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Correspondence - SLT - Incoming - 1/98 [1]

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ASC

To: Sarah



13200 Crossroads Parkway North, Suite 135 • City of Industry • California 91746 • 562-699-7320 • fax 562-699-8856
P.O. Box 90786 • City of Industry, CA 91715-0786
Federal ID# 95-2557063

January 24, 1998

Sandra L. Thurman
Director, Office of National AIDS Policy
The White House
808 17th Street, N.W., 8th Floor
Washington, D.C. 20006

Dear Ms. Thurman:

It is with great pleasure that we extend an invitation to you to be the keynote speaker at an upcoming conference in Los Angeles entitled: *Challenges Within the Family: The Multiple Issues of HIV/AIDS*. This conference is being sponsored by the Southern California Family HIV/AIDS Transagency Council and will take place Friday, May 15, 1998.

As you are so keenly aware, families impacted by HIV and AIDS face a myriad of medical, social, psychological, legal and ethical issues in their day to day struggles with the disease. Although new treatments have revolutionized the treatment of persons with HIV disease, and many clients are living longer and more productive lives, the crisis is far from over. Today's treatment regimens are highly sophisticated and must be followed with extreme precision. This alone presents a challenge as far as achieving treatment adherence. When issues such as substance abuse, domestic violence, homelessness and poverty exist, opportunities for medical adherence are practically eliminated.

This conference will examine the most salient medical, psychosocial and societal issues facing families with HIV/AIDS. The conference will be designed for services providers from all backgrounds and disciplines. A conference of this type is greatly needed as families interface with a multitude of agencies and institutions (social service agencies and AIDS specific organizations). Non-AIDS organizations are often not sensitive to the issues affecting families with HIV/AIDS. Many traditionally adult oriented AIDS organizations are seeing greater numbers of clients with children, and are not trained to handle the issues unique to this population. We are sure you will agree that managing and ultimately, eliminating AIDS is not possible without a holistic approach to service provision. As such, the conference will incorporate sessions on domestic violence, drug use, legal issues, mental health, and medication adherence to provide professionals with the tools and interventions needed to effectively and compassionately care for families living with HIV/AIDS.

We are asking you introduce the theme of this conference in a keynote address. Your knowledge, your experience and your vision for the future would be extremely valuable to our local AIDS service providers and would serve as an inspirational "kick off" to the rest of the conference. To throw in a little enticement, the conference will be held at the Double Tree Hotel located two blocks from Santa Monica Beach. We promise to do our best to

A private, non-profit, charitable, educational, research, service and demonstration corporation.

page 2

ensure lots of sunshine during your stay! And, of course, we will cover all of your travel and lodging expenses. Please call Randi Grossman at (213) 669-5616 if you have any questions or require additional information on the conference.

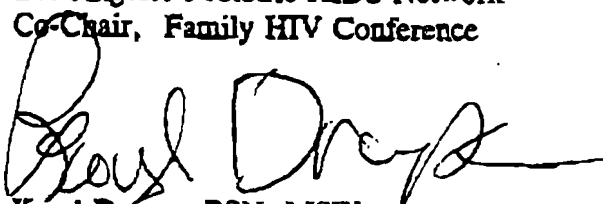
For your information, the Southern California Family HIV/AIDS Transagency Council is comprised of service providers from AIDS service organizations, other community-based organizations, nursing and home care agencies, and school programs whose scope of work involves the health and psychosocial concerns of children and families.

Thank you very much for your time and consideration of this request. We hope you will be able to participate in this very important endeavor.

Sincerely,



Randi Grossman, MPH
Project Coordinator,
Los Angeles Pediatric AIDS Network
Co-Chair, Family HIV Conference



Karyl Draper, BSN, MSW
Clinical Director,
Spectrum Mental Health Services
Co-Chair, Family HIV Conference



Ursula Arndt, BSN, RN
Manager, Family & Pediatrics Department
AIDS Service Center
Co-Chair, Family HIV Conference



Centers for Disease Control
and Prevention (CDC)
Atlanta GA 30333

January 8, 1998

Ms. Sandra L. Thurman
Office of National AIDS Policy
808 17th Street, 8th Floor
Washington, D.C. 20006

Dear Ms. Thurman:

Thank you for agreeing to participate in the National STD Action Forum. This is a unique and very exciting venture for the Centers for Disease Control and Prevention (CDC) and we are looking forward to working with you.

The first meeting is scheduled for March 23 and 24, 1998, at the Loews L'Enfant Plaza Hotel, 480 L'Enfant Plaza, S.W., telephone (202) 484-1000. We are preparing the final participant list and meeting agenda, and will send them to you when they are completed. The meeting will begin at 8:30 a.m. on March 23, and will end by 4:00 p.m. on March 24.

For persons traveling to Washington, CDC will provide you with an economy airline or train ticket. A reservation has been made in your name at the hotel for the nights of March 22 and 23, so it will not be necessary for you to call the hotel directly. Please let us know in advance if lodging will not be needed. CDC will reimburse you for your lodging expense and will also provide a per diem for food and incidental expenses.

If you are traveling by air, please call the CDC contract travel agency (SATO) directly to make your travel arrangements, and give the name "Glenda Vaughn" when asked about billing. The number is (404) 633-0520. Your airline ticket will be prepaid and can be picked up at the airport the day of your flight. If you are traveling by train, call 1-800-USARAIL to make your reservations. You can obtain your ticket by mail if you make reservations more than 2 weeks before departure. Use a personal credit card to purchase your rail ticket and keep the original ticket stub for reimbursement purposes.

If you have any questions about CDC travel and lodging procedures, please contact Ms. Glenda Vaughn in my office, 404-639-8260. I looking forward to seeing you in March.

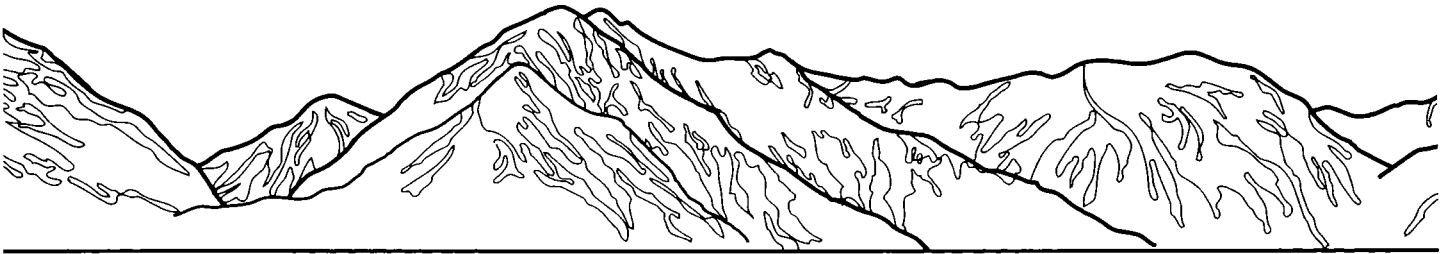
Sincerely,

Joel R. Greenspan MD

Joel R. Greenspan, M.D., M.P.H.

Division of STD Prevention

National Center for HIV, STD, and TB Prevention



ROCKY MOUNTAIN REGIONAL CONFERENCE ON HIV DISEASE

January 23, 1998

Sandra Thurman
Office of National AIDS Policy
808 17th St NW, Suite 420
Washington, DC 20006

Dear Ms. Thurman:

As the conference rapidly approaches, many last minute details are being finalized. Your hotel reservation has been confirmed at the Doubletree Hotel, 3203 Quebec St., Denver. For your convenience, the hotel offers free shuttle service from Denver International Airport. I have been informed the shuttle runs every fifteen minutes and is clearly marked Doubletree Hotel. I hope you enjoy your stay in our city and for your use, I have enclosed an Official Visitors Guide.

On the first day of the conference, please check in at the registration area to pick up your name tag and conference book.

If you have any questions regarding the conference, please give me a call at 303/837-0166 ext. 406. I look forward to seeing you in February!

Sincerely,

Jodi Steward

Jodi Steward
Conference Coordinator
Colorado AIDS Project
PO Box 18529
Denver, CO 80218
303/837-0166

enclosure

Data Entry Form

Letter ID	Writer First Name	Writer Last Name	Received Date	Subject
10581	Harry	Kamberis	2/19/98	Ack of invitation to speak

✓ Response Required?

Response Type	Response Date	Responder ID	Responder Name	Action Promised
			SThurman	
Action Completed	Action Date	Addressed To		

Notes

Sender's Organization	Sender's Street1	Sender's Street2
AFL-CIO Solidarity Center		
Sender's City	Sender's State	Sender's Zip

American Center for International Labor Solidarity

— **SOLIDARITY CENTER** —
AFL-CIO

1925 K Street, N.W., Suite 300 - Washington, D.C. 20006-1105 - Tel: 202/778-4500 - Fax: 202/778-4525 - E-mail: acils@acils.org

January 28, 1998

Ms. Sandra L. Thurman
Director
Office of National AIDS Policy
The White House
Washington, D.C. 20500

Ref.: ED0021/98

Dear Ms. Thurman,

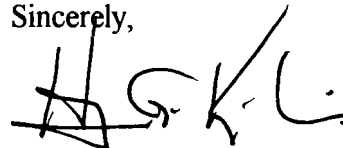
On behalf of the Solidarity Center, I would like to thank you very much for the opportunity to have exchanged views with you regarding labor's HIV/AIDS programs. I understand your trip to South Africa was successful and that some issues were discussed that require follow-up. If we can be of any assistance, please do not hesitate to call on us.

We are all excited you have accepted the invitation to address the participants to the HIV/AIDS seminar sponsored by the George Meany Center. This is wonderful news and your appearance will help us to highlight the importance of this issue to our local union leaders and our rank-and-file members.

We are in contact with the appropriate USAID officers responsible for the Agency's HIV/AIDS program and have begun working on a concept paper for an HIV/AIDS education program to be implemented worldwide through trade union organizations in selected countries. This will be a long, slow process and there are many hurdles to overcome before we get the funding we need to enable us to implement HIV/AIDS related programs in the field. However, we are encouraged by your support and we will vigorously pursue this effort to, what we hope will be, a successful conclusion.

Thank you again for the lunch and for your support for our effort. We will keep you posted and at the appropriate time, we will send you a copy of our draft proposal for your ideas and comments.

Sincerely,

A handwritten signature in black ink, appearing to read "H. G. Kamberis", with a stylized flourish at the end.

Harry G. Kamberis
Executive Director

Family AIDS Network, Inc.

1611 N. Kent Street, Ste. 1003
Arlington, VA 22209
703 / 243-8242
703 / 243-8377 fax

MARY FISHER, FOUNDER

Administrative Center
678 Front Street NW
Grand Rapids, MI 49504
616 / 451-2361
616 / 451-9180 fax

January 8, 1998

Ms. Sandra Thurman
The White House
National AIDS Policy Office
Washington, DC 20502

Dear Ms. Thurman:

On Wednesday, January 28, 1998, Mary Fisher's Family AIDS Network will host the first "Washington Event for Woman and AIDS". The luncheon, beginning at noon and ending no later than 2:00 pm, is being held in the Grand Ballroom at the JW Marriott, 1331 Pennsylvania Avenue, NW, located in downtown Washington.

Since 1992, Mary Fisher has served as a courageous voice of awareness and compassion in the fight against AIDS. As the disease moves to new populations - notably to women, communities of color, youth and the poor - the Family AIDS Network is providing initiatives to respond in several ways. The luncheon on January 28th will benefit the efforts directed at women with HIV/AIDS.

