REGIONAL GAPS ANALYSIS:

RECOMMENDATIONS
for PREVENTION OF HIV/AIDS

FINAL REPORT

Binghamton Tri-County HIV Care Network

Serving Broome, Chenango and Tioga County, New York

Lead Agency: Broome County Health Department

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The Broome County Health Department is the Lead Agency for the Binghamton Tri-County HIV Care Network.

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NOTE: Due to the large volume of pages comprising the Appendices, only Appendix A was included on the web. For information about the other Appendices, please contact the Network Coordinator at 778-3066 or email: skosty@co.broome.ny.us.

I. Introduction and Background

This report, a summary of the **Regional Gaps Analysis (RGA) project,** details an assessment conducted of HIV prevention services and includes recommendations for addressing the HIV Prevention needs in Broome, Chenango and Tioga Counties in Upstate New York. The scope of work involving the Regional Gaps Analysis project covered a period of two years, beginning in October 2001 and culminating with the printing of this report in November 2003. The report and its contents were developed and prepared by the Binghamton Tri-County HIV Care Network, the Broome County Health Department, and Out of the Box Consulting, under a contract with the New York State Department of Health AIDS Institute, Division of HIV Prevention. The AIDS Institute provided technical assistance and guidance throughout this process.

To advance regional understanding of statewide HIV prevention priorities, the HIV Care Network held, in collaboration with the AIDS Institute, two HIV prevention orientation meetings for HIV Care Network members and the broader community. These two "KICK-OFF" meetings were held on December 20, 2001 at the Broome County Health Department, and on February 7, 2002 at the Broome County Public Library. Epidemiological data and information about HIV prevention services available in the region was provided at these kick-off meetings.

Prior to getting the RGA project under way, a detailed plan was prepared and submitted to the AIDS Institute for identifying possible participants in regional community Discussion Groups. The purpose of Discussion Groups was to identify regional met and unmet prevention needs, resources, and recommendations for meeting HIV prevention needs. The plan included a recruitment process, sites, and estimated number of participants. The Discussion Groups were inclusive of groups of individuals representative of the epidemic as it effects the region, with particular effort made to include a broad cross-section of persons living with HIV and AIDS.

The Discussion Group process began with the two Kick-off meetings and included 12 additional discussion groups. Participants represented consumers and service providers throughout the three county region. The intent of the discussion groups was to:

- Answer questions provided by the AIDS Institute about prevention strategies and interventions in the Network's region
- Assess regional provider needs
- Identify regional community resources for HIV prevention

For a detailed summary of this process, the participants, and findings, refer to Appendix C.

After the discussion groups were held, the Network compiled and summarized information from the meetings in a predetermined format provided by the AIDS Institute. The information included content of discussion groups as well as basic demographic information about the participants. All demographic information (age, gender, race/ethnicity, sexual orientation, socioeconomic level) was collected in a manner designed to protect participant identity and summarized in aggregate form.

Using templates provided by the AIDS Institute, a Ranking Group was formed. The group was comprised of individuals who had participated in the process from the beginning, discussion

group participants, consumers, and service providers familiar with HIV/AIDS services and consumer needs. Two 2-½ hour meetings were held on July 31, 2004 and August 7, 2003. With the exception of two participants, Ranking Group members were the same for both meetings. Participants verbalized a positive final assessment of the ranking process and the outcomes.

The Network membership utilized information compiled from an epidemiological profile, CNI data (Community Needs Index), macro analysis, service profile, and the discussion groups to carry out the following tasks:

- Rank prevention needs
- Rank provider needs
- Identify regional options / recommendations for meeting various unmet needs

*Refer to **Appendix A – Final Report Table** for a detailed outline of the Top HIV Prevention Priorities developed through the Ranking Group Process.*

The following information includes highlights from the findings of Discussion Groups and includes: a) overall themes, b) key prevention needs of special populations, c) key provider needs, and d) unique regional issues.

a) Overall Themes:

With the exception of the Perinatal/pediatric transmission category, the "big four" transmission categories as identified by the NYS Department of Health AIDS Institute were mentioned consistently by discussion group participants (injection drug use, men having sex with men, and heterosexual). Significant themes that emerged for all transmission categories centered around "how to" effectively provide services to these populations and overcome obstacles to delivering prevention services. Themes include:

- **HIV/AIDS is no longer a "hot topic", "on the back burner"** – this was brought up in some form in the majority of the groups. Participants talked about how many people mistakenly think of AIDS as a curable disease or one that is no longer a public health threat. This is beginning to hinder the effectiveness of agencies that concentrate on prevention efforts. This led into a second theme echoed by many of the provider groups…

- **"Help us figure out how to get the message out effectively"** – what can we do differently**?** Providers need cutting edge best-practice information to model for their communities.

