

# **BRIGHT IDEAS**



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

MARCH 2000  
NATIONAL ALLIANCE OF STATE AND TERRITORIAL AIDS DIRECTORS  
ACADEMY FOR EDUCATIONAL DEVELOPMENT  
CENTERS FOR DISEASE CONTROL AND PREVENTION

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# Introduction

In October 1999, the Centers for Disease Control and Prevention (CDC) conducted an External Review of state and local health department HIV prevention cooperative agreement applications and community planning group comprehensive HIV prevention plans. The External Review brings together community, health department, CDC representatives, and behavioral/social scientists and epidemiologists to provide an independent, 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 innovative or promising practices around HIV prevention planning and programs.

During the past review, staff from the National Alliance of State and Territorial AIDS Directors (NASTAD) and the Academy for Educational Development (AED) 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 innovative practices that were identified by reviewers in each jurisdiction's External Review Report. NASTAD and AED then worked with each jurisdiction to obtain additional information, details about the specific practice cited during the External Review, and to obtain contact information as well as any additional practices that the jurisdiction indicated were innovative.

The following compilation of innovative practices represents activities that jurisdictions' peers and the jurisdictions themselves felt were notable. 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 state and federal resources. Several relate to the intersection of prevention and care planning/programs, focusing attention on the important linkages needed to bridge the prevention-care continuum.

HIV prevention practices are listed alphabetically by jurisdiction. An index of practices by type is also included in an appendix as well. The main features of a practice and contact information are included so interested individuals can contact the appropriate personnel or jurisdiction for additional information.

While not necessarily comprehensive, this compilation represents a peer networking resource for community planning groups and health departments. If you have innovative or promising practices that you would like to share with other planning groups or health departments, please contact your CDC Project Officer or Latifa Jackson at NASTAD.

This compilation further demonstrates how much community planning groups and health departments are doing to address the HIV/AIDS epidemic across the country.

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This document was prepared collaboratively by NASTAD, AED and CDC. The primary author is Latifa Jackson, NASTAD Technical Assistance Coordinator. Ms. Jackson received considerable assistance from AED Technical Assistance Liaison Gabriel Rendón, and CDC Community Assistance, Planning and National Partnerships Branch Team Leaders Mary Willingham Wettrich and Tim Quinn. 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 this document. *Bright Ideas* was made possible through funding from the Centers for Disease Control and Prevention.

## **DEPARTMENTS OF HEALTH AND EDUCATION COLLABORATION WITH “BE PROUD BE RESPONSIBLE” CURRICULUM**

### **Alaska**

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As a part of a partnership with the Alaska Department of Education, the Division of Public Health has designed a strategy to reach youth at risk, specifically youth in the state’s five correctional facilities, with the goal of providing these youth with quality HIV prevention education. An initial assessment was done to ascertain the quality and quantity of HIV prevention education within each youth correction facility across the state. Based on meetings and conversations with superintendents and staff at each of the youth facilities, there was a need for quality HIV prevention was high. The training focused on “Be Proud Be Responsible” (BPBR) curriculum and how to institutionalize it within all youth correction facilities. As a result of the introduction of BPBR curriculum into all 5 youth correction facilities approximately 650 youth at risk have participated between November 1998 and December 1999. Additionally, all five youth facilities have institutionalized the BPBR curriculum as part of on going their life-skills program.

## **PROJECT SAVE**

### **Alabama**

#### **Contact:**

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Quality of Life Health  
Services, Inc.  
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Project SAVE’s program activities consists of two components serving two populations. The first principally serves African-American females in a mentor/peer oriented multifaceted prevention risk reduction program through a series of class sessions. The second component focuses on men who have sex with men, mainly African-Americans. Efforts emphasize grassroots approaches to identify/recruit the population to assess, educate and involve in rural HIV prevention activities and to conduct local provider need assessments.



## **HIV PREVENTION FOR AT-RISK INCARCERATED YOUTH**

### **Alabama**

#### ***Contact:***

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The Mobile County Health Department, a local health department in Alabama has developed a series of peer based multi-faceted risk reductions classes for incarcerated youth. These risk reduction classes use an interactive education and skills building curriculum to help youth reduce the behaviors that put them at-risk for HIV. This series of classes incorporate pre- and post-test evaluation as well as ongoing phase monitoring.

## **F.O.C.U.S.: THE FACING OUR CHOICES USING SENSE PROGRAM**

### **Alabama**

#### ***Contact:***

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The FOCUS program is sponsored by an African-American fathers education and outreach organization. The program is peer based and engages urban African American youth in multi-faceted culturally relevant risk reduction activities in combination with exposure to positive lifestyle activities in the community.

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## **TERROS – PEER DRIVEN INTERVENTION PROGRAM**

### **Arizona**

#### ***Contact:***

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This intervention provides messages and services outside of traditional health care settings and in those settings in which targeted populations live, congregate, work and patronize, or access goods and services. TERROS, Inc supports peer driven combination intervention services to injection drug users and their sexual partners along with targeted HIV antibody testing, counseling, and referral services to MSMs, IDUs, and their sexual partners. This program reaches populations who do not access traditional health care delivery systems, refers hard-to-reach clients to health and social services, and delivery risk-reduction materials and prevention services at the point of contact in the community.

## **AUDIO CONFERENCING SYSTEM**

### **Arizona**

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Arizona's Northern and Southern Regional Community Planning Groups (CPGs) have implemented an audio conferencing system across the region in June 1998. In 1999, the audio conferencing system was used to provide additional links throughout the region for general meetings and for subcommittee meetings. Audio conferencing enabled members who were unable to attend because of the geographic distance to participate in the meetings.

## **HOMETOWN HEALTH IMPROVEMENT PROJECT**

### **Arkansas**

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Through a strategic planning initiative, the Arkansas Department of Health determined that to solve today's health problems would require cooperative action and creative solutions at the local level. The health of the community is a shared responsibility of many entities. The Hometown Health Improvement Project brings together a wide range of people and organizations in the community to identify their health problems, and to develop, and to implement ways to solve them. This project brings local HIV prevention advocates together to discuss HIV prevention concerns and priorities. This is a locally owned and locally controlled initiative that stresses collaboration, coalition building, community health assessment, prioritization of health issues and the development and implementation of community health strategies that are locally designed and sustained. This program is currently being implemented in ten of Arkansas' counties, with plans to have this planning system implemented statewide within the next 18 months.

## **HIV PREVENTION CALLING CARD PROGRAM**

### **California**

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Prevention Services Branch  
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Office of AIDS website  
address is <http://www.dhs.ca.gov/AIDS>

The Office of AIDS distributed 50,000 long distance calling cards in 1998. The ten minutes of free long distance telephone service features the toll-free California AIDS Hotline number and plays a 15-second HIV prevention message each time that the card is used. The cards were designed to be utilized as an innovative outreach tool by HIV education and prevention programs and as an incentive for high risk individuals to attend risk reduction or HIV counseling and testing. Local health departments and community based organizations conduct HIV counseling and testing and/or street outreach. Calling usage records indicated that 107,000 calls were made, which averages to two calls per calling card. The California Office of AIDS expanded the program this year by distributing another 125,000 cards, including cards in Spanish and designs for African Americans and gay youth.

## **ESTABLISHMENT OF YOUTH DROP-IN CENTERS**

### **California**

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A drop-in center is a small storefront-style building located on an active pedestrian thoroughfare and near public transportation in a city. Its purpose is to provide access for low-income youth at high risk for HIV infection to harm reduction-based prevention services in a private and comfortable manner. Street based populations will have greater access to services because the center is open every day of the week during accessible hours. The center provides HIV testing, counseling, education, harm reduction, and health referral in a coordinated manner. Additional components include extended support sessions, support groups, and incentives. The drop-in centers will establish collaborative partnerships with other service providers such as substance abuse treatment, STD programs, mental health, and other appropriate service groups to develop and implement a comprehensive health program for youth at risk.

