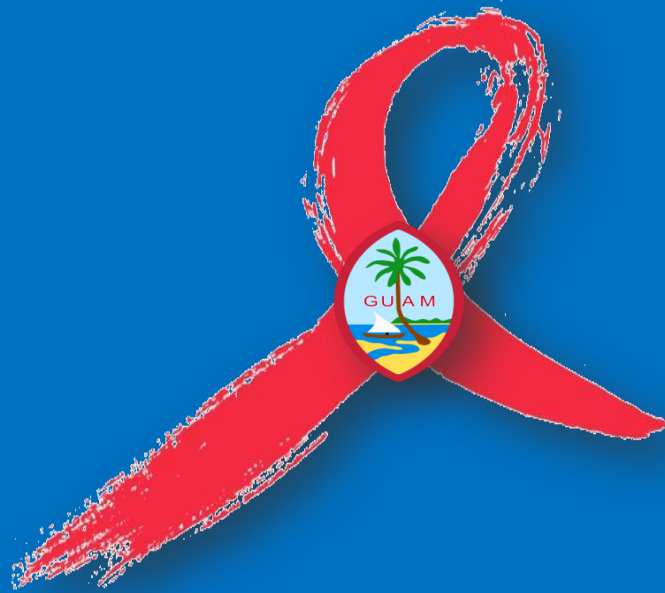


GUAM COMPREHENSIVE HIV PREVENTION & CARE PLAN



2014-2018

Guam HIV Planning Group

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In recognition to the members of the Guam HIV Planning Group

The dedication and knowledge that you have provided toward the development of the Guam Comprehensive HIV Prevention and Care Plan will help bring us closer to the end of the HIV epidemic. Thank you for all that you have done and that you continue to do for our community.

Tim de La Cruz, Community Co-Chairperson - Guam's Alternative Lifestyle Association

Vince J. Aguon, Health Department Co-Chairperson - DPHSS STD/HIV Program

Don Sabang - Guam Behavioral Health and Wellness Center

James Ursua - Guam Behavioral Health and Wellness Center

Martin Barcinas - Community member

Mamaling Reyes - Sanctuary Incorporated

Shelly JosephsBrooks - U.S. Naval Hospital Guam

Evan San Nicolas - Guam's Alternative Lifestyle Association

Paul Nededog - Department of Education

Narita Charfauros - Coalition Against Sexual Assault and Family Violence

Cherisse Santiago - DPHSS Medical Social Services

Jessica Cate - Ryan White HIV/AIDS Program

Bernie Schumann - DPHSS STD/HIV Program

Raymond Salas - DPHSS Family Planning Program

Linda Laba - Oasis Empowerment Center

Sarah Smith - University of Guam Gender Studies Program

Gloria Balajadia - University of Guam Student Health Services

Soledad Andrew - University of Guam Student Health Services



HIV Planning in Guam

Guam HIV Planning Group (HPG) Goal

The overarching goal of the Guam HPG is to *identify new HIV infections and reduce HIV-related health disparities through the collaboration and coordination of prevention, care and treatment services in Guam.*

Executive Summary

According to the Centers for Disease Control and Prevention (CDC), it is estimated that more than 1.1 million adults and adolescents are living with HIV in the United States and about 1 in 6 people are unaware of their infection. In Guam, there have been 144 reported HIV infections from 1985 to 2012.

The Guam HIV Planning Group (formerly Community Planning Group) has been in existence since the mid-1990s after the first guidance for HIV prevention community planning was issued in December 1993. With this guidance, the CDC mandated health departments receiving federal HIV prevention resources to collaborate with technical experts and representatives of communities affected by HIV to develop a comprehensive HIV prevention plan. This guidance has been updated three times with the most recent guidance published in July 2012¹.

During the HPG Meeting held in June 2012, a Community Co-Chairperson and Health Department Co-Chairperson were elected by the HPG members to serve a two-year term. The HPG members come from various sectors including public health, behavioral health and substance abuse, education, military, various community-based organizations and community members affected by the HIV epidemic.

The STD/HIV Program at the Guam Department of Public Health and Social Services is responsible for facilitating the HPG. There were major planning initiatives prior to the development of this 5-year plan including the *2003 Guam Comprehensive HIV Prevention Plan* and the *2012-2013 HIV Jurisdictional Prevention Plan*. In the most recent 2012-2013 HIV Jurisdictional Prevention Plan, HPG members identified men who have sex with men (MSM), intravenous drug users (IDU), and Chuukese/Federated States of Micronesia (FSM) migrant populations as the jurisdiction's target groups and developed three strategies that included HIV testing, condom distribution and social marketing that targeted these populations.

To ensure the HIV continuum is improved and to maximize the efficacy of prevention and care activities in Guam, HPG members agreed to incorporate HIV Care into its strategies and to merge with the HIV Care Planning Group. This 2014-2018 HIV Prevention and Care Plan was developed at the HPG Annual Meeting held in November 2013 and may be updated annually or on an as-needed basis to reflect the local needs.

Rationale for HIV Planning

Before the HIV prevention community planning guidance was issued in December 1993, communities conducted HIV prevention activities. However, most were not involved in planning comprehensive prevention activities at the state and local levels. Decisions regarding HIV prevention were typically

¹ http://www.cdc.gov/hiv/topics/funding/PS12-1201/pdf/HIV_Planning_Guidance.pdf

made at the national level (by Congress or via CDC through funding agreements with state, local, or territorial health departments).

In January 1994, the CDC restructured the manner in which federally funded state and local HIV prevention programs were planned and implemented and asked these entities to share the responsibility of developing a comprehensive HIV Prevention plan with technical experts and representatives of communities affected with HIV. As such, HIV planning is a compulsory component of the Jurisdictional HIV Prevention Plan as defined in CDC Funding Opportunity Announcement (FOA) PS12-1201.

High Impact Prevention

The Guam HPG acknowledges the importance of High-Impact Prevention approaches necessary to address the challenges of the HIV epidemic, advance the prevention goals of the NHAS, and maximize the effectiveness of current HIV prevention methods. This approach uses combinations of scientifically proven, cost-effective, and scalable interventions targeted to populations and geographic areas that are most affected by the HIV epidemic, and assure the greatest impact of HIV prevention efforts.

Alignment with the National HIV/AIDS Strategy (NHAS)

The White House released the National HIV/AIDS Strategy (NHAS) on July 13, 2010 and is the nation's first-ever comprehensive coordinated HIV/AIDS roadmap with defined targets. The NHAS is also endeavor to set well-defined priorities and provide governance for all public and private stakeholders to collaborate toward a common purpose. The goals of NHAS are to:

- Reduce new HIV infections;
- Increase access to care and improve health outcomes for people living with HIV; and
- Reduce HIV-related health disparities.

