2006 – 2008

NEVADA

COMPREHESIVE
HIV PREVENTION PLAN

"If you find it in your heart to care for somebody else, you will have succeeded."
-Maya Angelou, Poet

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FORWARD

The 2006-2008 Nevada Comprehensive HIV Prevention Plan is intended to outline the extent of the Human Immunodeficiency Virus (HIV) problem in the State of Nevada among populations at-risk for and infected with HIV. Additionally, the plan is intended to present an overall course of action for the Community Planning Group of Southern Nevada (CPG SoN), the Northern Nevada Planning Council (NNPC), and the rural populations of Nevada.

This 2006-2008 Nevada Comprehensive HIV Prevention Plan is dedicated to all members who took part in the planning process, to those living with HIV/AIDS, to those who have died from AIDS, and to those who work tirelessly to prevent HIV in our communities.

"No war on the face of the Earth is more destructive than the AIDS pandemic. I was a soldier. But I know of no enemy in war more insidious or vicious than AIDS. Will history record a fateful moment in our time, on our watch, when action came too late?" **-- US Secretary of State Colin Powell, June 25, 2001 Address to the UN General Assembly Special Session on HIV/AIDS**

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EXECUTIVE SUMMARY

INTRODUCTION

The mission of the CPGs is to support broad-based community participation in HIV prevention planning, to identify priority HIV prevention needs, and to ensure that HIV prevention resources focus on priority populations and interventions set forth in the Nevada Comprehensive HIV Prevention Plan.

The three-year, 2006-2008, Nevada Comprehensive HIV Prevention Plan was developed with input from both CPG memberships and from community planning committees, which were ongoing during the past year.

COMMUNITY PLANNING

The plan provides a historical overview of the community planning process; restates the CPGs' mission, outlines the data-driven process and timeline adopted to complete the planning process, and summarizes the CPGs structure and membership.

The CPGs' planning process involved, at a minimum, monthly meetings to:

- Review current epidemiological data.
- Conduct a comprehensive needs assessment.
- Research and review behavioral theory and other available information on the effectiveness of strategies and interventions.
- Update resource inventories.
- Determine gaps in services.
- Prioritize populations and interventions.
- Write goals and objectives and select interventions and activities.
- Assess linkages/coordination among programs and services.

The CPGs' membership is demographically diverse. Not only is there racial and ethnic diversity, but diversity in members' ages, sexual orientation, educational backgrounds, and employment representation. Membership includes community members, service providers, consumers, and recovering addicts.

EPIDEMIOLOGICAL PROFILE

Nevada has been the fastest growing state in the nation for 18 consecutive years, with 4.1 percent annual growth. The state's population continues to diversify, with strong growth in both the Hispanic and Asian/Pacific Islander populations. In addition, Nevada's population is increasingly concentrated in Clark County, which is now home to almost 72 percent of the state's population. About 19 percent of the population lacks health insurance, giving Nevada one of the highest uninsured rates in the nation.

Nevada's AIDS rates are disproportionately high. Although the state has the nation's 35th largest population, it ranks 14th in the nation for the rate of adolescents and adults living with AIDS. Nevada is second only to California among the states in the western U.S. in its AIDS rate.

HIV/AIDS cases were diagnosed in 16 of Nevada's 17 counties during 2003, with the majority of cases in Clark County. Cases in Clark County have grown as the overall population has increased.

In Nevada, in 2003, the majority of newly diagnosed cases and persons living with HIV/AIDS were male, between the ages of 25 and 44, and White, not Hispanic. Although few in number, cases of HIV infection among youths (age 13 to 24) have doubled over the past five years, and are an area of concern. African-Americans were highly overrepresented in the HIV/AIDS population. Although this group accounts for 7 percent of the state's population, they constitute 27 percent of new cases and 22 percent of persons living with HIV/AIDS.

Persons at the highest risk for HIV are men who have sex with men (MSM) (70 percent of new cases), and exposure from all other risk categories has decreased over the past five years. Across Washoe County and the Rural Counties, people exposed to HIV/AIDS from heterosexual contact were on the rise, although this was not the case in Clark County, where the primary mode of exposure remained MSM.

GOALS AND STRATEGIES

The CPGs adopted statewide program goals and strategies, according to priority prevention needs. The CPGs also adopted goals and strategies for community planning, and delivery of services. Together these goals and strategies will guide the development, implementation, and evaluation of high quality HIV prevention interventions and activities in Nevada.

SUMMARY

The 2006-2008 Nevada Comprehensive HIV Prevention Plan represents the commitment and labor of hundreds of individuals, agencies and organizations from diverse backgrounds and interests. The Plan presents an effective and comprehensive approach to HIV prevention for Nevada.

CHAPTER 1: COMMUNITY PLANNING

INTRODUCTION

In August, 2003, the CDC issued the *Guidance for HIV Prevention Community Planning*. The guidance provides a blue-print for HIV prevention planning and flexible direction to CDC grantees receiving federal HIV prevention funds to design and implement a participatory HIV prevention community planning process. HIV prevention community planning is a collaborative process by which the Nevada State Health Division works in partnership with the community planning groups to develop a comprehensive HIV prevention plan that best represents the needs of populations infected with or at risk for HIV.

PLANNING PROCESS

The Clark County Health District, Community Planning Group of Southern Nevada, Nevada State Health Division, Northern Nevada Planning Council, and Washoe County District Health Department recognize that the 2006 – 2008 Nevada Comprehensive HIV Prevention Plan will serve as a living document that will guide the path organizations will take to provide HIV prevention services to the community.

The community planning process began when the community planning groups formed plan subcommittees. These subcommittees were tasked with working through the entire community planning process, voting on items and bringing those items back to the community planning groups for a final vote of approval.

EPIDEMIOLOGIC PROFILE

The Nevada State Health Division Surveillance Program issued the new Epidemiologic Profile in June 2005. It follows the recommended CDC/HRSA guidelines and was used by the community planning groups in completing priority population and goal setting processes.

Clark County Health District and Washoe County District Health Department completed a needs assessment of HIV Prevention and Care Services in Nevada. Thirty-one focus groups were conducted with persons at-risk or infected with HIV/AIDS.

The Nevada State Health Division has begun requiring their fiscal agents and those funded by Centers for Disease Control and Prevention dollars to use evidence or science based programs.

GOALS AND STRATEGIES

The community planning groups reviewed and approved program goals and strategies for HIV prevention developed by the Nevada HIV Prevention Plan subcommittees. The community planning groups adopted three primary goals and strategies to attain each goal. To meet these

program goals, the community planning groups developed strategies that are broad in nature and can be measured over time.

COMMUNITY SERVICES ASSESSMENT

The community planning groups gathered information about service needs, available resources and approaches that are being used to address those needs. Who is being served? Who is not being served? Who is hardest to reach? What behaviors place clients at risk for HIV? What services work? What services do clients need that are not available or accessible? The needs assessment attempted to answer these questions while creating a picture of the HIV prevention needs in Nevada and serving as a guide for identifying and setting HIV prevention priorities.

PRIORITY POPULATIONS

The community planning groups utilized the Academy of Educational Development (AED) model to identify and weigh factors to help identify and rank priority populations. Priority populations were determined based on population size, seroprevalence, epidemiologic trends, disproportionate impact of the epidemic, barriers to service and riskiness of behavior(s). This process generated a list of priority populations linked by specific behaviors, social, ethnic, cultural or other factors that place them at increased risk of HIV infection.

The community planning groups approved statewide priority populations as well as subpopulations for specific geographic regions. The community planning groups further reviewed the needs assessment data to prioritize interventions and define priority prevention needs for each priority population.

