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New Secondary Prevention and Testing Initiatives

Organizations Encouraged to Increase Efforts

Jennifer L. Rich

Loretta Davis-Satterla has been on the road a lot lately. As the director of Michigan's Division of HIV/AIDS-STD, she has been traveling to meetings and open houses around the state to help community-based organizations (CBOs) understand and adapt to the initiative announced last spring by the Centers for Disease Control and Prevention (CDC)—Advancing HIV Prevention: New Strategies for a Changing Epidemic (see page 2).

Organizations that have largely concentrated on prevention and outreach to those who are HIV negative are being asked to increase their emphasis on testing and secondary prevention efforts. The goal of the initiative is for organizations to elicit the help of those who are already HIV positive to stem the tide of new HIV infections.

Satterla and her colleagues at the state and federal levels are determined to give local organizations the time and tools they need to succeed in the new environment.

"It is important for folks to know that this is a process," Satterla said. "We need time to evaluate what kinds of things are going to fit in to the new direction, what aren't, and how to modify those that don't."

The CDC initiative was launched after public health officials found that the precipitous drop in AIDS deaths in recent years was not accompanied by a corresponding decrease in new HIV infections.

Indeed, 40,000 Americans are estimated to have been infected with HIV each year for the last ten years.

Furthermore, as many as a quarter of the 850,000-950,000 people living with HIV infection in this country are unaware of their serostatus and do not

know to seek treatment and avoid transmitting the disease, a statistic that CDC director Julie Gerberding recently called "unconscionable."

The CDC's strategy focuses on testing and prevention education for those already infected with the virus, as well as

getting those infected into care.

According to Satterla, local groups are worried that the initiative's focus means that prevention efforts targeted at individuals who are HIV negative but at high risk of contracting the disease will be abandoned.

"I usually respond by first saying quite clearly that targeting people who are HIV positive is a sound public health tactic," she said. "Targeting them to the exclusion of anyone else would not be."

She says, however, that prevention efforts aimed at high-risk negatives "need to look different" going forward.

"If CBOs want to be competitive for our dollars, we've been telling folks that their outreach activities need to be highly targeted and skills-based," she said. "And there needs to be a clear understanding of how the outreach could and would link to counseling, testing and referral."

"We have to start looking at HIV positive individuals and those who are truly at high risk for HIV..."

Loretta Davis-Satterla

Director, Michigan Division of HIV/AIDS-STD



Be Specific

Though many organizations already have highly targeted services, Satterla says that there are some groups—particularly those focusing on high-risk heterosexuals—who need to think more strategically about their target audiences.

“When CBOs say they are going to target high-risk heterosexuals, we ask, ‘What does that mean to you?’” Satterla said. “Is that someone who has multiple partners within a certain amount of time? Is it someone who uses injection drugs on a regular basis? If you are targeting adolescents, are you dealing with run-aways, or those who have already identified themselves as MSM?”

She acknowledged that providers situated in areas where HIV and STD prevalence is low will have a harder time making a case for prevention dollars.

“We have to start looking at HIV positive individuals and those who are truly at high risk for HIV,” she said, “not just people who are at high risk for problems associated with sexual activity, like teen pregnancy.”

Satterla says that the outreach activities themselves also need to be well-defined and highly targeted to address each very specific situation that a potential client poses. Not everyone needs a flyer, she says.

Rapid Testing

Another important component of outreach programs, experts say, is a strong link to counseling and testing, whether within an organization or in partnership with another local group. One way to do that, they say, is by learning to administer the OraQuick®* rapid test, which has

Advancing HIV Prevention New Strategies for A Changing Epidemic

- ◆ Make HIV testing a routine part of medical care
- ◆ Create new models for diagnosing HIV infections outside medical settings
- ◆ Prevent new infections by working with people diagnosed with HIV and their partners
- ◆ Decrease mother-to-child HIV transmission by incorporating HIV testing in the routine battery of prenatal tests

become a CDC priority for its ability to provide clients results in 20 minutes.

But Tom Liberti, chief of the Bureau of HIV/AIDS of the Florida Department of Health, advises CBOs to research the different state laws and OSHA regulations that govern rapid testing to assess whether to offer the service. He says groups should assess their ability to implement controls needed to handle blood and needles, as well as the ability to provide counseling in the new, rapid test environment.

Liberti also warns that rapid tests are 8 to 10 times more expensive than other exams and may not be appropriate in some situations and among certain clientele.

He said the state of Florida has already undertaken demonstration projects in rapid testing and provided training for those CBOs that are interested in offering the quick test, but that state officials “decided to get three to six months of experience under our belts” before expanding the program widely.

Forge Alliances with Medical Providers

For CBOs that decide against offering testing, experts suggest that the groups start to forge strong relationships

with local emergency rooms, urgent care clinics and federally qualified health centers in high prevalence areas to use as referral sites.

In some states, CBOs have already partnered with local emergency room clinics to provide case management and counseling around testing activities.

“And I suspect physicians’ and clinicians’ offices would probably welcome that kind of thing as well,” Satterla added.

Develop Relationships with Evaluators

Health facilities aren’t the only places where CBOs should be seeking partnerships.

As funders require increasingly stringent evaluations of the impact and outcomes of programs, CBOs must decide whether to divert funds from direct services to pay for evaluators and statisticians. Instead, Satterla suggests that CBOs begin to develop relationships with local universities, and particularly graduate students or Ph.D. students, who may have an interest in conducting an impact and outcome evaluation as part of their research.

New Initiatives continued on 3

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Send an e-mail to info@omhrc.gov to join our mailing list or to update your address. Or, write to OMHRC, P.O. Box 37337, Washington, D.C., 20013.

To submit story ideas or to comment on *HIV Impact* articles, contact Brigette Settles Scott, M.A., managing editor at the address above or e-mail bscott@omhrc.gov ◆



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“The most important thing is that it is done well, that it will hold up to scrutiny and that it is scientifically sound,” she said.

Training, Training, Training

Though many components of the Advancing HIV Prevention initiative will require an increasing level of skills, both the CDC and the states are committed to providing training for existing staff.

“Groups definitely want to continue having staff that represent the community, either a person who is recovering from drugs or who is gay or bisexual,” Satterla said. “And my hope is that the existing staff, who came in because they had a commitment and a connection to the community, has received training along the way.”

In Michigan, the Department of HIV/AIDS-STD has already funded a CBO to provide a statewide training program targeted to increasing the skills of outreach workers in dealing with both high-risk negative and HIV-positive clients.

In Florida, the state government has invited the CDC to provide statewide training in a variety of issues relating to the initiative.

“That kind of training will assist CBOs in becoming competitive not only for state funding, but for direct CDC funding as well,” Satterla said.

But how exactly are federal and state funding going to be impacted by the new initiative? While the exact changes will become clear only over time, Liberti explained that funding that was once allocated strictly to HIV prevention will now be divided among programs that focus on prevention, testing and prevention with positives.