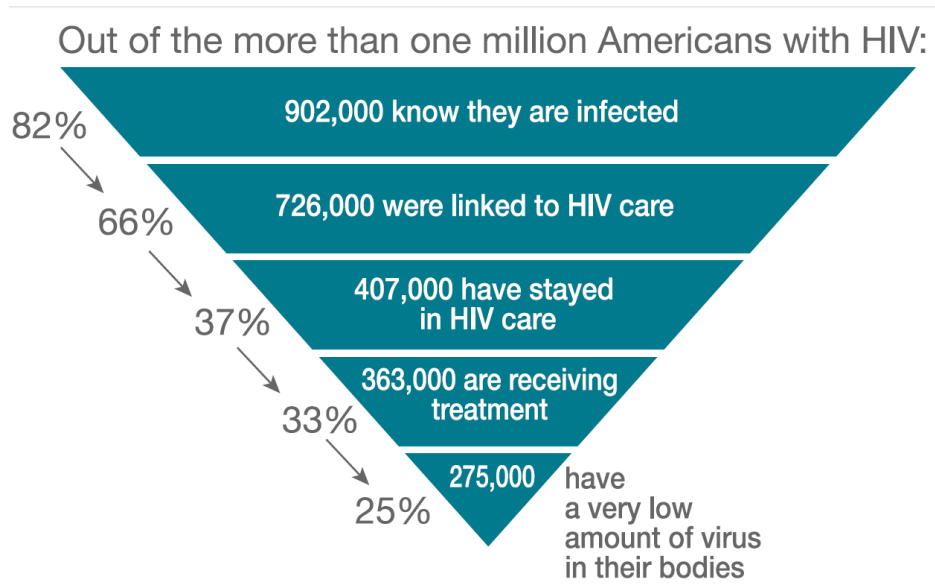
The Guam HPG goal is aligned with NHAS. The HPG structure and its inclusion of members who represent various entities encourage a forum necessary to achieve the goals of NHAS.

NHAS Vision:

The United States will become a place where new HIV infections are rare and when they do occur, every person regardless of age, gender, race/ethnicity, sexual orientation, gender identity or socio-economic circumstance, will have unfettered access to high quality, life-extending care, free from stigma and discrimination.

The cascade model below provides a visualization of strategies that are outlined in this plan and highlights the importance of engaging HIV positive persons throughout the continuum of HIV services to ensure that programs and resources are effectively targeted to those who need it most.

Figure 1: Percentage of HIV infected individuals engaged in selected states of the continuum of HIV care, 2010²



² Source: <http://www.cdc.gov/nchhstp/newsroom/docs/HIVFactSheets/TodaysEpidemic-508.pdf>

Guam HPG Accomplishments

Trainings

LINC Training on HPG Guidance from the CDC

The Community and Health Department Co-Chairpersons attended the HIV Planning Guidance Training September 29, 2012 in Las Vegas, Nevada sponsored by the National Minority AIDS Council (NMAC). The Co-Chairpersons were provided the opportunity to engage with other planning group members from throughout the U.S. and were involved in several exercises and discussions to identify stakeholders, engage community members and finally, develop a process to implement a HPG plan.

SPC Monitoring and Evaluation Training

Several HPG members were invited to participate at a Monitoring and Evaluation training by Secretariat of the Pacific Community (SPC) M& E Officers on June 24-28, 2013. During this training, participants were trained via a *Fundamentals in Monitoring and Evaluation* Curriculum specifically tailored for Pacific island countries. Participants were trained on M&E concepts and principles, identification of M&E priorities, data quality, and how to use M&E data for program planning and improvement among other topics.

HIV Counseling, Testing and Referral Services

The DPHSS STD/HIV Program collaborated with the Office of Minority Health and the Life Foundation to provide a HIV counseling, testing and referral services certification and refresher course to staff from DPHSS, WC/GP, GALA, and UOG in addition to Commonwealth Health Corporation staff from the northern sister island of Saipan, Commonwealth of the Northern Mariana Islands.



2013 HPG Annual Meeting

In November 20-21, 2013 the HPG reconvened during its Annual Meeting to discuss updates to the 2012-2013 Jurisdictional Plan and also develop strategies, objectives, activities and measures to incorporate into the new plan. Among other important matters discussed, the HPG Resource Inventory was updated; HPG members unanimously voted to have the new plan in force for a period of 5 years (2014-2018); HPG members agreed to merge with the Guam HIV Care Planning Group; 3 committees were developed including Prevention, Care and a Merging of Prevention and Care Planning Bodies who will oversee and provide updates to the HPG regarding their respective strategies (discussed later in this plan); and finally, the frequency of HPG (and Committee) meetings was outlined for 2014 (see Guam HPG 2014 Calendar).

Planning Group Membership

Members of the Guam HPG come from various entities that are crucial to achieving the HPG goal. These entities include including public health, behavioral health and substance abuse, education, military and various community-based organizations as well as members from the community who are affected by the HIV epidemic.

| Name | Agency/Organization/Representation |
|--|--|
| Tim de La Cruz, Community Co-Chairperson | Guam's Alternative Lifestyle Association |
| Vince J. Aguon, Health Department Co-Chairperson | DPHSS STD/HIV Program |
| Don Sabang | Guam Behavioral Health and Wellness Center |
| James Ursua | Guam Behavioral Health and Wellness Center |
| Martin Barcinas | Community member |
| Mamaling Reyes | Sanctuary Incorporated |
| Shelly JosephsBrooks | U.S. Naval Hospital Guam |
| Evan San Nicolas | Guam's Alternative Lifestyle Association |
| Paul Nededog | Department of Education |
| Narita Charfauros | Coalition Against Sexual Assault and Family Violence |
| Cherisse Santiago | DPHSS Medical Social Services |
| Jessica Cate | Ryan White HIV/AIDS Program |
| Bernie Schumann | DPHSS STD/HIV Program |
| Raymond Salas | DPHSS Family Planning Program |
| Linda Laba | Oasis Empowerment Center |
| Sarah Smith | University of Guam Gender Studies Program |
| Gloria Balajadia | University of Guam Student Health Services |
| Soledad Andrew | University of Guam Student Health Services |

Guam HPG 2014 Calendar

The following table is a snapshot of HPG-related activities beginning in 2013 and forthcoming activities outlined in this plan. This table will be updated periodically.

| Date | Activity | Status |
|---------------------------------------|--|-----------|
| May 9, 2013 | Executive Committee Meeting | Complete |
| July 17, 2013 | Executive Committee Meeting | Complete |
| August 19-21, 2013 | Fundamentals of HIV and Hepatitis C Prevention Counseling (certification and re-certification) | Complete |
| | Executive Committee Meeting | Complete |
| Nov. 20-21, 2013 | 2013 HPG Annual Meeting | Complete |
| March 2014 | HPG 1 st Quarterly Meeting | Complete |
| June 2014 (held July 11, 2014) | HPG 2 nd Quarterly Meeting | Complete |
| September 2014 | HPG 3 rd Quarterly Meeting | (Pending) |
| December 2014 | HPG 4 th Quarterly Meeting | (Pending) |
| TBA | HPG Annual Meeting | (Pending) |

