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Subgroup/Office of Origin: National AIDS Policy Office
Series/Staff Member: Kristine Gebbie
Subseries:

OA/ID Number: 3772
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Folder Title:
Meeting with David Barry 11/19/93

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WEST VIRGINIA DEPARTMENT OF HEALTH & HUMAN RESOURCES
OFFICE OF THE SECRETARY
Capitol Complex, Building 3, Room 206, Charleston, WV 25305

FAX Transmittal

Telephone: (304) 558-0684
Return FAX: (304) 558-1130

Date: 11-9-93

To: Office of the National AIDS Policy Coordinator

Attention: John Gurrola

Fax Number: (202) 632-1096

Number of Pages (including this page): 4

From:

Name: John Chandler

Title: Special Assistant for Telecommunications

Telephone: (304) 558-8888

Comment: John,

Directions to WGBH studio
at Harvard University, for the
November 22 teleconference. The
teleconference begins at 1:30 pm. Ms Gebbie
should be at the studio by 1:15 pm.

OCT 19 '93 02:33PM G B H PRODUCTION G BH PROD

P.1

Fax Cover Sheet

sent to Tom WISE at ED-NETfax # (304) 766-3303 date 10/19 time 2³⁰sent by JANE PIKOR fax # (617) 864-6096this is page 1 of 3 page(s)

call 617 492 2777 ext _____ if there is a problem with this transmittal

125 Western Avenue
Boston, MA 02134

Notes

- ① DIRECTIONS to WGBH
- ② GUEST SHOULD GO TO
BUILDING 114 - INSERT SUITE

DIRECTIONS TO WGBH

FROM THE SOUTH SHORE

- Take Route 3 North to the Expressway
- Take the Mass Pike exit (extension West) off the Expressway
- Take the Cambridge/Allston exit off the Mass Pike
- Take the Allston turnoff and follow the road as it winds around to the second set of light (Merit Gas Station on the right)
- Take a right onto North Harvard Street at the Merit Gas Station and follow the road as it winds to the first set of lights (Dunkin Donuts on the left, 7-Eleven on the right)
- Take a right onto Western Avenue and follow to the white concrete buildings on either side of the street (connected by a bridge)
- The visitor parking lot is on the left (directly before the white concrete building)
- The building on the left is 125 Western Avenue
- The building on the right is 114 Western Avenue

FROM THE NORTH SHORE

- Take Route 93 South or the Mystic River Bridge or the Callahan Tunnel to the Southeast Expressway into Boston
- Take the Mass Pike exit (extension West) off the Southeast Expressway
- Take the Cambridge/Allston exit off the Mass Pike
- Take the Allston turnoff and follow the road as it winds around to the second set of lights (Merit Gas Station on the right)
- Take a right onto North Harvard Street at the Merit Gas Station and follow the road as it winds to the first set of lights (Dunkin Donuts on the left, 7-Eleven on the right)
- Take a right onto Western Avenue and follow to the white concrete buildings on either side of the street (connected by a bridge)
- The visitor parking lot is on the left (directly before the white concrete building)
- The building on the left is 125 Western Avenue
- The building on the right is 114 Western Avenue

OR

- Take Route 93 south or the Mystic River Bridge to Storrow Drive
- Take Storrow Drive West toward Newton
- Take the Central Square/Mass Pike exit off Storrow Drive and follow to the second set of lights
- Take a left onto Western Avenue at the second set of lights and follow to the white concrete buildings on either side of the street (connected by a bridge)
- The visitor parking lot is on the right (directly after the white concrete building)
- The building on the right is 125 Western Avenue
- The building on the left is 114 Western Avenue

FROM WESTERN MASSACHUSETTS

- Take the Mass Pike to Boston
- Take the Cambridge/Allston exit off the Mass Pike (next to the last exit)
- Take the Allston turnoff and follow the road as it winds around to the second set of lights (Merit Gas Station on the right)
- Take a right onto North Harvard Street at the Merit Gas Station and follow the road as it winds to the first set of lights (Dunkin Donuts on the left, 7-Eleven on the right)
- Take a right onto Western Avenue and follow to the white concrete buildings on either side of the street (connected by a bridge)
- The visitor parking lot is on the left (directly before the white concrete building)
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FROM LOGAN AIRPORT

- Follow signs from the airport to Boston
- Take the Sumner Tunnel
- Take Route 93 North - take the second exit (Storrow Drive)
- Follow Storrow Drive to the Cambridge Street Exit, at the lights take a left at Western Avenue and follow to the white concrete buildings on either side of the street (connected by a bridge)
- The visitor parking lot is on the left (directly before the white concrete building)
- The building on the left is 125 Western Avenue
- The building on the right is 114 Western Avenue



STATE OF WEST VIRGINIA
DEPARTMENT OF HEALTH AND HUMAN RESOURCES

Gaston Caperton
Governor

September 27, 1993

Ms. Kristine Gebbie
AIDS Czar
National AIDS Program Officer
HHS Building
200 Independence Avenue, S.W.
Room 729-H
Washington, D.C. 20201

Dear Ms. Gebbie:

I would like to thank you for accepting our invitation to participate in the West Virginia Department of Health and Human Resources' teleconference, "The Challenge of HIV-AIDS in Rural America", Monday, November 22, 1993, 1:30 - 3:30 p.m., Eastern time. Joining you on the program will be David E. Berry, Dr.P.H., Professor and Chair Department of Health Care Administration, College of Health Sciences, University of Nevada, Las Vegas. Ms. Loretta Haddy, Director, Office of Surveillance and Disease Control, will serve as program moderator.

The teleconference will focus on issues that relate specifically to HIV-AIDS in the rural areas. We would like the teleconference to provide practical solutions to overcoming barriers such as common denial, isolation, access to health care services, and confidentiality.

I have already spoke with John Gurnola from your staff. He and I can work out the details of your presentation, as well as your travel arrangements.

Dr. Berry will be sharing his findings based upon his research conducted in Iowa, New Mexico, South Carolina and Florida.

Again, I would like to thank you for accepting our invitation.

Sincerely,

A handwritten signature in cursive script that reads "John F. Chandler".

John F. Chandler
Special Assistant for
Telecommunications

CARL L. INOUE, HAWAII
ERNEST F. HOLLINGS, SOUTH CAROLINA
J. BENNETT JOHNSTON, LOUISIANA
PATRICK J. LEAHY, VERMONT
JIM SASSER, TENNESSEE
DENNIS DECONCINI, ARIZONA
DALE BUMPERS, ARKANSAS
FRANK R. LAUTENBERG, NEW JERSEY
TOM HARKIN, IOWA
BARBARA A. MIKULSKI, MARYLAND
HARRY REID, NEVADA
J. ROBERT KERREY, NEBRASKA
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PATTY MURRAY, WASHINGTON
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CONNIE MACK, FLORIDA
CONRAD BURNS, MONTANA

United States Senate

COMMITTEE ON APPROPRIATIONS
WASHINGTON, DC 20510-6025

JAMES H. ENGLISH, STAFF DIRECTOR
J. KEITH KENNEDY, MINORITY STAFF DIRECTOR

July 14, 1993

Ms. Kristine Gebbie
AIDS Czar
National AIDS Program Officer
HHS Building
200 Independence Avenue, S.W.
Room 729-H
Washington, D.C. 20201

Dear Ms. Gebbie:

Please find enclosed a copy of the letter sent to you by Ruth Ann Panepinto, Ph.D., Secretary of the West Virginia Department of Health and Human Resources, inviting you to participate in a teleconference entitled "AIDS Surveillance and Evaluation in Rural States". The teleconference is scheduled for Thursday, October 21, 1993.

Any appropriate consideration you can give to this invitation will be appreciated.

With kind regards, I am

Sincerely yours,

Robert C. Byrd
Robert C. Byrd

RCB:km

Filed 21st



STATE OF WEST VIRGINIA
DEPARTMENT OF HEALTH AND HUMAN RESOURCES

Gaston Caperton
Governor

July 9, 1993

Ms. Kristine Gebbie
AIDS Czar
National AIDS Program Officer
HHS Building
200 Independence Avenue, S.W.
Room 729-H
Washington, D.C. 20201

Dear Ms. Gebbie:

I would like to invite you to participate in a live interactive video satellite teleconference, "AIDS Surveillance and Evaluation in Rural States", Thursday, October 21, 1993, 1:00 - 3:00 p.m. Eastern Standard Time. This national teleconference, which is sponsored by the West Virginia Department of Health and Human Resources, will focus on the dilemma HIV/AIDS creates for the healthcare system in rural settings. West Virginia, like many other rural states, faces problems of an effective reporting system as well as problems with providing medical and social services to persons having HIV/AIDS symptoms.

