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1. Introduction

The U.S. Centers for Disease Control and Prevention periodically require funded HIV prevention services providers to conduct a community services assessment. This report outlines the 2007 community services assessment for Kentucky. The needs assessment section draws upon a survey of 1,206 HIV- and HIV+ Kentuckians conducted in the summer of 2007. The resource inventory lists the current agencies providing prevention services in Kentucky. Finally, the gaps analysis examines where prevention services may be enhanced.

2. Needs Assessment

Survey

The 2007 Kentucky Needs Assessment Survey consists of 86 questions. HIV-individuals answer only the first 51 questions.

Principal Investigator

Jeff A. Jones, Ph.D., devised and analyzed the 2007 Kentucky Needs Assessment Survey in conjunction with the HIV Branch and participating service agencies. Dr. Jones conducted several prior HIV care assessments in Kentucky as well as administering several statewide adolescent health surveys for the CDC (Centers for Disease Control and Prevention). He is an Assistant Professor in the Department of Health Behavior at the University of Kentucky's College of Public Health.

Survey Methodology

Of the thirteen agencies participating in the joint survey of care and prevention clients, nine have prevention services. Because care clients at the four other sites also completed the prevention questions, their responses are included with the prevention sample responses. The sampling frame consists of the prevention clients at the nine participating care service agencies. These sites were selected because they receive Federal funds for conducting care activities. Based on the client loads reported by each agency, Dr. Jones assigned a target sample of 1,000 prevention clients distributed between the nine agencies based on each agency's percentage of total prevention clients in the state. The agencies administered the survey to clients coming to the agency during late June and July 2007. The 86 question survey was anonymous and no names or identifying information were gathered on the survey. The participating agencies are:

- AVOL (AIDS Volunteers), Lexington*
- Barren River District Health Department, Bowling Green*
- Bluegrass Care Clinic, University of Kentucky, Lexington
- Cumberland Valley District Health Department, London
- Heartland CARES, Paducah*
- Lexington-Fayette County Health Department, Lexington*
- Louisville Metro Health Department, Louisville*
- Matthew 25, Henderson and Bowling Green*
- Northern Kentucky District Health Department, Fort Mitchell
- Purchase District Health Department, Paducah*
- Volunteers of America, Louisville*
- WINGS Clinic, University of Louisville, Louisville

*Site has prevention services.

Sample, Responses, and Margins of Error

Site	Sample	Respondents	Response Rate	Margin of Error (+ or - at 95% confidence)
Cumberland Valley District HD	0	27	n/a	19
Bluegrass Care Clinic	0	125	n/a	9
Northern Kentucky District HD	22	65	298	12
WINGS Clinic	0	106	n/a	10
VOA	148	160	108	8
Matthew 25 Henderson	73	116	160	9
Matthew 25 Bowling Green	0	25	n/a	20
Heartland Cares	72	112	155	9
AVOL	73	16	22	25
Purchase District HD	55	47	86	14
Barren River District HD	13	10	75	31
Lexington-Fayette County HD	107	31	29	18
Louisville Metro HD	437	366	84	5
	1000	1206	121	3

The survey has an overall margin of error of +/- 3% at a 95% confidence interval and derives from the number of responses received on the survey. The margins of error for individual sites are also given. While the table above shows the margin of error for the entire survey or for individual sites, it would also be possible to compute this figure for each individual question based on the number of respondents answering this question.

Limitations

This survey has a number of limitations. Survey collection took place during a short one month period in mid-summer at various HIV care and prevention sites around the state. Some individuals who normally visit a site regularly may have been absent due to summer vacations and other summer activities.

Furthermore, only individuals currently participating in prevention programs or care coordination completed the survey. As such, the prevention needs are not reflective of the state as a whole and have a bias towards urban, female, and African-American respondents.

Demographics

The following demographics compare HIV- and HIV+ respondents. These two groups are strikingly dissimilar in a number of ways.

The positive respondents are disproportionately non-Hispanic white males over the age of 40 living in urban areas. The HIV- respondents are still a male majority but with greater representation of women. The majority of negative respondents are also under the age of 40 and racial minorities. While almost half of the positive respondents are gay, four-fifths of the negative respondents are heterosexuals.

In terms of perception of residence, both groups feel they live in urban places, but the negative group is even more urban than the positive group. In another similarity, both groups have similar patterns of education attainment with about half of the individuals in both groups having a high school diploma or less.

Sex	HIV Negative		HIV Positive	
	Frequency	Percentage	Frequency	Percentage
Male	397	54	308	71
Female	325	44	111	26
Male to female transsexual	7	1	13	3
Female to male transsexual	4	1	2	0
	733	100	434	100

Age	HIV Negative		HIV Positive	
	Frequency	Percentage	Frequency	Percentage
Less than 18 years old	33	5	2	0
18 to 21	118	16	12	3
22 to 29	269	37	49	11
30 to 39	169	23	121	28
40 to 49	94	13	166	38
50 to 59	32	4	72	17
60 to 64	8	1	8	2
65 years or older	10	1	5	1
	733	100	435	100

Hispanic Ethnicity	HIV Negative		HIV Positive	
	Frequency	Percentage	Frequency	Percentage
	Yes	45	6	16
No	676	94	403	96
	721	100	419	100

Race	HIV Negative		HIV Positive	
	Frequency	Percentage	Frequency	Percentage
American Indian or Alaska Native	21	3	8	2
Asian	11	1	9	2
Black or African-American	315	43	114	26
Native Hawaiian or other Pacific Islander	6	1	4	1
White	340	47	283	66
Other	34	5	14	3
	727	100	432	100

According to the U.S. Census Bureau's current estimates, Kentucky's population consists of 89% non-Hispanic Whites and 7% African-Americans (Hispanic or non-Hispanic). The respondents are disproportionately minorities.