In Florida, Liberti said, “Over the next couple of years, we are going to focus on good quality interventions for high-risk negatives. We’ll be doing more in testing with community-based organizations that meet the criteria. And we are still looking at how much we will be going down the road of prevention with positives since there aren’t a whole lot of interventions out there yet that everyone can just grab and run.” ♦

World AIDS Day 2003

On this year’s World AIDS Day, each of us should think about what we can do to stem the tide of this globally threatening disease and turn it back.

Both in the United States and worldwide, we need more volunteers to help care for the sick, to participate in public information and awareness campaigns, and to help spread the word on prevention and treatment. People need to know when they should be tested and should know their own HIV status. Our efforts must start with knowledge, because HIV/AIDS has no power over a well-informed person who makes safe, educated decisions regarding his or her health.

Worldwide, over 40 million people are suffering from HIV, particularly in developing countries in Africa, and almost five million new infections have occurred in 2003 alone. The United States has an estimated 900,000 HIV-positive individuals, one-third of whom do not know they are infected.

In response, the Department of Health and Human Services, in partnership with Ambassador Randall L. Tobias and his Office of the Global AIDS Coordinator, is expanding the fight against the pandemic on both the domestic and global fronts. President Bush has made an unprecedented commitment of funds to fight HIV/AIDS abroad.

He has committed \$15 billion over five years for his Emergency Plan for AIDS Relief, including \$10 billion in new money, of which \$1 billion is a multi-year pledge to the Global Fund to Fight HIV/AIDS, Tuberculosis, and Malaria. The United States has always

been and remains the largest donor to the Global Fund, with a total pledge of over \$1.6 billion, roughly 35 percent of all the resources promised to the organization.

At home and abroad, HHS is increasing the support devoted to HIV/AIDS prevention and research. I am confident that our mission to Africa will help produce further results and help me bring back fresh ideas. And while I am in Africa, Surgeon General Richard Carmona will address HHS employees on the effects of the epidemic in the United States, and then represent the United States at an HIV/AIDS conference in Latin America.

The Bush Administration spent a total of more than \$16 billion last year on HIV/AIDS, and has asked for more than \$18 billion this year for domestic and international AIDS programs. The Department of Health and Human Services supports a wide range of prevention, testing, treatment, and research programs, and is increasing its commitment to those agencies and initiatives that manage these programs, including the Centers for Disease Control and Prevention; the National Institutes of Health; and the Health Resources and Services Administration, which administers the Ryan White CARE Act.

These combined efforts have provided treatment for the poor, research into medicines that lengthen and improve the lives of those infected, expanded prevention efforts, and spread the benefits of these programs to other countries, particularly those where the need is greatest.

—The December 1, 2003, message from U.S. Department of Health and Human Services Secretary Tommy G. Thompson on World AIDS Day.

For more information, call the Centers for Disease Control and Prevention’s National AIDS Hotline at 1-800-342-2437 or visit the federal World AIDS Day Web page at <http://www.omhrc.gov/worldaidsday>.

Making Latino Health a Priority

Lawmakers Discuss Impact of HIV/AIDS on Latinos

Jennifer L. Rich

The National Alliance of State and Territorial AIDS Directors (NASTAD) and the Kaiser Family Foundation held a briefing on Capitol Hill recently to stress to lawmakers the growing impact of HIV/AIDS on Latinos.

More than 75 people representing public and private HIV/AIDS organizations across the country attended the briefing, which was co-sponsored by U.S. representatives Hilda Solis (D-Calif.), Ciro Rodriquez (D-Texas), and Ileana Ros-Lehtinen (R-Fla.). NASTAD used the event to release its latest publication, "Addressing HIV/AIDS: Latino Perspectives & Policy Recommendations," which provides recommendations on how to develop programs and policies on the federal, state and local level to effectively address the AIDS epidemic among Latinos.

Similar efforts are underway at the Department of Health and Human Services (HHS).

"In support of the Administration's efforts, HHS is standing shoulder to shoulder with community-based and faith-based organizations and health departments to battle the disease in all communities," HHS Secretary Tommy Thompson said on National Latino AIDS Awareness Day.

Since Latinos represent 13 percent of the U.S. population and 20 percent of AIDS cases, presenters at the event argued that public health officials across the nation must develop a better understanding of the Latino communities' needs and concerns about HIV/AIDS, especially given recent demographic trends.

"Because Latinos are the largest and fastest growing ethnic minority group in the U.S., addressing the epidemic among Latinos is increasingly important for addressing the overall health of the nation," said Jennifer Kates, director of HIV policy at the Kaiser Family Foundation.

Presenters said Latino communities routinely face barriers to health care, prevention and language-appropriate services that lead to rising HIV infection rates and late diagnosis of positives.

One issue, according to Julie Scofield, executive director of NASTAD, will be assimilating the new HIV prevention initiative from the Centers for Disease Control and Prevention (CDC), which places emphasis on HIV testing.

"Through this initiative with the CDC, we are going to focus on trying to help people gain knowledge of their serostatus, when we know historically that this has been a real challenge in Latino communities," Scofield said.

"It's going to mean

that we really have to strengthen our partnerships and be creative about ways that we reach out and provide culturally competent access to services across the country."

Ros-Lehtinen, a Latina congresswoman from Florida, urged her fellow lawmakers to make Latino health issues a priority.

"In order to combat the prevalence of HIV among Latinos, we must address the issues of substance abuse prevention, we must increase the availability of health care and health insurance for Latinos, we must strive to decrease Latino poverty and increase the availability of information in our communities," Ros-Lehtinen said. "Our Latino community deserves every possible opportunity to win the fight against HIV/AIDS."

For a copy of the publication "Addressing HIV/AIDS: Latino Perspectives & Recommendations," go to <http://www.nastad.org/pdf/latinodoc.pdf>

To watch the "Latinos and HIV/AIDS" Web cast in English, go to http://www.kaisernetwork.org/health_cast/



Priorizando La Salud de Hispanos

Legisladores Examinan Impacto de VIH a los Hispanos

Jennifer L. Rich

Los grupos National Alliance of State and Territorial AIDS Directors (NASTAD) y la fundación de la familia Kaiser celebraron una conferencia en Washington para informar a los legisladores de los efectos crecientes del VIH/SIDA para los Hispanos.

Más de 75 representantes de organizaciones públicas y privadas que trabajan con VIH/SIDA en este país asistieron a la reunión, lo que tenía el apoyo de los diputados Hilda Solis (D-Calif.), Ciro Rodriguez (D-Texas) y Ileana Ros-Lehtinen (R-Fla.). NASTAD aprovechó del evento para divulgar su última publicación, “El VIH/SIDA en la Mira: Perspectivas y Directrices Latinas”. Este informe presenta recomendaciones para el desarrollo de programas y políticas que efectivamente abordan la epidemia de SIDA entre los Hispanos al nivel federal, estatal o local.