The Planning Committee for the teleconference believes your participation in the program will add special insight. If you are able to accept this invitation, the Planning Committee would like for you to discuss the national policy on providing services and programs for AIDS victims residing in rural areas of the country. What are the challenges facing states that have significant rural populations? The length of your comments and format, either lecture or responding to questions, can be discussed at a later date based on your preference. Loretta Haddy, Director of the Departments' Office of Surveillance and Disease Control will host the program.

The teleconference will be broadcast from the facilities of the West Virginia Educational Network located at West Virginia State College, Institute, West Virginia. The college is approximately 12 miles from the State Capitol in Charleston. In West Virginia, the teleconference will be viewed at 35 locations

Page two

statewide with an anticipated audience of 500. In previous national teleconferences sponsored by the West Virginia Department of Health and Human Resources, we have had up to 25 states and territories participating.

If your schedule does not permit you to travel to Charleston, alternative arrangements can be made. You can still participate via satellite. We can identify a satellite uplink facility in the Washington, D.C. area or almost anywhere else in the country. The technical arrangements can be worked out by your office and my Department's Office of Communications.

I hope that you will have the opportunity to participate in the "AIDS Surveillance and Evaluation in Rural States" teleconference. The Fall in West Virginia is absolutely glorious. I would enjoy the opportunity to welcome you to West Virginia.

If you have any questions about the technical aspects of the teleconference, please contact Ann Garcelon or John Chandler, Office of Communications, at (304) 558-0684.

Sincerely,

A handwritten signature in cursive script, appearing to read "Ruth Ann Panepinto".

Ruth Ann Panepinto, Ph.D.
Secretary

cc: The Honorable Robert Byrd
The Honorable John D. Rockefeller, IV



WEST VIRGINIA DEPARTMENT OF HEALTH & HUMAN RESOURCES
OFFICE OF THE SECRETARY
Capitol Complex, Building 3, Room 206, Charleston, WV 25305

FAX Transmittal

Telephone: (304) 558-0684

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Date: 11-18-93

To: Office of National AIDS Policy Coordinator

Attention: John Gurrola

Fax Number: (202) 632-1098

Number of Pages (including this page): 42

From:

Name: John Chandler

Title: Special Assistant For Telecommunications

Telephone: (304) 558-8888

Comment: _____

Dr. David Berry's presentation for
Monday's (Nov. 22) teleconference.

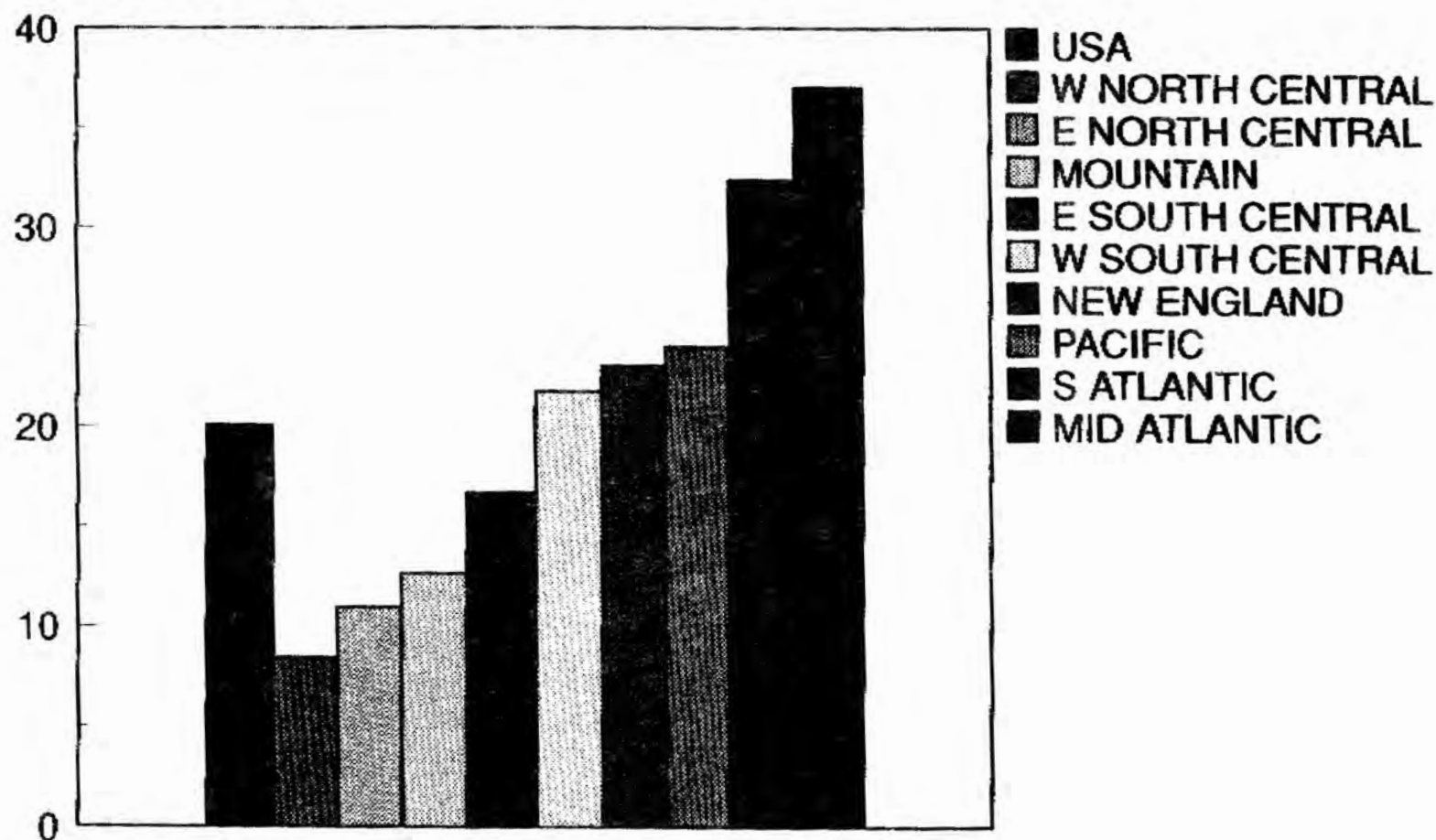
GROWTH OF RURAL AIDS

- 6.0 PERCENT OF ALL HIV CASES ARE NON-METROPOLITAN
- 9.4 PERCENT INCREASE IN RURAL AIDS CASES (1991-1992)
 - 3.3 PERCENT INCREASE - MSA 50,000 TO 500,000
 - 3.1 PERCENT INCREASE - MSA 500,000 AND ABOVE

CENSUS DIVISION	RURAL AIDS CASES AS OF 4-92	1990 POPULATION (IN 1,000S)	RATE PER 100,000	PREVALENCE RANKING
<i>Mountain</i>	564	4,480	12.59	LOW
<i>New England</i>	601	2,609	23.04	MEDIUM
<i>West North Central</i>	633	7,528	8.41	LOW
<i>Pacific</i>	884	3,648	24.00	MEDIUM
<i>East North Central</i>	1,035	9,452	10.95	LOW
<i>East South Central</i>	1,109	6,663	16.64	MEDIUM
<i>Middle Atlantic</i>	1,262	3,409	37.02	HIGH
<i>West South Central</i>	1,541	7,089	21.74	MEDIUM
<i>South Atlantic</i>	3,594	11,106	32.36	HIGH
<i>U.S.A.</i>	11,223	55,984	20.05	