Four media headliners - Susan Molinari of CBS, Al Roker of NBC, Deborah Roberts of ABC, and Judy Woodruff of CNN - will host the luncheon. Congresswomen Connie Morella and Nancy Pelosi serve as Honorary Co-Chairs; Debbie Dingell and Marianne Gingrich are the Honorary Hosts; and more than 60 Senators and Congressmen have signed on as Honorary Congressional Sponsors. The luncheon will feature brief remarks from Dr. Michael Saag, a leading clinician and researcher in the area of women and AIDS, and the presentation of ANGEL AWARDS to two members of Congress. And, you will hear from Mary Fisher, who will talk about her vision in the fight to save lives - a fight which must increasingly address the needs of women and their children.

Please support the work of Mary Fisher's Family AIDS Network by joining us as our guest at the luncheon. Individual tickets may be reserved by calling Patty Shama at 703.243.8242.

We look forward to seeing you on January 28.

Sincerely yours,



Steve Gunderson
on behalf of the Luncheon Committee

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Secretary
Iowa

Joe Dumars
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Michigan

Amber Dunleavy
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Morgan Fairchild
California

Lauren Thomas Fisher
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William C. Fletcher
Iowa

Anne Keating
New York

William R. Pitts, Jr.
Washington, DC

Deborah Roberts
New York

Al Roker
New York

Amy Saag
Alabama

Michael S. Saag, M.D.
Alabama

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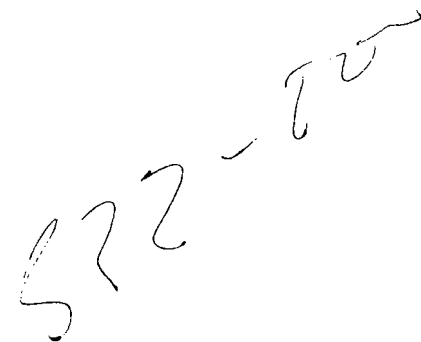
Max and Marjorie Fisher
Michigan

Gerald R. and Betty Ford
California

Peter and Debby Magowan
California

Rosie O'Donnell
New York

Cristina Saralegui
Florida



11:00 am VIP reception (this small reception for Corporate Underwriters will serve as a photo opportunity with Mary Fisher, media personalities, other VIP guest and the major sponsors of the event)

12:00 pm Luncheon

1:00 pm Program

The program will have four ten minute components:

Women and AIDS: **The Human Perspective** - remarks by a woman living with AIDS

Women and AIDS: **The Medical Perspective** - remarks by Dr. Michael Saag, leading AIDS researcher and clinician from the University of Alabama, Birmingham

Women and AIDS: **The Family AIDS Network's Mission** - remarks by Mary Fisher

Presentation of Angel Awards - two awards, to go to one Democrat and one Republican Member of Congress, for outstanding service to those infected and affected by AIDS

Others to be involved:

Congresswoman Connie Morella, Congresswoman Nancy Pelosi have also been invited to serve as **Honorary Co-Chairs** for this event. (Congresswoman Morella and Congresswoman Pelosi have accepted.)

Debbie Dingell and Marianne Gingrich have agreed to serve as **Congressional Hosts**.

All female Senators and Congresswomen, all Michigan and New York Senators and Members of Congress, the Congressional leadership and members of the Appropriations and Commerce Committees are being asked to serve as **Congressional Sponsors**. (To date, more than 40 members have agreed to serve.)

All members of the House and Senate, members of the administration, government, corporate and civic leaders from the DC area will be invited to attend. All corporate sponsor tables of ten will each include one VIP guest. It is anticipated that each of the 50 tables of 10 will have one VIP guest.

We are aiming at an attendance of 500 and for the luncheon to end **no later** than 2:00 pm.

If you have any questions or need more information, please contact Steve or Ann at 703.243.8242. And many, many thanks for your consideration. Your participation will be a great addition to a very important event in the life of the Family AIDS Network.

The Rt. Rev. Frederick H. Borsch, Ph.D.
Bishop of Los Angeles

The Rt. Rev. Chester L. Talton, D.D.
Suffragan Bishop of Los Angeles

The Rt. Rev. Robert M. Anderson, D.D.
Assistant Bishop of Los Angeles

Katrina "Katie" Killefer
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Secretary

Jack Plimpton, Ed.D.
New Hope Committee Chair
Episcopal AIDS/HIV Ministry
Executive Director

The Rev. Malcolm Boyd
Chaplain

1254 West Sixth Street
Suite Number 301
Los Angeles, California 90017
213.580.9977
FAX: 213.250.8349

COMMISSION MINISTRIES
Diocesan AIDS Mass: Parish
and Youth Education
Project; Episcopal Schools
Education Project; The AIDS
Memorial Chapel: County/USC
Medical Center AIDS
Chaplaincy and
Clinic Lunch Program;
Speaker's Bureau;
Personal and Legislative
Advocacy; Healing, Spiritual
and Pastoral Care Ministry

RESOURCE SHARING
Milagros, AIDS Service
Center, Pasadena;
and the Southern California
Interfaith Council.

PROJECT NEW HOPE, Inc.
Jack Plimpton, Ed.D.
Founder

• Independent Residential Living
• Employment Retraining

Scott Figenshow
Executive Director

Ms. Joanna Yokota
*Project New Hope Residency
Consultant*



The Bishop's Commission on
AIDS Ministry

in the Episcopal Diocese
of Los Angeles

January 27, 1998

Ms. Sandra Thurman, Director
White House Office of National AIDS Policy
808 17th Street, N.W., 8th Floor
Washington, D.C. 20006

Dear Sandy: 

It has been awhile since we last met....Miami, or was it Los Angeles with Sue Scott? Each time was a delight.

While you were in Los Angeles, I proposed to you that we would be honored to have you be our speaker at the opening of our first HUD-
HOPWA funded permanent residence for persons living with AIDS in
the Los Angeles area.

The building is about finished, it is exceptionally beautiful and something we, who work in the HIV vineyard, will be proud of!

The date for the opening is Friday, March 20th at 3:00 P.M. Of course, if you will accept we will arrange for your hotel, etc. If there are any specific persons you would like to invite, please let me know.

Because this event involves federal, city, and Episcopal Church funding, there will be excellent media coverage.

Sandy, I dearly hope you can be our guest of honor and speaker. I have heard your presentations and know that you can express a message that the nation, as well as local committees need to hear.

Looking forward to your reply.

Warmest regards,



Jack Plimpton
Executive Director

The Episcopal Church in the Diocese of Los Angeles
The Bishop's Commission on AIDS Ministry
"To take the Church to the HIV Community and to bring the HIV Community to the Church"
Orange County Network

12 January, 1998

Sandra L. Thurman, Director
White House Office of National AIDS Policy
THE WHITE HOUSE
Washington, D.C. 20505

Dear Ms. Thurman:

We are writing to thank you for your personal ministry and professional efforts on behalf of men, women, and children living with HIV/AIDS.

We hope you will be able to accept the invitation of AIDS Services Foundation to visit Orange County this Spring. Members of our Network were instrumental in establishing the Lay Ministry Program at ASF. Many of us are also committed volunteers in various ASF programs and projects.

AIDS education and awareness in Orange County is making a difference in our communities and churches. It is our hope we will be able to meet you; your role in the Office of National AIDS Policy and with NEAC serves to remind us that day by day our ministry can provide an offering of care, compassion, and advocacy.

Peace,

A handwritten signature in cursive script, appearing to read "Rev. Ray Jones".



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Ronald Wing, M.D.
The Rev. J. Edwin Bacon, Jr.
All Saints Church, ex officio

Sue W. Scott
Executive Director

January 15, 1998

Ms. Sandra L. Thurman
Director, Office of National AIDS Policy
The White House
808 17th Street, N.W., 8th Floor
Washington, D.C. 20006

Dear Sandy;

This is a great group and I would like to add my voice to the invitation for you to keynote their conference. I think it would certainly be good for the conference to have you there; besides which, I think it is a good place for you to appear. It's women and children and AIDS, an oft-neglected segment of the population we serve.

Thanks for giving it your consideration. Wish I were seeing you tomorrow night in Miami. Who am I going to drink and tell stories with?

Love ya',

Sue W. Scott
Executive Director

The Episcopal Church in the Diocese of Los Angeles
The Bishop's Commission on AIDS Ministry
"To take the Church to the HIV Community and to bring the HIV Community to the Church"
Orange County Network

12 January, 1998

Sandra L. Thurman, Director
White House Office of National AIDS Policy
THE WHITE HOUSE
Washington, D.C. 20505

Dear Ms. Thurman:

I am
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I
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AIDS education and awareness in Orange County is making a difference in our communities and churches. It is our hope we will be able to meet you; your role in the Office of National AIDS Policy and with NEAC serves to remind us that day by day our ministry can provide an offering of care, compassion, and advocacy.

Peace,

*Looking forward to the Spring
and your visit to Orange County*

Sincerely,

Marie Greatorex

MARIE GREATORIX

1379 WATSON AV

COSTA MESA CA 92626

The Episcopal Church in the Diocese of Los Angeles
The Bishop's Commission on AIDS Ministry
"To take the Church to the HIV Community and to bring the HIV Community to the Church"
Orange County Network

12 January, 1998

Sandra L. Thurman, Director
White House Office of National AIDS Policy
THE WHITE HOUSE
Washington, D.C. 20505

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Peace,

Kathina Killefer, Network Chair
1917 Yacht Truant
Newport Beach CA 92660
714/720-1621

Data Entry Form

Letter ID	Writer First Name	Writer Last Name	Received Date	Subject
10556	Lucy	King	2/11/98	Invitation to speak in L

✓ Response Required?

Response Type	Response Date	Responder ID	Responder Name	Action Promised
			SThurman	
Action Completed	Action Date	Addressed To		

Notes

Similar letter of thank yous to speak at the Arch of LA

Sender's Organization	Sender's Street1	Sender's Street2
Episcopal Church in LA		
Sender's City	Sender's State	Sender's Zip

The Episcopal Church in the Diocese of Los Angeles
The Bishop's Commission on AIDS Ministry
"To take the Church to the HIV Community and to bring the HIV Community to the Church"
Orange County Network

12 January, 1998

Sandra L. Thurman, Director
White House Office of National AIDS Policy
THE WHITE HOUSE
Washington, D.C. 20505

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Peace,

Lucy Belle King

Data Entry Form

Letter ID	Writer First Name	Writer Last Name	Received Date	Subject
10555	Marilyn	Davis	2/11/98	Invitation to speak in LA

✓ Response Required?

Response Type	Response Date	Responder ID	Responder Name	Action Promised
Action Completed	Action Date	Addressed To		

Notes

This is a letter repeating the same thank you from the Arch of LA

Sender's Organization	Sender's Street1	Sender's Street2
Sender's City	Sender's State	Sender's Zip

The Episcopal Church in the Diocese of Los Angeles
The Bishop's Commission on AIDS Ministry
"To take the Church to the HIV Community and to bring the HIV Community to the Church"
Orange County Network

12 January, 1998

Sandra L. Thurman, Director
White House Office of National AIDS Policy
THE WHITE HOUSE
Washington, D.C. 20505

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Peace,

Maile Conley Davis

Data Entry Form

Letter ID

Writer First Name

Writer Last Name

Received Date

Subject

10508

Jennifer

Marin

1/30/98

refer to 10500

☐ Response Required?

Response Type

Response Date

Responder ID

Responder Name

Action Promised

Action Completed

Action Date

Addressed To

Notes

attachments included in this document.

Sender's Organization

Sender's Street1

Sender's Street2

Sender's City

Sender's State

Sender's Zip

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February 3, 1998

Sandy Thurman

Director, Office of National AIDS Policy
808 17th Street NW, Suite 820
Washington, D.C. 20006

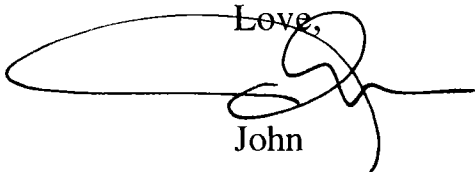
Dear Sandy,

I had the meeting with the HIV/AIDS Specialty Group from Hill & Knowlton regarding the Prevention Program we had discussed and was impressed with their enthusiasm. Most of the group had personal reasons for being involved with HIV/AIDS with the senior member having lost one partner to the disease and the current one living with HIV.

