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To: Sandra Thurman, National Aids Policy Director
From: Mike Vogel, DuPont Pharmaceuticals State Government Affairs
Re: July 24 Meeting

Health leaders from NAACP, NBCSL, black churches and media are scheduled to meet with you at 2:00 p.m., Monday, July 24, 2000 at your office.

Participants will offer specific action items, explore opportunities for AIDS education, prevention and testing in African – American communities and build lasting relationships.

PARTICIPANTS

NAACP
Caya Lewis, National Health Director
*Mr. Hillary Shelton, NAACP Washington Office
Jeshahnton Essex, Health Division Intern

NBCSL
Maryland Senator Gloria Lawlah, Chair, NBCSL AIDS Task Force
Maryland Delegate Shirley Nathan-Pulliam
New Jersey Assemblyman Craig Stanley
*Texas Representative Garnet Coleman
Khalil Abdullah, NBCSL Executive Director
Diane Bush, NBCSL Senior Policy Associate
Spencer K. Hathaway, NBCSL Corporate Round Table

BLACK CHURCHES
Dr. Thomas Brown, CEO and President, Ebenezer Baptist Church Foundation
Sandra Peters, NBCSL Faith Round Table
Chuck Bremer, NBCSL Faith Round Table

MEDIA
Mustapha Khan, Documentary Film Director
*Alfred Liggins, President and Owner, Radio One
Ernest Jackson, Radio One Executive

DuPont PHARMACEUTICALS COMPANY
Robert Perkins, Senior Vice President, Public Policy
Lynne O'Brien, Federal Government Affairs Manager
William LaFrance, State Government Affairs Manager
Mike Vogel, State Government Affairs Manager
***may attend**

Suggested Agenda Issues

NAACP and NBCSL

- Strategies to increase establishment offerings and funding for drug treatment programs
- The need for monitoring the HIV status of incarcerated populations, providing adequate treatment and counseling services, and tracking HIV-infected prisoners after release
- Methods to provide improved grantwriting training and increase the number of applications to support local projects.
- Initiatives that will improve and enhance the HIV/AIDS care skills of primary healthcare providers.
- Educational campaigns that will increase attention to the relationships between HIV and other sexually transmitted diseases
- NAACP activities around HIV/AIDS esp. the film outreach project
- The need for community organizations' increased access to government funding for prevention efforts in African American communities
- The need for a national campaign around prevention and testing, targeting the populations most at risk.
- The need for increased funding for drug treatment to prevent the IDU transmission of HIV

Black Churches

- Faith-based HIV/AIDS Summit to address outreach techniques
- Design RFPs for faith-based organizations to access funding
- Clearinghouse for sharing best practices and successes
- Removing barriers that restrict HIV testing in church settings

Media

- Television, Radio and Print PSA's targeted at Black America
- Review of Successful Media Campaigns (Radio One Project)
- Description of national HIV/AIDS Awareness/Testing campaign

DuPont Pharmaceuticals

- Facilitate and support HIV/AIDS Awareness/Prevention/Testing efforts
- Develop and provide educational tools and resources

Ebenerzer Missionary Baptist Church Foundation
1901 North Harding Street, Indianapolis, IN 46244

AFRICAN AMERICAN FAITH-BASED HIV/AIDS/STD EDUCATION AND PREVENTION

Concept Paper for The White House:

The HIV/AIDS epidemic in the African American community and the fact of a "National Security: issue of emergency makes for immediate inclusion of African American religious leaders in strategies for correcting the problem. In order for this to happen, the following suggested approaches are:

1. Immediate planning for the implementation of a National African American religious leaders HIV/AIDS summit meeting that renders the following:

a. A comprehensive orientation of the HIV/AIDS cause and effect factors in the African American community.

b. Identification of a request for proposal and funding approach methods for African American Churches.

2. Establish as follow-up from the summit meeting, regional educational meetings for African American pastors and lay leaders to design effective education and prevention strategies for pastors to facilitate services in the African American communities.

3. Establish a national design for Request for Funding (REP) for Faith-Based services for HIV/AIDS education and prevention in the African American communities.

It is evident that the African American Church community is a viable institution that can effectively reach the masses of the African American community. It is therefore critical in this state of emergency that an aggressive effort be put in place with financial and information resources.

Document by Rev. Thomas L. Brown

African American Leadership Responds to HIV/AIDS as a National Security Threat

Administration Says AIDS Epidemic Is Security Threat

April 30, 2000

WASHINGTON (AP) - The Clinton administration for the first time has formally designated the global AIDS epidemic to be proportions sufficient to threaten national security, The Washington Post reported.

The report in Sunday's editions said the National Security Council has never before been involved in combating an infectious disease, but is now directing a reassessment of government efforts.

Among the direct actions taken so far was creation on Feb. 8 of a White House interagency working group to ``develop a series of expanded initiatives to drive the international efforts'' to combat the disease.

The intensified effort has touched off internal disputes over positions on trade policy and legal requirements that aid contractors buy only American supplies, the newspaper reported.

It said the new effort was driven by intelligence reports last year that considered the pandemic's broadest consequences for foreign governments and societies, particularly in Africa.

Authors of one intelligence report said the consequences of AIDS appear to have ``a particularly strong correlation with the likelihood of state failure in partial democracies'' and held out the prospect of ``revolutionary wars, ethnic wars, genocides and disruptive regime transitions.''

The Post said the working group is to finish drafting its proposals in May.

AIDS Threat Designation Defended

May 1, 2000

WASHINGTON (AP) - Clinton administration officials Sunday defended their decision to classify AIDS as a threat to national security - a designation aimed at garnering more attention and funding toward combating the disease worldwide.

Sandy Thurman, director of the White House Office of National AIDS Policy, said AIDS has become such an epidemic that, in years to come, it threatens to destabilize nations and the economies of whole continents.

"We have to respond to this because we've never seen a crisis like HIV and AIDS globally," Thurman said. "We're beginning to understand that this epidemic, not only has health implications, but has implications as a fundamental development issue, an economic issue and a stability and security issue."

Senate Majority Leader Trent Lott, in an appearance earlier in the day, said he does not believe AIDS is a national security threat.

"I guess this is just the president trying to make an appeal to, you know, certain groups," Lott, R-Miss., told "Fox News Sunday." "I don't view that as a national security threat, not to our national security interests, no."

Thurman countered that a report earlier this year from the National Intelligence Council indicates that the disease is "sweeping the globe," posing a crisis in Africa today and threatening India and newly independent nations of the former Soviet Union in the future.

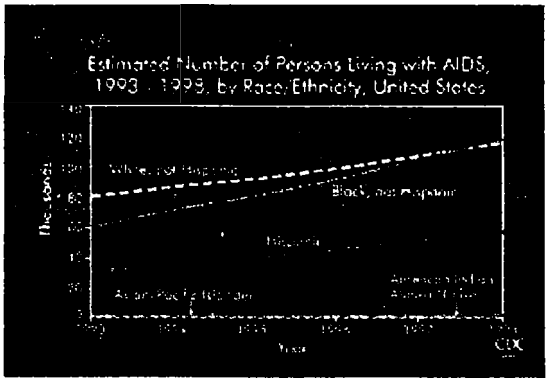
"With the logistical expertise that the national security community brings, with the diplomatic expertise that is necessary to sort of pave the road for leaders around the world to respond to this epidemic, this gives us a whole new ability to respond to AIDS like we would respond to any other international threat," Thurman said.

The White House, in raising the status of AIDS, has creating an interagency working group. The Clinton administration has designated about $325 million to fighting the disease worldwide this year, most of it going to Africa and the president wants an additional $100 million for fiscal 2001, Thurman said.

HIV Prevention SAVES LIVES

HIV/AIDS Among African Americans

In the United States, the impact of HIV and AIDS in the African American community has been devastating. Through December 1998, CDC had received reports of 688,200 AIDS cases–of those, 251,408 cases occurred among African Americans. Representing only an estimated 12% of the total U.S. population, African Americans make up almost 37% of all AIDS cases reported in this country.