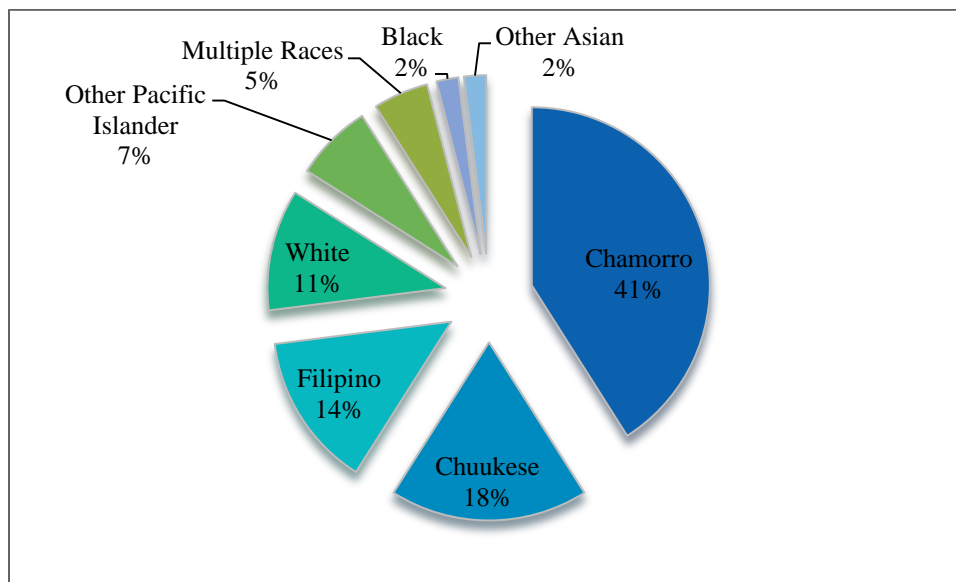
HPG members agree to meet quarterly for HPG regular meetings in addition to their respective Committee meetings that are scheduled by Committee leadership. Special HPG meetings shall be scheduled by the Executive Committee as necessary.

The HIV Epidemic in Guam

As of December 31, 2012 there have been a cumulative total of 244 HIV infections reported in Guam. Of the cumulative total, 64 HIV/AIDS cases (14 females, 50 males) were still known to be living in Guam as of December 31, 2012. Of the 244 cases reported to DPHSS since 1985, 208 (85%) of HIV/AIDS cases were among men, 36 (15%) of cases were among women. Taking into account HIV surveillance data from the last decade, there is an apparent gender disparity. From 2003 to 2012, males comprised 79% of all diagnosed HIV/AIDS cases in Guam.

Pacific Islanders (including Chamorro, Chuukese, and Other Pacific Islanders) accounted for a majority (66%) of the HIV/AIDS cases diagnosed between 2003 and 2012. Among all ethnicities, Chamorros accounted for 41% of these cases, Chuukese (18%), Filipinos (14%), and White (11%).

Figure 2: Race/Ethnicity of HIV/AIDS Cases Diagnosed 2003 - 2012

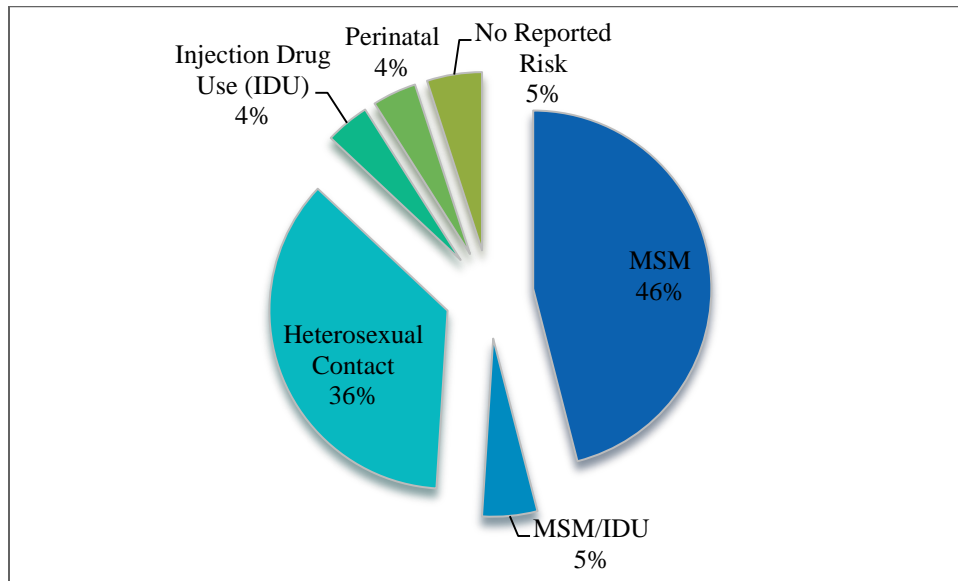


Source: Guam HIV Surveillance Report, 2013

With respect to risk factor, men who have sex with men (MSM), including MSM who also reported intravenous drug use, accounted for 54% of HIV infections.

During 2003-2012, male-to-male sexual contact (MSM) accounted for nearly half (46%) of HIV/AIDS cases in Guam and does not include the 5% of HIV/AIDS cases that were classified having both MSM and injection drug use (IDU) as a risk factor. In 2012 alone, MSM (including MSM/IDU) accounted for 10 out of the 11 HIV/AIDS cases (91%) diagnosed in the year.

Figure 3: Transmission Categories of HIV/AIDS Cases Diagnosed, 2003 - 2012



Source: Guam HIV Surveillance Report, 2013

HIV surveillance data from the past decade also brings to light that there are some issues as far as identifying HIV infection early on. For example, within the last decade 92 cases of HIV/AIDS were diagnosed or reported in Guam. Of the 56 cases of HIV infection, nearly half (45%) were diagnosed with AIDS within 12 months of their HIV diagnosis. Thus, this indicates that more efforts need to be carried out with respect to identifying infections early on to improve overall health outcomes.

For more information about HIV in Guam, please refer to the HIV Epidemiologic Profile for Guam (April 2014).

The State of HIV Prevention & Care Services in Guam

Resources, Services and Interventions

In order to determine the spectrum of HIV-related services in Guam, the resource inventory in the following pages highlights the various government and non-government entities involved with HIV-related activities on island and include.