## **"RAP IT UP" CAMPAIGN**

### **California**

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The California Office of AIDS recently developed a "Rap it Up" contest whereby contestants were invited to submit an original one to three minute rap on safer sex and HIV/AIDS prevention. This campaign was developed to reach targeted populations of sexually active youth and young adults of color. Airtime was purchased on urban radio stations in the San Francisco Bay Area, San Diego, Sacramento, and Los Angeles promoting the contest. Recorded messages were played continuously for a four week period promoting the contest and encouraging sexually active youth and young adults to adopt safer sex behaviors (i.e. use a condom). Over 17 million gross impressions of the various messages were heard during the four-week period. Contest winners won prizes and an opportunity to submit their demo tapes to a record company. The California Office of AIDS will continue and expand this concept in the summer of 2000.

## **AFRICAN AMERICAN CHURCH OUTREACH PROGRAM**

### **California**

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Due to the disproportionate effect of HIV/AIDS on the African-American community in California, the Office of AIDS is looking for new ways to help stem the spread of this disease. Recognizing the significant influence the church has in the African-American community, the Office of AIDS began a partnership with African-American church leaders throughout the state to enlist their support in fighting this disease. In April 1999, a historic pastor's breakfast meeting and press conference was held in Los Angeles. The Office of AIDS and African-American church leaders are developing a Statewide Church Advisory Board which will serve as a leadership group on HIV/AIDS. A ministry kit will be developed for dissemination to African-American churches, which will include educational tools such as HIV/AIDS sermon notes, prevention messages, and educational materials.

## **LOW RIDER HIV PREVENTION CAMPAIGN California**

### ***Contact:***

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HIV Education and  
Prevention Services Branch  
California Department of  
Health Services  
Office of AIDS  
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Sacramento, CA 94234

The California Office of AIDS, in partnership with a Latino subcontractor, are introducing a low rider campaign encouraging young Latinos, if sexually active, to adopt safer sex behaviors. A donated 1952 Chevrolet Bel Air is being refurbished and painted with colorful HIV prevention messages. The car will be entered in various low rider shows throughout the state and will be displayed at important Latino community events that attract youth and young adults.

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## **COLLABORATIVE HIV PREVENTION EVALUATION RESEARCH California**

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The Office of AIDS (OA) has entered a partnership with the University-wide AIDS Research Program (UARP) at the University of California to conduct and consult on research scientist and community collaborative HIV prevention evaluation research. During 1999, OA and UARP funded four, three-year university and community research projects. This opportunity is unique in its efforts to offer dual funding for research and community partnerships charged with conducting outcome evaluation research of prevention interventions. Under the guidance of OA and UARP, the research and community grantees will form a consortium that will develop common research strategies and data elements that can be used to evaluate prevention programs throughout California. The OA and UARP partnership is significant because it represents a substantive collaboration between statewide public health efforts and university researchers. This collaboration is the first of its kind anywhere in the U.S.

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## **PROGRAM EVALUATION TECHNICAL ASSISTANCE (PETA)**

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Colorado's Department of  
Public Health and  
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[www.cdphe.state.co.us](http://www.cdphe.state.co.us)

The Program Evaluation Technical Assistance (PETA) provides ongoing consultation and technical assistance to health department staff and external HIV prevention agencies in program evaluation. Services provided include developing and refining program objectives, determining sample sizes and methods, and providing data maintenance, analysis, and results interpretation. PETA provides technical assistance on intervention effectiveness, program evaluation, and focus group modules each quarter in the Health Behavior Training Center courses, and will present state wide stand-alone workshops in program evaluation, survey development and administration, and focus groups. PETA maintains a computerized log that tracks the agencies and programs to which technical assistance was given, the evaluation activities conducted by PETA and the amount of time spent giving technical assistance. Agencies receiving PETA assistance are asked to complete client satisfaction surveys regarding services received. Over the past year, PETA has spent 1246 hours assisting 31 external agencies and 18 internal CDPHE staff in program evaluation. PETA also has assisted several new external prevention agencies in the past year.

## **PREVENTION CASE MANAGEMENT**

### **Connecticut**

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The Connecticut Department of Public Health has chosen four agencies as pilot sites for "prevention case management (PCM)." PCM refers to an intensive program of working with clients who exhibit ongoing HIV risk and who have difficulty reducing that risk. The pilot PCM program is based on an innovative protocol written in conjunction with Jeffrey Fisher, Ph.D. of the Psychology Department of the University of Connecticut.

## **SECONDARY PREVENTION INTERVENTION FOR WOMEN**

### **Connecticut**

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The Connecticut Department of Public Health has funded an innovative behavioral science-based secondary prevention program for HIV infected women at AIDS Project Hartford. This program, which is comprised of multi-session group workshops, helps to decrease behaviors that will put partners at risk for acquiring HIV infection

## **“BACK TO WORK” TRAINING**

### **Connecticut**

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The Connecticut Department of Public Health sponsored a successful “Back to Work” training program for HIV case managers. The goal of the “Back to Work” training program was to educate case managers about how to help clients who are well enough to make the transition back to the work environment.

## **PREVENTION AND CARE DATA SYSTEM**

### **Connecticut**

#### ***Contact:***

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Department of Public Health  
AIDS Prevention and  
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MS 11 APV  
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Hartford, CT 06134-0308

(860) 509-7833  
(860) 509-7853 Fax

[richard.melchreit@po.state.ct.us](mailto:richard.melchreit@po.state.ct.us)

After two years of careful study, the Connecticut Department of Public Health 's AIDS Division identified a new data system for prevention and care services. The health department worked with other state funded agencies in the state to plan a comprehensive approach for state and local agencies to use in administering this system. Paperwork is underway for the final approval of the system.

## **COST EFFECTIVENESS TRAINING**

### **Delaware**

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HIV/STD/AIDS Program  
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Delaware Health  
and Social Services  
P.O. Box 637  
Dover, DE 19903

(302) 739-4744  
(302) 739-6617 Fax

[drubino@state.de.us](mailto:drubino@state.de.us)

All HIV prevention contractors and Division of Public Health staff were invited to participate in cost effectiveness training over two years. The core curriculum for the training provided both theoretical and practical application. The series of workshops included traditional lecture, didactic discussion, and homework.



## **SPECIAL INTEREST WORK GROUPS**

### **Delaware**

#### ***Contact:***

Jim Welch  
HIV/STD/AIDS Program  
Division of Public Health  
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and Social Services  
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Dover, DE 19903

The operational structure of the Community Planning Group (CPG) was changed in 1999 to reflect the needs priority populations. The four work groups; IDU, MSM, Heterosexual, and Youth were organized. The work groups reported to the larger CPG during the year. A Division of Public Health staff member was assigned to the Youth work group, which proved productive in guiding the process.

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[jwelch@state.de.us](mailto:jwelch@state.de.us)

## **MEASUREMENT TOOL EVALUATING PLANNING GROUP KNOWLEDGE**

### **Delaware**

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Dover, DE 19903

A contracted evaluator and the Division of Public Health developed many evaluation tools. One tool is based on a group dynamic scale. This scale addresses membership on the following: goals, participation, feelings, diagnosis, leadership, decisions, trust, and creativity. The measurements are part of the comprehensive evaluation of the community planning process.

(302) 739-4744  
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## **YOUTH PLANNING GROUP PARTICIPATION**

### **Delaware**

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The Youth Work Group was one of four work groups of the CPG. A Division of Public Health staff advised and directed the two co-chairs of the group. The strength of the group was the commitment of the individuals participating and the use of a variety of methods to obtain the opinions of youth inclusive focus groups. The work group reported results of its findings to the CPG periodically during the year.

## **UNIVERSITY PARTNERSHIP TO ASSIST IN DATA ANALYSIS AND INTERPRETATION**

### **Delaware**

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Through a state department of health contract, the University of Delaware Center for Applied Demography and Survey Research collects and analyzes data on HIV, STDs, and TB to assess trends in priority populations. The center presents and submits an annual report in “layman’s” terms to the CPG. The CPG incorporates the center’s report in its prioritization process.

## **USE OF EXTERNAL EVALUATOR TO MONITOR THE PLANNING PROCESS**

### **Delaware**

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Process evaluation for the Community Planning Group (CPG) was considered extremely important. An external contractor is evaluating the community planning process in Delaware. The contractor has been reviewing the CPG, the grant application and the comprehensive plan for the past four years. The evaluator's recommendations are reviewed by the CPG and acted upon in a timely fashion.

