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Events - 10/98 - CBC [Congressional Black Caucus] Announcement [1]

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When we talk about AIDS, we talk a lot about numbers. Numbers that can be overwhelming or intimidating. But we need to look more closely at the numbers ... until we begin to see the real lives they represent.

Today, I'd like to share a few personal numbers with you. The first numbers are 13 and 16. I was infected with HIV at 13 and diagnosed at 16. While my peers were planning their futures, I was being harshly that I would not live to see 21. That was the year I realized some children die before they having a chance live.

The next number is 3. That's how many years it took for me to get the information I needed to combat my disease. I didn't learn that HIV was a sexually transmitted disease until I was almost 20. No one in my community was willing to talk to someone else's child about sex - or about AIDS. I suffered greatly with a severe case of unanswered questions. Many youth today are being tragically diagnosed in the prime of their lives because we are too timid to talk candidly about AIDS. We are too afraid to keep our children alive long enough to make healthier choices.

13. That's how many pills I take each day to help sustain my health. Pills that are not easy to take and that leave me feeling nauseated and tired. But they are all I have right now - and they keep me alive, I am happy to have them. But they are pills that are not easy to come by. Many of my peers have no access to the latest medicines. Therefore, they have no access to the hope experienced by many - with each new improvement. They sit by and watch people live longer, healthier lives while they still suffer with preventable infections.

5. That's how many hours I sat on a hospital curb in my own urine while trying to get treatment for an allergy to an AIDS medicine. 5 hours of suffering when I was only a hundred feet from the source that could alleviate the fierce itching and burning was ravaging my swollen body. But no one had the time to help me. It wasn't in anyone's job description to escort a patient to the pharmacy. Especially an undesirable looking patient like I was that day. I experienced the same indifference that many people in my community experience when seeking care. We are not able to walk into hospitals waving insurance cards or cash. We are not able access the good, quality healthcare that all human beings deserve. While we muster the strength and courage to take an active role in our care, we are

being stripped of our dignity by the system that's supposed to help us.

1.

- Look into the eyes of one person being diagnosed with HIV for the 1st time.
- Tell a homeless young man with HIV that he has to wait one more year to get housing because the resources are not yet available.
- Tell one young woman that you can't fill her prescription for the medicine that will give her life - because she has no money.
- Tell one child this his mother won't be coming home anymore because she died today of AIDS related complications.

Do any one of these things and you will understand what this 156 million dollars means to black and other minority communities. This initiative is important because the moneys allocated and the commitments made here today will positively impact communities in dire need of support services. And just maybe, not one more of these travesties will occur on my home-front.

The last number I want to share with you today is Zero. I demand that we be liable until there are no new infections. That we do what's necessary to save lives and not what's popular. Until there are no

more people desperately seeking care only to find the doors closed. Until there are no more people suffering with AIDS, we have to stay committed. Just as committed as the President, The Vice President and The Congressional Black Caucus. Just as committed as Sandra Thurman, Secretary Shalala, Dr. Satcher, The Advisory Council on AIDS and many others who worked tirelessly on this important issue.

Zero is our goal. Because no more can we sit idly by and watch AIDS consume minority communities. We must maintain the momentum that we have gained today - because HIV is maintaining its momentum.

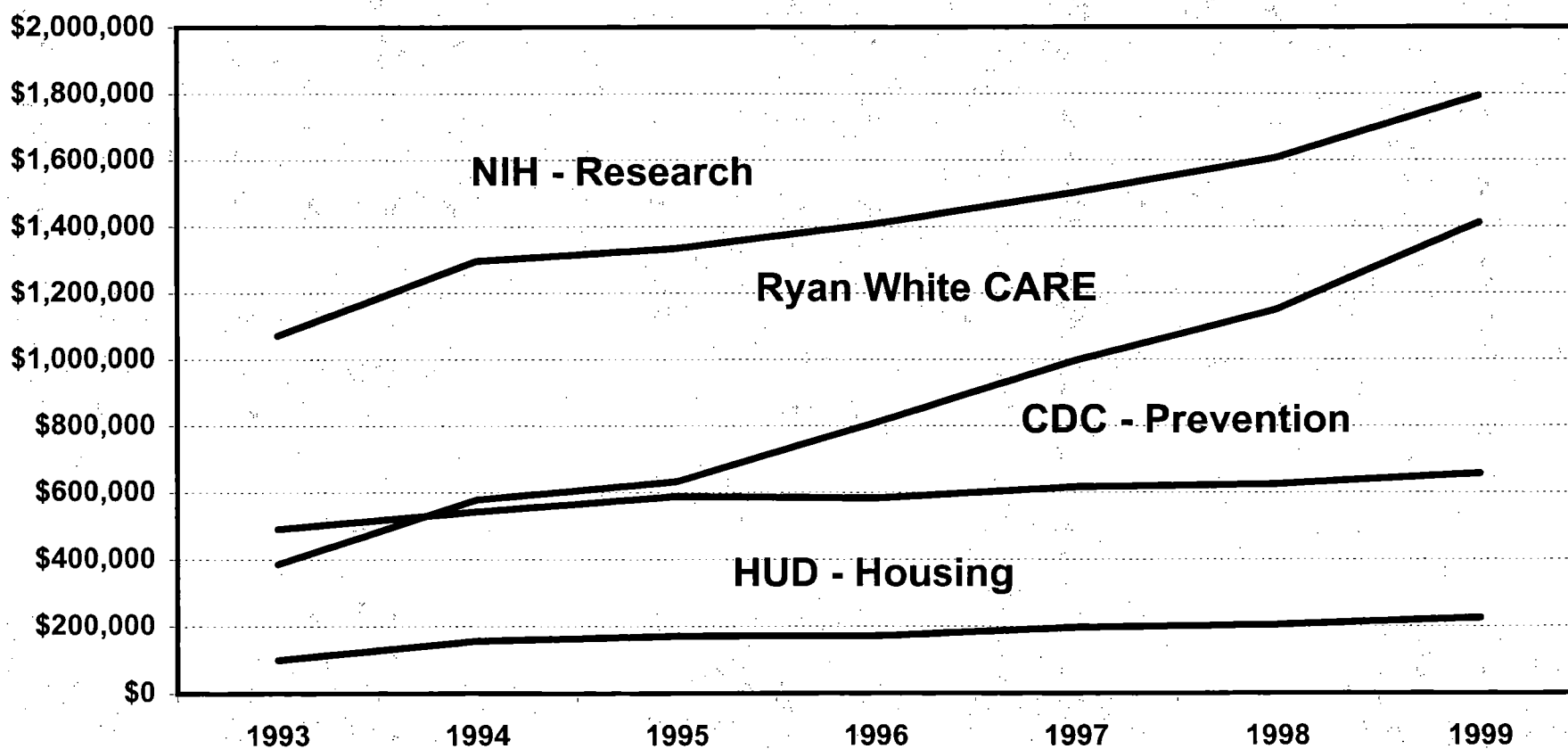
No more addicts needlessly infected with one disease simply because they have another one. Addicts should have the services AND the tools they need for effective prevention.

No more lives thrown carelessly aside
No more memorial services
No more screaming mothers
No more broken spirits ... or broken hearts.
No more disparity in minority communities.
No - more - AIDS.