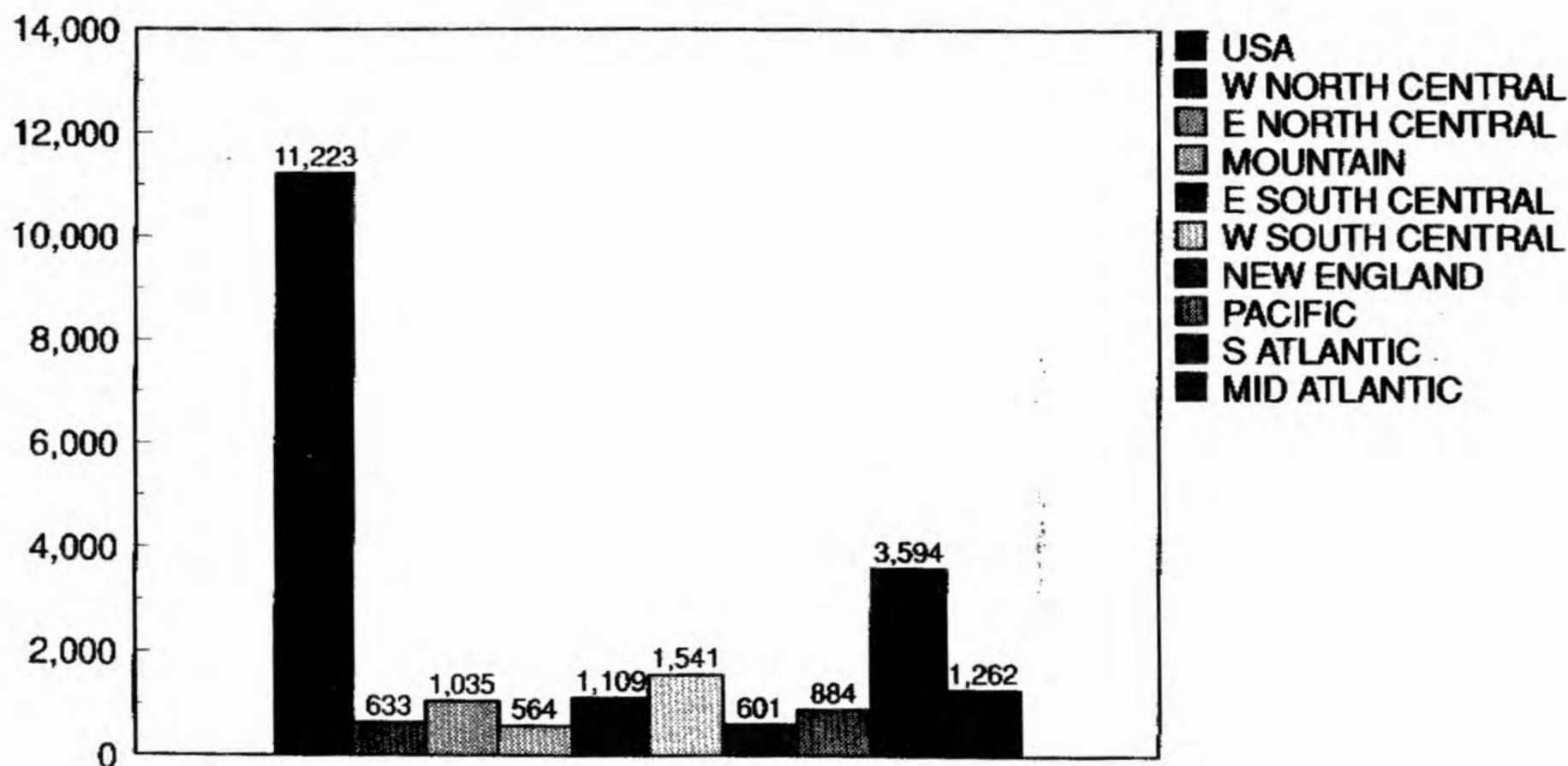
Cumulative Prevalence Per 100,000 of Rural (NON MSA) AIDS Cases

Rate per 100,000



3A

Rural AIDS Cases as of 4-92



3B

METHODOLOGY

1. REVIEWS OF SECONDARY DATA

- RURAL HIV LITERATURE
- HRSA PLANNING GRANTS AND SPECIAL
PROJECTS OF NATIONAL SIGNIFICANCE

2. REGIONAL MEETINGS - MOUNTAIN AND SOUTH ATLANTIC CENSUS DIVISIONS

- TITLE II RYAN WHITE STATE COORDINATOR
- RURAL INDIVIDUAL ACTIVE IN NETWORK
DEVELOPMENT

3. SITE SELECTIONS

- SOUTHEAST IDAHO
- SOUTHEAST NEW MEXICO
- TREASURE COAST AREA FLORIDA
- EDISTO AREA SOUTH CAROLINA

4. PROTOCOL DEVELOPMENT

5. SITE VISITS

- STATE
- LOCAL AREAS

MAJOR QUESTIONS ADDRESSED

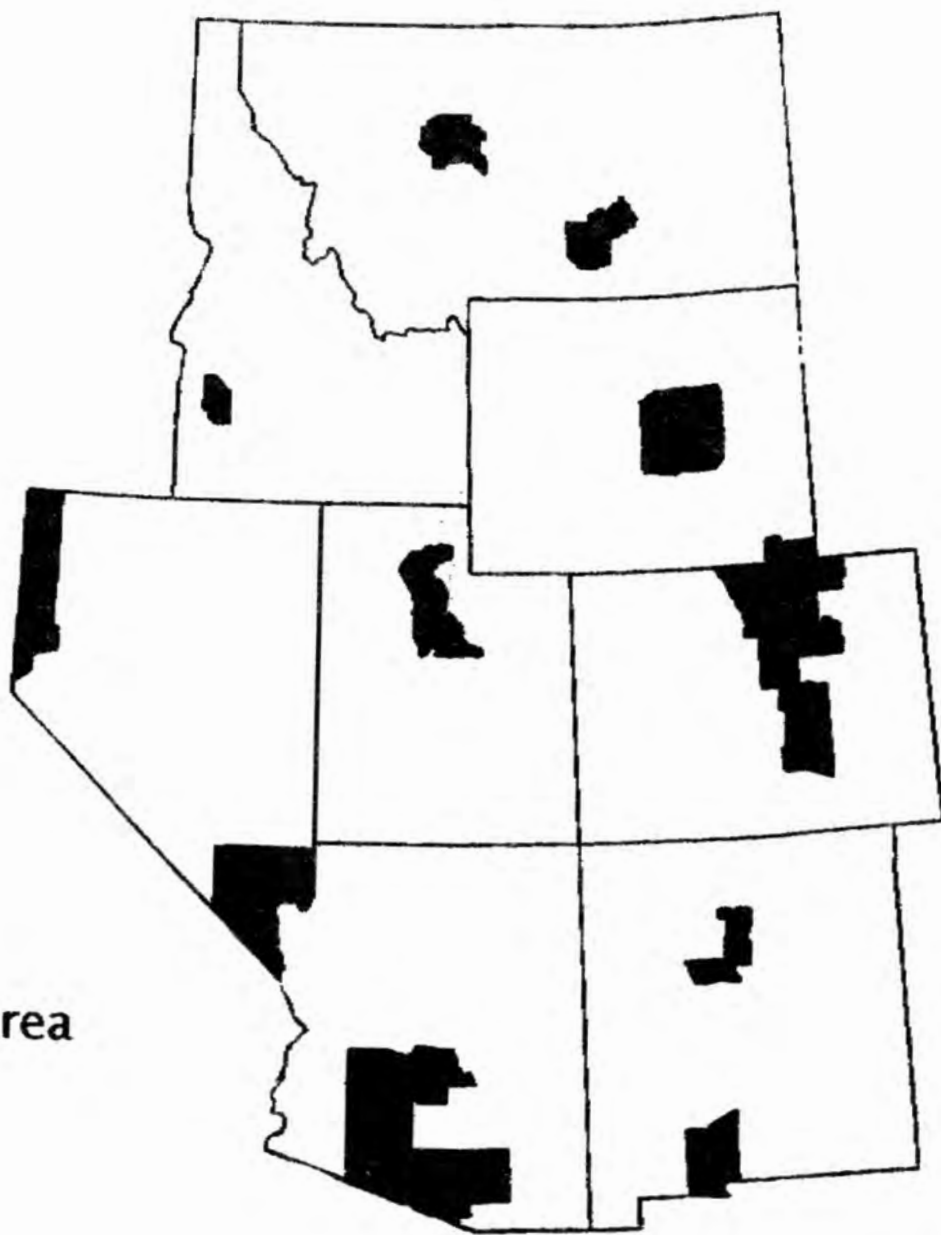
- 1. WHAT CHARACTERIZES THE RURAL ENVIRONMENTS
IN WHICH HIV SERVICE NETWORKS ARE DEVELOPING?**
- 2. WHAT ARE THE PATTERNS OF HIV SERVICE
NETWORKS THAT ARE EVOLVING IN VARIOUS
SETTINGS?**

3. WHAT ARE THE BARRIERS AND SUPPORTS FOR CARE
IN VARIOUS SETTINGS INCLUDING GAPS IN CARE?
4. WHAT ROLES ARE RYAN WHITE TITLE II GRANTS
PLAYING IN THE DEVELOPMENT OF RURAL HIV
NETWORKS AND HOW MIGHT THIS CHANGE IN THE
FUTURE?

