide CPG subcommittees develop and disseminate recommendations and guidelines for effective HIV/STD prevention programs and address and advise the disparity regarding emerging issues for communities at risk. These subcommittees are structured as follows: urban, rural, at-large, and structure workgroup subcommittees. The urban and rural subcommittees carry out the following planning tasks: evaluation as needed and pass through committee for tasks from the Structure Workgroup

The structure subcommittees will take on the following tasks:

- Needs assessment statewide;
- Target population prioritization;
- Intervention strategies;
- Bylaws;
- Nominations;
- Resource development; and
- Various issues as they come up.

The at-large subcommittee will take on the following tasks:

- Recruitment of at-large members;
- Orientation of all new CPG members; and
- Ensuring PIR through member characteristic surveys and recruitment of members that reflect the epidemic in Missouri.

Existing bylaws were also changed to reflect the CPG's newly adopted structure as a result of CDC's comprehensive call for technical assistance.

St. Louis Effort For AIDS Multicultural Outreach Program, Campus Outreach, Gay/Bisexual Outreach and Preventative Services Missouri

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Program Description

The Multicultural Outreach Program is designed to reach individuals and groups who are at high risk for HIV/STD infection or re-infection, with primary attention focused on African Americans and other people of color as indicated in recent epidemiological reports. Through a set of multilevel interventions targeted at the individual, group and community levels, prevention education and risk reduction efforts are achieved. These interventions include, but are not limited to street, barber/beauty shop and bar/club outreach. In addition, the program collaborates with local homeless shelters and community alternatives to reach the homeless, mentally ill, and chemically dependent. This program offers prevention counseling, testing, information and condoms to an average of 21,000 persons a year.

Campus Outreach:

College-aged youth (18-24) have one of the fastest growing rates of infections in the United States. The CDC estimates that one out of every two hundred-college students is HIV positive. This program offers expanded services from on-campus outreach to off-campus outreach in bars, and coffee shops where college students gather. This unique program is one of a handful around the country that utilizes workshops, presentations, exhibits and peer educators to educate students about HIV and sexually transmitted diseases. During 2000, this program reached 34,367 individuals.

Gay/Bisexual Outreach:

Although prevention efforts have been effective over the years among men who have sex with men, this population still represents a significant percentage of new infections in St. Louis. Therefore, the information provided by this outreach program is more vital than ever. EFA collaborates with local bars, clubs, organizations and other community sponsored events to address the devastating impact of HIV in this community. During 2000, this program provided outreach to 15,439 individuals.

Preventative Services:

Preventative services include the AIDS/STD Helpline, the HIV Information and Treatment Issues Library, the Speaker's Bureau/Exhibits programs and IDS Interfaith Network. During 2000, Preventative Services provided innovative programming that included 321 Internet interventions and 2,008 Helpline interventions. An additional 4,918 individuals were reached through speaking engagements/exhibits. Preventative services also provided HIV/STD testing and counseling for over 260 individuals.

Teens T.A.P.

Missouri

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Program Description

Teens Teaching AIDS Prevention (T.A.P.) is the only nationwide HIV prevention hotline specifically for teens, run by teens. Teenagers from around the nation call in to get basic HIV/STD information. What makes this hotline unique is that it is run by the teens. We believe it is effective because teens are getting information from other teens. The teens feel it is easier to talk to another teen about this information rather than an adult parent or counselor.

The teens that volunteer on the hotline are recruited from the Kansas City metropolitan area schools and youth organizations. The teens go through an intense training so they are qualified to answer the questions of the callers. Teens T.A.P. is completely anonymous and any information given by the caller is kept confidential. The hotline hours are Monday thru Friday from 4pm-8pm central time. The hotline can be reached by dialing 1-800-234-TEEN.