- **Conservative influences regarding education.** Local, state and federal influences are focusing on abstinence-only education. There is difficulty and resistance in getting comprehensive sex education and/or adequate HIV/AIDS information into many of the region's largely conservative school districts.

- **Lack of programming/services in rural or isolated areas.** Much of the Tri-County region is extremely rural, thus there are ongoing obstacles regarding accessibility to

services and information. This also serves as a challenge to service providers for effective outreach.

b) Key HIV Prevention Needs of Special Populations

Some of the most commonly mentioned risk groups were:

- **Adolescents/teens (male and female**) – sub-populations among this group included: those in rural areas; drug users those having unprotected sex and/or multiple partners; participation in gangs; those who were sexually abused; young women ages 16-24 (college).
- **Older adults ages 50+.** Comments on this population included: older adults are not aware that they have to worry about HIV; and single/divorced older women who are dating and not worried about pregnancy and do not practice safe sex.
- **Drug users**. While IDUs were mentioned by almost all the groups, it is important to note that all those using any illegal drugs (any age, sex, race) are seen as at very high risk for HIV, as are their partners.
- **Incarcerated individuals and those going through the jail or prison system.** This population is seen as exhibiting many of the high-risk behaviors associated with HIV, particularly drug and alcohol use.
- **People of color.** It was pointed out that demographically these numbers are low, but the incidence of HIV and the associated risk factors are disproportionately high.
- **Individuals of all ages with mental health issues.** This is a particularly vulnerable group without comprehensive or even adequate systems in place for basic HIV prevention education.
- **Additional groups mentioned included:**

  Young gay men
  Bisexual men and their partners
  Individuals with Sexually Transmitted Diseases
  Prostitutes
  Individuals with multiple partners
  Individuals traveling to larger venues for socialization (from Tioga/Chenango County to Broome County; from Broome County to NYC, Rochester etc.)
  Male heterosexuals with no obvious means of transmission
  Immigrants
  Homeless/transient
  Rural population

c) Key HIV Provider Needs

Aside from additional funding for preventive efforts, providers all talked about looking for and needing more effective methods of education; methods that would effect change in behavior as well as get the facts across clearly. In addition, they hoped for improved collaborative efforts among all those attempting to prevent the disease (medical providers and agencies – state, local and federal) in terms of sharing information and data, best practices, and media and outreach efforts. For a more comprehensive list of provider needs see *Appendix D Discussion Group Report (Attachment 10 – Provider Needs).*

d) <u>Unique Regional Issues</u>

It is important when examining the needs of the Binghamton Tri-County Region to keep in mind the many demographic and geographic aspects that make us unique to other regions in New York State:

- While significant increases in new HIV/AIDS cases have occurred over recent years, making our per capita cases parallel with the other regions in the state, the numbers are low, therefore often giving the perception that HIV/AIDS is not an issue for our region.
- Perinatal/Pediatric numbers are also low in our region.
- We show the lowest numbers of ***those living with HIV as compared to the other regions in New York State.***
- With the exception of Binghamton and the Tri-Cities area, the area covered by this Network is very rural and sparsely populated. As a result, access to medical and other services is often a challenge for many consumers, with the transportation system being sporadic at best and the outreach services limited.
- Whether rural or urban, the region is seen as one with strong conservative influences. This has made outreach and comprehensive sex education efforts, particularly to schools and other young people venues, extremely challenging.
- The minority population is small compared to other regions. This makes it difficult for service providers to have a significant impact on those communities within the region as "cultural" or "communal" entities do not exist as they do in other regions. At the same time, the AIDS epidemic is disproportionately impacting minorities in this region at higher rates than ever before. Creative solutions are needed to impact this population.