The research presented was the first step toward evaluating current information sources to recommend a position for this Foundation. Their initial recommendation was for our organization to sponsor a "consensus conference" in which the findings from the evaluations would be presented. The role of Hill & Knowlton would be to collect information both public and private, evaluate and present findings and facilitate the conference. I am including a background on the HIV/AIDS Specialty Group, its members and experience.

I would be most interested in your opinion when I visit in two weeks.

Love,



John



Hill and Knowlton HIV/AIDS Specialty Group: Mission/Audiences/Services

Hill and Knowlton's Patient Advocacy Specialty Group within the Health Care Practice was formed to help clients achieve their objectives through mutual understanding and respect, primarily by understanding the new terrain of patient advocacy and the social contract which this terrain has formed between companies and individuals.

The patient advocacy group deals with medical issues that center around many disease categories. However, those companies dealing in the HIV/AIDS and cancer arenas have been most heavily involved in patient advocacy because groups in these areas are the most well-organized, active, vocal and influential.

Many audiences are addressed via the work of this specialty group. The key audiences that receive much of our attention are AIDS activists, HIV patient advocates, HIV service organizations, cancer support groups and the scientific and medical communities. Other groups that we address, based on the client's specific situation, include government officials, HIV policymakers and health care professionals. Our relationships with the media, as always, are critical in helping us communicate client situations.

The specialty group offers numerous capabilities in variety of areas, including:

- Strategic counseling
- New product launches
- Marketing communications
- Patient advocacy relations
- Clinical trials communication
- Issues monitoring
- Media monitoring
- Employee and shareholder communications
- Management of regulatory environment
- Congressional and Executive Branch relations
- Crisis communications
- Media relations
- Symposia
- Publications
- Media training/coaching

Finally, through the professionals who make up the specialty group, we have extensive relationships with leaders of the scientific and activist communities, having worked with both over the past five years – during which time patient advocacy has evolved and has had dramatic impact on the scientific, regulatory, and marketing processes.

Hill and Knowlton HIV/AIDS Specialty Group Experience

HIV/AIDS Product launch experience

✧ **Viramune (nevirapine)/Roxane Laboratories & Boehringer Ingelheim**

Hill and Knowlton played an important role in the introduction of Boehringer Ingelheim's Viramune into the market. Following the successful pre-approval phase with the FDA, Hill and Knowlton developed the pre-launch and launch plans for the drug which is the ninth drug approved for the treatment of HIV, however, it is the first drug approved in a new class of agents called non-nucleoside reverse transcriptase inhibitors. Viramune was successfully positioned and reported by the media as the first in a new class of compounds to treat AIDS.

Consideration was also given to the timing of the approval. Viramune received approval from the FDA for use in combination with other nucleoside analogues two weeks prior to the International Conference on AIDS in Vancouver where the main issues revolved around combination therapy. Data from clinical trials involving Viramune was presented at several symposia on combination therapy during the Vancouver Conference further establishing a place for Viramune in the treatment of HIV.

Prior to the announcement of the price of Viramune, Hill and Knowlton coordinated briefings with key patient advocates and representatives from Roxane Laboratories and Boehringer Ingelheim to address concerns about the cost of the drug. Hill and Knowlton also conducted a series of workshops for the Roxane sales representatives on the subject of HIV patient advocacy groups and community based organizations.

Currently, Hill and Knowlton is moving forward with the post-launch phase for Viramune. In addition, Hill and Knowlton is coordinating the US marketing initiative with Boehringer Ingelheim Canada.

✧ **EpiVir (3TC)/Glaxo Wellcome**

The discovery that the compound 3TC, developed by BioChem Pharma of Laval, Québec, and licensed to Glaxo, works synergistically with AZT to dramatically reduce viral load and increase CD4 cell counts in people infected with HIV was a major advance in the treatment of HIV infection. Paul Graves managed pre-approval and product launch activities while at another public relations firm. The scientific and treatment advocacy communities were strongly supportive of the combination, based on the presentation of preliminary data in January 1995 in Washington, DC.

The strategy was to position the combination at the forefront of HIV treatment, offering the most significant, sustained reduction in viral load and boost in CD4 cell counts of any anti-HIV treatment regimen seen at that time. This challenge was compounded by the simultaneous acquisition of Burroughs Wellcome, the manufacturer of AZT, by Glaxo, the licensee of 3TC, and the need to emphasize the new company's commitment to working with communities impacted by HIV.

Public relations efforts were undertaken to publicize preliminary and interim 3TC+AZT data, address community concerns regarding pre-approval access to 3TC, and to prepare for the launch of 3TC. Written and broadcast press materials focused on the trial results and the expanded access program established by Glaxo Wellcome. Close coordination with the FDA ensured accurate message delivery on the 3TC+AZT combination, which was cleared for marketing by the Agency in November 1995 under accelerated approval guidelines.

The 3TC+AZT combination was greeted enthusiastically by physicians and activists, and has since become the cornerstone of combination therapy regimens using several drugs together to combat HIV infection. Combination therapy is now the standard of care for that condition.

♦ **Doxil/Sequus Pharmaceuticals**

Through the development of a unique technology to encapsulate drugs within a liposomal envelope, Sequus Pharmaceuticals was able to create a more effective and better tolerated version of the chemotherapeutic agent adriamycin to combat Kaposi's sarcoma, a relatively common form of cancer among people with HIV/AIDS. Paul Graves handled pre-approval and product launch activities while at another public relations firm.

The strategy behind the extensive community outreach undertaken on behalf of Doxil was to drive community support and pressure for FDA approval of Doxil as first-line therapy for KS. To that end, U.S. and European treatment advocates were invited to a series of company-sponsored meetings to discuss preliminary Doxil data with Sequus representatives. Supporting materials were produced and interviews were coordinated with community treatment publications to differentiate Doxil from a similar liposomal product, also for Kaposi's sarcoma. Advocates and treatment media were kept abreast of new developments and were alerted to FDA marketing clearance of Doxil under the Agency's accelerated approval guidelines in November 1995.

♦ **Retrovir (AZT) Maternal Transmission Indication/Burroughs Wellcome**

In May 1994, the AIDS Clinical Trials Group (ACTG) trial 076, designed to test the safety and effectiveness of AZT therapy to prevent the transmission of HTV from pregnant women to their unborn infants was halted, unblinded and all participants were given the option of initiating AZT therapy. This decision was

based on an interim review of trial data that showed a 67.5 percent reduction in the likelihood of HIV transmission for women receiving AZT compared to those receiving placebo, and established that AZT does not harm infants in the second and third trimesters. Paul Graves handled publicity of this new indication while at another public relations firm.

The challenge was to promote this important finding and to offset the perception of AZT as a dangerously toxic drug while remaining neutral on the public policy implications of this finding (i.e., mandatory testing of pregnant women for HIV infection). The strategy was to piggyback on statements made by leading researchers and policymakers at the Yokohama International AIDS Conference calling the 076 findings a major advance in the fight against HIV, and to publicize the compelling trial results without being promotional. Press materials were straightforward and informative, with no promotional tone.

The FDA acted swiftly on the 076 findings, approving the use of AZT in women in the second and third trimesters of pregnancy, as well as in infants for the first six weeks of life. AZT remains the only agent approved to prevent HIV transmission from mother to child.

♦ **Foscavir/Astra Pharmaceuticals**

In September 1991, Hill and Knowlton launched Astra's Foscavir, the first pharmaceutical treatment for cytomegalovirus retinitis in AIDS. Beyond introducing the product, Hill and Knowlton's challenge was to manage the resistance from the AIDS advocacy community that was created from investigative news reporters from CBS' "60 Minutes." Hill and Knowlton had to ensure that the coverage of the announcement was not mired in controversy. Hill and Knowlton began background briefings with the HIV community before and after the product was launched and created the Foscavir Assistance and Information and Reimbursement (FAIR) program in response to the costs of the product. This program was launched in May, 1992.

To ensure that the scientific/clinical value of Foscavir was discussed in media reports, Hill and Knowlton worked with the American Society for Microbiology and created a media venue at ICAAC where clinical investigators were available to present their clinical experiences with Foscavir and respond to questions about how the drug was used.

♦ **Marinol/Roxane Laboratories**

For nearly four years, Hill and Knowlton has worked with Roxane Laboratories during the pre-launch, launch and post-launch phases for Marinol, which was the first drug to be approved for the treatment of anorexia associated with weight loss in HIV disease. Complicating the marketing and positioning of Marinol was its Schedule II drug classification, and at the time of its launch a severe paucity of

information or interest in the nutritional aspects of HIV disease. The strategy developed to market the compound has involved linking Marinol to better nutritional management in HIV disease. Working with the advocacy community at a local and national level, Roxane has undertaken a series of Nutrition Symposia in key markets to raise the awareness among treaters and patients of the importance of proper nutritional management. This program has had significant impact in terms of driving sales, and has been the foundation of considerable interest throughout the HIV community on nutrition issues.

The ongoing Marinol marketing program led to an idea Hill and Knowlton presented to Roxane to expand other Roxane marketing programs around the company's core product line -- opioid analgesics, many of which are used in pain management in AIDS. Roxane established and launched, during the Berlin AIDS conference, the Roxane Pain Institute which provides consumers and physicians information on pain management, and again Roxane created with a wide variety of innovation in the HIV/AIDS arena by establishing a focus on pain management in AIDS. It has used a series of seminars directed at treaters and care givers to address the lack of information on pain management in AIDS. This program has galvanized clinical leaders in AIDS pain management as a resource for the broader clinician community, and again has been met with considerable appreciation from the advocacy community.

♦ **Videx (ddI) & Zert (d4T)/ Bristol-Myers Squibb**

As public attention was first turning toward new protease inhibitors for the treatment of HIV/AIDS, important data was being released about two established nucleoside analogue compounds, Videx and Zert. While at another public relations firm, Paul Ewing worked to focus attention on breakthrough data from AIDS Clinical Trials Group 175 and the Delta trial, as well as on compelling outcomes from studies using Videx and Zert in combination with one another. Important data regarding the use of Videx in pediatric patients marked another major step forward for this compound.

The proven efficacy of Videx as monotherapy and in combination with other therapies resulted in a significant relabeling decision by FDA, while Zert became the first HIV/AIDS treatment to successfully complete FDA's accelerated approval process.

Proactive media outreach surrounding new data presentations and FDA decisions maintained a strong news presence for both compounds. Efforts to keep Videx and Zert in the public eye were an essential element of their successful positioning as proven cornerstones in HIV/AIDS treatment.

♦ **MedExpress Pharmacy/National Association of People With AIDS**

Hill and Knowlton helped NAPWA develop the concept of its own pharmacy

service for people living with HIV. A marketing program was developed from the ground up, and MedExpress was launched in July of this year using a combination of direct mail and publicity. Media response was significant, generating 150 print and broadcast stories, including coverage in major national outlets like *USA Today*, ABC Radio News, National Public Radio, AP Radio, *Los Angeles Times*, and the *San Francisco Chronicle*. Over 10,000 calls were generated through the toll-free number during the first two weeks of the launch. In addition, patient sign up is more than 725 percent over original projections.

HIV/AIDS clinical trial experience:

♦ 3TC/Glaxo Wellcome

In January 1995, a major AIDS conference was held in Washington by the American Society of Microbiology. During this conference the findings of several North American studies involving the use of 3TC/AZT were to be reported. Enormous attention was focused on the studies because European studies reported in the prior November were very encouraging. It was inappropriate for Glaxo to issue press releases.