Sexual Orientation Identity	HIV Negative		HIV Positive	
	Frequency	Percentage	Frequency	Percentage
	Gay, lesbian, or homosexual	86	12	199
Bisexual	74	10	48	11
Heterosexual or straight	567	78	173	41
	727	100	420	100

Urban/Rural	HIV Negative		HIV Positive	
	Frequency	Percentage	Frequency	Percentage
City	528	74	277	64
Country	189	26	153	36
	717	100	430	100

Education	HIV Negative		HIV Positive	
	Frequency	Percentage	Frequency	Percentage
Less than high school degree or GED	102	14	74	17
High school diploma or GED	258	36	126	30
Some college	201	28	145	34
College degree	117	17	50	12
Graduate or Professional degree	37	5	29	7
	715	100	424	100

Testing

All of the positive group should report on the 2007 Kentucky HIV/AIDS Needs Assessment Survey they have been tested at some point, but three percent marked they had not been. On the other hand, a quarter of HIV- respondents have not ever been tested for HIV. A fifth of the negative group has been tested but only returned for their results half the time or less. Fear of learning they are infected is the primary reason listed for not returning for test results in both groups.

Positive respondents are more likely to report they have been tested at a physician's office or hospital. This finding may reflect individuals who were first tested when they sought medical attention for an illness associated with their HIV disease. There are also significant differences in where negative and positive respondents get their information on HIV-related services and events.

Times Ever Tested for HIV

	HIV Negative		HIV Positive	
	Frequency	Percentage	Frequency	Percentage
None	184	25	13	3
1	170	23	155	37
2	120	17	74	17
3	104	14	50	12
4	50	7	26	6
5 or more	101	14	105	25
Total	729	100	423	100

Times Tested Each Year

	HIV Negative		HIV Positive	
	Frequency	Percentage	Frequency	Percentage
None	317	44	242	58
1	276	38	48	12
2	82	11	32	8
3	21	3	23	5
4	18	3	32	8
5 or more	15	2	36	9
Total	729	101	413	100

When Tested, How Often Returns for Results	HIV Negative		HIV Positive	
	Frequency	Percentage	Frequency	Percentage
	I have never been tested	169	23	8
I never returned for my results	64	9	17	4
Sometimes	55	8	25	6
Half the time	22	3	11	3
Most of the time	41	6	33	8
Always	371	51	316	77
Total	722	100	410	100

Reasons For Not Returning for Results	HIV Negative		HIV Positive	
	Frequency	Percentage	Frequency	Percentage
I have never been tested	178	29	14	4
I always returned for my results	374	60	259	82
I was scared to find out my results	44	7	20	6
I was scared people would see me and talk bad about me	10	1	11	4
I did not think my results would be kept secret	5	1	4	1
I did not trust the people or had a past negative experience where I got tested	6	1	9	3
Another reason	7	1	0	0
Total	624	100	317	100

**Why Do You Think
Some People
Don't Return for
Their Results**

	HIV Negative		HIV Positive	
	Frequency	Percentage	Frequency	Percentage
They are scared that they might have HIV	559	80	274	71
They are scared that other people will find out about their HIV test	83	12	88	23
They don't trust doctors/healthcare workers	34	5	13	3
In the past, they had a bad time with doctors/healthcare workers	21	3	9	3
Total	697	100	384	100

**Where
Tested**

	HIV Negative		HIV Positive	
	Frequency	Percentage	Frequency	Percentage
I have never been tested	178	25	5	1
Health department	206	29	131	32
Physician's office	98	14	93	23
Hospital or clinic	149	21	2	33
Bar, street, or prevention event	22	3	9	2
Some place else	52	7	38	9
Total	705	99	278	100

Prevention Services Used	HIV Negative		HIV Positive	
	Frequency	Percentage	Frequency	Percentage
Program on how to prevent HIV infection	341	47	237	56
Drug or alcohol abuse treatment program	247	34	134	32
Program for a specific group	118	17	83	20
Support group for partners, family, or friends of HIV+ Kentuckians	87	12	132	31
HIV testing center	301	43	269	64
HIV prevention specialist who tests for HIV outside of a clinic, office, or health department	196	28	120	29

**Where Do You
Hear About HIV
Prevention
Services or
Events?**

	HIV Negative		HIV Positive	
	Frequency	Percentage	Frequency	Percentage
Care Coordinator	151	22	328	79
Physician/Clinic	300	43	297	75
HIV+ friend	163	24	171	43
HIV- friend	233	33	107	27
Internet	238	34	124	32
Media	359	51	160	41
Flyer or poster	291	42	174	44
Church, school, etc.	242	35	78	20
other	280	42	107	29

Risks

Substance Used in Past Two Years	HIV Negative		HIV Positive	
	Frequency	Percentage	Frequency	Percentage
Alcohol	493	70	282	68
Tobacco	430	61	294	71
Marijuana (recreational)	323	46	149	36
Pain pills not belonging to the client	177	25	102	24
Cocaine	129	18	71	17
Marijuana (health)	65	9	90	22
Ecstasy	103	15	35	8
Methamphetamines	79	11	34	8
Any illegal injected drug	43	6	28	7
Heroin	43	6	12	3

In a pattern similar to substance use among Kentucky youth and adults in general¹, alcohol, tobacco, and marijuana make up the most common substances used by respondents. Marijuana usage in the past two years for recreational purposes, however, is higher than in the general population as surveyed by the BRFSS. Prescription drug abuse is also higher.

It is interesting to note the self-reported prevalence of substance use is similar between positive and negative respondents in terms of alcohol, prescription drugs, cocaine, injectable drugs, and methamphetamines. Positive respondents, however, smoke more while negative respondents are more likely to use heroin, ecstasy, and recreational marijuana.

¹ Based on data from the Youth Risk Behavior Survey (YRBS) and Behavioral Risk Factor Surveillance Survey (BRFSS)

Sexual Behaviors in Past Two Years	HIV Negative		HIV Positive	
	Frequency	Percentage	Frequency	Percentage
Unsafe oral sex	488	72	163	41
Multiple sex partners	625	88	323	78
Unsafe vaginal-penile intercourse	402	60	85	22
Unsafe anal sex	217	33	109	28
Have had sex with someone who was jailed	162	23	89	22
Celibate	82	12	93	22
Sex in exchange for drugs or money	78	13	39	10
Had sex with someone while jailed	27	5	19	5

Responses to questions about sexual behaviors are surprisingly similar between positive and negative individuals in terms of prostitution, having had sex while in jail, having had sex with someone formerly jailed, and barebacking (unsafe anal sex). On the other hand, negative respondents are far more likely to practice unsafe behaviors in terms of oral sex and unsafe vaginal-penile intercourse. Part of this difference is the greater percentage of the negative group reporting they are heterosexual. The negative group's higher incidence of unsafe behaviors may also be linked to being younger as well as less likely to report being celibate.

