

Washington State



Mt. Rainier: Taken from the airplane by a community planning member upon their return from the State Community Planning Group meeting, 2004

2010 Update to the 2005-2010 HIV Prevention Plan

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EXECUTIVE SUMMARY

The Washington State HIV Prevention Planning Group (SPG) made a decision in early 2009 to structure and support a state and regional 2010 update to the 2005-2010 Comprehensive HIV Prevention Plan. The SPG, working with the Washington State Department of Health (DOH), focused on the creation of a new five year plan roadmap for 2011-2015 that will be submitted to the CDC in 2010. The new five-year plan timeline includes completing: A list of populations most at risk, a Community Services Assessment, SPG approved gap analysis and population prioritization protocols, and a list of appropriate science-based activities/interventions, among other CDC mandated planning products. Each of the SPG's committees has focused on assignments identified in its extended multi-year planning schedule and the new 2011-2015 five year plan to produce the following major accomplishments in the 2009 planning year:

- The Epidemiology and Population Profile Committee recommended to the SPG that the current list of seven populations most at risk be maintained by the SPG for the 2010 state plan update. The committee reviewed and presented the populations most at risk that will be prioritized in 2010 for the new five year plan.
- The CSA Committee reviewed the completed Latitude Study: Latino MSM Needs Assessment. Many members of the CSA are also on the Process Committee which worked with DOH to develop processes for gap analysis and population prioritization protocols. The CSA committee also reviewed the Community Resource Inventory that was piloted in Region 5 in anticipation of the new 2011-2015 five year plan.
- The Interventions Committee updated the Effective Interventions and Strategies Matrix. The committee also discussed streamlining the matrix in order to make it more user friendly. The committee plans on presenting an updated interventions list for the new 2011-2015 five year plan in November, 2009.
- DOH applied for and received CDC funding to create a strategic plan to reduce HIV infection among MSM in Washington State. DOH, with the help of the SPG and regional planning groups, recruited 17 MSM and MSM service providers to create the strategic plan. The committee has met several times and has started work on specific strategies and activities to improve the effectiveness of MSM HIV prevention. The strategic plan will be submitted to the CDC by the end of December, 2009.
- The SPG Membership Committee offered one new member orientation training and a CDC Capacity Building Assistance training on recruitment and retention from the United States Mexico Border Health Association (USMBHA). The USMBHA, a CDC capacity building provider, worked with the SPG to identify action plans and cultural competency training needs necessary to help fill current at-large membership gaps and create the most welcoming atmosphere possible for all participants at the SPG.
- The SPG received the following presentations: "Native American HIV Prevention Update" from the Tribal Bear Project and Project Red Talon, "Latitude Study: Latino MSM Needs Assessment" from DOH, "Recruitment and Retention Training" from the

United States México Border Health Association, and “HIV Infected Persons to be Released from Prison Project” from Pierce County AIDS Foundation.

Approximately 92 Washington State residents actively participate in the statewide HIV prevention planning process through membership on one of the six RPGs. Each RPG works diligently to undertake all elements of the planning process as outlined in the CDC guidance to produce their own regional plans and plan updates. The work of all these dedicated volunteers, and the staff who support them, ensures that HIV prevention planning in Washington State supports the identification and implementation of effective interventions for reducing new HIV infections in all regions of Washington state.

Negative Economic Outlook will Affect 2010 HIV Prevention Services

The RPGs receive both federal and state funding through DOH for HIV prevention intervention activities. Due to the current dire state economic forecast, the state funding that normally supports regional activities has been cut by \$1,053,307 for the 2010 state fiscal year which represents a 14% reduction in state regional funding from the previous state fiscal year. Some regions have stated that current funding levels are not adequate to address prevention activities and/or interventions with populations at high risk for HIV infection in Washington State.

Goal One: Community Planning supports broad-based community participation in HIV prevention planning

Objective A: Implement an open recruitment process (outreach, nominations, and selection) for CPG membership.

2010 SPG UPDATE

The SPG elected a new SPG community vice chair from Region 1 who will become the community co-chair in 2010. The SPG currently has 29 regional, at-large, and ex-officio SPG members participating in the 2009 planning process. There are currently 6 at-large vacancies on the SPG. One new at-large member was successfully recruited to the SPG representing a Native American perspective. Because of ongoing at-large membership challenges, the Membership Committee researched and identified the United States México Border Health Association (USMBHA) to provide a CDC-sponsored capacity building assistance training to the SPG. The committee organized the USMBHA recruitment and retention training in May, 2009. The Membership Committee is currently implementing goals identified during the training to fill SPG gaps in PIR and cultural competency.

Overall, SPG meetings in 2009 were strongly attended by both regional and at-large representatives. The six RPGs, which appoint three members each to the SPG, have appointed new members in 2009 who have represented their region as well as some of the state's populations most at risk for HIV infection. There have been six new regional representatives appointed to the SPG in 2009, one at-large member, and two ex-officio members. The Membership Committee provided a two-hour, new member orientation training in 2009.

Table 1 below presents the results of the CDC Community Planning Membership Survey, Part 1, completed by most members of the SPG as well as members of all six of the RPGs. Some SPG members were either unable or unwilling to complete this survey, therefore not all 2009 SPG members are represented in Table 1. Table 2 documents the results of an additional membership survey (the "I AM" survey) that is used to document which populations most at risk for HIV infection in Washington State have their perspectives represented on the SPG.

SUMMARY OF RPG 2010 UPDATES

The combined membership of the six RPGs in the Washington State HIV prevention planning model totals approximately 92 residents. Table 1 below outlines the characteristics of residents involved in HIV prevention community planning throughout the state. Members of each RPG completed a membership survey (Table 3 below) which documents perspectives represented from populations most at risk for HIV infection on each of the RPGs in Washington State.

Tables 1 and 3 show that the RPGs continue to include members in accordance with the CDC planning guidance and their respective by-laws. Similar to the SPG, some regions continue to experience difficulty in recruiting new community members at high risk for HIV infection. The more rural RPGs report the most difficulty with membership issues due to lower population and larger geographic distance between counties.

Despite these recruitment challenges RPGs continue to attempt to fill PIR membership gaps through recruitment strategies targeted to populations most at risk for HIV.

The RPGs continue to provide new member orientations and ongoing education about the CDC HIV prevention planning guidance and SPG guidance. Region 3 recently formed a new combined care and prevention planning committee. The Region 3 prevention committee focused on creating a 2010 HIV prevention plan update and becoming more educated about CDC required planning products. Region 3 also implemented a community advisory committee to reflect perspectives from populations at high risk for HIV.

Many regional members attended the USMBHA, CDC sponsored capacity building recruitment and retention training in order to help address membership PIR gaps. All RPGs report that they strive to recruit, involve, and maintain participation from at risk populations in the planning process in order to effectively reduce HIV infection in Washington State.

Objective B: Ensure that the CPG membership is representative of the diversity of populations most at risk for HIV infection and community characteristics in the jurisdiction, and includes key professional expertise and representation from key governmental and non-governmental agencies.

Table 1: SPG and RPG Membership Survey Results (Part I)

Table last updated: July, 2009

| MEMBERSHIP | SPG | PERCENT | RPGs | PERCENT |
|----------------------------------|------------|----------------|-------------|----------------|
| Characteristic | | | Combined | |
| AGE | | | | |
| 13 or under | 0 | N/A | 0 | N/A |
| 13-18 | 0 | N/A | 0 | N/A |
| 19-24 | 0 | N/A | 4 | 4% |
| 25-34 | 3 | 12% | 17 | 18% |
| 35-44 | 3 | 12% | 15 | 16% |
| 45+ | 20 | 77% | 56 | 61% |
| Total | 26 | 100% | 92 | 100% |
| GENDER | | | | |
| Male | 14 | 54% | 41 | 45% |
| Female | 12 | 46% | 50 | 54% |
| Transgender | 0 | N/A | 1 | 1% |
| Total | 26 | 100% | 92 | 100% |
| SEXUAL ORIENTATION | | | | |
| Heterosexual | 14 | 54% | 49 | 53% |
| Gay | 7 | 27% | 32 | 35% |
| Bisexual | 4 | 15% | 5 | 5% |
| Lesbian | 1 | 4% | 3 | 3% |
| Unknown | 0 | N/A | 0 | N/A |
| Other | 0 | N/A | 0 | N/A |
| No Response | 0 | N/A | 3 | 3% |
| Total | 26 | 100% | 92 | 100% |
| RACE | | | | |
| American Indian/Alaska Native | 1 | 4% | 7 | 7% |
| Asian | 0 | N/A | 2 | 2% |
| Black/African American | 4 | 15% | 10 | 10% |
| Native Hawaiian/Pacific Islander | 1 | 4% | 0 | N/A |
| White | 19 | 70% | 69 | 71% |
| No Response | 2 | 7% | 9 | 9% |
| Total | 27 | 100% | 97 | 100% |
| ETHNICITY | | | | |
| Hispanic/Latino(a) | 2 | 8% | 15 | 16% |
| Non-Hispanic/Non-Latino(a) | 24 | 92% | 77 | 84% |
| Total | 26 | 100% | 92 | 100% |

| MEMBERSHIP | SPG | PERCENT | RPGs | PERCENT |
|-------------------|------------|----------------|-------------|----------------|
|-------------------|------------|----------------|-------------|----------------|

| Characteristic | | | Combined | |
|--|-----------|-------------|------------|-------------|
| RISK POPULATION REPRESENTED¹ | | | | |
| MSM | 17 | 29% | 53 | 36% |
| MSM/IDU | 11 | 19% | 19 | 13% |
| IDU | 9 | 16% | 27 | 18% |
| Heterosexual | 9 | 16% | 26 | 17% |
| Sex with Transgender | 2 | 3% | 3 | 2% |
| Sex with Transgender and IDU | 2 | 3% | 5 | 3% |
| General Population | 8 | 14% | 14 | 9% |
| No Response | 0 | N/A | 2 | 1% |
| Total | 58 | 100% | 149 | 100% |
| GEOGRAPHIC LOCATION | | | | |
| Rural | 4 | 15% | 17 | 18% |
| Urban Non-Metropolitan | 13 | 50% | 37 | 40% |
| Suburban | 1 | 4% | 4 | 4% |
| Urban Metropolitan | 8 | 31% | 34 | 37% |
| Other | 0 | N/A | 0 | N/A |
| No Response | 0 | N/A | 0 | N/A |
| Total | 26 | 100% | 92 | 100% |
| PRIMARY AREA OF EXPERTISE¹ | | | | |
| Epidemiologist | 1 | 2% | 7 | 5% |
| Behavioral or Social Scientist | 9 | 19% | 9 | 7% |
| Evaluation | 2 | 4% | 3 | 2% |
| Intervention Specialist/Service Provider | 7 | 15% | 27 | 20% |
| Health Planner | 6 | 13% | 12 | 9% |
| Community Representative | 10 | 21% | 18 | 13% |
| Community Organization | 4 | 9% | 20 | 15% |
| PLWHA | 6 | 13% | 25 | 19% |
| Other: | | | | |
| <i>Social Worker</i> | 0 | N/A | 1 | 1% |
| <i>STD Services</i> | 0 | N/A | 1 | 1% |
| <i>Health Care</i> | 0 | N/A | 1 | 1% |
| <i>Education</i> | 1 | 2% | 0 | N/A |
| <i>Medical Translator</i> | 0 | N/A | 1 | 1% |
| <i>Substance Use</i> | 0 | N/A | 1 | 1% |
| <i>Government</i> | 0 | N/A | 1 | 1% |
| <i>Administration</i> | 0 | N/A | 1 | 1% |
| <i>Attorney</i> | 0 | N/A | 1 | 1% |
| <i>Health Educator</i> | 1 | 2% | 2 | 1% |
| <i>Public Health</i> | 0 | N/A | 2 | 1% |
| <i>Native American Tribes</i> | 0 | N/A | 2 | 1% |
| Total | 47 | 100% | 135 | 100% |

| MEMBERSHIP | SPG | PERCENT | RPGs | PERCENT |
|--|------------|----------------|-------------|----------------|
| Characteristic | | | Combined | |
| SEROSTATUS | | | | |
| Living With HIV/AIDS | 5 | 19% | 27 | 29% |
| Not Living With HIV/AIDS | 20 | 77% | 60 | 65% |
| Don't Know | 1 | 4% | 4 | 4% |
| No Response | 0 | N/A | 1 | 1% |
| Total | 26 | 100% | 92 | 100% |
| FAMILY/PARTNER LWHIV/AIDS | | | | |
| Yes | 24 | 92% | 70 | 77% |
| No | 2 | 8% | 21 | 23% |
| Don't Know | 0 | N/A | 0 | N/A |
| Total | 26 | 100% | 91 | 100% |
| ORGANIZATIONS REPRESENTED¹ | | | | |
| Minority CBO | 1 | 2% | 6 | 5% |
| Faith | 2 | 5% | 5 | 4% |
| Non-Minority CBO | 5 | 12% | 9 | 8% |
| Other Nonprofit | 1 | 2% | 5 | 4% |
| Business and Labor | 0 | N/A | 2 | 2% |
| Health Department : HIV/AIDS | 10 | 24% | 35 | 30% |
| Health Department: STD | 4 | 10% | 10 | 9% |
| Substance Abuse | 2 | 5% | 5 | 4% |
| HIV Care and Social Services | 7 | 17% | 13 | 11% |
| State/Local Education Agencies | 1 | 2% | 2 | 2% |
| Mental Health | 1 | 2% | 1 | 1% |
| Homeless Services | 0 | N/A | 2 | 2% |
| Academic Institution | 0 | N/A | 2 | 2% |
| Research Center | 0 | N/A | 0 | N/A |
| Corrections | 1 | 2% | 1 | 1% |
| Non-Agency/Community Representative | 4 | 10% | 15 | 13% |
| Other: | | | 2 | 2% |
| <i>Juvenile justice</i> | 1 | 2% | 0 | N/A |
| <i>Health and Wellness Center</i> | 1 | 2% | 0 | N/A |
| <i>Local Government</i> | 0 | N/A | 0 | N/A |
| <i>Tribal community</i> | 0 | N/A | 2 | 2% |
| No Response | 0 | N/A | 0 | N/A |
| Total | 41 | 100% | 117 | 100% |
| PRIMARY ORGANIZATION RECEIVES HIV FUNDING FROM THE HEALTH DEP'T | | | | |
| Yes | 15 | 58% | 65 | 71% |
| No | 6 | 23% | 12 | 13% |
| Not Applicable | 5 | 19% | 15 | 16% |
| Total | 26 | 100% | 92 | 100% |

¹The Membership survey allowed each member to mark multiple responses within this category. Therefore, the total number of responses exceeds the numbers completing the survey.

Objective C: Foster a community planning process that encourages inclusion and parity among community planning members.