II. Lessons Learned about HIV Prevention in the region

As mentioned previously, one of the prevalent themes that surfaced during the RGA process was the concern that HIV/AIDS is being overlooked as a significant public health issue. Service providers have seen a definite shift in public awareness and concern over the issue. HIV/AIDS is no longer a "hot topic" and is often mistakenly perceived as a curable disease among the general public. This phenomena raises two major areas for concern: one, that the prevention effort gets lost among those most at risk as they do not see it as a major health concern; and secondly, the public and community leaders may not see HIV/AIDS as a priority for new funding and programmatic efforts.

Service providers also consistently mentioned their need for a best-practices coordination in the delivery of preventive services. Now that public perception of the disease has shifted, providers see the need to alter their efforts to become more effective. However, there appears to be a need for a re-education and information sharing process on the best methods to articulate the dangers and effect a change in behaviors.

Consistently throughout the RGA process, increasing the numbers of individuals tested and improving accessibility of HIV testing sites stood out as a means of most effectively getting the prevention message out among all risk groups.

Another area worth highlighting that was discussed frequently in the discussion groups is that of increased gang activity in the urban areas of the region and the behaviors that cause those groups

to be at high risk for HIV transmission. The greater Binghamton area has never been recognized as a true "large city/urban area" with major crime and other issues associated with such areas. Although the existence of significant gang activity is increasingly becoming acknowledged as a problem in the Binghamton area as a public safety issue due to law enforcement efforts to educate community groups, most are still surprised to hear that significant gang activity exists. Organizations providing prevention education may be unsure of how to intervene or hesitant to provide outreach services to this group, leaving those who participate in the gangs (teens) at high risk for HIV, other STDs and pregnancy.

- **What HIV prevention activities work well in the region?**

Those participating in the discussion groups who were familiar with the services in the region mentioned the outreach and education efforts by the Southern Tier AIDS Program, Planned Parenthood and the Broome County Health Departments. ***The effective coordination efforts of these agencies were often underscored.*** Perhaps because we are a small region with limited available services and resources, our providers are less likely to have turf issues and more aware of the need to work together. For more detail on services identified see *Appendix D Discussion Group Report, Attachment 8 (Service Profile) and Attachment 9 - "What is Being Done" Report.*

- **What can be done to improve HIV prevention?**

Primary Prevention

- More education for all health care professionals so that they do a better job of informing all clients, especially those with high-risk behaviors, *regarding HIV and how to protect themselves from infection.*
- Improve education curriculum and outreach to schools. More comprehensive sex education starting at younger ages.
- Find venues outside of schools to reach *youth*.
- Improve presentation skills of outreach educators and volunteers.
- Increase the numbers of those being tested for STDs and HIV. This will require more availability of testing and more education as to the importance of testing.
- Enhanced media message. Develop more creative ways to disseminate information regarding prevention.
- Expanded outreach into rural areas.
- More targeted messages to seniors.
- Education efforts geared toward parents.

Secondary Prevention

These mirrored for the most part those identified in Primary Prevention.

- **Are there "missed opportunities" for HIV prevention in communities of color?**

This issue was discussed primarily by the Kick-Off Discussion Groups. It was not discussed so much in the context of "missed opportunities", but rather as a debate as to whether in our region these groups need to be distinguished, or whether it is effective that they be addressed when designing and implementing prevention efforts. Because of the low numbers, especially in the rural areas, it is hard for the providers to find actual "communities of color" whether formal or informal.

- **What would help providers in the region do a better job of HIV prevention?**

Aside from additional funding for prevention efforts, providers all talked about needing more effective methods of prevention education. Methods are needed that will effect change in behavior as well as get the facts out. In addition, they hoped for better collaborative efforts among all those attempting to prevent the disease (medical providers and agencies – state, local and federal) in terms of sharing information and data, best practices, and media and outreach efforts. For a more comprehensive list of provider needs see *Appendix D: Attachment 10 – Provider Needs.*

- **Necessary partnerships/collaborations which need to take place within the region for successful HIV prevention to be successful:**

Schools and providers. As mentioned earlier, it has been a challenge in this region to implement effective outreach efforts into the schools due to opposition created by conservative influences. STAP and Planned Parenthood are able to offer some prevention education within some of the schools, but often access and/or curriculum is restricted. A collaborative effort between school officials, educators, parents, Parent Teacher Associations, etc. that could circumvent the interference of a vocal minority, could have a profound effect on the impact of preventive education within the school system.

Commitment from those with influence. In an effort to combat the trend that is taking awareness, money and programs away from HIV/AIDS prevention services, participants agreed that it is important to regain the momentum of support from community leaders (politicians, school boards, medical community etc.).

