Guiding Principles for HIV Prevention—Agenda
Monday, December 15, 2003, 3:30PM Eastern

I. **Welcome** (Kathleen Toomey)—3 minutes
- Introduction of working group members and staff

II. **Explanation of purpose of guiding principles. Brief description of CDC's new initiative and Section 2500 guidance.** (Kathleen Toomey, Kevin Cranston)—5 minutes.

III. **Go over structural outline. The working group is invited to make suggestions for changes.** (Kathleen Toomey, Nicole Renzi)—7 minutes

Discussion questions:
1. Is there agreement on the "Statement of Purpose" at the beginning of the document?
2. What changes, if any, are suggested for the format of the guiding principles?

IV. **Brainstorm ideas for issues to be addressed by the guiding principles, and the position of the working group on these issues.** (Kathleen Toomey)—40 minutes

Discussion questions:
1. The new initiative raised issues related to prevention for positives vs. primary prevention; HIV rapid testing; opt-out testing for pregnant women; and making HIV testing a routine part of medical care. How will the issues raised by the new initiative be incorporated into the guiding principles? What are the working group's recommendations in regard to these issues?
2. The new guidance in relation to Section 2500 of the Public Health Service Act requires that all HIV prevention materials be reviewed by an "accountable state or local health official," and that community review panels represent a "reasonable cross-section of the community in which the program is based." How will this affect state and local health agencies?
3. What issues does this new guidance raise that may need to be addressed in the guiding principles? What should our recommendation be in regard to these issues?
4. **(If time permits)—**Are there other issues related to HIV prevention that the guiding principles should cover?

V. **Next steps** (Kathleen Toomey, Nicole Renzi)—5 minutes
- Go over logistics, ie staff will draft the principles according to the working group's suggestions. The working group will have an opportunity to go over the draft and can then recommend changes on our next call.
- Have your calendars ready so that we may schedule the next call.

Guiding Principles for HIV Prevention—Structural Outline

Statement of Purpose: These Guiding Principles for HIV Prevention have been developed by a working group made up of members of the Association of State and Territorial Health Officials (ASTHO), the National Alliance of State and Territorial AIDS Directors (NASTAD), the National Association of County and City Health Officials (NACCHO), and the Council of State and Territorial Epidemiologists (CSTE). The Principles represent the position of the represented organizations speaking as a unified voice of public health on HIV prevention.

These principles will respond to issues raised by recent national policy changes in relation to HIV prevention, as well as other issues in HIV prevention policy from a state public health perspective. The principles may be used by public health officials, policy makers, and administrators to guide policy decisions in relation to HIV prevention.

Principles:

I. [Broad statement on an issue related to HIV prevention policy. i.e. statement on the need for policies and funding to support primary prevention for high-risk populations.]
II. [Broad statement]
III. [Broad statement]
IV. [Broad statement]

Notes: *This document should be approximately two pages long, and include only broad statements on HIV prevention policy. The principles may communicate the working group's position on the issues reflected in CDC's new initiative, as well as new guidance in the health department program announcement related to Section 2500 of the Public Health Service Act which will dramatically change the way that state HIV educational materials are developed and reviewed. Other broad issues in HIV prevention policies may be addressed as well.*

Participants:
Kathleen E. Toomey, MD, MPH Georgia ASTHO
Terry L. Dwelle, MD, MPH North Dakota
Liza Solomon Maryland NASTAD
Kevin Cranston MA NASTAD
Terrence Moore, Leo Rennie NASTAD
Jack Jourden, MPH Washington NASTAD
Eve Mokotoff CSTE- MI
Jerry Gibson CSTE SC – (member of group, unable to join the 12/15/03 call)
Jackie Nash FL
Vnewby Owens VA
Helen Fox Fields, Kira Jeter Kate Froeb Papa, MPH Nicole Renzi, MSW ASTHO

Eve Mokotoff's notes:

I participated in the first 45 minutes of this 60-minute call on December 15, 2003. Although I am familiar with some of the issues, the details were new to me. Please do not take these notes as literal transcriptions of the call.

The purpose was to discuss the role of primary prevention in light of the new CDC initiative (especially in the current environment that is "condom negative") and come up with guiding principles for prevention that were supported by the groups participating- ASTHO, NASTAD, NACCHO and CSTE. After the call was over I thought about including APHA and will ask the ASTHO staff members who are providing support for the work group about this idea.

Section 2500 guidance says that the state has to sign off that federally funded prevention materials are in line with this Guidance that says that the materials "cannot promote sexual behavior, either homosexual or heterosexual." This is a change that the State HO has to sign off and NASTAD views this as burdensome and takes the approval out of the hands of the community. Prior to this program review panels made up of members of "the community" approved these materials. The history of this change comes from an incident in Los Angeles with a group called Stop AIDS. The materials they produced were offensive to some.

The goal of this work group is to produce overall optimal HIV prevention guidelines.

Kevin Cranston reviewed the CDC "New Initiative". A concern is not with what is in it but with what is not included. The new emphasis is to work more intentionally with HIV-infected persons and their partners and for more partner counseling and referral services (PCRS). It represents a clear shift away from aiming prevention at uninfected persons and its broad outreach to high-risk populations- this is not being de-emphasized. It relies very heavily on testing. It also discusses perinatal prevention. Some group members protested this part of it saying it is a tiny part of the epidemic.

We brainstormed principles/policy statements. The list to be considered for inclusion include:

- Prevention should be scientifically based
- We need primary prevention in distinct populations
- Role of prenatal care and prenatal testing
- Should discuss condoms and needle exchange
- Should address prevention materials review process
- Should expressly acknowledge sexuality and its expression as a normal part of human behavior; that prevention of a sexually transmitted infection cannot deny this fact
- PCRS- what it is and is not capable of doing
    - This was discussed a bit and may be left out. The concern is that it is too big an issue to cover in a short "Guiding Principles" document.

Next call scheduled for January 15, 2004.