**ANALYSIS OF FY99 BUDGET
SELECTED AIDS PROGRAMS**

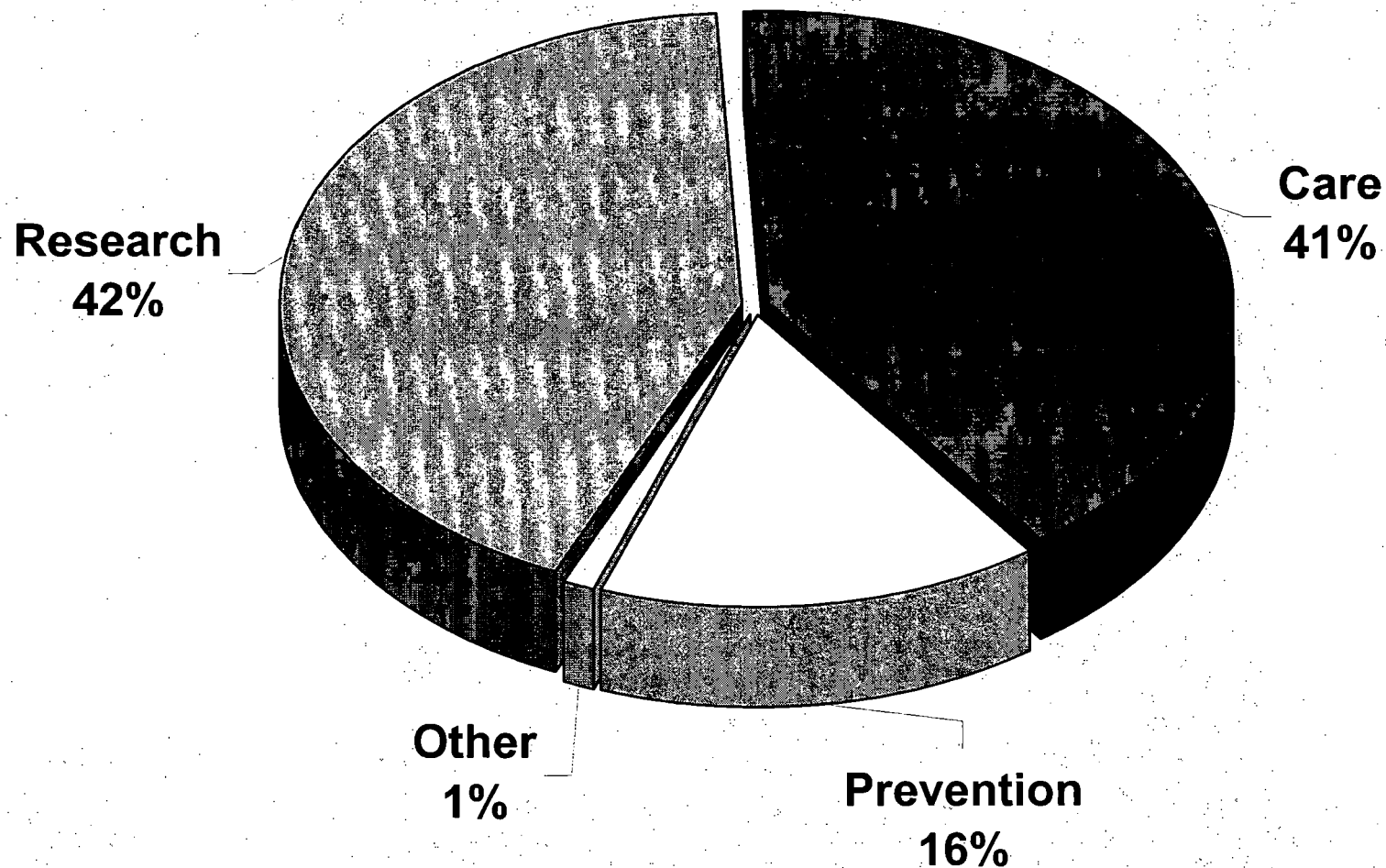
	1993 Enacted	1994 Enacted	1995 Enacted	1996 Enacted	1997 Enacted	1998 Enacted	1999 Base Funding	1999 CBC AIDS Initiative (new funds)	1999 Enacted	\$ Change from 1998	% Change 1998 to 1999	% Change from 1993
Office of the Secretary (HHS)												
Subtotal	5,336	5,269	4,130	2,876	2,954	2,873	2,983	50,000	52,983	+ 50,110		+ 893%
HRSA - Ryan White (HHS)												
Title I	184,757	325,500	356,500	391,700	449,943	464,800	500,200	5,000	505,200	+ 40,400	+ 9%	+ 173%
Title II (excluding ADAP)	115,288	183,897	198,147	260,847	249,954	257,500	277,000		277,000	+ 19,500	+ 8%	+ 140%
Title II (ADAP)				52,000	167,000	285,500	461,000		461,000	+ 175,500	+ 61%	+ 787%
Title III (Early Intervention)	47,968	47,968	52,318	56,568	69,568	76,300	91,300	3,000	94,300	+ 18,000	+ 24%	+ 97%
Title IV (Women, Children, Youth)	20,897	22,000	26,000	29,000	36,000	41,000	44,000	2,000	46,000	+ 5,000	+ 12%	+ 120%
Dental Services				6,937	7,500	7,800	7,800		7,800	+ 0	+ 0%	
AIDS Education Training Centers	16,975			12,287	16,287	17,300	18,000	2,000	20,000	+ 2,700	+ 16%	+ 18%
Health Professions Act or equiv.												
Subtotal	385,885	579,365	632,965	809,339	996,252	1,150,200	1,399,300	12,000	1,411,300	+ 261,100	+ 23%	+ 266%
CDC (HHS)												
HIV Prevention and Education *	490,900	543,253	588,731	583,433	616,981	624,994	629,000	18,000	647,000	+ 22,006	+ 4%	+ 32%
Set-Aside							10,000		10,000	+ 10,000		
Set-Aside								10,000				
Set-Aside								4,000				
Set-Aside								2,500				
Set-Aside								1,500				
Subtotal	490,900	543,253	588,731	583,433	616,981	624,994	639,000	18,000	657,000	+ 32,006	+ 5%	+ 34%
SAMHSA (HHS)												
CSAT	25,656	27,320	24,095	14,300		54,820	64,622	16,000	80,622	+ 25,802	+ 47%	+ 214%
Set-Aside								9,000				
Set-Aside								7,000				
CSAP								6,000	6,000	+ 6,000		
Subtotal	25,656	27,320	24,095	14,300	-	54,820	64,622	22,000	86,622	+ 31,802	+ 58%	+ 238%
NIH (HHS)												
AIDS Research	1,071,457	1,296,471	1,333,875	1,407,824	1,502,000	1,607,000	1,792,916		1,792,916	+ 185,916	+ 12%	+ 67%
HUD												
HOPWA	100,000	156,000	171,000	171,000	196,000	204,000	225,000		225,000	+ 21,000	+ 10%	+ 125%
TOTAL	\$ 2,079,234	\$ 2,607,678	\$ 2,754,796	\$ 2,988,772	\$ 3,314,187	\$ 3,643,887	\$ 4,123,821	\$ 102,000	\$ 4,225,821	+ 581,934	+ 16%	+ 103%

The Clinton Administration Fighting AIDS and Supporting People Living With AIDS



The Clinton Administration A Balanced Strategy on AIDS

Major Federal AIDS Funding - FY1999



THE WHITE HOUSE
Office of the Press Secretary

For Immediate
Release

October 28, 1998

REMARKS BY THE PRESIDENT
ON HIV CRISIS IN MINORITY COMMUNITIES

Old Executive Office Building

5:16 P.M. EST

THE PRESIDENT: Thank you and welcome, every one of you. I'd like to begin by welcoming the Mayor of Baltimore, Kurt Schmoke, and the Mayor of East St. Louis, Gordon Bush. I'd like to thank the members of Congress here behind me who are so responsible for the purpose for which we are called today. (Applause.)

I want to acknowledge Congresswoman Donna Christian Green, Congressman Elijah Cummings, Congresswoman Eleanor Holmes Norton, Congressman Donald Payne. I will say more about Congresswoman Maxine Waters and Representative Lou Stokes in a moment. (Laughter.) But I want to thank them and all the members of the Congressional Black Caucus, including all the House members and Senator Carol Moseley Braun, for what they did.

And then I would like to offer a special word of appreciation to Senator Arlen Specter and Congresswoman Nancy Pelosi, who helped us so much to get this done. Thank you very much. (Applause.)

I want to thank everyone in our administration who has worked so hard on the issue of HIV and AIDS, beginning with the Vice President who couldn't be here today, but who has worked very hard on all these issues; and Secretary Shalala; our wonderful Surgeon General, David Satcher; the Director of our AIDS Policy Office, Sandy Thurman, who has literally spent months sounding the alarm about the growing crisis in communities of color, and working to help achieve these dramatic funding increases. There is no stronger or more effective advocate. And I think we ought to thank Sandy Thurman for what she's done.

(Applause.)

Finally, I want to thank Denise Stokes for being here. As you will hear in a few moments, she has been living with HIV for 15 years, and has been giving so much of herself to educate others. If we are to stop this cruel disease we'll have to have brave people like Denise to reach out with candor and compassion to those at risk. I really admire her very much. And you'll hear from her in a moment, but I think we ought to give her a hand for showing up today. (Applause.)

We have good reason to feel encouraged that so many HIV-positive men and women are living longer and healthier lives. We should be proud that we've helped to speed the development of lifesaving therapies and nearly tripled to support those with HIV and AIDS.

But the AIDS epidemic is far from over in any community in our country. Today, we're here to send out a word loud and clear: AIDS is a particularly severe and ongoing crisis in the African American and Hispanic communities and in other communities of color. African Americans represent only 13 percent of our population, but account for almost half the new AIDS cases reported last year. Hispanics represent 10 percent of our population; they account for more than 20 percent of the new AIDS cases. And AIDS is becoming a critical concern in some Native American and Asian American communities, as well.

Like other epidemics before it, AIDS is now hitting hardest in areas where knowledge about the disease is scarce and poverty is high. In other words, as so often happens, it is picking on the most vulnerable among us.

The fact is HIV infection is one of the most deadly health disparities between African Americans, Hispanics, and white Americans. And just as we have committed to help build one America by ending the racial and ethnic disparities in infant mortality and cancer and other diseases, we must use all our power to end the growing disparities in HIV and AIDS.

The AIDS crisis in our communities of color is a national one, and that is why we are greatly increasing our national response. Today I am proud to announce we are launching an unprecedented \$156 million initiative to stem the AIDS crisis in minority communities. (Applause.)

It is one of the greatest victories in the balanced budget law I just signed. It never could have happened without the passionate

and compassionate leadership of Maxine Waters, Lou Stokes, and the rest of the Congressional Black Caucus -- (applause) -- or the support of Senator Specter and Congresswoman Pelosi and so many others. (Applause.)

Now, this initiative will allow thousands of cities, churches, schools, and grass-roots organizations to expand prevention efforts and target them to the specific needs of specific minority communities such as young men, students, pregnant mothers. It will allow minority communities to expand treatment for substance abuse. It will increase access to protease inhibitors and other new therapies, because lifesaving therapies cannot be a luxury reserved only for the rich. (Applause.)

It will increase access to skilled doctors and other health care providers. And finally, it will help us to assemble teams of public health experts from the Centers for Disease Control and other federal agencies to visit individual communities and provide whatever technical assistance those communities need. (Applause.)

This new initiative will build on the other historic funding increases in HIV/AIDS funding we won in the new balanced budget, which Secretary Shalala will talk about in greater detail in a moment. I'm also pleased that it will build on our race and health initiative. Congress has taken a first step to fund this initiative, but we must do more. We are not one America when some of our communities lag so far behind in health.

Of course, this room looks nothing like a house of worship except for a few collars I see. (Laughter.) But I'd like to end my remarks today with what I think is quite an appropriate passage from the First Letter of Paul to the Corinthians. "The body is a unit, though it is made up of many parts. And though all its parts are many, they form one body. If one part suffers, every part suffers with it. If one part is honored, every part rejoices with it."

So it is with the body of Americans, and a nation that strives to be one America. Every one of our communities is inextricably linked, in suffering and rejoicing, in sickness and in health. And that is why we must work together in every community to stop this cruel disease. Black or white, gay or straight, rich or poor, you name it, we have to stop it.

Now I'd like to present America's Surgeon General, our nation's family doctor, whose deep commitment to advancing our country's health is embodied in the 200-year-old guiding principle of our public health service that you best protect the health of the entire nation when you reach out to the most vulnerable people.

Dr. David Satcher. (Applause.)

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PRESIDENT CLINTON DECLARES HIV/AIDS IN RACIAL AND ETHNIC MINORITY COMMUNITIES TO BE A "SEVERE AND ONGOING HEALTH CARE CRISIS" AND UNVEILS NEW INITIATIVE TO ADDRESS THIS PROBLEM

October 28, 1998

Today, the President will declare HIV/AIDS in racial and ethnic minority communities to be a "severe and ongoing health care crisis" and will unveil a series of initiatives that invest \$156 million to address this urgent problem. Citing the chronic and overwhelmingly disproportionate burden of HIV/AIDS on minorities, the President will outline a new comprehensive initiative that includes unprecedented efforts to improve the nation's effectiveness in preventing and treating HIV/AIDS in the African-American and Hispanic communities. The President will also highlight other important increases to fight HIV/AIDS in the budget as well as new funding for his initiative to address racial health disparities for a range of diseases, including HIV/AIDS.