Coordination of those agencies currently, or as a result of the RGA process, undertaking testing outreach efforts (this conclusion was derived mainly from the Ranking Process and will be discussed further in the Recommendation Section of this report).

- **Have any new partnerships/collaborations been forged as a result of the RGA?**

No formal collaborations have resulted as of the end of the ranking process. This could have been partly due to our small geographic region and that most service providers know each other well and already have established collaborative relationships over time. However it was encouraging to see new people at the table discussing this particular issue for the first time. As an example, jail personnel who participated in the process were quite interested in problem solving and appeared to be willing to participate with follow-up projects related to the RGA. It is evident that the RGA brought many new people to the process that now have a better understanding as to how they can participate in HIV prevention services within their communities.

III. Top HIV Prevention Interventions in the Region

Upon the completion of the Discussion Group process and ***Discussion Group Final Report*** (*Appendix D*), the final Ranking Process was implemented for this Region. Using the templates provided by the AIDS Institute, the Network Coordinator and the RGA Consultant

convened a group of individuals to participate in the ranking process (*Appendix E-Attachment I – Agencies and Counties Represented during Ranking*).

See ***Appendix A – Final Report Table*** for a detailed outline of the Top HIV Prevention Priorities developed through the Ranking Group Process.

The following is an outline of the critical sub-populations and top three Intervention-Setting Pairs for prevention priorities broken down by Transmission Category that resulted from the ranking process.

Transmission Category: Injection Drug Users

Critical Sub-Populations:

1. **Active Drug and Alcohol Addicted**
   Intervention Setting Pairs:
   a. Provide ESAP[1] and SEP thru street outreach and SEP sites. ESAP is an under met need and SEP is not available; and the recommendation is to expand ESAP and develop SEP.
   b. Provide additional testing via mobile van. This is currently not being done and the recommendation is to explore developing this.
   c. Provide testing at jails. This is currently being done in Broome County, but the recommendation is to expand testing in Broome County and to initiate testing in Chenango and Tioga County jails.
2. **Incarcerated Population**
   a. Provide testing in jails. Expand this service in Broome County and develop in Chenango and Tioga County jails.
   b. Promote outreach education by providers in jails. This is under met, with a recommendation to expand.
   c. Health care providers to give information and medical care within jails. While this is being done there is room for expansion.
3. **IDUs with multiple sex partners**
   a. Provide testing, including contact testing, via mobile van. Since there is no mobile van currently, there is a need to develop this recommendation.
   b. Provide outreach education at Jail and parole/probation agencies. This need is under met and the recommendation is to expand outreach education at jails and parole/probation agencies.
   c. Provide outreach education via street outreach. This is under met and the recommendation is to expand.

Transmission Category: Men Who Have Sex With Men (MSM)

Critical Sub-Populations:

1. **MSM with Multiple Sex Partners**
   a. Provide testing via mobile van. This currently does not exist and the recommendation is to explore development.

[1] Expanded Syringe Access Demonstration Project (ESAP) and Syringe Exchange Program (SEP), which is available in neighboring Tompkins County through the Southern Tier AIDS Program and AIDS WORK.

b. Provide free condoms at rest stops. This is not met and the recommendation is to develop this program.

c. Provide free condoms at clubs, bars and dance clubs. This is an under met intervention. Since this intervention is available in some locales, the recommendation is to continue, expand and develop depending on locale.

2. Drug and Alcohol Addicted

a. Provide free condoms in public bathrooms. This is not met currently and the recommendation is to develop.

b. Provide testing in jails. While this occurs, it is under met; thus a recommendation to expand.

c. Provide free condoms at groups for MSM – Narcotics Anonymous, Alcoholics Anonymous; etc. This need is not met and should be developed.

3. Individuals Having Unprotected Sex

a. Provide free condoms in public bathrooms. This is an under met recommendation and should be expanded.

b. Provide free condoms at rest stops. This intervention is not met and the recommendation is to develop this intervention.

c. Provide free condoms at clubs, bars and dance clubs. This intervention is under met and the recommendation is to expand.

Transmission Category: Heterosexuals

<u>Critical Sub-Populations</u>:

1. Teens, youth, and college students

a. Provide peer education at non-formal hangouts. This need is not met, with a recommendation to expand and develop.

b. Provide school based prevention education in schools and special events. This intervention is under met and the recommendation is to expand.

c. Provide school based prevention education by popular opinion leader models. This need is currently not met and should be developed.

