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CBC Initiative

DEPARTMENT OF HEALTH & HUMAN SERVICES

Office of the Secretary

Washington, D.C. 20201

ISSUES- Groups - African-Americans - CBC Initiative

MAR 15 1999

CLINTON ADMINISTRATION INITIATIVE TO ADDRESS HIV/AIDS AMONG RACIAL AND ETHNIC MINORITY POPULATIONS

Overview: Since the AIDS epidemic began in 1981, more than 640,000 Americans have been diagnosed with the disease and more than 385,000 men, women and children have lost their lives to it. An estimated 650,000 to 900,000 Americans are believed to be living with HIV, the virus that causes AIDS.

The Clinton Administration has made an unprecedented commitment to battle this epidemic by responding aggressively to the growing threat, enhancing research, treatment and prevention initiatives. Innovative policies and aggressive new strategies are making a difference. The National Center for Health Statistics announced October 8, 1998 that the age-adjusted death rate from HIV infection in the U.S. declined by an unprecedented 47 percent from 1996 to 1997, and HIV infection fell from 8th to 14th place among leading causes of death for the same period.

But while the news on the HIV/AIDS front is encouraging overall, recent data indicate that the face of this disease is changing. While overall AIDS deaths are down, it remains a severe and ongoing crisis in African-American and other racial and ethnic minority communities, and is the leading killer of African-American men age 25-44 and the second leading killer of African-American women in the same age group. The largest percentage increases for HIV/AIDS are now among women and youth, racial and ethnic minorities, injecting drug users and their sexual partners.

Part of the Clinton Administration's response to the disproportionate burden of AIDS in racial and ethnic minorities is outreach to those communities most heavily affected. Most recently, the Department held discussions with the Congressional Black Caucus about ways to enhance the fight against HIV/AIDS – especially in African-American communities.

As a result of those discussions, the Department has announced a special package of initiatives aimed at reducing the disproportionate impact of HIV/AIDS on racial and ethnic minorities. Based on discussions with the Congressional Black Caucus and final FY 1999 appropriations action, HHS will spend an additional $156 million on targeted initiatives to address HIV/AIDS among racial and ethnic minorities.

Guide to Resources Available Through the Congressional Black Caucus - DHHS Initiative to Address HIV/AIDS in Racial and Ethnic Minority Communities

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Two additional proposals are being finalized by the Department: Technical Assistance and Capacity Development ($5 million) and Community Leadership Development ($2.5 million).

Centers for Disease Control and Prevention

Name of Initiative or Program Activity: HIV Prevention Among Gay Men of Color

Description of Initiative: These funds will support HIV prevention organizations serving gay men of color for delivery of health education, outreach, counseling and testing, prevention case management and formal referral to services. Technical assistance will also be provided to support a durable capacity to deliver effective prevention interventions and services.

Eligible Entities:	CBOs, National Regional and Local Minority Organizations (NRLMOs)
Type of Funding:	Cooperative agreement
Amount of Funds:	$7 million
How Many Grants anticipated:	15-20 CBOs 3-5 NRMO (technical assistance providers)
Dates:	RFA expected - April 1999 Epected date of awards - August 1999

Contact persons for additional information:
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Centers for Disease Control and Prevention

Name of Initiative or Program Activity: Directly Funded Community-Based Organizations (CBOs)

Description of Initiative: For direct funding of grant applications of indigenous organizations with a history of working with African-American communities to target high-risk populations. The goals of this initiative are: (1) provide financial and technical assistance to indigenous CBOs to provide HIV prevention services to primarily African American populations for which gaps in services are demonstrated; (2) support HIV prevention programs that reflect national program goals and are consistent with the HIV prevention priorities outlined in the jurisdiction's comprehensive HIV plan; and (3) promote the collaboration and coordination of HIV prevention efforts among CBOs and other local, State, and federally funded programs. This extends CDC's program providing direct funding to community-based organizations (CBOs). Eligible applicants are minority CBOs, including faith based organizations, in either: (1) the 20 MSAs with more than 1,000 AIDS cases in the African-American population in 1997; or (2) 30 counties and cities with highest rate of syphilis infection in 1997.

Eligible Entities:	Minority CBOs, including faith based organizations (must have 501(c) status)
Type of Funding:	Cooperative agreements
Amount of Funds:	$10 million
Average Amount of Award:	$200,000
How Many Grants anticipated:	approximately 45
Dates:	RFA expected - March 1999 Grants to be awarded - July 1999

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Centers for Disease Control and Prevention

Name of Initiative or Program Activity: Technical Assistance to Directly Funded Community-Based Organizations (CBOs)

Description of Initiative: This funding will be used to provide targeted technical assistance through cooperative agreements with national organizations to assist minority community-based organizations (CBOs) in developing expertise in fiscal and administrative grants management and the preparation of competitive funding applications, and through organizational mentoring strategies. The goal of this program is to improve the capacity of CBOs, including faith-based organizations, to deliver effective HIV prevention services to African Americans. The program also serves to increase the effectiveness and responsiveness of the HIV prevention community planning process and health departments' HIV prevention programs to meet the needs of African-American communities heavily affected by HIV and AIDS.

Eligible Entities: National, Regional, Local, Minority Organizations (NRLMOs) and national, regional and local minority religious, spiritual, or faith-based organizations

Type of Funding: Cooperative agreements

Amount of Funds: $2.5 million

How Many Grants anticipated: 5

Dates: RFA expected - April 1999
Grants to be awarded - August 1999

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Centers for Disease Control and Prevention

Name of Initiative or Program Activity: Investment in Minority Community-Based Organizations (CBOs) Providing Prevention

Description of Initiative: Approximately $4.0 million was awarded through state and local health departments by CDC on a competitive basis to support racial and ethnic minority community-based organizations (CBOs) in 30 locations to address high priority HIV prevention needs in African American and Latino populations. These CBOs must have a governing board composed of more than 50 percent racial or ethnic minority members, a significant number of minority individuals in key program positions, and an established record of service to racial or ethnic minority communities. This funding began in FY98 and is continued with FY99 resources.

Eligible Entities:	State and local health departments**
Type of Funding:	Cooperative agreements
Amount of Funds:	$4.0 million
How Many Grants anticipated:	30 - CA; CO; CT; FL; GA; IL; IN; KS; LA; MA; MD; MI; MN; MO; NJ; NM; NY; OH; RI; TX; WA; WI; VA; VT; Chicago; Los Angeles; New York City; Philadelphia; San Francisco; Washington, D.C.
Dates:	Awards were made September 1998, with continuation funding in FY 1999.

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** Some of these funds may be competitively available at the state and local level

Centers for Disease Control and Prevention

Name of Initiative or Program Activity: Faith Based Initiatives

Description of Initiative: For developing HIV and substance abuse prevention programs at divinity schools located at Historically Black Colleges and Universities, and for expanding the ability of other faith-centered programs in this area.

Eligible Entities:	Faith-based CBOs/HBCU Divinity Schools
Type of Funding:	Cooperative agreement
Amount of Funds:	$1.5 million
How Many Grants anticipated:	6-12
Dates:	RFA expected - April 1999 Grants to be awarded - August 1999

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Centers for Disease Control and Prevention

Name of Initiative or Program Activity: Community Development Grants for HIV/STD/TB/Substance Abuse Integration and Linkages

Description of Initiative: The goal of this program is to improve the health status of African-American community members by increasing access to linked networks of health services, including, HIV, STD, TB and substance abuse prevention treatment and care. This will be accomplished by planning and developing a linked network between HIV, STD, TB and substance abuse programs.

Eligible Entities: Local non-profit health, social service, or voluntary service organizations, or CBOs with 501(c) tax exempt status and a governing or advisory body composed of more than 50 percent of the racial or ethnic minority population to be served.

Type of Grant:	Cooperative agreements
Amount of Funds:	$8.0 million
How Many Grants anticipated:	Approximately 20 - 25 planning awards and 3-6 implementation awards
Dates:	RFA expected - April 1999 Funds to be awarded - September 1999

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Centers for Disease Control and Prevention

Name of Initiative or Program Activity: Pilot Prison Programs for Linkages of Incarcerated Populations with Community Prevention and Care

Description of Initiative: Several pilot projects will be initiated related to disease intervention and prevention in correctional settings that build upon our existing programs within correctional settings. The goal of this initiative is to improve access to health care and the health status of both incarcerated and at-risk disproportionately affected racial and ethnic minorities, especially HIV-infected persons, and their communities. This will be accomplished by: 1) increasing access to HIV/AIDS primary health care and prevention services; 2) strengthening HIV transitional services between correctional settings and communities, and 3) linking networks of HIV health and social services. Models of linked networks of health services including HIV/AIDS, STD, TB, hepatitis and substance abuse prevention and treatment during and after incarceration will be developed and evaluated for use by other primary care, prevention, criminal justice, and community service organizations. In addition, a portion of these funds will be used to provide technical assistance to health departments working with correctional facilities. This funding will be provided through interagency agreements with facilities. This funding will be coordinated with other federal agencies, such as National Institute of Justice, HRSA, and SAMHSA.