HIV/AIDS in the minority community is a "severe and ongoing health care crisis." While overall AIDS deaths have declined for two years in a row, AIDS remains the leading killer of African American men age 25-44 and the second leading killer of African American women in the same age group. African Americans comprise more than 40 percent of all new HIV/AIDS cases, and African-American women make up 60 percent of female cases. Hispanics represent over 20 percent of new HIV/AIDS cases and only about 10 percent of the population. This is also a critical concern in Asian American communities, as well as Native American communities, where many are high risk and hard to reach.

Historic initiatives invest \$156 million for HIV/AIDS prevention and treatment in the minority community. During the recent budget negotiations, the Clinton Administration and the Congressional Black Caucus fought successfully to secure a major commitment of funds to address the urgent problem of HIV/AIDS among minorities through new prevention efforts, improved access to HIV/AIDS drug treatments, and training for health professionals who treat this disease. Over two-thirds of this funding is from new resources appropriated through the Omnibus Appropriations Act. The rest will be dedicated from the Department of Health and Human Services' budget.

- **Crisis response teams.** HHS will make available Crisis Response Teams to a number of highly affected areas. These teams of public health and HIV prevention and treatment experts, doctors, nurses, and epidemiologists -- from a range of agencies including the Substance Abuse and Mental Health Services Administration, the Health Resources and Services Administration, the Centers for Disease Control and Prevention -- will help assess existing prevention and treatment services for racial and ethnic minorities and develop innovative, effective strategies that best meet the needs of these communities. This effort will take place within a period of several weeks after a request for a crisis response team is received.
- **Enhanced HIV/AIDS prevention efforts in racial and ethnic minority communities.** These funds will be used for HIV prevention purposes at the Centers for Disease Control such as grants for minority, community-based organizations to work with local health clinics, make testing and counseling available, conduct community workshops, and develop HIV and substance abuse prevention programs on the campuses of Historically Black Colleges and Universities and in institutions of higher learning that predominantly serve Hispanics. The funding also will help provide comprehensive substance abuse treatment programs for African American and Hispanic women with or at risk for HIV/AIDS and their children.

- **Reducing disparities in treatment and health outcomes for minorities with HIV/AIDS.** Studies show that African Americans and Hispanics are much less likely to receive treatments that meet federally recommended treatment guidelines. This new funding, which supplements the already large increase in the Ryan White program, will help minorities get access to cutting-edge HIV/AIDS drug treatments as well as the range of primary health services needed to treat this disease. Funds also will be used to educate health care providers who treat largely minority populations on treatment guidelines for HIV/AIDS.

Unprecedented Increases in Effective HIV/AIDS Treatment, Prevention, and Research Programs.

Substantial and critical funding increases in a wide range of effective HIV/AIDS programs, include:

- **An historic \$262 million increase in the Ryan White Care Act,** which provides primary HIV health care services, treatments, and training for health care professionals on HIV treatment guidelines. The treatment funding in this investment includes a more than 60 percent increase for the AIDS drug assistance program that provides protease inhibitors and other life-saving HIV/AIDS treatments to those who cannot afford the cost, which can run as high as \$20,000 a year.
- **A 12 percent increase for HIV/AIDS research at NIH.** In FY 1999, research on HIV/AIDS at the National Institutes of Health (NIH) will total \$1.8 billion, a 12 percent increase. This increase will enhance both basic research to further our understanding of the HIV virus as well as applied research that includes clinical testing of new HIV/AIDS pharmacological therapies.

A Commitment to Eliminate Racial Health Disparities. Minorities suffer from a number of critical diseases, including HIV/AIDS, at higher rates than white Americans. Hispanics are more than four times as likely to get HIV/AIDS than whites, while African Americans are more than eight times as likely. The Congress has taken a first step in investing in the President's proposal to address racial health disparities by funding \$65 million of this initiative. Congress partially funded the proposed grants for communities to develop new strategies to address these disparities and for increases in other critical public health programs, such as heart disease and diabetes prevention at CDC, that have shown promise in attacking these disparities.

Calling on Congress to Pass an Unfinished Agenda for People With HIV/AIDS.

- **A Patients' Bill of Rights.** The President and Vice President have repeatedly urged the Congress to pass a strong, enforceable Patients' Bill of Rights that contains critical protections for people with HIV/AIDS, including access to specialists and continuity of care to prevent abrupt changes in critical treatment when an employer changes health plans.
- **A Work Incentives Bill for People with Disabilities.** Congress also failed to pass the bipartisan Jeffords-Kennedy bill that would have enabled people with disabilities and other disabling conditions, such as HIV/AIDS, to return or to remain at work by expanding options to buy into Medicaid and Medicare and by offering other pro-work initiatives. This bill was on the list of top Administration priorities in the final budget negotiations.

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Discussion Draft

HIV/AIDS AMONG RACIAL AND ETHNIC MINORITY COMMUNITIES

Overview

The burden of HIV/AIDS on racial and ethnic minorities is a severe and ongoing crisis which requires both immediate measures and a long term sustained commitment to overcome. The Department is committed to developing and implementing a comprehensive response that both maximizes the effectiveness of existing programs to serve racial and ethnic minority communities confronting HIV/AIDS as well as developing new and innovative strategies that target assistance to address specific needs. Although a substantial portion of federal AIDS dollars are serving racial and ethnic minorities, it is clear that much more needs to be done to assure that these communities fully benefit from effective prevention and treatment interventions.

The epidemiology of the HIV/AIDS epidemic clearly documents the disproportionate effect that HIV/AIDS has had on racial and ethnic minority communities over many years. African Americans accounted for 43% of new AIDS cases in 1997, and 36% of cumulative AIDS cases while they comprise only 13% of the U.S. population. While the overall national numbers of persons of color newly diagnosed with HIV or AIDS has not increased in recent years, these individuals represent a rising proportion of new AIDS cases and present unique challenges to HIV prevention and treatment efforts particularly in highly impacted communities.. A summary of key HIV/AIDS surveillance data reflecting the impact on racial and ethnic minority communities is provided in Appendix A of this document.

Over the remaining weeks of FY 98, a number of competitive grants will be announced by HHS agencies which will directly impact the availability of prevention and treatment services, support community based outreach and infrastructure, and support research among racial and ethnic minority communities. In addition, the Department will be targeting remaining FY 98 program resources as an investment, with the expectation that this commitment will form the basis for growth. A more comprehensive set of strategies for implementation in FY 99 is also provided here for the purposes of further discussion. Many of the strategies described would have broad benefit to racial and ethnic minority populations in addition to the African American community, as issues of community based capacity and infrastructure are shared concerns. It is the Department's desire to engage in a fruitful dialogue with the CBC, with the goal of achieving consensus around an effective action plan.

Placing the DHHS Response in Context - The Role of Technical Assistance and Infrastructure Support

The HIV/AIDS epidemic within racial and ethnic minority communities has continued to evolve within a context of complex individual and community-level factors that have compromised a robust and organized response against its heavy toll. For the first time, a national dialogue around HIV/AIDS in communities of color has been stimulated through the leadership of the Congressional Black Caucus. This has created a unique opportunity to marry an empowered community-level/ community-generated dialogue with targeted resources to assist in the development of a durable and effective response to HIV/AIDS as well as benefitting other health disparities.

Experience in communities across the nation has taught us that resources alone do not build an effective

completed the formative evaluation phase of this research to learn how to best construct effective interventions for HIV seropositive gay men of color. CDC is now moving into the next phase, testing new prevention interventions. Grant recipients would be 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.

- o **Reducing Transmission** As part of CDC's initiative to reduce HIV transmission among people of color, \$400,000 will be 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 CBOs to deliver effective interventions. This funding is a redirection of existing FY98 funds.
- o **Bilingual/Bicultural Demonstration Grants** The Office of Minority Health will be awarding \$500,000 to 5 grantees to implement projects to increase access to bilingual/bicultural HIV/AIDS education and prevention services for racial/ethnic minority populations.
- o **Defining the Gaps for Women** SAMHSA will fund the National Minority AIDS Council (NMAC) for \$100,000 to define the gaps in HIV/AIDS activities and substance abuse treatment, prevention and mental health services for women in communities of color. NMAC will host a series of 5 meetings across the country to assure that SAMHSA achieves a holistic picture of the integration and gaps of these services.
- o **Enhancing State and Local Coordination** A cooperative project to be supported by SAMHSA at \$50,000 involving the CDC, National Association of State and Territorial AIDS Directors (NASTAD) and the National Association of State Alcohol and Drug Abuse Directors (NASADAD) will better define the barriers to collaboration of state and local HIV and substance abuse and mental health programs, particularly for communities of color.

Newly Expanded or Directed Activities

- o **Helping CBOs** HRSA proposes to add \$100,000 to an existing cooperative agreement with the National Minority AIDS Council to provide technical assistance to minority community based organizations to assist them in enhancing their ability to compete more effectively for Federal, State or local government funds for the provision of services to people with HIV/AIDS.
- o **Outreach Through Faith Communities** The Office of Minority Health and the NIH Office of Research on Minority Health, in collaboration with SAMHSA, will establish a \$225,000 cooperative agreement with the Congress of National Black Churches to mobilize the outreach capability of the faith community to stem the rising rate of new cases by forging linkages with new and nontraditional partners. The churches will open their facilities to serve as centers for HIV/AIDS education, training of HIV/AIDS counselors and referral for services in conjunction with local health authorities. Pastors and other leaders of the churches will work to provide continuing education on HIV/AIDS and substance abuse to the congregation, extended families and friends in their various communities. Of this amount, \$25,000 will be targeted to joint

activities related to the ongoing minority faculty development program with faith communities at SAMHSA.

- o **Strategy Meetings** On September 18, the Surgeon General will co-convene a meeting with influential African American business leaders to discuss ways that this important sector of the Black community can partner with Federal, State, and local efforts to build capacity for HIV prevention in their communities. In partnership with the 100 Black Men of America and the National Council of Negro Women, this will be the first in a series of small strategy meetings with key segments of national Black leadership to mobilize and link their efforts to respond to the growing HIV/AIDS epidemic among African American youth, women and men.