Table 2: Proportion of Populations Most at Risk (Epidemiologic Profile) Represented on the SPG

Last updated: July, 2009

| POPULATIONS MOST AT RISK (identified by the DOH HIV/AIDS Epidemiologist) | AT LEAST ONE SPG MEMBER REFLECTS THE PERSPECTIVE OF THIS POPULATION |
|--|--|
| HIV+ individuals (living with HIV/AIDS) | X |
| MSM (with the exception of Black and Hispanic MSM) | X |
| MSM/IDU | X |
| Black MSM who may also have sex with women | X |
| Hispanic MSM who may also have sex with women | X |
| Women who have heterosexual sex with partners at high risk for HIV | X |
| IDUs | X |
| TOTAL POPULATIONS | 7 |
| TOTAL REPRESENTED | 7 |
| PROPORTION | 100% |

Table 3: Summary of Proportion of Populations Most at Risk Represented on the RPGs

Last updated: July, 2009

| Regional Planning Group | Number of populations most at risk | Number of populations most at risk represented on the RPG | Proportion of populations most at risk represented on the RPG |
|--|---|--|--|
| Region One | 7 | 7 | 100% |
| Region Two | 9 | 9 | 100% |
| Region Three | 10 | 10 | 100% |
| Region Four | 5 | 5 | 100% |
| Region Five | 9 | 9 | 100% |
| Region Six | 7 | 7 | 100% |

Goal Two: Community planning identifies priority HIV prevention needs (a set of priority target populations and interventions for each identified population) in each jurisdiction.

Objective D: Carry out a logical evidence-based process to determine the highest priority, population-specific prevention needs in the jurisdiction.

2010 SPG UPDATE

The SPG Epidemiological Committee (Epi Committee) presented the populations most at risk for HIV for the new 2011-2015 five year plan at the July SPG meeting. The populations most at risk were researched by DOH and will be used as a basis for the community resource inventory, the gap analysis, and population prioritization exercises in 2009 and 2010. For the current 2010 update, the Epi Committee studied populations most at risk and created an integrated epidemiological profile making it more user friendly. Statewide populations most at risk have not substantially changed in recent years, but the Epi Committee, in coordination with DOH, will continue to update the SPG on changes in populations most at risk as necessary to be most effective in HIV prevention. The 2010 SPG populations most at risk can be found in Table 4.

SUMMARY OF RPG 2010 UPDATES

The SPG provides umbrella HIV prevention planning guidance to the RPGs. In 2009, the SPG made the decision to focus resources on a timeline for completing the necessary planning products for the new 2011-2015 five year plan. DOH personnel made presentations to some regions on regional populations most at risk. Regions used the epidemiological information to better understand their local populations and choose effective 2010 interventions. Region 5 chose to re-characterize their populations most at risk. Region 4 completed a two year population and intervention prioritization process, while the remaining four regions chose to not update their populations and focused on choosing interventions and preparing for the new five year plan. The RPG's current prioritized populations most at risk are presented in Table 5.

Objective E: Ensure that priority target populations are based on an epidemiologic profile and a community services assessment.

2010 SPG UPDATE

The Community Services Assessment Committee (CSA), and DOH staff, worked together on designing and creating the Latitude Study, a Latino MSM needs assessment conducted in Regions 2 and 4. The study was completed in 2008 and presented to the SPG in 2009. The study will be presented at the 2009 National HIV Prevention Conference in Atlanta, be published in the quarterly Washington State/Public Health Seattle & King County Epidemiological Report, and has been offered as a presentation to all regional planning groups. The Latitude Study presentation can be found in Attachment 3.

The CSA also reviewed the Region 5 Community Resource Inventory (CRI) pilot in 2009. The successful pilot provided the necessary changes to the CRI that will support other planning products for the new 2011-2015 five year plan. All regions will complete a CRI in the fall of 2009 after receiving their populations most at risk from DOH. Regions will use their CRI results and populations most at risk for the gap analysis and populations prioritization protocols for the new 2011-2015 five year plan.

The Process Committee, composed of other SPG committee representatives, completed work on the gap analysis and population prioritization protocols in 2009. The SPG approved the protocols as part of the “2011-2015 Washington State HIV Prevention Plan Timeline and Products” (see Attachment 4). The timeline outlines essential CDC planning products, responsible parties, and due dates that support the creation of a new 2011-2015 five year plan for the regions and the state. The timeline will serve as a descriptive guide to completing the new five year plan to be submitted in the fall of 2010.

SUMMARY OF RPG 2010 UPDATES

Region 4 completed an African American MSM (AA MSM) needs assessment where they interviewed 369 AA MSM and conducted four focus groups using convenience sampling methods in a variety of venues including parks, bars and community organizations. The assessment of the data identified key access points for the population and provided important detail on patterns of risk behaviors. Region 3 recently constituted a new HIV prevention and care planning group which includes a consumer advisory committee created to include perspectives of populations most at risk for HIV. Most RPGs are now focused on the SPG/RPG timeline for the new five year plan which includes completing essential CDC identified planning products such as a CRI, gap analysis, and population prioritization protocols.

Table 4: Statewide Prioritized Populations

Last updated: January, 2007

| SPG Priority Populations 2007 - 2010 | 2010 Priority Rank |
|--|-------------------------------|
| HIV+ individuals (living with HIV/AIDS) | 1 |
| MSM/IDU | 2 |
| Black men who have sex with men who may also have sex with women | 3 |
| Women who have heterosexual sex with partners at high risk for HIV | 4 |
| MSM (with the exception of priority groups 3 & 6) | 5 |
| Hispanic men who have sex with men who may also have sex with women | 6 |
| IDUs | 7 |

Table 5: Regional Prioritized Populations

Last updated: July, 2009

| PRIORITY RANKING | REGION ONE | REGION TWO | REGION THREE |
|-------------------------|---|--|---|
| 1 | HIV+ Individuals | HIV+ Individuals | HIV+ Individuals |
| 2 | MSM/IDUs | MSM/IDUs | MSM being diagnosed with or at risk for STDs (specifically GC and syphilis) |
| 3 | MSM with the exception of Black and Hispanic MSM | Black MSM who may also have sex with women | Women who inject and/or have sex with injectors, particularly Black and AI/AN |
| 4 | IDUs | Hispanic women with heterosexual partners at high risk for HIV | Black MSM who may also have sex with women |
| 5 | Women who have heterosexual sex with men at high risk for HIV | MSM being diagnosed with or at risk for STDs in Yakima | NA/AI men and women at high risk (MSM, IDUs, women partners of IDUs) |
| 6 | Hispanic MSM who may also have sex with women | Hispanic MSM, who may also have sex with women | IDUs in large and medium size counties (Snohomish, Island, Whatcom, Skagit) |
| 7 | Black MSM who may also have sex with women | MSM who live in isolated rural areas (outside Yakima) | Women under 30 who have heterosexual partners at high risk for HIV |
| 8 | | Women who inject and/or have sex with injectors | MSM/IDUs |
| 9 | | IDUs | MSM who live in a small county (San Juan) |
| 10 | | | Hispanic MSM who may also have sex with women |

| PRIORITY RANKING | REGION FOUR | REGION FIVE | REGION SIX |
|-------------------------|---------------------|---|---|
| 1 | HIV+ Individuals | HIV+ Individuals | HIV+ Individuals |
| 2 | Stimulant-Using MSM | Women who have heterosexual sex with men at high risk for HIV infection, focusing on women of color | MSM |
| 3 | MSM | Black MSM who may also have sex with women | MSM/IDUs |
| 4 | Foreign born Blacks | IDUs | Women who have sexual partners at high risk for HIV infection |
| 5 | IDUs | MSM/IDUs | IDUs |
| 6 | | Hispanic MSM who may also have sex with women | Hispanic MSM who may also have sex with women |
| 7 | | MSM | Black MSM who may also have sex with women |
| 8 | | | |
| 9 | | | |
| 10 | | | |

Objective F: Ensure that prevention activities/interventions for identified priority target populations are based on behavioral and social science outcome effectiveness, and/or have been adequately tested with intended consumers for cultural appropriateness, relevance, and acceptability.

2010 SPG UPDATE

In 2009, the Interventions Committee updated the Effective Interventions and Strategies Matrix. The committee plans on streamlining the matrix in order to make it easier for SPG and RPG prevention planners to utilize. The committee will present an updated interventions list for the new 2011-2015 five year plan which will be available for the RPGs to use as needed in November, 2009.

In 2007, the Effective Interventions Committee researched and produced a new set of science-based HIV prevention interventions reorganized according to each of the recharacterized populations most at risk for HIV infection established by DOH. This new set of effective interventions was adopted by the SPG for the next five year planning cycle. See Table 6 for a list of science-based HIV prevention interventions.

SUMMARY OF RPG 2010 UPDATES

RPGs report that their prevention interventions used with priority target populations are based on behavioral and social science outcome effectiveness including many interventions that have been tested with intended consumers for cultural appropriateness, relevance, and acceptability. Most RPGs chose not to add any new populations most at risk interventions for the 2010 update. Region 4 reprioritized their populations most at risk and chose appropriate science-based interventions. Region 4's biggest challenge was identifying interventions for Foreign Born Blacks as there were no evidence-based interventions in the literature that was reviewed. Region 4, instead, relied on expert advice to identify priority interventions for Foreign Born Blacks. Region 5 chose to re-characterize populations most at risk and to identify an updated list of interventions. Region 5 reports that all 2010 interventions are based on published studies, include evaluation evidence, and show evidence of reducing and/or preventing high risk behavior for HIV transmission.

TABLE 6: PREVENTION ACTIVITIES/INTERVENTIONS FOR SPG PRIORITIZED POPULATIONS

IMPORTANT - The interventions listed for the re-characterized “ranked” populations prioritized by the Washington State Planning Group, identifies interventions noted on the complete Effective Intervention and Strategies document adopted by the SPG in March 2009. The list IS NOT intended to limit your selection. The intention is to show the complete document contains evidence-based interventions scientifically proven and evaluated to have been successful in changing risky behavior.

Last updated: March, 2009

| Priority Population #1 - HIV Positive Individuals | | |
|---|-------------------|-------------|
| Study Citation | Intervention Type | Page Number |
| Effectiveness of an Intervention to Reduce HIV Transmission Risks in HIV-Positive People (<i>Healthy Relationships - DEBI</i>). Kalichman, S.C., Rompa, D., Cage, M., et al. (2001). Outcome - Decrease anal & vaginal intercourse and increase condom use. | GLI | 20 |
| A cognitive-behavioral intervention to reduce HIV risk among active drug users. In staying negative in a positive world: HIV prevention strategies that work (<i>Safety Counts - DEBI</i>). Rhodes, F., Wood, M.M., Hershberger, S. (2000) Outcome - Decrease the number of times injecting & increase condom use. | GLI | 22 |
| AIDS Community Demonstration Projects Research Group (1999) Community-level Intervention in 5 cities: Final Outcome Data From the CDC AIDS Community Demonstration Projects (<i>Community Promise - DEBI</i>). Outcome – Increase condom use. | CLI | 40 |
| Prevention of Heterosexual Transmission of Human Immunodeficiency Virus Through Couple Counseling. Padian, N.S., O’Brien, T.R., et al. (1993) Outcome - Increase condom use. | ILI | 13 |
| Behavioral intervention to reduce AIDS risk activities (<i>Many Men, Many Voices - DEBI</i>). Kelly, J.A., St. Lawrence, J.S., et al. (1989). Outcome – Increase condom use during anal sex & decrease UAI. | GLI | 20 |

Comprehensive Risk Counseling and Services and partner notification (PN) interventions have also been identified for each of the seven prioritized populations. Counseling, testing and referral (CTR) has been identified for populations 2 – 7. Page numbers correspond to the location of the intervention/article on the Effective HIV Intervention and Strategies document (available at http://www.doh.wa.gov/cfh/HIV_AIDS/Prev_Edu/default.htm).

Priority Population #2 - MSM who inject drugs

| Study Citation | Intervention Type | Page Number |
|--|-------------------|-------------|
| A cognitive-behavioral intervention to reduce HIV risk among active drug users. In staying Negative in a positive world. (<i>Safety Counts - DEBI</i>). Rhodes, F., Wood, M.M., Hershberger, S. (2000) Outcome - Decrease the number of times injecting & increase condom use. | GLI | 22 |
| AIDS Community Demonstration Projects Research Group (1999) Community-level Intervention in 5 cities: Final Outcome Data From the CDC AIDS Community Demonstration Projects (<i>Community Promise - DEBI</i>). Outcome – Increase condom use. | CLI | 40 |
| Syringe Exchange (various dates on numerous articles). Outcome not provided. | Outreach | 50 |
| Peer-Delivered Intervention Reduces HIV Risk Behaviors Among Out-Of-Treatment Drug Abusers. Cottler, L.B., Compton, W.M., et al. (1998) Outcome - Low-level use of cocaine & decrease cocaine use. | GLI | 58 |

| Priority Population #3 - Black men who have sex with men and may also have sex with women | | |
|--|-------------------|-------------|
| Study Citation | Intervention Type | Page Number |
| AIDS Community Demonstration Projects Research Group (1999) Community-level Intervention in 5 cities: Final Outcome Data From the CDC AIDS Community Demonstration Projects (<i>Community Promise - DEBI</i>). Outcome – Increase condom use. | CLI | 40 |
| Reduction in STD infection subsequent to an STD clinic visit: Using video-based patient education to supplement provider interactions (<i>VOICES/VOCES - DEBI</i>). O’Donnell, C.R., O’Donnell, L., et al (1998) Outcome – Lower rates of new STDs | GLI | 95 |
| A skills-training group intervention model to assist persons in reducing risk behaviors for HIV infection. Kelly, J.A., St. Lawrence, J.S., et al. (1990) Outcome – Decrease UAI & increase condom use | GLI | 21 |
| Behavioral intervention to reduce AIDS risk Activities (<i>Many Men, Many Voices - DEBI</i>). Kelly, J.A., St. Lawrence, J.S., et al. (1989) Outcome – Increase condom use during anal sex & decrease UAI. | GLI | 20 |

| Priority Population #4 - Women under the age of 30 who have sexual partners at high risk for HIV infection | | |
|---|-------------------|-------------|
| Study Citation | Intervention Type | Page Number |
| A Community-level HIV intervention for inner-city women: Results of the Women and Infants Demonstration Projects (<i>Real AIDS Prevention Project (RAPP) - DEBI</i>). Lauby, J.L., Smith, P.J., Stark, M., et al. (2000) Outcome - Increase rates of talking with main partner about condom use. | CLI | 114 |
| AIDS Community Demonstration Projects Research Group (1999) Community-level Intervention in 5 cities: Final Outcome Data From the CDC AIDS Community Demonstration Projects (<i>Community Promise - DEBI</i>). Outcome – Increase condom use. | CLI | 40 |
| A randomized, controlled trial of a behavioral intervention to prevent sexually transmitted disease among minority women. Shain, R.N., Piper, J.M., Newton, E.R., et al. (1999) Outcome – Decrease incidence of STDs | GLI | 98 |