MOUNTAIN

Arizona
Colorado
Idaho
Montana
Nevada
New Mexico
Utah
Wyoming

■ Metropolitan Statistical Area



SOUTH ATLANTIC

Delaware

District of Columbia

Florida

Georgia

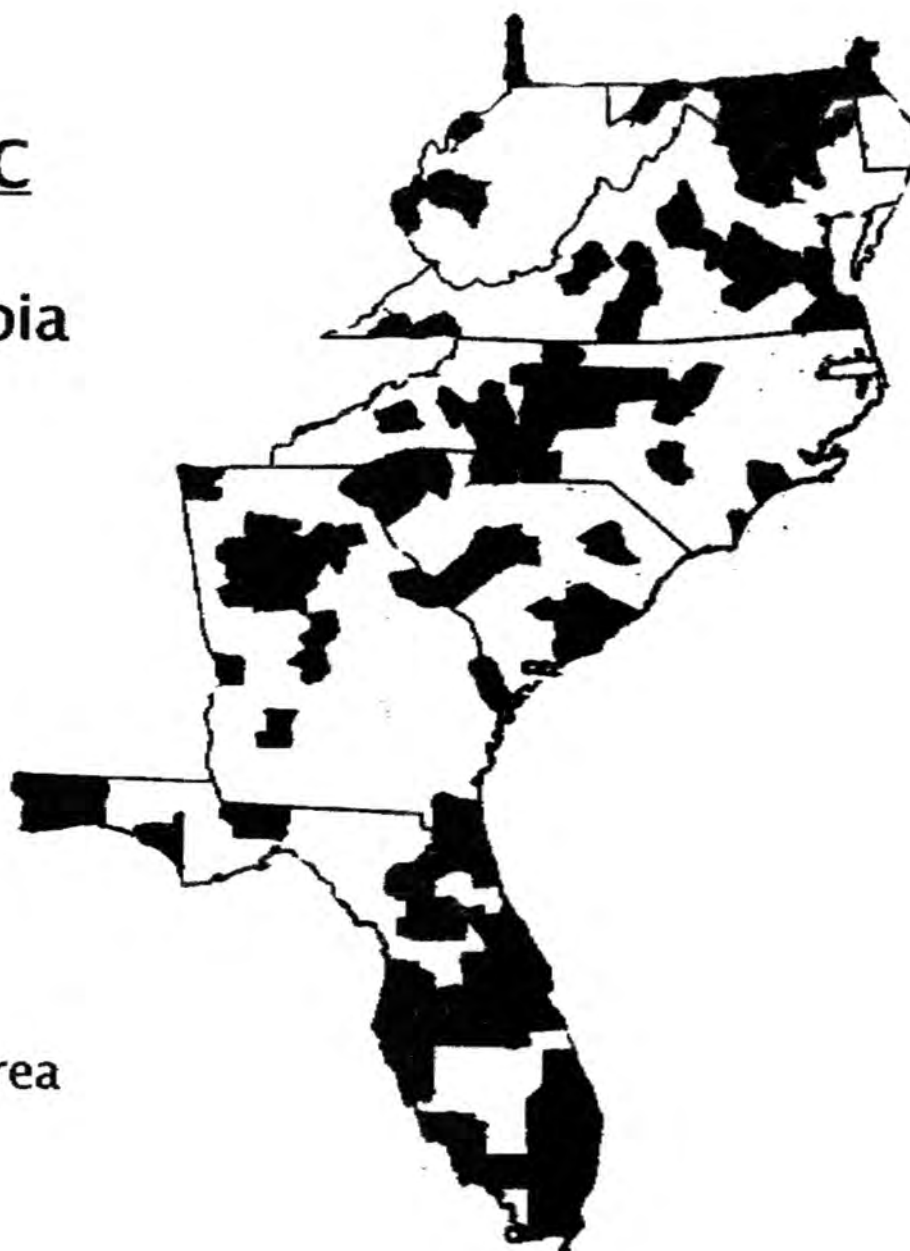
Maryland

North Carolina

South Carolina

Virginia

West Virginia



Metropolitan Statistical Area

OPERATIONAL DEFINITIONS

HIV SERVICE NETWORK - A COLLECTIVITY OF
INTERACTING ORGANIZATIONS, GROUPS OR PERSONS
THAT PARTICIPATE IN THE PROVISION OF HIV SERVICES
IN A SPECIFIC RURAL AREA

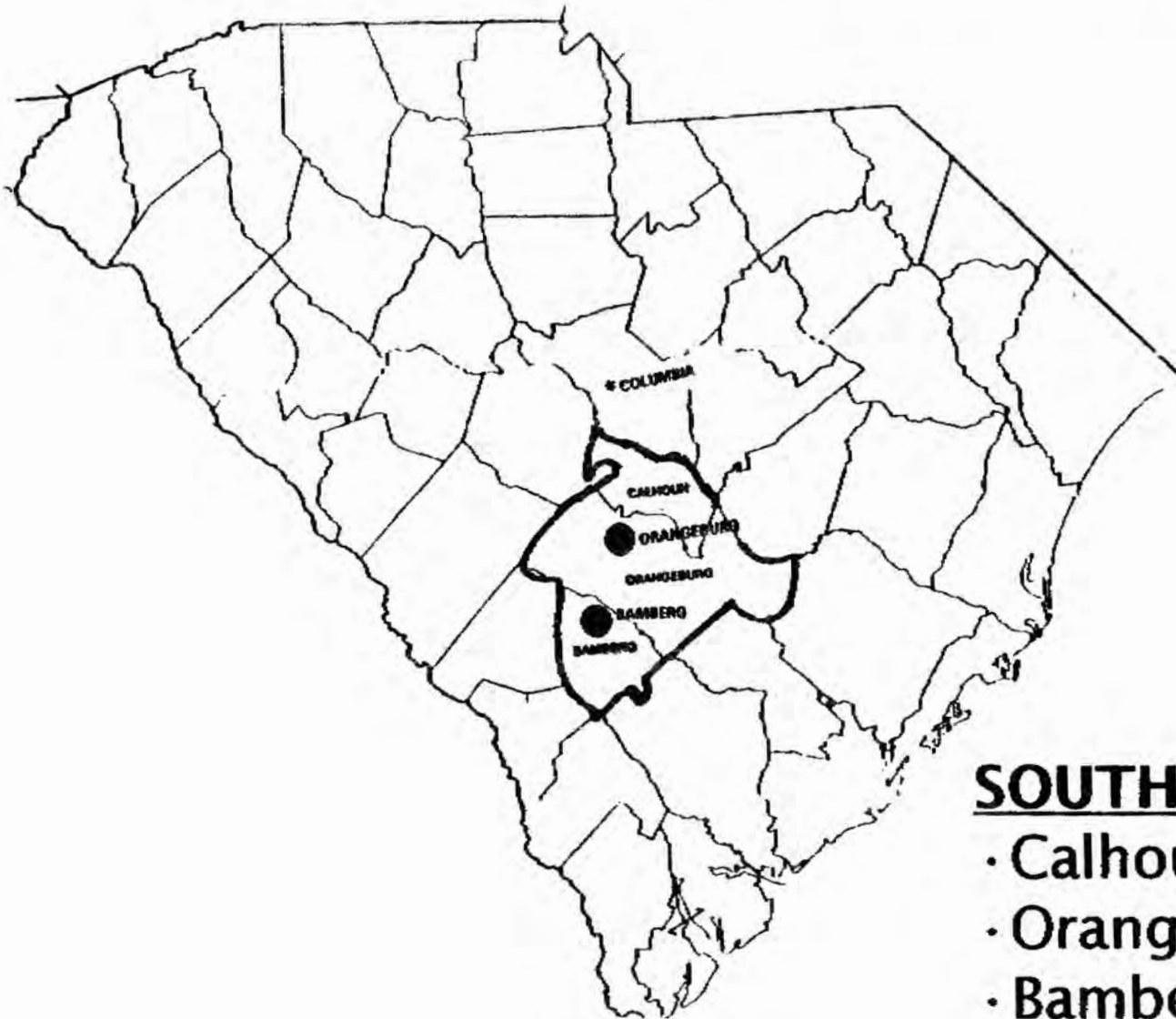
**DEGREES OF RURALITY BASED
ON
NON-MSA DESIGNATIONS**

FRONTIER RURAL (< 6 PERSONS PER SQUARE MILE)

CORE RURAL (> 6 PERSONS PER SQUARE MILE)

MIXED URBAN (MSA) AND RURAL (NON-MSAs)