Priority Setting

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<http://ocd.Rutgers.edu/cpg/cpg.htm>

Program Description

CPGs must prioritize gaps in HIV prevention services. This has traditionally been a difficult and contentious process that can leave CPGs devastated by discontented members, lost trust and an overall “nervous breakdown” of group health. The NJHPCPG has developed a priority setting process that is easy to follow and understand, yet supports the process with evidence-based decision making and leaves CPG members feeling that they have had “a say” in the process. This priority setting process emphasizes the need for evidence-based decision making, for documentation and objective voting criteria, and the need to keep the process simple and easy to follow. The process includes the use of “Fact Sheet” for each population, an evaluation work sheet to score the priorities, and voting forms as tools in making the process uniform and easy to follow.

New Member Selection Process

New York City

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Program Description

The Rules and Membership committee of the New York City HIV Prevention Planning Group (PPG) has developed an objective process for the recruitment and selection of new members. The foremost goal of this process is the maximization of parity, inclusion and representation among PPG membership. New member selection decisions are made on the basis of an annual membership gap analysis and a combination of qualitative and quantitative data. The gap analysis includes a review of New York City AIDS demographic, professional and experiential gaps of the PPG. Qualitative data are compiled from the reading and scoring of interviews. Quantitative data are comprised of demographic and self-identification information submitted by each applicant. When all data have been tallied each applicant is assigned a numerical score. Final decisions are made on the basis of an individual applicant's numerical ranking and the collective needs determine by the gap analysis.

A presentation of this process was well received at the March 2001 CPLS and based on anecdotal information it is very highly regarded among NYC PPG membership

Board Training

North Carolina

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Program Description

The non-profit community based organization (CBO) Board Trainings were developed to keep both funded and non-funded HIV prevention organizations in the state of North Carolina abreast of current Board issues. Curriculum for the training is developed by a consultant and is both didactic and activity based. Past topics have included recruitment, member orientation, roles and responsibilities and helpful tips for retention. Activities usually include group problem solving and decision-making. North Carolina supports two Board Trainings per year, usually following an Academy. Last year's Board trainings were well received and were effective at building the capacity of board members serving CBOs in NC.

Capacity Building

North Carolina

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Program Description

North Carolina's Capacity Building Plan consists of an internal and external component. The internal component increases the core competencies of staff providing HIV prevention and care services. As a result there is an increase in the quality, quantity, or cost effectiveness of intervention activities and/or the sustainability of infrastructural systems that support these activities. The external component increases the core competencies of community stakeholders who can be mobilized in support of HIV prevention and care goals. Such people can include opinion leaders or representatives from community-based organizations, health departments, faith institutions, civic organizations, businesses, local government, school systems, media, and community members at large. The core competencies of community stakeholders are a set of abilities that contribute to an increase in community awareness, development of community leadership, development of collaborative partnerships, identifying and securing resources for HIV prevention and care, changes in public policies that impact HIV prevention and care, and changes in community norms around risk reduction behaviors.

Conference Procedures

North Carolina

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Program Description

Conference procedures were established to assist staff attending major national conferences in meeting the needs of North Carolina. The group meets prior to the Conference to discuss topics of interest. When they arrive at the Conference and receive the actual agenda, they meet to discuss what specific workshops they will attend, keeping in mind what information will be most useful for North Carolina. They meet during the Conference to check in with each other to determine if our strategy is working or if there needs to be some modification. We encourage each other to complete and submit the evaluation form(s). When the participants return, they process the Conference, report to the Statewide Community Planning Group and submit information/handouts received at the conference. The Branch develops a notebook for each Cluster/Region to share with current and new members, if appropriate.

The Faith Initiative Brain Trust (FIBT-Task Force)

North Carolina

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Program Description

The Faith Initiative Brain Trust (FI BT-Task Force) is a collaboration between the Prevention and Community Planning Unit of the North Carolina HIV/STD Prevention and Care Branch with a funded CBO, a funded Divinity School, representatives of the target population from every region of the state, area Colleges, Universities, and local health departments. The Brain Trust functions as an advisory task force, meeting a minimum of three times per year to provide guidance to the coordinators about faith-based activities in North Carolina. The Brain Trust will also identify funding opportunities for the Faith Initiative.