Researchers estimate that 240,000-325,000 African Americans–about 1 in 50 African American men and 1 in 160 African American women–are infected with HIV. Of those infected with HIV, it is estimated that more than 106,000 African Americans are living with AIDS.

In 1998, more African Americans were reported with AIDS than any other racial/ethnic group.

- 21,752 cases were reported among African Americans, representing nearly half (45%) of the 48,269 AIDS cases reported that year.
- Almost two-thirds (62%) of all women reported with AIDS were African American.
- African American children also represented almost two-thirds (62%) of all reported pediatric AIDS cases.
- The 1998 rate of reported AIDS cases among African Americans was 66.4 per 100,000 population, more than 2 times greater than the rate for Hispanics and 8 times greater than the rate for whites.

HIV data from a CDC study* comparing HIV and AIDS diagnoses in 25 states with integrated reporting systems show these trends are continuing. In these states, during the period from January 1994 through June 1997, African Americans represented a high proportion (45%) of all AIDS diagnoses, but an even greater proportion (57%) of all HIV diagnoses. And among young people (ages 13 to 24), 63% of the HIV diagnoses were among African Americans.

CDC
CENTERS FOR DISEASE CONTROL AND PREVENTION

* See *Diagnosis and Reporting of HIV and AIDS in States with Integrated HIV and AIDS Surveillance–United States, January 1994-June 1997*, MMWR 1998, Vol. 47, No. 15 (April 24, 1998).

Prevention Efforts Must Focus on High Risk Behaviors

Adult/Adolescent Men. Among African American men with AIDS, men who have sex with men (MSM) represent the largest proportion (38%) of reported cases since the epidemic began. The second most common exposure category for African American men is injection drug use (35%), and heterosexual exposure accounts for 7% of cumulative cases.

Adult/Adolescent Women. Among African American women, injection drug use has accounted for 44% of all AIDS case reports since the epidemic began, with 37% due to heterosexual contact.

Interrelated Prevention Challenges in African American Communities

Looking at select seroprevalence studies among high-risk populations gives an even clearer picture of why the epidemic continues to spread in communities of color. The data suggest that three interrelated issues play a role – the continued health disparities between economic classes, the challenges related to controlling substance abuse, and the intersection of substance abuse with the epidemic of HIV and other sexually transmitted diseases (STDs).

- ***Substance abuse is fueling the sexual spread of HIV in the United States, especially in minority communities with high rates of STDs.*** Studies of HIV prevalence among patients in drug treatment centers and STD clinics find the rates of HIV infection among African Americans to be significantly higher than those among whites. Sharing needles and trading sex for drugs are two ways that substance abuse can lead to HIV and other STD transmission, putting sex partners and children of drug users at risk as well. Comprehensive programs for drug users must provide the information, skills, and support necessary to reduce both injection-related and sexual risks. At the same time, HIV prevention and treatment, substance abuse prevention, and sexually transmitted disease treatment and prevention services must be better integrated to take advantage of the multiple opportunities for intervention.

- ***Prevention efforts must be improved and sustained for young gay men.*** In a sample of young men who have sex with men (ages 15-22) in six urban counties, researchers found that between 5% and 9% were infected with HIV. A significantly higher percentage of African American MSM (8-13%) than white MSM (4-6%) were infected.

It is clear that the public sector alone cannot successfully combat HIV and AIDS in the African American community. Overcoming the current barriers to HIV prevention and treatment requires that local leaders acknowledge the severity of the continuing epidemic among African Americans and play an even greater role in combating HIV/AIDS in their own communities. Additionally, HIV prevention strategies known to be effective (both behavioral and biomedical) must be available and accessible for all populations at risk.

For information about national HIV prevention activities, see the following CDC fact sheets:

* *CDC's Role in HIV and AIDS Prevention*
* *Linking Science and Prevention Programs – The Need for Comprehensive Strategies*

For more information...

CDC National AIDS Hotline:
1-800-342-AIDS
Spanish: 1-800-344-SIDA
Deaf: 1-800-243-7889

CDC National Prevention Information Network:
P.O. Box 6003
Rockville, Maryland 20849-6003
1-800-458-5231

Internet Resources:
NCHSTP: http://www.cdc.gov/nchstp/od/nchstp.html
DHAP: http://www.cdc.gov/hiv
NPIN: http://www.cdcnpin.org

HIV/AIDS: WORLD IGNORED EARLY PREDICTIONS OF DEVASTATION

In the first of three articles, the Washington Post traces the origins of knowledge about the HIV pandemic, arguing that "for a decade, the world knew the dimensions of the oncoming catastrophe and the means available to slow it." Despite this information, leaders of organizations such as WHO, the United Nations and the United States Agency for International Development (USAID) turned a blind eye, perhaps due to "authentic doubts ... because the disease concealed itself in years of latency and layers of social taboo" or due to "willful ignorance and paralysis in the face of growing proof." The Post concludes that at "nearly every level, the process featured what some participants now see as shameful 'demand management': reluctance to take available steps for fear of prompting still greater claims on time and money."

DISCOVERY AND DENIAL IN KINSHASA

In October 1983, Peter Piot, co-discoverer of the Ebola virus, visited Kinshasa, Zaire, to learn more about a mysterious disease infecting and killing young men and women. The symptoms resembled what had been identified in San Francisco and New York as Gay-Related Immunodeficiency Disease. "There were so many women, it said to me it's heterosexual," Piot said, adding, "That means everybody's at risk ... Until then I never thought a whole country, a whole population, could be involved." Experts rejected Piot's claims, and the Reagan administration refused funding for a return trip to Zaire. "Denial has been a characteristic of this epidemic at all levels," Piot said. France instead funded the expedition, led by Jonathan Mann, who became convinced of the virus' "transcendental importance" and persuaded then-WHO director general Halfdan Mahler to establish a special program on AIDS that bypassed the traditional chain of command. But internal politics and resentments spread "the seeds of Mann's undoing" at the WHO, the Post reports, when Mahler retired in 1988 and his successor, Hiroshi Nakajima, "began to clip the AIDS program's wings." Ultimately, the personal warfare between Mann and Nakajima resulted in Mann's resignation and relatively low levels of AIDS assistance by the WHO. The Post notes that today, only nine of the 2,000 WHO personnel work full-time on AIDS.

INDIFFERENCE AT USAID

The Post reports that the WHO was not alone in its indifference to the global AIDS epidemic. Throughout the early 1990s, CDC and USAID officials argued against funding HIV tests overseas except for anonymous surveillance tests, in which those who tested positive would not be informed of their status. Gregory Pappas, an HHS physician involved in the debate, said, "The implications of a lot of people knowing that they have HIV, instead of just dying of it is (that) it creates demands on the

development assistance agencies." Duff Gillespie, who managed AIDS assistance as director of USAID's population, health and nutrition initiatives, argued that overpopulation was Africa's biggest problem and believed, along with other foreign aid workers, that AIDS interventions were not cost-effective, compared to the inexpensive treatments for common killers such as TB and diarrhea. Then, with the introduction of life-prolonging antiretrovirals in the mid-1990s, Gillespie and other American policymakers argued against distributing the drugs to Africa because of the formidable cost and the needy countries' lack of infrastructure. "Transplantation of Northern interventions to the South would 'siphon off resources' with 'limited or no impact on the course of the pandemic,'" Gillespie wrote.

AND NOW?

These days, American officials often speak publicly about the AIDS pandemic and the need for additional resources. Vice President Al Gore in January told the U.N. Security Council that the world had a moral responsibility "to wage and win a great and peaceful war" against the virus. Around the world, the epidemic "has reached a moment of unaccustomed prominence," the Post reports, but most world leaders have pinned their hopes on what Mike Merson, Mann's successor at the WHO, calls the "magic bullet" -- a vaccine or some other effective medical cure "that would enable them to sidestep the more painful measures that authorities say are required." Most AIDS researchers, the Post says, agree that a successful war against HIV must include government involvement in taboo areas, such as sex and drug use. Others argue that AIDS prevention requires an economic restructuring of factors that have contributed to its spread. "Why are there still truck routes from Durban to Johannesburg, instead of breaking them up?" asked Paul Pronick, a Canadian volunteer physician in South Africa. "Why are we still allowing three or four thousand men to live in barracks (around mining sites) with no social life?" he added. Even the development of a vaccine offers limited hope for the pandemic in the short term. The smallpox vaccine, first developed in 1796, was not successful at eradicating the disease worldwide until 183 years after its discovery (Gellman/Thomason, 7/5).