PREVENTION ACTIVITIES AND INTERVENTIONS

Interventions must be based on sound behavioral research, be well planned, implemented, monitored, and evaluated. It is imperative that interventions be created, whenever possible with input from the priority populations. Interventions should focus on reducing specific behaviors and address skill levels, attitudes, and behaviors that influence high risk activities. The use of Diffusion of Effective Behavioral Interventions (DEBI) related to HIV prevention interventions is a critical part of building capacity among HIV prevention organizations and will allow for more effective and efficient HIV prevention services.

LINKAGES TO PREVENTION AND CARE SERVICES

Individuals at high risk of becoming HIV-infected are often presented with a complex set of issues and concerns. On the surface, many of these may seem unrelated to HIV risk, such as substance abuse, mental health issues, homelessness, poverty, unemployment and fighting the everyday stigma associated with HIV infection. These “associated” concerns must be addressed before one can begin behavior change that reduces HIV risk.

Services integration facilitated through linkages and coordination is a valuable tool in HIV prevention. Within the field of HIV there is a need for more effective models of integration from primary prevention to screening to diagnosis to treatment to ongoing prevention. Across other

disease categories, there is a need not only to integrate HIV, STD, and TB prevention but also to integrate HIV prevention with other services, such as hepatitis.

CHAPTER 2: EPIDEMIOLOGICAL PROFILE

Demographic and healthcare issues pose unique challenges in addressing HIV/AIDS in Nevada. Nevada has been the fastest growing state in the nation for 18 years running, with 4.1 percent annual population growth. The state's population continues to diversify. Between 1999 and 2003, the Hispanic and Asian/Pacific Islander populations grew 36 percent and 34 percent respectively. By 2008, one-in-four Nevada residents will be Hispanic and seven percent of the population will be Asian/Pacific Islander. In addition, about 19 percent of Nevada's population lacks health insurance, giving the state one of the highest percentages of uninsured in the nation. Finally, the United Health Foundation ranked the overall health of Nevada residents 37th in the nation in 2003, in part because of high overall mortality, cancer deaths, and inadequate prenatal care.

Although Nevada has the 35th largest population in the nation, the state's AIDS rates are disproportionately high. In 2003, for cases per 100,000 population, Nevada ranked 14th in the nation for the rate of adolescents and adults living with AIDS, 18th in the nation for the annual AIDS case rate, and 20th in the nation for the number of new cases of HIV infection. Nevada had the second highest AIDS case rate in the western United States, second only to California and higher than all of the rest of its neighboring states.

During 2003, 462 people were newly diagnosed with HIV/AIDS in Nevada, of whom 55 percent were diagnosed with AIDS and 45 percent were diagnosed with HIV. In addition, 4,786 people were living with HIV/AIDS, of whom 50 percent were living with HIV and 50 percent with AIDS.

HIV/AIDS cases were diagnosed in 16 of Nevada's 17 counties in 2003. The majority (87 percent) of cases were in the state's most populous area, Clark County, which has approximately 70 percent of the population. HIV/AIDS increasingly concentrated in Clark County between 1999 and 2003: the number of AIDS cases increased from 210 to 230, representing 82 percent of the state's total in 1999 and almost 91 percent in 2003. Clark County was also home to almost 80 percent of persons living with HIV/AIDS in the state.

In Nevada, the overwhelming majority of people diagnosed with HIV/AIDS were male. During 2003, 85 percent of new HIV/AIDS cases and 83 percent of persons living with HIV/AIDS were male. HIV/AIDS cases also affected more males and fewer females during the past five years. The drop in female cases was driven by the decrease in Clark County numbers because the number of female cases in the rest of the state actually rose. Of note, females diagnosed with both HIV and AIDS were younger than their male counterparts: on average, females diagnosed with HIV were two years younger than males, while females diagnosed with AIDS were four years younger.

About 71 percent of new HIV/AIDS cases occurred in people age 25 to 44, and HIV infection was the 7th leading cause of death among adults in this age group. The past five years showed a disturbing trend; the number of HIV/AIDS cases in 13 to 24 year olds doubled.

Nevada's HIV/AIDS population became more racially/ethnically diverse in the past five years, with growth in Hispanic and Asian/Pacific Islander cases. The state's Black population was highly overrepresented in the HIV/AIDS population – African-Americans represented 27 percent of the new HIV/AIDS cases and 22 percent of persons living with HIV/AIDS, yet only 7 percent of the population. In 2003, the HIV/AIDS rate among Nevada's African-American residents was six times that of the rate for Whites. Whites were underrepresented in the state's HIV/AIDS population. Whites comprised about 64 percent of the state's population but only about 47 percent of total HIV/AIDS cases. The number of new White cases also decreased 14 percent in the last five years.

The largest at-risk group in Nevada is men who have sex with men (MSM). During 1999, about 56 percent of people newly diagnosed with HIV/AIDS had been exposed through MSM, increasing to almost 70 percent in 2003. At the same time, exposure through other modes decreased across the board, down 39 percent for injection drug use (IDU), 28 percent for MSM and IDU, 17 percent for Heterosexual contact, 67 percent through a mother with/at risk for HIV, and 35 percent for unknown/other sources.

Nevada's other high risk populations include its substance abusing population, those with sexually transmitted diseases, and the state's prison population. Among substance abusers, injection drug use decreased, contributing to the lower exposure rates to HIV/AIDS by IDU. The White population showed the highest numbers of sexually transmitted diseases in the state, with the Hispanic population second. Chlamydia was the most prevalent among people between the ages of 13 and 24, while Gonorrhea was prevalent in the 13 to 24 and 25 to 44 year old age groups. The number of cases of Syphilis was low, and was concentrated in males. In Nevada's incarcerated population, rates of persons living with HIV/AIDS were 5.2 times higher than the general population. Nevada's HIV/AIDS rates in the incarcerated population were lower than the nation's, although Nevada's small female prisoner population had over four times the national female rate of living with HIV.

Based on Nevada's HIV/AIDS trends between 1999 and 2003, recommended targets for education and prevention include:

- **The MSM population**: Men who have sex with men have been the largest group at risk for HIV/AIDS since surveillance began in the early 1990's, and the number of people exposed through MSM has consistently increased between 1999 and 2003.
- **Nevada's African American population**: The African-American population in Nevada has been highly overrepresented in the state's HIV/AIDS population since surveillance began, with six times the rate of HIV/AIDS observed in the White population.
- **Women, especially in Washoe and the Rural Counties**: The number of HIV/AIDS cases among women in Washoe County and Nevada's rural counties has increased between 1999 and 2003. The majority of those women were exposed through heterosexual contact although about one-in-five women did not report their mode of exposure (probable modes of exposure were injection drug use or heterosexual contact with a man who had sex with another man).
- **Teens and Young Adults**: As with the rest of the nation, 13-24 year olds in Nevada are becoming infected with HIV at alarming rates. In the past five years, the number of cases in this age group doubled.

CHAPTER 3: COMMUNITY SERVICES ASSESSMENT

METHODOLOGY

Service Needs Assessment

In June 2004, subcommittees from the Community Planning Group of Southern Nevada, Northern Nevada Planning Council, representatives of Clark County Health District, Washoe County District Health Department and the Nevada State Health Division met in an effort to determine what focus groups would be necessary to create a Comprehensive HIV Prevention Plan for Nevada. This was accomplished by looking at the 2004 Epidemiological Profile and through lengthy discussions with members of the community planning groups and representatives of the priority populations.