Greek Summit

North Carolina

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Program Description

The Greek Summit will be instituted to bring awareness and knowledge of HIV/AIDS to students at Historically Black Colleges and Universities. The summit will target fraternities and sororities and will include such topics as reducing the transmission of AIDS in minority communities, HIV/AIDS 101, epidemiology, activities happening in their respective communities and discussions of what can be done to reduce the transmission of HIV in minority communities. At the conclusion of the Summit, all of the fraternities and sororities will be asked to sign a proclamation that will be published.

Non-Traditional Counseling, Testing and Referral Sites

North Carolina

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<http://www.schs.state.nc.us/epi/hiv/pdf/profile2002.pdf>

Program Description

The North Carolina Non-Traditional Counseling, Testing and Referral Sites (NTS) program, or NTS, was created to address barriers to HIV/STD testing through collaboration with community-based organizations and through the integration of expanded HIV/STD services outside of the traditional public health setting. This successful collaboration provides visible alternative HIV/STD services in easily accessible community settings during non-traditional hours. Non-traditional test sites operate as either stand-alone sites in appropriate settings such as public housing centers, homeless shelters, colleges and nightclubs, or are physically located in a local health department but have hours of operation (evenings, nights and weekends) other than the normal working hours. Services may include HIV and syphilis counseling and testing, STD examinations, and referrals to appropriate prevention and treatment services.

The HIV/STD Prevention and Care Branch currently funds nine NTS projects. These projects have provided a mechanism for hard-to-reach/high-risk individuals to obtain HIV/STD services outside the traditional public health setting. As a result, HIV and syphilis testing in the NTS program continues to identify a greater proportion of positives than testing in other publicly funded sites. The North Carolina HIV/STD Prevention and Care Branch is committed to the expansion and accessibility of quality HIV/STD prevention and intervention services to underserved communities and offers continuation funding to enhance this initiative.

Outreach Network

North Carolina

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Program Description

The North Carolina Outreach Network (NCON) meets quarterly to train outreach workers from across the state with an average of thirty-five participants per session. Staff coordinate meetings and they are developing a plan to credential outreach workers. Many Outreach Network members work with injecting drug users and the Network serves as one of their continuing education resources. Members of NCON participate in Rapid Intervention Outreach Team (RIOT) activities and Health Education Risk Reduction Team (HEART) projects.

Team Approach

North Carolina

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Program Description

Prevention and Community Planning is responsible for many critical activities. In order to build our capacity, we adopted the team approach for all our major components. Generally, there are two to three people on each team with one person serving as lead. The teams meet regularly to discuss their activities. The team approach has been helpful because it prevents gaps in services when there is staff turnover. The entire burden of critical activities does not fall on one individual instead, the responsibilities are distributed.

Annual Appreciation Celebration

Ohio

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Program Description

The Ohio Community Planning Group's (OCPG) December meeting is held following Ohio's World AIDS Day two-day conference. The December OCPG meeting is the time when accomplishments of the group are highlighted celebrating the spirit of the "team" meaning "**Together Everyone Achieves the Mission**". Members have received plaques and other tokens of appreciation for their commitment and support of the community planning process.

Core Objectives Subcommittee 1-Day Retreat

Ohio

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Program Description

To assure adequate time for committee members to finalize reports and "write" about the steps taken during the planning cycle as well as steps planned for the next planning cycle 1-Day retreats were conducted.

In the past the only subcommittee who benefited from a retreat was the priorities subcommittee who are responsible for responding to core objectives 3 & 4.

The retreats allowed committee members to have time to meet in person and give focused attention to the details involved in the processes associated with the committee's assigned core objective.

