CDC Update

Several activities have been going on at CDC while health departments and CPGs have worked to complete their 1996 community planning activities and continuation applications. Following is a brief update on several of these activities:

Cooperative Agreements for Directly Funded Community-Based Organizations

On August 16 in the Federal Register, CDC released for comment a draft announcement for directly-funded CBOs - Program Announcement #704. Applications for direct CDC funding are due from CBOs on January 3, 1997. The closing date for comments on the draft announcement was September 16, with the final announcement released on or before October 1. CDC indicates that they expect $17 million to be available to fund about 80 CBOs (roughly 70 in high prevalence areas and 10 in lower prevalence areas). In the draft announcement, CDC requires applicants to base their proposals on the prevention priorities identified by CPGs. Between October 11-30, CDC will hold several pre-application workshops to provide application materials and help prepare potential applicants. CDC will kick off these pre-application workshops during the National Skills Building Conference on Friday, October 11 from 8:30 to 11:30. A draft schedule of these workshops is included in the attachments. The United States Conference of Mayors is handling the logistics for the workshops. For more information, call Crystal Swann at (202) 861-6760.

Community Planning Calendar

October 11-13, 1996
 NAMES Project Foundation’s AIDS Memorial Quilt Display, Washington, D.C. For more info, call the Names Project at (415) 882-5500.

October 18-19, 1996
 “New Standards of Care in HIV Treatment,” Washington, D.C. Sponsored by the DC CARE Consortium, Mid-Atlantic AIDS Education & Training Center, and DC Local Performance Site at Howard University. For more info, call Thom Martin at RESCON, Inc. (703) 821-8205.

November 12-16, 1996
 External Review of FY 1997 HIV Prevention Cooperative Agreement Applications, Atlanta, GA.

November 17-21, 1996

November 9 - 13, 1996
 “Renewing the AIDS Movement: Conversations Linking Our Experience to Our Future,” Tenth International Conference on AIDS Education, Atlanta, GA. Sponsored by the International Society for HIV/AIDS Education and Prevention. For more info, see attached registration materials.

November 22-24, 1996

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1996 External Review

On November 12-16, CDC will convene an External Review of health department continuation applications for Fiscal Year (FY) 1997 HIV Prevention Cooperative Agreements. The review will be held in Atlanta and will include teams comprised of representatives from non-governmental organizations and health departments, as well as CDC Program Consultants, epidemiologists, and behavioral/social scientists. Each continuation application will be reviewed to:

- determine progress and continued compliance with community planning and the FY 97 application guidance;
- recommend technical assistance or other support to further progress and specific actions to ensure ongoing compliance with community planning;
- identify innovative or promising practices; and

CDC has begun the process to solicit individuals to participate in the review. For more information, contact Mary Willingham at CDC (404) 639-0965.

Community Planning at the NSBC

Several workshops related to HIV prevention and community planning will be presented at the 1996 National Skills Building Conference in Washington, D.C. on October 10-13. Specifically, these include:

- “HIV Prevention Community Planning: A Review of the Basics,” a series of workshops being put together by CDC and national partners to be held from 2:25 - 4:15 and 4:30 - 6:15 on Friday, October 11.

- Harold Phillips of the National Minority AIDS Council will include a focus on community planning at “Consolidation and Collaboration: Be the Vanguard Not the Victim,” a seminar co-presented by Alan Hayes and Daniel Delabrida (Delabrida and Associates) and Steve Lew (Living Well Project) on Saturday, October 12 from 1:15 - 5:30 p.m.

- An Institute on Social Marketing organized by Sean Bugg of NASTAD will be held in the afternoon on Saturday, October 12 and Sunday, October 13. Sessions will include: Social Marketing: The Basics and Beyond; Why do they do it? — Behavioral Science and Social Marketing; Will they listen to us? — Developing and Testing Messages; and How do we know it worked? — Evaluating Your Program.