Information Sources

Where Do You
Hear About HIV
Prevention
Services or
Events?

	HIV Negative		HIV Positive	
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other	280	42	107	29

The negative and positive respondents have strikingly different sources in many cases for where they report getting information on HIV services and events. Negative respondents depend more on the media while positive individuals learn about services and events through their physician and care coordinator.

How To
Improve
Prevention
Services

	HIV Negative		HIV Positive	
	Frequency	Percentage	Frequency	Percentage
Pass out more free condoms (rubbers)	174	27	57	18
Use a mobile van to get to more places in the community	158	24	56	18
Put out flyers where people can get them	51	8	40	13
Send out TV and radio messages	128	20	70	21
Go to more community events	134	21	95	30
Total	645	100	318	100

3. Resource Inventory

COMMUNITY BASED ORGANIZATIONS PROVIDING HIV PREVENTION

Agencies funded in part with CDC Cooperative Agreement funds are indicated with the KHPAC logo: 

American Red Cross (ARC) is located in nearly every county in Kentucky. The number of ARC employees range from one or two in the smaller communities to more than 300 in the Louisville Chapter. Budgets are also diverse, with smaller chapters having budgets of a few thousand dollars to in excess of a hundred thousand dollars in Lexington and Louisville. There is disparity in the provision of HI/AIDS services among counties, with smaller, more rural counties believing that there is "no problem" in their community (thus no reason for services) to the larger, more urban chapters offering quite a range of services. HIV/AIDS services include the distribution of brochures, AIDS 101 training, peer training for adolescents, African American AIDS 101 training, Hispanic AIDS 101 training, rural and church leader AIDS 101 training, prison personnel training, and a program specifically entitled "AIDS in the Workplace" which is designated for businesses and industries. (502) 589-4450

AIDS Services Center Coalition (ASCC) is a coalition of agencies whose primary goal is to direct the public to appropriate AIDS service agencies, literature distribution, and provide a HIV/AIDS resource directory. The agency has an extensive volunteer network. (502) 574-5490

House of Ruth provides social, emotional and financial support to people living with HIV/AIDS in the Louisville/Jefferson County area. (502) 587-5080

WINGS Clinic located in Louisville is a Ryan White CARE Act Title III grantee. WINGS provides both clinical and support services for HIV/AIDS patients and their affected families. This clinic project provides primary and infectious disease care, adult and pediatric nutrition services, adult support groups, social services, legal services, family & mental health counseling, as well as liaisons to community services. 502-852-5203

 **Sisters and Brothers Surviving AIDS (SABSA)** is a support group located in Louisville for all HIV positive people and their friends and family. SABSA provides education and emotional support specific to the needs of those living with HIV and more specifically to the needs of the African-American community. However, everyone is welcome regardless of gender, race, sexual orientation, creed, religion or ethnic background. (502) 231-3871

AIDS Interfaith Ministries (AIM) of Louisville provides support services to individuals living with HIV/AIDS and their families. (502) 574-6085

Matthew 25 AIDS Services, Inc. located in Henderson is a Ryan White CARE Act Title II, Title III and CDC Prevention PA04064 Grantee. They are a provider of primary health care to PWHIV and LWA, in Daviess, Henderson, Union and Webster counties. Services include medical case management and referral, a buddy program, literature, spiritual support and referral, financial assistance and referral, a speakers' bureau, support groups (positive, family and friends), transportation and prevention education for the community and medical professionals. Matthew 25 also distributes HOPWA funds and does counseling and testing for HIV (blood and oral testing). (270) 826-0200
www.matthew25clinic.org

 **AIDS Volunteers, Inc. (AVOL)** located in Lexington, KY is a community-based organization that provides HIV and AIDS education, prevention initiatives, service programs and financial assistance to persons infected and affected by HIV disease in all of Central and Eastern Kentucky. Some of the services provided by AVOL include: a speakers' bureau, support groups, financial assistance, case management, transitional housing for those who are homeless and HIV+, a community residence for those in the end stages of AIDS, community outreach, condom distribution, educational programs and materials, and prevention activities. The agency employs 10 full-time staff members including an Executive Director, Volunteer/Community Outreach Coordinator, two Housing Program staff members, four HIV Prevention Specialists and a Director of Client Services who coordinates the Direct Client Services Program and the Chemical Dependency Assessment and Referral Program. Funding for AVOL comes from community donations, fund raisers and grants from private foundations, as well as local, state, and federal sources including HUD (HOPWA) and the United Way. Approximately 75-100 volunteers are consistently involved throughout the year for day to day operations, programs and services, volunteer caregivers and fundraising events. Program referrals and linkages are through the health departments, other volunteer organizations and HIV Care Coordinators. (859) 225-3000; Fax (859) 225-9244; www.AIDSVolunteers.org.

AIDS Volunteers of Northern Kentucky (AVNK), located in Florence, KY was founded in 1990. AVNK seeks to understand and address the emotional, educational, social, spiritual and physical needs of the people in Northern Kentucky and surrounding communities who are living with HIV/AIDS, and the needs of their families, partners, friends and caregivers. AVNK strives to inform the general community about HIV/AIDS related issues for purposes of education, mobilization, prevention and advocacy. AVNK provides a number of services including three support groups, a monthly dinner/social, healing weekends, respite care, emergency financial assistance, memorial services, outreach to minority communities, World AIDS Day services and Healing Weekends. (859) 331-4719

AIDS Volunteers of Cincinnati (AVOC) located in Cincinnati, OH is a community-based organization that provides a wide variety of services to individuals diagnosed with HIV/AIDS and to the broader community, especially high-risk populations where HIV exposure is more likely. Although AVOC primarily serves Cincinnati and southwest Ohio, they offer many of their services to individuals and groups in Northern Kentucky. These services include community outreach, prevention and education presentations, street outreach to women in underserved communities, testing and counseling services, an informational and referral hotline and a speaker's bureau. (513) 421-AIDS (2437).

The I.N.D.Y (I'm Not Dead Yet) Project founded in 1994 serves Northern Kentucky. INDY is an organization dedicated to the enhancement of life for individuals affected by HIV and AIDS by providing social outlet in a variety of environments and frameworks with one basic goal in mind: having fun! Members and sponsors attend and host picnics, movie nights, dinners, camping trips, art events and parties. The group is dedicated to the proposition that through the joy of celebrating life there is hope and healing, and celebration is best engaged through groups of like minded individuals. (513) 343-9999.