Regional HIV Prevention Advisory Groups - "Leadership Capacity Building Training"

Ohio

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Program Description

A formal orientation/training was provided for Ohio's nine Regional Advisory Groups Health Department and Community Co-Chairs. The purpose of the training was to strengthen the linkage between the Regional Advisory Groups and the Ohio HIV Prevention Community Planning Group (OCPG). To aid in building leadership and group process skills of the Co-Chairs topics covered focused on:

- The roles of the Co-Chairs
- Information and tools to support the community planning process
- Review of the components of regional HIV prevention plans
- How the regional plan provides the regional perspective to the OCPG
- Review of behavior theory change interventions
- Review of CDC's intervention types definitions

This was the first time Community Co-Chairs were brought together with the Health Department Co-Chairs for a training of this type. Building the capacity of the Community Co-Chairs in the regional community planning process is recognized as essential in assuring PIR. An "Ohio HIV Prevention Regional Advisory Group Reference Manual" was developed and distributed at the training to serve as a handy guide for the Community Co-chairs with the tasks involved in the community planning process.

Regional Leadership Academies Ohio

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Program Description

The HIV/STD Prevention Program held the first Regional Leadership Academy in six cities in Ohio. The Academy was developed to assist and enhance the skills needed to sustain a high level of success of the HIV prevention community planning efforts at the regional level. The target audience for the academies were Regional Advisory Group members, funded and non-funded community based organizations and community people who were interested in being involved in fighting HIV/AIDS.

Expert presenters covered topics focused on group dynamics, cultural sensitivity, identifying potential funding sources, behavior change theory, recruitment and retention and community mobilization.

Subcommittee Conference Call Meetings Ohio

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Program Description

To support the Ohio HIV Prevention Community Planning Group subcommittees the HIV/STD Prevention Program provides teleconferencing services. Using teleconferences has made it possible for committee members who live in different parts of the state to "meet" conveniently by phone. The challenge of travel, juggling schedules, finding a convenient meeting place has been eliminated. Conference calls are possible any time day or night.

African American Faith Community For AIDS Prevention

Oklahoma

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Program Description

The African American Faith Community For AIDS Prevention – P.R.A.Y.E.R. Group (People Reacting to AIDS Yearning for Education and Restoration) is comprised of ministers in the Oklahoma City area. Ministers receive an assessment developed by the Oklahoma State Dept of Health to determine level of knowledge and attitudes. Information from the assessment is reviewed, and the HIV/STD Service personnel put together an appropriate training program. This training includes information on the following: HIV basics, dialog with an HIV infected individual, mental health issues, and community resources. After completion of the training program, ministers committed to providing educational session to their congregations, serving on HIV committees, and participating in local/sponsored event programming. The hope is to provide access to education and improved understanding of HIV in the ministers’ own communities.

This core group of ministers is recruiting others to participate in this effort and training is planned for another 3 to 4 times this year. Additionally, a resource manual is being developed to support these activities.

Bridging Theory and Practice

Oklahoma

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Program Description

The “Bridging Theory and Practice” course is now being offered locally in our state. Bridging Theory and Practice is the course offered by the National Network of STD and HIV Prevention Training Centers. This training offers an introduction to the behavioral theories, rationale for using behavioral theory, and examples of applications of behavioral theory to HIV prevention intervention efforts.

The Oklahoma HIV/STD trainers attended this course as training the trainer effort from the University of Texas Southwestern Medical Center. Upon completion of the training, the University and OSDH agreed to co-teach Bridging Theory and Practice three times over the next year. Response from the community partners has been overwhelming.

Incarcerated Women Peer Education

Oklahoma

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Program Description

The HIV Peer Education Program for Incarcerated Women was established in 1995. Peer educators earn one college credit for becoming a peer educator, designing their own prevention materials, and disseminating knowledge through teaching inmate developed curricula. This year, peer educators are engaging in a new adult developmental learning activity. The educators are designing evaluation instruments, which are being used to test the efficacy of their intervention. The incarcerated women are pilot testing the instruments for validity and reliability, and then, utilizing the instrument to engage in a quasi-experimental research design. The peer educators are developing a control group, which will receive an HIV prevention manual. The experimental group or intervention group will receive 12 hours of HIV/STD prevention education. The incarcerated peer educators are working in concert with the Oklahoma State Department of Health, HIV/STD Service and faculty members from Oklahoma State University.