Eligible Entities:	State and local health departments,
Type of Funding:	Cooperative agreements, interagency agreements
Amount of Funds:	$7.5 million
How Many Grants anticipated:	7-8 awards
Dates:	RFA expected - April 1999 Grants to be awarded - August 1999

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Centers for Disease Control and Prevention

Name of Initiative or Program Activity: Strengthen the Requirements in CDC's HIV Prevention Community Planning

Description of Initiative: This initiative will strengthen the requirements in CDC's HIV prevention community planning cooperative agreements so that State allocation decisions must reflect the demographics of the HIV epidemic in that State. CDC has been working collaboratively with State and local health departments over the last several years to achieve this objective. This activity reflects a redirection of funds within the existing HIV prevention cooperative agreements to ensure that currently available resources are spent proportionate to the epidemic in a given locale, and does not fully address substantial unmet needs. To implement these requirements, CDC will analyze the budgets of all State health departments in October-November 1998, to ensure that HIV Prevention funds are being allocated based on the latest HIV/AIDS surveillance data. For any State in which this is not the case, CDC will take immediate action to work with the State to correct these budget gaps. CDC estimates that approximately $15 million will be redirected toward prevention programs within the African-American community.

Eligible Entities:	State and local health departments
Type of Funding:	Cooperative agreements
Amount of Funds:	Within the HIV Prevention Community Planning Cooperative Agreements, approximately $15 million will be redirected towards African American communities
How Many Grants anticipated:	65
Dates:	Awards were made January 1999**

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** Every January the state health departments receive base HIV prevention fund awards. The budget table analyses for FY98 are near completion and CDC is providing feedback to the states on how their funding is tracking with their HIV epidemics. States will report in September 1999 on the uses of the FY99 funds based on CDC's analyses, which projects that approximately $15 million will be redirected into programs for African American communities.

Centers for Disease Control and Prevention

Name of Initiative or Program Activity: Prevention Education and Early Identification Project

Description of Initiative: These funds will support the development of new and innovative early identification strategies to reach populations at high risk for HIV infection and create linkages with care, especially minority populations, including women and adolescents. Activities may include coalition building, product development, outreach activities, and evaluation of effective interventions.

Eligible Entities:	Local health departments/CBOs (either directly or indirectly)
Type of Funding:	Cooperative agreement, contracts
Amount of Funds:	$5.0 million
How Many Grants anticipated:	Cooperative Agreements or Contracts (up to 5)
Dates:	RFA end of April 1999 Awards - August/September 1999

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Centers for Disease Control and Prevention:

Name of Initiative or Program Activity: Reducing Transmission Among People of Color

Description of Initiative: As part of CDC's initiative to reduce HIV transmission among people of color, $400,000 has been awarded to develop population-specific strategies aimed at (1) better targeting of HIV prevention resources toward those communities experiencing the greatest impact of the HIV/AIDS epidemic, and (2) improving the capacity of community-based organizations (CBOs) to deliver effective interventions. This funding was a redirection of FY98 funds.

Eligible Entities:	Academy of Education Development
Type of Funding:	Task order contract
Amount of Funds:	$400,000 continuation
How Many Grants Anticipated:	1
Dates:	This award was made September 1998. CDC anticipates extending this contract in FY 1999.

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Centers for Disease Control and Prevention

Name of Initiative or Program Activity: Prevention Among HIV-Positive Persons

Description of Initiative: Approximately $3.9 million was awarded competitively through state and local health departments by CDC to support 5 demonstration projects to provide priority HIV prevention services to HIV-infected individuals, especially to racial and ethnic minorities and others having difficulty accessing prevention or treatment services. Health departments will subcontract with community-based primary care facilities in carrying out these activities.

Eligible Entities:	State and local health departments
Type of Funding:	Cooperative agreements
Amount of Funds:	$3.9 million
Average Grant Size:	$780,000
How Many Grants anticipated:	5 - Wisconsin; Los Angeles; Maryland; California; San Francisco
Dates:	Awards were made September 1998 with continuation funding to be provided in FY 99.

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Centers for Disease Control and Prevention

Name of Initiative or Program Activity: Prevention of HIV Through STD Treatment

Description of Initiative: CDC has awarded, through state and local health departments, an additional $1.7 million to enhance syphilis elimination efforts in 13 areas most heavily affected by the disease. Syphilis has a disproportionate impact on communities of color, with approximately 89 percent of all cases occurring in minority communities (84 percent occurring in African Americans). Early detection and treatment of STDs can have a major impact on sexual transmission of HIV, as untreated STDs can increase the risk of HIV transmission by 2 to 5-fold. This funding began with FY 98 funds and is continuing with FY99 resources..

Eligible Entities:	State and local health departments
Type of Funding:	Cooperative agreements
Amount of Funds:	$1.7 million
Average Grant Size:	$130,800
How Many Grants anticipated:	13 - San Francisco; South Carolina; Chicago; North Carolina; Maryland; Louisiana; Alabama; Baltimore; Wisconsin; Philadelphia; Arizona; Michigan; Los Angeles
Dates:	Awards were made September 1998, with continuation funding to be provided in FY 1999.

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Centers for Disease Control and Prevention

Name of Initiative or Program Activity: Prevention Among Gay Men

Description of Initiative: Approximately $800,000 was competitively awarded by CDC to support behavioral research investigating the effectiveness of HIV prevention interventions serving HIV seropositive gay men, especially gay men of color. CDC has completed the formative evaluation phase of this research to learn how to best construct effective interventions for HIV seropositive gay men of color. CDC has now moved into the next phase, testing new prevention interventions. Grant recipients are universities and organizations with expertise in conducting research interventions. The funding reflects a continued and expanded emphasis on conducting prevention research projects in communities of color.

Eligible Entities:	Universities and research organizations
Type of Funding:	Cooperative agreements
Amount of Funds:	$800,000 continuation
How Many Grants anticipated:	2 - University of California - San Francisco; New Jersey City University
Dates:	Awards were made September 1998 with continuation funding to be provided in FY 1999.

Contact persons for additional information:
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Centers for Disease Control and Prevention

Name of Initiative or Program Activity: Research and Program Intervention Models for HIV+ Minority Communities

Description of Initiative: To start research projects that evaluate innovative preventions for HIV- positive African-American women and their sex partners. This will complement existing CDC research on developing interventions for HIV-positive men.

Eligible Entities:	State and local health departments
Type of Funding:	Cooperative agreements
Amount of Funds:	$1.0 million
How Many Grants anticipated:	5 - Los Angeles; San Francisco; California; Maryland; Wisconsin
Dates:	Funds were awarded in September 1998 and will be continued in FY 1999.

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Office of Minority Health, Office of Public Health and Science

Name of Initiative or Program Activity: Minority Community Health Coalition Demonstration Program (continuation)

Description: The purpose of this Office of Minority Health Program is to improve the health status of targeted minority populations through health promotion and disease risk reduction intervention programs. This program is intended to demonstrate the effectiveness of community-based coalitions in: (1) developing, implementing and conducting demonstration projects which coordinate integrated community-based screening and outreach services and include linkages for access and treatment, to minorities in high-risk, low-income communities; and (2) addressing sociocultural and linguistic barriers to health care.

Eligible Entities: Public and private, nonprofit minority community-based organizations which represent an established community coalition of at least three discrete organizations.

Type of Funding:	Non-Competitive Grants
Amount of Funds:	$748,225
Number of Grants Anticipated:	5*
Date RFA Expected:	Not applicable
Date Grants to be Awarded:	Awards were made in FY 98 with continuation funding to be provided on 7/1/99

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* Recipient grantees: El Concilio of San Mateo County, Burlingame, CA; Partners in Health, Cambridge, MA; Asian and Pacific Islander Wellness Center, San Francisco, CA; Bienestar Human Services, Los Angeles, CA; Esperanza Health Center, Philadelphia, PA

Office of Minority Health, Office of Public Health and Science

Name of Initiative or Program Activity: Minority Community Health Coalition Demonstration Program (competitive)

Description: The purpose of this Office of Minority Health Program is to improve the health status, relative to HIV/AIDS, of targeted minority populations through health promotion and education activities. This program in intended to demonstrate the effectiveness of community-based coalitions involving non-traditional partners in: (1) developing an integrated community-based response to the HIV/AIDS crisis through community dialogue and interaction; (2) developing and conducting HIV/AIDS education and outreach demonstration projects for hardly reached populations; and (3) addressing sociocultural and linguistic barriers to HIV/AIDS treatment.

