

## **Overview of the HIV Prevention Community Planning**

In November 1993, the Centers for Disease Control and Prevention (CDC) mandated that a HIV Community Planning Process be created. The Planning Process in Southern Nevada means the Clark County Health District in collaboration with members of the community will be working to identify the HIV prevention/care needs in specific communities that are directly or indirectly affected by HIV. The Clark County Health District must follow the guidelines established by CDC to convene a Community Planning Group.

HIV Community Planning is an ongoing process whereby state and local HIV prevention/care organizations share responsibilities for developing a comprehensive HIV prevention/care plan with other state/local agencies, non-governmental organizations, and representatives of communities and groups at risk for or affected by HIV. Persons at risk for HIV infection and person with HIV infection will play a key role in identifying prevention/care needs and in planning for prevention/care services that are culturally and linguistically appropriate. The individuals who represent the communities at risk for HIV infection can provide invaluable personal and population specific interventions. It is therefore essential that the recruitment process for membership in the HIV Community Planning Process be an open process based on the criteria outlines in the Community Planning guidance document.

Recruitment for membership to the Southern Nevada Regional HIV Community Planning Group was designed to be proactive to assure a diverse stratum of community groups, including socioeconomically marginalized groups and groups that are underserved by existing HIV prevention/care programs, are represented.

### **CPG Committees**

If there is a need to create additional committees, some examples are provided below.

- ?? Membership Committee
- ?? Community Relations Committee
- ?? Resource Allocation/Resource Inventory Committee
- ?? Goals & Objectives/Evaluation and Technical Assistance Committee
- ?? Epidemiology & Priority Setting
- ?? Interventions and Priority Setting

The meetings are open to the public and visitors are allowed 3 minutes to introduce themselves and/or their programs. For more information, contact the Clark County Health District at 702.383.1393.

### **Target Populations**

Some groups or issues identified as "at risk for" or "affected by" HIV in Southern Nevada are:

- ?? Minority Men
- ?? Minority Women
- ?? Substance Abuse
- ?? Incarcerated
- ?? Sex Workers
- ?? Spiritual Issues
- ?? HIV Prevention Worker
- ?? TB/STD
- ?? Juvenile Justice System
- ?? Behavioral Science
- ?? HIV-infected or PWA
- ?? Adolescents
- ?? Mental Health
- ?? Gay/Lesbian/Bisexual/ Transgender

Each member of the Southern Nevada HIV Community Planning Group has special experience or expertise in at least one of these areas.

The purpose of the Planning Process is to establish a comprehensive HIV plan, which reflects high priority community needs. Community representation is very important in this process to ensure allocated HIV funds are geared toward the most important prevention needs of the community. It also enables prevention activities to be custom-tailored to the unique cultural and ethnic character of specific populations and geographical locations. The goal of the Southern Nevada HIV Community Planning Process is to ensure the programs and efforts to target the projected epidemic in Southern Nevada integrate the opinions and life experiences of infected and affected groups.

Outcome Objectives Include:

- ?? Improve program responsiveness to priority community needs.
- ?? To expand community input, representation, inclusiveness and acceptance of HIV activities.
- ?? Reduce duplication of services.
- ?? Improve coordination of HIV services.
- ?? Increase information sharing and strengthen new partnerships.

### **HIV Prevention Interventions**

An intervention is an activity or group of activities designed to influence knowledge, attitudes, beliefs and behaviors related to the prevention of HIV/AIDS. The following types of interventions have been selected to guide the creation of effective HIV prevention programs in Southern Nevada. The definitions are based on national guidelines prepared by Holtgrave and colleagues (Holtgrave, Qualls, Curran et al., 1995), adopted by the Centers for Disease Control and distributed to the Community Planning Groups by the Academy of Educational Development (1995).

The following types of interventions have been used to guide the creation of HIV prevention activities in Southern Nevada:

CTRPN (Counseling, Testing, Reporting and Partner notification): This intervention is part of standard procedures that accompany the HIV test. It blends a client-centered counseling approach with risk-reduction education and testing procedures (Bor, Miller & Goldman, 1992; Green & McCreaner, 1989). According to CDC guidelines, pretest client-centered counseling is conducted to establish the reasons for testing (including an individual's prior history of risky behaviors), provide basic information about testing procedures, HIV/AIDS and explain the implications of getting the HIV test. Post-test counseling focuses on communicating test results, assessing the individual's response to the results, discussing its consequences and providing risk-reduction counseling tailored to the needs of the client (CDC, 1994).

HERR (HIV Education and Risk Reduction) Individual-level Counseling: Its purpose is to provide personalized, interactive, intensive and private intervention to an individual. It is based on a person's needs, resources, readiness to change and circumstances. Individual counseling blends traditional psychotherapy with public health education. It emphasizes delivery of information and teaching strategies for behavior change. It is an integral part of HIV CTRPN, case management, substance abuse and AIDS hotline counseling. (Kalichman, 1998).

HERR Small Group Counseling: This intervention brings individuals together to learn about HIV/AIDS, discuss safer sex, and participate in educational activities. Groups meet in community settings for single or multiple sessions. They vary in terms of goals, participants, and the characteristics of facilitators. The most important attribute of small group interventions is that they emphasize collective experiences, encouraging members to learn from each other (Kalichman, 1998).