University of Cincinnati Hospital, Holmes Clinic located in Cincinnati, Ohio is the Infectious Disease Center for the University of Cincinnati Hospital. Holmes Clinic provides medical services to individuals diagnosed with HIV/AIDS and is funded primarily through Ryan White Title III funds. Holmes Clinic provides these services to individuals from several states, and a significant percentage of individuals diagnosed with HIV/AIDS and living in Northern Kentucky use Holmes Clinic for their infectious disease care. In addition, Holmes Clinic conducts partner testing for patients of the clinic. (513) 584-6977

The University of Cincinnati Emergency Room also has a grant to conduct HIV testing and counseling services with patients who are seen through the Emergency Room. This program targets high-risk individuals who receive their primary medical care through the Emergency Room. If an individual is diagnosed, a referral is made to Holmes Clinic. (513) 584-5700

Bluegrass Care Clinic (BCC), located in Lexington is a Ryan White CARE Act Title III grantee. The BCC provides both clinical and support services for HIV/AIDS patients and their affected families in 63 counties through Central and Eastern Kentucky. The BCC staff are trained to provide harm reduction information and counseling regarding drug use, sexual activity and other high risk activities for HIV transmission and infection. In addition, the BCC also provides pre/post test counseling and testing. (859) 323-5544; Fax: (859) 257-2040; www.mc.uky.edu/bluegrasscareclinic.

Moveable Feast (MFL) is a nutritional support program, serving people living with HIV disease and their dependent children living in the Lexington/Fayette County area. Clients receive social support and a hot, freshly cooked dinner five days a week. MFL can also serve as a referral source to other ASOs in the region. All services are completely free of charge. (859) 252-2867; www.feastlex.org.

Episcopal Diocese AIDS Ministry, located in Lexington, provides care and support through bi-annual social dinners. All meals and additional limited supportive services are provided free of charge. The Episcopal Diocese AIDS Ministry can also serve as a referral source/linkage for other ASOs in the region. Contact: Lisa – lisainky@adelphia.net.

The Salvation Army of Central Kentucky, located in Lexington, operates a free medical clinic. The medical clinic, operated by the University Kentucky's College of Medicine, provides exams and physical therapy, and HIV pre/post test counseling and testing. (859) 252-7706

 **Owensboro Area HIV/AIDS Task Force, Inc.** is a non-profit CBO funded by donations. This agency serves its clients with emergency financial assistance, transitional housing, and acts as an advocate with property owners, utility companies, Social Security, HOPWA and other community service agencies. Volunteers also provide community outreach services with HIV prevention and risk reduction programs to targeted populations and various communities, medical professionals and local organizations. The Task Force dispenses printed risk reduction materials, condoms (male and female), dental dams, needle cleaning kits and crack pipe cleaning kits. The Task Force also goes into public sex environments (PSE) offering similar services, as well as HIV testing. Members of the Task Force are state certified pre and post-test counselors as well as certified to administer OraSure for HIV testing. Members are also certified to inspect potential housing for clients wishing to obtain HOPWA funding. The Task Force is a certified partner of the Balm in Gilead. A support group for PWHIV is in place. They act as a referral source to all the available assistance programs for clients. The Task Force has some HIV positive members who have made presentations at several high schools, a program describing the emotional, physical and financial stresses of being HIV positive. (270) 683-6018 www.owensboroaids.org

 **Heartland CARES, Inc.**, located in Paducah is a non-profit organization, serving people with HIV and AIDS in the Western Kentucky and Southern Illinois regions. The mission is to provide various components of care needed for persons living with HIV and AIDS regardless of ethnicity, gender, religious, beliefs, sexual orientation, or ability to pay, and to provide education and prevention to the general public to help stop the spread of HIV and STDs. Medical services are primarily supported through Ryan White Title III funding. The clinic also has numerous supporting services, which include Ryan White

Title II Care Coordinator Program, HOPWA Grant Emergency Assistance, Supportive Housing Grant Assistance, SAMHSA-CSAT Grant, HOPWA SPNS and HOME Grant. Heartland CARES houses the Western Kentucky Prevention Team that is responsible for HIV/AIDS prevention in 42 counties. (270) 444-8183

 **Volunteers of America, Inc. (VOA)** in Louisville provides HIV prevention education, focus groups, and risk reduction workshops to drug users, men, women, and youth at risk. The prevention services offered include pre-test and post-test counseling, factual information about reducing HIV risk factors associated with drug use and sexual behavior, alcoholism and drug abuse assessments, and referrals to HIV related and non-related resources as needed or by request. VOA also provides an AIDS Housing Integration Project, which offers technical assistance to shelters, housing providers, and housing developers to help establish and implement new housing programs for homeless and low-income persons with HIV/AIDS. VOA also holds the HIV Services' contract, and provides case management services for PWHIV. This includes intake and assessment, goal setting, conflict resolution, crisis intervention, referral to community services, emergency financial assistance, linkage to rental and utility assistance, entry into support groups, mental health and substance abuse counseling. (502) 635-1361

The AIDS Project, located in Louisville, provides HIV prevention, education and testing services. Programs include staff led volunteer outreach teams that go to local bars, community fairs and special events. Services include condom distribution, counseling and testing, and referrals while practicing harm reduction techniques. (502) 608-0586

North Central AHEC/HETC: The mission of the North Central AHEC is to promote healthy communities through innovative partnerships. This is accomplished by providing educational support services to health professions students and health care providers, community health education and programs to encourage health professions as a career choice.

In order to address HIV prevention in Kentucky's growing Hispanic community, the Kentucky DPH has identified agencies providing other services to our Hispanic population and provided capacity building assistance to help these agencies provide HIV prevention activities including HIV antibody testing.

North Central AHEC/HETC collaborates with Area Health Education Centers across the state who recruit individuals from Hispanic communities, provide training, and utilize them to conduct HIV prevention activities in their communities. AHECs in Lexington (covering 5 counties) and Covington (covering 4 counties) currently conduct outreach in Hispanic communities, provide HIV testing, and conduct two community level intervention (Juntos and Promotores de Salud). A third AHEC in Louisville conducts similar activities with African-American communities.