Eligible Entities: Public and private, nonprofit minority community-based organizations which represent an established community coalition of at least three discrete organizations. In order to maximize the use of the limited resources available for this program and to address prevention where the HIV/AIDS epidemic is most prevalent, eligible applicants must be located in one of the following 15 metropolitan statistical areas. These are the areas identified by the CDC in its HIV/AIDS Surveillance Reports for 1996 and 1997 as having the highest number of newly reported AIDS cases in 1995, 1996 and 1997.

Atlanta, GA	Miami, FL
Baltimore, MD	New York, NY
Boston, MA	Newark, NJ
Chicago, IL	Philadelphia, PA
Dallas, TX	San Francisco, CA
Ft. Lauderdale, FL	San Juan, PR
Houston, TX	Washington, DC
Los Angeles, CA	

National organizations, universities and schools of higher learning are not eligible to apply. However, local affiliates of national organizations which meet the definition of a minority community-based organization are eligible. Currently funded OMH grantees are not eligible to apply, as organizations are not eligible to receive funding from more than one OMH grant program.

Type of Funding: Competitive

Amount of Funds: $500,000

Number of Grants Expected: 3

Dates: RFA Expected - 2/9/99
Grants to be Awarded - 9/30/99

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Office of Minority Health, Office of Public Health and Science

Name of Initiative or Program Activity: Bilingual/Bicultural Service Demonstration Program

Description: The purpose of this Office of Minority Health Program is to improve and expand the capacity for linguistic and cultural competence of health care professionals and para-professionals working with limited-English-proficient (LEP) minority communities; and improve the accessibility and utilization of health care services among the LEP minority populations. These grants are intended to demonstrate the merit of programs that involve partnerships between minority community-based organizations and health care facilities in a collaborative effort to address cultural and linguistic barriers to effective health care service delivery and to increase access to effective health care for the LEP minority populations living in the United States.

Eligible Entities: Public and private, nonprofit minority community-based organizations or health care facilities which serve a targeted LEP minority community. A linkage must be in place between a minority community-based organization and a health care facility, one of which is the grantee organization.

Type of Funding:	Non-Competitive Continuation
Amount of Funds:	$500,000 continuation of FY98 funds
Number of Grants Anticipated:	5*
Date RFA Expected:	Not applicable
Date Grants to be Awarded:	Awards were made in FY98 with continuation funding to be provided on 9/30/99

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* Recipient grantees: Casa Blanca Home of Neighborly Services, Riverside, CA; African Services Committee, Inc., New York, NY; Vista Community Clinic, Vista, CA; Special Services for Groups, Los Angeles, CA; and Hispanic AIDS Committee, San Antonio, TX

Office of Minority Health, Office of Public Health and Science

Name of Initiative or Program Activity: Addressing AIDS in Minority Populations

Description: The purpose of this Office of Minority Health Program is to provide ongoing information and programmatic support to racial/ethnic individuals and organizations addressing HIV/AIDS in disadvantaged populations. Through various activities, the program provides timely information and technical assistance on prevention, service and research issues affecting minority populations.

Eligible Entities:	National Minority AIDS Council
Type of Funding:	Non-Competitive Award
Amount of Funds:	$100,000
Number of Grants Anticipated:	1
Date RFA Expected:	N/A
Date Grants to be Awarded:	Funds were awarded in FY98 with continuation funding to be provided on 4/1/99

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Office of Minority Health, Office of Public Health and Science

Name of Initiative or Program Activity: Office of Minority Health Resource Center: Minority HIV/AIDS Information Services

Description: The Office of Minority Health will expand the capability of the Congressionally mandated Minority Health Resource Center to develop an information service dedicated to minority health related HIV/AIDS information and issues. This initiative will help assess community needs and make HIV/AIDS resource information available to community-based organizations for the purpose of expanding their capability as they promote messages on prevention and state-of-the-art treatment. The Office of Minority Health Resource Center will have staff dedicated to HIV/AIDS information services who collect, organize, and disseminate information concerning National, State, and local HIV/AIDS programs. Information services will include identifying: sources of funds to support HIV/AIDS prevention, research, and treatment programs for minority populations; programs in minority communities that have proven to be successful or promising for reducing the occurrence or severity of HIV/AIDS; strategies for preventing and regimens for treating HIV/AIDS that have proven effective or promising in minority populations; data concerning the occurrence of HIV/AIDS in minority populations; and personnel who have a documented record of expertise in program management for HIV/AIDS prevention, research, or treatment for minority populations. This Center will collaborate with DHHS Operating and Staff Divisions and work actively with community groups to develop and deliver information concerning HIV/AIDS prevention and treatment using a wide variety of strategies.

Eligibility:	Minority-Owned Small Businesses
Type of Funding:	Competitive Contract
Amount:	$341,000 continuation funding
Grants:	One(1) Contract
Dates:	Funding awarded in FY98 with FY99 continuation funding to be provided

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Substance Abuse and Mental Health Services Administration

Name of Initiative or Program Activity: Targeted Capacity Expansion Program for Substance Abuse Treatment and HIV/AIDS Services

Description: Grants to enhance and expand substance abuse treatment and services related to HIV/AIDS in African American, Hispanic/Latino and other racial and ethnic minority communities highly affected by the twin epidemics of substance abuse and HIV/AIDS. The program seeks to address gaps in substance abuse treatment capacity, and increase the accessibility and availability of substance abuse treatment and related HIV/AIDS services (including STDs, TB and hepatitis B and C) for those targeted populations.

Eligible Entities: Public and domestic private nonprofit and for-profit entities, such as units of State or local government and grassroots and/or community-based organizations that have the capacity to provide substance abuse treatment services to African American and Hispanic/Latino communities and other racial and ethnic minority communities. Targeted communities must be located in cities with an annual AIDS case rate of or greater than 20 per 100,000 or in a State with an annual AIDS case rate of or greater than 10 per 100,000 population.

Type of Funding:	Competitive
Amount of Funds:	$16.0 million, of which approximately $9-$10 million is targeted for women, and women and their children, and approximately $6 - $7 million is targeted to adolescents, for men who inject drugs, and for men who have sex with men
Number of Grants Anticipated:	40
Date GFA Expected:	Applications due June 17, 1999
Date Grants to be Awarded:	September 30, 1999

Contact Person for additional information:

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Substance Abuse and Mental Health Services Administration

Name of Initiative or Program Activity: Community-Based Substance Abuse and HIV/AIDS Outreach Program

Description: Grants to support community-based HIV/AIDS outreach programs in African American, Hispanic/Latino and other ethnic, racial minority communities with high rates of substance abuse and AIDS. The program is designed to develop community-based outreach projects, funding outreach workers to provide HIV counseling and testing services, health education and risk reduction information, access and referrals to sexually transmitted disease (STD) and tuberculosis (TB) testing, substance abuse treatment, primary care, mental health and medical services for those who are HIV positive or have AIDS. The goal is to promote behavioral transition and change among injecting drug users (IDUs) and other drug users with respect to risk exposures to HIV infection, STDs, TB and hepatitis, and to increase the number of substance abusers in those populations who enter treatment.

Eligible Entities: Public and domestic private nonprofit and for-profit entities, such as units of State or local government and community-based organizations. Eligible organizations must have 2 years of experience in providing outreach services to out-of-treatment substance abusers, and be located in Metropolitan Statistical Areas (MSAs) with annual AIDS case rates greater than 20 per 100,000 or in States with annual AIDS case rates greater than 10 per 100,000 population.

Type of Funding:	Competitive
Amount of Funds:	$7.5 million*
Number of Grants Anticipated:	20-25
Dates:	Applications due by May 18, 1999 Grants to be Awarded - September 30, 1999

Contact Person for additional information:
David C. Thompson
Clinical Interventions and Organizational Model Branch
Division of Practice and Systems Development
Center for Substance Abuse Treatment, SAMHSA
Rockwall II, 6th Floor, 5600 Fishers Lane
Rockville, MD 20857 (301) 443-6523

* This dollar amount exceeds that published in the Federal Register; however, at the time of funding, this amount is the approximate amount to be funded.