Hill and Knowlton worked with the lead investigator institutions to develop and issue releases regarding the findings. In addition, Hill and Knowlton developed a strategy which resulted in the ASM holding a press briefing focused solely on these studies. The results were widespread media coverage.

We have completed all work on 3TC and are not involved in any current activity.

♦ Marinol/Roxane Laboratories

Hill and Knowlton announced a critical HIV trial for Roxane Laboratories involving Marinol. The primary study that led to the approval of Marinol as a treatment for anorexia associated with weight loss in patients with AIDS was published in the *Journal of Pain and Symptom Management* in March 1995. To maximize media coverage for the study, the media announcement was coordinated with St. Johns Medical Center in Tulsa, Oklahoma, and the lead clinical investigators who participated in the study.

♦ Foscavir/Astra Pharmaceuticals

As part of the product launch (September 1991) for Astra's Foscavir (foscarnet sodium), Hill and Knowlton conducted and coordinated a media briefing at ICAAC with the American Society for Microbiology. Foscavir clinical investigators were available to respond to media inquiries about how the drug is used as a treatment for cytomegalovirus retinitis in People With AIDS (PWAs).

In addition, Hill and Knowlton worked with the Harvard AIDS Institute and conducted educational symposia and media briefings in conjunction with Foscavir scientific presentations being presented at the International AID S Conference in Amsterdam.

❖ **GEM 91/Hybridon**

Hill and Knowlton is currently working with Hybridon, which is engaged in the discovery and development of genetic medicines based primarily on its antisense technology. GEM 91 is the first of a new class of gene targeted antisense compounds under development by Hybridon, to block the genetic message which instructs production of specific viral proteins. Hybridon has initiated human clinical trials in France and the U.S., studying antisense in HIV, and is currently in Phase II/b trials.

In addition to reporting on each phase of the clinical trial process, Hill and Knowlton has the added responsibility of educating the patient advocacy community on antisense technology, at a time when combination therapy is receiving the highest amount of attention. To date, significant media coverage of the antisense technology and the clinical trial progress has been achieved. Hill and Knowlton's work involves Hybridon's Scientific Advisory Board, licensing issues with NIH, coordinating regulatory issues in Europe and the United States.

Other clinical trial experience:

❖ **Coumadin/DuPont Merck Pharmaceuticals**

At a time when media reports included the term "rat poison" in coverage and physicians were concerned with patient "bleeds," using well-regarded clinical data was the strategic pathway to repositioning the product as a lifesaving therapeutic. Handling three *New England Journal of Medicine* studies on atrial fibrillation (AF) risk reduction and partnering with the Veterans' Administration Hospital system and Massachusetts General Hospital, led to a sense of medical imperative to treat these patients. Major consumer newspapers and television stations carried the news as headline reports for each of the three major studies. Today, Coumadin is considered the treatment of choice in the prevention of stroke for patients diagnosed with AF.

FDA experience during the NDA approval process:

❖ **Nevirapine/Boehringer Ingelheim Pharmaceuticals Inc. (BIPi)**

In February of 1996, BIPi submitted an NDA to the FDA for its compound nevirapine, a non-nucleoside reverse transcriptase inhibitor (NNRTI). An important hurdle was a presentation to the FDA's Anti-Viral Drug Advisory Committee. Hill and Knowlton coordinated a full review of the presentation with

Boehringer Ingelheim officials and key clinical investigators who are highly regarded in AIDS research. Based on this presentation, the Advisory Committee unanimously recommended that nevirapine receive accelerated approval by the FDA. FDA approval was received within three weeks of this recommendation. Hill and Knowlton continues to work with Boehringer in advancing the compound with this Division.

Boehringer does not perceive our work on other compounds as a conflict since the compounds will be used primary in combinations.

♦ **Marinol/Roxane Laboratories**

Amid rumored protests and "smoke outs" by pro-marijuana groups, Hill and Knowlton developed and implemented a strategic communications plan around the announcement of FDA approval for Marinol, a treatment for appetite loss or anorexia associated with weight loss in patients with AIDS. Prior to the announcement, Hill and Knowlton organized a series of patient advocacy meetings with community leaders with regard to Marinol. By initiating these meetings, Roxane Laboratories was able to present its messages to the community and minimize any negative feedback.

♦ **BST/Monsanto Company**

For both the Monsanto Company (BST and plant biotechnology products) and the Animal Health Institute (Fluoroquinolones/antibiotic resistance), Hill and Knowlton has developed a comprehensive strategy of the scientific, political and media components of high profile hearings before various advisory committees of the Food & Drug Administration. These efforts have included developing a core message strategy that all testifying experts will work from; selecting, recruiting and training third-party testifiers, writing testimony; organizing the order and length of the expert team; and managing relations with the media, including a full-equipped on-site media room.

Hill and Knowlton HIV/AIDS Specialty Group: Contacts

Patient advocacy organizations are a given component in the drug development and marketing mix for any HIV-related compound. Hill and Knowlton established an HIV Specialty Group within its Health Care Specialty Group, and broke new ground in helping pharmaceutical companies understand the dynamics of communicating with AIDS patient advocacy organizations.

Throughout the years, the members of the HIV Specialty Group have had occasion to work directly with, and have built solid working relationships with, all the major national AIDS organizations. In addition, because much of the pre-launch and launch work must be done at a local level, Hill and Knowlton specialists have worked with local AIDS Service Organizations (ASOs) in the major markets. The Group also works regularly with the editors of the treatment information provider newsletters, the freelance writers who now regularly feed the widespread AIDS information network, and the reporters who write regular "AIDS DIGEST" columns for the leading gay and lesbian newspapers and journals as well as columns which appear in a variety of consumer health or lifestyle magazines from *Men's Health* to *Discover*.

The Group is familiar with and has regular communication with the following organizations:

- AID Atlanta
- AIDS Action Council (DC)
- AIDS Education Training Center
- AIDS Project Los Angeles
- AIDS Resource Center (Dallas)
- AmFAR
- Association of Nurses in AIDS Care
- Being Alive (LA)
- BETA (SF)
- Community Research Initiative
- Gay Men's Health Crisis
- Health Crisis Network (Miami)
- Howard Brown Health Center (Chi.)
- Nelson-Tebedo Clinic
- Philadelphia FIGHT
- Project Inform
- Research Alliance
- Test Positive Aware Network
- The Center
- Treatment Action Group (NY)
- Whitman Walker Clinic (DC)
- Women Alive (LA)

BIOGRAPHY

NAME: NOEL HALL
TITLE: SENIOR VICE PRESIDENT
HEALTH AND
PHARMACEUTICAL
PRACTICE, TORONTO

CURRENT POSITION

Noel Hall recently relocated to Hill & Knowlton's Health and Pharmaceutical Practice in Toronto from the firm's London office. He has extensive experience in both medical and consumer health care public relations gained within the pharmaceutical industry and within consultancy.

PRIOR HISTORY

Prior to his move to Toronto, Noel Hall was Director of Strategic Planning Healthcare Europe and Chairman of the U.K. Healthcare Division. During this time he integrated the agency's consumer and health policy functions within the health care group. He has established the health care division as one of the top three health care consultancies in the U.K. Last year the group posted the highest growth rates of any health care agency

Before his appointment as Director of Strategic Planning Healthcare Europe, Noel was the MD of the U.K. Healthcare Division.

He joined Hill & Knowlton from the Wellcome Foundation Ltd., where he was the PR Director for the U.K. and Northern Europe. During his time at Wellcome, he set up and established the corporate affairs function and was responsible for the award winning PR campaign to support the Pom to P switch of Zovirax cold sore cream – the industry's most successful switch. Having joined the company four days before a major AZT crisis which resulted in the company's share price crashing, Noel was responsible for implementing a long-term issues management plan to ensure the company was not affected by another AZT, or similar crisis.

He also represented the company on the U.K. Pharmaceutical Partners For Better Health steering committee. As a result of this work, Noel has come into contact with many leading health care think tanks and opinion formers. Prior to Wellcome, Noel was an Associate Director at Shire Hall Communications, a specialist health care consultancy. Immediately prior to Shire Hall, Noel spent five years at Abbott Laboratories in the U.K. where he was PR manager.

OTHER INFORMATION

Noel studied medical laboratory science at the Royal London Hospital and the University of London. He is a qualified Medical Laboratory Scientific Officer.

BIOGRAPHY

NAME: PAUL D. GRAVES
TITLE: MANAGING DIRECTOR

CURRENT POSITION

Paul Graves is a Managing Director in the New York office of Hill and Knowlton. As a member of the healthcare division, Mr. Graves specializes in developing and executing broad-based public relations programs for clients in the pharmaceutical and healthcare industries.

Currently, Mr. Graves manages two worldwide accounts for leading pharmaceutical companies, including the industry's largest HIV product portfolio, and rotavirus vaccine programs. He also manages programs for another major pharmaceutical company designed to increase hepatitis B vaccinations among adolescents.

PRIOR HISTORY

Prior to joining Hill and Knowlton in 1996, Mr. Graves held several positions in public relations and public affairs. His background includes extensive marketing of pharmaceutical products for the management of HIV infection and related complications, diabetes, multiple sclerosis, high cholesterol and gastrointestinal disorders. Before joining Hill and Knowlton, Mr. Graves served as an Account Supervisor at GTFH Public Relations, where he handled accounts for Pfizer and Teva Marion Partners. Prior to that, he was a Senior Associate at Ogilvy Adams & Rinehart where he managed Glaxo Wellcome's HIV franchise, including Retrovir (AZT), Efavir (3TC) and Zovirax, as well as Sequus Pharmaceutical's Doxil for Kaposi's sarcoma.

Mr. Graves also served as a lobbyist for the American Chemical Society in Washington, DC, where he spearheaded the formation of two grass-roots lobbying networks and a coalition of scientific associations to lobby Congress and the Executive branch in support of federally financed biomedical research.

OTHER**INFORMATION**

An Ohio native, Mr. Graves is a graduate of Kent State University, holding a bachelor's degree in political science. While at Kent, he participated in an academic internship program in Washington, DC. He has served in volunteer positions with AIDS service organizations both in New York and Washington, DC.

MARIO J.S.G. CHAMPAGNE, PhD
SENIOR ACCOUNT EXECUTIVE/SAN FRANCISCO

**CURRENT
POSITION**

Mario Champagne is a senior account executive with Hill and Knowlton Public Affairs Worldwide, working in the San Francisco office. Currently, he specializes in health care clients and is a member of the AIDS specialty group. Among the clients he is currently working on are Aeterna Pharmaceuticals, Roxane Laboratories, and Hoffman-LaRoche International.

**PRIOR
HISTORY**

Prior to coming to Hill and Knowlton/San Francisco, Dr. Champagne was an administrative assistant to Jim Jennings in the Washington, DC, office of Hill and Knowlton, providing account support for the health practice.

Before that, he was the administrator of the AIDS Clinical Trials Unit at the University of North Carolina at Chapel Hill. In that capacity, Dr. Champagne not only managed the day-to-day administration of the grant and its budget (including four remote satellites units and a retrovirology laboratory), but helped to write the reports to the NIH and the pharmaceutical companies as required by the grants and contracts and both competitive and non-competitive renewals. In addition, he participated in the Institutional Review Board process for the use of human subjects in clinical trials by preparing informed consents from protocols, provided database support to the unit, and coordinated the unit's activities with rest of the University and hospital communities, as well as the local ASOs.

**OTHER
INFORMATION**

Dr. Champagne is a member of the American Musicological Association, the American Guild of Organists, and the Association of Anglican Musicians. He is active professionally as a member of several choruses, maintains an active performance life as an organist, composes music, and writes articles and reviews for specialty publications.