| | | |
|--|-----|----|
| A Randomized controlled trial of an HIV sexual risk-reduction intervention for young African American Women. DiClemente, R.J., Wingood, G.M., (1995) (<i>SISTA – DEBI</i>) Outcome – Increase condom use | GLI | 88 |
| The effects of HIV/AIDS Intervention Groups on High-risk Women in Urban Clinics. Kelly, J.A., Murphy, D.A., et al (1994) Outcome – Increase communication/negotiation skills, decrease UVI & increase condom use. | GLI | 91 |
| Evaluation of a peer Outreach HIV Prevention Program for Female Partners of Injecting Drug Users (IDUs) in New York City. Tross, S., Abdul-Quader, A.S., et al. (1993) Outcome – Increase condom use. | CLI | 72 |

| Priority Population #5 MSM | | |
|--|-------------------|-------------|
| Study Citation | Intervention Type | Page Number |
| AIDS Community Demonstration Projects Research Group (1999) Community-level Intervention in 5 cities: Final Outcome Data From the CDC AIDS Community Demonstration Projects (<i>Community Promise - DEBI</i>). Outcome – Increase condom use. | CLI | 40 |
| Reduction in STD infection subsequent to an STD clinic visit: Using video-based patient education to supplement provider interactions (<i>VOICES/VOCES - DEBI</i>). O’Donnell, C.R., O’Donnell, L., et al. (1998) Outcome – Lower rates of new STDs | GLI | 95 |
| Group Counseling at STD Clinics to Promote Use of Condoms. Cohen, D., MacKinnon, D.P., et al. (1992) Outcome – STD re-infection significantly lower for men. | GLI | 88 |
| Behavioral intervention to reduce AIDS risk Activities (<i>Many Men, Many Voices - DEBI</i>). Kelly, J.A., St. Lawrence, J.S., et al. (1989) Outcome – Increase condom use during anal sex & decrease UAI. | GLI | 20 |

| Priority Population #6 - Hispanic men who have sex with men and may also have sex with women | | |
|--|-------------------|-------------|
| Study Citation | Intervention Type | Page Number |
| AIDS Community Demonstration Projects Research Group (1999) Community-level Intervention in 5 cities: Final Outcome Data From the CDC AIDS Community Demonstration Projects (<i>Community Promise - DEBI</i>). Outcome – Increase condom use. | CLI | 40 |
| Reduction in STD infection subsequent to an STD clinic visit: Using video-based patient education to supplement provider interactions (<i>VOICES/VOCES - DEBI</i>). O’Donnell, C.R., O’Donnell, L., et al. (1998) Outcome – Lower rates of new STDs | GLI | 95 |
| A skills-training group intervention model to assist persons in reducing risk behaviors for HIV infection. Kelly, J.A., St, Lawrence, J.S., et al. (1990) Outcome – Decrease incidence of UAI & increase condom use. | GLI | 21 |
| Behavioral intervention to reduce AIDS risk Activities (<i>Many Men, Many Voices - DEBI</i>). Kelly, J.A., St, Lawrence, J.S., et al. (1989) Outcome – Increase condom use during anal sex & decrease UAI. | GLI | 20 |

| Priority Population #7 - Injection drug users | | |
|--|--------------------------|--------------------|
| Study Citation | Intervention Type | Page number |
| AIDS Community Demonstration Projects Research Group (1999) Community-level Intervention in 5 cities: Final Outcome Data From the CDC AIDS Community Demonstration Projects (<i>Community Promise - DEBI</i>). Outcome – Increase condom use. | CLI | 40 |
| Evaluation of an HIV risk reduction intervention for women entering inpatient substance abuse treatment. Eldridge, G.D., St. Lawrence, J.S., Little, C.E., et al (1997) Outcome – Increase communication and condom application skills, increase condom use, decrease drug use and drug related high risk sex activities. | GLI | 89 |
| Impact of a Longitudinal Community HIV Intervention Targeting Injecting Drug Users Stage of Change for Condom and Bleach Use. Jamner, M.S., Wolitski, R.J., et al. (1997) Outcome – Increase condom use, increase cleaning injection equipment with bleach. | CLI | 66 |
| An Aids Risk Reduction Project with Inner-City Women, Women and AIDS: Psychological Perspectives. Deren, S., Tortu, S., et al. (1993) Outcome – Decrease unprotected sex acts & number of partners and increase condom use with all partners. | GLI | 60 |
| Efforts of an Intervention Program on AIDS-Related Drug and Needle Behavior Among Intravenous Drug Users. Stephens, R.C., Feucht, T.E., et al. (1993) Outcome – Decrease injecting & sharing. | ILI | 51 |
| Evaluation of a peer Outreach HIV Prevention Program for Female Partners of Injecting Drug Users (IDUs) in New York City. Tross, S., Abdul-Quader, A.S., et al. (1993) Outcome - Increase condom use | Combination | 72 |
| An experimental program to reduce AIDS risk among female sex partners of injection drug users. Rhodes, R., Wolitski, R.J., et al (1992) Outcome – Positive changes to reduce AIDS risks and increase condom use. | GLI | 96 |
| Building Skills of Recovering Women Drug Users to Reduce Heterosexual AIDS Transmission. Schilling, R.F., El-Bassel, N., et al. (1991) Outcome – Increase condom use and attitude & talking about safer sex. | GLI | 62 |
| AIDS Reduction Among Female IVDUs and female sexual partners of IVDUs, 1988-1989. Powers, B., Penn, S., et al (1990) Outcome – Increase condom use. | Combination | 72 |
| Syringe Exchange (various dates on numerous articles). Outcome not provided. | Outreach | 50 |
| NADR (National AIDS Demonstration Research) Program and CA (Cooperative Agreement) Program for HIV/AIDS Community-based Outreach/Intervention Research. Outcome – Promoted drug and sex risk behavior change. | Outreach | 68 |

Goal Three: Community planning ensures that HIV prevention resources target priority populations and interventions set forth in the Comprehensive HIV Prevention Plan.

Objective G: Demonstrate a direct relationship between the Comprehensive HIV Prevention Plan and the Health Department Application for federal HIV prevention funding.

Objective H: Demonstrate a direct relationship between the Comprehensive HIV Prevention Plan and funded interventions.

2009 SPG and RPG UPDATE

The regional system of HIV prevention planning in Washington State requires that Comprehensive HIV Prevention Plans, and annual Plan Updates, be developed by each of the six RPGs. Each Regional AIDSNET is required to present an allocation plan for 100% of its CDC funds and at least 50% of its state AIDS Omnibus funds to its respective RPG prior to completion of a Letter of Concurrence/Concurrence with Reservations/Non-concurrence by each RPG. Subsequent to completion of the regional plans, DOH completes a statewide comprehensive HIV prevention plan or plan update, and presents its proposed CDC application to the SPG prior to completion of the SPG Letter of Concurrence/Concurrence with Reservations/Non-concurrence. The application to CDC is based on the regional funding allocations that have been reviewed by and received concurrence from the RPGs.

Attachment 2 includes only one SPG letter of concurrence per 2010 CDC application for funding instructions. In addition, there are five letters of concurrence and one letter of concurrence with reservations from the six RPGs not included per CDC application instructions. The health department and community co-chairs signed the SPG letter at the September SPG meeting.

Table 7 below summarizes the opinions of SPG members in the degree to which the objectives of HIV prevention community planning have occurred in the planning process in 2008. Table 8 summarizes the same information from members of all six RPGs. These data are derived from the CDC Community Planning Membership Survey, Part 2.

TABLE 7: SPG MEMBERSHIP SURVEY RESULTS (PART II)

Last updated: September, 2009 SPG

| OBJECTIVE | AGREE | DIS AGREE | DON'T KNOW | TOTAL | PERCENT AGREE |
|--|--------------|------------------|-------------------|--------------|----------------------|
| <i>Objective A: Implement an open recruitment process (outreach, nominations, and selection) for CPG membership. (Responses to 7 Questions)</i> | 98 | 1 | 6 | 105 | 93% |
| <i>Objective B: Ensure that the CPGs' membership is representative of the diversity of populations most at risk for HIV infection and community characteristics in the jurisdiction, and includes key professional expertise and representation from key governmental and non-governmental agencies. (Responses to 10 Questions)</i> | 133 | 12 | 4 | 149 | 89% |
| <i>Objective C: Foster a community planning process that encourages inclusion and parity among community planning members. (Responses to 6 Questions)</i> | 68 | 18 | 8 | 94 | 72% |
| <i>Objective D: Carry out a logical, evidence-based process to determine the highest priority, population specific needs in the jurisdiction. (Responses to 15 Questions)</i> | 172 | 5 | 48 | 225 | 76% |
| <i>Objective E: Ensure that prioritized target populations are based on an epidemiologic profile and a community services assessment. (Responses to 4 Questions)</i> | 55 | 5 | 0 | 60 | 92% |
| <i>Objective F: Ensure that prevention activities/interventions for identified priority target populations are based on behavioral and social science, outcome effectiveness, and/or have been adequately tested with intended target populations for cultural appropriateness, relevance, and acceptability. (Responses to 4 Questions)</i> | 48 | 4 | 8 | 60 | 80% |
| <i>Objective G: Demonstrate a direct relationship between the Comprehensive HIV Prevention Plan and the Health Department Application for federal HIV prevention funding. Objective H: Demonstrate a direct relationship between the Comprehensive HIV Prevention Plan and funded interventions. (Responses to 2 Questions)</i> | 28 | 1 | 1 | 30 | 93% |
| TOTALS | 602 | 46 | 75 | 723 | 85% |

TABLE 8: SUMMARY OF RPG MEMBERSHIP SURVEY RESULTS (PART II)

Last updated: July, 2009

| OBJECTIVE | AGREE | DIS AGREE | DON'T KNOW | TOTAL | PERCENT AGREE |
|--|--------------|----------------------|-----------------------|--------------|--------------------------|
| <i>Objective A: Implement an open recruitment process (outreach, nominations, and selection) for CPG membership. (Responses to 7 Questions)</i> | 577 | 6 | 19 | 602 | 96% |
| <i>Objective B: Ensure that the CPGs' membership is representative of the diversity of populations most at risk for HIV infection and community characteristics in the jurisdiction, and includes key professional expertise and representation from key governmental and non-governmental agencies. (Responses to 10 Questions)</i> | 786 | 45 | 35 | 866 | 91% |
| <i>Objective C: Foster a community planning process that encourages inclusion and parity among community planning members. (Responses to 6 Questions)</i> | 478 | 22 | 22 | 522 | 92% |
| <i>Objective D: Carry out a logical, evidence-based process to determine the highest priority, population specific needs in the jurisdiction. (Responses to 15 Questions)</i> | 1,007 | 23 | 175 | 1,205 | 84% |
| <i>Objective E: Ensure that prioritized target populations are based on an epidemiologic profile and a community services assessment. (Responses to 4 Questions)</i> | 370 | 13 | 21 | 404 | 92% |
| <i>Objective F: Ensure that prevention activities/interventions for identified priority target populations are based on behavioral and social science, outcome effectiveness, and/or have been adequately tested with intended target populations for cultural appropriateness, relevance, and acceptability. (Responses to 4 Questions)</i> | 306 | 15 | 24 | 345 | 89% |
| <i>Objective G: Demonstrate a direct relationship between the Comprehensive HIV Prevention Plan and the Health Department Application for federal HIV prevention funding. Objective H: Demonstrate a direct relationship between the Comprehensive HIV Prevention Plan and funded interventions. (Responses to 2 Questions)</i> | 182 | 0 | 23 | 205 | 89% |
| TOTALS | 3,706 | 124 | 319 | 4,149 | 89% |

CONCLUSION

In 2009, the SPG and all RPGs focused on creating a 2010 update to the current comprehensive HIV prevention plan as well as preparing for the next five year plan scheduled to be submitted to the CDC in 2010. The SPG created the “2011-2015 Washington State HIV Prevention Plan Timeline and Products” to help guide the SPG and RPGs through completing CDC mandated planning products for the new five year plan. The new five-year plan timeline includes completing: A list of populations most at risk, a Community Services Assessment, SPG approved gap analysis and population prioritization protocols, and a list of appropriate science-based activities/interventions, among other CDC mandated planning products. The SPG and RPGs continue to: Review epidemiological data to establish and maintain populations most at risk for HIV, conduct and review prioritized population needs assessments, create and follow guidance for preparing a comprehensive new five year HIV prevention plan, research and select appropriate science-based interventions, and continue to learn and teach new HIV prevention planners the CDC and State guidance materials.

The negative state economic outlook and reduction in 2010 state funding dollars dedicated to HIV prevention is of considerable concern to the SPG and RPGs. Federal HIV prevention funding has also diminished over the years, especially when considering inflation and cost of living increases. Reduction in HIV prevention funding negatively affects the ability to deliver effective HIV prevention services to populations at high risk for HIV in Washington State. However, despite these funding challenges, Washington State continues to be dedicated to the reduction and eventual elimination of HIV and AIDS.