The DPHSS STD/HIV Program collaborates with entities including WestCare/GUAHAN Project, Guam's Alternative Lifestyle Association, Behavioral Health and Wellness Center New Beginnings program, the University of Guam Student Health Services office to provide free HIV and STD testing to the populations that they serve. In addition, various sites are involved in DPHSS STD/HIV Program's condom distribution initiative to provide free condoms to clients with priority given to those identified as a target population.

| Name of Agency | Type of agency | Target population(s) | Type of Service(s) | Collaboration & Coordination | HIV Funded/Source |
|--|----------------|--|---|---|---|
| <i>Guam Department of Education (GDOE)</i> | Government | Youths; Adolescents | Curriculum and Instruction | Yes, participation in HPG meetings | Yes, CDC/Youth Risk Behavior Survey (YRBS)/Personal Responsibility Education Program (PREP) |
| <i>Westcare Pacific Islands/ GUAHAN Project</i> | Non-profit | General, emphasis on Chuukese community; Juvenile females aged 12-17; homeless | Prevention, education, rapid testing and referral services; drop-in center for the homeless shelter, | Yes, HIV rapid testing in collaboration with DPHSS STD/HIV Program; participation in HPG meetings | Yes |
| <i>Guam Alternative Lifestyle Association (GALA)</i> | Non-profit | Lesbian, Gay, Bisexual, Transgender Communities | Outreach, social marketing, peer education, rapid testing | Yes, HIV rapid testing in collaboration with DPHSS STD/HIV Program; participation in HPG meetings | Yes, DPHSS |
| <i>Oasis Empowerment Center</i> | Non-profit | Women | Drug and Alcohol classes, residential shelter for homeless women, thrift store, counseling | Yes, clients referred to SHP for STD/HIV counseling and testing services; participation in HPG meetings | No |
| <i>Sanctuary, Inc.</i> | Non-profit | Youth | Community outreach, prevention, education development | Yes, clients referred to SHP for STD/HIV counseling and testing services; participation in HPG meetings | No |

| | | | | | |
|---|------------|---|---|--|--------------|
| <i>New Beginnings, Guam Behavioral Health and Wellness Center</i> | Government | General; IDUs | Various level of care, education and therapy at risk for addiction, referrals, drug and alcohol testing | Yes, conduct STD/HIV screenings in residential treatment programs; participation in HPG meetings | No |
| <i>DPHSS HIV Surveillance Program</i> | Government | General | Collection of case data, monitoring of HIV epidemic, reporting of data | Yes, provide update on partner services; utilize reports to target resources; participation in HPG meetings | Yes, CDC/HHS |
| <i>DPHSS RWHAP</i> | Government | Persons Living with HIV/AIDS (PLWHAs) | Care and treatment for persons diagnosed with HIV/AIDS; Continuum of care services | Yes, refer clients testing HIV positive to SHP for partner services; participation in HPG meetings | Yes, HRSA |
| <i>DPHSS STD/HIV Program</i> | Government | General, MSM, high risk heterosexuals, youth, pregnant women, PLWHA | STD/HIV counseling, testing and referral services; Public information; condom distribution; STD Surveillance; coordinate STD Clinic for symptomatic clients; provide Capacity Building activities to partners; facilitate HPG | Yes, coordinate HIV rapid testing with selected sites; provide Partner Services for HIV positive persons; conduct Prevention for Positives | Yes, CDC |
| <i>UOG Violence Against Women Prevention Program</i> | Government | Students, faculty, staff | Educate on topics and other related issues specific to sexual assault domestic, dating violence, stalking | Yes, participation in HPG Meetings | No |

| | | | | | |
|--------------------------------------|----------------|--|---|--|-----|
| <i>DPHSS Family Planning</i> | Government | Females/males in child-bearing years | Provide family planning services to females in their child-bearing years, also provides promotion of reproductive services to males | Yes, STD/HIV screenings established in FP clinics in collaboration with STD/HIV Program; participation in HPG meetings | No |
| <i>Tuberculosis Control Program</i> | Government | General/Immigrants | Provide TB control activities; Direct Observation Therapy (DOT) | Yes, provide HIV testing to clients in collaboration with STD/HIV Program | No |
| <i>Healing Hearts</i> | Government | Females | Provide service following a sexual assault | Yes; participation in HPG meetings | No |
| <i>Salvation Army</i> | Non-Government | General | Drug recovery program | Yes, occasional STD/HIV screening in collaboration with WestCare GUAHAN Project; participation in HPG meetings | No |
| <i>Department of Youth Affairs</i> | Government | Youth | Youth correctional facility | Yes, Court ordered clients referred to SHP for STD/HIV counseling and testing; participation in HPG meetings | No |
| <i>Dept. of Corrections</i> | Government | General | Correctional facility | Coordinate STD/HIV testing in Hagatna Lock up and Mangilao Facility with STD/HIV Program | No |
| <i>PLWHA</i> | Volunteers | N/A | N/A | Participation in HPG meetings | N/A |
| <i>Victim Advocates Reaching Out</i> | Non-profit | Victims of violent crimes and traumatic events | 24-hour crisis intervention | Refer clients to SHP for STD/HIV screening | No |

| | | | | | |
|---|------------|-------------------------|-----------------------|--|----|
| | | | | | |
| <i>Guam Coalition against Sexual Violence and Family Violence</i> | Non-profit | General | Education | Yes, participation in HPG meetings | No |
| <i>Local Courts</i> | Government | Youth and adults | N/A | Clients are court ordered and referred to SHP for STD/HIV testing | No |
| <i>Guam Memorial Hospital Authority</i> | Government | General | Hospital | Clients are referred to SHP for STD/HIV screening; STD/HIV morbidities sent to SHP | No |
| <i>DPHSS Community Health Centers</i> | Government | General | Primary care services | Yes, established satellite STD/HIV Program office at NRCHC; provide HIV rapid testing to highest-risk patients in collaboration with STD/HIV Program | No |
| <i>DPHSS Immunization Program</i> | Government | General | Immunization services | Yes, coordinate Hepatitis vaccinations with communities at risk for TB and HIV infections | No |
| <i>U.S. Naval Hospital Guam</i> | Government | Military and dependents | Hospital | STD/HIV morbidities sent to SHP; participation in HPG meetings | No |

Needs, Gaps and Barriers

During the 2013 Annual Meeting, HPG members identified several needs, gaps and barriers in Guam's response to the HIV epidemic. Based on this discussion during the annual meeting, there were several themes of prevention and care services needs, gaps and barriers. One of the major gaps identified was in care services, including the limited amount of information regarding the health status of PLWHAs after they have been diagnosed. The following is a list of needs, gaps and barriers identified by HPG members during the 2013 Annual Meeting which were based on available data and stakeholder input and are arranged according to thematic areas:

Care Services

- Continuum of care services needs to be strengthened
- Health status of all individuals testing HIV positive is limited
- Lack of funding to address health and social service needs among PLWHAs
- Unknown health status of PLWHAs, especially those who have fallen out of HIV care or who are under private insurance
- Lack of education among PLWHAs about availability of care and other social services
- No needs assessment currently in place to fully understand the health status of PLWHAs in Guam
- Lack of transportation outside government agencies for PLWHAs to obtain care and other social services
- Lack of insurance (especially PLWHAs)
- Need to establish a referral processes/flow when someone tests positive for HIV (case management)
- Understanding the characteristics of transient PLWHAs

Reaching populations at highest-risk of HIV infection

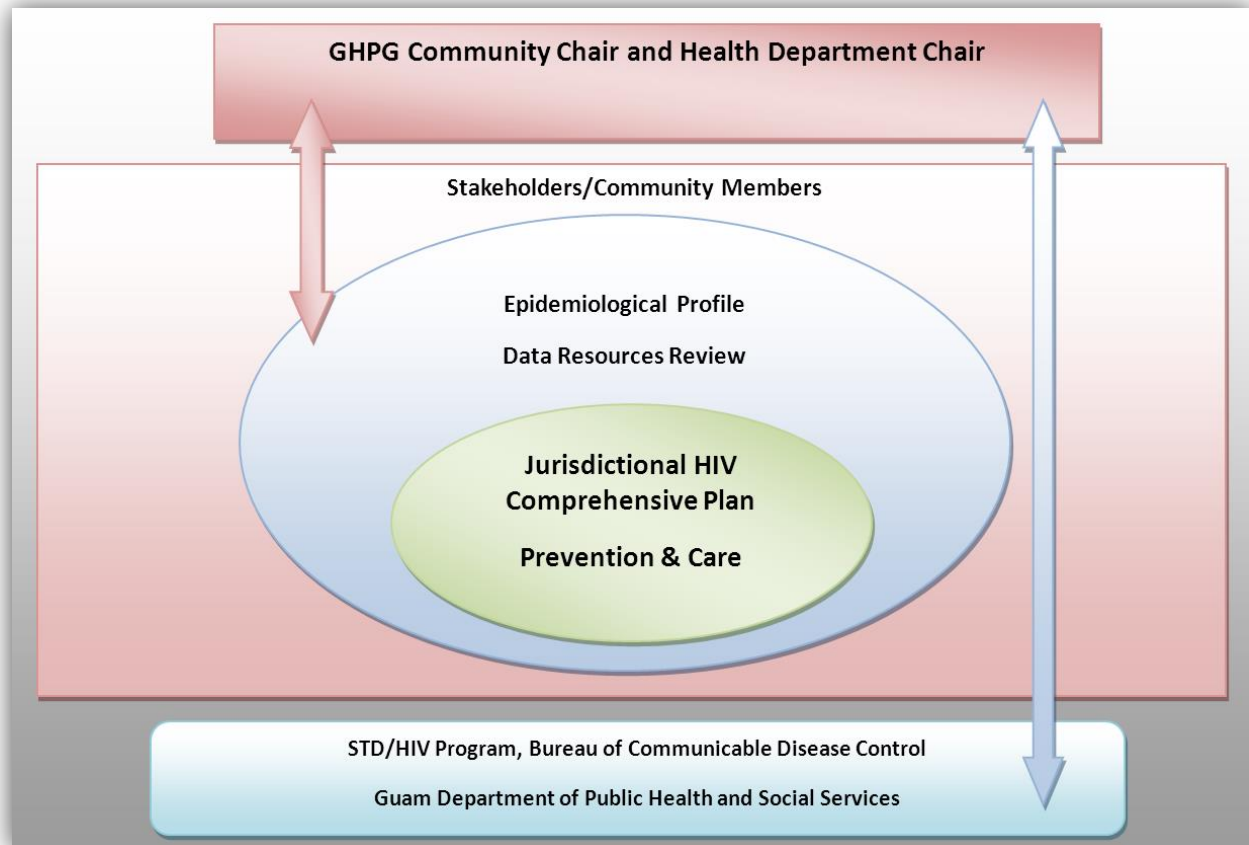
- Outreach to populations at highest-risk of HIV infections
- Condom distribution to highest-risk populations

Capacity building and policy

- Need for more capacity building opportunities – training for partner services, case management, making proper referrals, HIV+ prevention activities
- Military involvement/limitations in communicating with military personnel (policies)
- HPG partnerships with providers, legislators, business; need expand HPG membership to these entities

The Guam HPG Response

The goal of the Guam HPG is to *identify new HIV infections and reduce HIV-related health disparities through the collaboration and coordination of prevention, care and treatment services in Guam*. The structure of the Guam HPG consists of an Executive Committee which includes a Community Co-Chairperson, Health Department Co-Chairperson, and administrative support from the local health department, DPHSS. This structure may be visualized through the illustration below.



To inform the Executive Committee, three (3) committees were established during the 2013 Annual Meeting. They include *Prevention, Care, and Merging of Prevention and Care Planning Groups* Committees.

During the 2013 Annual Meeting, the Prevention and Care Committees identified their targeted populations and developed their respective strategies, objectives, activities and measures for this plan. In December 2013, the Merging of Prevention and Care Planning Groups Committee convened to ascertain the needs and gaps with respect to prevention and care activities on island and to develop strategies that involved the coordination of both prevention and care planning groups at the jurisdictional level.

In order to guide these efforts, each Committee elected their respective leadership teams that include the following:

Lead: Facilitate discussion among their respective committee members; engage committee members in periodic meetings during CY 2014 to determine the progress of the objectives and activities as outlined in the new Jurisdictional Plan; provide updates to the HPG during regular meetings

Talking Chief: Records Committee notes and speaks on behalf of their committee;

M&E Representative: Ensure all strategies, objectives, and activities are M&E focused and provide guidance to their designated Committee with respect to monitoring and evaluation as necessary. This individual must have received M&E training in the past.