He received his Master's degree and Doctorate from the University of North Carolina at Chapel Hill in Musicology and his B.A. from Pomona College.

BIOGRAPHY

NAME: PAUL EWING
TITLE: SENIOR ACCOUNT EXECUTIVE

CURRENT POSITION

Paul Ewing is a senior account executive in the New York office of Hill and Knowlton. He specializes in health care and corporate communications programs.

Mr. Ewing's experience includes crisis communications, litigation-related communications, issues management and corporate communications activities on behalf of many leading health care companies. He has participated in public relations programs for numerous breakthrough pharmaceutical products.

PRIOR HISTORY

Prior to joining Hill and Knowlton in 1996, Mr. Ewing was account executive at the New York office of Porter Novelli, where he worked on corporate programs for Sandoz Pharmaceuticals, Oxford Health Plans and C.R. Bard. Mr. Ewing also conducted activities for a broad range of pharmaceutical products, including Eisai/Pfizer's Alzheimer's disease therapy, Bristol-Myers Squibb's AIDS/HIV therapies, Merck's hepatitis vaccines and SmithKline Beecham's Tagamet HB.

Previously, Mr. Ewing oversaw communications activities for the Rainforest Alliance, an international nonprofit conservation organization. Mr. Ewing's experience also includes service at the National Council on Alcoholism and Drug Dependence, a nonprofit public advocacy group, and at Dewe Rogerson, a financial public relations agency.

OTHER INFORMATION

Mr. Ewing received his bachelor's degree in English literature from Haverford College in Haverford, Pennsylvania.

PETER P. VELASCO
SENIOR ACCOUNT EXECUTIVE
WASHINGTON, D.C.

**CURRENT
POSITION**

Peter Velasco is a Senior Account Executive in the Washington, D.C. office of Hill and Knowlton. He is a member of the Healthcare and Marketing Communications divisions as well as the AIDS Specialty Group. Some of Mr. Velasco's current responsibilities include developing and implementing media relations strategies, providing clinical trials support, and building alliances for a variety of healthcare clients including Boehringer Ingelheim Pharmaceuticals, Roxane Laboratories, Merck Vaccine Division, BARD Urological Division and Ortho McNeil. Mr. Velasco joined Hill and Knowlton's Washington office in May 1996.

**PRIOR
HISTORY**

Prior to joining Hill and Knowlton, Mr. Velasco worked at the public relations firm of Ketchum Communications in Washington, D.C., where he was instrumental in designing and executing public relations programs for a variety of clients including MCI, Dow Chemical Co., the Independent Insurance Agents of America, the International Mass Retail Association and Interealty Corp.

Before joining Ketchum, Mr. Velasco worked in the Government Affairs office of Warner-Lambert Co. where his responsibilities included tracking critical legislative action and trade issues, preparing briefings for company executives, working with coalition groups to protect Warner-Lambert's interests during legislative reform campaigns and organizing fund-raisers for candidates and Members of Congress.

**OTHER
INFORMATION**

Originally from Bogota Colombia, Mr. Velasco is completely fluent in Spanish. He received his Bachelor of Arts degree in political science, economics and diplomacy and foreign affairs from Miami University in Oxford, Ohio.

ERIC BORSUM
SENIOR MANAGING DIRECTOR
LOS ANGELES

**CURRENT
POSITION**

Eric Borsum joined Hill and Knowlton in 1987 and serves as director of Corporate Services. He has counseled a wide range of corporate, government and non-profit entities on strategic planning, issues management, corporate restructuring, crisis communication, marketing communications and employee communications.

Borsum has developed strategic communications initiatives to assist Mazda with product introductions, corporate branding programs and restructuring activities. He has developed government, media and consumer relations programs for the Association of International Automobile Manufacturers, Bridgestone Corporation and Donnelly Corporation and worked with California automakers to create the California Automotive Industry Alliance to increase awareness of the industry's impact on the California economy.

As a member of the firm's crisis communications team, Borsum has counseled Diahatsu Motors on its U.S. market exit strategy, assisted Winston Tires with communications during a fraud investigation by California regulators, and counseled Casablanca Fan Company during a nationwide product recall mandated by Consumer Product Safety Commission.

Borsum has extensive experience in communications support for re-engineering initiatives having counseled Mazda through several corporate restructuring moves including the cancellation of a planned luxury car division and the consolidation of five separate companies into one. He has worked with ramen noodle maker Nissin Foods, furniture maker Virco Mfg. Corp., Wilson Golf and health-care industry leader MedPartners on internal and external communications related to plant and site closures and downsizing efforts.

Borsum's experience includes corporate and public affairs positioning work with clients ranging from the Los Angeles Community Development Bank to Avery Dennison. He supported Mayor Richard Riordan's Special Advisory Committee on Fiscal Administration to develop an action plan for change in city business practices and is a member of the Walt Disney Concert Hall communications "turnaround" team. Other public sector clients include the California Department of Consumer Affairs/Bureau of Automotive Repair and the California Department of Health Services. Borsum has designed communications programs in support of California's smog check program, prenatal care campaigns, teen pregnancy prevention initiatives, managed care initiatives and MediCal. Through these social marketing initiatives, Borsum has initiated strategic partnerships with multicultural advertising and public relations firms throughout the state.

**PRIOR
HISTORY**

Borsum previously worked with Petersen Publishing where he was instrumental in setting the tone and developing the style for feature stories in the firm's automotive titles.

**OTHER
INFORMATION**

A Michigan native, Borsum graduated from the University of Michigan with a bachelor's degree in journalism.

LISA GULLEDGE
ACCOUNT EXECUTIVE
WASHINGTON, D.C.

**CURRENT
POSITION**

Lisa Gullledge is an account executive at Hill and Knowlton's Washington, D.C. office. She performs a variety of tasks including domestic and international environmental product marketing, food product marketing, media relations and crisis issues management.

**PRIOR
HISTORY**

Prior to Hill and Knowlton, Ms. Gullledge was an assistant account executive with Ketchum Public Relations in Washington, D.C., where she concentrated primarily on environmental issues management, media relations and grassroots program implementation for corporate and national trade association clients.

Previously, Ms. Gullledge served as a public relations assistant at Communi-k, a public relations firm located in McLean, VA., where she worked on creating promotions and garnering publicity for Washington area clients.

Ms. Gullledge interned at the communications consulting firm of former U.S. Press Secretary Marlin Fitzwater and former State Department Spokesperson Margaret Tutwiler.

**OTHER
INFORMATION**

Recognized in the public relations industry, Ms. Gullledge has received CIPRA award nominations for her environmental client work.

Ms. Gullledge also has been active in the community by performing volunteer media relations work for the 1995 and 1996 National Cherry Blossom Festival.

Ms. Gullledge graduated with a B.A. in Communications from George Mason University in Fairfax, VA and frequently speaks to students at her alma mater about the field of communications.

HILL & KNOWLTON

Memorandum

Hill and Knowlton, Inc.
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DATE: 15 January, 1998
TO: Jim Jennings
FROM: Mario Champagne, PhD
SUBJ: Prevention programs

cc:

Jim,

You've asked a slippery question, simply because prevention is woven into the fabric of almost all of the ASOs and cannot really be teased out on a regular basis. This true of GMHC (although I do have that booklet about their new program called b.2k, short for Beyond 2000), Project Inform, APLA, TAG, IAPAC, The Body. I reviewed all of the major sites and have printed out and attached the most relevant stuff. Peter may have access to other sources or have attacked the problem from a different angle and may have some slightly different information. So much the better.

The important stuff: The best summary of prevention initiatives lives at CAPS, the Center for AIDS Prevention Studies, an offshoot of the AIDS Research Institute here in SF. Most of the attached materials either come directly from them or were posted somewhere else under their ægis.

The most important and informative documents are two fact sheets, one table, and a survey of program funding for context for the EJF. These are:

1. *Does HIV Prevention Work?*
2. *We Know What Works in HIV Prevention – Why Aren't We Doing More of It?*
3. *What Are the Characteristics of HIV Education and Prevention Programs that "Work" and "Do Not Work"*
4. *A Survey of AIDS Prevention Funders: Which Programs Are Funded, and Why?*
5. This fact sheet breaks out the four main categories of at-risk populations: men having sex with men (MSM), IDUs, adolescents, and adults. It discusses the overlapping techniques that seem to have worked best for each group (highlighted on sheet). The main points that are hammered repeatedly in the literature are that prevention efforts have: to be long-term and ongoing, to be culturally appropriate to the targeted group, and have the buy-in of the affected community.
6. This fact sheet builds on the information in the previous one and addresses the roadblocks: the federal government banning funds for needle exchanges, restrictive sex education laws at the state level, incoherent funding mechanisms, lack of follow-through on testing (especially with regards to pregnant women), and perceptions

Does HIV Prevention Work?



Can prevention make a difference?

The unequivocal answer is yes. HIV prevention programs are doomed to failure if they are expected to protect 100% of people from disease 100% of the time. (1) No interventions aimed at changing behaviors to promote health have been or can be 100% successful. Driving deaths caused by drunk drivers declined from 57% in 1982 to 45% in 1992, and this was considered a major victory. In 1964, the Surgeon General first sounded an alarm about smoking; warning labels on cigarettes weren't mandated until 1984, and now, 30 years later, stop smoking campaigns are achieving some success even though smoking-related illness is the major cause of death for Americans.

In San Francisco, CA, new HIV infections reached a high of 8,000 in 1982. In 1994, the estimated number of new HIV infections was 1,000. Comprehensive community-based HIV prevention programs targeted towards gay and bisexual men in the early to mid-1980s certainly contributed to this dramatic reduction in new HIV infections. (2)

For prevention programs to work, cases of disease must be averted. As June Osborn, former Chair of the National Commission on AIDS said, "If we do preventive medicine and public health right, then nothing happens and it is very boring. We should all be praying for boredom."

A thorough review of research evaluating HIV prevention programs found 20 studies that demonstrated long-term behavior change. (3) Skepticism about the effectiveness of HIV prevention programs is not borne out by scientific evidence. The following are examples of scientifically evaluated prevention programs that have been proven effective.

What works for gay/bisexual men?

→ **Small group counseling.** Audio-visual presentations eroticizing safer sex, safer sex negotiation skills training, stress reduction training, and intensive group counseling have been shown to be effective at changing behavior on a short-term basis. In Pittsburgh, PA, one study resulted in an increase in condom use from 36% to 80%. (4)

→ **Community interventions.** AIDS education led by peers on a community level is effective at reaching higher risk men who don't often participate in small group counseling. In several medium-sized towns, the most popular people in social settings were trained to deliver AIDS risk-reduction messages to their friends and acquaintances in gay bars. As a result, fewer gay men practiced unprotected sex. (5) Another program found that using peers to support and encourage friends about safer sex was an effective approach to HIV prevention. (6)

What works for injecting drug users?

→ **Community outreach.** In Chicago, peer-led street outreach targeting social groups of injecting drug users (IDUs) not in drug treatment found a substantial reduction in sharing needles, from 100% to 14%. A four-year follow-up of this program also found an impressive decrease in HIV seroconversion rates, from 5% to less than 1%. (7) An HIV prevention media campaign aimed at a national audience was found effective at slowing HIV conversion among IDUs in Northern Italy. (8)

effective at slowing HIV conversion among IDUs in Northern Italy.(8)

- **Needle exchange programs.** A comprehensive report prepared for the Centers for Disease Control and Prevention reported 10 studies of needle exchange programs that showed decreases in sharing needles, the main route of HIV transmission, as a result of the exchanges.(9)

What works for adolescents?