## **INTERAGENCY COLLABORATION: HIV, SUBSTANCE ABUSE, MEDICAL, MENTAL HEALTH, AND SOCIAL SERVICES**

### **Delaware**

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[jwelch@state.de.us](mailto:jwelch@state.de.us)

The Delaware HIV Consortium, an interagency collaboration, is critical in a small state like Delaware where there are not enough providers to service the populations in need. The collaboration is a function of the growth of a provider network that encompasses both prevention and treatment. Most of the agencies throughout the state that provide health care or prevention services related to HIV and AIDS are members of the Consortium.

## **CHRISTIANA CARE AND PORTER STATE SERVICE - EARLY INTERVENTION SERVICES AT A STD CLINIC**

### **Delaware**

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The project is an early intervention service in the Christiana Care Infectious Disease Clinic. Using a multi-disciplinary approach, the program includes care management, medical social work services and intensive prevention services. The program has been successful for STD clients, providing them with a direct link to HIV early intervention services. The clinic's chief infectious disease physician works directly with STD clients.

## **THE FLORIDA HIV/AIDS COMMUNITY PLANNING GROUP CONSUMER CAUCUS**

### **Florida**

#### ***Contact:***

Melissa Beaupierre  
Florida Department of Health  
2020 Capitol Circle, SE A09  
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(850) 487-1521 Fax

[melissa\\_beaupierre@doh.state.fl.us](mailto:melissa_beaupierre@doh.state.fl.us)

This Consumer Caucus of the Florida HIV/AIDS Community Planning Group was established to address barriers facing People With AIDS (PWAs)/ People living with HIV (PLWHIVs) who wish to participate in prevention, education and patient health care activities. Strategies to remove such barriers due to health status and/or resource limitations are the first priorities being addressed by the committee. The Consumer Caucus advocates for their constituents and makes recommendations to improve access to planning activities for all persons.

## **SURVEY TO MEASURE PLANNING GROUP TA NEEDS**

### **Hawaii**

#### ***Contact:***

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Coordinator  
Hawaii Department of Health  
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Honolulu, HI 96816

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808-733-9015 Fax

The Hawaii Department of Health created an assessment to determine the technical assistance needs of the community planning group and of providers. The results were weighted based on prioritization preferences. This information was then presented to the executive committee of the community planning group. The executive committee worked with the planning group to determine how to meet the technical assistance needs reported from the survey. The community planning group then created a comprehensive, detailed schedule to address technical assistance needs throughout the year.

## **USE OF COMMUNITY ADVISORY COMMITTEE TO PROVIDE INPUT TO THE PLANNING PROCESS**

### **Hawaii**

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The Community Advisory Committees (CAC) are comprised of outreach workers who provide HIV prevention services to at-risk populations in Hawaii. There are separate CACs for each priority population. Members of the CACs collaborate, network, and share information about the most effective intervention for their particular populations. The CACs also provide information and input to the Hawaii community planning group on their population.

[nkern@hgea.org](mailto:nkern@hgea.org)

## **THE HSPAMM SYSTEM IN PREVENTION PLANNING**

### **Hawaii**

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The state-funded Hawaii Seropositivity and Medical Management Program provides, through participating providers, a history, physical and immune function tests every six months to individuals with HIV. The person with HIV is monitored throughout the course of the infection and the physician can intervene early to minimize viral replication and prevent opportunistic infections, thereby prolonging and enhancing quality of life. The Hawaii community planning group uses information collected by the HSPAMM program to shape their priority setting process.

## **JUNETEENTH / CINCO DE MAYO CAMPAIGN**

### **Houston**

#### ***Contact:***

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Houston Department of  
Health and Human Services  
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The city of Houston' health department has launched targeted public information campaigns. These campaigns coincide with the celebration of Juneteenth within the Black community and Cinco de Mayo within the Latino community. By focusing HIV prevention messages around pre-existing events, the prevention messages are able to reach more individuals.

## **STONEWALL HEALTH PROJECT**

### **Idaho**

#### **Contact:**

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Idaho STD/AIDS Program  
Department of Health  
and Welfare  
450 West State Street  
4<sup>th</sup> Floor  
P.O. Box 83720  
Boise, ID 83720-0036

(208) 334-5937  
(208) 332-7346 Fax

The Stonewall Health Project is a peer-to-peer education, awareness, and esteem development model for gay men. Modeled after Seattle's Gay City Health Project, the Stonewall Health Project is designed to reduce HIV and STD risk through improved self-risk awareness, development of self-esteem, and communication skills. The project consists of weekly meetings (movie, guest speaker and discussion groups) at various locations, potlucks, external activity trips (skiing, rafting, hiking, camping, theater, music) combined with topic-based discussion, a website and a "warm-line." The Stonewall Health Project networks with many of the community programs and services throughout the greater Idaho and Washington Palouse region to help provide comprehensive services to the MSM/gay community in that region.

## **MIGRANT COUNCIL**

### **Idaho**

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Idaho STD/AIDS Program  
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and Welfare  
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The Idaho Migrant Council is a project designed to reach Hispanic MSMs, IDUs and their partners through targeted interventions and community education projects. Outreach includes awareness and discussion interventions at the local migrant camps during the farming season, risk awareness and screening at the Idaho Migrant Council/*Salud d'Prevention* Substance Abuse treatment program and information packets to individuals seeking Idaho Migrant Council services throughout the year.

## **PEOPLE OF COLOR OUTREACH PROGRAM**

### **Idaho**

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The National Association for the Advancement of Colored People's (NAACP) People of Color Outreach Program targets MSMs, IDUs and their partners. The program utilizes a CBO-based model with volunteers and consultants to reach the population in Idaho through targeted activities including "Brutha-to-Brutha" - MSM risk reduction discussions, and "Sista-to-Sista" - a young women's discussion luncheon using a mentor model. "Step-Up," a joint outreach program between the NAACP, Kappa Alpha Psi Fraternity and the University of Southern Idaho, is an awareness and education program for youth of color preparing to enter college.

## **TECHNICAL ASSISTANCE BANK**

### **Illinois**

#### **Contact:**

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HIV/AIDS Section  
Illinois Department  
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525 W. Jefferson  
Springfield, IL 62761

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[sseiber@idph.state.il.us](mailto:sseiber@idph.state.il.us)

The Illinois Department of Public Health (IDPH) has nine regional lead agencies that are involved in discussion on how the statewide IDPH can build regional capacity to improve CBO capacity. The IDPH has also created a technical assistance (TA) bank account in each region that CPGs and local IDPH offices can draw from to support local TA needs. The bank enables each region to address its specific needs, which may vary from other regions, by target population, intervention, or goal. To assist the regions in identifying available and appropriate TA providers, the Department circulated a "Call for TA Providers" in January 1999. From the responses received, a TA brochure was developed and provided to the lead agency project directors. From January to June, 1999, twenty-eight technical assistance workshops were provided on topics such as: cultural competency, IDU strategies, IDU/MSM, youth involvement in the RIG process, accessing sexual minority youth, prevention case management, evaluation, funding resources, screening volunteer and paid staff, outreach to "crack" users, and harm reduction.



## **PEER LED HIV PREVENTION EDUCATION FOR INCARCERATED PERSONS**

### **Illinois**

#### ***Contact:***

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of Public Health  
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(312) 814-4844 Fax

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In collaboration with the Illinois Department of Corrections, the Illinois Department of Public Health (IDPH) has trained over 100 inmates to be peer educators in correctional facilities. With a goal of having one peer educator in every tier there currently are peer educators in every adult facility. The Department of Corrections has identified peer educator as a job title for prisoners. Training and ongoing support and technical assistance are provided to the peer educators by three IDPH trained health educators who regularly visit each facility. During the first six months of 1999, the peer educators made over 5,000 individual educational interactions with other prisoners.

## **SYPHILIS TESTING AT HIV COUNSELING AND TESTING SITES**

### **Indiana**

#### ***Contact:***

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Indianapolis, IN 46206

(317) 233-7486  
(317) 233-7663 Fax

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The Indiana State Department of Health has expanded the range of STD tests offered at their counseling and testing sites in response to an outbreak of syphilis in Kansas. The health department decided to link HIV and syphilis testing. Counseling and testing (CTRPN) sites have been additionally offering and administering syphilis testing at their sites.