There will be several other sessions relevant to community planning and HIV prevention at this conference. In addition, CDC will hold the first of its Pre-application Workshops for directly funded CBOs on Friday, October 11 from 8:30 - 11:30 a.m. (see related story). Look for reviews from this conference in future Bulletins.
Community Planning in Action

1996 Gay Men of Color AIDS Institute Highlights

The National Task Force on AIDS Prevention (NTFAP) held its annual Gay Men of Color AIDS Institute in Miami Beach, Florida during Labor Day Weekend (August 30 - September 2, 1996). The Institute focused on enhancing skills to develop effective prevention programs, enhancing leadership skills, building capacity among service providers and increasing awareness and knowledge of self-care among gay men of color. The Institute had five central tracks: 1) HIV Prevention Strategies; 2) Organizational Development; 3) Building Self/Building Community; 4) Research and Evaluation; and 5) Collaboration and Coalitions.

By all accounts the meeting was successful and well attended. With a wide range of workshops based upon the tracks offered, the NTFAP staff coordinated an Institute that provided participants with opportunities for networking and sharing.

A workshop on HIV prevention community planning was presented by Mississippi Co-Chair Mark Colomb and William Bland, NTFAP’s Director of National Programs. The workshop focused on providing basic skills on the core concepts of HIV prevention community planning.

Parity, inclusion and representation — PIR— was the overall theme of the workshop. Questions and issues such as technical assistance, needs assessment and funding allocations were raised by participants. Mark and William provided technical assistance on the planning process, inclusion and representation, and funding.

Most participants were aware that there are a large number of CPGs across the nation that want to have gay men of color represented but have no means of reaching or inviting them to the table. Several ideas for recruitment and nomination were noted:

- Advertise vacancies for CPGs in local gay bars.
- Ask the Ryan White Title II or ADAP Coordinator to advertise vacancies.
- Partner with a key leader in the gay community.
- Use on-line services and chat rooms to advertise.
- Ask outreach workers or community educators to advertise.
- Advertise in national gay and lesbian magazines.

If CPGs would like more information or possible assistance in recruiting gay men of color, please call Dr. Mark Colomb at 601-960-7723.

NASTAD thanks Dr. Mark Colomb, Health Department Co-Chair for the Mississippi CPG and Assistant Division Director of the Division of STD/HIV at the Mississippi

NAPWA’s Midwestern Regional Community Planning Workshop

On September 21-22, the National Association of People With AIDS (NAPWA) held their “1996 Midwestern Regional Workshop on HIV Prevention Community Planning” in Chicago, Illinois. About 50 people attended this workshop, which included sessions on the community planning process, understanding the rules, increasing the involvement of people with HIV/AIDS in the process, using data and accessing TA, and sessions on harm reduction and secondary prevention. Participants received a copy of NAPWA’s manual Positive Input: Your Guide to HIV Prevention Community Planning, updated in September 1996. Workshop presenters included NAPWA staff, other national TA providers and consultants, and local planning and prevention experts. Several workshop participants are involved with CPGs in their local jurisdictions. This smaller, focused workshop facilitated interactive discussion.
between participants and workshop presenters so that everyone learned from each other. NAPWA is planning to continue these regional meetings in 1997. Look for dates in future editions of the Bulletin.

** NAMES Project Quilt Display

On October 11 - 13, the NAMES Project Foundation will display the entire AIDS Memorial Quilt on the National Mall in Washington, D.C. The panel developed by participants at the 1995 Prevention Summit: Building a World Without AIDS and beautifully sewn by Mary Bane of the United States-Mexico Border Health Association will be on display! The Quilt block number is 4362, and the display locator number is 127D, which is closest to the National Gallery, East Wing (Federal Center, SW, Metro stop). HIV prevention community planning is now a part of this moving memorial.