Federal Program Puts High-Cost AIDS Medications Within Reach Of Poor And Uninsured People

April 7, 2000

WASHINGTON (HHS) - HHS Secretary Donna E. Shalala today announced the award of $794 million in grants to 50 states, the District of Columbia and U.S. territories to improve access to HIV/AIDS primary care, support services and medications for people living with HIV/AIDS and their families. This amount includes nearly $528 million earmarked for state AIDS Drug Assistance Programs (ADAP), which provide financial assistance to purchase HIV medications.

The grants will provide more than 78,000 low-income, HIV-positive people with access to life-saving medications each month.

"This Administration has responded aggressively to the threat posed by HIV/AIDS, with increased attention to research, prevention and treatment," Secretary Shalala said. "For many Americans, these grants are a lifesaver, helping provide new drug therapies to those who can least afford them."

"In working together, we must use all our resources to fight HIV/AIDS. The Ryan-White program has proven to be a critical tool in our fight against this disease," said Surgeon General David Satcher. "We must continue to work to educate, motivate, and mobilize our communities to prevent the spread of HIV, and care for those living with the disease. AIDS impacts everyone."

The grants are funded under Title II of the Ryan White Comprehensive AIDS Resources Emergency (CARE) Act, which provides HIV/AIDS care to low-income, uninsured and underinsured individuals affected by the epidemic. The CARE Act is administered by HHS' Health Resources and Services Administration (HRSA).

Title II formula grants are based on a calculation of the estimated number of people living with AIDS in the state or territory. Since fiscal year 1996, separate funds have been earmarked under Title II to support state ADAPs in purchasing drugs for people living with HIV/AIDS. States also may designate a portion of their Title II formula grant to support ADAPs. In 1999, states estimated that approximately 108,600 individuals with HIV disease-with limited or no coverage from private insurance or Medicaid-accessed ADAPs.

"Increased funding specifically for the AIDS Drug Assistance Program reflects the significant technological advances in HIV/AIDS treatment in the last 10 years," said Health Resources and Services Administration Administrator Claude Earl Fox, M.D. M.P.H. "The grants announced today will go a long way in getting powerful combination drug therapies, primary care and support services to people with HIV disease."

Since the CARE Act was first funded in fiscal year 1991, some $3.3 billion in Title II grants have been awarded. States have received close to $1.5 billion in earmarked ADAP funds since fiscal year 1996.

The grants are funded under Title II of the CARE Act, which is administered by the Health Resources and Services Administration through its HIV/AIDS Bureau. The CARE Act was enacted in 1990 to help poor and uninsured individuals with HIV/AIDS get primary care, support services and life-sustaining medications.

Experts Focus On AIDS Causes, Cures

May 21, 2000

TRENTON, N.J. (AP) - AIDS is spreading faster among blacks because prevention programs are underfunded and lingering stigmas about the disease prevent frank discussions, experts at a three-day summit on the subject concluded Saturday.

Dozens of government and medical officials, clergy and community activists attended ``An Honest Perspective on HIV/AIDS 2000" in Short Hills, a Newark suburb.

The experts devised strategies for attacking what they called an epidemic among blacks, including seeking help from churches and universities, lobbying for more money for community AIDS groups and increasing efforts to encourage blacks to get HIV screenings.

``To bring this cadre of people together in one room was worth as much as any grant," because of all the information and ideas shared, said Debra Fraser-Howe, president of the National Black Leadership Commission on AIDS.

While the number of new AIDS cases in this country each year is ebbing, blacks make up a growing percentage of newly diagnosed patients. Blacks comprised 61 percent of the HIV infections reported in 1999 and 54 percent in 1998, according to conference sponsor Glaxo Wellcome, a drug company that makes AIDS medications.

Conference participants said honest discussions about AIDS are often difficult in the black community because many people still consider it a disease of gay white men, prostitutes and intravenous drug users.

With that and other problems in mind, experts at the summit set several goals:

- Getting African-American churches to help change attitudes about AIDS.
- Fostering grass-roots projects that train social service providers, peer counselors and other community members to identify people at risk and persuade them to be tested for HIV infection;
- Helping support community AIDS groups that need to compete for and sustain government funding for their services. Experts said stringent federal documentation requirements make it hard for community groups, operating without professional grant writers and attorneys, to get and keep federal funding.

``The ability to provide the best services and the ability to prove how well the service was delivered are not the same," said Rashidah Hassan, a registered nurse and assistant director of Circle of Care, a Philadelphia AIDS services group.

Conference co-moderator Dr. Beny Primm said politicians and activists who attended plan to lobby for changes in the rules for federal block grants to AIDS programs. That would let communities with high AIDS rates apply even if the rest of their city or state has a lower rate. Rules now are based on an entire state's infection rate.

At a follow-up conference in a few months, the same officials and experts plan to discuss progress and develop new strategies. Primm, executive director of the New York-based Addiction Research and Treatment Corp., also expects future conferences in other regions of the country.

``It's going to become a nationwide effort," he said.

Rev. Jesse Jackson Leads Call to Action to Fight HIV/AIDS Stigma Among African-Americans

PRNewswire
February 24, 2000

Rev. Jesse L. Jackson, Sr., president and founder of the Rainbow/PUSH Coalition, surrounded by other prominent leaders, called for more grassroots initiatives and government action to address the HIV/AIDS epidemic within the African-American community. This announcement was made Thursday at the Max Robinson Center of the Whitman-Walker Clinic, a local AIDS clinic in one of Washington, D.C.'s predominately African-American neighborhoods.

Rev. Jackson and other community leaders urged the African-American community to "get tested, get treated" by getting publicly tested to show the significance of knowing your HIV status. Learning to prevent risky behavior, knowing your HIV status, and -- if positive -- getting treatment, can help turn the tide on this epidemic and can lead people toward living a more productive life. The call to action was made in conjunction with the Johns Hopkins University 2000 National Conference on African-Americans and AIDS.

Talk the Talk and Walk the Walk

Rev. Jackson and actor Dennis Haysbert of the CBS series "Now and Again" and "Break the Silence" spokesperson, attended a prevention counseling (pre-test counseling) session. Prevention counseling is usually conducted in a group setting and provides information on HIV, AIDS, risk reduction and safe sex. After registering for the test and attending the pre-counseling session, Rev. Jackson and the others completed the testing procedure. The Max Robinson Center uses an oral HIV antibody test, not a blood test. The Max Robinson Center also offers follow up, post-test counseling sessions and test results.

This program will be held at the Max Robinson Center of Whitman-Walker Clinic in Washington, D.C. and is being supported through an unrestricted educational grant from Bristol-Myers Squibb Immunology.

"As leaders in the community, we can't just talk the talk, we must walk the walk," said Rev. Jackson as he and the others were publicly tested to learn their own HIV status. "I want to send a message to every African-American that does not know his or her HIV/AIDS status to get tested. We hope that by addressing this issue, people will begin to believe that the system does work ... your records will be kept confidential. I want people to know that if you are HIV-positive, and you get into treatment, you can live long, healthy, happy and productive lives. But the first step is to get tested. The next step is to get treated."

Earlier today, Rev. Jackson spoke to the more than 1,000 experts from many backgrounds at the 2000 National Conference on African-Americans and AIDS. Health professionals from around the country joined together to learn the best ways to educate African-Americans about this serious epidemic.

"There are many different ways that a person can contract the HIV/AIDS virus, including engaging in unprotected sex and sharing of needles," stated Rev. Jackson. "We need serious educational programs that stress the importance of prevention. Friends, family members, and teachers all need to be a part of this ongoing fight to spread the word about behaviors that increase the risk of getting this disease."