ATTACHMENT 1

SPG MEETING MINUTES

Statewide Community HIV Prevention Planning Group (SPG)
 Thursday, January 22, 2009
 10:00 am – 2:45 pm

MEETING MINUTES

| | |
|-------------------|--|
| Members Present | <p>Public Health Co-Chair: John Peppert (Department of Health) Community Co-Chair: Madeline Sánchez (At Large) Region 1: Mark Garrett, Barry Hilt Region 2: Debra Adams, MaryLou Briceno, Wendy Doescher Region 3: Alex Whitehouse Region 4: Barb Gamble, Kris Nyrop, Erick Seelbach Region 5: Lorenzo Cervantes, Region 6: David Heal, Malika Lamont, Carol McNair At-Large: Mark Aubin, Maria Courogen, Monte Levine, James Minahan, Ex-Officio: Vince Collins, Lesley Eicher</p> |
| Members Absent | <p>Region 1: Region 2: Region 3: Region 4: Region 5: Lauren Fanning Region 6: At-Large: Ex-Officio: Pamala Sacks-Lawlar</p> |
| Others Present | <p>Stephanie Craig-Rushing – Project Red Talon, Jutta Riediger – Tribal Bear Project, Ann Mumford, Brenda Newell, Mary Saffold</p> |
| DOH Staff Present | <p>Jason Carr, Justin Hahn, Frank Hayes, Brown McDonald, Beth Watkins</p> |

| <u>Agenda Item</u> | <u>Discussion</u> | <u>Decision</u> | <u>Action Required</u> |
|--|---|--|------------------------|
| SPG Committee Meeting | SPG Process Committee Meeting 9:00 am – 10:00 am. | | |
| Welcome/ Introductions & Approval of Minutes | SPG meeting start time 10:06 am. SPG members gave self introductions. Madeline Sánchez asked all members to review the draft minutes from the August 28, 2008 meeting. | Minutes approved | |
| Approval of Agenda | John Peppert asked everyone to read over the agenda and requested approval. | Agenda approved – Kris Nyrop will add a Legislative update on syringe exchange at the national level during the Announcements. | |
| State Budget Update | <p>John Peppert – Governors proposed budget asks that all state agencies make reductions in this biennium (ending 06/30/09). Next biennium (start 07/01/09) there is an estimated \$5.7 billion shortfall. Cuts that would impact the work that we do:</p> <ul style="list-style-type: none"> • 10% reduction in AIDS OMNIBUS funds. • Client Services - \$3 million reduction • Family Planning - \$1 million reduction <p>No knowledge of what will happen with our federal budget.</p> <p>Vince Collins (DASA) – Detox centers will be shutting down. Access to treatment will become very difficult. Medical services to those in treatment will be curtailed. Field programs will be shutting down. 60% cut in state funding.</p> | | |
| Staff Updates | <p>Left the SPG</p> <ul style="list-style-type: none"> • Susie Johnson – Region 3 • Susan Fabrikant – Region 1 <p>New to the SPG</p> <ul style="list-style-type: none"> • Vince Collins (DASA) – Ex-Officio Member • Lesley Eicher (OSPI) – Ex-Officio Member <p>Received 2009 CDC Notice of Awards (federal funding) for HIV prevention, we received 25% funding on a continuing resolution.</p> | | |

| <u>Agenda Item</u> | <u>Discussion</u> | <u>Decision</u> | <u>Action Required</u> |
|---|--|--|------------------------|
| Staff Updates (cont.) | CDC Guidance may be out in September 2009. New DOH HIV Prevention & Education Services website has been updated. Please take a look at it and give feedback to Brown McDonald. | | |
| MSM HIV Prevention Planning Committee (MHPPC) Update | This is a CDC funded HIV prevention strategic plan specifically for MSM. The SPG & AIDSNET Council partnered with DOH to establish this planning group. This group will consist of fifteen members, 5 each will be selected by the SPG Executive Committee, AIDSNET Council, and DOH. From the SPG, Erick, Lorenzo and Monte will be members of the MHPPC. The first meeting will take place on February 12, 2009. Region 5/Mary Saffold has allowed us to include in their annual consolidated contract funding and staffing to assist this group with their strategic plan. Sally Perkins will manage the work of the MHPPC. | | |
| SPG Charter Revisions | The SPG Charter and Policy & Procedures were updated by the Executive Committee. The SPG voted unanimously to accept the updated draft. Kris Nyrop proposed the removal of the first “comprehensive” word on the first page of the Planning Group Charter, first sentence under Article 2 Mission. The proposed change would read “The overall mission of the SPG is to develop a Washington State comprehensive HIV prevention plan.” It was voted unanimously to make the change. | | |
| Community Vice Chair Nominations | Mark Garret was nominated for the 2009 Community Vice Chair position at the August 2008 meeting. There were no new nominations that accepted. | Mark Garret was elected by unanimous vote. | |
| SPG Committee Meetings | Committees meet 11:00 am – 12:00 pm. Barry Hilt opted to move from the Interventions Committee to the Membership Committee. | | |
| Lunchtime Presentation | Stephanie Craig-Rushing – Project Red Talon Jutta Riediger – Tribal Bear Project Native American HIV Prevention Update: Project Red Talon & Tribal Bear Project | | |
| | | | |

| <u>Agenda Item</u> | <u>Discussion</u> | <u>Decision</u> | <u>Action Required</u> |
|--|---|-----------------|------------------------|
| SPG Committee Reports and 2009 Committee Schedules | <p>Interventions (Erick Seelbach) – SPG had consensus to accept the additions to the interventions matrix. Committee will have quarterly meetings. Main task this year will be to carefully look at the effective intervention and strategies document as a whole.</p> <p>CSA (Debra Adams) – Barb Gamble, chair. Group is not aware of a budget they might have for an additional assessment this year. Decided any dollars they might have should go to the MSM assessment. The Latino needs assessment isn't slated to be presented until March. Will review the results over email/conference call and see if early release is doable. Region 5 is piloting a new CRI, they will follow that process. February: early release of Latino needs assessment. March: discussion of ways to identify statewide gaps. May: review Region 5 CRI. September: review new planning guidance.</p> <p>EPI (Maria Couregon) – One function is to look at “populations most at risk” list and make recommendations where next needs assessment needs to happen (doesn't need to happen with MSM project going on). Decided presentation of data would be of interest to the SPG as a whole and not just the EPI committee. Two meetings planned for 2009. March: talk about “populations most at-risk”. September: an integrated EPI profile that is being worked on in the Assessment unit now.</p> <p>Membership (Monte Levine) – Group decided that they need some training in technical assistance. Justin has been in touch with the US/Mexico border Health Association to provide them with some technical assistance on recruitment and retention. They are also looking at the MHPPC (MSM HIV Prevention Planning Committee) as a possibility for recruitment. March: I AM survey, and SPG new member orientation. Group needs regional updates for SPG membership.</p> <p>Process (Barb Gamble) – Discussed guidance for the local RPG's on how to do prevention prioritization (specifically the populations). The guidance is in a draft stage. Request for Interventions Committee: List of effective interventions is large and can justify just about anything for any population. Is there a way to provide more focus and more guidance toward the more effective interventions from that list? Per Erick, the Interventions Committee has heard their request!</p> | | |
| 2009 SPG Schedule | January 22, March 26, May 28, July 23, August 27, September 24 | | |

| <u>Agenda Item</u> | <u>Discussion</u> | <u>Decision</u> | <u>Action Required</u> |
|--------------------------------|---|-----------------|------------------------|
| 2009 Lunch Presentations Ideas | <ul style="list-style-type: none"> • Recruitment Training • Latino MSM Latitude Study (Jason Carr) • Native American MSM Project - King County (Antony Stately) <p>Maddie asked the group to share ideas for lunchtime presentations. Barb suggested Pre-exposure prophylaxis (P.R.E.P) or early adoption of anti-retro virals. Mark suggested prison system testing data. Vince suggested an IDU meth injector's presentation. Any additional ideas, email to Justin.</p> | | |
| Regional Reports | <p>Region 6 (Malika Lamont) – A lot of discussion regarding OMNIBUS funding, and what they will prioritize, eliminate, etc. Discussed their needs assessment, they are still looking for stakeholders in the African-American community. They did some membership work.</p> <p>Region 1 (Mark Garrett) – September GACHA meeting focused on youth. They had a community voices training in Spokane. They will elect a new (SPG) representative from their agency at their February meeting.</p> <p>Region 2 (Wendy Doescher) – Will meet for the first time in February.</p> <p>Region 3 (Alex Whitehouse) – They are taking on 3 new members. They will be having their first prevention committee meeting next week, they will start developing and organizing their work plan for next year.</p> <p>Region 4 (Erick Seelbach) - Have just begun prioritization process. The intervention sub committee will meet one more time. Will soon have results from the black MSM needs assessment done in 2008. They have started a needs assessment on HIV+ substance abusers.</p> <p>Region 5 (Lorenzo Cervantes) – They met in January and created a timeline for the year and are creating their update. Looking for ways to recruit for their CPG. Ann Mumford came to today's SPG meeting to observe. She is considering membership as a Region 5 representative.</p> | | |
| Standing Reports | <p>SPI (Lesley Eicher) – In the process right now of completing their strategic planning process for their 5 year cycle. Has a small group of trainers using the KNOW curriculum (will be adding to this group by conducting a training in March). Recently completed work with the</p> | | |

| <u>Agenda Item</u> | <u>Discussion</u> | <u>Decision</u> | <u>Action Required</u> |
|--|--|-----------------|------------------------|
| | <p>Washington State Society of School Directors and DOH on HIV Prevention Education model policy for schools.</p> <p>DASA (Vince Collins) – No updates besides funding challenges. They will be cutting treatment services that will impact your populations.</p> <p>STD's (Mark Aubin) – Morbidity changed from the day of report to the day of diagnosis. 2008 saw a 10% increase in Chlamydia, and a 15% decrease in Gonorrhea. Starting last June (2008), all counties started using a new surveillance system. Focused on primary and secondary Syphilis, up 21%. National STD awareness month is April.</p> <p>Assessments (Maria Courogen) – No report.</p> <p>Legislative Update (John Peppert) – So far only one bill having to do with HIV. House bill 1046 – mandatory testing of infants less than one year of age going into foster care when the mother's status is unknown.</p> | | |
| Public Input, Evaluations, Announcements | Kris Nyrop – 2 nd year in a row, Representative Serrano from California has introduced a bill to the House at the federal level to lift the ban on using federal funding for syringe exchange. This bill is rapidly progressing. Jim McDermott is the only Representative to sign on from WA state so far as a co-sponsor. It has not been introduced yet into the Senate. | | |
| Adjournment | Meeting adjourned at 2:45 pm. | | |

Statewide Community HIV Prevention Planning Group (SPG)
 Thursday, March 26, 2009
 9:00 AM – 2:20 PM

MEETING MINUTES
 DRAFT

| | |
|------------------------|---|
| <p>Members Present</p> | <p>Public Health Co-Chair: John Peppert (Department of Health) Community Co-Chair: Madeline Sanchez (At-Large) Region 1: Mark Garrett, Barry Hilt Region 2: Debra Adams, MaryLou Briceno, Wendy Doescher Region 3: Christine Oyaro, Gary Stein, Ed Wilhoite Jr. Region 4: Barb Gamble, Kris Nyrop, Erick Seelbach Region 5: Lorenzo Cervantes, Ann Mumford, Mark Williams Region 6: Malika Lamont, Carol McNair At-Large: Maria Courogen, Monte Levine, James Minahan, Madeline Sanchez Ex-Officio: Vince Collins, Lauren Fanning, Pamala Sacks-Lawlar</p> |
| <p>Members Absent</p> | <p>Region 1: Ryan Oelrich Region 2: Region 3: Region 4: Region 5: Region 6: David Heal, Carol McNair At-Large: Mark Aubin Ex-Officio: Lesley Eicher</p> |
| <p>Others Present</p> | <p>Kyle Davidson, Marcos Martinez, Brenda Newell, Mary Saffold, Cheri Speelman, Pam Spence, Alex Whitehouse</p> |
| <p>DOH Staff</p> | <p>Jason Carr, Justin Hahn, Frank Hayes, Brown McDonald, Beth Watkins</p> |

| <u>Agenda Item</u> | <u>Discussion</u> | <u>Decision</u> | <u>Action Required</u> |
|--|---|--|--|
| Welcome/ Introductions | SPG Meeting start time 9:00 am. SPG members gave self introductions. | | |
| Approval of Agenda | John Peppert asked everyone to read over the agenda and requested approval. | Agenda approved. | |
| Approval of Minutes | Madeline Sanchez asked all members to review the draft minutes of the January 22, 2009 meeting. | Per Vince, add the word "state" before the word "funding" in his statement "60% cut in funding." Agenda approved with the one change. | Vince Collins (DASA) – Detox centers will be shutting down. Access to treatment will become very difficult. Medical services to those in treatment will be curtailed. Field programs will be shutting down. 60% cut in state funding. |
| New Five Year Plan Timeline and Products | Brown McDonald reported that the CDC has not decided what will be in their five year program announcement, so they have decided to do a two year program announcement (2010-2011) that will come out this summer. Our application for funding will be based on this two year program announcement. A 2011-2015 timeline for preparing a new 2011-2015 five year prevention plan was distributed to the SPG. This timeline outlines all the steps the SPG and RPG's need to complete the five year plan, and submit to DOH by July 2010. Brown suggested preparing for a new 5 year plan even though the CDC will release a two year program announcement. Any necessary changes to the plan can be addressed once the CDC releases guidance for the next 5 year plan. | | |
| Committee Reports | CSA (Barb Gamble) – Most of their discussion was on the identification of statewide needs and gaps. The committee wants the regions to address statewide needs in a way that the SPG will become aware of a population that has a statewide impact. (<i>Example:</i> HIV+ prisoners that are released to the rest of the state vs. the region that they are in prison). | | |

| <u>Agenda Item</u> | <u>Discussion</u> | <u>Decision</u> | <u>Action Required</u> |
|-------------------------|--|-----------------|------------------------|
| Committee Reports cont. | <p>The CSA is responsible for:</p> <ol style="list-style-type: none"> 1) Community resource inventory and developing the surveys for each region to assess where funding exists and where gaps are. 2) Send to process committee the GAP analysis protocol to include a specific question for regions to consider whether there is a sub-population within any of their priority populations for which the region cannot supply services because of structural types of barriers. 3) Have a specific question in the regional plans that shows that the RPG has talked about their issues and can highlight these statewide needs and gaps. <p>EPI (Maria Courogen) At the July meeting, they will be presenting the populations most at risk. EPI committee will have a conference call sometime in May regarding the July presentation.</p> <p>Membership (Madeline Sanchez) The group discussed an At-Large mentorship as a way of retaining members. They also encourage the SPG to put some thought into who they really represent when filling out the "I AM" survey today. The new member orientation is today after the regular SPG meeting. The membership committee has reviewed the agenda and agrees that it's a really good meeting and agenda. They have an application for an At-Large member, Brent Grider, and recommend that the DOH appoint him. Committee will follow up on members with consistent unexcused absences. There is a new Ex-officio member, Lauren Fanning, Department of Corrections.</p> <p>Interventions (Erick Seelbach) The committee is working on a document this year that they are referring to as "Interventions Behind the Scenes." This document will help folks understand how interventions are designed. In discussing the five year plan, the group noticed that a deadline for the committee to present the matrix of recommended interventions to the SPG was missing. (The timeline for the five year plan will be revised so that the Effective Interventions Committee presents its final report on new interventions in November 2009). They are recommending adding a set of interventions to the matrix. Copies were passed out and they would like discussion on this at the next SPG meeting. Frank Hayes commented that</p> | | |

| <u>Agenda Item</u> | <u>Discussion</u> | <u>Decision</u> | <u>Action Required</u> |
|---|---|-----------------|------------------------|
| Committee Reports cont. | at the January SPG meeting, the group approved making the changes to the full matrix, adding other interventions. The changes to the matrix have now been made. If anyone would like a copy, please contact Frank. | | |
| Process Committee Report: New 5 year Plan Gap Analysis and Population Prioritization Protocols | <p>The following key points were covered:</p> <ul style="list-style-type: none"> • Timeline and Products • Gap Analysis protocol (Barb Gamble) • Population Prioritization protocol (Maria Courogen) <p>There was a consensus to accept and support the report by the Process Committee. The SPG approved an SPG gap analysis that is a compilation of the region's gap analyses. The SPG also approved the Process Committee recommendation that the process Committee conduct the SPG Population Prioritization with the SPG.</p> | Approved | |
| Regional Plan Review Process: 2010 Update | <ul style="list-style-type: none"> • Regional Plan Updates submitted to SPG by July 1. • Format for the Plan Update will remain the same as in the past years. • Plans will be reviewed by a panel of SPG members consisting of two members from each region. The following volunteered to be on the Regional Plan Review Committee: <p>Region 1: Mark Garrett & Ryan Oelrich Region 2: Wendy Doescher & Debra Adams Region 3: Ed Wilhoite Jr. & Gary Stein Region 4: Erick Seelbach & Kris Nyrop Region 5: Mary Saffold & Mark Williams Region 6: David Heal & Malika Lamont</p> | | |
| "I AM" Survey CDC Membership Survey Part 1 | The "I AM" Survey and the CDC Membership Survey Part 1 were distributed, completed by the SPG members, and returned to Justin. | | |
| | | | |