** Seven Keys to Successful Meeting Planning

As you plan your next meeting or individual workshops, it may be useful to consider these seven questions (in this order):

1. Why? (overall goal or purpose)
2. When? (dates/times)
3. Where? (location)
4. How? (technique - exercises, small group work presentation, etc.)
5. Who? (no. of participants, audience profile/background/interests)
6. What? (proposed content/topic areas)
7. What For? (proposed objectives - very specific and verifiable)

Make your meetings goal-oriented. Preplanning is the key to any successful meeting (see box for questions and issues to consider). Of course, the extent of meeting pre-planning will depend on the meeting’s planned length and the expected number of participants. These meetings seem to work best when specific learning objectives are clearly thought through in advance and when there is an expectation that something concrete will come out of the meeting - either decisions will be made or participant input will be gathered. Rather than trying to cover a smorgasbord of different topics, meeting planners should pull together a small working group and brainstorm on possible topics and agenda items, then carefully select two or three major topics on which to focus the bulk of the meeting. An informal survey of the entire CPG membership can help develop the meeting and increase buy-in to the meeting’s goals. Some of the minor topics might be clustered together or covered in committees or smaller work groups. If outside speakers are being brought in, be sure to include them early on in your meeting planning to find out how much time they need, their audio-visual requirements, and to make sure that they understand how they fit into the overall meeting agenda.

** Making the Most of Annual Community Planning Meetings

Now that the 1996 comprehensive plans and revisions are completed, many planning groups are turning their attention to planning annual meetings or retreats, where they will kick off plans for the coming year and orient new members to the process. Over the past few years, the National Technical Assistance Support Team has worked with several project areas to plan these meetings. Below are a few tips we have learned from working with several CPGs and from participant evaluations of past meetings.
Let participants know what to expect at the meeting. Enthusiasm and energy are increased when participants have a roadmap that tells them why they have been called together and what topics will be covered over a specific period of time. Participants should receive an agenda (preferably in advance) which should be reviewed and approved at the very beginning of the meeting. Set groundrules at the beginning of the meeting to let participants know what is expected in terms of appropriate conduct. It is also a good idea to bring closure to a meeting by reviewing what has been achieved, agreeing on next steps, and getting participant feedback, either through evaluation forms or open dialogue.

Make sure participants learn something and have fun. If possible, consult with an experienced trainer, specifically someone who understands how adults learn best, in developing the content of your meeting. Participants seem to like meetings best when they can come away trained with some specific skills, so you may want to add a skills-building component to your meeting. Conflict management and epidemiology have been popular training topics. Try to keep the meetings lively and interactive by giving participants as many opportunities as possible to participate in their meeting. Regional or committee reports/updates are one way that groups invite participation by CPG members. Didactic monologues, even with spiffy overheads, quickly lose participants’ attention. Instead, try using a variety of activities - exercises, games, networking sessions, and small group breakout sessions. Meetings should always start with introductions and some kind of icebreaker or team-building exercise that will help participants learn about each other and establish common ground. A simple icebreaker used recently at a CPG retreat involved having each member find six other people in the room with whom they have something in common. Many groups hold their meetings at state parks or other recreational areas where participants will not be easily distracted. In any case, make sure that your meeting space is large enough to accommodate the group, easily accessible to transportation, and has adequate audio-visual and personal comfort facilities.

Pay close attention to the pace of the meeting. One of the most frequently heard criticisms of statewide or annual CPG meetings is that there was not sufficient time for presenters to cover a specific topic. Be sure to consult with presenters to allow enough time for major presentations, and add in extra time for in-depth discussion and feedback. Always make an effort to start and end the meeting on time. Priority topics should be covered early in the day. Never, never schedule a video or a lecture that conveys important information immediately after lunch. Sometimes CPGs maintain the meeting flow by posting a flipchart called “the parking lot” where issues that are not relevant to the current discussion can be noted and left until the end of the meeting. It is also vitally important to include breaks between sessions. As a rule, it is best to have a break at least every couple of hours to allow participants to mentally recharge and network among themselves. Be sure to allow time for people to get to know one another and build relationships outside of the meeting. Letting one’s hair down after a tough day of negotiating priority setting can release a lot of tension and may help to build relationships that will assist the work of the CPG. Activities that revolve around alcohol may stop some people from participating and as you plan these structured social activities (always optional), keep in mind that some groups have gotten negative feedback on extracurricular activities that group members or community observers thought were overly sexually explicit or offensive.