## ONLINE EVALUATION TOOL WITH CENTRALIZED DATA COLLECTION

### Indiana

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Marcia Regenstrief  
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Division of HIV/STD  
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Indianapolis, IN 46206

(317) 233-7840

[Mregenst@isdh.state.in.us](mailto:Mregenst@isdh.state.in.us)

The Evaluation website is: [www.evaluationweb.com](http://www.evaluationweb.com)

The Indiana State Department of Health is conducting its evaluation activities with its HIV prevention grantees on the Internet. This process includes a common evaluation instrument, based on already validated ones, and a centralized data collection system. The Department of Health found that their grantees had low evaluation expertise and used an independent consultant to create a web-based data collection system. This system, in conjunction with the consultant validates data entries. Agencies also are able to review their own statistics via a password-protected system. Agencies requesting prevention funding from the health department were mandated to have access to the Internet as part of their capacity requirements. While Indiana doesn't allow equipment to be purchased, agencies were allowed to lease computers.

The website is [www.evaluationweb.com](http://www.evaluationweb.com). You can follow the links for "Indiana HIV prevention grantees" and log on as a demonstration user to view more information.

## FOCUS GROUPS TARGETING IDUS IN CORRECTIONAL FACILITIES

### Iowa

#### *Contact:*

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Iowa Department  
of Public Health  
STD/HIV Prevention Program  
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321 East 12<sup>th</sup> Street  
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[pyoung@idph.state.ia.us](mailto:pyoung@idph.state.ia.us)

The CPG felt they needed more input from injecting drug users. In such a rural state it is difficult to define a specific area, so the CPG conducted two focus groups targeting injecting drug users who are incarcerated. A representative from corrections facilitated this process. Prisoners were excited to be able to talk to someone about HIV and their issues. Two local outreach workers organized a focus group targeting female sex workers who were also injecting drug users. The Health Department CPG Co-chair facilitates the focus group and the Community Co-chair (a member of the Needs Assessment Committee) took notes.

## **METHODOLOGY FOR NEEDS ASSESSMENT AND PRIORITIES**

### **Iowa**

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The Iowa Department of Public Health has updated the Provider Services Survey, their resource inventory, in 1999. The Needs Assessment Committee (NARC) incorporated not only questions about HIV Prevention, but also HIV care and STD prevention and treatment to reduce the number of assessments providers must complete.

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## **USE OF YOUNG ADULT ROUNDTABLES FOR THE PLANNING GROUP**

### **Iowa**

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In 1999, Young Adult Roundtables (YARTs) were established to secure input from high-risk youth. Four sites were selected across the state. Each YART consists of approximately fifteen youth between the ages of 13-24. Youth represent a wide variety of backgrounds, cultures, identities, and experiences. Each YART has a facilitator and a mentor who is a CPG member. The youth participate in CPG work, but the primary goal is to get youth voices heard and youth needs addressed. A committee of the CPG (YART mentors) meet regularly to continue to build and streamline the process. This initiative is jointly sponsored by the Iowa Department of Public Health and the Iowa Department of Education.

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## **PLANNING GROUP WRITES STD/HIV PORTION OF HEALTH PEOPLE 2010**

### **Iowa**

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In 1999, the Iowa CPG designated a committee to write the Healthy Iowans 2010 objectives for the STD/HIV chapter. The core committee met with members of the Ryan White Title II Advisory Committee and other concerned individuals to write and edit the chapter. This approach prevented duplication of effort and gave an opportunity for both committees to work together.

## **VIDEO CONFERENCING FOR YOUTH PARTICIPATION ON COMMUNITY PLANNING GROUP**

### **Kansas**

#### ***Contact:***

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Kansas Department of Health  
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(785) 296-5223  
(785) 296-4197 Fax

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The Kansas Department of Health plans to set up interactive video conferencing stations in schools and community centers. The goal of these video stations is to increase school aged youth participation in the HIV prevention community planning process. The video stations facilitate youth participation within a peer context to prevent the need for youth to miss school to travel to the community planning group meetings.

## **TRAININGS ON COMMUNITY PLANNING**

### **Los Angeles**

#### ***Contact:***

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As part of the HIV Prevention Planning Committee's (PPC) dissemination of the comprehensive plan for HIV prevention in Los Angeles County, the PPC has developed training sessions for the Los Angeles community. The training focuses on the role of the planning committee and the purpose of the prevention plan. The training is based on a curriculum that the Department of Health Services created in partnership with the PPC. The trainings also cover information on the HIV prevention community planning guidance and the community's HIV prevention priorities.

## **PLANNING GROUP MEMBER OUTREACH**

### **Los Angeles**

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The HIV PPC requires each of its' members to assume responsibility for communicating with their constituency groups on the progress of the planning process. The members agree to report information on the planning process via their letter of commitment, which outlines their roles and responsibilities on the planning committee.

## **STANDARDS AND BEST PRACTICES SUBCOMMITTEE**

### **Los Angeles**

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The HIV Prevention Planning Committee's (PPC) created a subcommittee to focus on identifying standards in HIV prevention and to report best practices throughout Los Angeles County. This subcommittee visits provider sites that have been identified as demonstrating best practices. The subcommittee showcases model prevention intervention programs and benefits from its awareness of innovative programs.

## **PLANNING GROUP MEETINGS HELD IN CORRECTIONAL FACILITIES**

### **Louisiana**

#### ***Contact:***

Lisa Longfellow  
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Planning Coordinator  
Louisiana Office of Public  
Health  
HIV/AIDS Program  
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New Orleans, LA 70112

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(504) 568-7044 Fax

Public meetings have not always been successful methods for gaining input from target population members in Louisiana. The CPG developed a short presentation about HIV prevention community planning for regional groups to take directly to their local settings. The Region Six Community Planning Group actually held their meeting in a state prison. They were hosted by the prison's peer education team. During the meeting prisoners were encouraged to discuss their HIV prevention risks, needs and barriers.

[llongfe@dhh.state.la.us](mailto:llongfe@dhh.state.la.us)

## **PLANNING GROUP UPDATE NEWSLETTER**

### **Louisiana**

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The *CPG Update* is a monthly bulletin about the HIV prevention community planning process in Louisiana. The Louisiana Statewide HIV Prevention Community Planning Group implemented the *CPG Update* as a method for keeping all statewide and regional planning group members informed about the activities of the planning groups and the eight statewide committees. Members are invited to provide feedback to proposals in the *CPG Update* individually or through regional groups. The *CPG Update* is discussed at each regional and statewide group meeting.

## **INTERNET-LINKED HIV PREVENTION HOTLINE**

### **Louisiana**

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The hotline is operated seven days per week from noon until 8pm (CST) and is staffed by trained hotline volunteers. A state-of-the-art, on-line (internet linked) interactive database provides local referrals statewide for HIV counseling and testing services, condom distribution sites, and support and primary care services available to HIV-infected clients. In addition, hotline staff responds to questions about HIV/STD risk and statistics, as well as provides on-line risk reduction counseling, when necessary.

## **MINORITY TECHNICAL ASSISTANCE INITIATIVE**

### **Louisiana**

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Through CDC supplemental funding to minority CBOs, the Louisiana Office of Public Health (OPH) contracted with the National Organization of Black County Officials (NOBCO) to provide administrative technical assistance to seven-funded minority CBOs. Using a survey, NOBCO began by assessing the CBO's background, OPH prevention contract objectives, organizational workplan, when available, and Quality Assurance Technical Assistance Visit Reports. Each CBO received a formal site visit and one-on-one individualized training and TA. All seven agencies received training in the Management by Objectives (MBO) system. One-on-one sessions were held with organization staff to clarify any issues and respond to questions pertaining to previous meetings and workshops.