Still the Number One Killer

AIDS is still the number one killer of African-American men and the second leading killer of African-American women between the ages of 25 and 44 -- before homicide, heart disease or motor vehicle accidents. More than 86,000 African-Americans died from AIDS in the U.S. between 1993 and 1998 -- Washington, D.C. has one of the highest HIV infection rates for African-Americans of any major city in the U.S. The District of Columbia has one of the highest HIV infection rates of any world capital. "We are proud to be part of this call to action today," stated A. Cornelius Baker, incoming Executive Director of the Whitman-Walker Clinic. "As a community based organization, we know first hand how this epidemic is devastating the African-American community and how grassroots interventions can work. If we want to address AIDS in the African-American community, we need continued public attention that shows that it is okay to know your HIV status. Today, getting tested is safe, easy and above all, can save your life."

The Max Robinson Center (MRC) of the Whitman-Walker Clinic, named after the nation's first African-American network news anchor who died from AIDS in 1988, has been providing HIV/AIDS services for clients living in southeast D.C. since 1992. The MRC serves an area east of the Anacostia River that traditionally has been underserved and faces tremendous challenges when it comes to primary healthcare and HIV/AIDS services.

The National Rainbow/PUSH Coalition is a multiracial, multi-issue, international membership organization founded by Rev. Jesse L. Jackson, Sr. The Coalition is working to move the nation and the world toward social, racial and economic justice. From the national headquarters in Chicago and a bureau in Washington, D.C., the organization is uniting people of diverse ethnic, religious, economic and political backgrounds to make America's promise of "liberty and justice for all" a reality. The Second National Conference on African-Americans and AIDS is being held February 24-25, 2000 at the Renaissance Hotel in Washington, D.C. and is being sponsored by The Johns Hopkins University of Medicine. Full audio and slide presentations of the conference will be available on www.hopkins-aids.edu beginning April 2000.

For general questions about HIV/AIDS and for educational materials, call the CDC National HIV/AIDS Hotline at 800-342-AIDS.

Black Churches Take More Active Role In Preventing HIV Spread

January 14, 2000

OAKLAND, Calif. (AP) - Back when many people thought AIDS was a gay white man's disease, three black men came to Dr. Robert Scott and told him that they could not bear to confide in their pastors about their infections.

"Each one told me, 'Whatever you do, don't tell my pastor,'" Scott recalled.

"I said, 'Something is wrong. Do I have to be both doctor and minister too?'"

So Scott rounded up their pastors, who ministered at some of the East Bay's largest black Baptist churches. "What have you said or not said that makes people fearful of talking to you?" he asked them.

It's a question being asked more and more at black churches, as the latest statistics show blacks are not benefiting as much as other groups from a slowing of the AIDS death rate.

Thanks to new drug treatments, AIDS deaths nationwide dropped 65 percent between 1995 and 1998, but only 55 percent for blacks. While blacks represent just 13 percent of the U.S. population, they comprise 49 percent of AIDS deaths - 8,316 people last year, according to the Centers for Disease Control and Prevention.

Since most blacks have some connection to a church, it's vital that black churches take an active role in HIV prevention, said Pernessa Seele, founder of The Balm in Gilead, a New York nonprofit that teaches ministers how to do AIDS education.

"In our community, the church, the pulpit, is the loudest voice that we have," Seele said. "Historically, if you want to organize around anything, you go to the church. With AIDS devastating our community we must use that vehicle which we know."

It wasn't always this way. Homosexuality, sex outside of marriage and intravenous drug use are sins churchgoers learn to hate. In many cases, they learned to hate the sinners as well.

"It was always reinforced that being gay was a bad thing, it was a sin. If it was talked about, it was in a negative sense," said Derek Lassiter, 34, a gay black man who is HIV-positive.

He has been welcomed at Glide Memorial Methodist Church in San Francisco, where gays, drug abusers and the homeless are equally embraced, and where advocates hand out condoms and HIV testing is available. But he says this is an anomaly.

"In the black community, everyone has had a church experience; it never leaves you," he said. "But then you start remembering how you were not accepted."

Most churches do not offer the extensive AIDS programs of Glide or Allen Temple Baptist Church in Oakland, where the 5,500-member congregation holds monthly meetings to recruit volunteers to act as buddies to people with AIDS.

This month, Allen Temple opened 25 low-cost housing units in Oakland for disabled patients. The church also runs an AIDS case management center, and reaches out to other black churches that may not be talking about AIDS at all.

"As a Christian physician it was clear to me ... the church is a diverse reflection of our whole society," said Scott, who heads the AIDS ministry at Allen Temple and has 400 HIV-positive patients among his 2,000 clients in Oakland.

"Some people who got this disease are drug users. Some were prostitutes. Some got it because they are gay," he said. "As a church we're having to confront a whole population of people who are marginalized. We certainly don't want to push aside and marginalize people of our own race."

Money is starting to embrace the community, too. Since the Congressional Black Caucus successfully lobbied President Clinton to authorize $156 million to fight AIDS among blacks and Hispanics in 1998, the AIDS National Interfaith Network, a clearinghouse for religious organizations conducting HIV education and support, has seen many more inquiries from church leaders.

The funds allowed the CDC to expand its church-based initiative, inflating an annual budget of $100,000 to $2 million. In October, the CDC also allotted $39 million to prevent AIDS in minority communities - up 50 percent over last year.

"Clearly as the epidemic continues to spread - and particularly in communities of color - I think religious leaders in faith communities realize the role they can play and they want to play that role increasingly," said Dr. Helene Gayle, who directs the CDC's center for prevention of HIV, sexually transmitted diseases and tuberculosis.

That would help clients of AIDS case manager Kenneth Hall, who set up the outreach group Ark of Refuge at Allen Temple four years ago. "Seventy-five percent are real leery about committing themselves spiritually anywhere if they haven't outed themselves to the pastor or the congregation about their diagnosis," Hall said.

Support for AIDS programs is evolving. "The church was part of the problem because no one was saying anything and it was moving through the church," said the Rev. Theo Frazier of Church of the Pentecost in San Francisco, who emphasizes abstinence when he discusses AIDS with congregants.

But as people got sick and began dying, he said, "we had to talk about it."

Black Leaders Gather For AIDS Plans

May 24, 2000

TUSKEGEE, Ala. (AP) - Black church leaders, trying to overcome policy differences in their efforts to combat AIDS, have gathered in Tuskegee to try to put together a plan of action. More than 300 bishops, pastors, priests and laymen from across the nation and as far away as Africa are taking part this week in the AIDS Conference for Black Churches at Tuskegee University.

Black churches have been slow to take on AIDS because of the stigma associated with frank discussion of sex, drugs and homosexuality in church, church leaders said. There is also disagreement over issues such as the distribution of condoms and needle-exchange programs. ``This hesitation is killing our people," U.S. Surgeon General David Satcher told the conference in a videotaped statement.

Blacks accounted for 45 percent of all AIDS cases reported in the United States in 1998, according to federal data.

Africa is home to 23.3 million of the world's 33.6 million infected people, said Dr. Helene Gayle, head of the AIDS center at the U.S. Centers for Disease Control and Prevention. Within a decade, she said, there will be 40 million orphans in Africa because of the disease.
Church leaders and AIDS experts said their efforts likely will focus on reaching teens and young adults.

The Rev. Calvin Butts III, president of the Council of Churches of the City of New York, said churches must teach sex education.

``Unless we learn to talk about it, we're not going to solve the problem of AIDS," he said. ``You can't be hypocritical about this, because it's killing us."
Other leaders said churches should boost outreach efforts in jails and prisons. Nearly one-fifth of people who are HIV-positive will be incarcerated at some point in their lives, according to CDC data.

Pernessa Seele, founder of The Balm in Gilead Inc., the organization that sponsored the conference, said church leaders must provide better counseling and care to AIDS victims. ``Church folk are gay folk, they are . . . straight folk. We're all family," she said. ``But some people just don't get it. We've got to tear down all these barriers."