Substance Abuse and Mental Health Services Agency

Name of Initiative or Program Activity: Grants to Expand Substance Abuse Treatment Capacity in Targeted Areas of Need (program funds reserved for linkages between substance abuse and HIV/AIDS services, $2.5 million)

Description: Within grants to expand substance abuse treatment capacity in targeted areas, $2.5 million of program funds are reserved to address substance abuse and HIV/AIDS in African American, Hispanic/Latino, and other racial and ethnic minority communities. The program is designed to address gaps in treatment capacity by supporting rapid and strategic responses to demands for substance abuse treatment services in communities with serious, emerging drug problems as well as communities with innovative solutions to unmet needs. Applicants may request funding to expand organizational capacity to provide a more comprehensive array of substance abuse/HIV services through well defined linkages to other organizations/providers; expand substance abuse/HIV program capacity by increasing the number of slots in a substance abuse treatment program, or by adding a new program; expand a core substance abuse program to accomodate clients who are HIV positive or AIDS symptomatic; and enhance accessibility of existing HIV/AIDS, STD, TB, and hepatitis B and C services by additions such as community health education and risk reduction services, outreach services, or mobile services including counseling/testing/treatment capabilities.

Eligible Entities: Local governmental entities such as cities, towns, and counties, and regional governing authorities, States, Territories, and Indian Tribal Governments. Applicants are encouraged to engage (coordinate/subcontract) the skills and services of a wide variety of community-based treatment organizations in carrying out the grant, or to work with other jurisdictions to address a problem that cuts across their geographical boundaries.

Type of Funding: Competitive

Amount of Funds: $2.5 million

Number of Grants Anticipated: 5-10

Date GFA Expected: Applications due May 10, 1999
Date of Awards - September 30, 1999

Contact Person fo additional information:
Clifton Mitchell, Chief
Treatment and Systems Improvement Branch
Division of Practice and Systems Development
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Rockwall II, 6th Floor
5600 Fishers Lane
Rockville, MD 20857
tel: (301)443-8804

Substance Abuse and Mental Health Services Administration

Name of Initiative or Program Activity: Targeted Capacity Expansion Cooperative Agreements - Substance Abuse and HIV/AIDS Prevention Care Capacity Grants

Description: Grants to increase community capacity to provide integrated/cross-trained substance abuse and HIV/AIDS prevention services targeted to at-risk African American, Hispanic/Latino or Latina, and other racial/ethnic minority youth, and to African American, Hispanic/Latina, and other racial/ethnic minority women. Targeted Capacity Expansion programs target service gaps or emerging problems. This program promotes the selection, adoption/adaptation, implementation, and evaluation of the effectiveness of integrated substance abuse and HIV/AIDS prevention interventions that are age and language appropriate, culturally adapted, and gender and sexual orientation-specific.

Eligible Entities: Public and domestic private nonprofit and for-profit entities, such as community based organizations, local and national coalitions and civic groups, State or private schools, universities, colleges and hospitals, or units of State or local government.

Type of Funding: Competitive cooperative agreements

Amount of Funds: $ 13.25 million , with approximately:
- $6 million for African American youth,
- $2 million for African American, Hispanic/Latino or Latina and other racial/ethnic minority youth
- $4.5 million for African American, Hispanic/Latina, and other racial and ethnic minority women and minority women and their children
- $ 0.75 million of SAMHSA funds will be available to support a Program Coordination Center focusing on technical assistance and evaluation

Number of Grants Anticipated: 50

Dates: Applications due June 17, 1999.
Grants to be Awarded September 30, 19/99

Contact Person for additional information: Lucy Perez, M.D., Director
Office of Medical and Clinical Affairs, Center for Substance Abuse Prevention
Substance Abuse and Mental Health Services Administration
5600 Fishers Lane, Suite 900, Rockville, MD 20857
(301) 443-5266

National Institutes of Health

Name of Initiative or Program Activity: Prevention Sciences Initiative

Description: This initiative is devoted to the Prevention Science Initiatives of the Office of AIDS Research. These dollars will be used to supplement existing grants, or as a way to expedite an award. Through these dollars Institutes are encouraged to have currently funded investigators seek supplemental funding on aspects of their grants that are of particular relevance to minorities. In FY98, the OAR awarded $9.5 million in special funds through the Prevention Science Research Initiative, to support new and/or expanded HIV intervention and prevention programs targeting minority populations. Funds were awarded to such projects as: (1) risk reduction among Latinas; (2) injection drug use and high risk sexual behaviors at the U.S./Mexico border; (3) culturally sensitive behavioral interventions for HIV+ Hispanics; (4) HIV risk reduction in drug abusing minority youth; (5) a phase I clinical trial testing a novel topical microbicide for prevention of HIV transmission with will include primarily minority women; (6) intervention studies focusing on drug and substance abusing youth; and (7) a study of HIV-infected injecting drug users receiving highly active anti-retroviral therapy (HAART). There is no RFA for these funds as these are targeted to the Institutes, who contact their grantees advising them of the availability of these funds through the Prevention Sciences Initiative. Through this mechanism, Institutes respond to a list of priorities provided by the Office of AIDS Research to identify appropriate investigators/grants. This list has traditionally included research on high risk populations with high impact for the intervention, targeting youth, women and minorities in particular.

Eligible Entities:	Investigators funded through an existing NIH grant
Type of Funding:	Supplement announced by the individual Institutes to their existing grantees.
Amount of Funds:	$ 4 million
How many Grants Anticipated:	From 8 - 12
Dates:	To be awarded by 8/1/99

Contact Person for additional information:

Judith Auerbach, Ph.D.
Behavioral and Social Science Coordinator and Prevention Science Coordinator
Office of AIDS Research
National Institutes of Health

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Bethesda, MD 20893
tel:(301)402-3555
e-mail: auerbacj@od.nih.gov

National Institutes of Health

Name of Initiative or Program Activity: Provider/Peer Education Project through Telecommunications

Description: This is an expansion of recent pilot work the Office of AIDS Research has conducted with a national minority organization, using the technology of web-TV. In FY98, NIH in conjunction with the National Minority AIDS Council conducted a series of town hall style meetings to bring the cutting edge research findings to the community. These meetings were designed, planned and executed by community agencies within a region, including HIV positive individuals. The participants were primarily people of color. However, if individuals and/or agencies were unable to attend the workshop, the information was not in a format that could be easily retrieved or recreated. Through the technology of web-TV supported by this project, these town meetings as well as any state-of-the-art lectures/presentations co-sponsored or supported by OAR/NIH on HIV/AIDS can be accessed, as they will be stored and catalogued on the NIH web site. The web-TV program will be piloted in targeted locations, including the Historically Black Colleges and Universities, as well as the community based organizations that serve as the local sponsor for the National Minority AIDS Council regional meetings. A total of 19 entities have been identified for this effort.* A pilot is scheduled for the Fall at Clark-Atlanta University.

Eligible Entities: National Minority Health Organizations
Regional minority agencies
Local minority agencies
Historically Black Colleges and Universities

Type of Funding: Noncompetitive

Amount of Funds: $1.5 million

How Many Grants Expected: 15-20

Dates: Ongoing-- proposal submission 8/1/99

* Targeted entities: AIDS Partnership Michigan, Detroit MI
Bien Estar, Los Angeles, CA
Blacks Assisting Blacks Against AIDS, St. Louis, MO
Brownsville Multi-Service Family Health Center, Brooklyn, NY
Colorado AIDS Project, Denver, CO
Community Health Awareness Group, Detroit, MI

CT Positive Action Coalition/The Living Center, Hartford, CT
Del Norte Neighborhood Development Corp., Denver, CO
Fundacion SIDA, San Juan, PR
Hispanos Unidos Contal El SIDA, New Haven, CT
Inciativa Communitaria, San Juan, PR
Life Foundation, Honolulu, HI
MALANA PONO: The HIV Service Agency of Kauai, Kapaa, HI
Minority AIDS Project, Los Angeles, CA
Morris Heights Health Center, Bronx, NY
Planned Parenthood of Hidalgo County, McAllen, TX
Positive Vision, El Paso, TX
Project Connect, Jackson, MI
Saint Louis Effort for AIDS, St. Louis, MO
Valley AIDS Council, McAllen, TX

Contact person for additional information:

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Program Coordinator
National Institutes of Health
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Tel: 301-402-3357
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Email: ljackson@od.nih.gov

National Institutes of Health

Name of Initiative or Program Activity: Outreach Activities to National Minority Organizations

Description: The NIH, through the Office of AIDS Research (OAR), has had an ongoing relationship with the National Minority AIDS Council. Through this relationship support has been provided for a variety of programs targeting African Americans and other minorities. In addition to sponsoring a one day research institute at the U.S. Conference on AIDS sponsored by NMAC, the NIH has initiated discussions with the National Medical Association on developing programs for training minority physicians in HIV/AIDS prevention and treatment. This initiative represents an expansion of ongoing OAR work with national minority organizations and regional/local agencies. Under this initiative there are additional collaborations planned with a variety of national minority organizations (e.g. National Minority AIDS Council, National Medical Association) to provide information updates for health professionals.