2. Drug and Alcohol Addicted

a. Provide testing in a mobile testing unit. This intervention is not met and the recommendation is to develop a mobile testing unit.

b. Provide outreach education via direct street outreach. While this occurs, it is seen as an under met need that should be expanded.

c. **Provide ESAP and SEP via mobile unit and/or expanded hours.** There are ESAP sites available but no SEP sites in our region. The recommendation is to develop SEP site.

3. Individuals with Multiple Sex Partners

a. Provide HIV testing in mobile testing unit, including rural areas and expanded hours. This is not met and the recommendation is to develop.

b. Provide free condoms in public bathrooms. This is not met, and the recommendation is to develop such a program.

c. Provide testing by Planned Parenthood and other health care providers. This is being done, but should be expanded.

Transmission Category: Perinatal/Pediatric

<u>Critical Sub-Populations</u>:

1. **Women with a History of STDs**
   - **a. Health care providers to provide information and medical care at Planned Parenthood and other family planning clinics.** This should continue as currently provided.
   - **b. Provide outreach education at STD clinics, health departments, Planned Parenthood and Tioga Opportunities Family Planning Program.** While this is met it should be expanded.
   - **c. Provide testing at county health departments.** HIV testing is provided directly or by referral; thus this intervention is met, and the recommendation is to continue.
2. **Individuals Having Unprotected Sex**
   - **a. Provide free condoms at Planned Parenthood and other family planning offices.** This intervention is met, and the recommendation is to continue/expand this resource.
   - **b. Provide free condoms in public bathrooms.** This intervention is not met and should be developed.
   - **c. Health care providers to provide information and medical care in offices of Perinatal providers.** While this does occur, there is a need for expansion.
3. **College Student, Teens and Youth**
   - **a. Provide peer education in middle and high schools.** The recommendation is that existing programs should be expanded.
   - **b. Provide outreach education in schools.** This intervention is under met and the recommendation is to expand.
   - **c. Provide testing via mobile units.** This intervention is not met and should be developed.

Testing and condom distribution were consistently mentioned throughout the discussions. This resulted in recommendations that will include coordination and implementation by the Network of a task force which will define current services and explore expansion relating to testing outreach, including the use of a mobile van.

It should be noted that there were some critical sub-populations that were frequently identified in the Discussion Groups that did not rank among the top HIV prevention priorities in the region, but deserve mention due to the increasing numbers of HIV infections among these groups. A few sub-populations under the Transmission Categories (except Perinatal) were consistently mentioned. These included: teens; drug users; older adults; the incarcerated; people of color; and those with mental health issues. While there are services directed to all these populations, participants expressed their concern that HIV prevention interventions are not broad enough and/or effective enough. This is particularly true in the rural areas and the service and geographic areas with more conservative influences. These sub-populations ranked high in importance and deserve attention when designing and planning all HIV prevention and outreach efforts**:**

- older adults (seniors)
- those involved with gang activity

- individuals of all ages with mental health issues
- children who have been sexually assaulted
- individuals living in rural areas

Top Provider Needs
As a result of the ranking process and review of the Discussion Group report the top three regional provider needs were identified. (*See Appendix B – Top HIV Prevention Provider Needs* for further information on assessment of need and recommendations):

- Funding for prevention programs
- Additional funding for staff and educators
- Knowledge of best practices for HIV prevention education

Direct and indirect HIV prevention service providers expressed their need for developing and enhancing methods to better influence behavior change among the groups at highest risk. Dissemination and coordination of science-based best-practice models for prevention are especially needed, and appropriate training for staff expected to carry out these services. Due to the frequent turnover in health and human service organizations, training opportunities need to be ongoing in order to ensure the quality of prevention services.

IV. Recommendations

Immediate ways to improve HIV prevention in the region

As a result of the RGA process, the Binghamton Tri-County HIV Care Network recommends that a planning group be convened which would allow the Network and the HIV prevention service community to effectively follow-through with the findings of the process.