The community planning groups met on several occasions to discuss and vote on questions that would be posed during the focus group sessions. The populations for the focus groups were selected by the community planning groups based on the 2004 Epidemiological Profile. A total of thirty-one focus groups were conducted statewide to determine HIV Prevention service needs for each priority population. Focus groups consisted of representatives from each priority population who volunteered to assist with providing necessary information used to determine gaps in services. The data from the focus groups were then revised to identify common service needs across populations. In determining the gaps in services, only those organizations targeting the various priority populations who completed the resource inventory were used.

Resource Inventory

A survey instrument was created to gather information for the resource inventory. Existing resource directories were utilized to identify service providers across the state to be surveyed. The survey collection tool was sent to providers throughout Nevada in an effort to assess existing services currently meeting the needs of the priority populations.

Gap Analysis

In June 2005, representatives from Clark County Health District, Washoe County District Health Department, Dr. Melva Thompson-Robinson, Behavioral and Social Science Volunteer and the Nevada State Health Division met to review the focus group results and determine service needs. Based on the reported service needs and services provided, gaps were identified. Identified gaps will be addressed by the community planning groups and strategies will be discussed to fill those gaps. The upcoming tables illustrate the available services and service gaps.

LIMITATIONS

Although some of the rural health nurses took part in the resource inventory survey, more participation is needed from the rural communities in Nevada to determine the actual services,

resources and gaps. Additional surveys would provide a better snapshot of HIV prevention services in those areas. The planning committee of the Northern Nevada Planning Council began developing a key informant survey but time limitations prohibited conducting interviews. The community planning groups will create a new interview survey to be used in the 2007 update of the Nevada Comprehensive HIV Prevention Plan.

Another limitation was the format of the resource inventory survey, which was adapted from a survey developed to collect resource inventory information from substance abuse and HIV providers. The survey lacked detailed questions specifically related to HIV service provision. To avoid confusion, additional questions need to be included in the survey to capture a true picture of the available services in Nevada. The responses indicated that many of the respondents checked multiple options rather than selecting only the specific information pertaining to their agency. The resource inventory survey will be revised to include questions specific to the priority populations for the 2007 update. This will provide more accurate information regarding available HIV resources statewide.

Priority Population Focus Group Summary: HIV Positive Individuals

As outlined in the CDC's Advancing HIV Prevention, "New Strategies for a Changing Epidemic," there is clear direction as to why HIV/AIDS prevention efforts should be directed towards those infected/affected by HIV/AIDS. During focus groups with members of the HIV/AIDS community in Nevada, over sixty-eight questions were discussed, targeting prevention, education, safer sex, drugs/alcohol use, medical provider services, stigma, and complacency regarding HIV/AIDS.

Overwhelmingly, the feedback from these candid conversations was that they appreciated the opportunity to communicate their struggles, frustrations and concerns without being judged. Issues surrounding stigma, discrimination, and the need for community education through mass media arose as fundamental concerns for those participants. However, additional focus group results showed that HIV-positive male participants were offered sexually transmitted disease (STD) screening by their primary physicians upon routine medical checks, but HIV-positive female participants were not asked if they needed STD screening during routine female exams.

Community Planning Group (CPG) members facilitating the focus groups heard the participants concerns, but felt the participants were not actually voicing their concern to their significant others for fear of disconnection, rejection and economic destitution. The participants communicated their personal struggles with disclosure, finding healthy relationships, and the need to feel connected to partners without the use of protection. In addition, there was a desire to connect with other couples or individuals like them, who were struggling with family, money, security and sanity. Although HIV/AIDS had changed lives in a positive way for some participants, most individuals wished they could live a life without feeling confined by the rules and stigma of HIV/AIDS. The disease compounds struggles with depression, relationships, money, and families, thus creating a difficult environment in which to survive.

The following tables present the service needs identified by the focus group participants and available services based on the resource inventory. Individual tables were developed for each

priority population identified from the 2004 Epidemiological Profile: HIV positive individuals, substance abusers/users, men who have sex with men, and heterosexuals.

COLOR & NUMBER CODES:
Southern and Northern Nevada[1]
Southern Nevada[2]
Northern Nevada[3]
Rural[4]

Table 1: HIV Positive Individuals	
Service Needs	Resource Inventory
Comprehensive prevention case management (PCM) programs [1]	Clark County Health District[2]
Harm reduction; needle recovery program[1]	Clark County Health District (Bleach Kits) [2] Aid for AIDS Nevada (bleach kits) [2] Northern Nevada Outreach Team (Bleach Kits)[3] Nevada AIDS Foundation[3]
Public awareness campaigns about safer sex, HIV/STDs and drugs and alcohol[1]	Clark County Health District[2] Northern Nevada Outreach Team[3]
Safer sex education including knowledge and skills[1] ***Includes HIV prevention educational programs and HIV prevention outreach education.	Aid for AIDS Nevada[2] American Red Cross[2] Adelson Clinic[2] Community Counseling Center[2] Diversity Leadership Institute[2] Gay and Lesbian Center[2] Nevada Association of Latin Americans[2] Westcare[2] AIDS Community Cultural Education Program and Training[3] American Red Cross[3] Nevada AIDS Foundation[3] Nevada Hispanic Services[3] Northern Nevada HIV Outpatient Program[3] Education and Services[3] Northern Nevada Outreach Team[3] Planned Parenthood[3] Washoe County District Health Department[3] Community Health Center (Nye County, 114) [4] American Red Cross Winnemucca Service Center [4]
Resource directory – lack of knowledge about available resources, where to go to get basic needs met (food/shelter)[1] ***Information and referrals for HIV prevention services / CARE services.	Aid for AIDS Nevada[2] Adelson Clinic[2] Center for Behavioral Health[2] Clark County Department of Juvenile Services[2] Community Counseling Center[2]

Table 1: HIV Positive Individuals	
Service Needs	**Resource Inventory**
	Diversity Leadership Institute[2] Economic Opportunity Board[2] Gay and Lesbian Center[2] Nevada Association of Latin Americans[2] UMC Wellness Center[2] AIDS Community Cultural Education Program and Training[3] A Rainbow Place[3] Frontline[3] Nevada AIDS Foundation [3] Nevada Hispanic Services[3] Nevada State Health Division[3] Nevada Urban Indians[3] Northern Nevada HIV Outpatient Program, Education and Services[3] Northern Nevada Outreach Team[3] Planned Parenthood[3] Ridgehouse[3] Step 2[3] Veterans Administration[3] Washoe County Social Services[3] Washoe County District Health Department (Comprehensive)[3] Community Health Center (114)[4]
Reduce stigma and confidentiality concerns related to accessing services at the health department[1]	This has been identified as a gap in services and therefore it will be addressed by the community planning groups.
Need programs for minorities, youth, women and uninformed, specifically STD screening for HIV+ women[1] Continued- Need programs for minorities, youth, women and uninformed, specifically STD screening for HIV+ women[1]	Aid for AIDS Nevada (all)[2] Adelson Clinic (all) [2] American Red Cross (all)[2] Center for Behavioral Health (all)[2] Clark County Department of Juvenile Services (all)[2] Clark County Social Services (all)[2] Community Counseling Center (all)[2] Diversity Leadership (all)[2] Economic Opportunity Board (all)[2] Gay and Lesbian Center (all)[2] Golden Rainbow (all)[2] Nevada Association of Latin Americans (all – Hispanic)[2] Wellness Center (all - youth 18-21)[2] AIDS Community Cultural Education Program