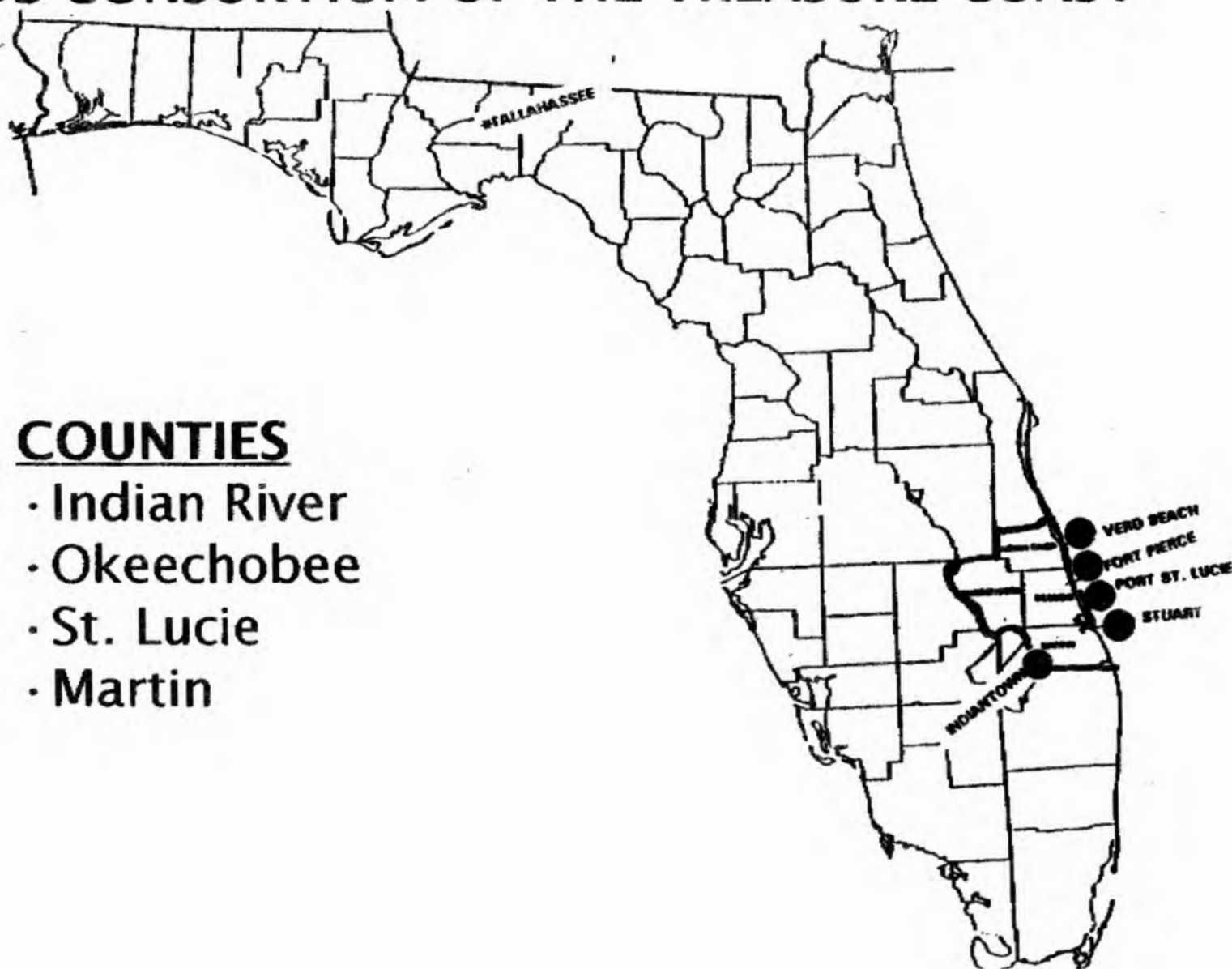
EDISTO AIDS CONSORTIUM



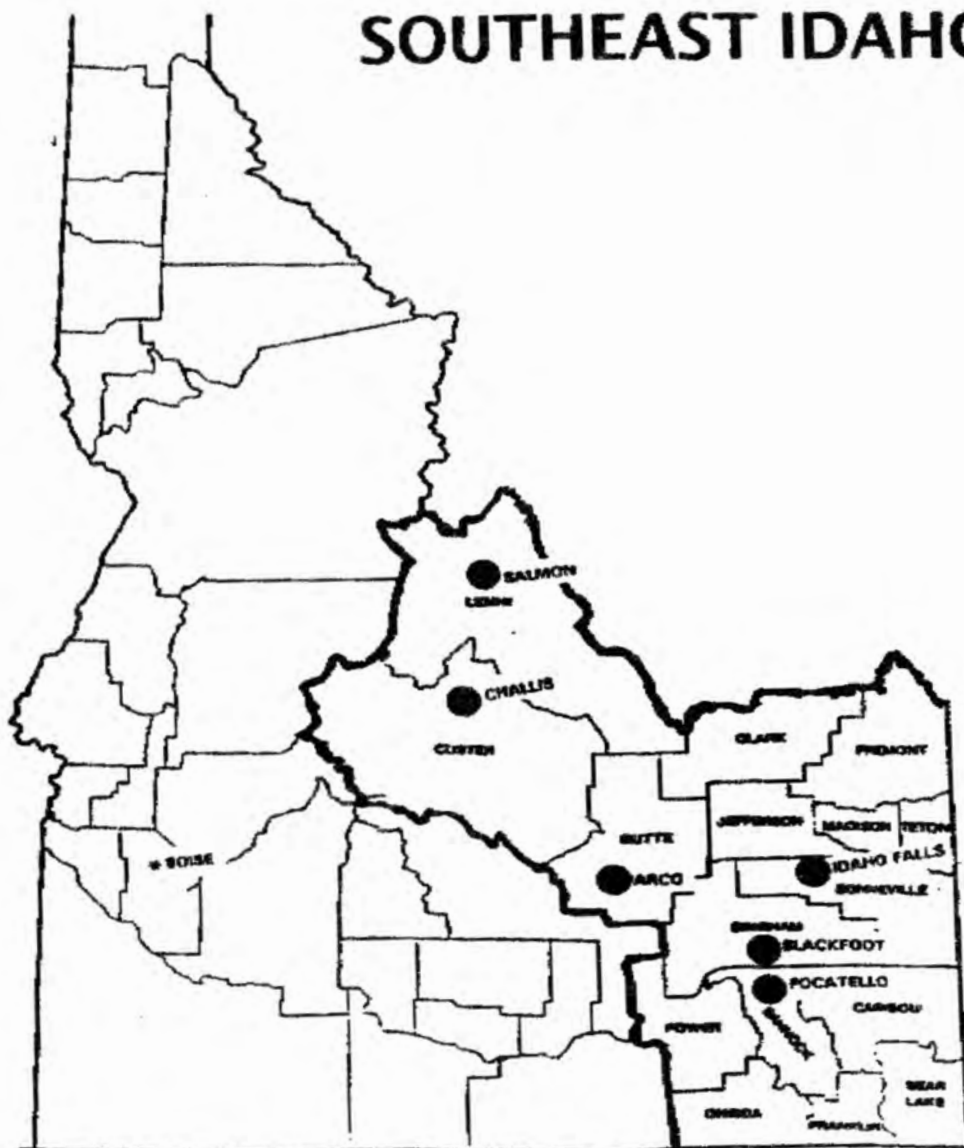
SOUTH CAROLINA

- Calhoun County
- Orangeburg County
- Bamberg County

AIDS CONSORTIUM OF THE TREASURE COAST



SOUTHEAST IDAHO COALITION



COUNTIES

- Lewhi
- Custer
- Butte
- Clark
- Fremont
- Jefferson
- Madison
- Franklin
- Teton
- Bonneville
- Bingham
- Power
- Banhock
- Caribou
- Bear Lake
- Oneida