El Departamento de Salud y Servicios Humanos (HHS) también está desarrollando programas parecidos. “Para apoyar los esfuerzos de la administración, HHS trabaja hombro con hombro con organizaciones vinculadas a la comunidad y a grupos religiosos y con departamentos de salud para combatir la enfermedad en todas las comunidades”, dijo el ministro Tommy Thompson durante el Día Nacional Latino por la Concientización del SIDA.

Los presentadores del evento llamaron atención a las últimas estadísticas demográficas, mostrando que los Hispanos son el 13 por ciento de la población de los EE.UU. y el 20 por ciento de los casos de SIDA. Ellos pidieron que los funcionarios de salud pública en este país entiendan mejor las necesidades y las preocupaciones de la comunidad Hispana con respecto a VIH/SIDA.

“La comunidad Hispana es la minoría más grande y tiene el crecimiento



Photo/Digital Vision

más rápido en los EE.UU., así que enfrentarse con la epidemia entre los Hispanos tiene importancia creciente para la salud del país entero”, dijo Jennifer Kates, directora de política VIH para la fundación de la familia Kaiser.

Los presentadores dijeron que las barreras que la comunidad Hispana se encara de rutina para acceder a los servicios de salud y prevención en español, contribuyen a un aumento de niveles de infección de VIH y al retraso en identificar las infecciones.

Un tema, según Julie Scofield, directora ejecutiva de NASTAD, será la asimilación de la nueva iniciativa VIH de los Centros para el Control y la Prevención de Enfermedades (CDC), lo cual refuerza la importancia de los exámenes para detectar el VIH.

“A través de esta iniciativa de CDC, haremos lo posible para que la gente conozca su estatus de VIH, algo que sabemos ha sido un desafío enorme en las comunidades Hispanas”, dijo Scofield. “Eso quiere decir que realmente tenemos que reforzar nuestras parcerías y

ser creativos cuando ofrecemos servicios con enfoque cultural por todo el país.”

La diputada Ros-Lehtinen, una Hispana de Florida, pidió a sus colegas que den prioridad al tema de salud de los Hispanos.

“Para combatir el crecimiento de VIH entre los Hispanos, tenemos que abordar la cuestión de prevenir el abuso de drogas, tenemos que dar más acceso a servicios médicos y seguro de salud a los Hispanos, tenemos que tratar de disminuir la pobreza Hispana y aumentar la disponibilidad de información en nuestras comunidades”, dijo Ros-Lehtinen.

“Nuestra comunidad Hispana merece todo lo que existe a nuestra disposición para vencer el VIH/SIDA”.

Para leer el trabajo El VIH/SIDA en la Mira: Perspectivas y Directrices Latinas, visite el site <http://www.nastad.org/pdf/latinodoc.pdf> ♦

Para asistir el webcast “Latinos y el VIH/SIDA” en inglés, visite el sitio http://www.kaisernetwork.org/health_cast/ ♦

Prevention, One Stop at a Time

City Buses Used in Statewide Education Campaign

Jennifer L. Rich

Recently, minority communities in Akron, Columbus, Dayton, Toledo and Youngstown have had a lesson with their daily commute.

A city bus in each of the five Ohio cities has been wrapped like a Christmas present in shocking red and yellow and covered with a collage of Black, Latino, and Asian faces. The stark HIV/AIDS message in English and Spanish says "Know the facts... Get Tested!"

Ohio is one of a small but growing number of state and local governments that are developing HIV/AIDS media campaigns aimed directly at minority communities. It is also one of the first jurisdictions outside of New York, California and Florida to take a prevention and testing message directly to its citizens of color through social marketing. The campaign was welcomed by the Centers for Disease Control and Prevention (CDC), which has prioritized testing in its HIV/AIDS initiative.

"We've had a lot of public information campaigns throughout Ohio within certain counties that could afford to do them," said David Andrist, director of prevention and education at the Columbus AIDS Task Force. "It was kind of nice that the state wanted to have an impact on the entire minority community of Ohio as opposed to just one county."

The idea for the campaign was hatched in early 2002 by the statewide minority HIV/AIDS advisory board formed under a three-year infrastructure grant from the federal Office of Minority Health's Minority HIV/AIDS Initiative.

"The board felt that minorities were still oblivious to the message of HIV, since it had not been directed to them early on," said Juliet Dorris-Williams, program director of the Ohio Commission on Minority Health. "They felt we had to make a big statement, to say: 'Pay attention! We are talking about you.'"

Armed with its convictions, Dorris-Williams said the advisory board crashed an Ohio Commission on Minority Health board meeting and made such an impression on the commissioners that funding was promptly allocated to a statewide education effort, later dubbed the Ohio Minority HIV/AIDS Campaign.

Phase one of that effort, the Get on the Bus campaign, officially ended on June 30 in five of Ohio's seven largest cities, though some of the buses were still traveling the streets weeks later. After a series of delays, the Cleveland bus hit the streets in July for its six-month run. In Cincinnati, the Commission is still searching for ways around a city regulation prohibiting social messages on buses.

The response from the community has been overwhelmingly positive, Dorris-Williams said. Besides stories in the local papers, the Commission has been contacted by pharmaceutical

companies and a local department store about potential partnership or funding opportunities in the future. Several bus companies have also offered to extend the contracts.

"We feel like we are getting a lot of 'atta boys,'" Dorris-Williams said.

The Columbus AIDS Task Force, which operates the AIDS hotline for the state of Ohio, said that some callers have also indicated getting the hotline number from one of the buses.

"I think it is really important for communities that are just beginning to get comfortable about learning about this disease to see as much public information about it as they can," Andrist, from the Columbus AIDS Taskforce, said. "It would do us a lot of good if we could put lots more funding into doing something like this."

Phase two of the campaign, which is jointly funded by the Commission and the Ohio Department of Health's HIV/STD Prevention Program, has already begun with a bilingual billboard campaign in targeted minority communities in the seven cities. The darkly shaded billboard shows a foot with a toe tag and an HIV testing message. Public service announcements aimed at reinforcing the campaign are in development.

Phase three, a poster campaign that is expected to run through next year, is still without funding.

Employees of the Ohio Commission on Minority Health have been spreading the word about the Ohio campaign in hopes that other states will consider allocating resources to similar educational programs. But despite their advocacy, they counsel caution.

"You really need to take the temperature of your state to see how a campaign like ours might be received," Dorris-Williams said.

The Commission suggests building a coalition of people willing to champion the idea from start to finish.

"What's unique about our campaign is that it started with the people," Dorris-Williams said. "Without that kind of support, I'm not sure we would have succeeded."