## **TOLL FREE TELEPHONE LINE FOR PLANNING GROUP MEMBERS TO CONTACT HEALTH DEPARTMENTS**

### **Maine**

#### ***Contact:***

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Maine HIV Prevention  
Community Planning Group  
Medical Care Development  
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Augusta, ME 04330

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(207) 622-3616 Fax

[mehivcpg@mcd.org](mailto:mehivcpg@mcd.org)

To help promote communication among planning group members, the Maine HIV Prevention Community Planning Group (CPG) has a toll-free number for CPG members to contact the project coordinator. Access to the toll-free number assures that all members have equal access to information in this large rural state. The toll free line also assures that questions or concerns can be promptly addressed and information can be provided at no cost to planning group members



# **SCHEMA FOR DEVELOPING HIV PREVENTION ACTIVITY STATEMENTS**

## **Maryland**

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Maryland AIDS Administration  
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The Maryland AIDS Administration has created a schema for use in community planning to generate HIV prevention activity statements. The schema allows the CPG to identify priorities for capacity building and community involvement needs as well as health education/risk reduction. The schema facilitates the integration of disparate data sources such as input from persons at risk provided through focus groups and surveys, the expertise of providers and advocates, epidemiologic data, and behavioral science theory and effectiveness research.

# **COLLABORATION BETWEEN COMMUNITY PLANNING GROUP AND ITS REGIONAL ADVISORY COMMITTEES**

## **Maryland**

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Maryland has established regional advisory committees termed Regional Work Groups (RWGs) to minimize geographic barriers to participation and to facilitate the inclusion of local input into the planning process. The RWGs conduct needs assessments and recommend HIV prevention priorities to the CPG for their region. For the new 2001-2003 plan, RWGs were invited to attend the CPG meeting at which their recommended priorities were reviewed and discussed. RWG members and CPG members from each region were given the opportunity to hear questions and comments about their recommendations. They were given time to discuss these questions and comments, and to decide whether to recommend changes to the priorities or not. The CPG retained the final vote on the priorities, but the process was highly inclusive and collaborative.

## **BEHAVIORAL SCIENCE TECHNICAL ASSISTANCE**

### **Maryland**

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The AIDS Administration's resident behavioral scientist spent months reviewing and analyzing the behavioral science literature related to HIV prevention. This review of the literature resulted in a synthesis of the characteristics common to effective HIV prevention programs, a list of behavioral factors evidenced to be of greatest importance to each target population, and the types of interventions effective in addressing these behavioral factors in each target group. Both of these activities were highly effective in facilitating the integration of behavioral science into the prevention planning process and making this discipline very accessible to participants without prior exposure to it.

## **COLLABORATION WITH LOCAL ACADEMIC INSTITUTION**

### **Maryland**

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Maryland contracts with the Community Outreach Service of the School of Social Work at the University of Maryland at Baltimore (UMAB). UMAB provides technical assistance to the planning process, including developing the protocol for focus groups with persons at risk and instructing CPG and RWG members on how to conduct focus groups. UMAB summarized the myriad of public input collected by community planning participants into charts outlining answers to important questions about behavioral factors and recommended interventions for each target population. This synthesis, combined with the schema described above, facilitated community input into the plan.

## **INJECTION DRUG USER NEEDS ASSESSMENT**

### **Massachusetts**

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The Massachusetts Department of Health conducted a city by city qualitative interview process of ex-injection drug users (IDUs) and out-of-treatment IDUs. The health department then developed a city by city profile of IDU perceptions and using patterns. The department plans to use this information to guide existing activities and develop future goals for Massachusetts' HIV prevention programs.

## **COLLABORATIVE YOUTH INVOLVEMENT ON THE PLANNING GROUP**

### **Massachusetts**

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The Massachusetts Department of Health has worked in collaboration with the Massachusetts Department of Education to involve their Youth AIDS Advisory Program (YAAP) in community planning. The membership of the YAAP was expanded to be more reflective of the youth that the health department serves. YAAP conduct regular meetings, which include discussions on HIV/AIDS, issues relating to youth. Two YAAP members participate in the community planning group as full voting members.

# **INTEGRATION OF STD SCREENING INTO HIV PREVENTION PROGRAMS**

## **Massachusetts**

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The Massachusetts Department of Health works with the STD Prevention Division and the Surveillance Program to identify ways that these programs can be more responsive to each other and support each other's efforts. Some initiatives include: a series of regular meetings between the prevention and counseling/testing staffs to develop basic awareness of STDs and initiate referral linkages; the development of a resource directory of STD programs and HIV prevention programs; maintenance of a STD/HIV Working Group subsumed under the community planning group; and the administration of an assessment of STD knowledge and referral capacity.

# **VIRAL HEPATITIS TOOL KIT**

## **Minnesota**

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[gary.novotny@health.state.mn.us](mailto:gary.novotny@health.state.mn.us)

The Minnesota Department of Health has designed a viral hepatitis tool kit, to help agencies working with injecting drug users. This tool kit contains information on the basics of viral hepatitis, counseling guidelines, and local resources. The tool kit will soon be distributed to community-based organizations, STD clinics, local public health agencies, and correctional facilities.

## **INNOVATIVE PRACTICE PILOT PROGRAMS**

### **Minnesota**

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The Minnesota Department of Health has set aside resources to fund programs that have innovative approaches to HIV prevention that have never been tried. The health department funded eight programs initiatives like “Testing Buddies,” a peer volunteer system to shepherd individuals through the HIV/STD testing process. Another funded program focuses on the development of an HIV/STD prevention education curriculum that is appropriate for persons with mild to moderate developmental disabilities, especially adult gay men or men who have sex with men.

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## **SISTER TO SISTER: AFRICAN AMERICAN WOMEN’S EDUCATION CURRICULUM**

### **Mississippi**

#### ***Contact:***

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Oxford, MS 38655  
  
(601) 234-9929  
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Sister to Sister is a program that is funded by the Mississippi Department of Health to provide basic HIV prevention education to African-American women at risk for HIV. The “Sister to Sister” program has its own curriculum. The Rape Crisis Services of Northwest Mississippi combines the “Sister to Sister” curriculum with its rape counseling services for African-American women, teens and youth.

## **PROJECT CONNECT**

### **Mississippi**

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The Phoenix Coalition, funded through the Mississippi Department of Health, has created “Project Connect.” “Project Connect” renovated an aging shopping center into a medical services mall. The mall is geared toward providing HIV prevention and other services for high risk men who have sex with men (MSM).

## **METNET- INTERACTIVE VIDEO TELECONFERENCING SYSTEM**

### **Montana**

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MetNet is an interactive video conferencing system designed to unite geographically disparate individuals in Montana. The MetNet system has viewing locations throughout the state for a variety of providers. The MetNet system is used by Montana universities, tele-medicine, the National Guard and the statewide planning group (SPG). MetNet allows the SPG to have more frequent meetings without the exorbitant expense of traveling all of the SPG members to a single location. Through interactive video conferencing, Montana’s SPG has been able to increase the inclusiveness of the planning process. Discussions on the MetNet system are handled via a roll call mechanism. The system also has allowed SPG members to feel more confident in their decision making due to their more frequent interactions with each other.

## **CONCURRENCE PROCESS**

### **Nebraska**

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In order to facilitate concurrence, the health department has created a system to expedite communication about the comprehensive plan and the application. Once the Nebraska state community planning group creates its draft HIV prevention comprehensive plan, the health department distributes the draft plan along with the HIV prevention application goals and objectives to the 120 members of the state and regional community planning groups. The health department then convenes a statewide teleconference to discuss concordance of the plan and application. Once there is agreement on concurrence, the health department sends copies of the finished application and plan back to all 120 state and regional planning group members, which includes the six regional planning groups.

## **CONSOLIDATION OF PREVENTION AND CARE PLANNING**

### **Nevada**

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With technical assistance from AED, Nevada consolidated statewide prevention and care planning processes. Originally, Nevada had three statewide planning bodies; the Governor's AIDS Task Force, the HIV Prevention Community Planning Group, and the Ryan White Title II Planning Council. The consolidation occurred as a result of a series of strategic planning sessions involving all members of these planning bodies. The consolidation will save an estimated \$55,000 which will be used for local planning and implementation.