- **Sex education.** Although sex education for adolescents is still steeped in controversy, the preponderance of data has shown that age-appropriate school programs reduce risk behavior in the short term, and can actually decrease sexual activity for adolescents. An experimental sex education program helped students who were abstinent remain abstinent after a year and a half. Among those who did become sexually active, the program resulted in higher use of contraceptives.(10)
- **Small group counseling and skills building.** For hard-to-reach adolescents at high risk for HIV, intensive and repeated education, skills-training and counseling sessions are effective. In New York, runaway youths in residential shelters who received 15 or more sessions, reported an increase in consistent condom use from 33% to 63%, and a decrease in high-risk sexual behavior from 20% to zero. As the number of intervention sessions increased, consistent condom use increased significantly and engaging in a high-risk sexual behavior decreased significantly.(11)

What works for adult heterosexuals?

- **Small group counseling.** Patients in an urban primary health care clinic receiving AIDS education, skills-training and peer support reported a 40% increase in condom use.(12)
- **Couples counseling.** Studies of discordant couples (i.e. where one is HIV-infected and the other isn't) have shown that when couples are counseled together about safer sex, condom use increases, and HIV seroconversion decreases. In one study, none of the couples who consistently used condoms seroconverted.(13) In another study, discordant couples who received repeated HIV testing and post-test counseling showed increased condom use from 3% to 57%.(14)

What kinds of programs work best?

Many characteristics of successful HIV prevention programs hold true across populations.

1. Intense interventions that are sustained over time are more likely to produce long-term behavior change.
2. Improving access to devices necessary for safer practices, such as clean needles and condoms, is crucial.
3. Skills building and modifying community norms are essential program elements.
4. Timing of HIV prevention messages is important, as demonstrated with adolescent programs, where providing explicit prevention education before the time they are sexually active can have a greater impact than education after the initiation of sexual activity.
5. Programs addressing discordant couples are especially effective in groups with high prevalence of HIV infection.

A comprehensive HIV prevention strategy uses multiple elements to protect as many people at risk for HIV as possible. We should learn from and promote the effectiveness of HIV prevention programs already in place, as well as continue to evaluate these programs. The standard for measuring success of HIV prevention needs to be addressed; 100% effectiveness could never be achieved. Finally, funding for prevention programs and research into prevention science needs to be tied to effectiveness and public health importance. Now that we know that HIV prevention works, and what kinds of programs work, we need to put them into practice, sustain and refine them.

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Prepared by Pamela DeCarlo

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We Know What Works in HIV Prevention - Why Aren't We Doing More of It?



What have we learned?

Fifteen years ago, the first AIDS cases were diagnosed among 5 gay men in Los Angeles, CA. Since then, AIDS has spread to over half a million people in the US and is the leading cause of death for all Americans aged 25-44. Fifteen years have also seen great leaps in understanding how to prevent the spread of HIV. But these fifteen years have not seen the widespread implementation of effective HIV prevention programs in the US. If we know what works, why aren't we doing more of it?

HIV prevention does not have to be perfect to be effective. Epidemiological models have shown that simply cutting rates of risky behavior in half can halt the epidemic. (1) The programs listed below are some of the interventions that have shown signs of success and should be replicated, even without 100% reduction in risk behavior.

What has shown signs of working?

The majority of the estimated 41,000 annual new HIV infections in the US are occurring among injection drug users (IDUs), their sexual partners, and their offspring. (2) We know what works to prevent the spread of HIV among IDUs: starting HIV prevention efforts when rates of HIV are still low, providing sterile injecting equipment through needle exchange programs and over-the-counter pharmacy sales, conducting community outreach to IDUs, and providing drug treatment on demand. (3)

In Tacoma, WA, where prevention efforts for IDUs began in 1988, the prevalence of HIV among IDUs has remained steady at 3-4%. In New York City, NY, where prevention efforts for IDUs met with early opposition, HIV among IDUs increased from 10% to more than 50% in five years. (3)

Connecticut implemented the ideal HIV prevention program: it cost the state nothing and was highly effective. A partial repeal of needle prescription and drug paraphernalia laws resulted in dramatic reductions in needle sharing, and increases in pharmacy purchase of syringes by IDUs. Sharing dropped from 52% to 31% after the new laws, pharmacy purchase rose from 19% to 78%, and street purchase fell from 74% to 28%. (4)

Gay and bisexual men account for a majority of total current HIV infections, and 25% of annual new infections in the US. (2) We know what intervention strategies work for gay and bisexual men: small group counseling and skills training, peer outreach, counseling and testing, hot lines, media programs, and community interventions.

One effective program in several medium-sized towns trained the most popular people in social settings

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What Are the Characteristics of HIV Education and Prevention Programs that "Work" and "Do Not Work"

This is taken from the report "HIV Prevention in California", prepared for the Office of AIDS, California Department of Health Services, by the Institute for Health Policy Studies, University of California, San Francisco.

"Work"	"Do Not Work"
Programs with clearly defined target populations (i.e., by age, gender, sexual orientation, race/ethnicity, risk behaviors, culture, peer and social group, life circumstance, neighborhood)	Programs that are "generic" or "homogenized" and aimed at the "general population" or at "types" of people
Programs with clearly defined objectives (i.e., what behaviors are being targeted for change, what changes in behavior - new behaviors - are to be achieved by whom)	Programs that try to send a "universal message" about HIV — there is no universal message, no universal receiver
Programs with clearly defined interventions (i.e., intervention can be explained to anyone in simpler terms. "We are trying to decrease the number of people in the Tenderloin area of San Francisco transmitting HIV infection through sharing needles when injecting drugs by providing clean needles to ___ people, ___ times, at ___ locations.")	Programs that give ambiguous, vague, or inappropriate messages
Programs that target highest-risk populations ☐ - based on epidemiology of HIV/AIDS; socio-demographic and health profiles of counties, cities, neighborhoods - levels of service already existing in the community for target populations	Programs that target lower risk or no-risk populations - based on what populations are "reachable" or easiest to reach or teach - based on what populations are politically "fashionable"
Programs that are "for, of, and by" the target populations - use "natural leaders among peers" - developed for peers by peers - carried out or led by peers - use of a common language "peers speak a common language" — implications for type of language and literacy level - cultural and social context is appropriate, program "rings true" to people's personal experience	Programs that are devised by "experts" or professionals who are not familiar with the people whom they are trying to reach Programs developed from the "top down," rather than from the "bottom up" Programs with a "do unto," rather than a "do with" orientation or Programs that lack community input and have no accountability to the community Programs that use translations to develop educational materials

"Work"	"Do Not Work"
Programs that provide group support for individuals' initiating and maintaining behavior change - individuals develop sense of trust in group - individuals share personal unsafe sex or drug experiences in group - individuals share alternative safer sex or drug experiences in group - group provides support for initiating behavior change - group provides context and opportunities to learn and practice skills in safer sex or drug using behavior - group provides support for adopting new behaviors - group provides support for individuals who have "relapsed" or "slipped" - group provides support for maintaining new behaviors over time - personal sharing in group leads to personal and group transformation - transformation of group lays groundwork for broader changes in community norms in behavior	Programs that rely on one-way communication or a didactic approach Programs that are non-personal and non-user friendly Programs that fail to address sexuality and sexual orientation in young people and in adult women and men Programs that fail to reinforce maintenance of safer behaviors
Programs that enhance individual self-esteem and provide concrete incentives to individuals - personal incentives for behavior change or participation in HIV prevention activities (e.g., paying youth peer counselors)	Programs that send messages that are judgmental, moralistic, or attempt to instill fear Programs that provide no incentives - to participants or volunteers
Programs that draw on the spiritual resources and strengthen the spiritual life of individuals - 12-step programs - other programs that draw on religious or spiritual teachings and traditions (i.e., American Indian alcohol abuse program) - drama, writing, other forms of self-expression	Programs that ignore non-traditional channels of personal change and transformation
Programs that use "cultural resiliency factors" to reach and empower the target population	
Programs that change the physical and social environment of individuals - changes in physical environment (i.e., housing conditions, neighborhood clean-ups) - changes in social environment (i.e., neighborhood mobilization re: crime, violence drugs)	
Programs that raise the visibility and lend support to HIV/AIDS prevention programs in the wider community - newspaper, radio, and TV coverage about HIV prevention - billboards, busboards	
"Work"	"Do Not Work"

Programs that reach people where they live, where they work, and where they go	Programs that provide HIV education and prevention in a "vacuum," outside the context of people's lives and other critical services in the community
Programs that use multiple strategies in HIV prevention and that link program components - a community organizing strategy - a community development strategy - a community service programming strategy - a communications (or media) strategy - a social marketing (or product distribution strategy - a group empowerment strategy - a self-help, self-care strategy - a mutual aid, mutual help strategy - a behavior change strategy - a clinical or treatment strategy	Programs that leave out critical components to reach target populations Programs that do things one way (i.e., information-only programs)
Programs that link HIV prevention to treatment and care, that "matrix" HIV prevention with other disease prevention efforts - programs that link HIV testing to HIV prevention - programs that link HIV prevention to primary medical care, drug abuse treatment, alcohol abuse treatment, STD treatment, family planning	
Programs that are tailored to needs of people in different geographic areas and in different stages of the HIV/AIDS epidemic	
"Work"	"Do Not Work"
Programs that are focused on achieving incremental changes over the long term	Programs focused only on short-term results -- one-shot HIV education
Programs that provide people with something they want or need, rather than asking them to accept a new behavior or something they do not want	
Programs in which the setting and site are acceptable and accessible to the user	
Programs in which the interaction is repeated over time, providing opportunities for learning and additional interventions	Programs without flexibility and capacity for change or "continuous
Programs linked to Alternative Test Sites and Confidential Test Sites that target both HIV seronegatives and seropositives	Programs that ignore seronegatives and seropositives as target groups for HIV prevention

Source: HIV Education and Prevention Working Group Meeting, August 7, 1991, Office of AIDS, California Department of Health Services, and IHPS, UCSF. HIV E&P Evaluation, IHPS, UCSF, 1992. Office of AIDS, California Department of Health Services.

A Survey of AIDS Prevention Funders: Which Programs Are Funded, and Why?

**A report Prepared by Joshua Schechtel MD MPH
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Executive Summary

Why Do This Study?

What Did We Ask?

Who Did We Ask?

Some Definitions...

What Did We Find ?

Demographics and Amount of Funding

What Gets Funded?

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How Do Funders Learn About AIDS?

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Appendix B. Responses to Survey

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Appendix I. "Other" Sources of Information

Appendix J. Results of Telephone Survey of HIV/AIDS Funders

Executive Summary

Because of threats to government funding, community based organizations that provide HIV prevention programs diversify their sources of income by seeking non-governmental funding, including funding from foundations.

This survey of foundations across the United States asked questions about the amount of money they spend on AIDS and HIV prevention, the types of prevention projects and populations their grants served, and the sources of AIDS information used by the foundation staff. The results were then compared to the

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types of projects known to be effective and to the populations most at risk for HIV infection.

These organizations funded a diverse range of HIV prevention programs, with a total of 583 grants worth over \$8.1 million. *This represents almost a quarter of all AIDS-related funding by foundations in the United States.*

- HIV prevention grants represented 52% of all AIDS-related grants
- The average HIV prevention grant was for almost \$14,000, ranging from \$750 to \$1.4 million.
- Public policy, capacity building, outreach and technical assistance were among the most frequently funded HIV prevention programs.
- Some useful HIV prevention programs, such as condom distribution and needle exchange, were rarely funded.
- Women and youth received 25% of the funding for HIV prevention.
- More grants targeted the general population than drug users, gay men or ethnic minorities, although these groups contain more people at risk for HIV infection.
- Print media, site visits and colleagues were the main sources of AIDS related information for funders.
- Better sources of information are available to help funders gauge the effectiveness of proposed programs.
- Several factors (such as using culturally relevant language, providing creative rewards for participants, designing flexible programs and creating a forum for open discussion) that make HIV prevention programs more effective are provided for use when evaluating programs.