Despite the success of the Ohio campaign, Andrist at the Columbus AIDS Task Force still feels that there is plenty to do.

"It is frustrating because one bus or a couple billboards is still not enough," he said.

For more information on the Ohio Minority HIV/AIDS Campaign, call 614-466-4000. ♦

For more information on the Ohio Commission on Minority Health, go to <http://www.state.oh.us/mih/index.stm> ♦

For more information on the Columbus AIDS Task Force, go to <http://www.catf.net> ♦

Too Few Minorities in Vaccine Trials

Many Misinformed About HIV Research, Survey Says

Matthew Murguía

The search for a preventive HIV vaccine has been long and elusive. Since 1987, more than 67 clinical trials have taken place. More than 38 products have been studied with no vaccine yet. Earlier this year, the world's first and only phase III clinical trial found that VaxGen's AIDSVAX vaccine, while not effective for the general public, may have shown some promise in certain populations. Unfortunately, the number of racial and ethnic minorities enrolled in the trial was extremely small. Only about 15 percent of all volunteers were minorities, even though minorities comprise more than 65 percent of all new HIV infections in the U.S. each year.

Historically, minority participation in preventive vaccine trials has been quite low compared to participation in treatment trials. Why this is so, and how to ensure that minorities are adequately represented in clinical trials, has been a key concern of researchers for many years. Yet, until just recently, little data existed about American attitudes toward an HIV vaccine, and even less was known about the attitudes of those several communities that have been disproportionately affected by the epidemic: African Americans, Latinos, and men who have sex with men (MSM).

New primary and secondary research from the National Institutes of Health (NIH) confirms that there is a fundamental distrust of government research among many individuals at higher risk for HIV infection. For example, preliminary findings in a recent NIH-funded survey of American attitudes about vaccine research show that 48 percent of African Americans, 28 percent of Latinos, 13 percent of MSM, and 20 percent of the general population believe that there is already a vaccine to prevent HIV, but the government is hiding it.

Furthermore, approximately 62 percent of African Americans, 77 percent of Latinos and 70 percent of MSM believe that a vaccine is the best hope for controlling the AIDS epidemic. Yet, many people across all populations are unaware of, misinformed about, and/or hold misconceptions regarding HIV vaccine research that prevent them from being more supportive of scientific efforts.

According to the survey:

- ❖ 36 percent of African Americans, 28 percent of Latinos and 30 percent of MSM mistakenly believe you can get HIV/AIDS from a vaccine. An additional 41 percent of African Americans, 27 percent of Latinos, and 40 percent of MSM did not know if it were possible to get HIV from a vaccine;

- ❖ In a sub-sample, 61 percent of African Americans, 60 percent of Latinos, and 42 percent of MSM believe a preventive HIV vaccine will benefit both the HIV-infected and not infected; and
- ❖ 39 percent of the general population, 31 percent of African Americans, 46 percent of Latinos, and 46 percent of MSM believe a preventive HIV vaccine will benefit other countries more than the U.S.

Key Messages

Clarifying misperceptions and reinforcing what is already known about HIV vaccine research requires the full support and involvement of HIV-affected communities, prevention providers and treatment advocates. Several key messages, when shared with the community, can best create a supportive environment for vaccine research. Key messages are:

- ❖ There is no HIV vaccine currently available;
- ❖ HIV vaccines being tested in humans do not contain HIV; therefore, they cannot cause HIV infection;
- ❖ Individuals who volunteer for an HIV preventive vaccine trial must be HIV negative;
- ❖ The best long-term hope for controlling the AIDS epidemic is the development of safe, effective and affordable preventive HIV vaccines;
- ❖ A comprehensive approach to vaccine research includes partnerships between prevention and care and treatment providers; and
- ❖ In order for an HIV vaccine to work for all individuals, diverse populations must be included in clinical trials (e.g., Whites, African Americans, American Indians/Alaska Natives, Asians/Pacific Islanders, Hispanics and MSM).

It is important to recognize that vaccine research is only one component in ending the AIDS pandemic. Comprehensive, science-based behavioral prevention interventions and comprehensive care and treatment programs are also needed.

Vaccine continued on 15

Counseling in the Rapid Testing Era

Jennifer L. Rich

The benefits of HIV rapid tests are well known. They're fast. They're easy. They're portable. And test-takers usually stick around for the results.

But no new technology is without its challenges. As rapid tests such as the 20-minute OraQuick® finger stick test begin to be used more frequently in clinics and public sites across the United States, issues arise about how staff should adjust to the new testing environment. And no area has been as affected as test counseling.

"This is not just a different technology," said Jay Fournier, training manager at the AIDS Health Project at the University of California, San Francisco. "This is a whole different relationship with the client."

The Centers for Disease Control and Prevention (CDC) started recommending that rapid tests be used in some situations after studies began to show that a significant number of HIV test-takers never returned for their results. Indeed, a 2000 study found that 30 percent of people who tested positive for HIV at publicly funded testing sites that year did not return one to two weeks later for their results. With rapid tests, virtually all clients received their results in the same office visit and were able to immediately take steps to seek treatment and avoid spreading the virus.

Since the OraQuick® test was granted approval by the Food and Drug Administration last November, pilot projects around the country have been trying out a variety of ways to adapt the standard counseling protocol (a pre-test consent and risk behavior assessment discussion and a post-test disclosure of results) to the rapid technology.

One research study in Minnesota, for example, has been using a group pre-test consent session followed by a private post-test disclosure and risk assessment meeting. In California, a pilot project calls for a single risk assessment and test disclosure session that begins after the client's blood has already been drawn.

Rapid Test Resources

Rapid testing

http://www.cdc.gov/hiv/rapid_testing

Counseling information

http://www.cdc.gov/hiv/rapid_testing/index.htm#counseling

See page 15 for more resources.

Whatever the method each state or facility ultimately favors, experts say that it is important for both clients and staff to understand that rapid testing still needs a strong counseling component. In fact, counseling sessions with the rapid tests can often be longer and more involved than traditional interventions.

"This is not just a different technology. This is a whole different relationship with the client."

Jay Fournier

Training Manager, AIDS Health Project
University of California, San Francisco

To begin with, Fournier says, the informed consent discussion has to be more thorough and more pointed, since clients have as little as 20 minutes to digest the implications of their impending test results.

"If your results come back preliminary positive, what are you going to do about that in relation to where you live and how you house and feed yourself?" Fournier said.

"All the sudden you are infected, so now who do you tell, what do you tell, and how do you tell it?"

Since OraQuick® rapid tests are only considered preliminary screenings, despite their 99.6 percent accuracy, the client must also understand from the beginning that a false positive result is possible.

"That is a concept that is sometimes hard to understand so we try to explain it by saying, you know, everybody's blood is a little bit different," said Dr. Patrick Keenan, an assistant professor at the University of Minnesota Department of Family Practice and Community Health, during a talk at the 2003 National HIV Prevention Conference in Atlanta. "We say: you know that flu bug that went around Minnesota last February? Well, sometimes that can leave antibodies in your blood that can fool our test and make it positive."