Abstract 155

TITLE: Developing Faith-Based Interventions for African American Church-Going Adolescents Using a Theology of Prevention

AUTHOR: Woodyard JL

ISSUE: African American churches provide networks of social support addressing unmet health and human service needs. Yet, church sponsored HIV/AIDS intervention efforts targeting African American youth are practically nonexistent. Faith-based prevention programs targeting African American church-going adolescents (AACGA) are needed.

SETTING: A pilot program in a Southeastern metropolitan area provided HN prevention-based religious education workshops for AACGA (ages 12-18).

PROJECT: To address this issue, workshop curricula based on a *theology* of caring about HIV/AIDS was used during one-day sessions that challenged AACGA to consider behavioral responses of the biblical Jesus to the socially-outcast and physically ill. AACGA explored their responses to the AIDS pandemic as African American persons-of-faith. Researchers measured AIDS knowledge, awareness of gospel care narratives, risk perception, sexual attitudes and behaviors. Four-week post-tests were administered to measure retention and compare personal reports of risk and sexual behavior.

RESULTS: AACGA in this program were AIDS-smart, had many misconceptions about risk, were sexually active and practiced limited safer sex behaviors. They were aware of caring behaviors associated with the biblical Jesus as role model. These young people retained knowledge of biblical examples of caring, reported more realistic risk perception and limited unsafe sexual practices four weeks after the workshop.

LESSONS LEARNED: Church-sponsored, prevention-based religious education may prove effective at limiting unsafe sexual behaviors among AACGA. If prevention curricula are developed and incorporated at four-week intervals within regular training programs of African American churches, healthy choices may be sustained within this population. To that end, this program advocates age-and gender-appropriate Sunday school, bible study and youth activity curricula and training based on a *theology of prevention.* Such curricula can be developed to support theological and moral principles of local churches and their affiliations. Outlines of religious education programs featuring a *theology of prevention* are provided.

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Abstract 210

TITLE: Capacity Building for HIV Prevention: Partnering with the African-American Faith Community

AUTHORS: Pastor Jean Payton, Executive Director of REACH OUT; Larry Williams MS, Program Manager of Minority Health; and Mary Beth Gehl, ScD, (both with Orange County Health Department)

ISSUE: A disproportionate number of African-Americans are infected with and affected by HIV/AIDS. HIV prevention to selected African-American at-risk can be delivered through the faith: community.

SETTING: REACH OUT, Inc. is a faith-based agency in Central Florida headed by Pastor Jean Payton. Pastor Payton realized the need for HIV prevention targeted to underserved African-Americans in her community and established services in collaboration with Orange County Health Department (OCHD).

PROJECT: OCHD provided basic HIV prevention education (including certification for HIV counseling and testing) to the pastor and her staff and funding for culturally-specific HIV prevention literature, outreach workers, and the development of a food bank for people living with HIV/AIDS. This collaboration assisted REACH OUT in obtaining additional funding through Ryan White monies to expand services to the African-American community. This year, the project received additional funding to sub-contract with two other agencies to provide HIV prevention services to the African-American community. This presentation will outline the steps taken regarding this collaboration and describe the program in more detail, including the agency's commitment to the underserved and responsibility to address HIV prevention in an African-American community challenged with poverty and subsequent poor health care outcomes.

RESULTS: A notable number of African-Americans has received services through REACH OUT, Inc. The presentation will include a description of the people who received services, including people who received services through outreach, what services were received, and clients' opinions of services.

LESSONS LEARNED: A faith-based program for HIV prevention is effective in reaching selected African-American communities. Collaborations between health departments and faith organizations can result in increased access to HIV prevention services to targeted groups.

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Abstract 591

TITLE: The Black Church's Response to HIV/AIDS
AUTHORS: Hobbs, FW Jr.

ISSUE: The needs that are addressed in this project are two-fold: 1) the lack of faith-based leadership support for HIV prevention policies and programs in the African-American communities, and 2) the lack of spiritually based HIV prevention programs and HIV services targeting African-American communities. As the most respected cultural institution within the black community, the church has the ability to influence the values and actions of not only the congregations, but also wider segments of the community. The faith leaders are in need of a clearer "roadmap" for developing effective HIV prevention ministries that is sensitive to the church's "cultural" values and norms.
SETTING: Within local churches and other community settings throughout Greater Boston.
PROJECT: Healing Our Land acts as a "spiritual filter" through which HIV prevention programs and materials flow to produce effective HIV prevention ministries, utilizing the following programmatic strategies:
1. Conduct culturally sensitive outreach;
2. Implement quarterly forums for those committed to establishing a network for developing and maintaining prevention and healing ministries through the black church;
3. Building churches' capacity to facilitate the eradication of AIDS via training and technical assistance;
4. Link the church community/programs to existing services/resources in the HIV provider community;
5. Mobilize the African-American community via a march for the prevention and healing of HIV disease.
RESULTS: The following quantitative and qualitative data was collected from participants who attended the first three of Healing Our Land's quarterly forums (n = 310). The average response rate was 40%. Forty-nine different churches from the greater Boston area have been participator.
More than 50%of respondents enjoyed everything about the program: the worship, fellowship, information, presence of the Holy Spirit and the spirit of unity. Over 65%mentioned gaining a greater understanding of HIV/AIDS. Ninety-Six percent of respondents indicated that their church did not have an HIV/AIDS ministry. Nine churches have requested technical assistance to develop HIV prevention ministries. Numerous individuals have received counseling and referrals.
LESSONS LEARNED: The black church wants to respond to HIV; they just need a platform that is culturally appropriate. It is key to keep the momentum going for comprehensive, coordinated programs and services.

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Seattle Post-Intelligencer Online (www.seattle-pi.com) (05/31/00)

A $50,000 grant from Washington State health department will support an HIV prevention and education effort by African-American churches in the Puget Sound area. The campaign will start in June with a program from Baker Street Ministries Counseling and Training Center titled "HIV: An Issue of Blood." The effort will also include several workshops for the clergy next year and training for church members who wish to become HIV and AIDS educators.

Abstract 270

TITLE: NJIDEKA: An HIV Intervention Program for AfricanAmerican Women
AUTHORS: Sandra Cook, Donna Stamps-Griffin, Sundra Link

ISSUE: African-American women account for a profoundly disproportionate percentage of all diagnosed AIDS cases among women. Moreover, the rate of infection continues to increase among women, especially AfricanAmerican women. This suggests theneed for effective gender specific, culturally relevant prevention strategies. The NJIDEKA (Swahili for "Survival is Paramount") Program addresses this need.
SETTING: NJIDEKA is specifically designed for AfricanAmerican women at high risk for acquiring HIV. The nine NJIDEKA program sites are located in the Detroit metropolitan area. They include substance abuse treatment facilities, correctional institutions, and youth programs for females.
PROJECT: NJIDEKA, a theoretically based intervention program,consists of a ten week series of HIV empowerment workshops designed to eliminate barriers to HIV risk reduction for African-American women 1) Promoting by: a sense of self, dignity, pride, and community; 2) imparting skills that will empower women not only to effectively deal with intra and interpersonal relationships but also to better confront/negotiate the social context; and 3) producing group participants who will be a source of social support required to initiate and sustain risk reduction. Women successfully completing the program receive certificates and books of daily meditations or journals. In addition, onsite HIV counseling and testing is offered to program participants.
RESULTS: NJIDEKA has had a profound impact on the lives of its participants. Evaluation results indicate that NJIDEKA workshop participants have demonstrated significant increases in knowledge about HIV and STDs, a more realistic shift in their perceived vulnerability to acquire HIV, an increase in self reported condom use, and shifts in their levels of readiness to change risk behaviors. A further indication of the program 's efficacy is its recognition by the CDC as one of nine Reputationally Strong Programs in the nation.
LESSONS LEARNED: NJIDEKA's experience suggests: 1)Taking the program to where high risk women are enhances accessibility and effectiveness. 2) AfricanAmerican women favorably respond to a client-centered intervention with a workshop format, 3) Developing a true sense of self is empowering, 4) Providingincentives are an important part of the program 's success, and 5) It is important to educate the staff at the workshop sites about HIV and related issues.