Table 1: HIV Positive Individuals	
Service Needs	Resource Inventory
	and Training (African American)[3] Nevada AIDS Foundation (all)[3] Nevada Hispanic Services (Hispanic)[3] Northern Nevada HIV Outpatient Program, Education and Services (all)[3] Planned Parenthood (all)[3] Washoe County District Health Department (all)[3] Community Health Center (114 – all)[4]
Programs that teach healthy relationships[1]	Clark County Health District[2] Courage Unlimited[2] Diversity Leadership Institute[2]
Disclosure of status/communication; STD/HIV education/disclosure[1]	Aid for AIDS Nevada[2] Clark County Health District[2] Gay and Lesbian Center[2] AIDS Community Cultural Education Program and Training[3] Nevada AIDS Foundation[3] Nevada Hispanic Services[3] Northern Nevada HIV Outpatient Program Education and Services[3] Northern Nevada Outreach Team[3] Planned Parenthood[3]
Need condom use education-when, how, why, negotiation; fear of rejection[1]	Aid for AIDS Nevada[2] Community Counseling Center[2] Clark County Health District[2] Courage Unlimited[2] AIDS Community Cultural Education Program and Training[3] Nevada AIDS Foundation[3] Nevada Hispanic Services[3] Northern Nevada Outreach Team[3] Planned Parenthood[3] Washoe County District Health Department[3]
Need social groups to network, exchange information and build self-efficacy, confidence; empowerment and self-esteem[1]	Aid for AIDS Nevada[2] Community Counseling Center[2] Diversity Leadership Institute[2] Economic Opportunity Board[2] Nevada Association of Latin Americans[2] A Rainbow Place[3] Northern Nevada HIV Outpatient Program, Education and Services[3] Washoe County District Health Department[3]

Priority Population Focus Group Summary: Men who have Sex with Men

The issues discussed during the MSM focus groups were primarily about unprotected sex, methamphetamine/alcohol use among the MSM community, disclosure, fatalistic fallacies around HIV/AIDS, the need for healthy relationships, internet hook ups/public sex environments, and the need for media to depict realistic images covering all races when addressing HIV/AIDS and STD's.

The participants discussed the important role sex plays when it comes to connecting with other individuals and finding acceptance within similar communities. Although most of the participants discussed the importance of practicing safe sex, only about half of the participants utilized protection most of the time. It was stated during one of the focus groups, that using protection really depended on the sex act and who they were with sexually. In addition, there was significant fear regarding disclosure, rejection and abandonment. Individuals stated that they did not want the person they were with sexually assuming they were HIV infected if they insisted on condom use. Yet, there were still participants who stated "no glove no love." There were also assumptions made that not asking about disease or risk indicated the absence of a disease and green light to engage in unsafe sexual behaviors. In addition, participants discussed the fatalistic idea that all MSM will become infected at some point, so why bother with safer sex. The participants discussed the complacency issues surrounding HIV and how the general community still feels like they do not have to worry about HIV/AIDS because they are not homosexual individuals.

Among the MSM participants who engaged in public sex, the internet was the preferred method of meeting people. Although participants seemed to understand the possible dangers involved with internet hook-ups, it did not seem to deter them from utilizing the internet as a way to find sex partners and friendships. Furthermore, during the lesbian/gay/bisexual/transgender/youth (LGBTY) focus group, the internet was a primary tool to find possible partnerships. In addition, focus groups targeting minority MSM indicated that men who have sex with men, but do not identify as gay, primarily use the internet to find sex partners. According to the participants, these individuals were men with families, girlfriends or partners who were not aware of their man's high risk sexual exposures.

With regard to media, there were several focus group questions which led to conversations among participants about how media perpetuates discrimination and stigma within communities. Participants felt that media continues to create an environment depicting young, white, sexy and fit men as having HIV/AIDS thus, creating a new culture of complacencies surrounding these issues. Participants felt that media should display realistic images illustrating the struggles of individuals infected and affected by HIV/AIDS. However, participants agreed that media was necessary so the public could become better educated about HIV/AIDS and how individuals can protect themselves.

Table 2: MSM	
Service Needs	Resource Inventory
Safer sex, drug, and HIV/STD education and negotiation skills[1]	Aid for AIDS Nevada[2] Adelson Clinic[2] Clark County Health District[2] Community Counseling Center[2] Gay and Lesbian Center[2] Las Vegas Indian Center[2] Nevada Association of Latin Americans[2] A Rainbow Place[3] Boys & Girls Club[3] Bristlecone[3] Nevada AIDS Foundation[3] Nevada Hispanic Services[3] Northern Nevada HIV Outpatient Program, Education and Services[3] Northern Nevada Outreach Team[3] Planned Parenthood[3] Ridgehouse[3] Step 2[3] Washoe County District Health Department[3] Community Health Center 114[4]
HIV/STD disclosure of status/communication[1]	Aid for AIDS Nevada[2] Gay and Lesbian Center[2] A Rainbow Place[3] Nevada AIDS Foundation[3] Nevada Hispanic Services[3] Northern Nevada HIV Outpatient Program, Education and Services[3] Planned Parenthood[3] Washoe County District Health Department[3]
Drug/alcohol counseling[3]	Las Vegas Indian Center[2] A Rainbow Place[3] The Bureau of Alcohol and Drug Abuse funds treatment programs statewide on a sliding fee scale[1] Center for Behavioral Health[1]
HIV/STD reality based media campaign to reduce stigma[1]	Aid for AIDS Nevada[2] Clark County Health District[2] Gay and Lesbian Center[2] Northern Nevada Outreach Team[3]
More information or programs targeting African American and Hispanic men who have sex with men and women[1]	Aid for AIDS Nevada[2] Community Counseling Center[2] Fighting AIDS in Our Community Today[2]

Table 2: MSM	
Service Needs	Resource Inventory
Internet based HIV/STD prevention programs[2]	This has been identified as a gap in services and therefore it will be addressed by the community planning group.
Social sex clubs should advertise and/or display safer sex and/or HIV/STD messages[2]	Clark County Health District[2] Educational Messages Services[2] Northern Nevada Outreach Team[3]

Priority Population Focus Group Summary: Substance Abusers/Users

Participants targeted for the focus groups were primarily injecting drug users (IDU's) however, 100 percent of them had engaged in some other form of substance abuse or use. The primary issues uncovered during these focus groups were lack of affordable hepatitis treatment, education and care, access to clean needles, affordable methadone clinics, and the need for education regarding healthy relationships. Participants talked about the issues surrounding their distrust and how it became part of their daily life and sometimes hindered them from accessing substance abuse treatment or care.

The participants exchanged candid conversations detailing substance abuse, discussion on who got them hooked on dope and at what age, prostitution for drugs and sex, the relapse process and what occurs when an IDU becomes sick. There were several participants who discussed scoring dope so they would not become sick, and how these issues took precedence over everything else. One individual stated, "When you are sick all you care about is the next fix, and if that means using a dirty needle, or sleeping with the person who has the dope, then that's what you will do".

There was an overall agreement that in order to buy clean needles in Nevada a person has to look a certain way. There were members of the focus groups who had gone into pharmacies to purchase needles with success, while there were other individuals who had tried and failed. The unsuccessful individuals felt like they were discriminated against based on appearance, economics and disease diagnoses. In addition, there was fear of being caught buying needles and being thrown in jail based on their addictions. These participants discussed the amount of time spent looking for dope and clean needles. One individual stated that, "Being an addict means high maintenance, all you care about is you and your next fix." Most participants said their particular addiction consumed their lives. There were additional conversations regarding the need for affordable walk-in services addressing methadone treatment, along with additional support groups and individual counseling offered outside regular business hours.

