

## **EPIDEMIOLOGY/POPULATIONS COMMITTEE**

**Prepared by Tony Gillespie, Chair**

### **Committee Structure**

#### 2008 Community Planning Group Cycle

*Members:* Tony Gillespie (Chair); Brian Fisher; Mark Anthony Hughes; Laura Prado  
*ISDH Technical Assistance:* Larry Harris; Barbara Burcham; Daniel Hillman

#### 2009 Community Planning Group Cycle

*Members:* Tony Gillespie (Chair); Anna Urias-Hall; Jesus Vega; Beth Yoder  
*ISDH Technical Assistance:* Daniel Hillman, Andrea Perez  
*CPG Technical Assistance:* Anita Ohmit

### **Committee Overview**

The Epidemiology/ Populations Committee of the Indiana HIV Prevention Community Planning Group began meeting in October, 2008 to work with the Indiana State Department of Health HIV/AIDS Epidemiologist to prepare for the release of the Indiana State Department of Health HIV/AIDS/STD Epidemiological Profile.

In partnership with the division, the goal of the Epidemiology Populations Committee was to ensure that the epidemiologic profile described the impact of the HIV epidemic in the jurisdiction and provided the foundation for prioritizing target populations as per the *Centers for Disease Control 2003 -2008 HIV Prevention Community Planning Guidance (Section III; part A)*.

### **Indiana HIV/AIDS Epidemiological Profile**

In an ongoing effort to improve the Indiana HIV/AIDS Epidemiological Profile, the committee worked to ensure that the following items were included: 1) An explanation that accompanies any rate that exceeds 5% in an "other" category. 2) HIV rates and disparity be clearly documented throughout profile and in the narrative

Further, the committee acknowledged as per the *Centers for Disease Control 2003 -2008 HIV Prevention Community Planning Guidance (Section III; part A)*, the epidemiological profile served as a pre-cursor and was inextricably linked to the following CPG related products:

- **Community Services Assessment:** describes the prevention needs of populations at risk for HIV infection, the prevention activities/interventions implemented to address these needs, and service gaps
- **Prioritized Target Populations:** focuses on a set of target populations (identified through the epidemiologic profile and community services assessment) that require prevention efforts due to high rates of HIV infection and high incidence of risky behaviors
- **Appropriate Science-based Prevention Activities/Interventions:** a set of prevention activities/interventions (based on intervention effectiveness and cultural/ethnic appropriateness) necessary to reduce transmission in prioritized target populations
- **Letter of Concurrence/Concurrence with Reservations/Non-concurrence:** describes via a written response from the CPG whether the health department application does or does not, and to what degree, agree with the priorities set forth in the Comprehensive HIV Prevention Plan.

To review the *Centers for Disease Control 2003 -2008 HIV Prevention Community Planning Guidance Section III; part A*, please visit <http://www.cdc.gov/hiv/topics/cba/resources/guidelines/hiv-cp/section3.htm>

The committee also had thoughtful and deliberative discussion that without a strong profile that accurately and clearly described the epidemic in the jurisdiction, that priority setting, targeting population for prevention activities and the selecting appropriate interventions would all be mal-affected, thus negatively impacting prevention efforts and successful outcomes for funded community based organization in the jurisdiction. In addition, the committee was extremely concerned that the CPG must carryout a logical, evidence-based

process to determine the highest priority, population-specific prevention needs in the jurisdiction. It was determined that the CPG could not make decisions based on emotion and anecdotal information in determining priority populations as in previous years. The committee, along with the ISDH HIV/STD Division worked diligently to make certain that the results of the epidemiological profile could be certified by an intentional and purposeful following of a structured process based on the attributes as recommended by the CDC.

Additionally, the committee identified core areas of the epidemiological process as a capacity building need, designed to improve comprehension and utilization of the epidemiological profile at the community level. Training for the full CPG was provided at a CPG December 2008 retreat.