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Abstract 275

TITLE: A Woman-Focused HIV Intervention for African American Crack Abusers
AUTHORS: Wechsberg, W.M; Burroughs, A; Middlesteadt, R.L; Allen-Carpenter, D.D; Rodman. N. (Research Triangle Institute, North Carolina)

ISSUE: HIV infection has been rapidly progressing among African American women in the Southeast, particularly among women substance abusers. Although there is convincing evidence that women 's risk differs from men's, there is as yet no data indicating that an intervention targeting out-of-treatment minority women will be effective in changing the drug and sexual behaviors that put them at risk for HIV infection. The risk is particularly high for women who trade sex for drugs, a common behavior in this crack-abusing population.

SETTING: The intervention takes place in two inner city locations in Durham and Raleigh, North Carolina: one in the basement of an African American church located in an area where drug-related violence has occurred, the other within walking distance of city shelters and soup kitchens. The targeted population is out-of-treatment African American women who currently abuse crack and injecting drugs.

PROJECT: The National Institute on Drug Abuse is sponsoring this 4% year study to determine whether a woman-focused HIV intervention can be more effective than a generic intervention at engaging women, reducing their drug use and sexual behaviors, connecting them with community resources, and getting them into treatment. The project has a three-group design consisting of the woman-focused group (receiving a contextually rich and culturally sensitive intervention), a standard group (receiving the NIDA standard HIV intervention), and a control group. It includes a rigorous process and a cost-effectiveness study. Details of the woman-focused intervention wll be presented.

RESULTS: The NC Women's CoOp piloted the intervention with 33 women and began the experimental design in January 1999. To date, 56 women have completed the baseline questionnaire and I0 have completed all groups; one-third are in the control group. No follow-up data is yet available, but two follow-ups are planned. Preliminary data will be presented.

LESSONS LEARNED: The NC Women 's Coop brings a comprehensive intervention to African American substance-abusing women. In fielding this large community-based study, we had to contend with a number of difficulties inherent in dealing with this population (e.g., transportation, homelessness, childcare, getting them to treatment). Although we continue to work on eliminating these tangible barriers to study completion, we have found that intrinsic motivation may be the more important factor in reducing attrition.

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Abstract 481

TITLE: Interpersonal Skills and Humanistic Values Intervention in Social Work Practice: Linking HIV-Infected African-American Women to Medical Care Practice

AUTHORS: Johnson, N-R; Beckford, MR; Liverpool, J; Dunston, F; Drayton, J

ISSUE: In 1982 the Centers for Disease Control and Prevention initially reported only 46 cases of AIDS among women. In contrast, according to the National Institute of Allergy and Infectious Diseases, the proportion of reported AIDS cases in the U.S. for women has increased from 7% in 1985 to 20% in 1996. HIV infection is now the third leading cause of death among women ages 25 to 44 and the leading cause of death among African-American women in this age group. A limited amount of African-American women seek medical care after early diagnosis of HIV infection. The medical literature has addressed early intervention strategies to link HIV-infected women to medical care, but has not adequately addressed why African-American women do not follow through with care. We believe that social work practice with interpersonal skills and values at the onset of medical care can provide the nurturance needed for those who have tested HIV positive and result in improved patient compliance.

SETTING: HIV-positive women are seen in an infectious disease clinic in Atlanta, GA. Patients are African-American women who range in age and socioeconomic status. The clinic meets 3 mornings per week and is staffed by a team of three physicians, two nurses, and one social worker.

PROJECT: People Advocating Disease Prevention (PADP) is a Ryan White Title IV federally funded program designed to increase and expand delivery of services to HIV-infected and HIV-affected women of childbearing age. The project provides social services, case management, and health education to HIV-infected and -affected women and children. The 6-month interpersonal skills and humanistic values intervention has been established to help to increase patient compliance. Measures include a patient satisfaction survey assessing whether the improved compliance with medical care was due to the social worker's intervention strategy.

RESULTS: During the first 3 months of the intervention, there has been an increase in compliance with medical care. Of the 36 women enrolled in the program since May 1998, 34 have been compliant with medical care from December 15, 1998, to March 15, 1999. Of the 34 women, 14 were newly diagnosed with HIV; all have been compliant.

LESSONS LEARNED: These findings support the need for strengthening the use of interpersonal skills and humanistic values at the onset of medical care. By providing a program that is sensitive to cultural differences and explores barriers to medical care more effective comprehensive clinical services to HIV infected African-American women are achieved.

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Abstract 342

TITLE: Recruiting African American Families into anHIV Prevention Intervention: Focusing On the Recruiter

AUTHORS: Denzmore, P; Manteuffel, B
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ISSUE: Recruiting participants in a timely and cost effective manner is critical to the sucess of clinical research trials. In the case of African Americans, this may be challenging because they have been under served and under represented in the medical research establishment. Yet, reaching African American communities has become a necessityespecially now when diseases such as prostate and colon cancer, and HIV/AIDS are prevalent within this population. Focusing on the recruiter as an essential member of the clinical research team may be the key. How recruiters conduct themselves can be crucial, especially when soliciting participation from African American communities.

SETTING: Eleven sites of a metropolitan, communitybased organization serving predominantly African American youth.

PROJECT: Keepin' It R.E.A.L.! is an HIV/AIDS preventionintervention study. In this project a total of 1152 predominantly African American mothers and their adolescents (576 mothers/576 adolescents) were to be recruited into two HIV prevention interventions and one comparison program in an 18-month period. Recruitment involved establishing relationships with the 11 sites of the community organization. Telephone recruitment was conducted by using membership lists provided by collaborators at the community-based sites. Recruiters solicited participation from mothers and their adolescents by providing adequate information about the project, establishing rapport, and addressing concerns and fears of potential participants. Recruiters projected a positive image about the research study, and were flexible with scheduling appointments. Recruiters went the extra mile to meet potential participants where they were in their lives. Recruiters were careful to make potential participants feel comfortable about their decision to participate or not to participate. Keepin' it R.EA.L.! recruiters focused on the participant not just as a research subject but as a person.

RESULTS: Recruiters successfully enrolled 583 mother and their adolescents in Keepin'It R.E.A.L.! within 19 months. Of the 1615 mothers approached, 793 were eligible for participation, 620 were base lined, and 583 chose to participate. While recruitment was challenging, focusing on specific characteristics of the recruiter, including interpersonal and communication skills, may have been essential to successfully meeting recruitment goals. Recruiters with strong communication and interpersonal skills were able to establish rapport with potential participants and maintain relationships with community collaborators in order to meet recruitment goals in a timely fashion

LESSONS LEARNED: Good communication and interpersonal skills appeared to be a plus when recruiting African American mothers and their adolescents into an HIV/AIDS prevention project. Focusing on these skills and providing appropriate training for recruiters may be the key to timely accomplishment of recruitment goals.

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Abstract 732

TITLE: Policy Implications of HIV Prevention Capacity Needs of African American Communities

AUTHOR: Coleman, J.

The much recent call for the Federal State of Emergency for African American Communities in HIV/AIDS, has spearheaded a surge of heightened interest in the policy and programming implications of African American CBO's, ASO's, and the larger American AIDS movement.

The emergency strategies to address this issue have been immediate and greatly needed. Tracing the historical perspective from beginning to the monumental program and intervention phase, assists programmers, policy analysts, advocates and workers on the front lines of HIV/AIDS in understanding the cofactors in assembling community leaders to (1) create an action plan stocked with their own solutions to the challenge; (2) garner support both within their specific communities and those immediately surrounding; (3) develop effective strategies for capacity building, advocacy and information transfer; (4) work collaboratively with local and state health department and funding sources; and (5) to document lessons learned and the challenges addressed.

- Some basic principles to compliment this initiative include:
- The most effective action on HIV/AIDS is by local people at a local level
- African American ASO's need a diverse range of skills and resources to respond effectively to HIV/AIDS
- Building capacity requires attention to technical and organizational systems
- Capacity building should be judged by its contribution not only to quality interventions, but also to a sense of ownership, and appropriate population coverage.