## **CONFLICT RESOLUTION AND CONSENSUS MODEL**

### **New Mexico**

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In 1994, when New Mexico first began community planning, the consensus model was introduced to the Community Planning Group (CPG) and was adopted with great success. The CPG used a consensus model to conduct its planning, thus allowing many issues to surface and be solved amicably and all stakeholders to participate. The New Mexico CPG recommends that as the planning group membership changes, the consensus model should be an essential component of orientation for new partners and integrated into the mentoring process.

## **SYRINGE EXCHANGE PROGRAM**

### **New Mexico**

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In 1997, the New Mexico Legislature enacted a statewide law signed by the governor, mandating access to clean syringes for Injection Drug Users (IDUs) using a harm reduction model to prevent the transmission of blood borne pathogens. Clean syringes, alcohol and bleach are distributed in methadone clinics, public health clinics and community based organizations. Syringe exchange outreach workers go through a state certification process before being able to broker syringe exchanges. In order for IDU participants to access clean syringes, they must complete a survey on drug use patterns. After IDUs are enrolled, they receive a card that enables them to access clean syringes and protects them from being charged with carrying syringe paraphernalia.



## **PEER EDUCATION AND SUPPORT IN A WOMEN'S CORRECTIONAL FACILITY**

**New York**

### ***Contact:***

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AIDS Counseling and Education (ACE) is an inmate designed and inmate run HIV prevention and intervention program established in 1988 at Bedford Hills Correctional Facility with the support and cooperation of the prison administration. ACE is the first and largest inmate peer education and peer-counseling program offering comprehensive and specialized services to individuals living with HIV and AIDS in the New York State correctional system. The women of ACE have recently published a book entitled "Breaking the Walls of Silence" that describes the history of the ACE program and the educational materials they have developed. ACE peers provide many services including outreach, education, a buddy program, support services, curriculum development, ACE newsletter, individual counseling, referrals, educational videos and discussion, and coordination of memorial services, quilt projects, and walk-a-thons.

## **CO-LOCATED HIV PREVENTION AND PRIMARY CARE IN SUBSTANCE ABUSE TREATMENT SETTINGS**

**New York**

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This initiative is designed to provide a continuum of comprehensive HIV prevention and primary care services in substance abuse treatment settings throughout New York State. Twenty-six (26) drug treatment agencies of varied modalities, including methadone maintenance, methadone to abstinence, drug free residential, outpatient and detoxification programs participate in this initiative through contractual agreements. Through this program, the substance abuse treatment community has broadened its mission from a singular focus on rehabilitation to include public health services.

## **“CAN WE TALK?” YOUTH -PARENT CONFERENCE**

### **North Carolina**

#### **Contact:**

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The Foundation for the Carolinas sponsors a half-day youth/parent conference entitled, “Can We Talk?” The goal of this conference is to provide an opportunity for adolescents and their parents to become better educated about HIV/AIDS/STDs to increase and foster positive communication. The Foundation for the Carolinas utilizes the youth advisory committee, a subcommittee of the consortium’s prevention education committee, to implement essential interventions that target and educate adolescents, their parents, and community leaders whom directly impact the lives of adolescents. They have developed a collaborative relationship with regional health departments, school systems, and faith communities, among other partners.

## **REGIONAL DEVELOPMENT INITIATIVE**

### **Ohio**

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The Regional Development Initiative is comprised of nine local health departments that act as a conduit for HIV prevention services and funding in their respective regions. The Ohio State Department of Health allocates a portion of their federal funding to the regional advisory groups. The regional advisory groups allocate funds to local groups based on the statewide priorities set by the community planning groups. Each regional advisory group allocates resources via a local Request for Proposals (RFP) process. The state health department provides technical assistance and capacity building to local health departments to accomplish this task.

## **INTEGRATION OF PREVENTION AND CARE PLANNING**

### **Oregon**

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The Oregon Health Division has begun the transition to an integrated HIV prevention and Ryan White planning process. Currently, Oregon has county or regional planning bodies. These bodies would be consolidated to create a single comprehensive statewide HIV/AIDS planning body, with regional or county implementation of planning objectives. The regional/county level implementation of statewide planning would then be responsive to the variations of the local HIV/AIDS epidemic. The Oregon Health Division plans to also offer existing regional bodies the option of doing their own HIV prevention and care planning process as long as that process is comprehensive. Integration of the prevention and care planning processes is slated for completion by 2003.

## **PILOT TESTING OF PREVENTION CASE MANAGEMENT**

### **Oregon**

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The Oregon Health Division is pilot testing a prevention case management program in three county health departments' HIV/STD clinics. The goal of this pilot program is to identify those individuals who would benefit from prevention case management and to evaluate the viability of prevention case management within clinical settings. The Division is currently investigating prevention case management's cost effectiveness, including ways in which it can be insurance billable.

## **DEAF DISCUSSION GROUP**

### **Oklahoma**

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According to the National Coalition on Deafness and HIV/AIDS, about 7,000 people who are deaf and hard of hearing (D&HH) are estimated to have HIV. A 1992 study estimates the D&HH are about eight years behind the hearing population in HIV knowledge and awareness. Studies show deaf teens have large information gaps regarding HIV transmission and prevention. Deaf college students were better informed, but knowledge does not correlate with reduced risk. Many D&HH experience delayed diagnosis concurrent with symptomatic HIV. Oklahoma has created deaf discussion groups to support the deaf community in their HIV prevention efforts.

## **AT&T LANGUAGE LINE**

### **Pennsylvania**

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Division of HIV/AIDS  
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Harrisburg, PA 17108

(717) 783-0479  
(717) 772-4309 Fax

[jpease@health.state.pa.us](mailto:jpease@health.state.pa.us)

This national service is utilized to enhance Pennsylvania's counseling and testing efforts. Each counseling and testing site located in HIV, TB, or STD clinics, as well as nine of Pennsylvania's ten county/municipal health departments, is given a unique account number that they provide to AT&T after calling the 800 number. The charges and the account number are then forwarded by AT&T to the Bureau of Communicable Diseases for payment. Essentially the procedure consists of the counselor connecting with AT&T to secure an interpreter for virtually any language. Generally, within 10-15 minutes, an interpreter will be secured allowing a three-way conversation between the counselor, client and interpreter. For demonstration of the service, call 1-800-821-0301.

## **PLANNING UTILIZING EPIDEMIOLOGISTS AND NON-EPIDEMIOLOGISTS**

### **Pennsylvania**

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The Pennsylvania HIV Prevention Community Planning Committee has a standing HIV Prevention and Evaluation Subcommittee. A sociologist from the Pennsylvania Prevention Project at the University of Pittsburgh Graduate School of Public Health facilitates the subcommittee. The subcommittee is composed in part of non-epidemiologists representing community-based AIDS service organizations, drug and alcohol treatment facilities, university health, the faith community, and university-based research. The subcommittee meets on a regular basis with epidemiologists from the Pennsylvania Department of Health to learn more about the epidemiological process and its impact on the HIV prevention planning process. The subcommittee then reports to the full committee, providing the entire group with a better understanding of the use of epidemiology in effective HIV prevention planning.

## **PROJECT REACH: RELATING, EXCHANGING AND CAPACITY BUILDING FOR HIV PREVENTION**

### **Rhode Island**

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Office of AIDS/STD/TB  
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REACH is a capacity building project that focuses on minority CBOs. It uses a multi-layered approach towards building capacity from a community-development model perspective. Since 1994, REACH has conducted numerous intensive capacity building activities with positive results in the community.

# **ENCORE: EDUCATION, NEEDLE EXCHANGE, COUNSELING, OUTREACH AND REFERRAL**

## **Rhode Island**

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ENCORE is an innovative needle exchange program that incorporates a full continuum of services. Using a low-threshold model of enrollment and participation, clients are not forced into treatment or referrals. Instead, ENCORE volunteers build relationships with clients such that over 45% of the participants eventually are referred to some treatment modality. ENCORE meets clients where they are and has developed a "Women's Only" site, a clothing distribution center, a clinic-based needle exchange where clients can get free medical care, a physician-based needle exchange program, and a one-to-one substance abuse counselor/advocate and referral program. ENCORE has incorporated Hepatitis C prevention and treatment referral into the protocol. ENCORE will soon publish findings on the success of their program, detailing a decrease in needle sharing behavior, overall drug usage after enrollment, and improper disposal of needles. The report will also detail an increase in proper hygienic practices (i.e., swabbing injection sites with alcohol prior to injection). The program is administered by AIDS Care Ocean State, a CBO that received funding to assist the RI Department of Health with this endeavor.