North Central AHEC/HETC also collaborates with the Bluegrass Farmworker Health Center to provide additional outreach to migrant farm workers as well as testing.

The Lexington and Covington AHECs as well as the Bluegrass Farmworker Health Center have been extremely helpful in providing interpreters and assisting Hispanic clients receive services from other service providers who lack Spanish speaking employees.

Bluegrass Farmworker Health Center: Located in Lexington and Richmond, KY, the Bluegrass Farmworker Health Center (BFHC) serves a primarily migrant/seasonal farmworker population among eight counties in Central Kentucky. The migrant health center's service area includes: Fayette, Scott, Bourbon, Clark, Madison, Garrard, Jessamine and Woodford counties. Spanish is the primary language of approximately 96% of the BFHC clients.

The BFHC strives to optimize clients' health outcomes by providing affordable, culturally appropriate primary and preventive health care in settings that embrace the Hispanic culture and language.

BFHC values: Client-centered care, client advocacy, excellent health care for clients, extensive client-centered referral and tracking system, optimal client outcomes, life long learning, fiscal responsibility, high degree of respect among staff members. The clinical and outreach staff are fluent in Spanish and English.

Through a partnership with the DPH HIV/AIDS Branch, BFHC counselors and educators work with farm workers on the work site and in residences as well as utilize referrals to the actual clinic for medical needs including HIV/AIDS.

Hazard Perry County Community Ministries is located in Hazard. Their purpose is to meet community needs through supportive services (outreach and case management), crisis aid, homeless shelter, transitional housing and childcare. (606) 436-0051

Harlan Countians for a Health Community located in Baxter, is a coalition of healthcare providers, consumers, and other interested agencies whose purpose is to improve healthcare in Harlan County. (606) 573-6115

Westlake Primary Care, located in Columbia, provides information and educational AIDS material, prevention kits with condoms, confidential testing and pre and post-test counseling.
270-384-4764

LESBIAN/GAY/BISEXUAL ORGANIZATIONS PROVIDING HIV PREVENTION SERVICES

Lesbian/Gay organizations: Include **GLSO**, **Lambda** on the University of Kentucky campus, **Pride Alliance** on the Eastern Kentucky University campus, **Common Ground** at the University of Louisville, **Diversity Coalition** at Western Kentucky University, **T-Unity** at Transylvania University, **Alliance** at Murray State University, **ACE League** at Berea College, and **Unity** at the Northern Kentucky University. All provide educational interventions and support for at-risk populations, referrals, condom distribution and advocacy services. The service area includes primarily students, but is available for the community. The number of clients is not known at this time. Fiscal resources include institution funding and contributions. Program referrals and linkages are with local agencies, CBOs, and Care Coordinators.

FAMILY PLANNING CLINICS PROVIDING HIV PREVENTION SERVICES

Family Planning Clinics are offered through Health Departments throughout the state. These clinics provide counseling and condom distribution. Total number of clients served is not available at this time. Fiscal and personnel resources include state and local monies and paid staff. Clients are women of childbearing age and sexually active men. Program referral and linkages include specialists as necessary, local Counseling and Testing sites, and CBOs.

Planned Parenthood has existed in Kentucky for more than 64 years. Planned Parenthood provides services in a large portion of Kentucky. The Louisville office has 16 employees and an operating budget of approximately \$600,000. More than six thousand clients are seen annually in the Louisville office by either doctors, nurses, medical assistants or nurse practitioners. Services include distribution of condoms and prevention brochures, programs on AIDS 101 and Safer Sex and peer education for teens and youth. Planned Parenthood contracts with local health departments to provide free and confidential HIV testing for women by appointment. In addition, health department staff in Lexington provide onsite HIV testing at Planned Parenthood on a walk-in basis one day each week. Males have been referred to other agencies in the past, but the agency is increasing its focus on young men. Most clients served are females under age 19 through 39.

YOUTH SERVICES PROGRAMS PROVIDING HIV PREVENTION SERVICES

Department for Human Services/Juvenile Detention Louisville provides formal presentations, video-based programs and peer counseling/peer presentation programs. Approximately 75-80 programs are done annually with services provided to approximately 75-80 youths. The organization reports 136 individuals employed who are designated education providers. The population served is approximately 50% white, 50% black, under age 23, and has equal distribution between males and females.

Morehead State University's Delta Sigma Theta Sorority provides HIV/AIDS Prevention materials to students on campus through community outreach efforts and presentation. Main target are individuals who come from rural areas of Kentucky.

University of Kentucky's Multicultural Center provides HIV/AIDS Prevention materials to students through community outreach as well as collaboration with AIDS Volunteers, Inc and Lexington Fayette County Health Department to provide testing.

STATE PROGRAMS PROVIDING HIV PREVENTION SERVICES

DPH Targeted HIV Prevention Program is funded with state money and began in 1992 as a means of ensuring that those populations at highest risk of HIV infection were being served. The health departments were asked to identify areas of need and individuals not receiving prevention interventions through CDC funded programs. The following five (5) local health departments, located throughout the state are eligible to receive funding under this program: Barren River District Health Department, Lexington-Fayette County Health Department, Louisville Metro Health Department, Northern Kentucky District Health Department, and Purchase Area District Health Department.

DPH Core Health Education Program provides basic HIV/AIDS information and materials through nearly every local health department in the state. Programs are provided to the general public, health care professionals, and to public and private schools.

Kentucky DPH Review/Approval of continuing education for health professionals mandated by state law: This program reviews and approves, rejects, or approves with recommendations, all courses that any individual, health care provider, health education provider, etc. wishes to provide Continuing Education Units to professionals. The program requires six content areas: epidemiology, transmission, medical treatment, legal, and appropriate attitudes and behaviors, to be included in each course offering.

DPH HIV Care Coordinator Program provides coordination of services for individuals living with HIV/AIDS. Prevention of transmission education, including safer sex and latex distribution is provided by the Care Coordinators.

Local Health Departments in each county provide on-site counseling and testing, condom distribution, and health care worker education. Off-site partner notification is also provided upon request or agreement from an infected person. Court ordered testing and court mandated risk reduction programs are provided. Many health departments (particularly those receiving Targeted HIV Prevention Program funds) employ health educators to provide street-outreach, one to one counseling, group and community outreach. Fiscal resources are federal, state

and county funding. Counseling and testing is done by either social workers or nurses who have completed a certification program provided by the State. Program referrals and linkages include the Care Coordinator Program and local resources where available.