Though there is much energy and attention directed at this issue, specifically this distinct target population, the larger context of this response lends a useful framework to be utilized and modified for other communities of color. As this particular landmark point in question continues to manifest from the dialogue to action, the opportunity for cross fertilization of social, economic, psychological indicators and strategies may become adjoining landmark stakes in this movement.

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Abstract 392

TITLE: Social Power and Condom Negotiation in African-American Heterosexual Adults

AUTHORS: Laura L. Otto-Salaj, Ph.D., Center for AIDS Intervention Research, Department of Psychiatry and Behavioral Medicine, Medical College of Wisconsin

BACKGROUND/OBJECTIVES: Many HIV risk reduction interventions emphasize training participants in condom negotiation skills. However, there is little research on the social validity or interpersonal consequences of condom use negotiation strategies taught to participants in these interventions, and of partner reactions to the use of specific strategies in safer sex negotiation. This may be of particular relevance to women, for whom consequences of unsuccessful safer sex negotiation attempts may be partner refusal of condom use,or anger, defensiveness, or even physical or emotional violence. Although previous research has explored gender differences in the use of power and negotiation in sexual relationships, few examinations of the use of negotiation in sexual relationships, few examinations of the use of negotiation strategies have used a theoretical foundation for the selection of these methods of influence.

METHODS: This study used a social power model (French & Raven, 1959; Raven, 1992) to examine the effectiveness of, and partner reactions to, sexual negotiation strategies used by women. Presented are data from qualitative interviews conducted with 48 single, heterosexually active African-American men and women aged 18 to 35.

RESULTS: Discussion will include the following areas: experiences in condom use negotiation; positive and negative outcomes of negotiation; negotiation strategies used by participants and by their sexual partners; what worked best with partners of each gender; and how use of negotiation strategies-as well as their effectiveness-corresponds with specific power bases outlined by Raven (1992).

CONCLUSIONS: Findings from this research will provide important new information needed to tailor HIV risk reduction interventions for women, including better definitions of the types of negotiation strategies that are taught in interventions and strategies by which women can be assisted in anticipating men's responses to their negotiation styles.

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Abstract 677

TITLE: Building HIV Prevention infrastructure for African-American gay men
AUTHOR: Bland, William C, (Aplomb Consulting)

ISSUE: African-American (AF-AM) gay men have been and continue to be one of the largest at-risk groups for HIV infection. They are also one of the groups where there is a dearth of research on proven interventions. There is an established need for standards of effective HIV prevention programs targeting AF-AM gay men.
SETTING: African-American gay male communities across the United States.
PROJECT: Several processes have been undertaken to develop standards of HIV prevention programs for Gay Men of Color (National Task Force on AIDS Prevention '95), Gay Men/Men Who Have Sex With Men (New York State AIDS Institute '99), African-American Gay Men (New York State Black Gay Men's Network '99). A review of these processes and documents provide a model for the articulation and execution of the necessary steps to building an HIV prevention infrastructure for AF-AM gay men.
RESULTS: The process review demonstrated that inclusion of the diversity within the African-American gay men's communities is critical (various geographies, socio-economic statuses, specialty areas, educational levels). There is also a need to focus the process (define key terms, define target population within AF-AM gay men's communities, determine an aspect of infrastructure building, determine target audience for results), in order to achieve tangible results. The document reviews demonstrated a desire for a model that is peer designed, driven, and executed. They also recognized the need for a coordinated approach to additional research, funding, and technical assistance, and a desire to maximize synergies with mainstream AF-AM organizations and gay organizations.
LESSONS LEARNED: When developing processes, incorporate the successful elements that were articulated in the results in regards to invitees and objectives. Execution of the consistently requested standards is needed.

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Abstract 693

TITLE: Non-Traditional HIV/AIDS Prevention Interventions Targeting African American MSM
AUTHORS: Erise Williams; Wilbur Campbell, Ed. D.; James Green

ISSUE: There is a need for non-traditional education and outreach activities that are not readily identifiable as HIV/AIDS related in order to reach men who have sex with men who do not self identify as gay or bisexual. There was a need to evaluate the B-Boy Blues Festival, a non-traditional HIV/AIDS outreach initiative held in St. Louis by Blacks Assisting Blacks Against AIDS.
SETTING: The B-Boy Festival was held in St. Louis, Missouri. The intervention took place in one of the public parks in St. Louis frequented by the African American gay community. The target population for the festival was men who have sex with men that may or may not self-identify as gay or bisexual.
PROJECT: The B-Boy Blues Festival included a series of workshops designed to improve attitudes toward HIV/AIDS and increase knowledge of HIV/AIDS, entertainment, cultural activities, HIV/AIDS testing, and the distribution of condoms and HIV/AIDS literature. The name of the festival was derived from B-Boy Blues, a novel by James Hardy, who has made several appearances. The project included an evaluation component designed to collect information about the attitude toward HIV/AIDS and knowledge of HIV/AIDS.
RESULTS: A survey instrument designed to collect information about the attitude toward HIV/AIDS and knowledge of HIV/AIDS was disseminated at the B-Boy Blues Festival's in 1996, 1997, and 1998. The festival attracted hundreds of young, gay, African American males. There were significant improvements in attitudes for six of the ten attitude questions. There were significant improvements in knowledge for eight of the 15 knowledge questions.
LESSONS LEARNED: Prevention outreach activities that involve the use of public parks as a setting for education designed to improve attitudes toward HIV/AIDS and increase knowledge about HIV/AIDS can be effective. Findings suggest that funds should be made available to support nontraditional HIV/AIDS education and outreach initiatives that are not advertised or identified as an HIV/AIDS activity.

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"The New Face of HIV Is Young, Black"
Washington Post (www.washingtonpost.com) (07/16/00)
P. C1;
Frazier, Lisa

According to a study by the Centers for Disease Control and Prevention, African Americans make up the majority of new HIV cases among people under 25 years of age, at least among the states that collected HIV data between 1994 and 1997. The study discovered that roughly 40,000 people are diagnosed with HIV each year, but the threat of HIV infection does little to prevent risky sexual and drug behavior among young African -Americans, who represent about two-thirds of all new HIV cases among people under 25. Experts believe that most people in the United States, including young African Americans, understand the risks of HIV infection in an abstract way, but for some reason do not understand it in a concrete manner when involved in a relationship. Other difficulties include an disinclination among HIV-positive young people to reveal their disease to their partners, whether in long-term or short-term relationships, and some youths' belief that they will live forever. The attitude is prevalent despite the nearly universal awareness of HIV and AIDS among younger people as well as their consequences, which may be a reflection of the United States' slowing interest in the disease.

Abstract 668

TITLE: Short-Term Impact of a Small Group HIV/AIDS Risk Reduction Intervention For African- American youth that uses hiphop music

AUTHORS: Stephens, Torrance (Research Assistant Professor, Dept. Beh. Science and Health Education SOPH

BACKGROUND/OBJECTIVES: The proposed pilot study aims to develop and apply a model for delivering HIV/AIDS preventive interventions to African Americanadolescents. The proposed model is designed to reduce highrisk HIV/AIDS behaviors through a small group methodology incorporating hiphop music. Specific aims were (1) Formalize a protocol for HIV risk reduction using Hip hop music, (2) Conduct Focus Groups to obtain input from target population. (3) Collect baseline data and Field Test the intervention and (4) Evaluate the impact of the individual group sessions through followup data collection at 3 and 6 months after the intervention.

METHODS: For this study, we will use stratified random sampling techniques to select participants for the small groups. Upon completion of the intervention we propose to follow up with participants at 3 and 6 month intervals after completion of the group sessions. Participants for this study were African American middle school students from metropolitan Atlanta. A standard group intervention model will be used for the delivery of the major component of the study. Four standard 1 and a half hour group sessions were conducted Measures for this study included social demographic variables, sexual experience, intention to use condoms, condom use, social isolation cultural mistrust, health self efficacy, and sexual communication with Parents and friends. The first level data analysis will focus on revealing the descriptive characteristics of study participants. In addition reliability analysis will be computed for all proposed instruments to be used in the study. To determine the equal nature of the intervention effects, t-test and non parametric measures of association will be used. Multivariate tests for homogeneity of dispersion condition. This planned comparison analysis approach also makes use of Scheffe post hoc analysis procedures.