Remember individuals with special needs. Just as with regular planning group meetings, consider the things that make the meeting work for all participants. For example: are healthy snacks available during meeting breaks and do meals address any special dietary needs? Can people with disabilities access all the meeting sites/rooms? Will sign language interpreters be needed? By addressing these issues, you can make sure the meeting is as inclusive as possible.

Don’t overlook your homegrown talent and “neighbors.” Participants enjoy having national celebrities come into their communities, but these meeting are
also a good time to spotlight local talent. Many groups invite local politicians, university faculty, and community leaders to give keynote or welcome statements. Taking the time to invite these speakers has the side benefit of building community support for CPG activities. Other groups have used co-chairs or committee chairs to moderate or lead parts of the meeting, which gives a sense of ownership and helps develop leadership skills among CPG members. Several states have benefited from inviting co-chairs or planning group members from neighboring states to be speakers or guests at their statewide meetings. These peer exchanges often provide productive linkages and a fresh perspective on community planning.

If you have questions or if your community planning group needs help in meeting planning, please call your CDC Project Officer at (404) 639-8317 or AED at (202) 884-8862 to request technical assistance.

NASTAD thanks Lorenzo Taylor, Technical Assistance Liaison at AED for this story.

Adolescent and School Based HIV Prevention

New Jersey World AIDS Day Program Focused on Youth

Background

According to the Office of AIDS Policy’s March 1996 Report to the President entitled Youth and HIV/AIDS: An American Agenda, an estimated 40,000 to 80,000 Americans become infected by HIV every year, or an average of 110 to 220 each day. Every year, half of all new HIV infections occur among people under the age of 25, and one-quarter occur among people between the ages of 13 and 21. Given these current trends, between 27 and 54 people under the age of 20 are infected by HIV each day, or more than two young people each hour. A significant number of young people are engaging in sexual intercourse as well as drug and alcohol use at earlier stages in their lives. This fact, combined with the disturbing number of adolescents who are prone to high risk behavior due to homelessness, sexual abuse, and other circumstances, place young people in a situation that leaves them extremely vulnerable to HIV infection. Experts expect this high rate of infection to continue unless a greater commitment to HIV prevention is made by young people, their families, their educational and religious institutions, and their peers.

Adolescents are engaging in behavior that place them at risk for acquiring HIV infection as well as other sexually transmitted diseases (STDs), unintended pregnancies, and infections associated with injection drug use. According to the Centers for Disease Control and Prevention (CDC), approximately three-quarters of the high school students in the US have had sexual intercourse by the time that they complete high school. Although approximately 50 percent of the sexually-active high school seniors report consistent use of latex condoms, surveys indicate that condom use declines with age. While only a small percentage of students report having injected illegal drugs or steroids, recent studies indicate an increase in the use of non-injectable drugs, including marijuana, cocaine, and alcohol, all of which can contribute to impaired judgment and high risk sexual behavior. These are but three factors of the many that have resulted in some 3,000,000 cases of STDs reported each year among American teenagers, as well as an estimated 1,000,000 unplanned pregnancies.

HIV Prevention for Youth a High Priority

In 1994, The New Jersey HIV Prevention Community Planning Group (NJHPCPG) developed New Jersey’s first Comprehensive HIV Prevention Plan (NJ-Plan) to strategically organize HIV prevention efforts to target New Jersey’s populations at greatest risk of HIV infection. During the planning process, more than 50 local community forums and focus
groups were held to gather input from beyond NJHPCPG members. HIV prevention in the schools was one of the top prevention needs identified as a high priority population toward which HIV prevention efforts should be targeted. Plan developers indicated that in order to be effective in assisting adolescents to reduce high risk sexual and drug use behavior, interventions need to focus on the real life attitudes and sexual and drug-related practices of adolescents. They need to provide adolescents with the social support and reinforcement of personal self-esteem and personal prevention skills (refusal, decision-making, communication, and safer sex among others) needed to support risk reduction and behavior change.

The New Jersey Department of Health and Senior Services (NJDHSS) responded to the recommendations of the CPG with a World AIDS Day of Learning for New Jersey Youth (WADLNJY).