Table 3: Substance Abusers/Users	
Service Needs	Resource Inventory
Safer sex, drug, and HIV/STD education, particularly for youth and focusing on condom use education-when, how, why, negotiation[1]	Aid for AIDS Nevada[2] Clark County Health District[2] A Rainbow Place[3] Boys and Girls Club[3] Jan Evans Justice Center[3] Nevada AIDS Foundation[3] Nevada Urban Indians[3] Northern Nevada Outreach Team[3] Planned Parenthood[3] Center for Behavioral Health[1]
HIV/STD disclosure of status/communication skills[1]	AID for AIDS Nevada[2] Gay and Lesbian Center[2] A Rainbow Place[3] Nevada AIDS Foundation[3] Northern Nevada Outreach Team[3] Washoe County District Health Department[3]
Drug/alcohol counseling[3]	Community Counseling Ctr[2] A Rainbow Place[3] Bristlecone[3] Nevada AIDS Foundation[3] Center for Behavioral Health[1]
Harm reduction, needle recovery[1]	Aid for AIDS Nevada (bleach kits)[2] Clark County Health District (Bleach Kits)[2] Nevada AIDS Foundation (harm reduction)[3] Northern Nevada Outreach Team-NNOT (Bleach Kits)[3]
Need for comprehensive hepatitis treatment services[2]	This has been identified as a gap in services and therefore it will be addressed by the community planning group.
Easier access to affordable methadone services[1]	Nevada Treatment Center[2]

Priority Population Focus Group Summary: Heterosexuals

There were several focus groups conducted statewide where the participants would fit into several other targeted groups, due to risk, gender, and sexual identity. The participants discussed issues of sexual abuse, mental health, low self-esteem, healthy relationships, communication, community support, cultural differences and why condoms are not used consistently.

During the focus group targeting women, conversations outlining sexual abuse were discussed candidly. Female participants shared situations when they felt it necessary to perform sexual acts against their will in order to avoid abuse. Some of the minority women said, "If a

man/partner wants sex what can we do?" These participants also discussed that most men have other partners and it was something they just had to accept if they wanted to keep their men. Participants also discussed issues covering fear of abandonment and becoming economically destitute. Some women stated that sex with men is just a way to keep shelter, money and food on the table for themselves and their children. Childcare and parenting issues were also brought to the table. The participants expressed the need to know when and how they were to teach their children about HIV/AIDS, STD's and safer sex. These women were in fear that their children would end up pregnant or with HIV/AIDS.

However, not all discussions about sex from the participants came from perceived fear and necessity. For some participants, sex with a significant other was the "icing on the cake." One woman stated "that sex was God's dessert for couples," and yet, those conversations lead to discussions on why condoms were not used consistently. Several participants stated how much they disliked condoms because it was a perceived barrier between couples. Participants expressed not wanting their partners to feel like they had an infection or disease. Emotional connection and the experience of feeling everything were more important to some participants than the risk of contracting HIV/AIDS. However, that did not mean they did not worry about getting HIV/AIDS. All participants felt like they knew how to use condoms correctly.

During further conversations, participants made comments about mental health issues, stress, and healthy relationships. Some of the participants stated that during different times in their lives it would be nice to check in with a counselor for help/education with stress, family affairs and couple counseling. Participants perceived counseling services to be costly and being on a fixed income made counseling services seem inaccessible. In addition, the participants were interested in groups where they could meet other couples/individuals struggling with the same issues.

Table 4: Heterosexuals All types of gender not identified as gay or lesbian	
Service Needs	Resource Inventory
Self-esteem/self-worth education programs– learn how to say no, teach equality among the sexes, respect for others, teach Hispanic women to be less submissive[1]	Courage Unlimited[2] A Rainbow Place[3] Nevada AIDS Foundation[3] Nevada Hispanic Services[3]
Abstinence only education for youth[3]	Crisis Pregnancy Center[3]
Culturally appropriate safer sex, drug, and HIV/STD education and negotiation skills (including condom distribution)[1] Continued- Culturally appropriate safer sex, drug, and HIV/STD education and negotiation skills (including condom distribution)[1]	Center for Behavioral Health[1] Community Counseling Center[2] Nevada Department of Education Office of Child Nutrition and School Health[2] Southern Nevada-Area Health Education Center[2] University of Nevada Las Vegas Student Health Center[2] AIDS Community Cultural Education Program

Table 4: Heterosexuals All types of gender not identified as gay or lesbian	
Service Needs	Resource Inventory
	and Training (African American)[3] A Rainbow Place[3] Boys & Girls Club[3] CAAW[3] Frontline of Northern Nevada[3] Nevada Hispanic Services[3] Nevada Urban Indians[3] Northern Nevada Outreach Team[3] Planned Parenthood[3] Washoe County District Health Department
HIV/STD disclosure of status/communication[1]	Clark County Health District; PCM- Healthy Relationships[2]. Nevada AIDS Foundation[3] Nevada Hispanic Services[3] Planned Parenthood[3] Washoe County District Health Department[3]
Parenting programs-teach parents how to talk with their children about sex and safer sex, self-esteem and self-worth[3]	Nevada Department of Education Office of Child Nutrition and School Health[2] Clark County Family &Youth Services [2] Parenting Project[2] Southern Nevada AHEC[3] Washoe County District Health Departmnent[3]
Need more support groups: parental, women's health group[1]	Crisis Pregnancy Center[3]
Hepatitis education[3]	Clark County Health District[2] Southern Nevada-Area Health Education Center[2] Center for Behavioral Health[3] Nevada AIDS Foundation[3] Washoe County District Health Department[3]
Resource directory – lack of knowledge about available resources, where to go to get basic needs met (food/shelter), free condoms-places where teens go[3]	Diversity Leadership Institute[2] Nevada Department of Education Office of Child Nutrition and School Health[2] Southern Nevada Area Health Educational Center[2] Summerlin Hospital[2] AIDS Community Cultural Education Program and Training (African American) [3] Frontline of Northern Nevada[3] Nevada AIDS Foundation[3] Nevada Hispanic Services [3]

Table 4: Heterosexuals All types of gender not identified as gay or lesbian	
Service Needs	Resource Inventory
	Nevada State Health Division[3] Nevada Urban Indians [3] Northern Nevada Outreach Team [3] Northern Nevada HIV Outpatient Prevention and Educational Services [3] Nevada AIDS Foundation[3] Ridgehouse [3] Step 2 [3] Veterans Administration[3] Washoe County District Health Department[3] Washoe County Social Services [3]
Provide low cost and free medical clinics and services, including STD/HIV testing services[1]	Clark County Health District[2] University of Nevada Las Vegas[2] Health Access Washoe County Clinic [3] Northern Nevada HIV Outpatient Prevention and Educational Services[3] Washoe County District Health Department[3] Planned Parenthood[1]

Diffusion of Effective Behavioral Interventions

The Diffusion of Effective Behavioral Interventions (DEBI) project was designed to bring science-based, community-and group-level HIV prevention interventions to community-based service providers and state and local health departments. The goal is to enhance the capacity to implement effective interventions at the state and local levels, to reduce the spread of HIV and STDs, and to promote healthy behaviors.

The need for science or evidence-based programs is necessary to provide the most effective interventions to the communities. Those agencies supported by CDC funds must begin requiring the implementation of the Diffusion of Effective Behavioral Interventions (DEBI) in order to qualify for funding. The table below lists the community-based organizations in Nevada who are currently funded to provide a DEBI program.