In the case of a preliminary positive result, the CDC requires that clients must also agree to submit to a second, confirmatory test. As a result, counselors need to build strong enough relationships with test-takers during the consent session to make sure that they will stay and provide a second sample.

According to Tiffany Horton, program manager of sexual health at the Los Angeles Gay & Lesbian Center, the counseling session is also a time to address concerns about the accuracy of the new test technology.

"We have people who just thought that it was too good to be true that the result would be ready in 20 minutes," Horton said, during a talk at the 2003 National HIV Prevention Conference. "They figured that somehow we were lying to them and it just wasn't going to be right."

Rapid continued on 9

“We’ve also had people tell us that the finger stick is not painful enough,” Horton said. “They say ‘you have to take more blood so that it will be more accurate that way.’”

She also counsels clinics that administer rapid tests to post signs around waiting areas advising clients that the testing process could take up to an hour.

“People see the literature or hear in the media that it is only 20 minutes, but that doesn’t take into consideration that you could be third in line, that there could be a delay in processing your specimen, that there is pre-test counseling that has to go along with this,” Horton said. “They are just thinking, I put 20 minutes on the meter and you are holding me up.”

Before her agency made an effort to manage time expectations, she said, some clients thought that a longer wait either meant that they were going to get a positive result or that something went wrong with the test.

“You don’t want people to associate the time it takes to accuracy,” she said.

Horton also emphasized that non-native English speakers should have literature and consent forms in the language that makes them the most comfortable. Counselors also need to be consistent with the terminology used in non-English sessions so that clients don’t compare notes and find discrepancies.

Experts warn that rapid testing also places an additional mental health burden on the counselors. They now have to talk to clients about their risk behaviors and give them their results. Previously, those jobs were often split up between staff members.

“We have found that the single biggest change is the development of an intimacy in the relationship between the counselor and the tester,” Fournier said. “There are some issues that can come up for counselors around boundaries, around getting overly identified with the client.”

Counselors also need to learn to use the risk assessment portion of the session to prepare themselves for delivering bad news, Fournier says.

“If you come to me, and I’m thinking that you’ve had a good number of high-risk encounters so the potential is very high that you are going to be positive, I am already thinking about how I am going to deliver these

Rapid Testing Training Initiative

Fundamentals of Testing and Prevention Counseling with the OraQuick Rapid HIV Test

In Fall 2003, the Centers for Disease Control and Prevention (CDC) provided a training course to ensure that CDC grantees who conduct rapid HIV testing were able to provide services in compliance with Occupational Safety and Health Administration (OSHA) regulations and CDC guidelines for quality assurance.

Those specifically urged to attend were individuals working in CDC-funded demonstration projects, community-based organizations directly funded by CDC, health departments and their grantees and individuals who actually administered rapid tests or have responsibility for programs conducting rapid HIV testing.

The CDC also wants to ensure that all organizations are able to provide information, counseling, and test results in a manner consistent with the Revised Guidelines for HIV Counseling, Testing and Referral and the Advancing HIV Prevention (AHP) initiative.

In order to meet demand, the Division of HIV/AIDS Prevention (DHAP) at CDC will offer the same rapid HIV test training, called Phase II, in 2004.

results to you,” Fournier said.

With the extra burdens of a rapid test environment, experts warn that counselors may also suffer from “assembly line” fatigue. They suggest limiting rapid testing sessions to a couple of hours a day, rotating responsibilities and planning for more frequent staff breaks.

Despite the challenges, though, experts agree that rapid test counseling can be effectively managed with a little additional care.

As rapid tests become increasingly available, the CDC has launched an effort to provide training and techni-

Training will consist of five units:

1. Introduction to Rapid HIV Testing;
2. Universal Precautions and Performing a Fingertstick;
3. Performing the Test and Quality Assurance;
4. Providing Information, Prevention Counseling, and Rapid HIV Test Results; and
5. Practicum—Integrating the Coursework.

For more information on Phase II rapid HIV test training (including cities and dates), go to http://www.cdc.gov/hiv/rapid_testing/◆

To apply online for CDC’s Phase II rapid HIV test training, go to http://www.cdc.gov/hiv/rapid_testing/ and click on the link Apply for CDC Rapid HIV Test Training.◆

DHAP has set up an e-mail for handling your rapid testing questions. Please send questions to this address: cdcrapidtrain@cdc.gov◆

cal assistance to HIV/AIDS groups interested in offering the service. They caution, however, that groups should consider the specific needs of their clientele when deciding which tests to provide. The CDC expects to build on existing protocols as additional data from pilot projects come in.

For more information on the two-day single session risk assessment and test disclosure training offered by the UCSF AIDS Health Project, contact Jay Fournier at 415-476-0654 or visit the project’s Web site at <http://www.ucsf-ahp.org>◆



Bobby Polito, director of the Center for Faith-based and Community Initiatives, addresses the crowd.

National HIV Testing Day June 27, 2003

Last November, 700 members of the True Bethel Baptist Church in Buffalo, N.Y., watched as Reverend Darius G. Pridgen became one of the first Black pastors in the country to take an HIV test from the pulpit.

In a day dubbed “Breakthrough Sunday,” more than 100 largely African American parishioners did the same.

For “National HIV Testing Day” in June, Pridgen again led the charge, hosting a series of high-profile events to raise HIV awareness and acceptance in the faith community.

“Historically, it is difficult to find an African American or Latino church that is willing to step out and do that, since the stigma is still so strong in those communities,” said Reverend Lora Hargrove Chapman, associate director for faith-based outreach at the Leadership Campaign on AIDS, a federal initiative out of the Office of HIV/AIDS Policy (OHAP). “You normally have to start walking a tightrope with pastors and church leaders about theology issues.”

Chapman participated in the True Bethel events, along with Dr. Deborah Parham, associate administrator of the Health Resources and Services Administration’s (HRSA) HIV/AIDS Bureau, Bobby Polito, director of the Center for Faith-based and Community Initiatives, and Christopher Bates, acting director of the OHAP.

At a prayer breakfast for 75 business, religious and civic leaders, Pridgen issued a challenge to church leaders across the country to “do one thing to promote HIV awareness over the next year.”

True Bethel also collaborated with local HIV clinics and prevention groups to provide three days of testing. “This annual observance is an invaluable opportunity for people to get the information they need to take control of their health and their lives,” said U.S. Department of Health and Human Services Secretary Tommy G. Thompson. “HIV testing is important because early detection of the disease allows for early treatment, which can both prolong and improve quality of life.”

“The more than 250 people who took an HIV test, along with other congregation members, were rewarded with a four-hour concert by the gospel duo Mary Mary.