Eligible Entities: National or regional/local minority agencies

Type of Funding: Ongoing proposal submission -- noncompetitive

Amount of Funds: $3 million

Grants Anticipated: 6 - 8

Date: No RFA, proposal submission ongoing for available funds

Contact person for additional information:
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Email: ljackson@od.nih.gov

National Institutes of Health

Name of Initiative or Program Activity: Project ACCESS (Adolescents Connected to Care, Evaluation and Special Services)

Description: This is a social marketing campaign intended to: (1) raise consciousness among sexually active minority youth about the need for HIV counseling and testing; and (2) to provide youth with easy access to HIV counseling and testing, which incorporates efficient and graceful transition into adolescent-focused comprehensive care. The campgain consists of producing a "Get Tested Week" campaign launch, community saturation by peers with literature promoting the phone line for testing, a public service announcement for television and local movie theatre use, and campaign advertisements in public venues, public transportation, and in places where adolescents gather.

NIH's interest in this campaign stems from the increasingly important biomedical and therapeutic research agenda emerging for HIV-infected adolescents. There is real discordance between the estimated number of HIV infected adolescents and the limited number of HIV+ teens who actually are in care. This campaign is designed to begin the process of identifying and bringing more HIV+ adolescents into care. This will assist the individuals concerned while providing them with opportunities for prevention and clinical research. The program could help establish clinical infrastructure and patient volume so that research participation opportunities might be offered to an important understudied population.

Eligible Entities: Adolescent clinics within the NIH-funded Adolescent Medicine HIV/AIDS Research Network, selected based on willingness and ability to launch the campaign in their metropolitan areas. Applications were reviewed by a committee with state health department and CDC representation.

Type of Funding: Supplement to existing U01 award

Amount of Funds: $1.2 million

Number of Awards: Six *

Dates: Awards - April 1999

* Particant Sites: New York, Baltimore, Washington, D.C., Miami, Los Angeles, Philadelphia

Contact Persons for More Information:

Audrey Smith Rogers, Ph.D.
National Institute of Child Health
and Human Development
tel:(301)435-6873
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or

Gray Handley
National Institute of Child Health
and Human Development
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e-mail: handleyg@exchange.nih.gov

Health Resources and Services Administration

Name of Initiative or Program Activity: Ryan White Title I Supplement for Areas with Substantial Need for Services

Description: This is supplemental funding to Title I grantees, directed to be allocated by formula to eligible metropolitan areas that have 30% or more African American and Latino HIV/AIDS cases in an effort to improve the quality of care and health outcomes for African Americans living with HIV/AIDS.

Eligible Entities:	Title I metropolitan areas with 30% or more African American/Latino AIDS cases.
Type of Funding:	Formula grants
Amount:	$5 million
Number Anticipated:	Distributed to 48 eligible metropolitan areas (EMAs)*
Dates:	RFA - December 98 Applications due - January 99 Awards - January 99

Contact persons for additional information:

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*** EMAs funded:** Atlanta, GA; Austin, TX; Baltimore, MD; Bergen-Passaic, NJ; Boston, MA; Caguas, PR; Chicago, IL; Cleveland, OH; Dallas, TX; Denver, CO; Detroit, MI; Dutchess County, NY; Ft. Lauderdale, FL; Ft. Worth, TX; Hartford, CT; Houston, TX; Jacksonville, FL; Jersey City, NJ; Kansas City, MO; Las Vegas, NV; Los Angeles, CA; Miami, FL; Middlesex-Somerset-Hunterdon, NJ; Minneapolis-St. Paul, MN; Nassau-Suffolk, NY; New Haven, CT; New Orleans, LA; New York, NY; Newark, NJ; Norfolk, VA; Oakland, CA; Orange County, CA; Orlando, FL; Philadelphia, PA; Phoenix, AZ; Ponce, PR; Riverside-San Bernadino, CA; Sacramento, CA; St. Louis, MO; San Antonio, TX; San Diego, CA; San Francisco, CA; San Jose, CA; San Juan, PR; Tampa-St. Petersburg, FL; Vineland-Millville-Bridgeton, NJ; Washington, DC; West Palm Beach, FL.

Health Resources and Services Administration

Name of Initiative or Program Activity: Ryan White Title III Planning Grants

Description: To be used for targeted planning grants designed to build new capacity for primary care provider organizations to link with community based organizations in highly impacted minority communities to deliver needed health care services.

Eligible Entities:	Community-based organizations, community health centers, other medical facilities.
Type of Funding:	Competitive grants
Amount:	$3 million
Number Anticipated:	Up to 60
Dates:	RFA - March 99 Applications due - June 99 Awards - September 99

Contact persons for additional information:

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Health Resources and Services Administration

Name of Initiative or Program Activity: Ryan White HIV/AIDS Care for Children, Women, Youth, and Families (Title IV Supplemental Grants)

Description: Grants to support care and access to care and research for children, women, youth and families affected by HIV/AIDS. The majority of clients served by this program are from racial and ethnic minority groups, specifically 48% African American, 30.8% Hispanic, and 9.6% other non-Caucasian. There are currently 48 grantees funded through Title IV.

Eligible Entities:	Currently funded Ryan White CARE Act Title IV grantees, which include State and local health departments, community health centers, hospitals.
Type of Funding:	Limited Competition
Amount:	$ 12.2 million ($ 2 million in new funding in added FY99)
Number Anticipated:	Up to 48*
Dates:	RFA - March 99 Application due - May 99 Grant award - July 99

Contact person for additional information:

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(301) 443-0493
Fax: (301) 443-1839
dparham@hrsa.gov

Dr. Michael P. Johnson
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(301) 443-8045
Fax: (301) 594-2835
mjohnson@hrsa.gov

Eligible Entities (current grantees): University of Alabama at Birmingham,AL; Maricopa Integrated System, Phoenix, AZ; University of California at San Diego, La Jolla, CA; Los Angeles Family AIDS Network, CA; Family Care Network, Oakland, CA; Health Initiatives for Youth, San Francisco, CA; The Children's Hospital, Denver, CO; Connecticut Primary Care Association, Hartford, CT; Children's Hospital Special Immunology Service, Washington, DC; Children's Diagnostic and Treatment Center, North Broward Hospital District, Ft. Lauderdale, FL; Rainbow Center for Women, Adolescents and Children, Jacksonville, FL; University of Miami School of Medicine, Miami, FL; Orlando Regional HealthCare Systems, Inc., Orlando, FL; University of

South Florida, Tampa, FL; Georgia Department of Human Resources, Atlanta, GA; Cook County Hospital, Chicago, IL; Children's Hospital, New Orleans, LA; Maryland Department of Mental Health/Mental Hygiene, Baltimore, MD; Massachusetts Dept. of Public Health, Boston, MA; Dimock Community Health Center, Roxbury, MA; Michigan Dept. of Community Health, Detroit, MI; Washington University School of Medicine, St. Louis, MO; University Medical Center Wellness Center, Las Vegas, NV; Dartmouth Hitchcock Medical Center, Lebanon, NH; New Jersey Department of Health, Trenton, NJ; Albany Medical College, Albany, NY; Dominican Sisters Family Health Service, Bronx, NY; Albert Einstein College of Medicine, Bronx, NY; State University of New York, Brooklyn, NY; Elmhurst Hospital Center, Elmhurst, NY; The Family Center Medical and Health Research Association, Inc., New York, NY; New York University Medical Center, New York, NY; Columbia School of Public Health, New York, NY; Children's Medical Center at Stony Brook, Stony Brook, NY; Metrolina AIDS Project, Charlotte, NC; Metropolitan Low Income Housing CDC, Inc., Washington, NC; Columbus Children's Hospital, Columbus, OH; Family Planning of Southeastern Pennsylvania, Philadelphia, PA; Puerto Rico Department of Public Health, San Juan, PR; AIDS Care Ocean State/Family AIDS Center for Treatment and Support, RI; Methodist Healthcare, Memphis, TN; University of Texas Southwestern Medical Center, Dallas Children's Medical Center, Dallas, TX; Catholic Charities, Diocese of Ft. Worth, Ft. Worth, TX; Houston Regional HIV/AIDS Resource Group, Houston, TX; University of Texas Health Sciences Center at San Antonio, TX; Northwest Family Center, Seattle King County Health Department, Seattle, WA; Medical College of Wisconsin, Milwaukee, WI.

Health Resources and Services Administration

Name of Initiative or Program Activity: AIDS Education Training Centers

Description: To fund AETCs to subcontract with HBCUs for the education of health care providers serving African American communities on the guidelines for anti-retroviral therapy.