Data Sources

The primary data sources for this plan include Guam HIV/AIDS Epidemiological Profile, local HIV and STD surveillance data, the Statewide Coordinated Statement of Need (SCSN) and Comprehensive Plan and from input provided from HPG members to identify those populations who endure the greatest burden of the HIV epidemic and those populations who are at greatest risk for HIV transmission and acquisition. The table below summarizes the sources used to inform this plan.

| Source | Area(s) of focus | Developed by |
|---|--|---|
| Guam HIV/AIDS Epidemiological Profile (2013) | HIV and STD Surveillance, Tuberculosis, HIV testing data | DPHSS STD/HIV Program |
| Guam HIV Surveillance Report (2013) | HIV Surveillance | DPHSS HIV Surveillance Program |
| SCSN and Comprehensive Plan (2012-2015) | Care | DPHSS HIV Surveillance Program |
| HIV and STD program testing data reports | HIV and STD testing | DPHSS STD/HIV Program |
| Condom distribution data report | Condom distribution | DPHSS STD/HIV Program |
| Annual STD Surveillance Report (2011) | STD surveillance | CDC National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention |
| Guam Chlamydia and Gonorrhea Burden Assessment Report (2009-2012) | CT and NG surveillance | DPHSS STD/HIV Program |
| PS12-1201 Annual Progress Report (2013) | HIV testing; condom distribution; risk behaviors | DPHSS STD/HIV Program |
| Youth Risk Behavior Surveillance System | Sexual risk behaviors, alcohol and substance use | Guam Department of Education |
| Annual Summary of Notifiable Diseases (2012) | STD and HIV morbidities | DPHSS Office of Epidemiology and Research |
| 1st Guam BRFSS Annual Report (2007-2010) | HIV testing | DPHSS BRFSS |

| | | |
|---|---|-----------------------|
| Second Generational Surveillance Behavior Survey among MSM (2007) | MSM risk behaviors, community perceptions | DPHSS STD/HIV Program |
|---|---|-----------------------|

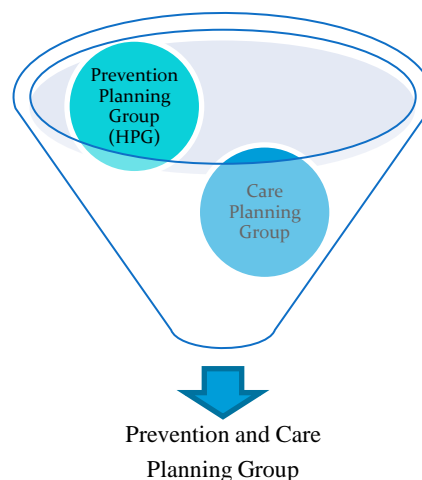
In response to the local HIV epidemic, the HPG shall ensure that prevention and care resources are disseminated and prioritized to those populations with greatest HIV burden.

Rationale for Merging of Prevention and Care Planning Bodies

In Guam, there are two major HIV planning bodies that are facilitated by Guam DPHSS: one that is Ryan White HIV/AIDS Program-sponsored and the 2012-2015 Statewide Coordinated Statement of Need (SCSN) and Comprehensive Plan (coordinated by the RWHAP Part B HIV/AIDS Program) that pertains mainly to HIV *Care*; and the CDC-sponsored 2012-2013 Jurisdictional HIV Prevention Plan (coordinated by the STD/HIV Program), which pertains mainly to HIV *Prevention* efforts in Guam.

During the 2013 Annual Meeting, HPG members discussed the possibility of merging with the Guam HIV Care Planning Group and voted unanimously to merge with the Care planning body for the following reasons:

- a. Both HIV Prevention and Care planning bodies are comprised of nearly the same stakeholders and have identical overarching goals (assist individuals in learning their HIV status, ensure that HIV positive individuals are linked to medical care, support services and prevention services, etc.)
- b. Planning of Prevention and Care activities would be less of a burden
- c. Prevention and Care activities will be more streamlined (since everyone will be at the same table at the same time)
- d. Ensure the inclusion and integration of other health issues (STIs, reproductive health, etc.)



The HPG understands that barriers such as the potential of competing agendas, categorical funding/requirements from CDC and HRSA, among others, may exist with the integration of Prevention and Care planning bodies; however, these barriers do not outweigh the benefits of having one planning body with a coordinated response to the local epidemic. In short, the integration of Prevention and Care Planning Groups into one planning body will enable the Guam HPG to further increase collaboration and communication on HPG initiatives, promote the sharing of planning resources, and allow for a coordinated jurisdiction-wide response to HIV/AIDS.

GUAM HPG STRATEGIES: 2014 TO 2018

Guam HPG Strategies: 2014 to 2018

For each strategy outlined in the following pages, the HPG identified target populations, objectives, activities and measures to:

- Ensure that this plan identifies those populations at greatest burden of the HIV epidemic in Guam; and,
- Ensure that prevention and care resources are disseminated and prioritized to those populations with greatest HIV burden.

The Guam HPG will be responsible for further developing, implementing, monitoring and evaluating the following strategies, objectives and activities set forth in this plan.

PREVENTION

The following members were elected to serve in the leadership of the HPG Prevention Committee.

Lead: Laling Pangilinan, DPHSS STD/HIV Program

Talking Chief: Evan San Nicolas, GALA

M&E-trained representative: Bernie Schumann, DPHSS STD/HIV Program

The Prevention Committee identified *intravenous drug users, substance abusers, men who have sex with men, pregnant women in their 3rd trimester of unknown status accessing DPHSS prenatal (PN) services and GMHA Labor and Delivery, and individuals 15-24 years of age* as the jurisdiction’s target populations based on available data and input from HPG members. By 2018, the HPG shall execute the following strategies among the specified target populations.

Strategy: Increase HIV Testing among highest-risk populations

HIV counseling, testing and referral services (CTRS) is a free service offered at Guam DPHSS and at the offices of WestCare/GUAHAN Project and Guam’s Alternative Lifestyle Association through agreements with the DPHSS STD/HIV Program. Increasing HIV testing to highest-risk populations will enable persons to know their HIV status so that necessary steps may be taken to reduce the spread of infections and improve overall health outcomes. The HPG identified the following objectives and activities to support this strategy.

Target Population: Intravenous Drug Users and Substance Abusers (IDU/SA)

| OBJECTIVE | |
|---|--|
| By 2018, 300 IDU/SAs who do not know their HIV status (never been tested) will be tested annually for HIV through peer-led outreaches. | |
| ACTIVITIES (2014-2018) | MEASURES |
| 1. Increase DPHSS and stakeholders’ capacity to conduct peer-led outreaches | • Number of technical assistance/capacity building assistance provide; Number of |

| | |
|--|--|
| | peer-led outreaches conducted; Number of STD/HIV tests conducted |
| 2. Provide support toward the establishment an Outreach IDU/SA Coalition | • Number of meetings completed; Outreach IDU Coalition established |
| 3. Support the implementation of certified peer counselors for IDU/SAs | • Number of peer counselors certified; number of outreaches conducted to IDU/SAs |

Target Population: Men who have sex with men (MSM)

| OBJECTIVE | |
|---|---|
| By 2018, 338 MSM who do not know their HIV status (never been tested) will be tested annually for HIV through peer-led outreaches. | |
| ACTIVITIES (2014-2018) | MEASURES |
| 1. Increase DPHSS and stakeholders' capacity to conduct peer-led outreaches | • Number of peer-led outreaches conducted; Number of STD/HIV tests conducted |
| 2. Ensure that Partner Services to HIV+ MSM is conducted and HIV testing for partner(s) identified is offered | • Number of Partner Services conducted to HIV+ MSM; Number of partners identified and tested |
| 3. Support the establishment of an incentive program for MSM that helps promote HIV testing | • Incentive program established; Number of MSM tested; Number of MSM reached through an incentive program |