Parham, from HRSA, joined the activities by making an appearance on local television talk show “AM Buffalo” to discuss HIV awareness. She also hosted a forum on HIV and African

American women for a True Bethel radio show.

“What Reverend Pridgen has shown is that church leaders can get involved in this problem without altering any of their theological beliefs,” Chapman said. “There are many ways the church can be beneficial.”

For more information on faith-based initiatives at OHAP, contact Miguel Gomez at mgomez@osophs.dhhs.gov or go to the Office of HIV/AIDS Policy Web site at <http://www.surgeongeneral.gov/AIDS/ohaphome.html> ♦



The crowd gets on their feet to hear Mary Mary perform.



Rev. Pridgen, Mary Mary, Dr. Parham, Laura Hargrove, Kimberly Kunkel



Reverend Pridgen addresses prayer breakfast.



Dr. Deborah Parham takes a completely painless oral HIV test—a swab placed between the gums and the cheek.

Looking for Funds in All the Right Places

It's Wise to Diversify

Jennifer L. Rich

Time is tight. The staff, overworked. Clients are priority number one. Searching for funding never seems to get to the top of the to-do list.

But times are tough and money scarce, and the bottom line is that the future of your organization depends on an ever-expanding list of public and private funders.

“Relying on one grant or one revenue stream is dangerous,” said Valerie Rochester, vice president of training and technical assistance at consulting firm Hinton-Hoytt & Associates in Takoma Park, Md. “You never know when funding is going to shift.”

Indeed, after September 11, 2001, charitable funding priorities changed drastically. And while federal funding for HIV/AIDS care, assistance, prevention, research and international work increased from \$14.7 billion in 2002 to more than \$16 billion in 2003, according to the Kaiser Family Foundation, increasing need and a growing population have dramatically increased competition for those funds.

What should you and your agency do?

Experts say that tough economic times mean that the federal government is still the best source of funding, since grants span a longer period of time and are easier to win again. But they stress the importance of tapping a variety of different federal agencies.

The first thing every organization needs to do before applying for grants, according to Rochester, is chart all operating expenses for the next one to three years. Since operating grants are the hardest funds to find these days, it is important not to be surprised by unexpected bills.

The next step is to research potential funders and commit to applying for a certain number of grants each quarter. The key is to plan ahead rather than having to hire a professional grant writer at the last minute.

“Not only are consultants often expensive, they also don’t have the ability to express the heart and soul of the organization in the proposal,” Rochester said.

She says that professional grant writers can be useful for an initial round of funding, but recommends making the grant-writing process a partnership, and learning all you can.

“In order to build capacity, it is best to have those kinds of skills in-house,” she said.

Foundations and corporations are also good targets for funding, though Rochester suggests focusing on local grant-makers, since they have a better understanding of the issues in the community. National or international foundation grants often have tougher requirements and are more competitive.

Local community foundations, which manage more than \$30 billion in funds donated by local businesses and citizens, are a good place to start. Most states have at least a handful of community foundations, and many have funds available for health or HIV/AIDS programs.

Besides grants, local corporations can provide an important level of in-kind donations. By forming relationships with local businesses, CBOs across the country have been able to count on

donated printing costs or public relations, event catering or computers.

According to Dana Williams, a consultant at Community Wellness Project in St. Louis, Mo., one useful strategy is to develop a Board of Directors that is committed to gathering funds for the agency.

“Many board members these days are community folks who are passionate about HIV/AIDS, but those are not the people we need on our boards right now,” Dana Williams said. “We need the president of Anheuser-Busch; we need a local football player who can draw big crowds at an annual event; we need people who can write personal checks to fix the copier.”

Some CBOs have moved toward requiring board members to generate a certain amount of revenue each year as a condition of membership.

“I’ve served on several boards where the organization told me up front that I needed to contribute a certain amount of money each year,” Rochester said. “It’s all very straightforward, and they usually provide you with a list of ways to generate the money through fundraising.”

Private fundraising usually accounts for the smallest percentage in the revenue mix, though, since it requires the most effort and yields the smallest amount of funds.

But according to Erise Williams, the president and CEO of Williams & Associates in St. Louis, Mo., organizations need to refocus attention on local resources that were previously overlooked in the rush for federal funds.

“Relying on one grant or one revenue stream is dangerous. You never know when funding is going to shift.”

Valerie Rochester
Hinton-Hoytt & Associates

Funding continued on 12

“We really need to move toward getting full local support,” Erise Williams said. “That is exactly what gay White men had to do in the beginning of the epidemic, before there even was federal funding.”

He suggests starting with the faith community.

“We have to start collaborating with those folks to really address the stigma, the homophobia and the racism that still exist around HIV/AIDS,” Erise Williams said. “We have to get some commitment from local churches to pool our resources to address this issue.”

He also suggests targeting minority-owned businesses and wealthy individuals who usually donate to faith-based and youth activities but have so far been reluctant to get involved in HIV/AIDS.

Moreover, he says, “There are plenty of individuals who are willing to donate, but no one has asked them. It’s funny how we have been socialized to feel uncomfortable asking people for money, but our churches do it all the time. We can learn a lot from them.”

Jay Blackwell, director of HIV education and training at the Office of Mi-

nority Health Resource Center, suggests approaching local businesses through minority chambers of commerce. He warns, though, that the appeal needs to be well-crafted.

“Chambers of commerce are telling us that they are tired of hearing, ‘Do it because it is the right thing,’” Blackwell said. “We need to come to them with the message that they should do it because it will keep the community viable.”

Recently, a handful of CBOs have started exploring the possibility of selling products or services in an effort to develop ongoing revenue.

“My colleagues and I have all served as consultants at the federal and state levels, and we’re often asked to do workshops and training sessions for other community service organizations,” Dana Williams said. “With that type of business, we think that we can develop a for-profit side that will be able to fund our non-profit services.”

At the same time, many CBOs are looking to expand their services or locations in an effort to apply for grants in other areas, like diabetes screening, that

may not be as competitive. Both strategies pose dangers though, according to experts, who warn that organizations must have strong infrastructure and management in place to handle the added strain on resources.

Finally, as funding shrinks and grant makers require more stringent evaluation and cost effectiveness, Rochester says that local CBOs are going to have to learn to work collaboratively to minimize duplication and serve the largest number of people. As money gets increasingly scarce, collaboration may be the only way to survive.

For a comprehensive list of community foundations, go to <http://www.communityfoundationlocator.org> ♦

For monthly updates on new ideas in nonprofit management, sign up for Pulse, the free newsletter of the Alliance for Nonprofit Management, at <http://www.allianceonline.org/pulse.html> ♦

For a comprehensive list of funding sources to fit your agency’s needs, contact information specialists at the Office of Minority Health Resource Center at 800-444-6472. ♦

New Report on Reinforcing Safe Behavior in HIV-Positive Patients

Doctors and other health care professionals should incorporate HIV prevention messages into the routine medical care of their HIV-positive patients, according to new guidelines released in a report by the Centers for Disease Control and Prevention (CDC).