Internet Outreach to Men who have Sex with Men in Philadelphia

Philadelphia

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Program Description

In September 2001 an exciting and innovative program was initiated in Philadelphia targeting MSM in Internet chat rooms with syphilis prevention information and resources. The program is a collaboration between the Philadelphia Health Department and several Community Based Organizations (CBOs) already serving the sexual minority communities. The program combines online interventions with linkages to services provided by the CBOs. In the short time of its implementation, over 50 hours were provided, and 32 individuals accessed syphilis testing services. Of those, 90% were gay/bi, and 3% transgender. Our Outreach Workers identify themselves as health professionals, and encourage folks to engage in conversations. Most queries we encountered ask about oral sex, transmission of STDs, and condom use.

Due to the success of the pilot project, the Philadelphia Health Department will expand the project to include additional health concerns to MSM, such as HIV and hepatitis. The participating agencies in Philadelphia are: PCHA (Philadelphia Community Health Alternatives); ASIAC (AIDS Services In Asian Communities); CLOURS; GALAEI (Gay and Lesbian Latino AIDS Education Initiative); and the SafeGuards Project.

“ The AIDS Epidemic is Not Over”

San Francisco

Contract Information

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Program Description

In 2001, the HIV Prevention Planning Council (HPPC) developed and published an updated HIV Prevention Plan. Although the document was well received by prevention providers, researchers and community planning members, the Plan Revision Committee of the HPPC sought to produce written materials that could summarize important parts of the plan to educate community members, community leaders, decision and policy makers. Through a contract with a local community advertising agency the committee developed “The AIDS Epidemic is Not Over” a condensed version of the plan.

“The AIDS Epidemic is Not Over ” presents photographs and stories of people in San Francisco that have grappled with HIV prevention issues. Woven throughout the images of individuals are facts from the HIV Epidemiology Profile and the HIV prevention philosophy used by the health department and the HPPC, such as “Community, diversity, knowledge and action are the keys to successful prevention.”

“The AIDS Epidemic is Not Over” has been publicized on television and in local newspapers. The HPPC is distributing it through prevention, medical, and social service providers to reach members of the community.

Regional Advisory Committees: Putting the Plan into Action

Tennessee

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Program Description

In 2001, Tennessee went to a three year planning cycle. As a result, the statewide group will not reconvene until January 2003. In the interim, five regional advisory committees (RACs) continue to meet and monitor the HIV prevention efforts in their respective regions. RAC administrative requirements are provided by state contracted Lead Agents. Each Spring the RACs evaluate their prevention resources to ensure compliance with the needs described in the Plan.

In June each RAC releases a request for grant proposal (RFP) based on the needs described in the Plan. Selection recommendations of proposals are made by each RAC in late July and forwarded to the state for final approval. Contracts with selected agencies are administered by the regional Lead Agents.

The state health department provides technical assistance to RAC members and the Lead Agents, and capacity building training to funded agencies.

Enhancing Local Agencies' Evaluation Capacity Wisconsin

Contact Information

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Program Description

The Health Department (HD) and its community partners have worked to develop local agencies' evaluation capacity through the following means:

- Local agencies complete intervention plans* by intervention type (based on the CDC Evaluation Guidance) to project services. HD staff provide detailed review and feedback.
- Agencies report client-level data* and services tracking data* by intervention plan using a web-based data entry system* (to be operational spring, 2002). The website generates reports which enable grantees to compare progress to goals set in the intervention plan.
- Agencies providing Individual, Group, and Prevention Case Management interventions complete a 2-page Behavioral Risk Assessment Tool* (BRAT) with each client. Local agency staff enter the data into an MS Access database*. The database generates detailed summary reports. Data are also emailed to the HD quarterly.

The following training and technical assistance has been provided:

- Two-day training on completing intervention plans based upon the CDC Guidance;
- 90-minute web-based training sessions with an audio conference call on data collection forms by intervention level and the BRAT Access database;
- Follow-up face-to-face group training sessions and one-on-one consultation.