Maternal Child Health provides a variety of programs and services that include RTR and condom distribution, literature/brochure distribution, and prenatal 076 Protocol through local health departments. The HIV/AIDS Prevention Program Coordinator, in collaboration with the Adult and Child Health Branch participated in the Association of Maternal and Child Health Programs (AMCHP) Action learning Lab in September 2004. This program is composed of various disciplines from areas in the state who will come together to address perinatal HIV transmission in Kentucky. This team will focus on eliminating perinatal transmission through enhanced education of health care providers, general public and focus groups. This program consists of meetings that will run through 2006.

KENTUCKY GOVERNMENTAL DEPARTMENTS

Kentucky Department of Education (KDE): In 1990, the Kentucky Education Reform Act (KERA) was passed. KERA requires that local schools and districts determine the curricula used. The Program of Studies mandates the content to be taught at each grade level. Communicable diseases, communication strategies, peer pressure, decision-making, and abstinence are contained in the Program of Studies. KDE provides professional development and technical assistance on evidence-based curricula. Some of these programs are “Reducing the Risk” (RTR), “Making Proud Choices”, “Making A Difference” and “Postponing Sexual Involvement” (PSI). KDE, DPH HIV/AIDS Branch, Kentucky Parent Teacher Association, State Substance Abuse Program and other prevention providers co-sponsor training programs for peers and other individuals who provide prevention education to individuals in and out of school and individuals in alternative living settings such as faith-based organizations and juvenile justice facilities. The number of individuals served is not available at present.

KDE also finances and coordinates the Kentucky AIDS Prevention Education Technical Review Committee. This committee is responsible for reviewing a variety of educational materials including curricula, reference books, magazines, and videos.

Kentucky Department of Mental Health/Mental Retardation (Division of substance Abuse): Provides drug prevention education in schools throughout Kentucky. Also provides funding to treatment facilities.

CORRECTIONS/PUBLIC SAFETY PROVIDING HIV PREVENTION SERVICES

Jefferson County Corrections includes four county facilities housing offenders who have committed crimes. Their programs also include drug rehabilitation. Services include individual or group counseling, distribution of prevention brochures, free and confidential counseling services. The annual budget and number of employees are unknown at this time; however, their staff does include licensed counselors, physicians, and nurses. Client profile is 20% white, 80% African-American, 90% male, and 10% female. Ages among this population range from 18 to over 66.

Lexington-Fayette County Detention Center includes a recently built facility to house inmates. HIV counseling and testing is made available on site weekly, in close coordination with the Lexington-Fayette County Health Department

Life Line Recovery is a drug/alcohol rehabilitation program for incarcerated men in Louisville. Services include distribution of prevention brochures, group counseling, and educational programs in safer drug use, AIDS 101, and safer sex. Clients are over 18 and are equally divided between males and females, African-Americans, and whites. Size of budget and staff are unknown, but the staff sees an average of 50 men a month.

Federal Medical Center, Lexington provides medical treatment and educational programs to staff and inmates. Size of budget and personnel levels are unavailable at this time. Funding sources include government sources and inmate fund-raising activities. Program referrals and linkages include the University of Kentucky Medical Center, CBOs, and the ARC. The Lexington-Fayette County Health Department provides counseling and testing by request at the facility.

RELIGIOUS ORGANIZATIONS PROVIDING HIV PREVENTION/SERVICES

Religious Organizations known to actively support prevention efforts and support services in the Lexington community include the **Metropolitan Community Church, Integrity** (Episcopal), **Dignity** (Catholic), **More Light** (Presbyterian), AIDS-friendly parishes and **HIV/AIDS Ministry Team** (Catholic diocesan effort), and **Unitarian-Universalist Church**. Number of clients served is not available at this time, but their client base is their membership. There is much variety in funding sources, personnel resources and program referrals/linkages.

4. Gaps Analysis

The dedication of a number of key individuals has ensured that HIV prevention takes place with much more effectiveness and frequency than it would without the consistent and positive efforts these individuals put forward. That said, there are numerous serious gaps that remain that are of concern.

More effective implementation of the contracts has brought to the forefront increasingly accurate assessments of what is being completed effectively in Kentucky, given the limited amount of available funding and that some areas are less effective in practice than on paper. This assessment highlights the continued need for documented accountability and for more specific targeting of at-risk populations than has been required in the past. Recent and long-term epidemiological data support these recommendations.

The DPH will provide KHPAC with an annual report on the summary of interventions carried out for that year. With the legislative change in 2004, making it a law for HIV reporting by name, HIV data will be available in 2007. The CDC has projected full implementation of the Program Evaluation Monitoring System (PEMS) for Fall 2006, which will provide more accurate intervention data.

A crucial gap in prevention efforts statewide are those targeted toward transgender communities. While epidemiological data indicates that transgender people do not comprise a large portion of those who are HIV+ in Kentucky at this time, the number of HIV+ transpeople statewide and nationally is increasing significantly. This conclusion is supported both by anecdotal evidence from Kentucky HIV care and service providers and by research being done throughout the U.S., and makes transgender-specific prevention efforts imperative. Given the difficulty many transpeople have in obtaining legitimate employment with reasonable compensation and health insurance coverage, the incidence of sex work for money and the use of non-prescribed/non-monitored hormones and silicone injected with shared needles increases this population's HIV risk dramatically. However, there are currently no CDC-promulgated DEBIs that address transgender identity and experience, and there is very little training available to educate HIV prevention professionals and care providers about them. This failure to recognize the unique aspects of transgender life creates significant barriers for those who do prevention outreach, but could be remedied in large part through the education of providers and the development of appropriate intervention strategies.

Another crucial gap in prevention efforts, is the lack of recognition of the indirect effect of substance use on the spread of HIV infection. The risk for HIV associated with substance use involves more than the sharing of IDU paraphernalia. Substance use (i.e., methamphetamine, alcohol, ecstasy, etc.) is, in fact, a major factor for the spread of HIV infection and other sexually transmitted diseases. Substance abusers have increased lower inhibitions and, often times engage in sexual relations with multiple partners. There are also those substance abusers who trade sex for drugs, and consequently may find it hard to place limitations on what they will and will not do. Drug use can reduce a person's commitment to use condoms and practice safer sex. Currently there are no prevention programs that target substance use apart from intravenous drug users.