| <u>Agenda Item</u> | <u>Discussion</u> | <u>Decision</u> | <u>Action Required</u> |
|--|--|-----------------|------------------------|
| Lunch Presentation | <p>Latitude Study: Latino MSM Needs Assessment Report</p> <p>Jason Carr, Department of Health</p> | | |
| MSM HIV Prevention Planning Committee (MHPPC) Update | <p>The MHPPC is funded by a grant from the CDC through the end of 2009. The committee is to write a strategic plan, consisting of 3-5 strategies for improving or increasing HIV prevention efforts among MSM in Washington state. The SPG helped to identify five people on the committee. The MHPPC has met two times so far this year. The group is still in the early stages and getting to know each other as a group. Those on the committee that also serve on the SPG are Erick Seelbach, Monte Levine, Lorenzo Cervantes, and Mark Williams.</p> | | |
| Regional Reports | <p>Region 1 – (Barry Hilt & Mark Garrett) Next RPG is April 15th, they will be working on the update. They are also putting together a planning group focusing on the care of recently incarcerated individuals getting back into society. Ryan Oelrich was elected to the SPG.</p> <p>Region 2 – (Wendy Doescher) First planning meeting will be mid-April.</p> <p>Region 3 – (Ed Wilhoite & Alex Whitehouse) They are working on the planning process. There are three new SPG representatives and three new alternates from Region 3.</p> <p>Region 4 – (Erick Seelbach) The region has done two recent needs assessment, one on black MSM, with an EPI brown bag lunch coming up next week. The other is the What's Up survey (HIV+ persons using substances). They are in the middle of their prioritization process, and have identified their top populations. There will be one more meeting for their interventions committee.</p> <p>Region 5 – (Lorenzo Cervantes) Their CPG chose to re-characterize their populations; they condensed their list. They have increased membership by four people. Mark Williams has been selected to be on the SPG. They got the survey results for Survey Part 1. At their next meeting they will start planning for the update year.</p> | | |

| <u>Agenda Item</u> | <u>Discussion</u> | <u>Decision</u> | <u>Action Required</u> |
|------------------------|---|-----------------|------------------------|
| Regional Reports cont. | <p>Region 6 – (Malika Lamont) They are working on their African-American needs assessment. They have done the prioritization of their populations; they stayed the same as last year. They will be focusing on MSM who also have sex with women. They are in need of members.</p> | | |
| Standing Reports | <p>Budget Update and Legislative Update - (John Peppert) Senate and House budgets are expected out next week. State and community agencies are expecting cuts.</p> <p>There was a bill introduced that would eliminate the WA State Health Insurance Board (WSHIB) which oversees the WA State Health Insurance Pool (WSHIP). Many of our EIP clients are on WSHIP. If the legislature eliminates the board as an entity, then WSHIP would no longer exist (insurance carrier of last resort). The result would be to transfer five million dollars in cost from the insurance pool back to DOH.</p> <p>Senator Edward Murray (the new Chair of the Senate Healthcare Committee), had asked for a briefing on HIV/AIDS. John, as well as others met with him last week and reviewed with him what is going on with HIV/AIDS in our state.</p> <p>STD – None</p> <p>DASA - (Vince Collins) Last time DASA reported, they were looking at 60% cut in state funding. A lot of that funding for programs has been restored through this biennium. The legislature is looking favorable at DASA's programs, however they are looking at cuts July 1. DASA has already shut down their region 5 office, and are looking at closing 3 more (if not all) regional offices.</p> <p>DOC – (Lauren Fanning) PCAF has hired an interventions person to restart the prison prevention project beginning March 16th.</p> <p>Assessment – (Maria Courogen) Maria has an updated fact sheet on HIV/AIDS in Washington State. It is located on the DOH website.</p> <p>SPI - None</p> | | |
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| <u>Agenda Item</u> | <u>Discussion</u> | <u>Decision</u> | <u>Action Required</u> |
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| Public Input, Evaluations, Announcements | Kris Nyrop encouraged the group to watch a press conference next Monday regarding Wet Housing for Alcoholics. The 1811 Building saved the City of Seattle over \$18 million. There will be an article in the next issue of JAMA regarding this pilot project that has been taking place in Seattle over the last couple of years. | | Evaluations were passed out for SPG members to fill out and return to Justin. |
| Public Input, Evaluations, Announcements cont. | Justin Hahn announced that the new member orientation will follow today's SPG meeting, 2:30-4:30 PM. | | |
| Adjournment | Meeting adjourned at 2:20 PM. | | |

Statewide Community HIV Prevention Planning Group (SPG)
 Thursday, May 28, 2009
 8:30 AM – 3:30 PM

MEETING MINUTES
 DRAFT

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|------------------------|---|
| <p>Members Present</p> | <p>Community Co-Chair: Madeline Sánchez (At-Large) Region 1: Mark Garrett, Barry Hilt Region 2: Mary Lou Briceno, Wendy Doescher Region 3: Christine Oyaro, Ed Wilhoite Jr. Region 4: Erick Seelbach Region 5: Lorenzo Cervantes, Ann Mumford, Mark Williams Region 6: Malika Lamont, David Heal At-Large: Monte Levine, James Minahan Ex-Officio: Lauren Fanning, Lesley Eicher</p> |
| <p>Members Absent</p> | <p>Public Health Co-Chair: John Peppert Region 1: Ryan Oelrich Region 2: Debra Adams Region 3: Gary Stein Region 4: Barb Gamble, Kris Nyrop Region 5: Region 6: Carol McNair At-Large: Mark Aubin, Maria Courogen, Brent Grider Ex-Officio: Vince Collins, Pamala Sacks-Lawlar</p> |
| <p>Others Present</p> | <p>Brenda Newell, Cheri Speelman, Jesse Chipps, Kate Elling, Kevin Patz, Tony Radovich, Shantih Bisland (presenter), and Maria Chaparro (presenter)</p> |
| <p>DOH Staff</p> | <p>Justin Hahn, Frank Hayes, Brown McDonald</p> |

| <u>Agenda Item</u> | <u>Discussion</u> | <u>Decision</u> | <u>Action Required</u> |
|---|---|---------------------------------------|------------------------|
| Welcome/ Introductions | SPG meeting start time 8:40am. SPG members and guests gave self introductions and expectations for the training. | | |
| Approval of Agenda | Maddie Sánchez asked everyone to read over the agenda and requested approval. | Agenda approved with no changes. | |
| Approval of Minutes | Maddie asked all members to review the draft minutes of the March 26, 2009 meeting. | Minutes approved with the no changes. | |
| Staff Updates | Justin Hahn reported: <ul style="list-style-type: none"> • “I AM” Surveys and CDC Surveys Part 1 still need to be completed by some members. Draft survey results are attached to the SPG agenda which will be used today during the training • 2010 regional plan reviewers will receive an email from Justin with conference call dates to prepare for reviewing 2010 regional plans. | | |
| USBHA Recruitment and Retention Training | See USMBHA training report for further information. | | |
| Working Lunch: SPG Business | Budget Update (Brown) There is a projected 9 billion dollar shortfall in revenue projected for the 2009-2011 biennium. This budget shortfall equals 4.5 billion in cuts from State funding. Community and Family Health (where the Office of HIV Prevention and Education is located) had a legislatively mandated cut of 81 million. This translates to a \$1,067,000 cut in Regional AIDSNET funding for State fiscal year 2010 (there is an assumption that State fiscal year 2011 will be similarly cut). In addition, there are also 7.8 million dollars in administrative cuts to the Department of Health. Much of the administrative cuts come from vacant positions and three currently filled positions in Community and Family Health. | Approved | |

| <u>Agenda Item</u> | <u>Discussion</u> | <u>Decision</u> | <u>Action Required</u> |
|--------------------|---|-----------------|------------------------|
| | <p>Committee Updates: Interventions Committee (Frank Hayes)</p> <ul style="list-style-type: none"> • The correction to the SPG timeline will reflect the Intervention Committee's responsibility to provide the SPG with a list of identified interventions to reach the priority populations. The SPG will be presented with the populations most at risk during the July 2009 meeting and the Effective Interventions and Strategies Committee will present their list of interventions in November 2009. • The revised Effective Intervention and Strategies Document should be on the web by the end of the month. The document is also being placed on a PDF to make it downloadable for those who wish to do so. • The committee will be discussing (via email and telephone) methods to "streamline" the document that has become a little unwieldy. <p>Regional Reports</p> <p>Region 1 (Barry) The April RPG meeting included a panel of incarcerated individuals which focused on the challenges of integrating back into society after being incarcerated. Both HIV Care and Prevention planning bodies were invited to the meeting. The Next meeting will be June 17.</p> <p>Region 2 (Wendy) At their last meeting on May 20th the RPG completed the "I AM" Survey and discussed the 2010 prevention plan update. Current cuts to the HIV prevention budget were discussed as well. The region is looking at a fee-for-service model for some clients that test through Counseling Testing and Referral programs. The RPG anticipates that there will be drastic changes starting January, 2010.</p> <p>Region 3 (Ed) Currently recruiting new members. The finalized 2010 update will be completed in June. The region is waiting to hear about budget cuts from LHJs. Evergreen AIDS Foundation will undertake a CTR program for Farm workers in the Skagit Valley. Evergreen will be partnering for the first time with a Catholic church. A successful social marketing bus poster campaign has been implemented in Region 3. The goal of the marketing is to increase individual and community awareness around HIV prevention. The campaign has been so well liked that it has been extended from 3 months to 10 months for free.</p> <p>Region 4 (Erick)</p> | | |

| <u>Agenda Item</u> | <u>Discussion</u> | <u>Decision</u> | <u>Action Required</u> |
|--------------------|---|-----------------|------------------------|
| | <p>The Planning Council approved of the 2010-2011 prevention plan. The plan now goes to PHSKC for the RFP process. A member representing “youth” was successfully recruited to the Planning Council. The next meeting in June will look at early treatment of HIV.</p> <p>Region 5 (Lorenzo) The RPG has reviewed the 2010 plan and will vote on a letter of concurrence, concurrence with reservations, or non-concurrence at the next meeting. The RPG has reviewed the budget cuts from Region 5 Omnibus funding. Two new members have been recruited to the RPG.</p> <p>Region 6 (David) The May meeting was a new member orientation. The next meeting will be in June where a letter of concurrence will be voted on.</p> <p>Standing Reports: OSPI (Lesley Eicher)</p> <ul style="list-style-type: none"> • The Blood Borne Pathogen Manual, which covers HIV, and HEP B and C, will be updated by the end of September. It was written in 1992 and last updated in 1995. The goal is to eventually have the manual online. • OSPI is working on second tier development for the KNOW curriculum (HIV and STI prevention). Among other things, the language will be more inclusive of student experiences, cultures, and sexual orientations. OSPI will solicit feedback on suggested changes throughout the next school year, and the final updated curriculum for Grades 5/6 will begin after that. Following that update, the curriculum for Grades 7/8 will go through the revision process, followed by the High School version. • OSPI is also updating their (HIV)video library to only include predominantly videos made after 2004. • 20 additional KNOW trainers will be added as of August. This will allow greater capacity for training teachers around the state. • OSPI will release the Sexual Health Education Curriculum Review Report in June. Curricula were assessed for their alignment with the <i>2005 Guidelines for Sexual Health Information and Disease Prevention</i>, as required by the Healthy Youth Act. | | |

| <u>Agenda Item</u> | <u>Discussion</u> | <u>Decision</u> | <u>Action Required</u> |
|---|--|-----------------|------------------------|
| | <p>Department of Corrections (Lauren Fanning)</p> <ul style="list-style-type: none"> • The DOC has started distributing condoms for conjugal visits in the prison system. • DOC is now providing opt-out sero-prevalence testing. In addition, they are doing a blind sero-prevalence study of the men who opt out. 1000 test have been performed so far – 500 more tests are scheduled. They are looking for to see how many people are missed by opting out and if this suggests any hypotheses as to why they opt out. • Law change in supervision: Earlier release of inmates could create a faster flow of people through the prison system making it harder to deliver health services. The Washington Legislature approved a 3 month housing voucher program for the inmates released under this new law. There is concern that felons released under this new law, while having the financial resource to acquire housing, may not have access to housing which might undermine their ability to successfully integrate back into society. • The Health Educator, Tyler Smith, who delivers the HIV Infected Persons to be Released from Prison Intervention will be presenting to the SPG later this year. • Lauren asked that any HIV prevention materials, videos, posters, or brochures, that might be appropriate to the incarcerated population be sent to her. <p>Legislative Update: (Brown) House Bill 2360 (to eliminate the AIDSNETS) did not pass. But, the bill will most likely be reintroduced during the next legislative session in January, 2010</p> <p>MHPPC (Erick and Brown): The committee has been meeting regularly. The group has been identifying drivers behind the epidemic among MSM and is slowly coalescing around strategies. Brown reported that the focus group component of the project has been canceled due to no applications being submitted.</p> | | |
| USBHA Recruitment and Retention Training | See USMBHA training report for further information. | | |
| Public | | | |

| <u>Agenda Item</u> | <u>Discussion</u> | <u>Decision</u> | <u>Action Required</u> |
|--|--|-----------------|------------------------|
| Comment, Announcements Adjournment | There was no public comment or announcements. Meeting adjourned at 2:20 PM. | | |

Statewide Community HIV Prevention Planning Group (SPG)