Target Population: Individuals 15-24 years of age

| OBJECTIVE | |
|---|--|
| By 2018, strengthen access to STD/HIV testing services to high risk individuals 15-24 years of age who do not know their HIV status (never been tested). | |
| ACTIVITIES (2014-2018) | MEASURES |
| 1. Increase HIV (and STD) screening among high risk individuals 15-24 years of age through targeted outreaches and selected sites | • Number of outreaches conducted; number of sites selected; number of clients tested |
| 2. Collaborate with local Comprehensive Wellness Curriculum stakeholders | • Number of meetings attended |

Target Population: Pregnant women in their 3rd trimester of unknown status (accessing DPHSS PN services and GMHA Labor and Delivery)

| OBJECTIVE | |
|--|---|
| By 2018, 90% of pregnant women in their 3rd trimester who do not know their HIV status (never been tested) will be tested for HIV. | |
| ACTIVITIES (2014-2018) | MEASURES |
| 1. Increase HIV testing among pregnant women accessing DPHSS services | • Number of HIV tests conducted among pregnant women in their 3 rd trimester |
| 2. Provide support to assess the capacity of GMHA Labor and Delivery to provide all | • Assessment completed, highlighting the number of pregnant women who do not |

| | |
|---|--|
| pregnant women in Guam who do not know their HIV status with a HIV test | know HIV their status at GMHA Labor and Delivery |
| 3. Establish a HIV testing program at selected sites for pregnant women (i.e., GMHA Labor and Delivery, Sagua Managu) | <ul style="list-style-type: none"> Number of HIV testing programs at selected sites; Number of HIV testing performed among pregnant women at selected sites |

Strategy: Develop Social Marketing Campaigns for highest-risk populations

Guam DPHSS STD/HIV Program, WC/GP and GALA and other stakeholders have developed social marketing campaigns for their respective target groups. The following objectives are aimed to promote HIV and STI testing and awareness to individuals deemed as being highest-risk (i.e., including those who are not aware of their HIV status) and serve to complement existing social marketing strategies. The HPG identified the following objectives and activities to support this strategy.

Target Population: Intravenous Drug Users and Substance Abusers (IDU/SA)

| OBJECTIVE | |
|---|--|
| By 2018, a social marketing campaign will be produced targeting IDU/SAs who have never been tested for HIV | |
| ACTIVITIES (2014-2018) | MEASURES |
| 1. Provide support toward the development of a theme for the campaign | <ul style="list-style-type: none"> Number of focus groups conducted; theme developed |
| 2. Support the development a budget and identification of resources | <ul style="list-style-type: none"> resources identified; budget developed |
| 3. Strengthen social marketing activities with IDU/SA Coalition | <ul style="list-style-type: none"> Number of social marketing activities conducted in collaboration with IDU/SA Coalition |

Target Population: Men who have sex with men (MSM)

| OBJECTIVE | |
|---|---|
| By 2018, a social marketing campaign will be produced targeting MSM who have never been tested for HIV | |
| ACTIVITIES (2014-2018) | MEASURES |
| 1. Provide support toward the development of a theme for the campaign | <ul style="list-style-type: none"> Number of focus groups conducted; theme developed |
| 2. Support the development a budget and identification of resources | <ul style="list-style-type: none"> resources identified; budget developed |

Target Population: Pregnant women in their 3rd trimester of unknown status (accessing DPHSS PN services and GMHA Labor and Delivery)

| OBJECTIVE | |
|--|---|
| By 2018, a social marketing campaign will be produced targeting pregnant women in their 3rd trimester of unknown status accessing DPHSS PN services | |
| ACTIVITIES (2014-2018) | MEASURES |
| 1. Provide support toward the development of a theme for the campaign | <ul style="list-style-type: none"> Number of focus groups conducted; theme developed |
| 2. Support the development a budget and identification of resources | <ul style="list-style-type: none"> resources identified; budget developed |

Strategy: Increase condom distribution to highest-risk populations

Condoms are purchased by Guam DPHSS STD/HIV Program to several condom distribution sites that are located throughout the island. These sites include WC/GP, GALA, University of Guam, New Beginnings (GBHWC), Department of Youth Affairs and the Northern and Southern Community Health Centers. Guam HPG is aimed at further expanding the local condom distribution network to include venues accessed by the target populations. The HPG identified the following objectives and activities to support this strategy.

Target Population: Intravenous Drug Users and Substance Abusers (IDU/SA)

| OBJECTIVE | |
|---|--|
| By 2018, at least 1876 condoms will be distributed to IDU/SAs during peer-led outreaches (20% increase for each year). | |
| ACTIVITIES (2014-2018) | MEASURES |
| 1. Establish and increase the distribution of condoms during peer-led outreaches | <ul style="list-style-type: none"> Number of condoms distributed at peer-led outreaches |
| 2. Establish and increase the distribution of condoms at recovery clinics -New Beginnings, Salvation Army, Oasis | <ul style="list-style-type: none"> Number of condoms distributed at selected sites |
| 3. Establish and increase the distribution of condoms at Drop in center, Salvation Army | <ul style="list-style-type: none"> Number of condoms distributed at selected sites |

Target Population: Men who have sex with men (MSM)

| OBJECTIVE | |
|---|--|
| By 2018, at least 15,000 condoms will be distributed annually to MSM during peer-led outreaches. | |
| ACTIVITIES (2014-2018) | MEASURES |
| 1. Increase the distribution of condoms during peer-led outreaches | <ul style="list-style-type: none"> Number of condoms distributed at peer-led outreaches |
| 2. Increase the distribution of condoms at CTRS sites targeting MSM/TG such as GALA test site | <ul style="list-style-type: none"> Number of condoms distributed at selected sites |

| | |
|---|---|
| 3. Increase the distribution of condoms at pick up sites such as DPHSS & GALA | <ul style="list-style-type: none"> • Number of condoms distributed at selected sites |
|---|---|

Target Population: Individuals 15-24 years of age

| OBJECTIVE | |
|---|--|
| By 2018, at least 10,000 condoms will be distributed annually during peer-led outreaches to individuals 15-24 years of age | |
| ACTIVITIES (2014-2018) | MEASURES |
| 1. Increase the distribution of condoms during peer lead outreaches | <ul style="list-style-type: none"> • Number of condoms distributed at peer-led outreaches |
| 2. Increase the distribution of condoms to selected sites | <ul style="list-style-type: none"> • Number of condoms distributed at selected sites |
| 3. Expand condom distribution sites to clubs, Guam Community College, USO, and Mayor’s Offices, and other sites frequented by at-risk populations | <ul style="list-style-type: none"> • Number of condom distribution sites |
| 4. Increase the distribution of condoms to index cases and partners during Partner Services | <ul style="list-style-type: none"> • Number of condoms distributed at selected sites |

CARE

The following members were elected to serve in the leadership of the HPG Care Committee.