DIFFUSION OF EFFECTIVE BEHAVIORAL INTERVENTIONS		
NORTHERN NEVADA (WASHOE COUNTY)		
Organization	Intervention	Target Population
Nevada AIDS Foundation	Safety Counts	Drug users, injectors and non-injectors
Nevada Hispanic Services	Voices/Voces	African American and Latino adult men and women
SOUTHERN NEVADA (CLARK COUNTY)		
Organization	Intervention	Target Population
Aid for AIDS Nevada	Promise	Any population
Clark County Juvenile Justice	Street Smart	Runaway and homeless youth 11 to 18 years of age
Community Counseling Center	Holistic Health Recovery Program	HIV positive and negative injection drug users
Courage Unlimited	Sista	Heterosexual African American Women
Diversity Leadership Institute	Healthy Relationships	Men and Women living with HIV/AIDS
Gay and Lesbian Center	Mpowerment	Young gay and bisexual men

GAPS IN SERVICE

Based on a review of the identified service needs of various populations and the services being provided, gaps in services were identified. The table below identifies these gaps.

GAPS IN SERVICE	
Southern Nevada	Northern Nevada
Support groups (parenting and Women's issues)	Comprehensive Prevention Case Management
Reduction of stigma and Confidentiality Issues Education	Reduction of stigma and Confidentiality Education
Comprehensive Hepatitis Treatment Services	Healthy Relationships (DEBI Program)
Internet based HIV/STD programs	HIV/STD disclosure programs
	Affordable Methadone Treatment
	MSM programs targeting African America and Hispanic MSM
	Internet based HIV/STD programs
	Abstinence only education for youth
	Support groups (parenting and Women's issues)

Conclusion

Nevada's HIV prevention efforts continue to guide our state in preventing the spread of HIV/ AIDS. Therefore, it is imperative to ensure Nevada provides cutting edge HIV prevention services. With this goal in mind, Nevada funded organizations will begin to implement one of DEBI programs and participate in the Program, Evaluation and Monitoring System (PEMS). This will assure effective prevention programming and the monitoring and evaluating of these evidence-based programs. After careful review of the overall community services assessment, the community planning groups make the following recommendations:

- Develop parenting and women's issues support groups addressing self efficacy of participants.
- Develop "knowledge to power" type campaigns to promote HIV awareness status and to gain skills for making informative choices.
- Provide Comprehensive Prevention Case Management (PCM) programs statewide.
- Increase collaborative efforts between counties and community-based organizations utilizing similar DEBI programs.
- Develop MSM programs, targeting African-American and Hispanic MSM populations.
- Develop abstinence only education for youth.
- Increase access to comprehensive Hepatitis/HIV treatment services.
- Create Internet based HIV/STD educational programs.

CHAPTER 4: PRIORITIZATION OF POPULATIONS

INTRODUCTION

The Nevada State Health Division, HIV Prevention Staff worked with the two community planning committees of the community planning groups located in Clark County and Washoe County to determine priority populations for the 2006-2008 Nevada Comprehensive HIV Prevention Plan.

The Community Planning Group of Southern Nevada (CPG SoN) and the Northern Nevada Planning Council (NNPC) have spent the past several months working with their members to identify populations at highest risk for HIV infection in the major population areas of Nevada – Clark and Washoe Counties. Upon reviewing supporting data and identifying possible priority populations, the planning groups utilized the Academy for Education Development (AED) priority setting methodology to score and rank priority populations. Both planning committees united to determine four (4) overall primary populations for Nevada. Subsequently, each planning committee determined specific subpopulations for each primary population in an effort to specifically focus funding and services to the populations in Clark County and Washoe County.

METHODOLOGY

The planning committees utilized the AED priority setting methodology to provide structure and guidance in determining priority populations. The AED methodology guides planning committees to assign weights to the identified population groups as follows:

- Size of the population at risk.
- HIV seroprevalence within the identified population.
- Epidemiological trends of the identified population.
- Risk behavior of the identified population.
- Disproportionate impact of the HIV epidemic on the identified population.
- Barriers to service for the identified population.

PRIORITY POPULATIONS

The planning committees utilized prior plans, data, and program staff expertise to create a list of populations for priority setting. Some of the sources of data used were the Nevada AIDS and HIV Epidemiological Profile for 2004, community services assessments, local Clark and Washoe County data, local program data, and expertise from community member input. Each of the planning committees worked outside of the full council meetings to gather data and score and rank the identified populations. Next, the planning committees presented their recommendations to the full council for discussion and approval. Following is the list of primary populations for Nevada and subpopulations for Clark and Washoe Counties:

Priority Populations for HIV Prevention in Nevada

<table>
<tr><th>Priority</th><th colspan="2">Primary Population</th></tr>
<tr><td>1</td><td colspan="2">HIV Positive Individuals</td></tr>
<tr><td>2</td><td colspan="2">Men Who Have Sex With Men (MSM)</td></tr>
<tr><td>3</td><td colspan="2">Substance Abusers/Users</td></tr>
<tr><td>4</td><td colspan="2">Heterosexuals</td></tr>
<tr><th rowspan="2">Priority</th><th colspan="2">Subpopulations by County</th></tr>
<tr><th>Clark</th><th>Washoe</th></tr>
<tr><td>1</td><td>• Newly diagnosed
• Out of care (>1 year)</td><td>• All</td></tr>
<tr><td>2</td><td>• African Americans (MSM)</td><td>• Partners of MSM
• MSM who engage in high risk behavior
• Youth (24 and under)</td></tr>
<tr><td>3</td><td>• Injecting Drug Users (IDU)</td><td>• Injecting Drug Users (IDU)
• People who engage in high risk sexual behavior
• Youth (24 and under)</td></tr>
<tr><td>4</td><td>• All African-American Females</td><td>• Partners of people who engage in high risk behavior
• People who engage in high risk sexual behavior
• Women of childbearing age</td></tr>
</table>

CHAPTER 5: PREVENTION INTERVENTIONS & STRATEGIES

INTRODUCTION

An HIV prevention intervention is an organized activity designed to influence knowledge, attitudes, beliefs or behavior related to the transmission of HIV. Interventions can vary widely in scope from a single educational material, such as a mailing on HIV/AIDS information, to multifaceted comprehensive programs, such as client-centered counseling and testing activities or prevention case management.

The information in this section is intended to be used as a guide for implementing HIV prevention interventions and activities in Nevada. Agencies will select from these activities and interventions looking at the key characteristics of each and choose a Diffusion of Effective Behavioral Interventions (DEBI) program or prevention activity based on need and organizational infrastructure. DEBI programs is a national-level strategy to provide high quality training and on-going technical assistance on selected science based HIV/STD/Viral Hepatitis prevention interventions to state and community HIV/STD program staff.

PREVENTION INTERVENTIONS AND ACTIVITIES

Methodology

Representatives from the Northern and Southern Nevada Planning Groups and Health Division representatives met to determine a consistent method for identifying and prioritizing the prevention activities and interventions for Nevada's HIV Prevention Program. The community planning groups created a grid which mapped the priority populations, DEBI interventions and prevention activities. Each planning group met to rank prevention activities and interventions based on the identified priority populations and gaps in services.

The following table identifies DEBI intervention and prevention activities that the Community Planning Group of Southern Nevada and Northern Nevada Planning Council determined as best fitting the HIV prevention priority populations and subpopulations for the state.

* X's denote which DEBI program is suited for each target population.