~ Thursday, July 23, 2009 ~

~ 10:00 AM – 2:30 PM ~

MEETING MINUTES
DRAFT

| | |
|-----------------|---|
| Members Present | <p>Public Health Co-Chair: John Peppert (Department of Health) Community Co-Chair: Madeline Sanchez (At-Large) Region 1: Mark Garrett, Barry Hilt Region 2: Debra Adams, MaryLou Briceno, Wendy Doescher Region 3: Christine Oyaro, Gary Stein, Ed Wilhoite Jr. Region 4: Kris Nyrop Region 5: Lorenzo Cervantes, Ann Mumford, Mark Williams Region 6: David Heal At-Large: Maria Courogen, Brent Grider, Monte Levine, James Minahan, Madeline Sánchez Ex-Officio: Vince Collins, Maria Courogen, Lesley Eicher, Lauren Fanning</p> |
| Members Absent | <p>Region 1: Ryan Oelrich Region 2: Region 3: Region 4: Barb Gamble, Erick Seelbach Region 5: Region 6: Malika Lamont, Carol McNair At-Large: Mark Aubin Ex-Officio: Pamala Sacks-Lawlar</p> |
| Others Present | Mary Saffold (Region 5), Terrie Orphey (DASA) |
| DOH Staff | Jason Carr, Justin Hahn, Frank Hayes, Brown McDonald, Beth Watkins |

| <u>Agenda Item</u> | <u>Discussion</u> | <u>Decision</u> | <u>Action Required</u> |
|---------------------------|--|----------------------------------|------------------------|
| Welcome/ Introductions | SPG meeting start time 10:00 AM. SPG members and guests gave self introductions. | | |
| Approval of Agenda | John Peppert asked everyone to read over the agenda and requested approval. | Agenda approved with no changes. | |

| <u>Agenda Item</u> | <u>Discussion</u> | <u>Decision</u> | <u>Action Required</u> |
|--------------------------------------|---|---|--|
| Approval of Minutes | Madeline Sánchez asked all members to review the draft minutes of the May 28, 2009 meeting. | <p>Lesley Eicher asked that there be changes to the OSPI Standing report.</p> <p>Barry Hilt asked that there be changes in Region One Regional Reports.</p> | <p><u>Second bullet, first sentence:</u> second tier development should read second tier teacher training for the KNOW curriculum.</p> <p><u>Second bullet, second sentence:</u> strike “and the final updated curriculum for grades 5/6 will begin after that” and replace with “the KNOW curriculum will undergo revisions next year beginning with grades 5 and 6.”</p> <p><u>Third bullet:</u> remove the word “only” in the sentence reading: “video library to only include...”</p> <p><u>First sentence to read:</u> The April RPG meeting included a panel on the challenges of incarcerated persons integrating back...”</p> |
| Staff Updates | <p>Justin Hahn reported that the six regions have completed their 2010 Regional Plan Updates; they have been combined into one report. The SPG panel of reviewers will report on this later in the meeting.</p> <p>Brenda Newell was awarded the We Value Kids Award by the Snohomish County Children’s Commission.</p> <p>Brent Grider from the Muckelshoot Indian Reservation is the newest member of the SPG.</p> <p>Starting September 1, Beth Watkins will be working in both HIV Prevention & Education, and Family Planning and Reproductive Health.</p> | | |
| 2010 CDC Application Guidance Update | Brown McDonald reported that the CDC has been working on a new cooperative agreement. They have finalized their decision to do a two year program announcement for 2010 and 2011, after that, a five year program announcement. They hope to get the application materials out by the end of July. Typically agencies have 60 days to respond to application guidance. Due date is still unsure. | | |

| <u>Agenda Item</u> | <u>Discussion</u> | <u>Decision</u> | <u>Action Required</u> |
|--------------------|--|-----------------|---|
| | <p>NASTAD announced that the Obama administration has announced a national HIV/AIDS strategy. The three goals of the strategy will be:</p> <ul style="list-style-type: none"> • Reduce HIV incidents. • Increase access to care. • Reduce HIV related health disparities. | | |
| Committee Reports | <p>Interventions (Lorenzo Cervantes): They are working on making the Effective Interventions Guide more user friendly. They discussed removing interventions prior to year 2000, and reducing it to 100 pages. Interventions prior to year 2000 would still be on the web. After lengthy discussion, it was decided that the Interventions Committee would re-look at this and decide what the purpose of this document is and how they should update it.</p> <p>EPI (Maria Courogen): There will be a 2011-2015 SPG Populations Most at Risk presentation by Jason Carr later in the meeting.</p> <p>Membership (Mark Garrett): The Disappearing Task Force is a temporary addition to the membership committee. This committee is small, consisting of Mark Garrett, Monte Levine, Gary Stein, Madeline Sánchez, Mark Williams, Lauren Fanning, Jimmy Minahan and Barry Hilt. They came up with a summary of the final report of the training:</p> <ul style="list-style-type: none"> • Lots of discussion on training, how do we train the SPG to be better representatives? Maybe training on the basics, maybe around guidance? • Culture and atmosphere. Get to know each other better. Would like the SPG to brainstorm on what do we expect from cultural competency training? There were many ideas discussed, and it was decided that the Membership Committee and the Disappearing Task Force would take these ideas and continue their process. • They are working on a Membership Grid (a visual) for where there are gaps in representation. • They have five action plans. They will develop visuals for these. • They discussed a mentoring concept. <p>There will be another conference call for the Membership Committee. .</p> | | <p>If you are interested in being on the Membership Committee, call or email Justin Hahn.</p> |

| <u>Agenda Item</u> | <u>Discussion</u> | <u>Decision</u> | <u>Action Required</u> |
|--|---|------------------------------|--|
| 2011-2015 SPG Populations Most at Risk | <p>Maria Courogen discussed the difference between Most At Risk Populations and Prioritized Populations. Most at Risk is based on surveillance data, Prioritized Populations are a combination of data and other information that prioritizes them. Identifying the Most at Risk is the first step in the prioritization process. Jason Carr distributed and explained an Epi data hand out. The SPG was presented this list of 1-10 Populations Most at Risk for HIV prevention or transmission to address the requirement in the planning process. The SPG accepted the list of populations most at risk for HIV, and will prioritize from this list of populations most at risk.</p> | | |
| Regional Plan Review Committee Report | <p>Mary Saffold explained and presented the results of the 2010 Regional Plan Review. The six regions come up with a 2010 plan update and submitted to the SPG. Mary summed up the Review Committee report in the following categories:</p> <ul style="list-style-type: none"> • Region • Overall comments on a planned update document. • What the region might need to look at in the future in terms of future planning. • Kudo's. <p>To review the report, see the handout.</p> | The SPG accepted the report. | The Executive Committee will review the process, and advise the SPG regarding adding more time to the agenda for Regional Plan Review. |
| Lunchtime Presentation | <p>HIV Infected Persons to be Released from Prison Project</p> <p>Tyler J. Smith Stafford Creek Project Coordinator Pierce County AIDS Foundation</p> | | |
| Review of the Draft 2010 State Plan Update | <p>Justin Hahn presented the 2010 State Plan Update which is a synthesis of 2010 Regional Plan Updates for the 2010 Plan Update. The State Plan Update will be submitted to the CDC in the 2010 application for funding. The following changes were made to the draft:</p> <ul style="list-style-type: none"> • Page 4, the bullet, at the end of the paragraph it should read "Pierce County AIDS Foundation." | | |

| <u>Agenda Item</u> | <u>Discussion</u> | <u>Decision</u> | <u>Action Required</u> |
|--------------------|---|--|------------------------|
| | <ul style="list-style-type: none"> • Goal one, page 5, count Regional Members and At-Large Members. Ex-Officio Members were counted in the total, but should be mentioned. On page 8, "other" states 0 and will be changed to "N/A". • Goal two, okay. • Goal three, okay. | Changes accepted. 2010 State Plan Update accepted by SPG. | |
| Regional Reports | <p>Region 6 (David Heal) In summer recess, nothing to report.</p> <p>Region 5 (Lorenzo Cervantes) Next meeting is September 8th. Region 5 piloted the CRI Project.</p> <p>Region 4 (Kris Nyrop) The grant proposals for the community pool of money that Region 4 uses went out a couple of weeks ago, so organizations are filling out the grant proposals now. There are only 4 populations that will be getting funding this time around: non stimulant MSM, stimulant using MSM, IDU's and foreign born blacks. 98% of CDC dollars will be spent on Counseling & Testing. 2% to community based groups. Region 4 uses their Omnibus dollars for community based groups.</p> <p>Region 3 (Gary Stein) Meeting was in Everett. Dr. Gary Goldbaum, the Snohomish County Health Department Director was there.</p> <p>Region 2 (Wendy Doescher) On a summer break, next meeting will be September 17th.</p> <p>Region 1 (James Minahan) Had a new membership orientation at their last meeting. Will not have another meeting until September.</p> | | |
| MHPPC Update | Lorenzo Cervantes: The group is really starting to focus on what their objectives will be for a strategic plan. They will be meeting next on July 30 th and will start to write out the plan. | | |
| Standing Reports | DASA (Vince Collins) Services/funding are shrinking. Mental health and DASA are going to be combined. There will not be any more regional staff by the end of December. | | |

| <u>Agenda Item</u> | <u>Discussion</u> | <u>Decision</u> | <u>Action Required</u> |
|--|--|-----------------|------------------------|
| | <p>STD & Legislative Update (John Peppert)</p> <p><u>STD:</u> Approximately 10 folks from the CDC were here last Monday to meet and talk about gonorrhea control strategies and drug resistant gonorrhea showing up on the west coast.</p> <p><u>Legislative:</u> House bill 2360 would eliminate the existing AIDSNET system and transfer the duties to DOH. That bill did not pass, but a small work group was put together to discuss the advantages and disadvantages of changing the HIV/AIDS administrative system. The group had their first conference call last week with a goal of working towards developing some recommendations, so that GACHA could hold a public forum to receive comments on those recommendations for use in assessing any future legislation. All state agencies are being asked by the governor to reduce staffing and reduce funding levels again.</p> <p>Assessment (Maria Courogen) The Medical Monitoring Project has selected facilities for participation, and interviewers are now out in the field. They hope to have data by early next year.</p> <p>OSPI (Lesley Eicher) The Healthy Youth Survey/Planning Survey Committee have decided to move forward with including sexual behavior questions on the 2010 survey.</p> <p>Corrections (Lauren Fanning) Corrections is looking at large changes in staffing because of budget cuts. Their HIV specialist will be going on maternity leave for three months.</p> | | |
| Public Input, Evaluations, Announcements | <p>Next SPG meeting is scheduled for August 27th; it may be postponed due to the readiness of the 2010 CDC application. Otherwise, the SPG will meet again on September 24th.</p> <p>No public comment.</p> | | |

ATTACHMENT 2

SPG LETTER OF CONCURRENCE



STATE OF WASHINGTON
DEPARTMENT OF HEALTH
COMMUNITY AND FAMILY HEALTH
HIV PREVENTION AND EDUCATION SERVICES
PO Box 47840, Olympia, Washington 98504-7840

September 24, 2009

Cheryl Cunningham
Project Officer
CDC/CCID/NCHHSTP/DHAP/PPB
1600 Clifton RD MS-E58
Atlanta, GA 30333

Dear Ms. Cunningham:

RE: Funding Opportunity Number: CDC-PS-1001, Washington State HIV Prevention Project,
Continuation – Type 2

On behalf of the Washington State HIV Prevention Planning Group (SPG), we are confirming our concurrence with the Washington State Department of Health's (DOH) application to the CDC for 2010 HIV prevention funds and the 2010 Update to the 2005-2010 Comprehensive HIV Prevention Plan. We believe that these documents address the HIV prevention needs of priority populations in Washington State and that these populations are supported through DOH funding commitments. We feel that the application to the CDC for 2010 HIV prevention funds and the 2010 Update to the 2005-2010 Comprehensive HIV Prevention Plan, reflect the planning efforts of the SPG. We believe that a thorough review process was used to ensure concurrence. The review process consisted of the following three steps:

- 1) On July 23, 2009, the SPG received a report from its Regional Plan Review Committee. This committee reviewed the six 2010 regional HIV prevention plan updates to assure that each update was produced according to the CDC and SPG guidance for regional HIV prevention planning. The plan updates included five letters of concurrence and one letter of concurrence with reservations from the Regional HIV Prevention Planning Groups (RPGs).
- 2) At this July 23, 2009 meeting, the SPG reviewed and voted to approve its 2010 Update to the 2005-2010 Comprehensive HIV Prevention Plan. The statewide plan update reflects the priorities and processes identified in the regional and state plan updates.

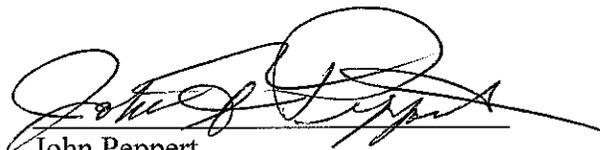


3) DOH ensured that the SPG had sufficient time to review the application budget to the CDC for 2010 HIV prevention funds by distributing it to all SPG members via overnight delivery seven days prior to the SPG meeting on September 24, 2009. The SPG scheduled 40 minutes on the agenda to fully review and discuss the application prior to a determination of concurrence.

The SPG feels proud of how it has worked together with DOH to accomplish so much with such a diverse group of individuals. This was reflected in the SPG's review of, and concurrence with, DOH's application to the CDC for 2010 HIV prevention funds.



Madeline Sanchez
Community Co-Chair
Washington State
HIV Prevention Planning Group



John Peppert
Department of Health Co-Chair
Washington State
HIV Prevention Planning Group

CC: Patricia French, CDC Grants Management Officer

ATTACHMENT 3

LATITUDE STUDY: LATINO MSM NEEDS ASSESSMENT

HIV Testing among Latino Men Who Have Sex with Men in Washington State

Introduction

Currently, about ten percent of people reported to be living with HIV disease in Washington State are of Latino (or Hispanic) origin.¹ Latinos in Washington continue to be disproportionately affected by HIV disease. Rates of HIV diagnosis among Latinos are almost twice that of non-Latino Whites. Most Latino HIV cases are male, and nearly two-thirds are men who have sex with men (MSM), including those with a history of injection drug use (IDU).² In addition to being at greater risk for HIV, statewide HIV surveillance data show that Latino MSM are also more likely than White MSM to be diagnosed late in the course of their HIV illness.³ The Washington State HIV Prevention Planning Group (SPG) has designated Latino MSM as one of seven “most at-risk” populations considered to be in particular need of HIV prevention services.⁴

According to the US Centers for Disease Control and Prevention, one of the most effective ways to control the HIV epidemic is to promote early detection of existing HIV infections.⁵ Routine HIV screening can lead to improved clinical outcomes as a result of early diagnosis and access to treatment. Furthermore, many studies have shown that people are less likely to engage in risky sexual behaviors, and thus less likely to transmit the virus to others, once they become aware of their HIV infection.^{6,7} Yet, as Washington HIV surveillance data would indicate, convincing Latino MSM to undergo routine testing has proven challenging.