EASTERN AND NORTHERN REGIONS

Due to staffing limitations and funding, HIV prevention outreach for all targeted populations in the Eastern region of Kentucky is still not enough to effectively cover the 72 counties this region covers. Travel in this region and the limited funding for such makes it difficult to effectively reach all areas of the Eastern region.

The DPH has tried to identify and provide capacity building to the Eastern Kentucky region, and has made an impact through local churches and countywide fairs, but there is still a need for increased outreach in the more rural areas of the region.

General STD awareness and HIV prevention is not provided adequately in the Lexington-Fayette Urban County public schools. There is no long-term project currently targeting youth under the age of 21 with HIV prevention education and risk reduction information.

The IDU population is still not being effectively reached, particularly outside of Lexington-Fayette County, where outreach to IDU is extremely difficult. Within Lexington-Fayette County, some collaborations have been made with local drug treatment centers, but there are still many centers and agencies who choose not to participate.

The transgender population is not included in the list of prioritized populations due to lack of data, nor are there any approved DEBIs for this population. This makes it difficult to perform outreach with this high-risk population, since their needs are unique and do not fit appropriately with those of any other prioritized population.

NORTH CENTRAL REGION

Prevention efforts in the Metro Louisville area should be better coordinated. Service providers should strive to avoid duplication of services/efforts. More collaborative efforts among all HIV service providers should be facilitated.

The loss of three-quarters of the region's minority Community Based Organizations (CBOs) has resulted in a significant gap in reaching communities of color. (There were only four minority CBOs serving the region's seven counties prior to this loss, though the region's HIV+ population is disproportionately comprised of people of color).

There is a major gap in reaching transgender communities, youth 25 and under and adults 50 and older.

High Risk Heterosexual (HRH) HIV cases are increasing, in part, due to (1) the lack of HIV testing before, during, and upon release from incarceration, (2) the exchange of sex for money or drugs, and (3) bisexual activity. There is a gap in targeted prevention efforts in these areas.

Prevention monies spent on the HIV+ population, the number 1 prioritized population, need to be focused on providing strategies for HIV+ individuals to live healthy lives, protecting the general public and the long term health of HIV+ individuals.

WESTERN REGION

The rate of HIV infection in Western Kentucky has shown that prevention efforts are in place but the need continues to grow. HIV+, MSM, HRH (primarily minority populations), IDU, MSM/IDU are those populations at greatest need in Western Kentucky.

Gaps in HIV education and prevention can be seen in the lack of consistent HIV education in high schools, the lack of prevention efforts in corrections facilities or the work place and the lack of HIV education for the general population. The ruralness and the large travel region (42 counties) of Western Kentucky complicates the efforts to provide widespread education and the reduction of stigmatization of the disease.

Other gaps identified in the Western region are the lack of consistent mental health services and substance abuse programs which outline the need to target non IDU drug users.

FUNDING AND ACCOUNTABILITY

The most important factor KHPAC has taken into consideration is that sizable efforts be taken with the limited amount of funding available to reach the most individuals at risk for contracting HIV with evidence-based harm reduction

interventions. In the past, we have been unable to document that such interventions are occurring with any sustained approach. The evaluation of DEBI interventions (to be conducted at the end of 2006) which have targeted all at risk population will provide further information regarding the effectiveness of prevention interventions. The importance of the most cost-effective use of funding of the grant cannot be overemphasized.

It is crucial to prioritize interventions for HIV positive individuals. Programs utilizing HIV positive persons in the delivery of prevention services are lacking statewide. Lack of funding has seriously hampered the implementation of prevention case management for persons living with HIV. HIV + people across all risk categories are underserved. The best interventions for people living with HIV are peer education programs that use harm reduction.

An increased proportion of individuals reached through interventions have been designated to be HIV + within all target populations.

COUNSELING AND TESTING

A 2000-2001 evaluation of counseling and testing programs indicate that support staff at testing sites, at all levels, do not have adequate training in testing protocols, confidentiality, anonymity, client privacy and potentially awkward situations in a manner that promotes a successful program. Recommendations resulting from that evaluation and responses and goals to achieve those recommendations are listed below.

1. Site administrators and directors should raise HIV CTRPN to a higher priority, and should do so by hiring adequate numbers of staff, ensuring that anonymous and confidential testing procedures are appropriately explained, and defining a clear policy which assesses client needs and protects confidentiality and anonymity.²
 - This may be a reality in some areas of the state. The local health departments across Kentucky receive block grants from the State Health Department that are used to meet prioritized needs. Funds are allocated based on the highest prioritized need in that county. HIV may not rank very high in a given county and would receive less funding. David Raines will identify the health departments with the highest traffic related to STDs and the DPH will offer counseling and testing update and sensitivity training in these areas. Training can be offered but cannot be mandated.

² Zimmerman R. et al. Evaluation of HIV Counseling, Testing, Referral, and Partner Notification Services of the Kentucky Department for Public Health. HIV Prevention Research Program, University of Kentucky, 2001.

2. Advertising and community outreach should be increased to raise awareness and utilization of HIV counseling and testing sites in Kentucky.
 - Press releases will be done four to five times a year highlighting prevention activities. The DPH has established a link on the DPH website to add prevention and CTS information. All Health Departments have access to the state training calendar (www.KY.TRAIN.org). The counseling and testing training has been approved by TRAIN for CEU's. Tom Collins works very closely with Debbie Bohannon to make sure trainings are listed on the training website.
3. Counselors' training should be modified so that counselors receive training on HIV CTRPN goals, prevention and behavior change counseling including the discussion of risk factors and development of risk-reduction plans, discussion of homosexuality and more specifics of risk behaviors, and how to counsel an HIV positive client.
 - The HIV/AIDS Branch used the CDC sponsored curriculum 'Fundamental of HIV Prevention Counseling' as the foundation of the required training that all local health department nurses must complete before providing counseling and testing services. This curriculum addresses all the above mentioned subjects. Tom Collins completed the CDC course on the fundamentals of HIV counseling and testing in 2002. Beverly Mitchell completed the course in July 2005. Tom has trained numerous health department and CBO staff on counseling and testing and OraSure since he became certified in addition to the quarterly trainings conducted by David Raines. Update training will be offered to all counseling and testing sites, but the DPH cannot force staff to receive update training.
4. Continued counselor and site coordinator training should be required on a regular basis.
 - The DPH can offer training but it is not required by law, a change in legislation would have to take place for it to be mandatory.
5. Support staff should receive training on handling phone inquiries, the difference between anonymous and confidential testing, and ways of insuring privacy on the phone and at check-in.
 - The DPH will research videos that are available on sensitivity training, and if needed, develop a video to use with recommendations that staff receive updated training every five years. The DPH will also offer the two day counseling and testing training to all new counselors.