Recently Announced or Initiated Activities

- o **HIV/AIDS Care for Children, Women, Youth and Families** In the week of August 3rd, HRSA awarded \$10.2 million in new and competing continuation grants to 16 grantees to support care and access to 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.
- o **Expanded Access to Care** The Office of Minority Health has awarded \$2.97 million to the Cook County Rush Health Center (CORE Center) to implement an information technology infrastructure to service providers, payers, HIV/AIDS patients and caregivers, researchers and policy makers. The Center is a state of the art 60,000 square feet freestanding outpatient facility which provides comprehensive care, prevention services, and research opportunities to people with HIV/AIDS and infectious diseases, serving a predominantly minority population (African American and Latino). It will increase access to services and treatment for HIV/AIDS patients in Cook County when it opens later in 1998. The construction of the facility is supported by combined Federal and private funds.
- o **Strategic Planning for Substance Abuse and HIV/AIDS at SAMHSA** SAMHSA began the development of a strategic plan in July 1998 to guide all future HIV/AIDS related activities, investing \$50,000 in this effort. The strategic plan will contain specific components geared towards coordination of activities specifically targeted toward communities of color. Development of the plan will be done by all relevant stakeholders, i.e. professionals from communities of color, the substance abuse and mental health fields, the general public including consumers, and appropriate agency personnel. A minority consulting firm has been contracted with for this activity.

Comprehensive Multi-Year Action Plan To Start in FY 1999

A sustained commitment will be required to effectively address those contributing factors underlying the severity of the HIV/AIDS epidemic among racial and ethnic minorities. The Department proposes a more comprehensive set of strategies for a multi-year action plan, grouped into the following three broad categories: technical assistance and infrastructure support; increasing access to prevention and care; and building stronger linkages to address the needs of specific populations. Additional initiatives are still

under development and may be added to these strategies in the near future.

Technical Assistance and Infrastructure Support

- o Provide targeted technical assistance through contracts with national organizations to assist minority community-based organizations in developing expertise in fiscal and administrative grants management and the preparation of competitive funding applications, and through organizational mentoring strategies. The number and amount of grants will be determined when FY99 budgets are available.
- o Increase the number of targeted planning grants under Title III of Ryan White 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. Average planning grant amount is \$50,000 for a one year project period. These grants go to organizations serving minorities and have typically been used to hire personnel to develop the necessary linkages and develop the organizational capacity to meet the requirements of Title III grantees, support formal needs assessments regarding HIV primary care needs of consumers and providers in the proposed service area, completing an epidemiologic profile of the service area, and identifying needed components of care and forming linkages with related providers in the community. Current statute limits planning grants to 1% of appropriated amounts. Under the House Subcommittee allowance, with an increase in the allowable proportion to 3% of the appropriation, 54 grants of \$50,000, or 36 grants of \$75,000 could be funded.
- o Increase the proportion of new National Health Service Corps loan repayees who are directed to serve in highly impacted minority communities. As of September 1997, there were 2278 NHSC clinicians serving in high need Health Professional Shortage Areas (HPSAs) -- 41.8% in urban areas, and 58.2% in rural areas; roughly 46% serve in community and migrant health centers, including some supported through Ryan White Title III funds. For FY99, 400 individuals serving through the loan repayment program will be assigned to HPSAs. The NHSC has also developed a training module on HIV/AIDS for the care of HIV/AIDS patients that can be used in a variety of settings.
- o Develop and implement model programs for training and engaging community members as lay community health workers, building on the strengths of existing organizations such as communities of faith, business and civic groups within racial and ethnic minority communities. This activity would be directed through partnerships and contracts with national organizations. This proposal is still in development.
- o Support the early exposure of children in communities of color to the opportunities of a career in the health professions by requiring every grantee supported by the Bureau of Health Professions to establish outreach programs to local grade schools, junior high and high schools. This affects approximately 650 educational institutions.

Increasing Access to Prevention and Care

- o Provide outreach and primary care services in highly impacted minority communities through activities such as the availability of mobile medical units linked with existing health care providers. These activities could be directed through the Section 330 program or Title III of Ryan White. This proposal is still in development.

- o Strengthen the requirement 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.
- o Develop a pilot program in up to 5 sites applying best practices to integrate the planning and provision of HIV, STD, TB and substance abuse prevention and treatment services. Each project site would incorporate and build on behavioral and social science research and bring prevention and service delivery systems for STDs, TB and drug treatment into formal relationships with HIV systems, address gaps in enabling services that serve as barriers to care, support community outreach strategies, and target prevention to high risk groups. The project period would run over 3 years.
- o Develop and implement a program to 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. This proposal is still in development and would be competitively bid.
- o Prepare a user-friendly guide to clinical services for women. This resource is intended for the lay reader to assist women in accessing appropriate care.
- o The Ryan White programs are initiating a quality of care initiative to address issues of health care quality and those factors which result in the provision of an uneven quality of care among persons in care.
- o Explore the development of measures of health care quality for HIV disease. Development of such quality indicators, for use in both the public and private sector health care arena, could have an important impact on the quality of care provided to all people with HIV disease, including racial and ethnic minorities.
- o Support new research regarding the use of HIV therapies in drug-using populations with the following research goals: (1) to investigate how to recruit drug users into AIDS treatment and define what issues determine their adherence to AIDS therapy; (2) identify barriers preventing drug using populations from entering AIDS treatment; (3) develop clinical strategies for active drug users who cannot or will not enter AIDS treatment; (4) evaluate changes in risk behaviors as a result of therapy; (5) investigate comorbid mental health conditions which would affect adherence to antiretroviral therapy; (6) determine the clinical complications of pharmacologic interactions between antiretroviral drugs, illicit drugs of abuse, and addiction treatment drugs; and (7) develop strategies for recruiting drug users in vaccine trials. It is intended that study participants will be primarily from minority communities. NIH will also additional resources on the epidemiologic and prevention of drug-abuse related HIV infection and the development of new drug abuse treatment strategies towards adolescents.
- o Support a phase I multicenter clinical trial of a new topical microbicide to determine its safety, tolerance and acceptability as a vaginal microbicide. Topical microbicides are critically needed to allow women to prevent HIV transmission. As the majority of new HIV infections among women are minorities, the focus for recruitment in the study will be in minority communities.

Building Stronger Linkages

- o Initiate a pilot project in 6 States and the District of Columbia working with State and local correctional systems to track the impact of HIV within these systems, guide effective prevention and treatment interventions, and establish linkages to community care for persons soon to be released. This project would reach 60% of the incarcerated population and 66% of reported AIDS cases in State correctional systems. The final scope of this project will be determined when FY99 budgets are available.
- o Increase the number of Ryan White SPNS grants to: (1) develop new models for continuity of care between prison systems and community providers, and (2) develop new models to integrate substance abuse treatment with HIV care among specific populations. Current statute has capped SPNS grants at \$25 million. The average grant award was \$400,000 in FY98, with resources going both to minority CBOs and to CBOs serving minorities. If this cap was raised to \$40 million, an additional 38 new grants could be started in FY99.
- o Establish linkages between substance abuse treatment and HIV services within SAMHSA's new Targeted Capacity Expansion initiative, and place a setaside within the program next year for an integrated substance abuse and HIV care component. Address substance abuse and HIV issues within the Knowledge Development and Application initiatives in FY99.
- o Sponsor a women's conference in 1999 (SAMHSA) with sessions centered on issues relating to women in communities of color and HIV/AIDS.

New Partnerships

- o In recognition that a broad-based strategy to mobilize effective community responses must go beyond federal programs, the Secretary and the Surgeon General want to join with the CBC in reaching out to the leadership of major organizations to engage them in a national and grassroots effort to raise awareness and involvement around HIV/AIDS, seeking commitments to action from the leadership of national business and civic groups, and media organizations. The Surgeon General has made the issue of racial disparities in HIV and the urgency of HIV/AIDS in minority communities a top priority to be addressed in his public appearances as well as in the Race and Health Initiative.

Current DHHS Activities Targeting the HIV/AIDS Epidemic among Racial and Ethnic Minorities

The Department has a broad range of activities and programs that both directly and indirectly serve racial and ethnic minority communities affected by HIV/AIDS. A substantial portion of federal HIV/AIDS dollars are serving these minority communities through programs targeted to HIV prevention, care, drug abuse prevention and treatment, and research. Provided in Appendices B through F are a compilation of OPDIV activities specifically targeting aspects of HIV/AIDS in racial and ethnic minority communities. Two specific areas of interest raised by staff of CBC Member offices -- the role of community health centers in addressing HIV/AIDS in minority communities, and the Department's investment in the intersection of substance abuse and HIV -- are reviewed in Appendix G.

Appendix A HIV/AIDS Surveillance Data
Appendix B CDC Activities

Appendix C	NIH Activities
Appendix D	HRSA Activities
Appendix E	SAMHSA Activities
Appendix F	Office of Minority Health Activities
Appendix G	Information on HIV/AIDS in Community Health Centers and Support for Substance Abuse and HIV

RESPONSE FROM THE CONGRESSIONAL BLACK CAUCUS

CBC Principals and Policies

These are entirely consistent with the Department's priorities and proposals. In brief:

- o federal funds must follow epidemiological trends, including prevention funding
- o promote understanding that new treatments increase length and quality of life
- o build and sustain organizational infrastructure and capacity of minority CBOs
- o ensure access to state of art HIV care working to increase the supply and knowledge base of minority providers through clinical training and professional development
- o address intersecting epidemics of HIV, STD, substance abuse in both prevention and care
- o support large scale public information and education campaigns for African Americans

FY98 Proposals (in addition to the HHS proposed investments) = \$48,150,000

The CBC proposal builds on and expands many items in the HHS proposal. Major increased investments are in NIH population-specific intervention research (+ \$12 mil: Black heterosexual men, women ages 15-44, pregnant and parenting teenagers and their partners, risk reduction for crack-abusing youth); strengthening OMH (+\$10 million); more money to African American CBOs for HIV prevention under 704 program (+ \$8 million); community development grants for technical assistance (+ \$5 million); and more emphasis on HIV prevention through STD treatment nationally (+ \$3.4 mil) and specifically in Baltimore and the Southeast US (+ \$3 mil). Other proposals would supplement other activities described in the HHS proposal. A major emphasis is placed on reform of the CDC Prevention Community Planning Process (3 pages).