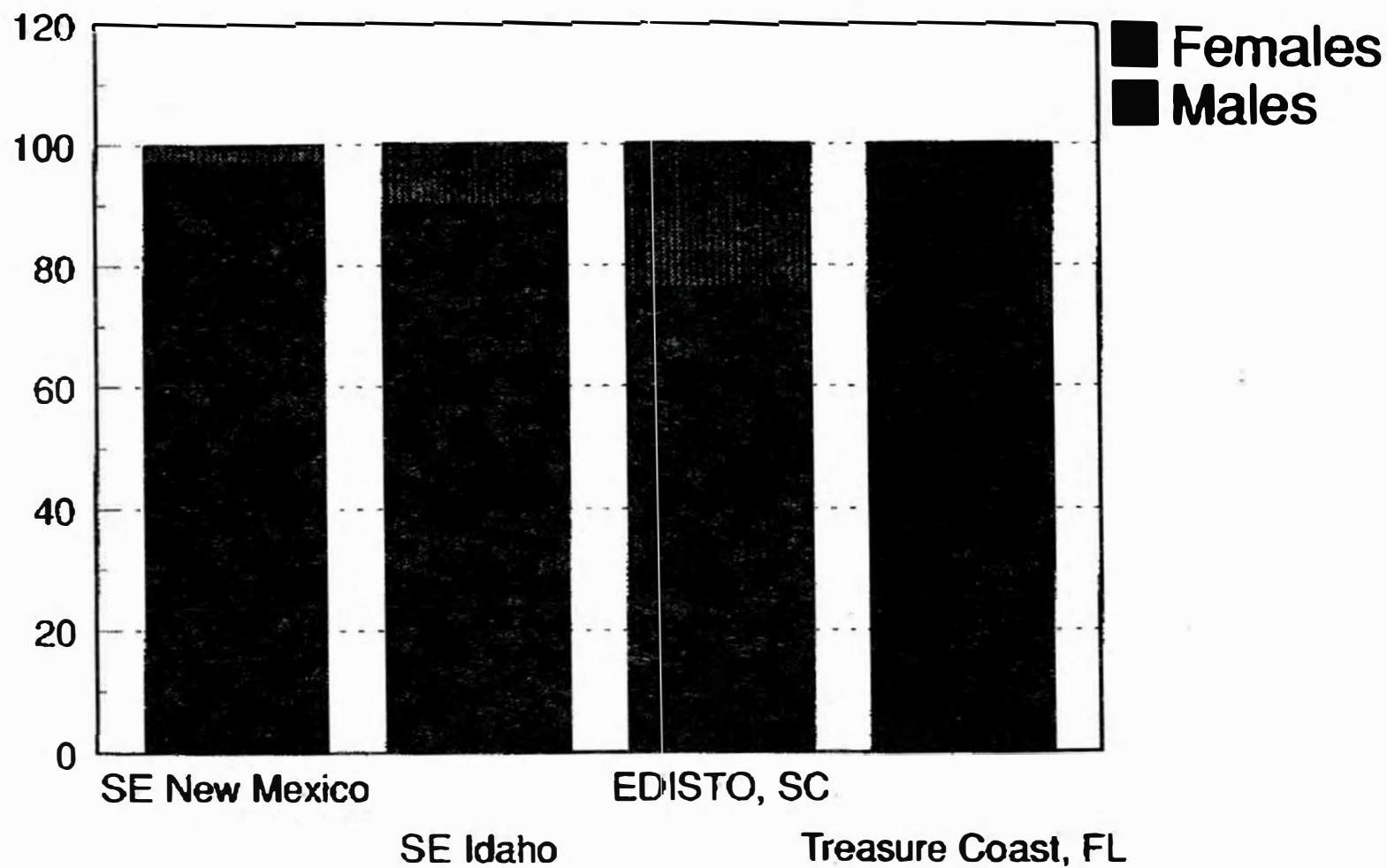
Degree of Rurality of Four HIV Service Areas

SOUTHEAST NEW MEXICO	SOUTHEAST IDAHO	EDISTO SO. CAROLINA	TREASURE COAST FLORIDA
Population: 255,816	Population: 277,978	Population: 114,458	Population: 380,738
10 Counties	16 Counties	3 Counties	4 Counties
			2 MSA
5 Core Rural	8 Core Rural	3 Core Rural	5 Core Rural
5 Frontier	8 Frontier		
NON-MSA	NON-MSA	NON-MSA	MIXED MSA & NON-MSA

Most Rural

Least Rural

AIDS Risks Categories by HIV Service Area



RISK CATEGORIES

TYPE I - ACTIVE BEHAVIOR

A - MEN WHO HAVE SEX WITH MEN. A MAJORITY IS
OPERATIONALIZED AS AT LEAST 50%

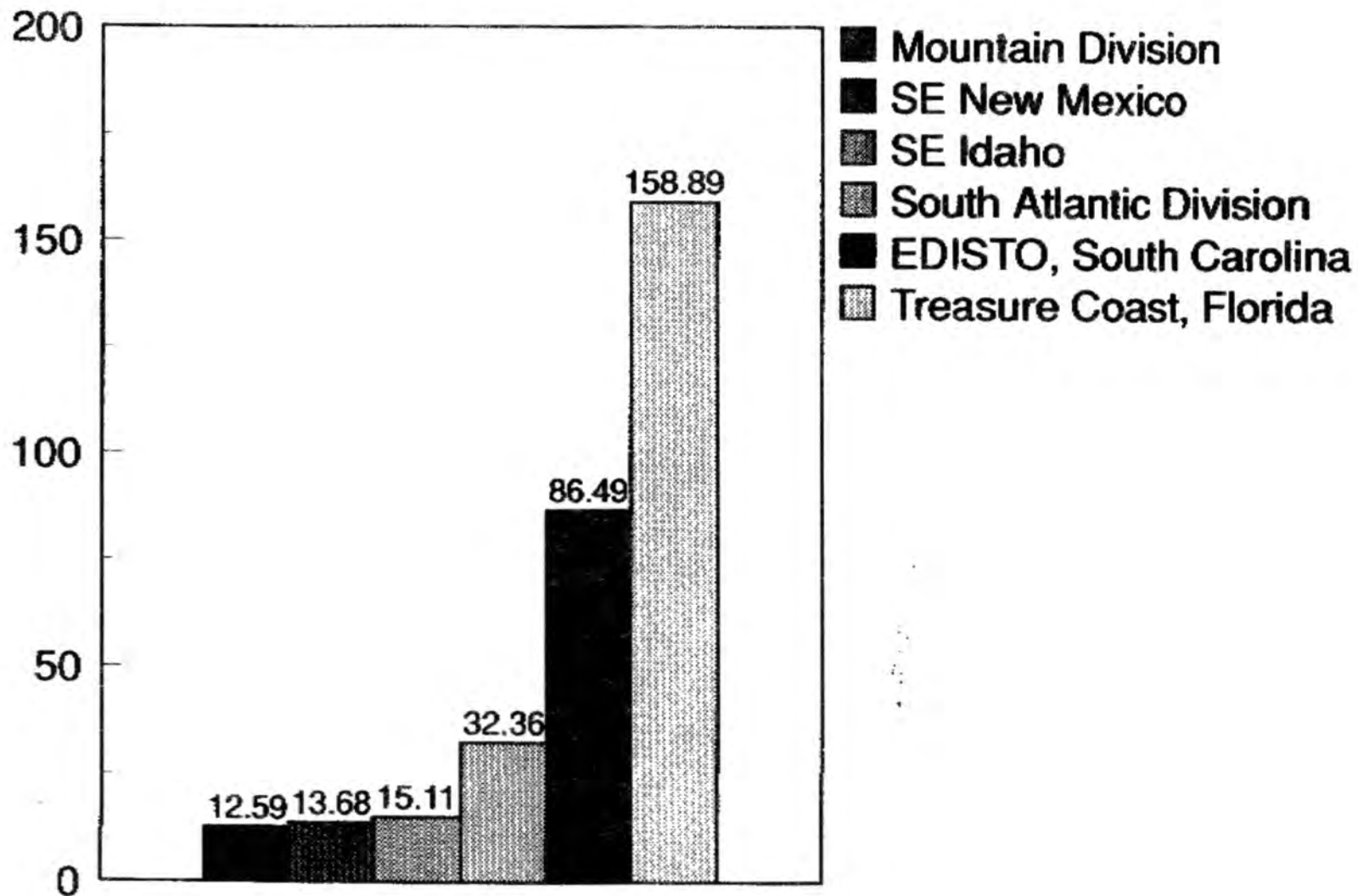
B - SUBSTANCE ABUSERS. IV DRUG USERS, MEN
WHO HAVE SEX WITH MEN AND INJECT DRUGS, HETEROSEXUAL
CONTACTS (INCLUDING PARTNERS OF IV DRUG USERS AND
WOMEN WHO EXCHANGE SEX FOR CRACK)