Eligible Entities:	Non-profit organizations, including universities, which subcontract with HBCUs
Type of Funding:	Competitive grants
Amount:	$2 million
Number Anticipated:	1
Dates:	RFA - March 99 Applications due - May 99 Awards - July 99

Contact persons for additional information:

Juanita Koziol or
5600 Fishers La, Rm 9A-39
Rockville, MD 20857
(301) 443-6068
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jkoziol@hrsa.gov

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Health Resources and Services Administration

Name of Initiative or Program Activity: Targeted Provider Education

Description: For provider education to minority communities and their organizations to enhance the capacity of persons to access high quality health care and to stay in care.

Eligible Entities: Community-based organizations, national organizations representing African American and Latino communities and institutions.

Type of Funding: Cooperative agreement

Amount: $2.8 million

Number anticipated: 2-7

Dates: RFA - July 99
Applications due - August 99
Award date - September, 99

Contact person for additional information:
Dr. Michael P. Johnson
5600 Fishers Lane, Rm 7-29
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(301) 443-8045
Fax: (301) 594-2835
mjohnson@hrsa.gov

Health Resources and Services Administration

Name of Initiative or Program Activity: Peer Education Training Institute

Description: Expansion of training programs to help community based organizations train, place, and support a cadre of peer treatment educators from racial and ethnic minority groups as a strategy to engage more persons of color in high quality care, with the inclusion of an evaluation component to study the effect of this intervention.

Eligible Entities: University

Type of Funding: Cooperative agreement

Amount: $2 million

Number Anticipated: 1

Dates: Award expected - June 99

Contact persons for additional information:

Angela Powell Young or
5600 Fishers La, Rm 7-36
Rockville, MD 20857
(301) 443-6561
Fax: (301) 594-2835
apowell@hrsa.gov

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Health Resources and Services Administration

Name of Initiative or Program Activity: Training Programs to Help CBOs

Description: Replication of a demonstration program targeted at developing capacity among minority community based organizations through training and technical assistance in selected cities. Through a cooperative agreement, activities were initially begun in three cities; additional cities will be served through this enhanced FY99 funding.

Eligible Entities: National Minority AIDS Council

Type of Funding: Cooperative agreement

Amount: $1.1 million continuation of FY98 funding

Number Anticipated: 1

Dates: Funding began in August 1998, FY99 funds to be provided July 1999

Contact person for additional information:

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or

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Health Resources and Services Administration

Name of Initiative or Program Activity: Innovative Service Delivery Models Through Community Health Centers

Description: Provide outreach and primary care services in highly impacted minority communities through innovative strategies through the Section 330 program. These programs will include new access points for service, expanded outreach services, and expansion of services.

Eligible Entities: Federally qualified community health centers

Type of Funding: Limited competition among eligible entities

Amount: $ 1 million continuation of FY98 funding

Number Anticipated: Unknown at this time

Dates: RFA - January 1999
Applications due - April 1999
Awards expected - September 1999

Contact Persons for More Information:

Dr. Richard Bohrer,
4350 East-West Hwy, 7th floor
Bethesda, MD
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Health Resources and Services Administration

Name of Initiative or Program Activity: Healthy Start

Description: All Healthy Start projects will expand HIV/AIDS related activities for African American and other highly impacted racial and ethnic minority women of childbearing age in the Healthy Start communities. Activities include outreach to bring women into care, and to screen and provide counseling on HIV and substance abuse.

Eligible Entities:	Existing Healthy Start grantees which include state and local government, community health centers, and community based organizations
Type of Funding:	Limited competition among eligible entities
Amount:	$ 950,000
Number Anticipated:	Up to 30
Dates:	RFA - January 1999 Applications due - April 1999 Awards - July 1999

Contact Persons for Additional Information:

Mary-Beth Badura
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mjohnson@hrsa.gov

Health Resources and Services Administration

Name of Initiative or Program Activity: Integrated Services Through Ryan White Special Programs of National Significance (SPNS)

Description: Development and evaluation of models of care that (a) target the African American and Hispanic communities in Los Angeles. (b) can be replicated in other similar localities, and addresses the formal linkage and integration of HIV ambulatory medical care and mental health, substance abuse treatment and/or other critical HIV services.

Eligible Entities: University

Type of Funding: Competitive Award

Amount: $ 135,000

Number Anticipated: 1

Dates: FY 98 funding provided and continued with FY 99 funds in October 1998

Contact Persons for More Information:

Dr. Kathy Marconi
5600 Fishers Lane, Room 7A-07
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Selected Technical Assistance Opportunities

A number of specific workshops have been scheduled to address grant opportunities available as part of the $156 million targeted investment to address the severe impact of HIV/AIDS in racial and ethnic minority communities. Additional technical assistance outreach may be scheduled by the agency administering the grants. The contact person listed under each initiative described can provide information regarding other technical assistance opportunities.

Substance Abuse and Mental Health Services Administration

Technical Assistance Workshops for all FY 99 Applications

- Chicago, IL — March 17, 1999
- Los Angeles, CA — March 19, 1999

Health Resources and Services Administration

Ryan White Title III HIV Planning Grant Pre-Application Workshops

- Philadelphia, PA — March 19, 1999
- Columbia, SC — March 22, 1999
- Jackson, MS — March 24, 1999
- Cleveland, OH — April 7, 1999
- Memphis, TN — April 9, 1999
- Los Angeles, CA — April 12, 1999
- Houston, TX — April 14, 1999
- Denver, CO — April 16, 1999
- St. Thomas, US.V.I. — April 19, 1999
- St. Croix, US V.I. — April 20, 1999

Available Notices in the *Federal Register*

Substance Abuse and Mental Health Services Administration

1. Department of Health and Human Services, SAMHSA, Fiscal Year 1999 Funding Opportunities, *Federal Register* Vol. 54, No. 45, Tuesday, March 9, 1999, pages 11478-11483.
   - Targeted Capacity Expansion for Substance Abuse Treatment and HIV/AIDS
   - Targeted Capacity Expansion for Linkages Between Substance Abuse and HIV Services
   - Community Based Substance Abuse HIV/AIDS Outreach Program

2. Department of Health and Human Services, SAMHSA, Fiscal Year 1999 Funding Opportunities, *Federal Register*, Vol. 64, No. 46, Wednesday, March 10, 1999, pages 11940-11943.

- o Targeted Capacity Expansion Cooperative Agreements - Substance Abuse and HIV/AIDS Prevention (Care Capacity Grants)

Centers for Disease Control and Prevention

Department of Health and Human Services, CDC, Human Immunodeficiency Virus Prevention Activities for African American Populations - Notice and Request for Comment, *Federal Register*, Thursday, February 18, 1999, Vol. 64, No. 32, pages 8106-8109.

Health Resources and Services Administration

Information on available Request for Applications (RFAs) through HRSA can be accessed in two ways:

1) The HRSA Website - www.hrsa.gov
2) Toll free hotline, 1-888-333-HRSA (4772).

As of March 16, 1999 there are two RFAs available for initiatives described in this document: the Title III Planning Grants and the AIDS Education and Training Centers.

WRITTEN STATEMENT

BY

MARIO M.COOPER

ON

THE AIDS CRISIS WITHIN THE AFRICAN AMERICAN COMMUNITY

CONGRESSIONAL BLACK CAUCUS
BRIEFING ON AIDS

JULY 29, 1997

We have to make our response to AIDS have the energy and moral equivalence of a civil rights movement.

Dr. Alvin Poussaint, Harvard Medical School

I'm passionate about AIDS because I have to be. It's a matter of life and death for me. I need you to develop passion, not compassion. If you don't have any, get some. If you have some, get some more.

Belynda Dunn, Mother, Aids activist and educator

Like the Vietnam war, AIDS is our generation's war.

Henry Louis Gates, Jr., Director, W.E.B.DuBois Institute, Harvard University

How many of us must be infected before it becomes <u>our</u> problem? How many will develop AIDS? How many will die? Three hundred thousand cases later, I still wonder what has to happen for it to be <u>our</u> problem.

Phill Wilson, civil rights leader and AIDS activist

It is our duty and responsibility as a people to be among the most articulate in declaring freedom from AIDS and then to be the most active in making that freedom happen.

Dr. Randall C. Morgan, Jr., President, National Medical Association

Thank you for the opportunity to present this written statement. As requested, I have provided copies of a monograph entitled, "Dangerous Inhibitions: How America Is Letting AIDS Become An Epidemic Of The Young," an analysis of one-on-one interviews with adolescents across the country, entitled, "Listen To What America's Kids Are Saying:," "New Challenges To Journalists Reporting On AIDS," and the recently published report from the first ***LEADING FOR LIFE*** meeting held at Harvard University. Having developed or participated in each of these projects, the documents should offer a wealth of information for Members and their staff.