FY 99 Proposals = \$245,650,000

The CBC picks up on many of the HHS proposals and assigns dollar amounts to them, and requests a number of specific reports from the Secretary. Major dollar investments are requested for OMH (+ \$70 million) and Office of Research on Minority Health (+ \$40 mil); expanding comprehensive substance abuse residential treatment programs for women and their children (+ \$50 mil); building and sustaining HIV service infrastructure in African American communities (+ \$15 mil); the demonstration program to integrate HIV, STD, TB and substance abuse treatment and prevention in 15 sites (+ \$12 mil); intensive community-based outreach to substance abusers (+ \$10 mil); sustained HIV prevention interventions for African American women (+ \$10 mil); and increasing participation of African American health care professionals in HIV service delivery through recruitment and training (+ \$9 mil). Emphasis is placed on building an extended minority focused HIV clinical care research capacity through the NIH CPCRA program (one and a half pages). Other targeted proposals with smaller price tags pick up on many DHHS proposals, such as regional peer educator training programs, HIV care capacity planning grants, targeted TA programs at SAMHSA CDC and HRSA, and care linkages for incarcerated populations. An emphasis is placed on working with faith-based communities in four small proposals.

Key reports requested include: HRSA report on quality of care initiatives, report on substance abuse treatment expansion, and report on the use of the HIV setaside at SAMHSA.

**CONGRESSIONAL BLACK CAUCUS RECOMMENDED
HIV/AIDS PREVENTION, TREATMENT AND CONTROL
PROJECTS AND INITIATIVES
FY 1998 AND FY 1999**

THE PROJECTS AND INITIATIVES OUTLINED HEREIN ARE IN ADDITION TO THE PROJECTS OUTLINED IN THE DHHS PROPOSAL.

INTRODUCTION

THE BURDEN OF HIV/AIDS ON RACIAL AND ETHNIC MINORITIES IS A SEVERE AND ONGOING CRISIS WHICH REQUIRES BOTH IMMEDIATE MEASURES, AND A LONG-TERM SUSTAINED COMMITMENT TO RESOLVE. SERVICES AND RELATED RESOURCES MUST FOLLOW THE TREND OF THE DISEASE.

THE ASSISTANCE PROVIDED MUST BE TARGETED FOR MAXIMUM EFFECTIVENESS, SUSTAINABLE CAPACITY AND COMMUNITY INFRASTRUCTURE BUILDING THROUGH MINORITY NATIONAL, REGIONAL AND COMMUNITY-BASED ORGANIZATIONS THAT ARE OWNED AND OPERATED BY REPRESENTATIVES OF RACIAL/ETHNIC MINORITY COMMUNITIES WHICH HAVE THE GREATEST INCIDENCE OF HIV/AIDS, AND WHICH HAVE A DEMONSTRATED COMMITMENT AND HISTORY OF SERVICE TO THOSE COMMUNITIES.

CLEARLY, THE DEPARTMENT OF HEALTH AND HUMAN SERVICES MUST EXPAND THE INVESTMENT OF RESOURCES AND EFFORT TO ADDRESS HIV/AIDS IN THE AFRICAN AMERICAN COMMUNITY. STEPS MUST BE TAKEN TO ENSURE THAT AFRICAN AMERICANS FULLY BENEFIT FROM EFFECTIVE PREVENTION AND TREATMENT INTERVENTIONS THAT CURRENTLY EXIST, AS WELL AS THOSE THAT ARE ON THE HORIZON..

INVESTMENTS IN FISCAL YEAR 1998 (IN ADDITION TO THE DHHS PREVIOUSLY IDENTIFIED PROJECTS)

HIV INTERVENTION AND RESEARCH PROGRAMS - (NIH/OAR)

THESE RECOMMENDATIONS SHOULD BE FUNDED THROUGH NIH, WITH SPECIFIC EMPHASIS ON OAR AND OTHER APPROPRIATE ENTITIES.

TO FUND PROGRAMS THAT BUILD THE RESEARCH CAPACITY WITHIN AFRICAN AMERICAN COMMUNITIES, SUPPORT RESEARCH CONDUCTED BY PERSONS INDIGENOUS TO THE COMMUNITIES TARGETED, AND PROVIDE TECHNICAL ASSISTANCE AND TRAINING TO AFRICAN AMERICAN

INSTITUTIONS AND COMMUNITY-BASED ORGANIZATIONS IN THE DESIGN AND IMPLEMENTATION OF BEHAVIORAL RESEARCH. INCREASE THE DIRECT PARTICIPATION OF AFRICAN AMERICAN PRINCIPAL RESEARCHERS AND INSTITUTIONS IN BEHAVIORAL AND BIOMEDICAL RESEARCH.

NIH POPULATION SPECIFIC INTERVENTIONS (NIH/OAR) +\$12 MILLION

IN ADDITION TO FUNDS ALREADY OUTLINED FOR TARGETED AFRICAN AMERICAN COMMUNITIES AND POPULATIONS, FUND ADDITIONAL POPULATION SPECIFIC GRANTS TO MORE EFFECTIVELY TARGET AT RISK PERSONS, ADDRESS COMMUNITY NORMS AND SUPPORT THE ADOPTION OF HIV RISK REDUCTION BEHAVIORS AND SUSTAIN BEHAVIORAL CHANGE AMONG HIGH RISK POPULATIONS. FUND ADDITIONAL PROGRAMS THAT:

- SPECIFICALLY TARGET PREGNANT AND PARENTING TEENAGERS AND THEIR SEXUALLY ACTIVE PARTNERS;
- TARGET BLACK HETEROSEXUAL MEN IN AGE SPECIFIC POPULATIONS;
- TARGET BLACK WOMEN IN AGE SPECIFIC POPULATIONS RANGING IN CHILD BEARING AGES OF 15-44; AND
- PROVIDE FOR RISK REDUCTION FOR CRACK COCAINE ABUSING YOUTH WHO PARTICIPATE IN THE SEX FOR DRUGS TRADE ASSOCIATED WITH CRACK USE.

**AFRICAN AMERICAN COMMUNITY
RESEARCH CONFERENCE (NIH/CDC)**

+\$200,000

THE NIH AND THE CDC WILL JOINTLY FUND A BLACK ORGANIZATION WITH THE HISTORY AND CAPACITY IN PROGRAM DEVELOPMENT IN COMMUNITY PLANNING, EDUCATION, COORDINATION, AND POLICY DEVELOPMENT AND COMMUNITY RESEARCH TO COORDINATE A CONFERENCE OF BLACK BEHAVIORAL AND BIOMEDICAL SCIENTISTS. THE INITIATIVE IS DESIGNED TO ESTABLISH A RESEARCH AND INTERVENTION AGENDA FOR THE BLACK COMMUNITY.

**COMMUNITY RESEARCH COORDINATING
GRANTS (NIH/OAR)**

+\$600,000

CREATE THREE (3) GRANTS OF \$200,000 EACH , AWARDED TO AGENCIES WITH A HISTORY AND CAPACITY OF COMMUNITY PLANNING, DEVELOPMENT, PUBLIC POLICY AND SERVICE TO AFRICAN AMERICAN COMMUNITIES IN HIV AND AIDS AND PUBLIC HEALTH, ON NATIONAL, REGIONAL AND/OR LOCAL LEVELS. THESE FUNDS WILL BE USED TO

ESTABLISH SCIENTIFIC PANELS OF BLACK BEHAVIORAL AND BIOMEDICAL RESEARCHERS TO SERVE AS ADVISORS, IMPLEMENT STRATEGIES THAT ADVANCE AN AFRICAN AMERICAN FOCUSED RESEARCH AGENDA WHILE OFFERING TECHNICAL ASSISTANCE TO COMMUNITIES AND ORGANIZATIONS SEEKING TO IMPLEMENT BEHAVIORAL INTERVENTION STRATEGIES IN HIV AND AIDS. THESE PANELS WILL SERVE AS ADVISORS ON PROGRAMS AND EVALUATIONS. ALTHOUGH COMMUNITY FOCUSED, THESE GROUPS WILL PROVIDE ADVICE AND ASSISTANCE TO THE NIH GRANT DEVELOPMENT AND APPLICATION PROCESS, AND WILL COORDINATE TECHNICAL ASSISTANCE TO CBOs ON A REGIONAL LEVEL.

**NIH BEHAVIORAL SCIENCE RESEARCH
GRANTS (NIH)**

+\$500,000

CREATE FIVE (5) NEW BEHAVIORAL SCIENCE RESEARCH GRANTS OF \$100,000 EACH TO AFRICAN AMERICAN RESEARCHERS TO EXPAND EXISTING STUDIES TARGETING SPECIAL POPULATIONS FOR SPECIFIC INTERVENTIONS AND COMMUNITY LEADERSHIP DEVELOPMENT THAT TARGET THE BEHAVIORAL LINKS BETWEEN IV DRUG USE AND THE INCREASED INFECTION RATES AMONG BLACK WOMAN AND CHILDREN. THIS INITIATIVE SERVES TO BREAK THE LINK BETWEEN UNSAFE SEXUAL PRACTICES AND SEXUAL NEGOTIATION DEFICITS BETWEEN BLACK WOMEN AND MEN AND SEXUAL PRACTICES AMONG HIGH RISK SEXUALLY ACTIVE HETEROSEXUAL TEENS.

**STRENGTHEN THE INVESTMENT IN AFRICAN AMERICAN CBO's
PROVIDING PREVENTION SERVICES (CDC)**

+ \$8 MILLION

THE CDC IS TO FUND, DIRECTLY, AFRICAN AMERICAN COMMUNITY BASED ORGANIZATIONS (CBOs) TO PROVIDE HIV PREVENTION SERVICES IN HIGHLY IMPACTED AND/OR UNDER-SERVED REGIONS OF THE COUNTRY INCLUDING THE SOUTHEAST AND SOUTH. THESE FUNDS WILL PROVIDE GRANTS RANGING BETWEEN \$150,000-\$250,000 TO AFRICAN AMERICAN CBOs TO PROVIDE HIV PREVENTION, HEALTH EDUCATION AND RISK REDUCTION SERVICES TO TARGETED AT RISK POPULATIONS OF AFRICAN AMERICANS. THIS INITIATIVE MUST FOCUS ON ORGANIZATIONS IN GEOGRAPHICAL REGIONS THAT HAVE PASSED ALL CRITERIA FOR FUNDING UNDER PROGRAM ANNOUNCEMENT 704 BUT WERE NOT FUNDED DUE SOLELY TO THE LIMITATION OF FUNDING AVAILABLE UNDER THE GRANT PROGRAM. SPECIAL ALLOCATIONS MUST BE MADE TO REGIONS WHERE AFRICAN AMERICANS ARE HIGHLY IMPACTED, BUT WHERE THE FUNDING IN THE REGION DOES NOT MATCH THE NEED FOR SERVICES IN THESE COMMUNITIES OR WHERE ENTIRE HIGH NEED COMMUNITIES WERE OMITTED FROM THE FINAL SELECTION FOR APPROVED FUNDING.