## **PARTNERS IN CARE**

### **Rhode Island**

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Office of AIDS/STD/TB  
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"Partners in Care" is an innovative collaboration of providers who offer counseling and testing services (CTS). Initially, because of a decrease in funding for counseling and testing services in RI, CBOs were not able to provide a comprehensive delivery system of CTS. With this collaborative, one lead agency is responsible for several subcontractors and administers not only HIV testing but also insures quality control, HIV education, outreach and referral. Better linkages to referral mechanisms within the state have been developed because this system is much easier for the RI Department of Health to manage and oversee than having multiple contracts.

## **THE HIV PREVENTION EDUCATION COLLABORATIVE Rhode Island**

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This collaborative is composed of all the HIV Prevention vendors funded by the RI Department of Health and interested CBOs. The group meets regularly with the RI Department of Health to discuss their contracts, as well as to update and educate each other as to innovative issues. The result of this strong collaborative is better communication between the RI Department of Health and prevention contractors, increased training opportunities for all prevention specialists in the community, a streamlined approach to programming, enhanced evaluation of prevention programs statewide, incorporation of theoretical model development and implementation into programs, identification of cross cutting functions of CBOs, and heightened awareness of minority health issues and solutions.

## **FIGHTING AIDS THROUGH COMMUNITY EFFORTS (FACE) South Carolina**

### **Contact:**

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FACE Fighting AIDS  
Through Community Efforts  
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PO Box 105  
Greenville, SC 29602

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(864) 250-0608 Fax

With a goal of increasing their community's" capacity to reduce the rate of HIV infection through education and community collaboration," FACE serves the upstate communities of Greenville, Anderson, Pickens and Oconee. FACE is comprised of fourteen member organizations. Among its activities/services provided, plans, and achievements are:

- Developed a plan and instruments (questionnaire, etc) to conduct a community and youth needs assessment. The assessment examined the knowledge, behavior, and attitudes of upstate residents as related to HIV;
- Administered questionnaire in the four-county upstate area.
- Implementation of CDC approved curriculum in local area community centers.
- Coordination with the local chapter of the Urban League to implement either BART or Act Smart (depending on the age of the youth) in local area schools, in either before or after school programs.

## **CATAWBA CARE COALITION PREVENTION COMMITTEE (CCCPC)**

### **South Carolina**

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This collaboration meets monthly, serving the Chester, Lancaster, and York County areas. Its priority target populations include African-American males between ages 13 and 29 and is currently made up of 20 member organizations. Its mission is to reduce HIV infection in teens and young adults in Chester, Lancaster and York Counties. Its goal is to increase condom use among sexually active individuals by eliminating the barrier of having to purchase them. The coalition empowers grassroots organizations to provide and promote HIV/AIDS education/prevention efforts, as well as the Red Ribbon Sunday for World AIDS Day. CCCPC has provided condom buckets to local adult facilities such as ABC (alcoholic beverage) Stores, slot machine parlors, night clubs, beauty and barber shops, and other establishments at no cost. This project has been in place since February 1999, and is on-going.

## **COUNSELING AND TESTING DATA FORM**

### **Texas**

#### ***Contact:***

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The Texas Department of Health has developed a new counseling and testing data form based on a consumer driven process. Contractors were solicited to assist in the creation of the new data collection tool, which is more user-friendly and provides more information about client risk. This form has now replaced the CDC's scannable form for collecting information on counseling and testing clients.



## **AIDS POSTER ART CONTEST**

### **Utah**

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The Utah State Department of Education, the state Health Department, the Utah AIDS Foundation, and local mass media have worked in collaboration to plan and carry out a poster contest for students in Utah's public school system. The Utah AIDS Foundation chooses the poster contest themes, one of which is the World Health Organization's annual HIV theme. Students are given poster size requirements, but are allowed to choose any medium on which to create their poster. The contest is advertised to all health and art teachers in kindergarten through 12<sup>th</sup> grade via fliers and an art listserv. Students receive notice of the contest shortly after school begins in the fall term. Winning entries in three categories (K-6, 7-9, and 10-12 graders) are announced on World AIDS Day. Winners receive graduated cash awards for first through fourth place.

## **HARM REDUCTION COALITION**

### **Utah**

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The Utah Harm Reduction Coalition works in collaboration with other entities to provide direct harm reduction programming, coalition building, and training. The coalition also offers group and individual level interventions for substance abusers, Injection Drug Users (IDU), and commercial sex workers. These interventions include working with at-risk individuals to enable them to be outreach workers who can spread the harm reduction message to their peers. The Harm Reduction Coalition assists organizations and communities to develop strategic plans together with community leaders, epidemiologists, and consumers. The Utah Harm Reduction Coalition also offers training on harm reduction to community planning groups from outside the state of Utah. Those neighboring jurisdictions are able to receive this training on a quarterly basis.

## **BASE GRANTS: BE ACTIVE IN SELF EDUCATION**

### **Utah**

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The Utah Department of Health has contracted with a community agency to administer and evaluate innovative community based HIV prevention interventions created by and targeted toward Men who have Sex with Men (MSMs). Taking the lead, this agency created small grant RFPs with awards under \$1000 to be given to other agencies that proposed to provide culturally appropriate interventions, messages, and materials. Seven grants were awarded this past

## **STD/HIV SCREENING AT PLANNED PARENTHOOD SITES**

### **Vermont**

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The AIDS and STD programs combined funds awarded to Planned Parenthood for the provision “discounted or free confidential STD and HIV counseling and testing” to all clients seeking either. This service has increased screening and better identified disease demographics for STDs, specifically for chlamydia and gonorrhea. It also has afforded lower income persons at risk for STDs improved access to these tests. There is a combined HIV/STD screening program located at each of the 14 Planned Parenthood clinics in the state.

## **MINORITY FAITH INITIATIVE**

### **Virginia**

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Virginia's faith initiative is the culmination of five years of effort. The community planning group encouraged faith community participation, but there was no literature on how the faith community could assist in HIV prevention intervention strategies. After assessing clergy in general, and then focused interviews with African American clergy, the Department of Health funded a small pilot study with five eastern region churches. They contracted with Virginia Commonwealth University (VCU) to provide technical assistance and to build capacity within these churches. In 1998, the health department funded five churches, four African American and one Hispanic church, to recruit peer trainers and foster peer education from both the clergy and the lay communities.

## **NEEDS ASSESSMENT PROCESS**

### **Virginia**

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The Virginia Department of Health, in coordination with the community planning group, created a holistic HIV prevention needs assessment that incorporates multiple sources of information. They conducted town hall meetings with the community, during which participants were asked to respond to five primary questions to focus conversation. Research data from past assessments of target population were also included. All information was then sorted by target populations, and planning group members assessed the information for the populations around which they felt they had personal expertise. Five needs were identified for each of the seven priority populations.

## **CORRECTIONAL DISCHARGE PACKETS**

### **Virginia**

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The Virginia Department of Health has been involved in collaborations with the Virginia Department of Corrections to create a packet of information for individuals on probation or parole. The health department offers correctional officers an AIDS 101 class, which provides information on infection control and an overview of prevention and care. Probation and parole officers are then given color-coded packets corresponding to the geographic location of the correctional discharge officer. The packets contain information on ADAP, HIV, STD, Hepatitis B, Hepatitis C, counseling and testing, substance abuse, and TB programs. Each packet contains a postage paid response card that will enable the health department to gather feedback on the utility of the information packets. In addition, the health department is administering pre- and post-class testing for the correctional officers to gauge their comprehension of the material presented. The Virginia health department staff is also coordinating with Maryland and the District of Columbia staff to close any gaps in parolee/probation needs for HIV/AIDS prevention and care services.