Why Do This Study?

Government funding for HIV prevention is shaped, and limited, by the often contentious social, moral, and political context of the AIDS epidemic in the United States. Because of this, and because of the uncertain future of federal funding from year to year, AIDS service organizations diversify their sources of income by seeking non-governmental funding. Non-governmental funding includes donations from individuals and corporations, contributions through special events and promotions, and grants from independent, community and corporate foundations.

Non-governmental foundations are an important source of funding for many HIV prevention programs. In 1994, over 38,000 foundations and corporate giving programs contributed \$11.3 billion of the \$130 billion given to charities by the American public.¹ Private foundations gave about \$32 million for AIDS-related causes in 1994, and now give more than \$35 million a year to various AIDS-related organizations.^{1,2}

Proposed changes, that threaten to reduce federal sources of money for *AIDS care and services* (programs for people with AIDS or HIV infection), have increased pressure on private funders to choose between funding AIDS care and services or *HIV prevention* (programs to prevent new HIV infections). Private philanthropies already experience pressure to take on tasks in diverse areas, such as housing, job

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Private philanthropies already experience pressure to take on tasks in diverse areas, such as housing, job training, and public health, that some would consider responsibilities of the government. Thus these organizations must define their role with regard to public sector versus private sector responsibilities, as well as the priority AIDS holds within each organization.

As prevention funds become a scarcer commodity, it is important that funds are applied to programs known to be effective.² The current state of prevention knowledge has shown that education about AIDS alone is less effective than education combined with skills building and establishment of peer and community norms; sustained, intense interventions are more effective than short-term, weak interventions; and HIV counseling and testing alone is not sufficient for HIV risk reduction.³ Culturally relevant programs, especially small group discussion, outreach programs, and peer/volunteer training, designed with input from the targeted community, are among the most effective programs.⁴

This study examined the support for HIV prevention services provided by foundations and corporate giving programs. Patterns of funding are compared to the epidemiological trends for HIV/AIDS in the US. The data include the types of prevention programs funded, populations served by these programs, and the percentage of HIV-related funding devoted to prevention. This information provides a snapshot of HIV prevention funding in the US for private foundations deciding how to direct their HIV/AIDS spending.

What Did We Ask?

1. What is the total annual amount of HIV prevention funding provided by a representative sample of foundations that fund AIDS-related programs?
2. What types of prevention projects are supported, and what populations do they serve?
3. What information is used by foundation representatives (boards, program officers, etc.) to determine the amount of AIDS-related funding they will supply and the types of programs they will fund?
4. Is the funding provided by these foundations appropriate relative to the epidemiology of the HIV/AIDS epidemic, prevention needs, and the current state of prevention knowledge?

Who Did We Ask?

We identified a representative, national sample of non-governmental organizations that fund AIDS-related programs using the 1995 edition of *AIDS Funding: a Guide to Giving by Foundations & Charitable Organizations*.⁵ In order to provide a representative sample of HIV/AIDS program funders, a survey was sent to all of the funders listed in the directory that were located in California, Florida, Georgia, Illinois, Maryland, Michigan, Minnesota, New Jersey, New York, Texas, Washington and the District of Columbia. These states/districts were selected to get a sampling of funders from areas with high, medium and low numbers of AIDS case reports.⁶ States were excluded only if they did not contain any funders in the directory. Funders must have funded at least one HIV/AIDS program during their most recently completed fiscal year in order to be included in the study.

We designed a 5-page survey with three categories of questions: the amount of funding given in AIDS-related grants, the types of programs these grants funded, and the populations served by the grants. Funders reported on grants distributed during the most recently completed fiscal year. Additional information was gathered about the funders, such as first year of AIDS funding, use of affiliation group funding or challenge grants, and sources of information about AIDS. Information on the type of foundation and annual budget were obtained from the 1995 edition of *AIDS Funding: a Guide to Giving by Foundations & Charitable Organizations* published by The Foundation Center. Responses were analyzed using STATA 4.0 software (STATA corporation, 1995).

analyzed using STATA 4.0 software (STATA corporation, 1995).

A subset of funders was contacted by telephone for a short follow-up telephone survey. They were selected from those who indicated that they would be willing to participate in a telephone interview. These funders were asked more detailed questions concerning how they identify potential projects, the types of projects they fund, and any consequences as a result of their funding of AIDS-related projects. Responses were tabulated and presented as frequency distributions.

Some Definitions...

As defined in the survey, *HIV prevention* funding includes all funds provided for primary HIV prevention (the prevention of new HIV infections). These funds may be in discrete programs or encompassed in larger projects that include other HIV services, such as early care for infected individuals. *AIDS care and services* refers to programs that are primarily for those already infected with HIV or diagnosed with AIDS.

What Did We Find?

Demographics and Amount of Funding

Four hundred and thirty two (432) surveys were mailed to non-governmental funders of HIV/AIDS programs in twelve states and territories (see [appendix A](#)). A total of 113 surveys was returned. After removing those not eligible for inclusion, 86 responses were analyzed (see [appendix B](#)), for a response rate of 20%. This is similar to other mail surveys of AIDS funders.⁷ All but four of the responding funders had completed their most recent fiscal year within seven months prior to receiving the survey.

The respondents had an average total annual budget of \$99,500,000. A total of 1,115 AIDS-related grants was given by 86 funders, with 583 of these grants being for HIV prevention. Eighty-four of these were challenge or matching grants. Respondents gave an average of 13 AIDS-related grants, including an average of 7 HIV prevention grants. The average HIV prevention grant was slightly less than \$14,000.00 (see [appendices C & D](#)).

This group of organizations funded a diverse range of HIV prevention programs, with a total of 583 grants worth over \$8.1 million, in one fiscal year. *This number represents almost a quarter of all AIDS-related funding by foundations in the United States.*

When asked about the value of all health-related grants during the last fiscal year, the median response was \$200,000-\$299,000, while the median value of all AIDS-related grants was \$51,000-\$99,000. Thus, these funders spent a sizable percentage of their health-related funding on AIDS-related grants. However, the median value of HIV prevention grants was less than \$50,000. Of note, half of the funders began their AIDS-related funding prior to 1989, within five years of the discovery of HIV as the cause of AIDS.

What Gets Funded?

It is rewarding to note that the types of programs funded are largely those that have been shown to be effective in preventing new HIV infections ([appendices E & F](#)). Public policy, outreach, workshops, and community mobilization all were popular programs for funding. Programs that have been shown to be less successful, such as media campaigns and HIV testing, were less frequently funded.

"... We originally got involved because we like to fund emerging issues, but we continued our [AIDS] funding because of the importance. We now fund newly emerging populations that are affected [by AIDS], such as women and children."

"... AIDS is an important social issue, and was originally part of our civil rights work, helping stigmatized people..."

"AIDS is a part of our health education and community services programs."

Identifying Projects for Funding

Almost one third of funders stated that their organization funds both solicited and unsolicited projects. A small minority of organizations rely on donor directed or staff directed funding of projects.

Funding for Advocacy and Policy Development

Over half of funders stated that their organization funds policy development or advocacy for AIDS related issues. Policy and advocacy programs that were funded include a harm reduction study group and needle exchange advocacy group, custody issues for children of HIV infected parents, treatment of HIV infected prisoners, and a county survey on attitudes towards AIDS education in schools. Advocacy groups supported by funders include Funders Concerned About AIDS, NY City AIDS Fund, AIDS Action Council, Gay Mens Health Crisis advocacy programs, National AIDS Council, and Washington AIDS Partnership.

Unanticipated Consequences of AIDS-related Funding

Three funders felt that there had been some unanticipated negative consequences as a result of their organizations' AIDS related funding. These included staff members feeling pigeonholed as HIV funders within the organization, unhappy community members, and criticism of a funded program on a national conservative radio show.

Almost two thirds of funders felt that there had been some unanticipated positive consequences as a result of their organizations' AIDS related funding. These included more visibility for the foundation, acting as a catalyst and giving credibility for further funding of projects, many compliments from other funders, staff feeling good about this work, bringing new donors to the foundation, bringing service providers together to coordinate services, and increasing the awareness about AIDS in the community.

Several funders were aware that their funding acted as 'seed money' or a 'stamp of approval' that encouraged other funders to support worthwhile causes. Funders also took pride in helping to initiate small projects, often ignored by traditional funding sources, that were successful and grew into much larger programs. Although these programs later received funding from other sources, funders were pleased to know that their foresight early in the process had multiplied into sustainable programs. As one funder stated, *"The rewards of funding new projects that aren't funded by the government are immense."*

Lessons Learned...

As detailed in a recent Wall Street Journal article, generic AIDS messages aimed at a general audience are not effective AIDS prevention programs. Funders must support targeted prevention programs—often targeting disenfranchised or marginalized populations, such as gay men, drug users, and sex workers.²

workers.²

This study shows that this group of funders have learned about HIV and AIDS through several channels. They have applied this knowledge to their HIV prevention grantmaking by funding effective programs that often, but not always, target those at highest risk for HIV infection. Importantly, these funders feel that their support for these programs has had positive effects on their own organizations.

Unfortunately, national and local print media are the most commonly used sources of AIDS information. **Better sources of information are available to help funders gauge the effectiveness of proposed programs.**^{8,9} Intervention studies and outcome evaluations are good sources of information about many types of prevention programs, and are often available from local health departments or HIV Prevention Planning Councils. This information can be used to identify those programs with the best chances of success.

Several factors that facilitate the effectiveness of HIV prevention programs have been identified.⁴ These include:

- Designing programs that are culturally relevant and language appropriate
- Embedding AIDS information into broader social contexts
- Providing creative rewards and enticements for participants
- Designing programs that are flexible, to meet clients' needs
- Promoting integration into and acceptance by the community
- Repeating essential prevention messages
- Creating a forum for open discussion
- Soliciting participant involvement

Funders can determine if proposed programs include any of these effectiveness 'enhancers' in their designs prior to supporting them.

Some populations at low risk for HIV infection received more funding than higher risk populations. Funders need to consider not only the effectiveness of the *type* of prevention program, but also the *specific* population the program will serve. Local health departments and HIV Prevention Planning Councils can provide information on the HIV risks for specific populations.

This study has several limitations. The response rate of 20%, while common for a survey of this type, is quite low. Because of the difficulty in retrieving information, detailed knowledge of the exact program type or number of grants was not always available. Nevertheless, the funders in this study recognize that HIV prevention programs remain central to ending this epidemic, and have contributed to the success of these programs across the nation. The commitment shown by the funders in this study must continue throughout the philanthropic community in order to sustain successful HIV prevention programs.

Appendix A. Location of Funders Surveyed

State/Territory	Surveys mailed	# of Responses	Response Rate
California	113	29	26%
District of Columbia	17	7	41%

District of Columbia	17	7	41%
Florida	19	3	16%
Georgia	11	2	18%
Illinois	28	8	29%
Maryland	8	4	50%
Michigan	11	6	55%
Minnesota	11	4	36%
New Jersey	15	5	33%
New York	160	33	21%
Texas	26	8	31%
Washington	13	4	31%
TOTAL	432	113	26%

Appendix B. Responses to Survey
N=113

Type of Response	Number	Percent
Completed survey	54	48%
Completed survey and telephone interview	32	28%
Returned by US Post Office	8	7%
Does not give AIDS grants	16	14%
Policy prohibits responding to surveys	3	3%
Total response rate	86/432	20%

Appendix C. Foundations Reporting AIDS Funding N= 86

Total annual budget	mean=\$99,500,000 median=\$11,500,000 range=\$976-\$3,100,000,000
Number of HIV/AIDS grants awarded	mean= 13 median= 6 range= 1-300
Number of HIV prevention grants awarded	mean= 7 median=2 range= 0-153
Total number of HIV/AIDS-related grants awarded	1115
Total number of HIV prevention grants awarded	583

Appendix D. Selected Characteristics of HIV Prevention Grants Given by Funders N=86

Total number of grants	583
Total dollars disbursed	\$8,155,117.00
Mean size of grants	\$13,988.00 range=\$750.-\$1,418,096.00
Number of challenge grants	84*
* Denotes that this is a minimum number because some funders did not specify the total number of grants in this category.	

