

Rhode Island Comprehensive HIV Prevention Plan 2010 Update

EXECUTIVE SUMMARY

The Rhode Island Community Planning Group for HIV Prevention (RICPG) and the Comprehensive HIV Prevention Plan

Did you know that the RICPG is responsible for working with the Rhode Island Department of Health (HEALTH-RI) to insure that a Comprehensive HIV Prevention Plan is submitted to the Centers for Disease Control and Prevention (CDC)? In fact they are the only HIV planning group in the state and are advisors for HIV prevention programming. Exciting work is happening and we'd like to update you with this Executive Summary.

This Year...

Was a banner year for HIV prevention planning. Go 2009 RICPG!! The RICPG was very successful in filling gaps in their membership. Thanks to the dedication and contributions of this diverse and inclusive group, and to the work of the priority population task forces, the RICPG will end this year with clear guidelines for intervention priorities for the state. These recommendations will guide HEALTH-RI in its Request for Proposal Process.

Notable Accomplishments in 2008—Looking Back-- Just a Little "Bit!!!"

The Plan Sandwich --- Part II

Hungry??? The RICPG "bit" off a sizable amount of work in both 2008 and 2009. 2008 is the year when they decided to simplify the planning process and surprised our funding agency, the CDC, with something called the Plan Sandwich. That's when the RICPG decided to conduct the planning process in "layers", with each "layer" of data and conclusions forming the basis for subsequent planning steps in setting priority populations. This is what was termed the Plan Sandwich. Clever, don't you think? In 2009 the group continued the process of planning for interventions.

Priority Populations

>> 1. Men Who Have Sex with Men (MSM)

Focus: Ages 20-39, who live in the City of Providence, including those who are HIV-positive, HIV-negative, and/or unaware of their HIV status.

>> 2. Women

Focus: Ages 20-39, Black/African American or Hispanic/Latina women who live in Providence County and/or Kent County with HIV risk of heterosexual sex and/or being unaware of their own or partner's HIV status and/or risk.

>> 3. Youth

Focus: Ages 13-24, Statewide, Black/African Americans, Hispanic/Latinos and White MSM engaging in unprotected sex and/or drug use.

>> 4. Intravenous Drug Users

Focus: Ages 20-39, Black/African Americans and Hispanic/Latinos, who live in the urban areas of Providence County (including but not limited to Woonsocket, Pawtucket, and Central Falls).

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DEMOGRAPHIC CHARACTERISTICS OF RHODE ISLAND HIV CASES,
JANUARY 1, 2002 TO DECEMBER 31, 2008

DEMOGRAPHIC CHARACTERISTIC	NEWLY DIAGNOSED CASES OF HIV				
	2004	2005	2006	2007	2008
GENDER					
Male	123 (69%)	81 (65%)	90 (73%)	98 (81%)	79 (67%)
Female	55 (31%)	43 (35%)	33 (27%)	23 (19%)	39 (33%)
TOTAL	178 (100%)	124 (100%)	123 (100%)	121 (100%)	118 (100%)
AGE GROUP					
<13	*	*	*	*	*
13-19	*	*	*	*	*
20 -29	36 (20%)	23 (19%)	23 (19%)	6 (5%)	21 (18%)
30 -39	69 (39%)	50 (40%)	42 (34%)	21 (17%)	36 (31%)
40 -49	59 (33%)	35 (28%)	38 (31%)	37 (31%)	42 (36%)
50+	10 (6%)	15 (12%)	17 (14%)	34 (28%)	17 (14%)
TOTAL	178 (100%)	124 (100%)	123 (100%)	121 (100%)	118 (100%)
RACE/ETHNICITY					
White	78 (44%)	57 (46%)	63 (51%)	62 (51%)	48 (41%)
African American	45 (25%)	35 (28%)	34 (28%)	30 (25%)	33 (28%)
Hispanic	51 (29%)	29 (23%)	22 (18%)	25 (21%)	35 (30%)
Asian	*	*	*	*	*
Native American	*	*	*	*	*
TOTAL	178 (100%)	124 (100%)	123 (100%)	121 (100%)	118 (100%)
RISK FACTOR					
MSM	58 (33%)	45 (36%)	51 (41%)	47 (39%)	48 (41%)
IDU	23 (13%)	12 (10%)	12 (10%)	18 (15%)	19 (16%)
MSM/IDU	5 (3%)	*	*	6(5%)	*
Heterosexual Contact	36 (20%)	20 (16%)	35 (28%)	11 (9%)	22 (19%)
Transfusion	*	6 (5%)	*	*	*
Mother with HIV/HIV Risk	*	*	*	*	*
No Risk Specified	53 (30%)	37 (30%)	21 (17%)	35 (29%)	26 (22%)
TOTAL	178 (100%)	124 (100%)	123 (100%)	121 (100%)	118 (100%)
COUNTY OF RESIDENCE					
Homeless	*	*	*	*	*
Bristol	*	*	*	*	9 (8%)
Kent	15 (8%)	7 (6%)	6 (5%)	6 (5%)	*
Newport	6 (3%)	7 (6%)	5 (4%)	7 (6%)	*
Providence	147 (83%)	105 (85%)	105 (85%)	99 (82%)	102 (86%)
Washington	8 (5%)	*	6 (5%)	6 (5%)	*
TOTAL	178 (100%)	124 (100%)	123 (100%)	121 (100%)	118 (100%)

* Fewer than 5 cases

NOTE: Percentages may not add up to 100% due to rounding

◀ HIV in Rhode Island

Between January 1, 2004 and December 31, 2008, there were 664 newly diagnosed HIV cases reported to the Rhode Island Department of Health (HEALTH-RI). This number represents a minimum estimate of HIV infection, as it does not include either HIV-infected individuals who have not been tested or those who get tested anonymously.