For Latinos living in the United States, potential barriers to HIV testing are often connected to the same factors that cause them to be at increased risk for HIV in the first place. For example, numerous researchers have reported associations between unprotected anal intercourse (a primary pathway for HIV transmission among MSM) and lower socioeconomic position.⁸ Likewise, lack of knowledge about HIV, as well as social discrimination linked to both homosexuality and HIV disease, have been associated with risky sexual behavior among MSM of color^{9,10} There is some evidence that the above-mentioned factors might also influence people's interest in or ability to get an HIV test. In a study focusing on delayed HIV testing among recently diagnosed HIV-positive Latinos in Northern California, Levy et al. reported that limited knowledge about HIV risk and perceptions of negative stigma around HIV disclosure were associated with delayed presentation of HIV disease, a consequence of cases not getting routinely tested.¹¹ Describing another study focusing on intentions to get tested for HIV among sexually-active, male migrant Latino day laborers in the East San Francisco Bay Area, Erlich et al. reported a strong positive association between intentions to get an HIV test and both perceived risk for HIV as well as recent history of high-risk sexual behaviors.¹²

Beyond whether at-risk individuals recognize the importance of routine HIV testing, we must also consider practical issues such as how and where HIV testing services should be offered. For example, Galvan et al. conducted an experiment in Los Angeles County focusing on whether (mostly MSM) Latino men were more likely to accept HIV testing when the tests were offered by themselves vs. bundled with other types of screening tests, such as those meant to detect alcoholism, depression, or other STDs. Overall, study participants showed no preference for single vs. bundled tests. Yet men who described themselves as primarily heterosexual were more

likely to accept bundled testing, as were men who reported having had an STD in the previous twelve months.¹³ This is a potentially important finding, since both bisexual MSM and MSM who've been diagnosed with an STD constitute sub-populations that are widely recognized as being at increased risk for HIV. Describing their Bay Area study, Erhlich et al. reported that study participants exhibited a preference for HIV tests that rely on a blood sample versus a saliva sample, and tests that are able to provide results in less than 20 minutes versus longer.¹⁴ Such practical information could prove useful to HIV testing programs in Washington.

In order to better understand the HIV prevention needs of Latino MSM, the Washington State Department of Health (DOH) has collaborated with the SPG to conduct a statewide HIV prevention needs assessment focusing on Latino MSM. The primary goals of The Latitude Study are to characterize HIV testing behaviors among Latino MSM and to gather information that could be used to develop appropriate, acceptable and effective HIV prevention interventions for this critical risk population.

This report describes how a number of measurable factors are associated with HIV testing behaviors among Latino MSM living in Washington. Knowledge of these factors can help HIV prevention programs identify testing barriers and improve utilization of HIV testing services among Latino MSM. Our findings suggest that factors such as educational achievement, knowledge about HIV, self-perceived level of HIV risk, and social stigma are associated with HIV testing behaviors among Latino MSM. The results of this research will be shared with state and regional community planning groups in order to guide local HIV prevention strategies and support the development of new HIV intervention plans. In addition, we hope that HIV

educators, outreach counselors, and other HIV prevention program staff are able to use these data to encourage Latino MSM in Washington to get regularly tested for HIV disease.

Methods

We interviewed a convenience sample of adult Latino or Hispanic men living in Washington (note: for the purposes of this study, the two terms used to describe ethnicity are considered interchangeable). Interviews were conducted in King County - which contains the Seattle metropolitan area - and in Yakima, Benton, and Walla Walla counties, collectively described here as the Yakima Valley area. We collaborated with local public health staff from King and Yakima counties, as well as the Spokane-based marketing firm Desautel-Hege, in order to design and manage field activities. Data collection began in the Yakima Valley in early October 2007, and in King County a month later. All field operations ended on December 31, 2007.

Eligibility for inclusion in this study was based on the following criteria:

- Subject is a resident of Washington
- Subject is male or trans-gender
- Subject is Latino or Hispanic
- Subject either self-identifies as gay, homosexual or bisexual *OR* subject has had sexual contact with a man during the previous 12 months

We did not use a formal screening tool in order to select potential candidates. Instead, we relied upon community recruiters who lived in the same areas as the men being recruited for the interview project and who had demonstrated familiarity with local MSM social networks. Most

recruiters worked for local AIDS service organizations (ASOs). Recruiters identified potential study participants, provided them with basic information about the study, and distributed contact cards featuring both a unique identification code (for tracking purposes) and a toll-free telephone number. Once they called the number, potential participants were able to choose between conducting the approximately 30-minute interview over the phone or in person. The option of being interviewed over the phone was not initially included in our study design, but was added roughly one month after data collection began. Verification of eligibility was based solely on information reported by the subject during the interview. As an incentive to take part in the study, we offered participants either a grocery gift card or an international calling card, each valued at \$30. We distributed incentives to all participants who initiated an interview, regardless whether the interview was completed or whether they ultimately met the eligibility criteria.

Both recruiters and interviewers were required to attend trainings hosted by DOH staff. The trainings were meant to ensure field staff understood the overall purpose and design of the study, as well as their individual roles as field staff. We used PowerPoint slides and interactive discussion in order to review all study materials and ensure study protocols were well understood. The trainings also emphasized the importance of documenting problems or questions as they arise in the field and bringing them to the immediate attention of project investigators. In response to feedback provided by both recruiters and interviewers early on during the study, some recruiters were cross-trained as interviewers so that participants were able to choose whether to be interviewed by someone they knew or by an anonymous party.

All in-person interviews were conducted in clean, safe, convenient locations. Interviews were conducted in English or Spanish. All questions contained within the Spanish version of the questionnaire were both forward and back-translated using a Seattle-based language translation firm, Dynamic Language. During the interview, trained, bilingual interviewers read both the study description and survey questions aloud to each participant and recorded responses.

As a direct benefit for participating in the study, each participant received a culturally-appropriate health information packet (in English or Spanish). The packets included referrals to HIV counseling and testing services as well as other local health and social services. We used manila envelopes and included non-HIV related materials in order make the packets less conspicuous and protect the confidentiality of participants. We provided each participant with a detailed study description and received oral consent prior to initiating the interview. This study was approved by the Washington State Institutional Review Board.

Results

Of the 113 men who agreed to be interviewed, eleven were excluded from the analysis because they did not meet all four selection criteria. We completed interviews with 80 eligible participants in King County and with 22 in the Yakima Valley. Most men were between the ages of 25 and 44 (Table 1). Roughly 80% were born in Mexico. While nearly half (46%) of those interviewed had attended some level of college, more than a third (36%) had not completed high school. Most participants were employed, although nearly half (43%) reported working less than 30 hours a week. With regard to their living situation, most men reported either renting (75%) or

living with friends or family members (13%). Although we observed some nominal demographic differences between the King County and Yakima Valley groups (especially in terms of educational achievement), the small size of the Yakima Valley group prevented us from being able to test whether such differences were statistically significant.

Overall, the men in our sample appeared to be relatively acculturated (Table 2). More than half (60%) had lived in Washington state for at least five years. While most participants reported speaking mainly Spanish at home, a majority (53%) described their ability to speak English as being between good and excellent. Nevertheless, most men (78%) reported a preference for Spanish when communicating with a health provider. About half of study participants (51%) admitted to living in the United State without legal documentation. English language ability was strongly associated with immigration status. Sixty-nine percent of legal immigrants described their ability to speak English as good or better vs. 33% of those without legal documentation.

Although most men in our sample (81%) reported having access to medical care whenever they need it, about half reported not having any kind of health insurance coverage (51%, Table 3). The proportion of men who lacked health insurance coverage was not associated with HIV status. However, a higher proportion of undocumented immigrants (69%) were without insurance vs. those who reported living in the U.S. legally (38%). Similarly, a smaller proportion of undocumented immigrants (69%) reported having access to medical care vs. those with documentation (95%).

Nearly half of the men in our sample (43%) reported having tested positive for HIV (Table 4).

HIV testing information about HIV-positive individuals is based on the encounter at which they were originally diagnosed. Among participants presumed to be HIV-negative, 56% had been tested within the past 12 months. Most men with a history of HIV testing (88%) reported having last been tested in the United States. More than half (66%) of those tests took place in Washington. Relatively few reported having been tested outside the US, although the proportion was higher among HIV-positive men (23%) vs. HIV-negative men (2%). The median interval between HIV tests among HIV-negative men was 12 months; six months among HIV-positive men (prior to testing positive).

Table 5 describes potential correlates of HIV testing frequency among participants presumed to be HIV-negative. Testing frequency is based on whether participants reported getting tested at least once every 12 months vs. either never having been tested or testing less often than every 12 months. Only self-reported knowledge of HIV and recent STD testing (within the last 12 months) showed statistically significant associations with HIV testing frequency. However, there were several potential correlates which, while not statistically significant at the $p=0.05$ level, appeared to be weakly associated with HIV testing frequency.

We asked men who reported ever having an HIV test to explain why they got their last HIV test. Participants were given a set menu of potential reasons to choose from, although they also had the opportunity to explain their motivation for getting tested in their own words. Reasons for getting tested were largely similar between HIV-negative and HIV-positive participants (Table 6). Most men chose “just wanted to know where I stood” (84%), although approximately two out

of three (66%) selected “had a risky sexual encounter.” Nearly half of the respondents were “concerned about infecting someone else” (40%).

We also asked men who had not been tested within the last 12 months to choose one or more reasons explaining why they didn’t get tested. As expected, most (85%) of the non-testers chose “Think I am HIV-negative” as a reason. However, more than two-thirds of these men chose reasons that indicated they were afraid of the potentially harmful consequences of being tested. For example, 69% chose “Think friends might react badly”, while 62% chose “Don’t want to worry or upset family members.” Confidentiality was also a common concern, as most non-testers reported fears that their test results would either be reported the government, reported to their employer, or seen by someone they knew.

Although we asked a number of very detailed questions related to HIV risk behaviors, none of the risk-based variables we tested were even weakly associated with HIV testing behavior.

Among the vast majority (95%) of our sample who reported being sexually active within the past year, one-third (33%) reported having had unprotected anal sex with a man during the same time period. Roughly one in four sexually-active participants reported having had sex with a woman (26%) in the past year. Very few participants reported either using a needle to inject drugs over the past 12 months (4%) or receiving money or drugs in exchange for sex (12%).

Discussion

From a methodological standpoint, we were pleased (and a bit surprised) that such a high proportion of our sample was willing to answer questions that were often very personal or sensitive in nature. For example, although we had no way of verifying the accuracy of this information, about half of our sample (51%) reported that they were currently living in the United States illegally, and 43% admitted to being HIV-positive. This apparent level of openness suggests that study participants felt comfortable during their interview. Also, the relatively low proportion of interviewees (9%) who, because they didn't meet all of the study's inclusion criteria, were eventually excluded from the analysis suggests that our community recruiters were able to successfully select and recruit men who fit the study criteria without relying on a formal screening tool. While our convenience sample probably isn't representative of all Latino MSM living in Washington, it is worth noting that the proportion of undocumented immigrants in our sample is similar to that reported by Levy et al.¹⁵

The significant difference in study costs associated with interviewing men in the Yakima Valley area vs. King County could prove valuable for researchers planning future studies with Latino MSM. Despite initiating data collection in the Yakima Valley a month earlier, we recruited nearly four-times as many Latino MSM in King County (80) vs. the Yakima Valley (22). With roughly half of our project budget devoted to each region, the cost per completed interview in the Yakima Valley was four to five times higher than in King County. Although some of this difference in cost might have been reduced had we made telephone interviews an option at the beginning of the three-month long data collection period (as opposed to half-way through), understanding these cost differences makes it easier to plan future studies involving hard-to-reach populations living in urban vs. suburban or rural areas.

The proportion of participants who reported having ever been tested for HIV was higher than expected (87% overall; 78% among HIV-negative men). However, most community recruiters involved with this study were chosen largely because of the experiences they had gained while working either for local ASOs or for local health departments where HIV testing is offered. Thus, the sample itself might have been biased in favor of Latino MSM with a history of receiving HIV prevention services (including HIV testing) vs. those with no such history.

Nevertheless, it is interesting that the majority of men with a history of HIV testing reported that their last HIV test was taken anonymously (65%). We were both surprised and encouraged that so few men reported having gotten their last HIV test outside the US (12%), indicating that few Latino MSM who get tested are apprehensive about getting tested here vs. in their country of origin. Although type of HIV test received is obviously heavily influenced by the type of test(s) being offered, most men reported getting a conventional (or non-rapid) HIV test, despite the growing availability of rapid HIV testing kits in Washington. The proportion of HIV tests relying on a blood sample might suggest at least some agreement between our findings and those reported by Ehrlich et al., which suggested that Latino MSM may actually prefer HIV tests requiring a blood sample.¹⁶ Our results also suggest that, regardless of their fluency in English, Latino MSM prefer to receive their health care information in Spanish. This preference could be important to implement with a population that has expressed fears about the confidentiality of test results. Having been tested for an STD was also associated with HIV testing, so encouraging Latino MSM to get frequently tested for STDs (which may be less stigmatized) may lead to more HIV testing.

Despite the relatively small size of our sample, the results do suggest that both general level of educational achievement, and especially knowledge about HIV, are positively associated with routine HIV testing among Latino MSM. However, due to the cross-sectional nature of this study, we cannot say whether the higher level of HIV knowledge among frequent HIV testers comprised a reason for them being tested more often, or was instead a result of routine testing (which is often accompanied by HIV counseling or education). We were somewhat surprised that we did not observe any significant associations between measures of acculturation (such as the ability to speak English) and HIV testing behaviors. However, as in the case of access to health care, we suspect that our study sample simply wasn't large enough to provide statistical evidence for such an association.

Tables 6 and 7 should prove informative for HIV educators and those who wish to develop effective social marketing campaigns that promote HIV testing among Latino MSM in Washington. For example, it appears that many Latino MSM who don't undergo routine HIV testing are concerned about the confidentiality of their HIV test results. Hence, greater effort to educate these men about the availability of anonymous HIV testing, and about how state and federal laws that protect the confidentiality of reported cases (regardless of immigration status), might help increase testing among these individuals. A number participants indicated that they don't get routinely tested because they feel they aren't at risk, despite (in some cases) having engaged in risky sexual behaviors during the past twelve months. For example, one participant stated that he doesn't get tested regularly because the three men he had had sex with were "straight." Hence, it is important for educators to inform Latino MSM that it is having

unprotected sex, not whether they or their partners self-identify as being gay, that places them at risk for HIV and therefore in need of routine HIV testing.¹⁷

At a 2004 symposium focusing on HIV prevention with gay and bisexual men of color in Los Angeles, nearly 150 HIV prevention providers, representing 43 separate programs, collectively recognized the importance of expanding HIV prevention services to address social biases, especially those related to social stigma associated with being gay or bisexual.¹⁸ Those recommendations seem appropriate given the degree to which fear-based explanations were used by Latino MSM in our sample to explain why they aren't getting regularly tested for HIV. Again looking at Table 7, fear of losing friends and family; fear of losing status the community; and fear of being perceived by others as either gay or HIV-positive all appear to influence when and how often Latino MSM get tested for HIV. Although more research is certainly needed, our findings suggest that HIV prevention strategies should focus not only on changing individual behaviors but also on reducing HIV-related social discrimination and stigma that continue to prevent many Latino MSM from getting tested, thus contributing to ongoing HIV transmission within Latino communities across Washington state.