## **ELLENSBURG DOCUMENT**

### **Washington State**

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In 1997, the Washington Department of Health began a process to “re-vamp” the state’s HIV prevention planning process. Previously, the health department found that their multiple funding sources and regional planning structure promoted fiscal duplication and prevented the most judicious allocation of resources. During a meeting in Ellensburg, Washington, the health department and their partners conceptualized a framework that would streamline the regional process into a statewide planning process. The resulting document was named after the Ellensburg meeting location. The Ellensburg Document clarified the planning roles of the various planning groups in Washington state, including local, regional, and state bodies. The final document defines the roles and responsibilities for each of the groups and will be expanded to include the state department of health in the future. Ratified by all parties, it was implemented in 1999.

## **PREVENTION OF BLOOD BORNE INFECTIONS DOCUMENT**

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Two gubernatorial subcommittees (Council on HIV and AIDS, Council on Substance Abuse) developed a joint policy statement on "Prevention of Blood Borne Infections". The statement was sent to the Governor in February 2000. The paper documented and described the overlap of HIV and the role of substance abuse as an intervention for HIV and other blood borne pathogens. This policy statement recognizes the importance of clean syringe exchange in preventing blood borne pathogen transmission. It also acknowledges the need to utilize a coordinated approach to disease prevention, broadening the prevention focus to include the role that external factors such as substance abuse plays in blood borne disease transmission.

## **PROJECT NEON**

### **Washington State**

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Project NEON is a community-level intervention targeting MSM-IDUs. Based in urban Seattle, the program publishes a short harm-reduction magazine developed with input and articles from the MSM-IDU community. Project NEON also does individual and group level counseling, as well as HIV prevention peer education.

## **PREVENTION PROGRAM PLUS**

### **Washington State**

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One of the state's rural HIV prevention programs is called "Prevention Program Plus." This program is a three tiered effort to provide outreach, prevention, information, and training to those rural, closeted, very hard to reach individuals who will not otherwise seek help. One or two trained and "acceptable to the target population" individuals with vehicles—meet in out-of-the-way spots where locals are likely to frequent, to spread prevention messages to those who are at risk regardless of their setting.

## **HIV PREVENTION IN COMMUNITY VENUES PILOT PROGRAM**

### **Washington DC**

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Washington DC's Administration for HIV/AIDS (AHA) has initiated a new pilot program to bring traditional HIV prevention messages to non-traditional community venues. AHA is coordinating with churches and civic organizations, barber shops, churches, and daycare centers to promote HIV prevention messages. AHA plans to extend counseling and testing activities into non-traditional settings. For example, AHA has a memoranda of understanding with 25 beauty salons to distribute AHA's HIV prevention compact, which won the Public Relations Weekly's Mass Media and Social Marketing Minority Campaign of the Year.

## **COLLABORATION WITH MOTOR VEHICLE ADMINISTRATION FOR HIV PREVENTION TESTING**

**Washington DC**

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The Administration for HIV/AIDS (AHA) is currently collaborating with the Motor Vehicle Administration (MVA) to sponsor a quarterly HIV prevention and testing blitz. During each session, AHA sets up a booth at MVA, where information on prevention is provided, as well as the administration of on-site confidential HIV testing. This program has encouraged approximately sixty individuals to be tested in its initial offering.

## **PARTNERSHIP WITH MAJOR LEAGUE SOCCER TEAM FOR HIV PREVENTION IN THE HISPANIC COMMUNITY**

**Washington DC**

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In order to better reach Hispanic communities in Washington DC, the Administration for HIV/AIDS (AHA) has partnered with the hometown major league soccer team, DC United, and MEGA, the largest radio station consortium for Spanish speakers in the northeastern United States. These three partners are promoting awareness of HIV prevention messages, and offer counseling and testing services to Spanish speaking individuals in the District of Columbia.

## **PROVISION OF LAPTOP COMPUTERS TO COMMUNITY CO-CHAIRS**

### **West Virginia**

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The West Virginia Bureau of Public Health provides each of its eight regional district community co-chairs with the use of a laptop computer and Internet training. The health department assures that each co-chair has email that is used to conduct community planning business. Co-chairs are encouraged to correspond with each other, their HIV prevention colleagues, and national AIDS serving organizations.

## **CONVENING OF YOUTH ROUNDTABLES BY EACH REGIONAL CO-CHAIR**

### **West Virginia**

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Community planning groups in the state of West Virginia convene youth roundtables to enable youth to discuss HIV prevention and related issues. The roundtables have proven to be an innovative way to get youth involved, as compared to the continuous commitment of active membership on the HIV prevention community planning group. The participants are given incentives, such as food, to encourage attendance. Youth roundtables allow multiple youth input without the individual time commitment needed for planning group membership.



## **YOUTH PEER EDUCATION**

### **West Virginia**

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The West Virginia Bureau of Public Health has collaborated with the West Virginia Department of Education to create a youth peer education system. The health and education departments developed joint curriculum and training modules for high school aged youth. Equipped with sound STD/HIV prevention messages, students are trained to be peer educators in the prevention of HIV and other STDs. This program has trained over 200 peer educators since its inception.

## **RECOGNITION BANQUET AND DOCUMENTATION OF VOLUNTEER EFFORTS**

### **West Virginia**

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The West Virginia Bureau of Public Health has developed several methods to award those volunteers who participate in HIV prevention activities. In November, the health department holds their annual recognition banquet. During the banquet, volunteers from the community planning process as well as the community-based organizations within West Virginia are recognized. The health department also sponsors another activity such as a dance or game show in conjunction with the banquet. The community planning coordinator works with volunteers to document their volunteer efforts. These efforts are then used for certification, resumes, and other sorts of recognition.

## **MEN OF COLOR WHO HAVE SEX WITH MEN CAPACITY BUILDING PROJECT**

### **Wisconsin**

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Through a competitive RFP process conducted in the fall of 1999, the AIDS/HIV program contracted with New Concepts Self Development Center to develop and implement a Men of Color Who Have Sex with Men (MCSM) Capacity Building Project. The project is composed of a minority CBO, a needs assessment consultant, and an advisory group consultant. The project identifies and provides new HIV prevention services to MCSM, particularly young MCSM in southeastern Wisconsin.

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## **HIV-RELATED TECHNICAL ASSISTANCE FOR MINORITY CBOs**

### **Wisconsin**

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Through a competitive RFP process conducted in the fall of 1999, the AIDS/HIV Program contracted with the Black Health Coalition and United Migrant Opportunity Services to provide HIV-related technical assistance to minority CBOs in Wisconsin. These services are designed to provide individualized, culturally competent technical assistance, training, and consultation to minority CBOs and other HIV prevention grantees to enhance their capacity to implement effective programming.

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## **CULTURAL COMPETENCY ASSESSMENT TOOL**

### **Wisconsin**

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During 1999, Wisconsin's HIV Prevention Community Planning Council developed a cultural competency assessment tool for use by both agencies and individuals, as well as a facilitator's manual and accompanying resource list. This included reviewing literature on cultural competency and other assessment tools, developing a draft instrument, facilitator's manual, and resource list, and pilot testing the instrument in various venues.

## **GRANTEE AND PROGRAM EVALUATION TOOLS**

### **Wisconsin**

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The AIDS/HIV program has been successful in implementing grantee and program evaluation activities, particularly the development of an annual report form, the program's first uniform data collection instrument that collects demographic data about program participants served through grantee agencies. It includes grantees' assessments of their projects and the Behavioral Risk Assessment Tool (BRAT), the purpose of which is to improve agencies' capacity to assess sexual and needle sharing behaviors. Another goal is to assist agencies in more effectively targeting HIV prevention services to persons at highest risk for HIV infection.

## **QUARTERLY CONFERENCE CALLS TO LINK PRIMARY/ SECONDARY PREVENTION**

### **Wyoming**

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Following the statewide HIV prevention planning meeting, the Wyoming Department of Health sponsors a statewide conference call with consumers, case managers, community planning group members, people living with HIV (PLHIV), and community-based organizations. The health department encourages clients to participate on the calls from the same location as their case manager to facilitate information exchange. The conference calls focus on discussion of the decisions reached by the planning group. Participants are able to discuss their concerns in a secure environment. The health department found that it is too stigmatizing to send written materials to individuals in such a small rural community. The conference calls facilitate rapid information exchange, with the added benefit of enabling participants to network across large distances.

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