The table to the left provides a breakdown of the cases by demographic characteristic and year of diagnosis.

Of the 664 diagnosed and reported to HEALTH-RI:

- 71% of cases were males; 29% of cases were females
- The majority, 33%, of cases were between the ages of 30 and 39
- Whites accounted for 48% of cases, African Americans 27%, and Hispanics 25%
- MSM is the leading mode of exposure (53%), followed by "No Risk Specified" (26%), and IDU (18%)
- 89% of cases were residents in Providence County

AIDS in Rhode Island ▶

As of December 31, 2008, a total of 458 cases of AIDS have been diagnosed in Rhode Island residents. Of those diagnosed cases, the majority were males (75%), between the ages of 30 and 39 (43%), and White (55%).

Since 1993, the incidence - the number of new cases of AIDS - and deaths among AIDS cases have decreased dramatically, coinciding with the widespread use of increasingly effective treatments. AIDS incidence has decreased by 78% since 1993, declining from 317 new cases in 1993 to 69 new cases in 2007. During the same time period the AIDS prevalence - the total number of individuals living with AIDS in Rhode Island - has increased eight fold, rising from 203 cases in 1993 to 1,627 cases in 2007.

The table to the right provides a detailed demographic profile of all AIDS cases diagnosed from 2004 to 2008 in Rhode Island.

DEMOGRAPHIC CHARACTERISTICS OF RHODE ISLAND AIDS CASES: CUMULATIVE (1984–2008)

DEMOGRAPHIC CHARACTERISTIC	AIDS CASES
GENDER	
Male	314 (69%)
Female	144 (31%)
TOTAL	458 (100%)
AGE GROUP	
<13	*
13-19	*
20 -29	43 (9%)
30 -39	155 (34%)
40 -49	178 (39%)
50+	71 (16%)
TOTAL	458 (100%)
RACE/ETHNICITY	
Hispanic-All Races	111 (24%)
American Indian/Alaska Native	*
Asian	*
Legacy Asian/Pacific Islander	*
African American	133 (29%)
Native Hawaiian/Pacific Islander	*
White	201 (43%)
TOTAL	458 (100%)
RISK FACTOR	
MSM	139 (30%)
IDU	108 (24%)
MSM/IDU	12 (3%)
Hemophilia/Coagulation Disorder	*
Heterosexual Contact	139 (30%)
Transfusion/Transplant	*
**Mother with HIV	*
No Risk Reported	30 (7%)
TOTAL	458 (100%)

NOTE: Percentages may not add up to 100% due to rounding

* Fewer than 5 cases

** Pediatric Transmission Modes



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The process has been updated and is now called --- Plan Sandwich Part II. This is what real "heroes" are made of!!! The group enjoyed the same unity throughout the 2009 process as in the previous year. After reviewing data from priority setting process, with guidance from consultants at John Snow Institute (JSI), the RICPG began working in their subsequent planning steps, focusing on interventions. (JSI) developed specific tools to guide this process.

Community Settings Appropriate for Best Practices or Local Effective Interventions

The group began identifying community settings for interventions. These are called best practice interventions and need to be able to be implemented in community settings that will reach the identified target populations. Highlights from these community settings include:

- **Target Population MSM: Community Settings** - Internet, LGBTQ organizations or activities, Gay friendly places
- **Target Population Women: Community Settings** - Non-traditional places to access women who are not in services, e.g., nail salons, hair salons, social networks, women centered services.
- **Target Population Youth: Community Settings** - Internet, Malls, Schools, Local settings where youth congregate
- **Target Population IDU: Community Settings** - Homeless shelters, needle exchange, parks

Community Considerations for Selecting Interventions

The RICPG members compiled criteria for engaging high-risk populations to ensure success of the

interventions. The following list highlights some of the considerations the RICPG strongly recommends to be included in the planning and discussions:

- **Considerations for all populations included:**

The need to consider the whole person not just the HIV risk; meet the population where they are (including: physically, emotionally, developmentally, culturally, etc.); need to address trust issues (confidentiality and safety, linguistically and culturally sensitive interventions and materials); access to resources (e.g., referral sites, funding, etc.); co-occurring conditions (e.g., mental health, substance abuse, domestic violence, etc.) and HIV Positive role models. The group compared the local considerations with the intervention selection criteria developed by the CDC for a comprehensive review.

- **Using Theories & Models of Health-Related Behavior, Evidence Based and Promising Practice Interventions**

After considering settings and local and national considerations for selecting interventions, the members formed target population task forces and reviewed many of the most common behavioral theories utilized in HIV prevention programs. This was followed by a review of evidence based and promising program interventions. Finally, the members collected data from currently funded local effective programs to assist them in determining needs and service gaps. The specific process and considerations are available to interested parties by going to our website www.ricpg.org.