TYPE II - PASSIVE BEHAVIOR

IV TRANSFUSION, HEMOPHILIA

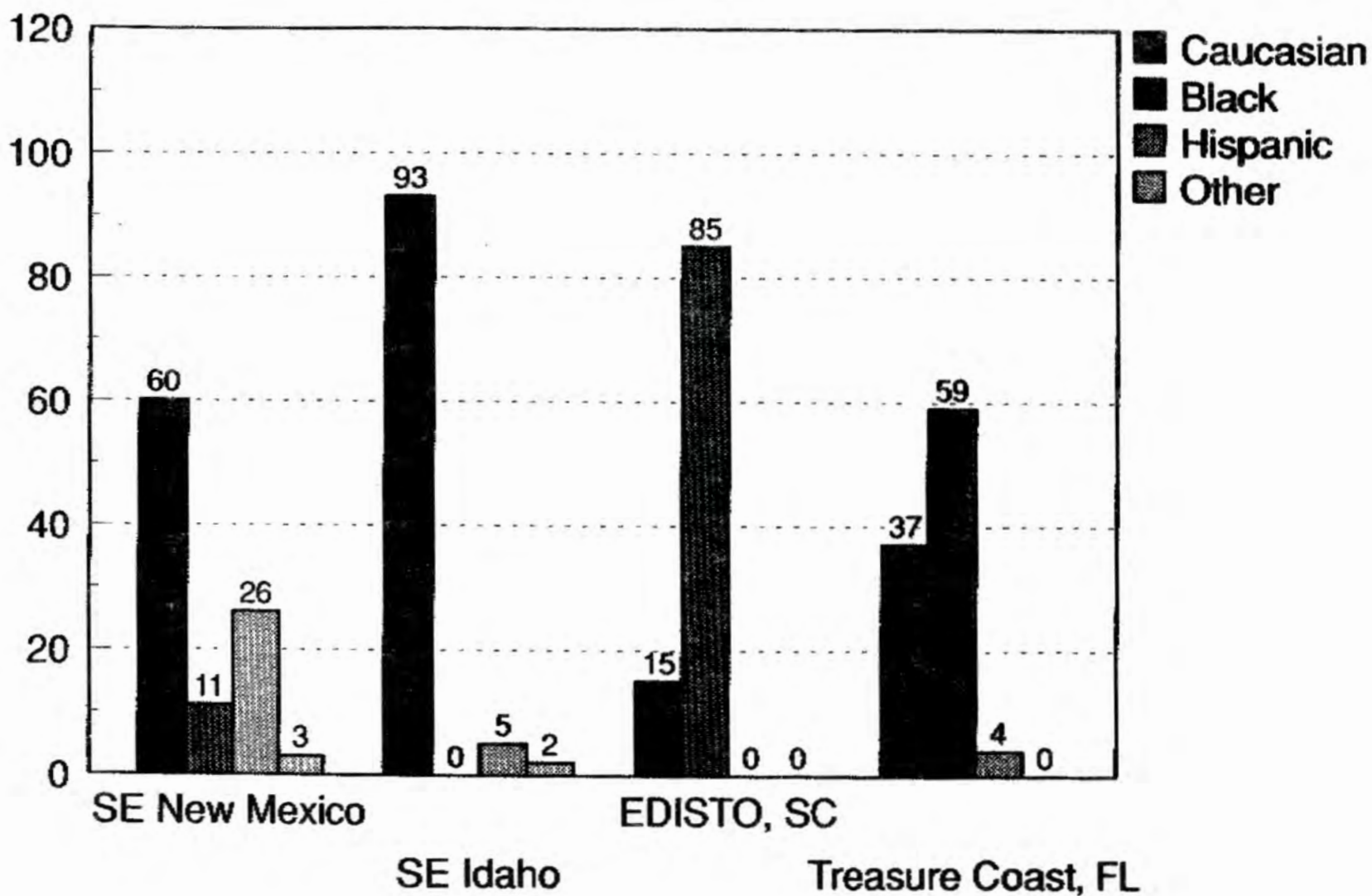
AIDS Prevalence in Four Sites

Per 100,000



19A

AIDS Risks Categories by HIV Service Area



19 B

Strategies & Sources of Funds for Rural HIV Networks

Characteristic	Southeast Idaho	Southeast New Mexico	EDISTO South Carolina	Treasure Coast Florida
<i>Strategy (Implicit or Explicit)</i>	Private Sector Market Based	Decentralized State Reports with Local Providers	Local Based Integrated Public Health Clinic & Coordinated Other Services	Pluralistic with Community Health Center and Case Management Agency as Major Providers
<i>Sources of Revenue</i>	No AIDS Specific State or Ryan White Funds	Extensive AIDS Specific State & Ryan White Funds (Title II and III)	Moderate AIDS Specific State & Ryan White Funds	Extensive AIDS Specific State & Ryan White Funds

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Characteristics of Funds for Rural HIV Networks

Characteristic	Southeast Idaho	Southeast New Mexico	EDISTO South Carolina	Treasure Coast Florida
<i>Major Providers of Primary Care</i>	Private Sector (ID Specialist informally supports family physician)	Early Intervention by Public Health Private Sector with University Medical Center Linkage	Public Health Clinic in cooperation with Private Physicians	Community Health Center (nurse practitioners backed by ID specialists), with growing contributions of some public health departments
<i>Secondary & Tertiary Care</i>	Locally available in several population centers	Locally available in several population centers	Locally available primarily in one population center	Locally available in several population centers

22A

Characteristics of Funds for Rural HIV Networks

Characteristic	Southeast Idaho	Southeast New Mexico	EDISTO South Carolina	Treasure Coast Florida
<i>Social Support Services</i>	Minimally developed, epidemiologists encouraged	Moderately developed includes designated case	Moderately developed coordinated and integrated by public health clinic	Extensively developed. Variety of providers, Leadership by Treasure Coast Community AIDS Network
<i>Major Community Based AIDS Organizations</i>	SE Idaho AIDS Coalition (unincorporated) primary focus education	SE New Mexico AIDS Coalition (unincorporated) AIDS walk as fund raiser for nutrition supplements	EDISTO AIDS Consortium inter-organizational coordination	Treasure Coast Community AIDS Network case management Treasure Coast AIDS Consortium Inter-organizational coordination

22B

Characteristics of Funds for Rural HIV Networks

Characteristic	Southeast Idaho	Southeast New Mexico	EDISTO South Carolina	Treasure Coast Florida
<i>Utilization of Local Services</i>	Undetermined Many reportedly travel from area	Undetermined Many reportedly travel from area	Appears to be heavily utilized	Appears that most receive services locally

22c

LOCAL BARRIERS AND SUPPORTS

- DEGREE OF RURALITY**
- EPIDEMIOLOGICAL PATTERNS**
 - PREVALENCE**
 - RISK FACTORS**
- HEALTH AND SOCIAL RESOURCES**
- SOCIO-ECONOMIC FACTORS**

**EDISTO SOUTH CAROLINA AND
TREASURE COAST FLORIDA
SOUTH ATLANTIC CENSUS DIVISION**

**MODERATELY HIGH VOLUME OF HIV CASES WITH
MODERATE GROWTH STIMULATE A PROACTIVE
SUPPORTIVE ENVIRONMENT FOR DEVELOPING HIV
SERVICE NETWORKS (EDISTO SOUTH CAROLINA)**

**A MODERATELY HIGH VOLUME OF HIV CASES LINKED
WITH STRONG SURVEILLANCE IS SUPPORTIVE OF EARLY
INTERVENTION (EDISTO SOUTH CAROLINA)**

**HIGH VOLUME, RAPID GROWTH OF HIV CASES AND
LIMITED RESOURCES PRODUCES A REACTIVE
ENVIRONMENT RATHER THAN PROACTIVE PLANNED
NETWORK DEVELOPMENT (TREASURE COAST, FLORIDA)**

**SURVEILLANCE AND EARLY INTERVENTION BECOME
SECONDARY TO PATIENT CARE IN AREAS WITH HIGH
VOLUME, RAPID GROWTH, AND LIMITED RESOURCES
(TREASURE COAST FLORIDA)**

25

**HIV INFECTED PERSONS WHO ALSO HAVE ASSOCIATED
SUBSTANCE ABUSE BEHAVIOR TEND TO BE LOW
UTILIZERS OF TRADITIONALLY ORGANIZED HIV SERVICES
UNLESS SUBSTANCE ABUSE PROBLEMS ARE
SIMULTANEOUSLY ADDRESSED**

**HIGH VOLUME OF HIV CASES IN CULTURALLY DIVERSE
AREAS REQUIRE ORGANIZATION OF CULTURALLY
SENSITIVE APPROACHES TO ASSURE UTILIZATION
(TREASURE COAST FLORIDA)**

HIV INFECTED PERSONS, WHO ALSO LIVE IN CONDITIONS OF POVERTY, HAVE NON HIV SPECIFIC NEEDS THAT MUST ALSO BE ADDRESSED IN ORDER TO RESPOND TO AVAILABLE HIV SERVICES

HIGHLY PLURALISTIC DELIVERY SYSTEMS REQUIRE EXTENSIVE ASSISTANCE TO CLIENTS FOR COORDINATING AND GAINING ACCESS TO SERVICES (TREASURE COAST FLORIDA)

21

PUBLIC HEALTH LEADERSHIP FOR HIV PATIENT CARE AND NETWORK DEVELOPMENT IS WELL ACCEPTED IN SOME SOUTHERN SETTINGS WITH A STRONG PUBLIC HEALTH TRADITION OF PATIENT CARE SERVICES (EDISTO SOUTH CAROLINA)

REGIONAL POPULATION CENTERS HAVE THE CURRENT INFRASTRUCTURE FOR PROVIDING NEEDED HEALTH AND SOCIAL SERVICES FOR HIV PATIENTS

**CULTURALLY SENSITIVE HIV PROGRAMS MUST
RECOGNIZE THAT AIDS IS DEFINED AS A MORAL AND
RELIGIOUS ISSUE IN MANY RURAL AREAS**

11/18/93

14:28

DHR - OFFICE OF THE SECRETARY → 00000

NO. 573

011

29

**SOUTHEAST IDAHO AND SOUTHEAST NEW MEXICO
MOUNTAIN CENSUS DIVISION**

**AN INADEQUATE RURAL HEALTH CARE SYSTEM AND
SOCIAL SUPPORT SERVICES IMPACT ON HIV SPECIFIC
SERVICES**

**DISTANCE AND UNDERDEVELOPED TRANSPORTATION
SYSTEMS ARE DETERRENTS FOR REMOTE HIV INFECTED
PERSONS GAINING ACCESS TO HIV SERVICES**