Establishment of an "RGA Follow-up Planning Committee"
This committee would help further define and address the emerging needs of HIV prevention as identified through the RGA process. The spearhead and make-up of the group is yet to be defined, but our goal would be to have the Network be the lead in coordination and development of the committee, with other providers and groups such as the Southern Tier Community Education Committee to be an integral part. Charges to the committee would be to address the following:

- Look at the best ways to address additional outreach, including mobile testing, within the three county region. Because testing emerged a major prevention need, a sub-task force assigned to this topic would be formed. The inclusion of a regional counseling and testing representative from the Syracuse Department of Health to assist and collaborate with this effort will be requested.
- Look at the "big picture" of outreach education and research and address best practice efforts and sharing of information in order to meet the needs of the providers to

modify their prevention techniques in order to be more effective as indicated in the discussion group process.

Ways to improve HIV prevention over the next 3-5 years

- Coordination by pertinent parties to streamline and clarify funding efforts and funding streams within the region as it relates to the HIV prevention assessment of needs and corresponding recommendations.

- Develop a plan to improve relations with community leaders (elected officials, school administration and boards, other community members of influence) in order to reestablish the commitment to the HIV/AIDS issue within the region. This is significant, as most participants believe that this issue has lost some of its punch and as a result, lost support in prevention and funding from those with influence in the community.

As a result of the RGA process, it is anticipated that the community will be looking at the most effective ways to target the high risk groups by tackling the major issues identified: the fact that HIV/AIDS is no longer a "hot topic" and that the misconception about its curability exists; how to get the message out most effectively to the critical sub-populations; overcoming conservative influences that inhibit the effectiveness of the message; and lack of programming and services in rural areas.

In some ways, these issues are the same issues that were identified by a community needs assessment of HIV prevention services about ten years ago. While some progress has been clearly made in terms of heightened awareness of HIV/AIDS and more acceptance of individuals living with the disease, it has become clear that the message needs to continue, and more creative methods of delivering services to special populations need to be designed and funded. Due to the continual staff turnover in human service agencies, ongoing training and education of new providers must be funded and supported in order to ensure the effectiveness of prevention services available in our community. Science-based, best practice models must be researched, disseminated, and coordinated with agencies providing prevention services. The Network can play a key role in ensuring that this happens through effective case management services and community awareness committees.

V. CONCLUSIONS

The RGA process proved to be a beneficial one for the Binghamton Tri-County Region. The RGA allowed for innovative discussions regarding prevention service provision within the region. Not only did it supply the Network and other service providers with valuable information regarding HIV prevention, but it has served as a catalyst to bring new people as well as renewed energy from persons previously involved.

The RGA has also served to enlighten community service providers and other community members regarding the HIV Care Network. Some of the new persons who came to discussion groups have since become involved with the Network. The RGA also served to renew and re-energize other member's involvement with the Network.

By proposing the "RGA Follow-up Planning Committee", the Network is underscoring its commitment to ensure that the results of the process do not become yet another report on the shelf. We believe it will also re-invigorate the service community as they will now have some new, clear directions in which to work together and focus their efforts; charges that were a direct result of their input into this needs assessment process.

VI. NOTES

A few issues were discussed during this process that need to be kept in mind when reading the report and ultimately when dealing with the issues during the service planning process. These were side discussions and/or clarifications needed that are not reflected directly in the narrative of the report.

- When talking about the drug and alcohol addicted population vs. IDUs, it is important to clarify the distinction between "active" and "addicted" substance abusers. The group wanted to make the distinction between those still actively abusing substances and those who had a history of substance abuse but are no longer abusing substances. This will no doubt come up when discussing pertinent prevention interventions.

- In the context of the RGA recommendations, when we focused on the "incarcerated" we included those who are or have been in the penal system (probation, parole, etc.).

- Sexual assault victims, both adults and youth, should be considered when discussing high risk populations.

- Unprotected sex is still an issue regarding Perinatal transmission. Providers may assume that pregnant women are not having sex, when in fact some women with a history of high-risk behaviors engage in additional unprotected sex because they no longer need to worry about getting pregnant. This puts not only the woman at risk, but also her unborn child at risk for STDs and HIV infection and other diseases.

