



## Using the Epidemiological Profile for Decision-Making

HIV Prevention Community Planning is a collaborative process through which health departments work in partnership with Community Planning Groups (CPGs) to design local prevention plans that best represent the needs of the various communities at risk for, or infected with HIV. The primary task of the CPG is to develop a comprehensive HIV prevention plan that is based on scientific evidence and community values. Together, representatives of affected populations, epidemiologist, behavioral and social scientists, HIV prevention service providers, health department staff and others analyze the course of the epidemic in their jurisdiction, assess and prioritize HIV prevention needs, identify HIV prevention plans that are directly responsive to the epidemic in their jurisdiction.

One of the ways in which the CPG analyzes the course of the epidemic in their jurisdiction is to learn more about the impact of the epidemic in their localities. This is the starting point for defining future HIV prevention needs in defined, targeted populations. The epidemiological profile assess and describes the extent, distribution, and impact of HIV/AIDS in defined populations in the community, as well as relevant risk behaviors.

The Epidemiological Profile proceeds the needs assessment and helps to guide the CPGs identification of the populations at risk for HIV infection and that should be targeted in the needs assessment. Epidemiologic data helps to focus the needs assessment on specific identified populations based on such factors as race, ethnicity, gender, age, risk-behavior, and geography (e.g., geographical distribution of cases.) The profile also identifies baseline data to help determine if interventions recommended by the CPGs have actually had an impact on the transmission of HIV and STD.

Epidemiology typically addresses *quantitative* aspects of a disease as its causes, the number of cases, their distribution both geographically and among different populations, and trends in the incidence of the disease. It also gives *qualitative* data and can tell you how many people are newly infected with HIV from the *sero-prevalence*, *prevalence*, *sero-incidence*, and *cumulative incidence* rates.

### The terms often used in an epi profile are as follows:

**SEROPREVALENCE-** refers to the number of persons in a population to test HIV+. (The number of people in a particular population group who is HIV+)

**PREVALENCE-** data refers to the total number of AIDS cases in a given population at a given time including new and previously reported cases. It tells you how many people are living with AIDS.

**SEROINCIDENCE** refers to the number of new AIDS cases that occur in a specified time period. (The number and rate of new AIDS cases reported in your state or metro area in the past month or year)

**CUMULATIVE INCIDENCE** data refers to the total number of new AIDS cases that have been diagnosed and reported from the time reporting began to the most recent reporting date.

The kinds of data reflected in an Epidemiological Profile are AIDS cases, estimated prevalence in specific populations, Reported HIV infections, HIV seroprevalence and seroincidence surveys, HIV risk behaviors, and surrogate markers for HIV risk behaviors(e.g., STD, teen pregnancy, and drug use). After the Health Department develops the Epidemiological Profile, the Community Planning Group members utilize the epi-data to prioritize targeted populations, which will determine what targeted populations receive funding in that particular geographical location.

The Epidemiological Profile plays a very important role in decision making as it relates to planning and allocating funding.

Using local epidemiology helps the Community Planning group members target specific audiences and behavior risks that are most in need of prevention in their community. It can also help planners be more thoughtful about how to best use limited resources. Through identifying geographical locations and specific target populations, the Epidemiological Profile paints a picture for Community Planning group members, Health Departments and funders.

**Source:** African American HIV Prevention Community Planning Facilitators Guide & Ms. Marilyn Moering, CBA Manager

Funding provided in whole or in part by the Centers for Disease Control and Prevention through Cooperative Agreement Number U22/CCU418193.