The 2008 Indiana State Department of Health HIV Epidemiological Profile was presented to the full CPG by the division epidemiologist in January 2009. It was determined by the full CPG, in partnership with the division, that the profile was based on the criterion set forth by the CDC 2003 – 2008 HIV Prevention Planning Guidance, Appendix C, Objective D (please visit <http://www.cdc.gov/hiv/topics/cba/resources/guidelines/hiv-cp/appendixC.htm>).

The complete profile was electronically disseminated to the full CPG (also in January 2009) and made available on the ISDH HIV/STD website at <http://www.in.gov/isdh/24437.htm>

### **2009 – Setting Priority Population**

In April 2009 the HIV/STD division announced its decision to release a Request for Proposal in July 2009. It became necessary to amend the 2008-2010 Indiana HIV Prevention Plan to include priority populations, prompting the need for the committee to engage in a priority setting process.

In February 2007 it was determined and carried forward that Epidemiology Population Committee in partnership with Indiana State Department of Health would utilize these weighting factors in determining priority population:

- |                                    |                                             |
|------------------------------------|---------------------------------------------|
| 1. HIV/AIDS PREVALENCE             | 4. BARRIERS TO REACHING TARGETED POPULATION |
| 2. INCIDENCE RATE OF NEW INFECTION | 5. MULTIPLE RISK BEHAVIORS                  |
| 3. DIFFICULTY IN MEETING NEEDS     |                                             |

*(Taken from the 2008-2010 Indiana HIV Prevention Plan, Committee Narratives, Epidemiology/Populations; available on the ISDH website at [http://www.in.gov/isdh/files/epi\\_pop\\_comm\\_prev\\_plan2008-10.pdf](http://www.in.gov/isdh/files/epi_pop_comm_prev_plan2008-10.pdf))*

The Epidemiology/Populations committee began with reiterating discussions regarding:

- 1) The importance priority setting based on the criterion established by the CPG
- 2) Utilizing sound epidemiological to ensure that priority setting followed the epidemiological data
- 3) The fact that priority setting was inextricably linked targeting population for prevention activities
- 4) Priority setting affects the selection of appropriate interventions that affect prevention efforts and successful outcomes for funded community based organization in the jurisdiction.

Epidemiological data for the jurisdiction, including population and regional specific assessments, as well as the inclusion of some anecdotal information from community members were utilized during the process.

In following the EPI data, there are a total of 9,253 identified persons living with HIV in Indiana. Of that total 4,904 are MSM, 7,447 are male and 5,194 are White.

**Incidence rates- Whites 4.2, Blacks 37.1, Hispanic 14.3; Prevalence rates-White 90.2, Blacks 542.6, Hispanic 193.1 Source: Indiana HIV/AIDS Surveillance Data. Indiana Census data reports population percentages-Whites 88.1%, Blacks 9% and Hispanics 5%)**

Working with committee technical assistance, definitions and data contained in 2008 Epidemiological Profile (please see attachment A, which contains selected Tables from the **2008 Epidemiologic Profile for HIV/AIDS in Indiana** report) and based on aforementioned guidelines five prioritized populations were recommended and accepted by the CPG membership in May 2009. The full priority populations are as follows:

**Population 1: People living with HIV/AIDS**

White/ Black / African – American  
Hispanic / Latino or non Hispanic / Latino  
Male or Female  
HIV Positive

**Population 2: MSM**

Black / African – American  
Hispanic / Latino or non Hispanic / Latino  
Male  
Ages 20-49  
HIV Negative

**Population 3: Heterosexual / Female / African – American Female**

Black / African – American  
Female  
Ages 20 - 49  
HIV Negative

**Population 4: Youth**

White and / or Black / African – American  
Hispanic / Latino or non Hispanic / Latino  
Male or Female  
Ages 13-19  
HIV Negative

**Population 5: IDU**

White and / or Black / African – American  
Hispanic / Latino or non Hispanic / Latino  
Male  
Ages 30 - 49  
HIV Negative