HERR Street & Community Outreach: These intervention programs are defined by the location and nature of the prevention activities. They may involve the participation of peer and non-peer activity leaders. Outreach interventions take place in the community environment and target people who otherwise may not receive HIV prevention messages. Conducting community outreach interventions involves taking prevention activities to neighborhoods, streets, bars, or any other place where the target community gets together. The outreach itself does not have to be a standard form of intervention, but a variety of interventions that share a set of techniques and characteristics. Community outreach does not impose a formal structure of activities on the target population because it occurs in the client's own terms. It is based on the face-to-face contact between the outreach worker and the community members. Some outreach interventions provide information, some provide counseling, and some provide both (Kalichman, 1998).

HERR Community-Level Interventions: These interventions are designed to target specific geographic areas, neighborhoods or communities. They differ from street and community outreach in that they are designed to reach a defined community with the intention of modifying social norms, attitudes and beliefs that influence the community's risk behaviors. This type of intervention may involve components from other interventions (individual or small group counseling, etc.), which can be blended as part of a single prevention approach. The impact of this intervention on entire communities may have greater public health benefits for HIV prevention than the total number of individuals that may be reached through other face-to-face interventions.

Health Communications & Public Information: This category involves elements of large (TV, radio, newspaper) and small (pamphlets, brochures, handouts, etc.) media. It can be used to target a narrow segment of the population or to reach broad audiences within a city, a state, or a country. Activities vary by the size of the target group and the interactiveness of the medium being used. This intervention type is most effective among low risk individuals and it is useful to maintain and reinforce low risk behaviors (Holtgrave, Qualls, Curran, et al., 1995). It is also effective among those at high risk, when accompanied by more intensive face-to-face contact.

## **Funding**

HIV prevention activities and services are funded through three different entities the legislature through the Centers for Disease Control, the legislature through the State Health Departments, and the legislature through HRSA directly to community-based organizations.

### **Ryan White CARE Act**

On August 18, 1990, Congress enacted Public Law 101-381, the Ryan White Comprehensive AIDS Resources Emergency (CARE) Act. This legislation was re-authorized in May 1996 as Public Law 104-146, the Ryan White CARE ACT Amendments of 1996. The CARE Act represents the largest dollar investment made by the Federal Government to date specifically for the provision of services for people living with HIV disease (PLWH).

The CARE Act is intended to help communities and States increase the availability of primary health care and support services, in order to reduce utilization of more costly inpatient care, increase access to care for underserved populations, and improve the quality of life of those affected by the epidemic. Briefly, the Act directs assistance through the following channels:

Title I: Eligible Metropolitan Areas (EMAs) with the largest numbers of reported cases of AIDS, to meet emergency service needs of people living with HIV disease.

Title II: All States, the District of Columbia, Puerto Rico, and eligible US Territories to improve the quality, availability, and organization of health care and support services for individuals living with HIV disease and their families.

Title III: Public and private nonprofit entities to support outpatient early intervention HIV services for PLWH.

Title IV: Public and private nonprofit entities for projects to coordinate services to, and provide enhanced access to research for, children, youth, women, and families with HIV/AIDS.

Title V/Part F: Special Projects of National Significance (SPNS) to support the development of innovative models of HIV/AIDS care that are designed to be replicable and have a strong evaluation component, AIDS Education and Training Centers (AETC) to conduct education and training for health care providers, and the HIV/AIDS Dental Reimbursement Program to assist accredited dental schools and postdoctoral dental programs with uncompensated costs incurred in providing oral health treatment to HIV-positive patients.

CDC: Funds administered by the Centers for Disease Control to support HIV prevention activities in at-risk populations, based on the rankings and ratings of the local Community Planning Group (CPG).

CBC: Funds raised by the Congressional Black Caucus to support HIV prevention activities in Communities of Color.

### **Steps to Flow of Funds**

#### **Title I:**

1. Federal grants for emergency relief to Eligible Metropolitan Areas
2. Chief elected official (Judge Eckels) designates HIV Services Planning Council (Ryan White Planning Council)
3. Government Unit (Harris County Health Department) administers activities of
4. Community-based Organizations that
5. Provide services to people living with HIV disease.

#### **Title II**

1. Federal grants to States and territories to
2. Governor, Administrative Agent (Texas Department of Health) designates a Planning Council (Consortia)
3. Administrator of Consortia (Houston HIV Resource Group) administers activities of
4. Community-based Organizations that

5. Provide services to people living with HIV disease.

### **Title III**

1. Federal grants for Early Intervention to
2. Community-based Organizations that
3. Provide services to people living with HIV disease.

### **Title IV**

1. Federal grants to Pediatric/Family Programs to
2. Community-based Organizations that
3. Provide services to women and families living with HIV disease.

### **Part F**

1. SPNS, AETC and the Dental Reimbursement Program to
2. Community-based Organizations that
3. Provide services to people living with HIV disease and training for health care professionals.

### **Prevention Funds**

1. Federal grants for HIV prevention through CDC to
2. Administrative agent (City of Houston Health Department or State Health Department) designating a planning council (Houston HIV Prevention Planning Group or CPG) to
3. Community-based Organizations that
4. Provide prevention programs to targeted populations of people at-risk for HIV disease.

### **Congressional Black Caucus**

1. Federal grants for HIV prevention to Communities of Color through CDC to
2. Community-based Organizations that
3. Provide prevention programs to individuals of color at-risk for HIV disease.