RESULTS: Findings note significant differences between males and females with respect to communication between fathers and mothers. Moreover with respect to the 3-month follow-up, significant differences were revealed with respect to health self efficacy [F (2,47) =9.81, p >.001] and communication about sex and risk behaviors between participants and parents. In addition, participants reported decreased levels of social isolation with respect to baseline treatment when compared to 3-month follow-up data [F(2,47) =12.07. P >.001]

CONCLUSION: The proposed pilot study has merit for reaching this population with an approach that sets the intervention on a level comprehensible to their age and cultural contest. Interventions designed with culturally specific content should be used more often to reduce HIV/AIDS risk behaviors among African American Adolescents, specifically, risk that relate to communication with parents. Using hip hop music provides the opportunity for developing activities that can be used to address the specific needs that are common place among African American adolescents.

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New York Needle Exchange Programs Need Help

April 26, 2000

NEW YORK (Reuters Health) - While needle exchange programs can prevent the spread of HIV, such programs in New York City have only about 2% of the 255 million clean syringes needed each year, according to a conference here on Tuesday. The city has 200,000 drug-injecting addicts, and the use of contaminated needles is now responsible for 40% of new HIV infections.

"It is clearly documented that syringe exchange is a proven and effective method to prevent HIV transmission without enhancing drug use... (but) the average addict in NYC injects 3 to 4 times a day, and needle exchange programs simply do not have enough syringes to distribute," said Dr. Ruth Finkelstein, director of the Office of Special Populations at The New York Academy of Medicine (NYAM). Finkelstein is also the co-author of a new study concerning the effectiveness, structure and strategies of New York's various needle exchange programs.

About 75% of the city's drug-injecting addicts have nowhere to go for treatment. There are only 42,000 slots for drug treatment for the 200,000 in need of help.

Finkelstein and her team also note that even though many studies indicate that exchange programs are effective in reducing the spread of HIV without encouraging an upswing in drug use, such programs are for the most part struggling to survive and isolated from the rest of the healthcare system. The report concludes that this is due in part to the federal ban on needle exchange program funding. In an interview with Reuters Health, Finkelstein noted that the federal ban has a large effect on drug users.

"The ban's most pernicious effect is that it stigmatizes drug users and drives them further and further to the periphery of the healthcare system instead of to the core, which is where they should be," she said.

Finkelstein added that integrating syringe exchange programs into the rest of the healthcare system could help.

"Syringe exchanges might represent an opportunity to bridge the gap — if we focused on them and embraced and integrated them into the healthcare system we could bring these people into care. If you're worried about serving these people then go where they are," she added.

The study findings were presented at the conference sponsored by The New York Community Trust and the Funders Concerned About AIDS — two organizations devoted to educating and coordinating AIDS prevention strategies.

NYAM conducted the study at the request of the New York City HIV Prevention Planning Group, a group composed of health planners, service providers, researchers, people living with HIV/AIDS, and government representatives who annually provide recommendations to the New York City Department of Health concerning policy development for the city's at-risk populations.

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Fax No: 202 456 2439 Pages: 2 (includes cover)

Phone: Date: June 5, 2000

Re: cc:

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Comments:

Letter to Sandy Thurman attached.

DuPont Pharmaceuticals Company

June 6, 2000

Ms. Sandy Thurman
Director
White House Office of National AIDS Policy
Washington, DC

Dear Ms. Thurman:

We applaud your recent announcement formally designating the global AIDS epidemic to be at a level to threaten national security. We are writing to request a meeting with you to discuss the serious threat of HIV/AIDS here in our own country -- to the African American community.

DuPont Pharmaceuticals, Senator Roscoe Dixon, Chairman of the National Black Caucus of State Legislators (NBCSL), a representative from the national NAACP (perhaps Mr. Mfume), and Dr. Thomas Brown, CEO, Ebenezor Missionary Baptist Church Foundation, would like to meet to discuss our concerns. We would also like to discuss the HIV/AIDS education outreach efforts between DuPont Pharmaceuticals and the NAACP including a video that is being aired by local stations across the country.

We will meet at your convenience. Please let me know what additional information you may need. Thank you very much for your consideration. I may be reached at (703) 737-7590.

Sincerely,

Lynne F. O'Brien

Lynne F. O'Brien
Director, Government Affairs

LFO/lg

DuPont Pharmaceuticals Company

Gina M. Handlin
Executive Assistant
DuPont Pharmaceuticals Company
Chestnut Run Plaza, Laurel Run 156
974 Centre Road, P. O. Box 80705
Wilmington, DE 19880-0705
(Street address zip code is 19805)

Phone: 302-992-5379
Fax: 302-992-4774

Fax

To: Cheryl

cc:

Fax No: 202 456 2439 **Pages:** 2 (includes cover)

Phone: **Date:** June 5, 2000

Re: **cc:**

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DuPont Pharmaceuticals Company

June 6, 2000

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Director
White House Office of National AIDS Policy
Washington, DC

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We will meet at your convenience. Please let me know what additional information you may need. Thank you very much for your consideration. I may be reached at (703) 757-7590.

Sincerely,

Lynne F. O'Brien

Lynne F. O'Brien
Director, Government Affairs

LFO/lg

HATHAWAY & ASSOCIATES
GOVERNMENT AND CONSTITUENCY RELATIONS

1629 K STREET N.W., SUITE 1100
WASHINGTON, D.C. 20006
202-785-6716
FAX 202-331-4212
E-MAIL: HATHAWAYDC@AOL.COM

June 12, 2000

Ms. Sandra Thurman
Director
Office of National AIDS Policy
The White House
736 Jackson Place, N.W.
Washington, DC 20500

Dear Ms. Thurman,

We applaud your recent announcement formally designating the global AIDS epidemic as being of sufficient proportions to threaten national security. We are writing to request a meeting with you to discuss the serious threat of HIV/AIDS here in our own country -- to the African-American community.

Representatives from the National Black Caucus of State Legislators (NBCSL), National Association for the Advancement of Colored People (NAACP), black churches and DuPont Pharmaceuticals would like to meet to discuss our concerns. Among those concerns is the need to break down the barriers to effective communications about AIDS in the African-American community. Also, we would like to discuss the HIV/AIDS education outreach efforts between DuPont, NAACP and NBCSL including a video that is being aired by local stations across the country. Our mission is to explore similar opportunities to reduce the incidence of AIDS among African–Americans.

We are available to meet at your earliest convenience with the exception of June 26 – 30 and July 17 - 20. Thank you for your consideration.

Sincerely,

Spencer K. Hathaway
President

cc: Mickey Ibarra

C. Dupont

DuPont Pharmaceuticals Company
Public Affairs
Chestnut Run Plaza
974 Centre Road
Wilmington, DE 19805

FAX MESSAGE

Number of pages including cover - 1

DATE: **10/22/99**

FAX #: **202-456-2439**

TO: **Sandra L. Thurman**

FROM: **Sandra James**
Director, Public Affairs
DuPont Pharmaceuticals
Phone: (302) 892-1306
Fax: (302) 892-7387
E-mail: sandra.k.james@dupontpharma.com

Message:

Sandy,

It was great to see you last week in Washington. We were delighted you could come to the event celebrating the NAACP Video Project! It was a wonderful day for us, as sponsors of such an important initiative to impact the spread of HIV and AIDS in the African American community. I know you have worked hard on that front, as well. Hopefully, we will begin to see the rate of new infection decline as a result of these efforts.

I would like very much to take you up on your offer to meet with our president, Nick Teti, who I introduced you to briefly last Thursday. It would be fantastic if we could open a dialog between our company and the Office of National AIDS Policy.

Please let me know a date that would be convenient for you, and I will make arrangements for Nick to come back to Washington.

Warm regards,

Sandra