**DISTANCE AND ECONOMIES OF SCALE ARE DETERRENTS
FOR DEVELOPMENT OF COST EFFECTIVE
HEALTH AND SOCIAL SUPPORT SERVICES**

**HIV MEDICAL AND SOCIAL SERVICES ARE OFTEN
DEPENDENT ON ONE OR TWO PROVIDERS**

**PATIENT CARE BY TRADITION IS NOT CONSIDERED A
FUNCTION OF PUBLIC HEALTH IN MANY WESTERN
STATES**

**REGIONAL RURAL POPULATION CENTERS HAVE THE
CURRENT OR THE POTENTIAL INFRASTRUCTURE FOR
PROVIDING THE BULK OF NEEDED HEALTH AND SOCIAL
SERVICES FOR HIV PATIENTS**

**DISTANCE IS A DETERRENT IN DEVELOPMENT OF
GEOGRAPHICALLY REPRESENTATIVE HIV PLANNING
EFFORTS**

**LOW PREVALENCE FOSTERS DENIAL BOTH AT
COMMUNITY AND PROFESSIONAL LEVELS**

**DENIAL CAN RESULT IN AN INCREASED PROBABILITY OF
LIMITED PLANNING FOR HIV SERVICE NETWORKS**

**RURAL HIV INFECTED PERSONS EXPERIENCE
CONSIDERABLE ISOLATION**

**MANY RURAL HIV INFECTED PERSONS ARE RELUCTANT
TO BE PUBLICLY IDENTIFIED AND PARTICIPATE IN
VOLUNTEER ACTIVITIES**

**SUPPORTING INFORMAL RELATIONSHIPS ARE DIFFICULT
TO ESTABLISH IN RURAL AREAS AMONG MEN WHO HAVE
SEX WITH MEN AND EVEN MORE DIFFICULT AMONG IV
DRUG USERS AND OTHER SUBSTANCE ABUSERS**

**CULTURALLY SENSITIVE HIV PROGRAMS MUST
RECOGNIZE THAT AIDS IS DEFINED AS A MORAL AND
RELIGIOUS ISSUE IN MANY RURAL AREAS**

11/18/93

14:30

DHHR - OFFICE OF THE SECRETARY + 00000

NO. 573

018

36



STATE OF WEST VIRGINIA
DEPARTMENT OF HEALTH AND HUMAN RESOURCES
Bureau of Public Health
Division of Surveillance & Disease Control
1422 Washington Street, East
Charleston, WV 25301
558-5358/1-800-423-1271
FAX: 558-6335

Gaston Caperton
Governor

FAX TRANSMISSION

DATE: 11/10/93

TO: JOHN GURROLA

FAX NUMBER:

202-632-1096

690-7560

TOTAL NUMBER OF PAGES

4

FROM:

LORETTA HADDY

WV AIDS PROGRAM DIRECTOR

TELEPHONE NUMBER:

304-558-5358

COMMENTS:

Please give me a call on Friday to discuss this or if you have any questions.

HOW TO VIEW THIS PROGRAM

This teleconference will be transmitted via C-band satellite. In order to view this program, a receiving or downlink site must have a satellite dish. The viewing room should have access to a touch-tone telephone. A 1-800 number will be available for those wanting to phone in their questions.

FINDING A DOWNLINK SITE

If you have a problem finding a downlink site, contact your local college, university, public or private television station. Many vocational or high schools receive educational programs via satellite transmission. Many larger hospitals also use this technology for medical training. There may also be someone in your state's Department of Education who is coordinating distance learning or media services.



For technical assistance, contact John Chandler, Office of Communications, (304) 558-0684.

For additional information on program content, contact Loretta Haddy, Division of Surveillance and Disease Control, 1-800-423-1271

West Virginia AIDS Program
1422 Washington Street, East
Charleston, WV 25301

The West Virginia
AIDS Program Presents

THE CHALLENGE OF



IN RURAL AMERICA

**Monday,
November 22, 1993
1:30-3:30 p.m.**

A Live, Interactive
Satellite Teleconference for
AIDS Educators & Health
Care Professionals

Featured Speakers:

Kristine M. Gebbie
*National AIDS
Policy Coordinator*

David E. Berry
*Chairman, Department of
Health Care Administration,
University of Nevada, Las Vegas*

*Sponsored by the
West Virginia Department of
Health and Human Resources,
Bureau of Public Health,
and Office of Communications*

THE CHALLENGE OF IN RURAL AMERICA

In the early 1980's, the AIDS epidemic in the United States seemed confined to major metropolitan areas like New York and Los Angeles . . . but now, in 1993, we have seen how AIDS and HIV infection have spread into the most rural areas of the U.S., devastating the lives of those who thought they were safe and straining the already limited resources of rural health care providers.

As AIDS educators and health care professionals, we must confront this challenge by improving medical and emotional support networks for people in rural areas who are living with AIDS and HIV; we must also redouble our education and prevention efforts so that every American, no matter how isolated, knows how to avoid infection.

Participation in this
teleconference
is free of charge.

PROGRAM SCHEDULE

Welcoming Remarks and
Introduction of Ms. Gebbie:
Loretta E. Haddy, Director
WV Division of Surveillance
& Disease Control

National Strategies
for Addressing HIV/AIDS
in Rural Areas:
Kristine M. Gebbie,
National AIDS Policy Coordinator

Introduction of Dr. Berry:
Loretta E. Haddy

Comparison of
Rural & Urban Models
for Addressing HIV/AIDS
in Rural America:
Dr. David E. Berry, Chairman
Dept. of Health Care Administration
University of Nevada, Las Vegas

Comparison of HIV/AIDS in
Rural Areas of West Virginia:
Loretta E. Haddy

Question & Answer Session
Toll-Free Calls
Will Be Accepted
1-800-233-3638

BIOGRAPHIES

Kristine M. Gebbie, RN, MN, FAAN, was this year appointed by President Clinton to be the nation's first National AIDS Policy Coordinator. Previously the Secretary of the Washington State Department of Health, Ms. Gebbie has also served as Vice Chair of the Executive Board for the American Public Health Association since 1990. She has authored numerous articles for a variety of health care publications.

David E. Berry, Dr. P.H., is Professor and Chair of the Department of Health Care Administration, College of Health Sciences, at the University of Nevada, Las Vegas. He has published numerous articles on rural health including rural AIDS. His article, "The Emerging Epidemiology of Rural AIDS," appears in the fall 1993 issue of The Journal of Rural Health.

Loretta E. Haddy, M.A., M.S., Director of the West Virginia Division of Surveillance and Disease Control, has served as State Epidemiologist for the last 14 years. A graduate of the Ohio State University School of Medicine, Ms. Haddy has had several articles published in the West Virginia Medical Journal and the CDC's Morbidity and Mortality Weekly Report.

Ms. Gebbie is the featured speaker for this teleconference which is scheduled to be seen in sixteen (16) states. We have scheduled one hour of air time (1:30 - 2:30) for her presentation. She should speak at least 15-20 minutes before taking questions from viewers. A dialogue with Ms. Gebbie, Dr. David Berry and myself will occur for the remainder of the hour. I will need three to four lead-in questions which expand on her presentation and can lead into further dialogue. Also, if Ms. Gebbie has any written supporting document(s) or article(s) she would want each of the participants to have, I will need a copy faxed to my office (304-558-6335) asap.

Her general presentation should target national strategies regarding HIV/AIDS in rural America. Ms. Gebbie may want to address the following:

- Problems/barriers confronted in rural America to combat HIV/AIDS.
- Since health care services are not well developed in rural areas, how should rural states deliver health care services in the era of increasing rates?
- How does she see these rural health care services handling this epidemic? Will there be increased support for rural areas? Since Ryan White is a formula grant, the low prevalence areas receive less funding, when in fact HIV intervention/prevention activities would have a greater potential for success in the rural setting.
- How does rural America, which is suffering from denial or experiencing a false sense of security that HIV is not a problem deal with the growing opposition to having HIV prevention and sex education included in school health curriculum?

Loretta Haddy

Rural AIDS -

HIV infections originally found in
larger cities

rural areas sustain denial longer
spread is not just "coming home to die"

Problem of critical mass -

of cases to ~~lead~~ lead to awareness
to support care system
to support individuals &
families

of presenter interests -
to talk that way
to be that explicit

The Critical Role of Health Reform -

payment - non cancellable
non discriminatory

Access - distance to specialists vs care close to home

system building support -

continue Ryan White to fill in -

public health system support

Prevention - "do it myself" - avoid H₂O & sex lines -

The national dialogue - Reshaping
who does ~~the~~ education

what is "moral" - ph is unethical so