Goals and Objectives of the Program

The goals of this event were to enhance New Jersey’s already existing statewide teen peer education network and to broaden the scope of their peer leadership capacities to include HIV prevention activities by providing a day-long, student-run, interactive day of learning from which students could bring new HIV prevention activities back to their own schools.

The first objective was to convene an Advisory Committee, consisting of NJDHSS, New Jersey Department of Education (NJDOE), Princeton Center for Leadership Training (PCLT) and Health Interested Teens’ Own Program on Sexuality (HiTops) staff, school-based teachers/advisors, community HIV prevention providers, and students to meet at least four times prior to December 1, 1995 event to develop the day’s format, content, and agenda, and once again after the event to evaluate its success.

The second objective was to orchestrate and hold WADLNJY in a way that students would find interesting, highly interactive, and useful to them in bringing something new back to their own schools. The event featured a morning plenary session facilitated by young people, with a small group exercise, speakers living with AIDS who were infected as teens, and presentations by Governor Whitman and Health Commissioner Fishman. The middle part of the day was devoted to workshop attendance, where students and advisors could participate in actual examples of student led interventions that have been used in New Jersey schools. The participants were reconvened in a closing plenary session to hear from Sean Sasser, a young man infected with HIV as a teen, and featured on MTV’s “Real World” series, and to evaluate their experiences of the day.

The third objective was to support the 1995 WADLNJY participants by holding a two-day follow-up workshop for advisors and students, and a series of on-site, school-based technical assistance sessions to assess the impact of the WADLNJY and assist schools in overcoming barriers including HIV prevention among their peer programs.

Intended Audience

The intended audience for the WADLNJY was high school-based student peer leaders and their adult advisors. In what is believed to be the first ever program of its kind, WADLNJY brought together more than 800 high school peer leaders and their adult advisors from 44 high schools in 19 of the State’s 21 counties. Student peer leaders were selected as the target audience as the already possess the leadership skills needed to learn a new topic, in this case HIV prevention, and bring it back to their schools to share with students unable to attend the event, and serve as school-based resources as part of an ongoing program. Participating school teams consisted of 10-20 students and one or two adult advisors from each school. Event coordinators used pre-registration data to form WADLNJY teams which brought together students and advisors from different schools who stayed together throughout the day, allowing participants to reap full benefits of the participant’s diversity. All workshops were run by
students associated with community-based organizations who work closely with their local high schools.

**Results and Evaluation of the Program**

The success of WADLNJY was evaluated on four levels: group evaluation session at closing plenary; student and faculty evaluation forms; Advisory Committee feedback; and participant evaluation of the follow-up events. The event was so successful, that 100% (513) of the respondents completing the WADLNJY evaluation forms recommended that the NJDHSS make this an annual event. The department is already planning 1996’s WADLNJY and its follow-up. Among faculty advisors who responded 91% (53) found the day very relevant, 100% were very or somewhat confident that they could take what they learned to their school communities, and 86% indicated a desire to receive further HIV education training. Among students who responded 97% (464) found the day very or somewhat relevant, 95% were very or somewhat confident that they could take what they learned to their school communities and 92% indicated a desire to receive further HIV education training. While the faculty found the workshops to be the most valuable component of the day, and the experiential speakers second most valuable, the order was reversed for the students. Eighty percent or greater of the students educators strengthened their belief in their ability to positively influence their peers in the area of HIV prevention, and found peer leaders from around the State to be enthusiastic about HIV prevention.

The Advisory Committee met following the WADLNJY event and made recommendations on the day’s schedule, workshops, and facilities. The great diversity of the more than 800 attendees, the well-organized movement of such a large group student co-hosts, small groups, and experiential speakers were cited as high points of the event.

Evaluation of follow-up activities is currently underway as this document is being prepared. However, process data shows that 17 of the 44 schools participating in the WADNJY event have so far been able to access follow-up sessions.