**PREVENTION AMONG HIV POSITIVE AFRICAN
AMERICAN GAY MEN (CDC)**

\$400,000

THE CDC TO DIRECT AT LEAST \$400,000, OF THE \$800,000 IN FUNDING PROPOSED FOR BEHAVIORAL RESEARCH ON THE EFFECTIVENESS OF HIV PREVENTION INTERVENTIONS SERVING HIV SEROPOSITIVE GAY MEN, TO PROJECTS SPECIFICALLY DESIGNED TO RESEARCH INTERVENTIONS TARGETED TO AFRICAN AMERICAN SEROPOSITIVE GAY MEN.

**PREVENTION AMONG HIV POSITIVE AFRICAN
AMERICANS (CDC)**

+\$1.5 MILLION

IN ADDITION TO THE \$3.9 MILLION TARGETED THROUGH STATE, LOCAL, TERRITORY HEALTH DEPARTMENTS, THE CDC SHOULD PROVIDE FUNDS TO SUPPORT 3 DEMONSTRATION PROJECTS, SPECIFICALLY DIRECTED TO AFRICAN AMERICANS, EXPERIENCING DIFFICULTY ACCESSING PREVENTION AND TREATMENT SERVICES TO PROVIDE PRIORITY HIV PRIMARY PREVENTION SERVICES TO AFRICAN AMERICANS, TO ENCOURAGE THEM TO LEARN THEIR HIV STATUS. FOR THOSE WHO ARE SEROPOSITIVE, THE PROGRAMS WOULD INCREASE ACCESS AND ACTUAL LINKAGE TO HIV TREATMENT AND SUPPORTIVE SERVICES.

**PREVENTION AMONG AFRICAN AMERICAN
MEN (CDC)**

+1.5 MILLION

THE CDC SHOULD PROVIDE AN ADDITIONAL \$1.5 MILLION TO SUPPORT A MINIMUM OF 3 BEHAVIORAL RESEARCH PROJECTS SPECIFICALLY DIRECTED TO INVESTIGATING THE EFFECTIVENESS OF PRIMARY PREVENTION INTERVENTIONS TARGETED TO FUND BEHAVIORAL RESEARCH CONDUCTED BY AFRICAN AMERICAN RESEARCHERS TO INVESTIGATE THE EFFECTIVENESS OF HIV PRIMARY PREVENTION INTERVENTIONS SERVING AFRICAN AMERICAN GAY, BISEXUAL AND HETEROSEXUAL MEN. THE PRINCIPAL INVESTIGATORS AND RESEARCHERS ON THESE PROJECTS MUST BE AFRICAN AMERICAN.

**PREVENTION OF HIV THROUGH STD
TREATMENT (CDC)**

+\$3.4 MILLION

AT A MINIMUM, PROVIDE AN ADDITIONAL \$3.4 MILLION INCREASE FOR COMMUNITY LEVEL INTERVENTIONS TO DETECT, TREAT AND CONTROL SEXUALLY TRANSMITTED DISEASES INCLUDING, BUT NOT LIMITED TO SYPHILIS, GONORRHEA (INCLUDING RECTAL), CHLAMYDIA AND HERPES IN AREAS ACROSS THE COUNTRY WHERE AFRICAN AMERICANS ARE MOST HIGHLY IMPACTED. THIS GRANT PROGRAM IS TO BE TARGETED TO COMMUNITY LEVEL INTERVENTIONS (SUCH AS THOSE SHOWING SIGNIFICANT REDUCTIONS OF HIV IN AFRICA) WHICH INCLUDE A PARTNERSHIP BETWEEN THE LOCAL, STATE AND TERRITORY PUBLIC

HEALTH DEPARTMENTS AND COMMUNITY BASED ORGANIZATIONS. AND COMMUNITY AND MIGRANT HEALTH CENTERS. SPECIFIC EMPHASIS MUST BE PLACED ON THE CITY OF BALTIMORE AND THE SOUTH AND SOUTH EASTERN SECTIONS OF THE U.S.

STD INTERVENTION -BALTIMORE AND SOUTH EASTERN REGION (CDC)

+\$3MILLION

IN ADDITION TO FUNDS ALREADY ALLOCATED TO THESE AREAS, AN ADDITIONAL GRANT OF \$1.5 MILLION SHOULD BE ALLOCATED TO THE CITY OF BALTIMORE WHERE SYPHILIS RATES ARE 18 TIMES HIGHER THAN THE NATIONAL AVERAGE. IN BALTIMORE, DURING THE LAST 24 MONTHS, 115 BABIES WERE BORN WITH UNTREATED SYPHILIS. THE GRANT WILL FOCUS ON EDUCATION AND INTERVENTION, SPECIAL PROGRAMS FOR PRENATAL CARE AND SYPHILIS TESTING, TREATMENT AND PREVENTION. THE GRANT WILL ALSO SERVE TO INCREASE STD TREATMENT IN DRUG TREATMENT PROGRAMS.

AN ADDITIONAL \$1.5 MILLION SHOULD BE ALLOCATED TO THE SOUTH EAST REGION OF THE UNITED STATES TO CONDUCT THE SAME SERVICES IN COUNTIES WHERE STD's ARE HIGHEST AMONG AFRICAN AMERICAN COMMUNITIES.

STD & DRUG TREATMENT REPORTS TO CBC

THE HHS WILL DELIVER A REPORT TO THE CONGRESSIONAL BLACK CAUCUS, NO LATER THAN DECEMBER 31ST 1998, THAT OUTLINES THE STATISTICS, INTERVENTION AND IMPLEMENTATION FINDINGS IN BALTIMORE AND THE SOUTH EAST REGION OF THE UNITED STATES. IN ADDITION, THE REPORT WILL OUTLINE THE 25 CITIES WHERE AFRICAN AMERICANS ARE MOST HEAVILY IMPACTED BY STD, HIV AND DRUG ADDICTION. IN CONJUNCTION WITH LOCAL HEALTH OFFICIALS ACROSS THE COUNTRY, THE REPORT WILL OUTLINE METHODS FOR A COMBINED STRATEGY TO REDUCE THE NUMBER OF STD TRANSMISSIONS, ELIMINATE CURRENT INFECTION AND INCREASE THE NUMBER OF DRUG TREATMENT SLOTS IN THESE COMMUNITIES BY THE YEAR 2001.

REDUCING HIV TRANSMISSION AMONG AFRICAN AMERICANS (CDC)

+\$400,000

THE CDC SHOULD PROVIDE \$400,000 IN FUNDING TO CARRY OUT THE AFRICAN AMERICAN COMPONENT OF ITS COMMUNITIES OF COLOR INITIATIVE. THIS WILL INCLUDE FOLLOW UP FOCUS GROUPS AND STRATEGY MEETINGS WITH AFRICAN AMERICAN EXPERTS IN HIV/AIDS TO DEVELOP AND FINE TUNE A SPECIFIC INITIATIVE TO REDUCE HIV INFECTION AMONG DIVERSE AFRICAN AMERICAN SUB POPULATIONS.

**ENHANCING STATE, LOCAL, TERRITORY
COORDINATION (SAMHSA)**

+\$100,000

THE COOPERATIVE PROJECT TO BE SUPPORTED BY SAMHSA WITH A \$50,000 GRANT TO BETTER DEFINE THE BARRIERS TO COLLABORATION OF STATE, LOCAL, AND TERRITORY HIV, SUBSTANCE ABUSE AND MENTAL HEALTH PROGRAMS, PARTICULARLY FOR COMMUNITIES OF COLOR REQUIRES ADDITIONAL SUPPORT. THE PROJECT INCLUDES COLLABORATION BETWEEN THE CDC, THE NATIONAL ASSOCIATION OF STATE AND TERRITORIAL AIDS DIRECTORS. (NASTAD) AND THE NATIONAL ASSOCIATION OF STATE ALCOHOL AND DRUG ABUSE DIRECTORS (NASADAD). ADDITIONAL GRANTS, IN THE SUM OF \$50,000 EACH, SHOULD BE AWARDED THE NATIONAL CAUCUS OF BLACK STATE LEGISLATORS (NCBSL) AND THE NATIONAL ORGANIZATION OF BLACK COUNTY OFFICIALS (NOBCO) TO IDENTIFY THE BARRIERS TO COLLABORATION AND DEVELOP A CORRECTIVE ACTION PLAN TO OVERCOME THE BARRIERS AND IMPROVE ACCESS TO HIV, SUBSTANCE ABUSE AND MENTAL HEALTH SERVICES FOR AFRICAN AMERICANS.

STRATEGY MEETINGS (CDC, SAMHSA, HRSA AHCPR, NIH)

+\$350,000

IN COLLABORATION, CDC, SAMHSA, HRSA, AHCPR, AND NIH, SHOULD PROVIDE \$350,000 IN A GRANT, TO BE AWARDED TO A CONSORTIUM OF NATIONAL AFRICAN AMERICAN AND MINORITY HIV/AIDS LEADERSHIP ORGANIZATIONS, TO COORDINATE A MEETING OF AFRICAN AMERICAN LEADERS IN THE HIV, HEALTH, FAITH, BUSINESS AND CIVIL RIGHTS COMMUNITIES TO DEVELOP A NATIONAL AGENDA AND ACTION PLAN TO COMBAT HIV/AIDS AMONG AFRICAN AMERICANS IN THE UNITED STATES. THIS ACTION PLAN WILL BE USED IN FISCAL YEARS 1999, 2000, AND THEREAFTER TO DIRECT THE FEDERAL RESPONSE TO THE STATE OF EMERGENCY OF HIV/AIDS AMONG AFRICAN AMERICANS.