Appendix E. Types of Prevention Programs Funded

Program Type	Number of Grants	Number of Funders
Public Policy	88*	20
Capacity Building	78	16
Group Outreach	71*	29
Individual Outreach	50*	22
Multisession Workshop	36*	17
Community Mobilization	33*	18
Prevention Case Management	23*	15
Media Campaign	21*	10
Single Session Workshop	19*	10
HIV Counseling/testing with another program	17*	12
Speakers Bureau	13*	9
Regranting	13*	13
Hotline	11*	9
Needle Exchange	5*	5
HIV Counseling/testing	4*	4
Other Programs (see next table)	101	9
* Denotes that this is a minimum number because some funders did not specify the total number of grants in this category.		

**Appendix F. "Other" Programs Funded
N=101**

Program Type	Number of Grants
Technical Assistance	37
Evaluation Research	32
Peer Education	14
Condom Distribution	8
Hospice	4
Improve/Build Facilities	2
AIDSWalk Sponsor	1
Educational Theater	1
Food Program	1
Dental Services	1

Appendix G. Populations Served by HIV/AIDS Prevention Funding

Population	Value of Grants	Range	# of Funders
Youth- Total	1,424,395		
Youth	906,518	6,000-288,000	22
High Risk Youth	233,127	13,127-125,000	5
Homeless Youth	120,000*	50,000-70,000	3
Gay/Lesbian Youth	77,750	3,750-30,000	5

African American Youth	61,000*	-	2
Hispanic Youth	26,000*	4,000-22,000	3
General Population	907,610*	1,500-794,000	12
Ethnic Minorities-Total	821,333*		
Latinos	293,000*	4,000-135,000	9
African Americans	209,500	20,000-80,000	4
People of Color	138,333	8,333-110,000	3
Asian/Pacific Islanders	82,000*	10,000-45,000	5
Puerto Ricans	50,000	-	1
Native Americans	31,500	-	1
Haitians	17,000	-	1
Women-Total	657,500		
Women	575,000	3,150-390,000	7
Hispanic Women	45,500	5,500-40,000	2
Arab Women	32,000	-	1
Drug using Moms	5,000	-	1
Drug Users-Total	379,377		
Substance Users	349,377*	9,377-265,000	4
Gay/bi Needle Users	25,000	-	1
Needle Exchange	5,000	-	1
Homosexual/ Bisexual Men	250,710*	1,000-86,000	10
Other Populations-Total	293,429*		

Other Populations-Total	293,429*		
Rwandan refugees	80,000	-	1
South African women & children	50,000	-	1
Rural population & Policy Makers	40,000	-	1
Homeless	30,000		1
PWA's	25,000	-	1
Sex Workers	22,404	10,000-12,404	2
Farm workers	20,000		1
Mentally Ill	19,000	-	1
Hearing Impaired	4,750	750-4,000	2
Mexican physicians	2,275	-	1
Babies & Young Children	1 grant	-	1
Hospice Residents	1 grant	-	1
Advocacy/Public Policy- Total	1,717,096		
Advocacy	284,000	131,500-152,500	2
Public Policy	1,433,096	15,000-1,418,096	2
Other Prevention- Total	399,490		
Capacity Building	196,990	10,880-110,000	4
AIDS Service Organizations	130,000*	10,000-100,000	5
Regranting	70,000	20,000-50,000	2
Focus Groups	2,500	-	1
Other	1,304,177		

Construction	845,000	–	1
Housing	215,000	20,000-195,000	2
Medical Research	205,000	5,000-200,000	2
Medical/Dental Services	17,500	–	1
Nutritional Counseling	14,677	–	1
Hospice	7,000*	2,000-5,000	3
TOTAL	8,155,117*		

* Denotes that this is a minimum number because some funders did not specify the total dollar amount of a grant in this category.

Appendix H. Sources of AIDS Information for Funders N=86

Source	Total (%)	Most important source (%)
National Print Media	49 (57)	15 (31)
Local Print Media	44 (51)	8 (18)
Site Visits with Grantees	41 (48)	13 (32)
Colleagues/Friends	40 (47)	5 (13)
Professional Publications	39 (45)	2 (5)
Television or Radio	27 (31)	–
Regional Affiliation Group materials	25 (29)	6 (24)
HIV/AIDS Conferences	21 (24)	4 (19)
Board/Staff Briefings	16 (19)	4 (25)

Public Health/Medical Journals	16 (19)	5 (31)
Council of Foundations meetings	15 (17)	2 (13)
Regional Grantmaker Association meetings	15 (17)	1 (7)
Other information sources (see below)	14 (21)	8 (57)
Other affiliation group materials	11 (13)	5 (45)
Internet/Electronic BBS	9 (10)	—
Other Professional Conferences	9 (10)	—

Appendix I. "Other" Sources of Information

	# of Responses
AIDS Service Organizations	4
Department of Public Health	3
Needs Assessment Studies	3
People Living With AIDS	2
Program Director	1
Other Funders	1

Appendix J. Results of Telephone Survey of HIV/AIDS Funders N=32

Why does your organization fund AIDS related projects?

AIDS is within our mission statement	16
Trustee decision to fund AIDS programs	10

Other reasons	6
---------------	---

How do you identify projects that you may fund?

Fund solicited and unsolicited projects	11
Fund unsolicited projects	9
Fund solicited projects	8
Funding is donor directed	2
Funding is staff directed	2

Has your organization provided any funding for policy development or advocacy for AIDS related issues?

Yes	18
No, but we do fund policy and advocacy	9
No, we don't fund in these areas at all	5

Have there been any unanticipated negative consequences as a result of your AIDS grantmaking?

No unanticipated negative consequences	29
Some unanticipated negative consequences	3

"...Staff members feel pigeonholed as HIV funders within the organization..."

"...We've had a few unhappy community members..."

"...One of our funded programs was criticized on a national conservative radio show."

Have there been any unanticipated positive consequences as a result of your AIDS grantmaking?

Some unanticipated positive consequences	21
No unanticipated positive consequences	11

"...More visibility for our foundation..."

"...Brought new donors to our foundation..."

"...We got many compliments from other funders..."

"...Our funding gave credibility for further funding of projects..."

"...Our staff feel good about this work..."

"...We have brought service providers together to coordinate services..."

"...We have increased the awareness about AIDS in our community..."

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*** TX REPORT ***

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Jim,

Thought I'd also send you Mario's documents for your 10:00 a.m. Elton John Foundation meeting. Sorry it's so long.

Lisa



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Jim Jennings

From: Mario Champagne
To: Jim Jennings
Date: Tuesday, January 20, 1998 5:18PM

Jim,

Eye on AIDS from the AIDS Mining Co. had this little blurb in this week's edition... rather timely and something you may want to keep for future reference re: EJF.

M

Does HIV prevention work?

Dateline: 01/18/98

Given the large sums that are spent on interventions to reduce the spread of HIV, it is right that their effectiveness and efficiency should be carefully assessed. There is now a growing body of evidence analysing what works in HIV prevention, and suggesting the best ways of evaluating prevention programmes. This feature summarizes the key points, with plenty of links to more detailed on-line documentation.

Assessing what works

It is increasingly common for HIV prevention efforts to be subject to stringent evaluation of their impact. While it is relatively easy to measure a project's outputs, such as the number of condoms or needles distributed, or the number of individuals contacted through an outreach scheme, it is less easy to measure a project's outcomes in terms of individual behaviour change or reduction in the number of new HIV infections.

The Center for AIDS Prevention Studies (CAPS) has developed a guide to evaluating behaviour change efforts, which includes case-studies of research techniques, example questions and advice on preparing evaluation proposals. A detailed report on Evaluating HIV/AIDS Prevention Programs in Community-Based Organizations, published by the US National AIDS Fund, is also available online.

A broader overview of good practice in planning, implementing and evaluating HIV and STD prevention interventions has been published by the US Centers for Disease Control and Prevention (CDC). The CDC has also published the results from its AIDS Community Demonstration Projects (ACDPs) -- experimental, community-level HIV prevention programs targeting high-risk populations in five U.S. cities.

What works in HIV prevention?

The Institute for Health Policy Studies has published a useful table contrasting what works in HIV prevention versus what does not work. Characteristics of effective programs include:

- having clearly defined target populations
- having clearly defined objectives
- targeting the highest-risk populations
- using interventions that are "for, of, and by" the target populations
- providing group support for individual behaviour change
- enhancing individual self-esteem and providing concrete incentives
- linking HIV prevention to treatment and care

Another detailed review of what works in HIV prevention was published

by the Center for Behavioral Research and Services in 1996. A further in-depth evaluation was commissioned by the US Department of Health and Human Services, and published in 1996. CAPS have also published a short factsheet summarizing effective methods of HIV prevention.

Effective interventions for specific groups

In many countries, most new infections are linked to injecting drug use. For instance, according to CAPS, "the majority of the estimated 41,000 annual new HIV infections in the US are occurring among injection drug users (IDUs), their sexual partners, and their offspring". In addition to community outreach and on-demand drug treatment programs, needle exchanges and other means of access to clean injecting equipment have been demonstrated to be effective. As summarized in a CAPS factsheet, needle exchanges in New York City and New Haven have been associated with reduced rates of HIV transmission, and there is further evidence of benefit in terms of reduced rates of hepatitis B and C. A more detailed account is contained in a 1993 evaluation of needle exchange programs prepared by the University of California for the CDC. The responses of the CDC and Clinton administration health agencies to the report are also available online.

Condoms are undoubtedly an effective means of reducing sexual HIV transmission – despite the scare-stories to the contrary put about by the religious right. Promoting correct and consistent condom use, and tackling obstacles such as embarrassment, negotiation with sexual partners, insufficient knowledge or physical practical dislike of condoms are important components of campaigns to reduce sexual transmission.

Among gay men, prevention approaches that have been shown to be effective include small group counseling and skills training, peer outreach, and community interventions. CAPS has also published a factsheet looking at the prevention needs of young gay men in particular, and analysing the (relatively few) programs that have been thoroughly evaluated. For an activist perspective on how the early successes of gay activism in responding to HIV have been excluded from official histories, see Peter Scott's article *White Noise*.

Schools-based sex education programs were evaluated by the US Department of Health and Human Services in 1994. Their report concluded that sex education does not increase or hasten sexual activity, at least among older students, and in some cases can increase the use of condoms and contraceptives. Effective programs had the following common characteristics:

- (a) theoretical grounding in social learning or social influence theories, (b) a narrow focus on reducing specific sexual risk-taking behaviors, (c) experiential activities to convey the information on the risks of unprotected sex and how to avoid those risks and to personalize that information, (d) instruction on social influences and pressures, (e) reinforcement of individual values and group norms against unprotected sex that are age and experience appropriate, and activities to increase relevant skills and confidence in those skills.

Obstacles to effective prevention

As CAPS has outlined, good HIV prevention interventions are not only effective at preventing new infections; they are also cost-effective uses of public funds. One million dollars spent on HIV prevention in a high prevalence population can save \$2.7 million in medical and economic costs.

However, knowing what works is useless if that knowledge is not acted

upon. CAPS has outlined a series of obstacles that obstruct effective HIV prevention, including US federal opposition to needle exchanges, laws that restrict sex education and the failure to target prevention funds towards the groups at greatest risk.

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