The report, which is also sponsored by the Health Resources and Services Administration, the National Institutes of Health and the HIV Medicine Association of the Infectious Diseases Society of America, suggests that while HIV-infected persons who are aware of their serostatus tend to reduce behaviors that might transmit the virus to others, those precautions may relax over time.

“Reversion to risky sexual behavior might be as important in HIV transmission as failure to adopt safer sexual behavior immediately after receiving a diagnosis of HIV,” the report said.

As a result, it said, doctors and other health care providers should work more closely with their HIV-positive patients to reinforce safe behavior.

“Clinicians providing medical care to HIV-infected persons can play a key role in helping their patients reduce risk behaviors and maintain safer practices and can do so with a feasible level of effort, even in constrained practice settings,” the report said.

The guidelines suggest that health professionals use questionnaires and interviews to assess a patient’s sexual and drug-injection behaviors as well as testing for sexually transmitted diseases. Providing condoms and written materials on HIV prevention is also recommended, as well as referring patients for such services as substance abuse treatment.

Health care workers are also encouraged to determine whether HIV patients have notified sex partners of their infection, and to help those partners get testing and counseling.

For a copy of the guidelines “Incorporating HIV Prevention into the Medical Care of Persons Living with HIV,” go to <http://www.cdc.gov/mmwr/preview/mmwrhtml/rr5212a1.htm> ♦

Hip Hop, Latin Rock and HIV/AIDS Education

Spanish-Language Radio Program Targets Youth

Jennifer L. Rich

The statistics are alarming. The number of HIV diagnoses increased 26.2 percent among Hispanics between 1999 and 2002, according to new data from the Centers for Disease Control and Prevention. Among men who have sex with men (MSM), new diagnoses increased 17 percent. And youth under 25 accounted for half of all new infections. At the cross section, young Latino MSM are at ever greater risk.

That's one of the reasons why Radio Arte, a youth-run radio station in Chicago, launched "Homofrecuencia," the first Spanish-speaking radio program in the United States specifically targeted to Hispanic lesbian, gay, bisexual and transgender (LGBT) youth.

"The issues of HIV and AIDS are very sensitive ones to us," said Jorge Valdivia, the general manager of Radio Arte. "It is something we take extremely seriously."

Radio shows such as this one may be expected on San Francisco or Miami stations, but Radio Arte, which is sponsored by the Mexican Fine Arts Center Museum, sits in the heart of the Pilsen/Little Village area, the largest Mexican American community in the Midwest. The extent to which the show has already been accepted by what is usually considered a reserved, religious community has heartened HIV/AIDS activists, who feel that it is an important first step in breaking down barriers of stigma that have impeded education efforts.

"The community is still afraid, but things are getting better," said Carlos Samaniego of Project Vida, a community-based minority HIV/AIDS prevention organization four miles down the road from Radio Arte. "It is a change from being afraid to being conscious."

"Homofrecuencia," which literally means "homosexual frequency" in Spanish, was first conceptualized five years ago, when Valdivia noticed that many of the youth who had signed up for the two-year free course in radio production offered by Radio Arte were coming out of the closet.

"We joked about the idea at the time, but I don't think anyone felt comfortable going on the radio and talking about the issues that affected the LGBT community," Valdivia said. "We simply felt that listeners would feel that it was a taboo."

Last year, he said, the twenty-something staff at Radio Arte revisited the idea "and we came to the conclusion that because people out there still thought of it as a taboo was even more reason why we should do it."

"We picked the name 'Homofrecuencia,'" he added, "because we want people to immediately identify the show for what it is; the message has to be that there is nothing wrong with it."

One of the show's missions is to educate its listeners on health issues impacting the LGBT community, particularly HIV/AIDS. The show's hosts have invited lawyers to the studio to talk about the rights of people impacted by HIV/AIDS, and they've partnered with local HIV/AIDS groups for on- and off-air campaigns. They also frequently broadcast public service announcements.

To keep things lively, the show sprinkles in healthy doses of hip hop, Latin rock and electronica music.

"One of the things that makes the program stand out to my youth participants is that it isn't only talk," said Samaniego, from Project Vida. "They have music in between and they keep the beat going. They keep the information alive so that kids don't get bored and change the channel."

"I like the fact that they do it all in Spanish, 'Spanglish' really, which is perfect for our community," Samaniego added. "That's the way we talk."

For the Latinos that don't speak Spanish, the show does an English version with all fresh material on the second Monday of the month.

Whatever the language, the show's feedback has been largely positive. Postings on the Web site message board roundly applaud the station for its timely information, and for the having the courage to broadcast it. Internet listeners have sent messages of support from as close as Los Angeles and Texas to far-flung places in Mexico, Venezuela and India.

The program has been such a success that both bilingual and English-only Radio Arte students routinely select it as their first choice of assignment.

"It is interesting because the mission of our show is a program for LGBT by LGBT," Valdivia said. "But now that we have a group of people who want to identify themselves as 'allies,' it sends a very strong message to our listeners that the show is accepted, the show is embraced, that we have allies."

And feeling in the rest of the radio community seems to be similar.

"I work with a lot of other radio stations and everyone I've mentioned it to wants to know more," Samaniego said. "They find it quite shocking that Radio Arte has gone a step ahead of everyone else."

"They are somewhat jealous, too," he added. "Which is a good thing."

For more information about Radio Arte or to listen to "Homofrecuencia" on Mondays at 8 p.m., CST, go to <http://www.radioarte.org> ◆

For more information on Project Vida, go to <http://www.projectvida.org> ◆

Ask an Expert



Photo/Indian Health Service

Q. What do non-Native American primary care givers need to address in order to provide first-class service to Native Americans?

A. Vince Sanabria, private consultant: The answer needs to be framed within a historical and cultural context. Native Americans make up one percent of the U.S. population, with an estimated 2.3 million individuals. This population includes more than 550 federally recognized tribes and it maintains over 150 distinct languages. Although some tribes have thousands of people who speak the language, others have only a few. So, for starters, clinicians and primary care providers need to honor the complexity inherent in the Native American and Alaska Native cultures. This means, for example, rejecting “one-size-fits-all” solutions.

Culturally sensitive services to Native American patients begin with having a general knowledge and understanding of how Native American history impacts the health and well-

being of present day Native Americans.

Shared values are important. They include a holistic approach to health, traditional healing and the family and social role. Other cultural factors, or amplifiers, that may magnify potential difficulties faced by Native Americans living with HIV include: fear of breach of confidentiality; circular migration patterns; distrust of authority; communication styles; sexuality; orientation to present; modesty and the relationship of language and culture.