CDC PREVENTION COMMUNITY PLANNING PROCESS

THE CURRENT PREVENTION COMMUNITY PLANNING PROCESS MANDATED BY THE CENTERS FOR DISEASE CONTROL AND PREVENTION HAS HAD SPORADIC IMPACT ON COMMUNITIES OF AFRICAN DESCENT ACROSS THE NATION. BY ALL ACCOUNTS, INCLUDING THE CDC'S OWN ADMISSION, THE PROCESS IS NOT WORKING FOR BLACK AMERICA. AMONG THE GREATEST FAILURES OF THIS PROCESS HAS BEEN THE LACK OF RESPONSE TO THE DIVERSE NEEDS OF THE AFRICAN AMERICAN COMMUNITY AT LARGE, A COMMUNITY WHERE NEW HIV INFECTIONS ARE GROWING AT AN UNPRECEDENTED RATE. THE PROCESS ALSO LACKS THE ABILITY TO COORDINATE AN ADEQUATE RESPONSE FROM KEY INDIGENOUS COMMUNITY LEADERS WITH A HISTORY AND CAPACITY TO ADVANCE

COMMUNITY DEVELOPMENT ON THE LOCAL LEVEL. SIMILARLY, THE PROCESS PLACES LITTLE OR NO EMPHASIS ON CREATING OR IDENTIFYING AVAILABLE FUNDING STREAMS OUTSIDE OF THE GOVERNMENT PROCESS. THESE FUNDING STREAMS WOULD SERVE TO ENHANCE PROGRAM DEVELOPMENT WHILE OFFERING LITTLE TECHNICAL SUPPORT IN ORGANIZATIONAL DEVELOPMENT TO MEET CURRENT CHALLENGES. EQUALLY DETRIMENTAL IS THE PROCESS' CONSISTENT INABILITY TO CREATE INFORMATION STREAMS OUTSIDE OF THE HIV/AIDS COMMUNITY. THESE INFORMATION STREAMS ARE ALSO CRITICAL TO ADVANCING KNOWLEDGE FOR COMMUNITIES WHO REMAIN IN PERIL. FINALLY, MANY AFRICAN AMERICANS IN OUR COMMUNITY, WHO SIT AT VARIOUS DECISION MAKING TABLES IN TERRITORIES, STATES AND MUNICIPALITIES ACROSS THIS COUNTRY, ARE SUBJECT TO VOTES BY CONSENSUS IN A PROCESS WITH UNBALANCED REPRESENTATION OF THE TARGET COMMUNITIES.

THE CDC'S PROCESS MANDATES ADHERENCE TO COMMUNITY PLANNING, YET IT ALLOWS THE DECISION MAKING TO TAKE PLACE AT VARIOUS LEVELS IN GOVERNMENT. DESPITE THE CONTROLS INHERENT IN THIS MANDATE, THE PROCESS MOVES TO ADMINISTRATIVE LEVELS IN STATE, LOCAL AND TERRITORY GOVERNMENTS, WHERE KEY ADMINISTRATIVE LEADERSHIP IN LOCAL HEALTH DEPARTMENTS BEAR NO RESEMBLANCE TO THE TARGETED COMMUNITIES. TODAY, MANY KEY PARTICIPANTS IN THE PROCESS HOLD STEADFAST THE BIASES INHERITED FROM OLDER AGENCIES AND SCHOOLS OF THOUGHT, WHO GAINED POWER DURING THE FIRST WAVE OF THIS EPIDEMIC, BIASES THAT ARE NOT TRANSFERABLE TO OUR COMMUNITY PROCESS.

THE PROCESS, HOWEVER, SHOULD NOT BE ELIMINATED. RATHER, THE CDC MUST RECOGNIZE THAT IF AFRICAN AMERICANS ARE TO BENEFIT FROM THE ENORMOUS INVESTMENT THAT THIS NATION HAS MADE IN HIV/AIDS, A SERIES OF PROCESSES MORE RESPECTFUL OF THE AFRICAN AMERICAN COMMUNITY'S NEEDS, MUST BE IMPLEMENTED. THE PREVENTION COMMUNITY PLANNING PROCESS IN COMMUNITIES OF AFRICAN DESCENT NEEDS A BROADER APPROACH. ONE THAT COMBINES THE EXPERTISE OF THE COMMUNITY AT LARGE WITH THE WILL AND DETERMINATION OF COMMUNITY LEADERS WHO POSSESS A HISTORY AND TRADITION IN COMMUNITY DEVELOPMENT. THE CURRENT PROCESS IS NOT ONE THAT LEADS TO CONSENSUS BECAUSE OF AN UNBALANCED REPRESENTATION OF THE AFRICAN AMERICAN COMMUNITY AND MUST THEREFORE ALLOW THE COMMUNITY TO COME TO A CONSENSUS AMONG ITSELF AND THEN ENGAGE IN A BROADER PROCESS. THE FOLLOWING IS A LIST OF RECOMMENDATIONS TO MEET THIS GOAL.

RECOMMENDATIONS:

THE CDC MUST REQUIRE STATES AND TERRITORIES TO ENGAGE IN A PROCESS OF AFRICAN AMERICAN COMMUNITY FOCUS GROUPS TO GARNER ADDITIONAL INFORMATION FOR PREVENTION PLANNING. THESE GROUPS MUST INCLUDE INDIVIDUALS REPRESENTING POPULATIONS IN THE BLACK COMMUNITY THAT ARE AT RISK AS DETERMINED BY CURRENT HIV INFECTION RATES. COMMUNITY LEADERS AND ORGANIZATIONS THAT HAVE TRADITIONALLY SERVED THE COMMUNITY (I.E.: CIVIL RIGHTS, CLERGY AND GROUPS SERVICING YOUTH, WOMEN, BLACK GAY MEN, BLACK HETEROSEXUAL MEN, DRUG USERS AND OTHERS) MUST BE TARGETED FOR INCLUSION IN THIS PROCESS.

THE CDC MUST ESTABLISH SYSTEMS WITHIN THE PREVENTION COMMUNITY PLANNING PROCESS, THAT ALLOW LOCAL INDIGENOUS LEADERS TO ENGAGE IN PLANNING, INFORMATION SHARING AND THE MAKING OF RECOMMENDATIONS REGARDING COMMUNITY NEEDS. THIS PROCESS MUST INCLUDE PEOPLE LIVING WITH HIV AND AIDS, MANY OF WHOM ARE AMONG THE INDIGENOUS BLACK LEADERSHIP.

WHEN POSSIBLE, THE CDC MUST REQUIRE LOCAL GOVERNMENTS TO HOLD QUARTERLY MEETINGS WITH PRIVATE FOUNDATION EXECUTIVES THAT INCLUDE THE PARTICIPATION OF VARIOUS FOCUS GROUPS. LOCAL GOVERNMENTS MUST LIST PRIORITY ANCILLARY SERVICE NEEDS OF FUNDED ORGANIZATIONS AND WORK WITH PRIVATE FUNDERS TO CREATE PROGRAMS TO MEET THESE NEEDS IN A JOINT PUBLIC PRIVATE PARTNERSHIP'S THAT ENHANCE THESE EFFORTS. LOCAL GOVERNMENTS MUST ALSO HOLD REGIONAL MEETINGS WITH PRIVATE FOUNDATIONS AND CORPORATE GIVING ENTITIES THAT INCLUDE THE PARTICIPATION OF LOCAL BLACK LEADERS AND PEOPLE LIVING WITH HIV AND AIDS. ALL LOCAL GOVERNMENTS MUST PRODUCE A MONTHLY INFORMATION REPORT ON PROSPECTIVE FUNDERS THAT CAN PROVIDE FUNDING FOR ANCILLARY SERVICES TO COMMUNITY ORGANIZATIONS.

THE CDC AND HRSA MUST DEVELOP AN ADEQUATE INFORMATION SYSTEM THAT INFORMS THE COMMUNITY AT-LARGE OF THE SCOPE OF THE AIDS EPIDEMIC. SPECIAL EMPHASIS MUST BE MADE TO ENSURE THE INVOLVEMENT OF A BROAD RANGE OF COMMUNITY

ORGANIZATIONS NOT YET WORKING IN AIDS, AS WELL AS ORGANIZATIONS DESIGNED TO COORDINATE LEGISLATORS, PUBLIC POLICY OFFICIALS, MEMBERS OF THE MEDIA AND OTHER LEADERS. PUBLIC INFORMATION FORUMS THAT MAKE USE OF BOTH THE PRINT AND ELECTRONIC MEDIA IN THE BLACK COMMUNITY MUST BE ADVISED QUARTERLY ON ALL ASPECTS OF THE LOCAL EPIDEMIC AND A FORMAL RELATIONSHIP FOR QUARTERLY REPORTING IN THE BLACK PRESS MUST BE MANDATED.

ALL GOVERNMENT ENTITIES HOLDING CONTRACTS WITH LOCAL MUNICIPALITIES MUST ENSURE THAT TOP LEVEL ADMINISTRATION, WITH OVERSIGHT TO THE COMMUNITY PROCESS, EMPLOY MEMBERS OF THE COMMUNITY THAT WILL BE SPECIFICALLY TARGETED FOR ON-GOING PUBLIC HEALTH AND DISEASE PREVENTION ACTIVITIES. IN ADMINISTRATIONS WHERE A DEFICIT IN THE HIRING OF PEOPLE OF COLOR IS EVIDENT, ALL EFFORTS AND ASSISTANCE FOR THE IDENTIFICATION OF QUALIFIED APPLICANTS FROM THE BLACK COMMUNITY, WITH THE WILLINGNESS AND CAPACITY TO WORK WITHIN GOVERNMENT, MUST BE SOUGHT. THE CDC MUST DELIVER A REPORT ON THE RACIAL AND ETHNIC BREAKDOWN OF THE LEADING PUBLIC HEALTH OFFICIALS ASSIGNED TO HIV AND AIDS IN EACH AREA WHERE THE EPIDEMIC HAS STRONGLY IMPACTED COMMUNITIES OF AFRICAN DESCENT. THIS REPORT MUST BE DELIVERED TO THE CONGRESSIONAL BLACK CAUCUS IN THE NEXT 90 DAYS FOR REVIEW BY MEMBERS.