GENERAL BACKGROUND

There is a health crisis in the African American community:HIV/AIDS. AIDS is the leading killer of African Americans, both male and female, between the ages of 25 and 44. This is more than homicide, drugs/alcohol, cancer and heart disease combined! Even more frightening is the fact that HIV/AIDS' impact is mostly in this age range--what should be our most productive years.

African Americans and Latinos account for over sixty(60%) of all AIDS cases, and its is likely that they account for over 70% of new HIV infections. Such high rates of new infections, guarantee that up to 10% of our 25-44 year olds will be chronically ill with full blown AIDS within some of our neighborhoods.

We must not be coddled, by the media, into believing that AIDS is over, or is a mere chronic disease. Despite the drop in the number of <u>deaths</u> from AIDS, the number of African Americans who become <u>infected</u> with HIV continues to climb, especially among our youth. African Americans die at a rate of five times that of whites with AIDS.

We are now into the second decade of this epidemic. While many ask where has the Congressional Black Caucus been, I would rather focus on what you are going to do now, and in the future. We need your leadership, today, tomorrow, and well into the new millennium. AIDS is not going away. I hope today's briefing will produce specific and clear goals, projects and commitments. Our communities deserve no less.

<u>Behind these numbers are your constituents</u>. The fact is that the highest rates of HIV/AIDS are generally in districts represented by members of the Congressional Black Caucus. We need your leadership.

While the focus of much of the briefing today will be on government programs, we must be very clear that no government program, nor any health service organization can be successful without the hands on engagement of our political leaders. We need your passion, your energy, and your leadership.

Urgent Issues

I urge the Congressional Black Caucus to strongly support federal funding for needle exchange--such programs stop the transmission of HIV, without increasing drug use, according to six independent studies. The vast majority of HIV positive African American females get infected as a result of dirty needles or from unprotected sex with needle users. As well, 90% of all babies with AIDS are Black. Most of these infections would be stopped by needle exchange programs.

Please demand that the President and the Secretary of Health and Human Services lift the ban now on the use of federal dollars for needle exchange programs. Please join with the National Medical Association, the National Black Caucus of State Legislators, the National Black Nurses Association, ministers, policemen and many others in support of this effort to stem one of the primary routes of HIV infection in the African American community.

As well, Congressional efforts to force local health and school officials to teach abstinence only sex education, are extraordinarily damaging to efforts to reduce HIV and STD infection rates amongst adolescents. Study after study indicates that frank, honest and culturally sensitive sex education is beneficial in making youth aware of the need for safe sex, without increasing sexual activity.

Radical conservatives have insured that black children are denied this valuable education in schools and in safe sex prevention programs. Curiously, as the disease expands in our community, these restrictive policies guarantee increased infections amongst our youth. We must fight these policies on the federal, state and local level. We need your leadership.

HIV/AIDS Public Policy

Generally, HIV/AIDS public health policy has been delineated into three areas: 1) services and care; 2) research; and 3) prevention. This "triple track" approach has been the keystone of lobbying efforts by organizations and activists. Each has had a Congressional champion--Senator Kennedy(D-MA) for services/care and research, Representative Pelosi(D-CA) for prevention and research, and Representative Waxman(D-CA) for research and services. Through the years their leadership, commitment and vision has insured that Congress and various Administrations were responsive.

1. **Services and Care**

   The Ryan White Comprehensive AIDS Resources Emergency Act was created in the late 1980s to provide services and care to communities most impacted by HIV/AIDS--Gay

white urban centers. Its essential provisions were developed as an emergency response to those cities facing the overwhelming impact of so many ill and dying people.

Ryan White provides funding for everything from case management, clinical services, housing and food. The funds are funneled to localities, based upon, among other criteria, the number of cumulative deaths. Small efforts were made to equalize funding between second wave localities and the historic centers of high death rates in the re-authorization of the Ryan White Care Act in 1995-6. These efforts felt far short in closing the disparities that continue to exist.

As well, the Act is structured in a manner that protects and encourages large, urban agencies. Whereas, in communities of color, the effective route for services may be smaller and less centralized organizations, such as community health centers. Title Three of the Ryan White Care Act provides funding for community health centers, but, the amount of funding should be increased relative to the amounts designated under other titles.

Generally, a local HIV health planning council sets priorities for the disbursement of funds. For the most part, the older AIDS related agencies tend to dominate the decision making process through political lobbying. Despite the increasing rates of infection in communities of color, organizations founded by, and managed by people of color often receive far less of such funds. There has been little leadership from HHS to correct the inequities.

The oldest and largest AIDS organizations continue to dominate, almost to the exclusion of people of color, Ryan White Care Act funded activities at the local and state level. On the national level, whether interacting with Congress, the Administration and with the media they have maintained a "most favored nation" status.

Key issues that must be addressed are:

- biased funding inherent in the Ryan White Care Act;
- lack of federal oversight that would promote more realistic programs for at-risk populations, including access to new treatments; and,
- better research into what are the best methods for improving services with-in communities of color.

2. Research

HIV/AIDS research has been driven by a search for a cure and by the need to tackle opportunistic diseases. While vaccine research has traditionally taken a back seat, we may be in the mist of a transition towards more resources for vaccine research.

Funding for research on drugs that would stop or inhibit the virus have come mostly from NIH, with the pharmaceutical companies investing about 15% of the overall total. Essentially, African Americans and Latinos have been ignored in these efforts.

Neither group has the level of access to clinical trails that their infection rates warrant. Thus, while clinical trials have provided critical long term care to hundreds of thousands, our communities have been denied these critical resources. As well, our physicians have not had access to the valuable experience of conducting clinical trails.

NIH did implement a limited targeted clinical trails program. However, the efforts are marginal at best. Pharmaceutical companies have done little to address the issue.

Treatment education campaigns are fundamentally geared towards the Gay white community. Efforts to reach communities of color are often afterthoughts.

The much trumpeted protease inhibitors are simply not available within our community. While the major media is close to declaring AIDS over, as a result of theses new drugs, we simply cannot be lulled into believing that our community is fully benefiting from treatments that can cost over $40,000.00. The federal funding regulatory scheme(AIDS Drug Assistance Program-ADAP) gives States too much leadway in determining what drug regimes to reimburse. As a result, many States are not funding access programs. Worst yet, in many States the drug assistance programs are so complex and confusing many within our community cannot take advantage of them. And, most within our community don't know the difference between ADAP and an anti-acid. But, you can rest assured that's not the case in the other communities.

We desperately need assistance in pressuring HHS, NIH, FDA and private sector companies to address these serious oversights. Indeed, as the focus begins to shift to vaccines, we must have Congressional oversight to insure that people of color--domestically and abroad--are not used as "guinea pigs."

Key issues that must be addressed:

- an analysis of federal government research efforts to determine whether they are effectively insuring that communities of color have access to the benefits;
- efforts must be taken to insure that <u>all</u> people with HIV/AIDS have access to life-prolonging treatments;
- minority institutions--hospitals, universities, and medical schools, receive the appropriate level of support from federal research programs; and,

- Congress must insure that people of color, domestically and abroad, do not bear the sole burden of HIV/AIDS vaccine research.

3. **Prevention**

The Centers for Disease Control(CDC) is the primary agency responsible for prevention efforts. NIH has recently begun to play a role in these efforts. State and localities provide small amounts of funding. A large segment of funding for prevention programs also comes from private sector foundations.

Despite knowing for over a decade where HIV was headed, the CDC, public health officials and foundations have been lack luster--at best--in targeting resources toward communities of color. This remains true today.

Legislation authored by Representative Nancy Pelosi(D-CA) in 1994 required the CDC to mandate that local planning councils determine allocation of federal prevention dollars within each local. While some localities have had success in better targeting funds, many people of color organizations still find themselves excluded from the process, and, thus, from the resources. As well, the CDC has not been responsive to the needs of local communities of color in their quest for targeted campaigns and for technical assistance.

Support from foundations continue to flow the traditional AIDS service organizations. Simply put, there is a high degree of racial insensitivity within the world of philanthropy. Black foundation executives are stymied by their own phobias and by their ignorance about HIV/AIDS.

Additionally, right wing radicals have co-opted the debate on prevention education. As a result, effective prevention programs are being impaired. Clear, frank, and honest sex prevention programs work. Language added to the welfare reform bill last year requires States to only fund abstinence based programs in order to receive additional prevention education dollars. Such policies fundamentally guarantee increasing HIV infection rates amongst our adolescents. Study after study demonstrate that abstinence only programs are not only ineffective, but, can be counter-productive.