A general understanding of these cultural amplifiers may assist the primary care provider in developing a stronger provider-patient relationship, mitigate barriers to a Native American patient’s adherence to a care and treatment plan and, ultimately, strengthen the communication between the patient and provider.

What is Ask an Expert? With this issue, “HIV Impact” launches its new “Ask an Expert” series, which aims to address your questions about the broad range of issues affecting the minority care provider community.

To propose a question to our panel of experts, please send an e-mail to Jennifer Rich at jrich@omhrc.gov, or call 800-444-6472 x 280. ♦

What to Do?

Get to know your patient

- ❖ What tribe is he from?
- ❖ Does he practice traditional healing?

Empower your patient

- ❖ Recount her past successes
- ❖ Give her the options but let her decide

Teach your patient how the medical care system works

- ❖ Thoroughly explain the provider/patient relationship to him
- ❖ Encourage him to advocate for himself

Be direct

- ❖ Encourage her to ask direct questions
- ❖ Give her direct answers

Value traditional healing

- ❖ Accept that traditional healing increases his sense of well-being
- ❖ Encourage him to integrate traditional and Western medicine

Deliver information in small doses

- ❖ Limit your use of medical terminology
- ❖ Confirm that she understands what you’ve told her before proceeding

Link patient to social service providers

- ❖ Research available resources for Native Americans in your area
- ❖ Encourage him to attend support, HIV case management, substance abuse programs

Establish a multidisciplinary care team

- ❖ Help her build trust in the “team”
- ❖ Keep abreast of the treatment others provide her

Teach others about culturally sensitive services

- ❖ Share your successes with other care providers
- ❖ Build your competency by asking questions of Native American providers

Source: “Clinician’s Guide: Working with Native Americans Living with HIV,” from the National Native American AIDS Prevention Center. ♦

Resources

Division of HIV/AIDS Prevention

National Center for HIV, STD and AIDS
Prevention
Centers for Disease Control and
Prevention
Mailstop E-49
Atlanta, GA 30333
800-342-2437
<http://www.cdc.gov/hiv/dhap.htm>

Kaiser Family Foundation

2400 Sand Hill Road
Menlo Park, CA 94025
650-854-9400
<http://www.kff.org>

National Alliance of State and Territorial AIDS Directors

444 North Capitol Street, N.W.
Suite 339
Washington, DC 20001
202-434-8090
<http://www.nastad.org>

National Native American AIDS Prevention Center

436-14th Street
Suite 1020
Oakland, CA 94610
510-444-2051
<http://nnaapc.org>

National Institute of Allergy and Infectious Diseases

Building 31, Room 7A-50
31 Center Drive, MSC 2520
Bethesda, MD 20892-2520
<http://www.niaid.nih.gov>

Ohio Commission on Minority Health

77 S. High St., 7th Floor
Columbus, Ohio 43215
614-466-4000
<http://www.state.oh.us/mih>

Project VIDA Inc.

2659 S. Kedvale
Chicago, IL 60623
773-522-4570
<http://www.projectvida.org>

South Carolina African American HIV/AIDS Council

1804/1806 Hampton Street
Columbia, SC 29201
803-254-6644
<http://www.scaahac.org>

Rapid Testing

General and laboratory considerations

<http://www.cdc.gov/hiv/pubs/rt-lab.htm>

HIV Counseling and Testing Guidelines

http://www.cdc.gov/mmwr/inrr_2001.html

OraQuick®

<http://www.orasure.com>

Quality assurance information

http://www.cdc.gov/hiv/rapid_testing/materials/QA-Guide.htm

USCF AIDS Health Project

<http://www.ucsf-ahp.org>

Vaccine Resources

AIDSinfo

<http://www.aidsinfo.nih.gov/vaccines>

HIV Vaccine Trials Network

<http://www.hvtn.org>

National Institute of Allergy and Infectious Disease

<http://www.niaid.nih.gov/aidsvaccine>

The real challenge is to promote HIV prevention, care, treatment and research through community- and group-level approaches that focus on individuals and communities in a meaningful and culturally relevant manner.

The HIV Vaccine Communications Campaign

In 1998, the Division of AIDS at the National Institute for Allergy and Infectious Diseases (NIAID) launched a national HIV vaccine communications campaign to create a supportive and sustainable environment for vaccine research. The campaign reaches out to community-based and national organizations, AIDS service organizations, community leaders, scientists, researchers, and others for guidance, direction, and input about vaccine research and how to share information with the community.

The campaign aims to increase awareness of the urgent need for an HIV vaccine in communities most affected by HIV/AIDS, create a supportive environment for current and future vaccine trial volunteers and improve the public's knowledge and view of HIV vaccine research.

A key aspect of the campaign is HIV Vaccine Awareness Day on May 18th of each year. This year introduced a series of bilingual print and radio advertisements asking individuals to wear their red AIDS ribbon upside down to form a "V" for vaccines and the vision of a world without AIDS.

For more information on preventive HIV vaccine research, call AIDSinfo at 800-448-0440. ♦

Matthew Murguía is the director of the Office of Program Operations and Scientific Information at the Division of AIDS, NIAID. He may be reached at 301-496-0545 or mmurguia@niaid.nih.gov ♦

February 7, 2004

National Black HIV/AIDS Awareness Day

<http://www.blackaidsday.org>

DEPARTMENT OF HEALTH & HUMAN SERVICES

Office of Public Health and Science
Office of Minority Health Resource Center
P.O. Box 37337
Washington DC 20013-7337

PRSRT STD
POSTAGE AND FEES PAID
DHHS/OPHS
PERMIT NO. G-280

Official Business
Penalty for Private Use \$300

Conferences

February 13-16, 2004

The 11th Annual Ryan White National Youth Conference 2004
Hilton Portland and Executive Towers Hotel, Portland, OR
Contact: National Association of People with AIDS
202-898-0414
<http://www.rwnyc.org>

March 5-7, 2004

A Multicultural Caribbean United Against HIV/AIDS
Meliá Santo Domingo Hotel, Santo Domingo, Dominican Republic
Contact: Social & Scientific Systems, Inc.
800-291-9112
<http://www.caribbean-march-2004.org>

March 8-11, 2004

2004 National STD Prevention Conference
Sharing Successes and Strategies During an Era of Uncertainty
Philadelphia Marriott Hotel, Philadelphia, PA
Contact: Professional and Scientific
404-633-6869
<http://www.stdconference.org/>

Calling All Innovators!

We want to share your innovative ideas with our readers! If you would like your minority-focused organization, program, or event to be highlighted in an upcoming issue of HIV Impact, please send contact information and a brief description of your efforts to:

*Jennifer Rich, Senior Editor
Office of Minority Health Resource Center
P. O. Box 37337
Washington, DC 20013-7337
E-mail: jrich@omhrc.gov*

We will contact you if we choose to highlight your work.