Appendix A

FINAL REPORT TABLE

REGION: Binghamton Tri-County HIV Care Network

TOP HIV PREVENTION PRIORITIES

Injection Drug Use (IDU)

Top 3 Critical Subpopulation Intervention-Setting Pairs (from Step 9)	Assessment of Need (from Step 7)	Recommendations (from Step 8)
Critical Subpopulation: Active Drug and Alcohol Addicted		
1. Provide ESAP & SEP by street outreach and SEP sites	ESAP: Undermet SEP: Not Met	Expand ESAP Develop SEP
2. Provide Testing via Mobile Van	Not Met	Develop
3. Provide Testing at Jail	Undermet	Expand
Critical Subpopulation: Incarcerated Population		
4. Provide Testing in Jails	Met/Undermet	Expand
5. Promote outreach education by providers in jails	Undermet	Expand
6. Health Care providers to give information and medical care within jails	Met/Undermet	Expand
Critical Subpopulation: Injection drug users with multiple sex partners		
7. Provide testing, including contact testing, via mobile van	Not Met	Develop
8. Provide outreach education at Jail and parole/probation agencies	Undermet	Expand
9. Provide outreach education via street outreach	Undermet	Expand

Men who Have Sex With Men

Top 3 Critical Subpopulation Intervention-Setting Pairs (from Step 9)	Assessment of Need (from Step 7)	Recommendations (from Step 8)
Critical Subpopulation: Multiple Sex Partners		
1. Provide testing via mobile van	Not Met	Develop
2. Provide free condoms at reststops	Not Met	Develop
3. Provide free condoms at clubs, bars, and dance clubs	Undermet	Continue/expand/ develop
Critical Subpopulation: Drug and Alcohol Addicted		
4. Provide free condoms in public bathrooms	Not Met	Develop
5. Provide testing in jails	Undermet	Expand
6. Provide free condoms in at groups for MSM – NA, AA	Not met	Develop
Critical Subpopulation: Unprotected Sex		
7. Provide free condoms in public bathrooms	Undermet	Expand
8. Provide free condoms at reststops	Not Met	Develop
9. Provide free condoms at clubs, bars and dance clubs	Undermet	Expand

Heterosexual

Top 3 Critical Subpopulation Intervention-Setting Pairs (from Step 9)	Assessment of Need (from Step 7)	Recommendations (from Step 8)
Critical Subpopulation: Teens, youth, College students		
1. Provide peer education at non-formal hangouts	Undermet/Not Met	Expand/Develop
2. Provide school based prevention education in schools and special events	Undermet	Expand
3. Provide school based prevention education by popular opinion leader models	Not Met	Develop
Critical Subpopulation: Drug and Alcohol Addicted		
4. Provide testing in a mobile testing unit	Not Met	Develop
5. Provide outreach education via direct street outreach	Undermet	Expand
6. Provide ESAP and SEP via mobile unit and/or expanded hours	Not Met	Develop
Critical Subpopulation: Multiple Sex Partners		
7. Provide HIV Testing in mobile testing unit including rural areas and expanded hours	Not Met	Develop
8. Provide free condoms in public bathrooms	Not Met	Develop
9. Provide testing by Planned Parenthood and other health care providers	Met	Expand

PERINATAL/PEDIATRIC

Top 3 Critical Subpopulation Intervention-Setting Pairs (from Step 9)	Assessment of Need (from Step 7)	Recommendations (from Step 8)
Critical Subpopulation: Women with a History of Sexually Transmitted Diseases (STDs)		
1. Health care providers to provide information and medical care at Planned Parenthood and other Family Planning Clinics	Met	Continue
2. Provide outreach education at STD clinics, health dept., Planned Parenthood, and Tioga Opportunities Program	Met	Expand
3. Provide testing at Health Depts.	Met	Continue
Critical Subpopulation: Unprotected Sex		
4. Provide free condoms at Planned Parenthood and other family planning provider offices.	Met	Continue/Expand
5. Provide free condoms in public bathrooms.	Not Met	Develop
6. Health care providers to provide information and medical care in offices of perinatal providers.	Undermet	Expand
Critical Subpopulation: College Students, teens, youth		
7. Provide peer education in middle and high schools.	Undermet	Expand
8. Provide outreach education in schools.	Undermet	Expand
9. Provide testing via mobile units.	Not Met	Develop

Appendix B

TOP HIV PREVENTION PROVIDER NEEDS

Top 3 Regional Provider Needs	Regional Assessment of Need	Recommendations
Funding for Prevention Programs	Most Important Need	Educate community and legislators regarding need for prevention programs.
More money for Staff and Educators	More Important Need (2^{nd})	Educate community and legislators regarding need for staff and educators for prevention providers.
Knowledge of best practices	Important Need (3^{rd})	Network Coordinator and Network members to keep others informed of new information and education/training opportunities.