Community Leadership

While most of the above focuses on the government response to AIDS, it is also critically important that we encourage our ministers, business leaders, schools and colleges, community organizations and all our elected representatives to stand up and lead on this critical issue. Without that level of community support, no health service

organization can survive, and no government program can be effective. Without this leadership, we will certainly not be able to care for the thousands who will be stricken by HIV/AIDS.

African American leaders have virtually ignored HIV/AIDS. We must throw aside the shackles of ignorance, homophobia, and fear, and gasp this window of opportunity to help our communities. We must have organizations such as the NAACP, and the Urban League as partners in this effort. You can't teach computer skills or have economic development if so many are ill, or have the responsibility for care. As well, how can we impart respect for life, family and community, if we are not addressing the community's most pressing problems.

Finally, AIDS will kill more of our family members than any other disease in our life times. If the current projections hold true, these will be mostly people in the prime of their lives. We must have the caliber of the leadership of a Kennedy, Waxman and Pelosi to help our communities respond to this horrid epidemic.

Mr. Cooper serves as a member of the Harvard AIDS Institute's International Advisory Council, a trustee of the International Association of Physicians In AIDS Care, and a board member of GMHC in New York City. He is the former Chair of the Board of AIDS Action Council, the nation's leading HIV/AIDS health policy organization.

He is the founder of **Leading *For* Life**, an effort to increase leadership on HIV/AIDS issues within communities of color. African American leaders attended the fist **Leading *For* Life** meeting in October, 1996 at Harvard University. A Latino **Leading *For* Life** meeting will be held in early 1998. He also founded **Marketing HIV Prevention**, an effort to tap the talents and resources of companies, advertisers and marketers in-order to improve HIV prevention education campaigns targeting gay and minority adolescents.

Mr. Cooper served in the Carter White House as staff assistant to the President for scheduling and advance. He was deputy-chief-of-staff of the Democratic National Committee under the late Ron Brown. Mr. Cooper was the Convention Manager of the 1992 Democratic National Convention.

Currently, Mr. Cooper resides in New York City, and works as a public relations consultant. He is HIV-positive, and in excellent health!

A graduate of Middlebury College, and Georgetown University Law Center, Mr. Cooper is a member of the District of Columbia and Pennsylvania Bars.

HHS NEWS

FOR IMMEDIATE RELEASE
Wednesday, June 16, 1999

Contact: HHS Press Office
(202) 690-6343

HHS ANNOUNCES THREE SITES FOR SPECIAL CRISIS RESPONSE TEAMS TO BATTLE HIV/AIDS IN MINORITY COMMUNITIES

HHS Secretary Donna E. Shalala today announced that Detroit, Philadelphia and Miami will be the first of 11 U.S. metropolitan areas to receive special technical assistance from federal teams of experts to help combat the spread of HIV/AIDS among racial and ethnic minority populations.

Beginning this month, HHS will send special teams of experts known as Crisis Response Teams into the three cities for eight to 10 weeks. The Crisis Response Teams will meet with local officials, public health personnel and community-based organizations that work with racial and ethnic minority persons living with HIV/AIDS and help them develop targeted strategies to curb the rapid spread of HIV/AIDS among minority populations in their communities.

"We're going into these communities at their invitation as partners to offer our assistance and expertise," said Secretary Shalala. "Our interest is in helping people who are already getting good results in tough situations do even better. Further targeting our interventions could save lives."

This effort is part of an HHS joint venture with the Congressional Black Caucus (CBC) and other members of Congress to combat the disproportionate impact of HIV/AIDS in African-American, Hispanic and other racial and ethnic minority communities. In October 1998, the Clinton Administration committed $156 million in additional resources to combat HIV/AIDS in racial and ethnic minority communities hardest hit by this disease. Crisis Response Teams are an integral part of that effort.

"Each community is different. But the vast experience among Crisis Response Team members in dealing with HIV/AIDS at the local level should help the various communities identify challenges and tap into their own unique resources," said Surgeon General David Satcher. "Together, we can target the best approach for reaching their respective minority groups who have HIV/AIDS."

HHS targeted cities with the largest minority populations affected by HIV/AIDS. To be eligible for this assistance, cities had to have populations of at least 500,000 persons and at least 1,500 African-American or Hispanic persons living with HIV/AIDS. Also, these minority groups had to account for at least 50 percent of the community's HIV/AIDS cases. Once a city qualified under these criteria, the chief elected official in that community had to request that HHS dispatch a Crisis Response Team.

Other communities currently scheduled to receive help from Crisis Response Teams include Atlanta; Baltimore; Chicago; Los Angeles; New Haven/Bridgeport/Danbury/Waterbury, Conn.; Newark, N.J.; Washington, D.C.; and West Palm Beach/Boca Raton, Fla.

The teams' overall goal is to reduce HIV/AIDS morbidity and mortality among minorities. Following their intensive work with each locality, the teams will work in partnership with the local community to produce a final report with an assessment of the local epidemic among minorities, including endemic local challenges and targeted strategic advice in the form of an action plan.

Crisis Response Teams will be comprised of experts from HHS' Centers for Disease Control and Prevention, the Substance Abuse and Mental Health Services Administration, Health Resources and Services Administration, the National Institutes of Health, and the HHS Office of HIV/AIDS Policy.

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Note: HHS press releases are available on the World Wide Web at: http*://www.hhs.gov.*

HHS FACT SHEET

June 16, 1999

Contact: HHS Press Office
(202) 690-6343

HHS: Addressing HIV/AIDS
Among Urban Minority Communities

Overview: On October 28, 1998, President Clinton, Health and Human Services (HHS) Secretary Donna E. Shalala and Surgeon General David Satcher unveiled a strategy to enhance federal efforts to fight HIV/AIDS in America's urban minority communities in response to the worsening, disproportionate impact of the disease in these populations. The strategy unveiled at the White House with the Congressional Black Caucus and other members of Congress focused on a special $156 million package woven into the existing FY 1999 budget for these efforts.

An integral part of the strategy includes HHS employing a form of technical assistance called Crisis Response Teams. These multidisciplinary teams will go into individual communities where racial and ethnic minority populations are hardest hit by HIV/AIDS. The teams will work as partners with local officials, public health personnel and minority community-based organizations to help them address their minority HIV/AIDS situation and develop new strategies to increase the effectiveness of their prevention and treatment efforts to reduce HIV/AIDS.

Experts helping experts

In many cases, local communities have found ways to address the HIV/AIDS problem at large, but targeting issues specific to minority populations can be particularly challenging. Crisis Response Teams are being formed with experts from HHS' Centers for Disease Control and Prevention (CDC), the Substance Abuse and Mental Health Services Administration (SAMHSA), the Health Resources and Services Administration (HRSA), the National Institutes of Health (NIH), and the HHS Office of HIV/AIDS Policy. They will offer external perspective and expertise.

Each community is required to form a Community Advisory Committee to work in tandem with the Crisis Response Team. The advisory committee will be comprised of representatives from local policy and planning bodies, leaders of community-based organizations that work with indigenous minority populations, community representatives, and local persons living with HIV/AIDS who are representative of the disease's demographics in minority communities.

HHS estimates that in most instances, the process can be completed -- from initial consultation with local elected leadership to submission of an action plan and final report -- within 10 weeks. Communities will incur no cost for the Crisis Response Team's assistance; however, a city's participation in this technical assistance initiative will not result in any additional federal funding for their local HIV/AIDS-related programs.

HHS will provide training and expert professional technical assistance with existing personnel and will cover the cost of field data collection operations, estimated at $24,000 per community. The HHS agencies with key roles in HIV/AIDS programs or services will share this expense.

Targeting Communities Hardest Hit

HHS determined 16 communities that had large minority populations affected by HIV/AIDS were eligible for this assistance. The three inaugural sites for Crisis Response Teams are Detroit, Miami and Philadelphia.

The teams will visit several of the remaining eligible communities by early 2000. They include: Atlanta; Baltimore; Chicago; Los Angeles; Newark, N.J.; New Haven/Bridgeport/ Danbury/Waterbury, Conn.; Washington, D.C.; and West Palm Beach/Boca Raton, Fla.

Additionally, Ft. Lauderdale, Houston, New York City, Jersey City, N.J. and San Juan, Puerto Rico were deemed eligible but have not yet requested HHS assistance. It is possible that similar types of assistance may be extended to other communities at a later date.

Evaluating the Severity of the Situations

The eligibility criteria used to determine which cities qualified for this Rapid Assessment and Response technical assistance included:

- Populations of at least 500,000 persons;
- At least 1,500 African-American or Latino persons (combined) living with HIV/AIDS;
- and African-American and Hispanics accounting for at least 50 percent of the total community HIV/AIDS cases.

Once qualified, the chief elected official in that community had to request that HHS dispatch a Crisis Response Team.

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