Nevada HIV Prevention Priority Populations and Subpopulations

HIV+
- Newly diagnosed
- Out of care (> 1 year)
- All

MSM
- African-American (MSM)
- Partners of MSM
- MSM who engage in high risk behavior
- Youth (24 and under)

Substance Users / Abusers
- IDU
- People who engage in high risk sexual behavior
- Youth (24 and under)

Heterosexuals
- All African-American Females
- Partners of people who engage in high risk behavior
- People who engage in high risk sexual behavior Women of childbearing age

Nevada HIV Prevention DEBI Priorities*	HIV + HIV Positive Individuals	MSM Men Who Have Sex with Men	Substance Users / Abusers	Hetero-sexuals
Healthy Relationships	X			
Holistic Health Recovery Program	X		X	
Many Men, Many Voices		X		
Mpowerment		X		
Popular Opinion Leader		X		
PROMISE	X	X	X	X
RAPP				X
Safety Counts			X	
SISTA				X
Street Smart (11 to 18 homeless/runaway)		X	X	
Teens Linked to Care (13 to 29)	X			
VOICES / VOCES		X		X

*Interventions are specific to the populations prior to adaptations.

Allowable adaptations of CDC approved DEBI interventions may be used subject to funding requirements.

Although a need arose through the gap analysis for Internet based STD/HIV prevention / education programs, the committees determined that funding such programs will be considered once a DEBI intervention has been approved.

Nevada HIV Prevention Priority Populations and Subpopulations

HIV+

- Newly diagnosed
- Out of care (> 1 year)
- All

MSM

- African-American (MSM)
- Partners of MSM
- MSM who engage in high risk behavior
- Youth (24 and under)

Substance Users / Abusers

- IDU
- People who engage in high risk sexual behavior
- Youth (24 and under)

Heterosexuals

- All African-American Females
- Partners of people who engage in high risk behavior
- People who engage in high risk sexual behavior
- Women of childbearing age

Nevada HIV Prevention Activity Priorities	**HIV +** HIV Positive Individuals	**MSM** Men Who Have Sex with Men	**Substance Users / Abusers**	**Hetero-sexuals**
Counseling & Testing (CT)		N	N	N
		S	S	S
Prevention Case Management (PCM)	N	N	N	
	S			
Partner Counseling and Referral Services (PCRS)	N	N	N	N
	S	S	S	S
Health Communication / Public Information (HC / PI)	N	N	N	N
	S	S	S	S
Health Education / Risk Reduction (HE / RR)	N	N	N	N
	S	S	S	S

N represents the priority activities in Northern Nevada.
S represents the priority activities in Southern Nevada.

Comprehensive hepatitis services and affordable methadone services were identified as a need in the gap analysis but the committees recognize that funding these services is outside of the HIV prevention funding scope. Members of the committees will recruit hepatitis and methadone representatives to participate in future planning committee groups.

Although a need arose through the gap analysis for Internet based STD/HIV prevention / education programs, the committees determined that funding such programs will be considered once a DEBI intervention has been approved.

GOALS AND STRATEGIES

Methodology

Northern and Southern Nevada Planning Groups and Health Division staff met to review CDC strategic plans, initiatives and previous Nevada HIV prevention plans to serve as a foundation for determining goals and strategies within Nevada's HIV prevention program. Consequently, representatives from each community planning group and the Health Division came together to create overarching statewide goals and strategies that strive to decrease the spread of HIV infection in Nevada.

Overarching State Goals and Strategies

- Reduce the rate of new HIV infections in Nevada by 11%.
  - Provide comprehensive Prevention Case Management (PCM) with a high priority on disclosure methods to HIV positive individuals.
    - Preventing new infections by providing comprehensive prevention case management to person diagnosed with HIV and their partners is one of the strategies identified in the Advancing HIV Prevention initiative. PCM is a client-centered HIV prevention activity that combines HIV risk-reduction counseling and support to HIV positive individuals and their partners.
      - Some behaviors that make individuals good candidates for comprehensive PCM services are: unprotected sex, sex with an HIV negative or unknown status person, sex with an injection drug user, sex with someone before disclosing HIV status, sex while drunk or high, sharing injection drug use paraphernalia or syringes, diagnosis of an STD, exchanging sex for money, drugs or shelter, and trouble adhering to prescribed HIV medication regimens.
  - Increase the state population's access to effective and appropriate DEBI Interventions.
  - Effective monitoring and evaluation of HIV prevention interventions and activities that fall within the scope of the plan.

- Increase the number of high-risk individuals receiving an HIV test by 20%.
  - Reduce the number of HIV positive persons spreading HIV infections through comprehensive PCRS.
  - Decrease barriers to routine screening and testing for HIV infection.
  - Increase the number of CT sites throughout the state.
  - Increase the number of HIV tests conducted annually.
  - Increase the proportion of individuals at highest risk for HIV who are tested for STDs and referred to needed STD services.
  - Develop collaborative relationships with HIV / STD / TB / Hepatitis service providers to address co-morbidities associated with HIV infection and AIDS.

- Increase community education and awareness programs regarding HIV/AIDS.
  - Increase knowledge and awareness among the state's population about the transmission of HIV/AIDS.

- Implement community-level interventions that reduce stigma and discrimination towards those persons who are infected and affected by HIV.
- Increase the number of opportunities for the media to educate the general public regarding HIV/AIDS/STDs.
- Increase the capacity of selected community members to advocate for needed HIV/AIDS resources throughout the state.

Conclusion

HIV prevention can work when the Nevada State Health Division, community planning groups and stakeholders come together to strategize on how HIV prevention is to be implemented statewide. It is certain that not all HIV prevention issues will be addressed over the next three years due to limited funding. However, that does not mean that collaboration between those stakeholders can not address populations effectively. Therefore, this chapter outlines statewide perspectives on how priority populations are to be addressed and clearly illustrates what interventions have been implemented as to limit redundancies within communities. It is also our intent to indicate where emphasis should be placed when funding is limited.

CHAPTER 6: LINKAGES TO PREVENTION AND CARE SERVICES

INTRODUCTION

Linkages with other programs and services are a vital component to meeting all of the client's needs for Human Immunodeficiency Virus (HIV) and Acquired Immuno Deficiency Syndrome (AIDS) prevention. Prevention providers are often not able to meet all of the various needs of every client; therefore, linkages and collaborations among other agencies provide more comprehensive and effective services to meet the complex issues and concerns of individuals at high risk of becoming HIV-infected.

Nevada is very committed to linking medical and support services from testing to diagnosis to treatment for all HIV positive clients, in order to maintain their health and quality of life by providing a successful continuum of HIV services. It is imperative that HIV providers form collaborations and stay informed about programs, and agencies in the community. Program referrals commonly include HIV partner counseling and testing, substance abuse and/or mental health counseling, housing assistance, food pantry services, and transportation services to medical appointments.

Nevada's HIV Prevention Program, the statewide community planning groups, and HIV service providers work very diligently to support linkages and coordination of services among programs.

As linkages are formed and collaborations supported, the result should be:

- Knowledge of HIV disease and risks.
- Early identification of infections.
- Improved quality and efficiency of services.
- Identification and elimination of service gaps.
- Coordination of resources and services for prevention and care programs.

Below are overviews of how specific programs and statewide bodies are collaborating:

State AIDS Task Force

The State AIDS Task Force is a statewide body whose membership represents persons living with HIV/AIDS, healthcare providers, and educators. This body meets quarterly, and provides joint health education opportunities to work together across various programs.