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TABLE 1 - Demographic Characteristics (n=102)

| | King Co. No. (%) | Yakima Valley No. (%) |
|----------------------------|---------------------|--------------------------|
| Sexual orientation | | |
| Gay / homosexual | 56 (70) | 13 (59) |
| Straight / heterosexual | 2 (3) | 1 (5) |
| Bisexual | 21 (26) | 8 (36) |
| Age | | |
| 18-24 | 3 (4) | 4 (18) |
| 25-34 | 39 (49) | 10 (45) |
| 35-44 | 31 (39) | 3 (14) |
| 45+ | 7 (9) | 4 (18) |
| Birth place | | |
| United States | 6 (8) | 4 (18) |
| Mexico | 61 (76) | 18 (82) |
| Central America | 4 (5) | 0 (0) |
| South America | 6 (8) | 0 (0) |
| Other | 3 (4) | 0 (0) |
| Education | | |
| Primary school | 9 (11) | 7 (32) |
| Secondary school | 15 (19) | 6 (27) |
| High school / GED | 16 (20) | 2 (9) |
| Some college | 40 (50) | 7 (32) |
| Employment status | | |
| Full time (≥ 30 hrs/week) | 43 (54) | 16 (73) |
| Part time (< 30 hrs/week) | 22 (28) | 5 (23) |
| Unemployed / other | 15 (19) | 1 (5) |
| Living situation | | |
| Own | 5 (6) | 5 (23) |
| Rent | 62 (78) | 14 (64) |
| Live with family / friends | 11 (14) | 2 (9) |
| Other | 2 (3) | 0 (0) |

TABLE 2 - Measures of Acculturation (n=102)

| | King Co. No. (%) | Yakima Valey No. (%) |
|--|---------------------|-------------------------|
| Years living in Washington | | |
| Less than five years | 37 (46) | 4 (18) |
| Five to ten years | 27 (33) | 8 (36) |
| More than ten years | 16 (20) | 10 (45) |
| Ability to speak English | | |
| Very good / excellent | 20 (25) | 3 (14) |
| Good | 27 (34) | 4 (18) |
| Moderate | 26 (33) | 10 (45) |
| Poor | 7 (9) | 5 (23) |
| Main language spoken at home | | |
| English | 12 (15) | 2 (9) |
| Spanish | 62 (78) | 19 (86) |
| Both | 6 (8) | 1 (5) |
| Language preference when speaking with a health provider | | |
| English | 17 (21) | 3 (14) |
| Spanish | 61 (76) | 19 (86) |
| Both | 2 (3) | 0 (0) |

TABLE 3 - Access to Health Care (n=102)

| | King Co. No. (%) | Yakima Valley No. (%) |
|--|---------------------|--------------------------|
| Health insurance coverage | | |
| Private | 23 (29) | 7 (32) |
| Public | 17 (21) | 1 (5) |
| Both | 1 (1) | 1 (5) |
| None | 39 (49) | 13 (59) |
| Time since last seen by a physician | | |
| Less than 12 months | 65 (81) | 13 (59) |
| 1-2 years | 5 (6) | 4 (18) |
| More than 2 years | 10 (13) | 5 (23) |
| STD test last 12 months | | |
| Yes | 44 (55) | 7 (32) |
| No | 36 (45) | 14 (64) |
| Access to medical care whenever it is needed | | |
| Yes | 65 (81) | 17 (77) |
| No | 15 (19) | 5 (23) |
| Immigration status | | |
| U.S. citizen | 9 (11) | 0 (0) |
| Visa or work permit | 25 (31) | 4 (18) |
| Undocumented | 39 (49) | 13 (59) |
| Refused / missing | 7 (9) | 5 (23) |

TABLE 4 - HIV Testing History (n=89)

| | HIV- negative* | HIV- positive** | Total |
|--|-------------------|--------------------|----------|
| | No. (%) | No. (%) | No. (%) |
| Ever been tested for HIV | 45 (100) | 44 (100) | 89 (100) |
| Been tested for HIV in past 12 months | 25 (56) | N/A | N/A |
| Last HIV test was anonymous | 32 (71) | 25 (57) | 58 (65) |
| Last test was in... | | | |
| Washington state | 39 (89) | 20 (45) | 59 (66) |
| Another U.S. state | 5 (11) | 14 (32) | 19 (21) |
| Foreign country | 1 (2) | 10 (23) | 11 (12) |
| Facility where last test was received: | | | |
| Outreach / health fair / mobile unit | 5 (11) | 11 (25) | 16 (18) |
| Community clinic / health department | 26 (58) | 16 (36) | 42 (47) |
| Hospital / emergency room | 9 (20) | 11 (25) | 20 (22) |
| At home | 2 (4) | 3 (7) | 5 (6) |
| Type of last HIV test | | | |
| non-rapid blood test | 19 (42) | 31 (70) | 50 (56) |
| non-rapid oral test | 9 (20) | 5 (11) | 14 (16) |
| rapid blood test | 13 (29) | 6 (14) | 19 (21) |
| rapid oral test | 3 (7) | 1 (2) | 4 (4) |

* The 'HIV-negative' category includes only those men who reported having been previously tested for HIV and who reported their current HIV status as negative

TABLE 5 - Correlates with HIV testing frequency (n=58; excludes HIV-positive)

| | Frequent Tester* n=32 No. (col %) | Infrequent Tester* n=26 No. (col %) | Crude Odds Ratio (95% CI) (BOLD = significant) |
|---------------------------------------|--|--|---|
| Education | | | |
| Some college | 17 (47) | 8 (31) | 2.6 (0.9-7.5) |
| No college | 15 (53) | 18 (69) | ----- |
| Access to medical care | | | |
| Yes | 25 (78) | 14 (54) | 3.1 (1.0-9.6) |
| No | 7 (22) | 12 (46) | ----- |
| Self-reported knowledge about HIV | | | |
| Know some or a lot | 28 (88) | 15 (58) | 5.1 (1.4-18.9) |
| Know little or nothing | 4 (13) | 11 (42) | ----- |
| Immigration status | | | |
| U.S. citizen or legal immigrant | 14 (50) | 8 (33) | 2.0 (0.6-6.2) |
| Undocumented immigrant | 14 (50) | 16 (67) | ----- |
| Identify as gay or homosexual | | | |
| Yes | 25 (78) | 15 (58) | 2.6 (0.8-8.2) |
| No | 7 (22) | 11 (42) | |
| Tested for an STD during last 12 mos. | | | |
| Yes | 18 (58) | 5 (19) | 5.8 (1.7-19.5) |
| No | 13 (42) | 21 (81) | ----- |

*The 'Frequent Tester' category includes those who reported getting tested for HIV at least once every 12 months

** The 'Infrequent Tester' category includes men who reported either never having been tested or getting testing less often than every 12 months

TABLE 6 - Reasons for getting tested for HIV (n=89)

| | HIV- negative* n=45 No. (%) | HIV- positive** n=44 No. (%) | Total No. (%) |
|--|--------------------------------------|---------------------------------------|------------------|
| Just wanted to know where I stood | 45 (100) | 39 (89) | 84 (94) |
| Had a risky sexual encounter | 32 (71) | 34 (77) | 66 (74) |
| Concerned about infecting someone else | 18 (40) | 22 (50) | 40 (45) |
| Someone else suggested it | 21 (47) | 8 (18) | 29 (33) |
| Health problem potentially caused by HIV | 6 (13) | 21 (48) | 27 (30) |
| Doctor suggested it | 9 (20) | 12 (27) | 21 (24) |
| Partner tested positive | 3 (7) | 1 (2) | 4 (4) |
| Had a risky drug use experience | 0 (0) | 4 (9) | 4 (4) |

* Response to question: "Do any of these reasons explain why you got your last HIV test?"

**Response to question: "Thinking about the time you tested positive, do any of these reasons explain why you got an HIV test?"

TABLE 7 - Reasons for NOT getting tested for HIV in the past 12 months (n=13)

| | No. (%) | Chosen as Most Important Reason* |
|---|---------|----------------------------------|
| Think I am HIV-negative | 11 (85) | |
| Afraid of finding out that I am HIV-positive | 9 (69) | 3 |
| Think friends might react badly | 9 (69) | 3 |
| Worried name reported to the government | 8 (62) | 1 |
| Worried someone else would see test results | 8 (62) | 1 |
| Don't want to worry or upset family members | 8 (62) | |
| Others might think I have HIV | 8 (62) | |
| Concerned name reported to insurer or employer | 7 (54) | |
| Don't want to think about HIV | 6 (46) | |
| Don't want to lose place in the community | 6 (46) | |
| Haven't done anything to put me at risk for HIV | 5 (38) | 3 |
| Don't have time to get tested | 5 (38) | 1 |
| People might think I am gay | 5 (38) | 1 |
| Don't know where to get tested | 4 (31) | |

*Represents number of men who selected each option as the most important reason for not getting tested. Based on the follow-up question: " Which of these reasons was the most important reason you did not get an HIV test in the past 12 months?"

ATTACHMENT 4

2011-2015 WASHINGTON STATE HIV PREVENTION PLAN TIMELINE AND PRODUCTS

2011-2015 Washington State HIV Prevention Plan Timeline & Products

This timeline outlines all the CDC-required process steps necessary to complete statewide and regional 2011-2015 Comprehensive HIV Prevention Plans.

| CDC Guidance Planning Product: | Task: | Responsible Parties: | Due Date: |
|---|--|--|--|
| 1-10 Populations Most at Risk for HIV Infection and/or Transmission | DOH presents list of statewide populations most at risk to the SPG. | DOH develops list. SPG schedules presentation. | July 23, 2009 |
| | DOH presents list of each AIDSNET Region's populations most at risk to RPGs (except Region 4) | DOH develops list. RPGs schedule presentation. DOH presents populations to RPGs. | June 1, 2009 through Sept. 30, 2009 (3 HOUR TRAINING) |
| HIV Community Resource Inventory (CRI) | Each RPG completes a survey of ongoing HIV prevention programs not in SHARE or PEMS using the survey instrument developed by the SPG CSA Committee. | RPGs conduct surveys using survey instrument. DOH provides technical assistance to the RPGs on the survey. | November 30, 2009 |
| | Survey results and information from the SHARE and PEMS systems are used to complete one statewide and five regional HIV Prevention Community Resource Inventories (CRI). | DOH compiles CRIs. | December 31, 2009 |
| | Completed regional CRIs are distributed to the RPGs. | DOH distributes CRIs | January 15, 2010 |
| Gap Analysis | Each RPG completes a regional gap analysis using the Gap Analysis Protocol developed by the SPG Process Committee. | Conducted by the RPG. DOH provides technical assistance on the gap analysis protocol. | February 28, 2010 through March 31, 2010 |
| | The SPG completes a statewide gap analysis using the Gap Analysis Protocol developed by the SPG Process Committee. | Conducted by the SPG Process Committee. DOH provides technical assistance on the gap analysis protocol. | February 28, 2010 through March 31, 2010 |

| CDC Guidance Planning Product: | Task: | Responsible Parties: | Due Date: |
|---|--|--|--|
| RPGs and AIDSNET Coordinators should contact Jason Carr to schedule ONE meeting between January 15 and March 31, 2010 to provide onsite technical assistance to the RPG regarding Gap Analysis and Population Prioritization. | | | |
| Population Prioritization | The SPG prioritizes statewide populations most at risk using the Population Prioritization Protocol. | Conducted by the SPG Process Committee. DOH provides technical assistance on the population prioritization protocol. | February 28, 2010 through March 31, 2010 |
| | Each RPG prioritizes regional populations most at risk using the Population Prioritization Protocol. | Conducted by the RPG. DOH provides technical assistance on the population prioritization protocol. | February 28, 2010 through March 31, 2010 |
| Identification of Appropriate Science-based HIV Prevention Activities and Interventions | The SPG reviews the Effective Interventions Committee list of Effective Interventions and Strategies to identify appropriate science-based interventions for the SPG's populations most at risk. | SPG | November, 2009 |
| | Each RPG reviews the SPG list of Effective Interventions and Strategies to identify appropriate science-based interventions for the RPG's populations most at risk. The RPGs can supplement this list with interventions identified through additional research. | Conducted by the RPG. DOH provides technical assistance on identification of effective interventions and strategies. | April, 2010 |
| CDC Membership Survey and the "I AM" survey | All SPG members complete Part 1 of CDC Survey and the "I AM" survey. | SPG | May, 2010 |
| | All RPG members complete Part 1 of CDC Survey and the "I AM" survey. | RPGs | May, 2010 |
| Regional 2011-2015 Comprehensive HIV Prevention Plans | Each RPG completes a 2011-2015 Regional Comprehensive HIV Prevention Plan in a format provided by DOH. | RPG and AIDSNET Region complete the regional Plan. | May, 2010 |

| CDC Guidance Planning Product: | Task: | Responsible Parties: | Due Date: |
|---|--|-------------------------------------|---------------------|
| Regional Allocation of 100% of CDC and 50% of AIDS Omnibus Funds | Each Regional AIDSNET allocates resources based on priorities established in the Regional Comprehensive HIV Prevention Plan. | AIDSNET | June, 2010 |
| | RPG reviews allocation of 100% of CDC and 50% of state AIDS Omnibus funds to determine the degree to which the allocations address priorities established in the Plan. | RPG | June, 2010 |
| Regional Letter of Concurrence, Concurrence with Reservations, or Non-Concurrence | Each RPG executes a "Letter" indicating concurrence, concurrence with reservations, or non-concurrence that the allocation of funds by the AIDSNET addresses priorities established in the Plan. | RPG | June, 2010 |
| CDC Membership Survey and the "I AM" survey | All RPG members complete Part 2 of CDC Survey. | RPG | June, 2010 |
| SUBMIT REGIONAL PLANS TO DOH | Each RPG and AIDSNET submits their 2011-2015 Comprehensive HIV Prevention Plan to DOH for review by the SPG. | RPG and AIDSNET | July 1, 2010 |
| Draft Statewide 2011-2015 Comprehensive HIV Prevention Plan | SPG completes the Regional Plan Review Process. | SPG | July 1-22, 2010 |
| | The SPG reviews the draft statewide 2011-2015 Comprehensive HIV Prevention Plan for submission to CDC. | SPG and DOH HIV Prevention Services | July 22, 2010 |

| CDC Guidance Planning Product: | Task: | Responsible Parties: | Due Date: |
|--|---|-----------------------------|--------------------------|
| Final Statewide 2011-2015 Comprehensive HIV Prevention Plan | The SPG reviews the final statewide 2011-2015 Comprehensive HIV Prevention Plan for submission to CDC. | SPG and DOH | August 26, 2010 |
| DOH Allocation of CDC Funds | CDC Budget prepared by DOH and submitted to the SPG for approval. | DOH | August 26, 2010 |
| SPG Letter of Concurrence, Concurrence with Reservations, or Non-Concurrence | SPG executes a "Letter" indicating concurrence, concurrence with reservations, or non-concurrence that the allocation of funds by DOH addresses priorities established in the statewide Plan. | SPG | August 26, 2010 |
| CDC Membership Survey | All SPG Members complete Part 2 of the CDC Survey. | SPG | August 26, 2010 |
| DOH Application to CDC for HIV Prevention Program funds | DOH submits funding application to CDC, including the statewide 2011-2015 Comprehensive HIV Prevention Plan for Washington State. | DOH | August, 2010 (Projected) |