**Strengths and Weaknesses of the Program**

The major strengths and weaknesses of WADLNJY were based on the evaluation data collected from participants and planners. Among the major strengths of the program were the student co-hosts who facilitated the event, the young speakers living with AIDS, the well organized “flow” of 800 plus participants, the small group teams, and the diversity of participants. Written curricula for each workshop presented were prepared and put into a binder for each participating school to facilitate replication. Weaknesses cited include adjusting the event schedule to allow time for schools to “regroup” following each workshop, polishing the facilitation skills of some student workshop presenters, and more time for the experiential speakers. These weaknesses have been noted, and will be addressed for the 1996 event.

A major strength of WADLNJY, apart from the experience of the day itself, are the follow-up activities intended to assist in building upon initial experience. It is the intent of the NJDHSS that the goals of this program be ongoing, with the World AIDS Day event serving as an energizer and skills builder to stimulate an increase in local school-based HIV prevention programming. Participating schools will be able to avail themselves of technical assistance from the NJDHSS, PCLT, and HiTops throughout the school year to further build local capacities.

**Program Budget**

The total cost for WADLNJY and ongoing follow-up is approximately $135,000 per year. The single greatest expense was space and refreshments/lunch for more than 800 attendees who were charged only a $10 registration fee. Scholarships were provided to students citing the $10 fee as a barrier to attendance. Other major expenses included T-shirts for each participant, curricula notebooks, celebrity speaker’s fee/expenses, planning and technical assistance time,
and costs associated with follow-up. Contributing partners included the NJDHSS, the New Jersey Department of Education, the NJ Statewide Network of the American Red Cross, Jersey Central Power and Light, and the New Jersey National Bank, Corestates Bank.

**NASTAD Thanks Steve Saunders, Acting Director of Prevention and Quality Assurance, Division of AIDS Prevention and Control with the New Jersey Department of Health and Senior Services for this story.**

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**HIV Prevention & Planning Materials**

**• Counseling and Testing**

CDC has recently published and distributed the “HIV Counseling and Testing in Publicly Funded Sites, 1993-1994 Summary Report.” CDC welcomes feedback from users of this report, which is available in both written and electronic form. Printed copies (50 per request with some cost) are available from the National AIDS Clearinghouse (1-800-458-5231). The electronic version is available on the CDC Web site under Reports/Guidelines. The URL is:

http://www.cdc.gov/nchstp/hiv_aids/publicat.htm

A viewer such as Acrobat Reader version 2.1 from Adobe Systems, Inc. is required to view the text, tables and figures in the electronic format.

**• Behavioral Science**

The Center for AIDS Prevention Studies (CAPS) at the University of California, San Francisco, recently completed a paper entitled “Improving the Use of Behavioral Research in the CDC’s HIV Prevention Community Planning Process.” This monograph was written by Chris Collins and Pat Franks and is based on key informant telephone interviews with 40 CPG members in 10 project areas across the country. CAPS sent the monograph to a limited mailing list developed from the 1996 Prevention Summit Participant’s List. For more information or to obtain a copy, contact Chris Collins at CAPS: phone- (415) 597-4969, or e-mail- collins@psg.ucsf.edu.

**• Software for Youth**

An interactive software package geared towards HIV/AIDS risk reduction for adolescents and youth-service professionals has been developed by Westover Consultants, Inc. The software is entitled “Understanding the World of HIV/AIDS through ICAT (Interactive Computer Assisted Training),” and uses color, sound, graphics and animation to help users understand their HIV risk and learn ways to minimize that risk. The software requires an IBM-compatible 386 computer, with 4 megabytes RAM, running DOS 3.1 or higher, Windows 3.1 or Windows 95. For information, contact Roselle Harde, Westover Consultants: phone - (301) 495-7405, e-mail - wci@westover.com.

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**NETWORK!**

The NASTAD Bulletin is a great way to network and learn from your colleagues from other planning groups. If your CPG or health department has something that you feel would benefit other CPGs, or if your jurisdiction has a particularly innovative prevention program as a result of HIV prevention community planning, the Bulletin can share your story. Please contact Lynne Greabell at NASTAD (202) 434-7127 to discuss your idea.

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**Attachments**

- Tenth International Conference on AIDS Education Registration Materials
- Directly Funded CBO Draft Pre-application Workshop Schedule
- CDC/MCET HIV/AIDS Prevention for Teens Information