Buy-in has been established through the involvement of:

- The Community Planning Group;
- The Evaluation Work Group, comprised of a broad range of stakeholders; and
- Grantees of the Prevention for HIV-Infected Persons Project (PHIPP).

* Indicates tools available for review.

Web-based HIV Prevention Reporting System for Local Agencies

Wisconsin

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Program Description

The Health Department (HD) worked with a programmer at the University of Wisconsin-Madison to develop a web-based system for grantees to report information about clients served and services provided. The web-based system is based upon forms available in a manual that can be ordered from the Wisconsin AIDS/HIV Program. The manual is titled Wisconsin AIDS/HIV Program HIV Prevention Intervention Plan and Data Collection and Reporting Forms, October 2001. The forms allow for collection of data consistent with the CDC Evaluation Guidance.

HD staff enter information from local agencies' intervention plans regarding projected numbers and demographic characteristics of clients to be served. Local agency staff then enter demographic information about individual clients, sessions provided, and referrals made. The web-based system generates a report that shows the local agency's "percent to goal" – the number of people reached, by demographic characteristic, compared to the target. Agencies also enter quarterly narratives into the web-based system. The web-based system is on a secure server and has strict security measures including a client code that has no identifying information about the client.

The AIDS/HIV Program provided four face-to-face 2-hour training sessions in computer labs and two 90 minute phone conference calls with participants at their desktops. Ninety people from local agencies attended the six training sessions combined. The AIDS/HIV Program contracted with the UW-Madison to provide follow-up TA by phone and on-site. The web-based system also includes a feedback button where users can write an email to the web developer and the TA providers.

The web-based system was launched in September 2001. As of November 30, local agencies were required to have entered data for quarters 1-3, 2001. As of early-December, more than 80% of local agencies had entered some or all of the required data and quarterly report narratives.

Conclusion

Bright Ideas 2002 represents only a small portion of the innovative practices in HIV prevention and community planning. Community planning groups across the country are constantly developing new ways of providing HIV prevention services. Additional information and technical assistance is available for community planning groups looking to improve their planning process or seeking new intervention strategies. Your CDC project officer can provide further information on receiving technical assistance for your organization. For further information on *Bright Ideas 2002*, please contact the National Alliance of State and Territorial AIDS Directors at (202) 434-8090.

Acronyms

AED	-Academy for Educational Development
AIDS	-Acquired Immunodeficiency Syndrome
ASO	-AIDS Service Organization
CBA	- Capacity Building Assistance
CBO	-Community-Based Organization
CDC	-Centers for Disease Control and Prevention
CDIC	- Communicable Disease Integration Committee
CPG	-Community Planning Group
CTR	-Counseling, Testing, and Referral services
DHAP	-Division of HIV/AIDS Prevention, a division of CDC's National Center for HIV, STD, and TB Prevention.
DPH	- Department of Public Health
DOH	-Department Of Health
DSAMH	-Division of Substance Abuse and Mental Health
HAB	-HIV/AIDS Bureau, a bureau of HRSA
HAPIS	-HIV/AIDS Prevention & Intervention Section
HD	-Health Department
HERR	-Health Education/Risk Reduction
HRSA	-Health Resources and Services Administration
HIV	-Human Immunodeficiency Virus, the virus that causes AIDS
IDU	-Injection Drug Use
IDUs	-Injection Drug Users

MSM	-Men Who Have Sex with Men
NASTAD	-National Alliance of State and Territorial AIDS Directors
NTS	- Non-Traditional Counseling, Testing and Referral Sites
OA	-Office of AIDS
PPG	-Prevention Planning Group
PCPG	-Prevention Community Planning Group
PCRS	-Partner Counseling and Referral Services
PLWH/A	-People Living with HIV/AIDS
RWG	-Regional Work Group
SIQ	-Statistical Information Questionnaire
SAPT	-Substance Abuse and Mental Health
STD	-Sexually Transmitted Disease
TA	-Technical Assistance
TB	-Tuberculosis
TOWPA	-Targeted Outreach for Pregnant Women Act
UARP	-University-wide AIDS Research