Sexually Transmitted Diseases

The Nevada Sexually Transmitted Disease (STD) Program is housed within the Bureau of Community Health (BCH). The two health districts, as well as Nevada's Community Health Nursing Program, work across the HIV and STD Programs so that high risk individuals can be tested for STD's and HIV. The three Centers for Disease Control (CDC)-funded sources for HIV and STD testing in Nevada include Clark County Health District in the southern part of the state, Washoe County District Health Department in the north, and the Community Health

Nurses located throughout the rural areas of the state where there are no health districts. Sexually transmitted diseases serve as a marker for high risk sexual behavior and can facilitate the transmission of HIV. Nevada began seeing a disturbing increase in the number of reported STDs in the last few years, and the upward trend has continued. As a result of a recent outbreak of syphilis cases in Nevada, and Nevada State Health Division's efforts to aggressively tackle the outbreak and other STD disparities, high-risk youth were identified as an area of special emphasis. This includes those youth who are currently sexually active, have multiple sex partners, or are incarcerated in the juvenile detention centers. The Clark County HIV Prevention Program provides HIV and STD testing at Spring Mountain Youth Camp and offers a 6-month behavioral program targeting kids with drug and alcohol dependency. They also conduct testing at the youth detention center six to eight times a month, and provide HIV/STD testing at the Clark County Jail. The Washoe County District Health Department provides HIV/STD testing and counseling at the Washoe County Jail every week, and at the Jan Evans Juvenile Detention Center. They also conduct HIV education training class at the Health District or local CBO as needed. Washoe County District Health Department operates an integrated on-site STD, HIV, and Family Planning clinic which provides a range of testing and treatment services. As a result, members of a priority population can receive integrated HIV/STD testing, regardless of the originating complaint. Washoe County has also designated a full-time Health Educator to provide combined HIV and STD information to the public.

Mental Health

Mental health has become a national public health concern, particularly for persons who suffer from chronic illnesses such as HIV/AIDS. HIV/mental illness co-morbidity is very common, and if left untreated or undiagnosed, mental health issues can result in unhealthy behaviors, including risky sexual activities, non-compliance with prescribed medical regimens, and diminished immune functioning, all of which pose serious complications for an HIV client.

Recognizing the need to provide mental health services to HIV clients, the HIV Prevention Program and Ryan White CARE Program have co-funded a Licensed Clinical Social Worker (LCSW) position through the Division of Mental Health. This position is housed at Northern Nevada HOPES, the HIV Clinic in northern Nevada, to provide mental health counseling related to their health and survival needs, and will also provide referrals to needed services.

The HIV Prevention and Ryan White CARE programs have co-sponsored various HIV conferences for clients and providers, and always include mental health tracks addressing strategies to improve collaborations between Mental Health and HIV prevention and services.

The next endeavor that is currently in the planning stages with Mental Health is to hold joint educational forums, targeting at-risk clients and staff involved in service delivery. Nevada State Health Division's HIV Prevention staff has also been participating in joint health fairs throughout the last year, and data matching mental health data & HIV/AIDS Reporting System (HARS) data. The HIV Program Manager is a representative on the Mental Health Advisory Council, which has funded several HIV/STD pilot programs with local community based organizations (CBO's), including programs that target at-risk youth and communities of color.

Substance Abuse

Persons with HIV disease who are also substance abusers face a multitude of problems related to their health and well being. The prevalence of HIV and substance abuse co-morbidity is very high due to the enormous psychological, social and medical issues they face.

As a result of collaborations with Bureau of |Alcohol and Drug Abuse (BADA), HIV counseling and testing services are being provided within funded treatment facilities that serve IDU (Intravenous Drug User) clientele. The Substance Abuse and Mental Health Services Administration (SAMHSA) has begun a program to provide funded agencies with HIV rapid test kits, and BADA will be supplying these test kits to Clark County Health District to enhance the delivery of HIV testing services to the Clark County community. BADA and Clark County Health District are currently discussing the purchase of a mobile testing van that would be used to test high-risk individuals and BADA treatment clients. This is an excellent opportunity to work across programs to implement joint outreach activities.

Additionally, BADA is invited to serve on the HIV Planning Council and encouraged to establish linkages with HIV prevention funded community based organizations. Clark County HIV Program provides TB screening, and HIV education and testing at BADA treatment sites.

Ryan White CARE

The HIV Prevention Program has linkages with Ryan White CARE on many levels. In addition to projects mentioned above, the HIV Care Program participates with HIV Prevention in a statewide surveillance workgroup that is represented on the State AIDS Task Force. The Ryan White Care and HIV Prevention Programs also participate in joint planning with the community planning groups. Recent projects that all of these programs have collaborated on are the Statewide Coordinated Statement of Need, and, in collaboration with the health districts, the research and development of a comprehensive joint Resource Directory. The directory includes information on HIV Prevention services, medical resources, antibody testing sites, and a variety of CARE-related support services. In the near future, these programs will be undertaking an out-of-care study, to identify individuals who are not in care, and facilitate a combined effort to reach these individuals, bring them back into care, and learn what barriers or issues resulted in their falling out of care. These findings will provide great insight and awareness into what areas need to be addressed to improve the current delivery system. In addition, both health districts provide referrals for HIV positive clients to local Ryan White CARE-funded providers in their jurisdictions.

Hepatitis

HIV and Hepatitis B and C virus share common routes of transmission and common risk factors. HIV/Hepatitis co-infection has emerged as a significant widespread problem among individuals that are at high risk. Some recent studies suggest that about one-third of all persons infected with HIV are co-infected with Hepatitis, an alarming health care crisis. Manifestations of neurocognitive dysfunction ranging from subtle and mild cognitive changes have been well established in studies on HIV, and with Hepatitis co-infection, neurocognitive impairment can intensify and accelerate a decrease in functioning over time. Although HIV and Hepatitis B and

C are both transmitted through blood, and most commonly spread through injection drug use (needle sharing), or unprotected/unsafe sex, Hepatitis B and C are both vaccine-preventable. In light of this fact, the Nevada State Health Division's HIV and Hepatitis programs and the Division of Mental Health have been working together to identify and vaccinate high risk clients. Additionally, the Hepatitis Program is also providing vaccine to the Clark County STD clinics, as well as the HIV Prevention Program in Clark County for use with high risk individuals identified through outreach, or who come in for HIV testing. Clark County offers a community prevention workshop entitled, *"The ABC's of Hepatitis and STDs,"* to provide educational opportunities at the community level. Clark County's Hepatitis Program is also working with the state's communicable disease programs, and the Department of Corrections, to provide high risk or HIV-positive inmates with access to Hepatitis vaccine.

Tuberculosis (TB)

Tuberculosis and HIV have been closely linked since the emergence of AIDS. HIV infection has contributed to a significant increase of tuberculosis worldwide. Although HIV-related tuberculosis is both treatable and preventable, tuberculosis is one of the most common opportunistic infections affecting HIV positive individuals. The state Tuberculosis Program has provided some in-service trainings with the state's Community Health Nurses on new treatment protocols developed this year for treating TB patients who are co-infected with HIV.

Department of Corrections

Many incarcerated individuals are at high risk for contracting HIV infection and/or STDs due to risky sexual behaviors, and drug use. There is also a high incidence of mental illness with this population. The HIV Prevention Program funds the health districts to provide testing and education at the jails and state correctional facilities, and some youth detention centers. Clark County Health District provides HIV/STD screening at Clark County Detention Center and at three other correctional facilities. They also offer a program at Spring Mountain Youth Camp, *"Images of Knowledge, Truth, and Choice",* focused on youth with drug and alcohol dependency. Similarly, the Washoe County District Health Department provides HIV/STD testing and counseling at the Washoe County Jail every week and the Jan Evans Juvenile Detention Center.

Health Districts

Clark County Health District and Washoe County District Health Department are integral linkages to most all of the programs outlined in the above areas. They provide HIV/STD counseling and testing services, partner notification and prevention case management. This includes interviewing new clients, pre and post-test counseling and working with clients to ensure medical follow-up and treatment, and prevention of secondary HIV infection.