Lead: Kelly Jensen, WestCare/GUAHAN Project

Talking Chief: Shellyann JosephsBrooks, U.S. Naval Hospital Guam

M&E-trained representative: Bernie Schumann, DPHSS STD/HIV Program

The Care Committee identified *all persons living with HIV/AIDS (PLWHAs)* as its target population based on available data and input from HPG members. By 2018, the HPG shall execute the following strategies among the specified target populations.

Strategy: Strengthen the local HIV continuum of prevention and care services

Strengthening the local HIV prevention and care service continuum is crucial to optimizing health outcomes. The HPG identified the following objectives and activities to support this strategy.

| OBJECTIVE | |
|--|---|
| By 2018, increase the percentage of newly diagnosed HIV-positive persons linked to care within three months of diagnosis. | |
| ACTIVITIES (2014-2018) | MEASURES |
| 1. Establish and improve the capacity of data reporting systems to monitor and accurately measure linkage to care | <ul style="list-style-type: none"> • Data-reporting system established to monitor and measure linkage to care |
| 2. Utilize HIV surveillance data to identify newly diagnosed persons and link them to care | <ul style="list-style-type: none"> • Number and percentage of newly diagnosed HIV-positive persons identified and linked to care |

| OBJECTIVE | |
|--|--|
| By 2018, 90% of HIV-positive individuals will receive appropriate and continuous medical care and support services. | |
| ACTIVITIES (2014-2018) | MEASURES |
| 1. Strengthen service and care system to <i>re-engage</i> those PLWHAs who have fallen out of care | <ul style="list-style-type: none"> Number and percentage of PLWHAs <i>re-engaged</i> into care services |
| 2. Increase the proportion of HIV-positive persons who remain in continuous care | <ul style="list-style-type: none"> Number and percentage of HIV-positive persons in continuous care |

| OBJECTIVE | |
|---|---|
| By 2018, 100% of public HIV testing sites will provide streamlined, onsite linkage to care services. | |
| ACTIVITIES (2014-2018) | MEASURES |
| 1. Improve the capacity of public HIV testing sites to provide linkage to care services | <ul style="list-style-type: none"> Number of capacity building activities provided to public HIV testing sites; Number of testing sites providing linkage to care services |

MERGING OF PREVENTION AND CARE PLANNING GROUPS

The following members were elected to serve in the leadership of the HPG Merging of Prevention and Care Planning Groups Committee.

Lead: Raymond Salas, DPHSS Maternal and Child Health (MCH) Program

Talking Chief: Narita Charfaurous, Guam Coalition Against Sexual Assault and Family Violence

M&E-trained representative: James Ursua, Guam Behavioral Health and Wellness Center

The Merging Committee determined that both Prevention and Care Planning Groups should be coordinated in order to maximize the efficacy of prevention and care activities in Guam. By 2018, the HPG shall execute the following strategies among the specified target populations.

Strategy: Coordinate the streamlining of Prevention and Care Planning Group

The Guam HPG is aimed at coordinating a jurisdiction-wide response to HIV/AIDS and understands the benefits of having one planning body to be at the forefront of this jurisdiction-wide response.

| OBJECTIVE | |
|--|---|
| Conduct at least 4 HPG meetings annually with Prevention AND Care Stakeholders for a total of 20 meetings by December 31, 2018. | |
| ACTIVITIES (2014-2018) | MEASURES |
| 1. Ensure that at least 4 HPG meetings annually with prevention and care stakeholders | <ul style="list-style-type: none"> Number of meetings conducted annually with prevention and care stakeholders |

Monitoring Our Progress

Monitoring the Comprehensive HIV Prevention and Care Plan

To ensure objectives are met and strategies (and their respective activities) are monitored and evaluated, each Committee will develop their respective schedules to meet at least quarterly beginning in January 2014 to discuss their progress in achieving their strategies. Each Committee Lead is responsible for scheduling such meetings and request assistance from the HPG Executive Committee as necessary. The M&E trained representative is responsible for guiding their respective committee’s progress utilizing the following monitoring questions outlined below to address each strategy outline in this plan. Additional monitoring questions may be adopted by the HPG when necessary.

| Strategy | Monitoring Questions |
|---|--|
| <p>Increase HIV Testing among highest-risk populations</p> | <p><i>To what extent was HIV testing increased among highest-risk populations?</i></p> <p><i>Were HIV testing services effectively target those with greatest disease burden?</i></p> |
| <p>Social Marketing to highest-risk populations</p> | <p><i>To what extent was social marketing used to promote HIV and STI testing and awareness to highest-risk populations?</i></p> <p><i>Were social marketing effectively target those with greatest disease burden?</i></p> |
| <p>Increase condom distribution to highest-risk populations</p> | <p><i>To what extent were condoms distributed highest-risk populations?</i></p> <p><i>Were social marketing effectively target those with greatest disease burden?</i></p> |
| <p>Strengthen the HIV continuum of prevention and care services</p> | <p><i>To what extent was the HIV continuum of prevention and care services strengthened?</i></p> <p><i>To what extent were systems established (or improved) to engage HIV positive persons who have never been in care?</i></p> <p><i>To what extent were agencies, CBOs and other organizations provided technical and/or capacity building assistance to improve the HIV continuum of prevention and care services?</i></p> |
| <p>Coordinate the streamlining of Prevention and Care Planning Group</p> | <p><i>To what extent was collaboration between HPG stakeholders strengthened toward the development of streamlined prevention and care strategies?</i></p> |

Monitoring the Jurisdictional Planning Process

In order to monitor the jurisdictional planning process the HPG as a larger group, shall meet at least quarterly to engage members in active discussion and to maintain working partnerships among its stakeholders. These activities will also help inform the progress of this plan and determine if amendments to this plan are necessary to achieve the overall HPG goal. Monitoring of Guam's jurisdictional planning process will be facilitated by DPHSS administrative support representative and in accordance with recommendations outlined in the *2012 HIV Planning Guidance*.

Technical Assistance and Capacity Building for HPG Members

To assist HPG members with accomplishing their objectives, opportunities for capacity building should be requested via DPHSS Administrative Support who will then determine the availability of trainings, workshops or certification courses for HPG members through collaboration with CDC and other organizations.

Amendments to this Plan

Any proposed amendments to this plan shall be discussed during the quarterly HPG meetings or special meetings scheduled by the Executive Committee. A majority vote shall be taken among HPG members regarding any proposed amendments to this plan. This plan may be updated annually or on an as-needed basis to reflect local needs.

Goal of the Guam HPG

Identify new HIV infections and reduce HIV-related health disparities through the collaboration and coordination of prevention, care and treatment services in Guam.