6. A site coordinator should be designated for each HIV CTRPN program.
 - All nurses working at local health departments are required to receive counseling training. HIV testing in rural areas does not occur often at the health departments, as the nurses have numerous other responsibilities. With low numbers of clients coming in for testing in these areas, it is not possible to achieve this at this time with the staffing and funding that is available.
7. A regional coordinator should be appointed for each region.
 - As stated previously, this is not practical or possible in every region based on available resources and current responsibilities.
8. The state should consider consolidating HIV counseling and testing services so a smaller number of sites will have truly sufficient resources and staff to be adequately trained, more experienced, and comfortable on a regular basis with protocols and sensitive issues.
 - It is state mandated that every county in Kentucky will have a counseling and testing site at each local health department. It would require a regulation change to incorporate this. The latest recommendations from CDC are that all people be tested. It is not practical to require persons to travel a long distance to be tested if testing is not available in their area. This would create a barrier for testing. Rather than consolidate sites, the DPH will offer more update training to staff in rural areas.
9. An internal monitoring system should be developed. This would include regular feedback concerning the extent to which CDC protocol and guidelines are being met.
 - An objective listed under PCRS is to conduct regular site visits.
10. OraSure and OraQuick testing should become available statewide. Health departments and districts need to have funding available or should be encouraged to seek outside funding to provide OraSure and OraQuick testing kits and training.

OraSure is not the appropriate testing method in local health departments. OraSure testing was intended to be used in outreach settings to reach people that may not come to their local health department. We encourage blood draws to screen for other STDs in a clinical setting. Ora-Quick or another form of rapid testing could be used to increase the number of people actually learning their serostatus, but it may decrease testing for other STDs requiring a blood-draw.

CONTRACTS & EFFICACY OF INTERVENTIONS

Training was conducted in 2005 with Prevention Specialists on DEBI implementation. Prevention Coordinators conduct periodic site visits to ensure the core elements of DEBIs are being completed. A full evaluation of the effectiveness of DEBIs will be conducted at the end of 2006.

CULTURALLY SPECIFIC INTERVENTIONS

Culturally appropriate interventions in CDC defined risk populations are inappropriate for youth, rural communities, transgendered people and injecting drug users. Meaningful prevention efforts in rural areas and among youth remain largely non-existent. State law prohibits access to sterile injection equipment. Relying on education about cleaning syringes with bleach and the distribution of syringe cleaning kits gives a false sense of security to the IDU community and inadequately addresses the very real prevention needs.

There is a need for targeted funding for culturally specific outreach in storefront facilities, that is, facilities and settings removed from health departments and other government buildings. Such storefront settings, we believe, would facilitate community building in CDC defined at-risk individuals.

REDRAWING THE REGIONAL BOUNDARIES OF HIV PREVENTION CONTRACTS

Kentucky is divided into three geographic regions: Eastern, North Central and Western. We believe the sheer enormity in size of the Eastern and Western regions is a barrier for effective prevention work. The Eastern region consists of 72 counties; the Western region consists of 42 counties. We believe it is imperative that the DPH study the possibility of dividing the state into more than three regions. Creating smaller regions would entice smaller CBOs, especially in the rural regions of the state, to vie for and be awarded prevention contracts with the state.

CAPACITY BUILDING

The lack of funding to non-governmental contracted CBO's does not allow for capacity building. Efforts have been made to identify and fund potential new CBOs in underserved areas, however they do not exist.

SYNOPSIS

1. Capacity building needs to be encouraged and funded to non-government contracted CBOs for geographic underserved areas of the state and within

- areas currently dependent on CBOs unable or unwilling to embrace harm reduction strategies.
2. While the epidemic continues to extend throughout all geographic areas of the state, prevention funding does not allow for consistent outreach efforts, especially in rural areas.
 3. The ability to test for HIV in the general population continues to improve. Complete HIV epidemiology does not exist due to recent legislation providing for named reporting. The numbers of AIDS reported remains statistically the same.
 4. New generations of GLBT populations are informed on the issues, however continued education remains a priority.
 5. Partners of individuals in risk groups, transgendered people and neo-natal at risk remains underserved.
 6. High risk populations in incarcerated, Hispanic and rural populations remain underserved or highly underserved. Racial disparity persists in access to services.
 7. Access to sterile injection equipment remains limited due to state law.
 8. While remaining committed to harm reduction, secondary prevention efforts in most cases remain insufficient.
 9. Continued support for state conferences on HIV/AIDS and the African American and Hispanic Leadership conference is indicated.
 11. Volunteers are not mobilized in significant numbers and community building is extremely limited.
 12. The state and the recipients of HIV prevention contracts remain pro-active in seeking to resolve the gaps.
 13. Collaboration between DPH and the Department for Education would assist in the inclusion of HIV education in individual school district curriculum.

CONCLUSION

Except for in a few metropolitan areas, prevention efforts across the state are hit and miss. A consistent, sustained plan which includes collaboration with other

agencies, community development, and harm reduction interventions reaching individuals in CDC defined risk categories that can be fully documented is sorely lacking.

There is a lack of linkages between the HIV/AIDS Branch and other agencies that have HIV prevention resources, including the KY Department of Education, mental health programs, substance abuse programs, family services, correction facilities, and the STD and TB programs.

A lack of linkages between the HIV/AIDS Program and the STD Program adversely impacts prevention efforts statewide. The new PEMS system will help identify information for the HIV/AIDS and STD programs. The DPH will document linkages with other government agencies and where prevention efforts are lacking, they will make every effort to resolve those issues.