THE CDC AND HRSA MUST MAKE EVERY EFFORT TO ENSURE THAT LOCAL GOVERNMENTS RECEIVING FUNDING EXPAND THEIR CONSULTANT BASE TO INCLUDE ACTIVISTS, BLACK ORGANIZATION DIRECTORS, LEADERSHIP, PUBLIC HEALTH OFFICIALS AND BEHAVIORAL SCIENTISTS.

THE CDC AND HRSA MUST ESTABLISH A SYSTEM TO IMMEDIATELY EVALUATE, ADJUST AND REMEDY ANY FUNDING DECISIONS EMANATING FROM THE CURRENT REVIEW AND PLANNING PROCESS WHEN IT IS EVIDENT THAT SPECIFIC SEGMENTS OF ANY POPULATION DEMONSTRATING THE HIGHEST NEED WILL NOT BE REPRESENTED IN THE FINAL SELECTION PROCESS. SYSTEMS THAT ALLOW FOR IMMEDIATE REDRESS IN CASES WHERE AFRICAN AMERICAN COMMUNITIES ARE NOT REPRESENTED IN FINAL FUNDING DECISIONS MUST ALSO BE DEVELOPED.

BUILDING COMMUNITY CAPACITY

THE CDC HAS MADE AN UNPRECEDENTED INVESTMENT IN THE MANDATED COMMUNITY PREVENTION PLANNING PROCESS, WHICH HAS NOT BENEFITED THE AFRICAN AMERICAN COMMUNITY. THE ISSUES ASSOCIATED WITH THE FAILURE OF THIS SYSTEM TO MEET COMMUNITY NEEDS AND PRELIMINARY RECOMMENDATIONS FOR IMPROVEMENT ARE OUTLINED IN OTHER SECTIONS OF THIS DOCUMENT.

HIV AND AIDS ARE BEING FUELED BY A HOST OF ACCOMPANYING CO-FACTORS THAT HAVE NEVER BEEN ADEQUATELY ADDRESSED FOR THE BLACK COMMUNITY. DRUG ABUSE, SEXUALLY TRANSMITTED DISEASES, UNACCEPTABLY HIGH MORTALITY RATES FROM CHRONIC ILLNESS AND CHILDHOOD DISEASES, COUPLED WITH FAILING PUBLIC HEALTH INFRASTRUCTURES IN THE AREAS OF DISEASE PREVENTION AND HEALTH PROMOTION, HAVE PLAYED A TREMENDOUS ROLE IN THE OUTBREAK OF NEW HIV INFECTIONS WITH MULTI-GENERATIONAL IMPACT ON THE BLACK COMMUNITY.

THERE ARE SEVERAL ESSENTIAL ELEMENTS TO BUILDING THE CAPACITY OF A COMMUNITY TO RESPOND TO THIS HEALTH CRISIS. PRIORITIES INCLUDE EFFECTIVE PUBLIC HEALTH INTERVENTIONS AND HIV/AIDS PREVENTION EDUCATION FOR AFRICAN AMERICAN POPULATIONS OFFERING A WIDE RANGE OF ORGANIZATIONAL SUPPORT. THIS SUPPORT SHOULD ENHANCE EXISTING SERVICES AND CREATE THOSE THAT ARE NEEDED. LOCAL, REGIONAL AND NATIONAL COMMUNITY DEVELOPMENT INITIATIVES THAT EXPAND RESOURCES AND POLICY DEVELOPMENT, OFFER SUSTAINED BENEFIT TO COMMUNITY PLANNING AND BROADEN PARTICIPATION OF COMMUNITY INSTITUTIONS AND LEADERS, ARE PRIORITIES.

WHILE THE HHS DOCUMENT OUTLINES AN INTEGRATED SERVICE PATTERN FOR AFRICAN AMERICANS, IT ALSO MAKES CLEAR THAT MANY PREVENTION INITIATIVES ARE RECENT ADDITIONS. IN THE AREAS OF RESEARCH AND CARE, COMMUNITY RESPONSE INDICATES A NEED FOR IMPROVED OUTREACH AND RECRUITMENT EFFORTS. MOREOVER, THE HHS DOCUMENT DOES NOT PROVIDE SUBSTANTIVE SUPPORT FOR INTERNAL DEVELOPMENT OR SUSTAINING CURRENT COMMUNITY DEVELOPMENT INITIATIVES.

THE OFFICE OF MINORITY HEALTH (OMH)

+10 MILLION

OMH MUST BE ALLOCATED THE RESOURCES THAT ARE NECESSARY TO FULLY CARRY OUT ITS MANDATED ROLE. IF THERE WAS EVER A TIME FOR THE OFFICE OF MINORITY HEALTH AND THE OFFICE OF RESEARCH ON

MINORITY HEALTH TO SERVE AS A TRUE FORCE IN ENDING AMERICAS RACIAL DISPARITIES IN PUBLIC HEALTH, CARE AND SERVICES, THE TIME IS NOW.

THE CONGRESSIONAL BLACK CAUCUS RECOMMENDS THAT THE OFFICE OF MINORITY HEALTH ASSUME SOME OF THE GRANT AND FUNDING RESPONSIBILITY FOR COMMUNITY PLANNING AND DEVELOPMENT IN CONJUNCTION WITH THE CENTERS FOR DISEASE CONTROL AND PREVENTION, HRSA AND THE NIH, FOR THE BLACK COMMUNITY, AND THEN USE ITS LEGISLATIVE MANDATE TO REPLICATE PROGRAMS THAT HAVE MERIT IN OTHER ETHNIC MINORITY COMMUNITIES.

COMMUNITY DEVELOPMENT GRANTS

\$1.2 MILLION

IN 1998, THE OFFICE OF MINORITY HEALTH, IN CORPORATION WITH THE CDC, NIH AND SAMHSA SHOULD JOINTLY ESTABLISH THREE (3) GRANTS FOR APPROXIMATELY \$320,000 EACH, UNDER A NEW COMMUNITY DEVELOPMENT INITIATIVE. THE GOAL IS TO ESTABLISH LOCAL BLACK PUBLIC HEALTH AWARENESS COALITIONS IN TARGETED COMMUNITIES AT HIGH RISK OF HIV AND AIDS, TUBERCULOSIS, SEXUALLY TRANSMITTED DISEASES, INFANT MORTALITY AND DRUG ABUSE. THE COALITIONS WILL BE COORDINATED BY A NATIONAL, REGIONAL ENTITY AND SERVE TO ORGANIZE, EDUCATE, DEVELOP AND PROVIDE TECHNICAL ASSISTANCE TO INDIGENOUS COMMUNITY LEADERS FOR THE PREVENTION OF DISEASE AND THE PROMOTION OF HEALTH IN TARGETED COMMUNITIES. GRANTS WILL FOCUS ON THE SUSTAINED AND COORDINATED MOBILIZATION EFFORTS, LOCAL PROGRAM AND POLICY DEVELOPMENT ASSISTANCE, TARGETING A COALITION CONSISTING OF LOCAL CLERGY, ELECTED OFFICIALS, SOCIAL POLICY EXPERTS, BUSINESS AND MEDIA LEADERSHIP.

THESE FUNDS WILL BE USED TO ESTABLISH COMMUNITY BASED COALITIONS IN PUBLIC HEALTH AND AIDS IN COMMUNITIES OF AFRICAN DESCENT, AND WILL NOT RENDER OR DISPLACE DIRECT SERVICE ORGANIZATIONS, BUT WILL SERVE TO ENHANCE ANY AND ALL COMMUNITY EFFORTS, INCLUDING THE COORDINATION OF LOCAL PRIVATE FUNDING, EDUCATION AND SUPPORT FOR COMMUNITY AGENCIES WHILE RENDERING TECHNICAL ASSISTANCE IN ALL AREAS WHERE NECESSARY.

THE PROVISION OF SUPPORT FOR ON GOING COMMUNITY EFFORTS, WILL BROADEN LEADERSHIP PARTICIPATION, NEW OPPORTUNITIES FOR FUNDING AND THE ASSESSMENT OF NEEDS WHILE EDUCATING LEADERS WHO WILL EDUCATE THEIR CONSTITUENCY. AN ADDITIONAL \$210,000

SHOULD BE TARGETED TO FUND COMMUNITY LEADERSHIP NEEDS ASSESSMENTS AND PROVIDE A FORMAL EVALUATION PROCESS FOR PROGRAM INITIATIVES.

COMMUNITY DEVELOPMENT /TECHNICAL ASSISTANCE

+\$5 MILLION

A JOINT EFFORT BETWEEN THE OFFICE OF MINORITY HEALTH, NIH/SAMSHA/HRSA AND THE CDC TO AWARD \$5 MILLION PER YEAR FOR COMMUNITY DEVELOPMENT GRANTS TO 40 AFRICAN AMERICAN COMMUNITIES IN AREAS HIGHLY IMPACTED BY HIV AND AIDS. THE FUNDS WILL SUPPORT COMMUNITY-WIDE NEEDS ASSESSMENTS AND A PLANNING PROCESS FOR HIV, SUBSTANCE ABUSE AND STD PREVENTION, TREATMENT, CARE AND SUPPORTIVE SERVICES, FOR THOSE INFECTED, OR AFFECTED BY HIV/AIDS. FUNDING WOULD ALSO ENABLE THESE COMMUNITIES TO IMPLEMENT THE PLAN AND BEGIN THE PROCESS OF SERVICE DEVELOPMENT. THE GRANTS MUST BE AWARDED FOR A MINIMUM OF THREE YEARS TO ALLOW FOR CONTINUITY OF SERVICE PLANNING, DEVELOPMENT AND IMPLEMENTATION.

FY 1999

**COMPREHENSIVE MULTI-YEAR ACTION PLAN TO START IN FISCAL YEAR 1999
(IN ADDITION TO THE DHHS PREVIOUSLY IDENTIFIED PROJECTS)**

**TECHNICAL ASSISTANCE, INFRASTRUCTURE AND
CAPACITY BUILDING MINORITY NATIONAL, REGIONAL
OR LOCAL ORGANIZATIONS GRANT PROGRAM (CDC)**

+\$3.1 MILLION

CDC TO ESTABLISH A \$3.1 MILLION GRANT PROGRAM TO FUND TECHNICAL ASSISTANCE AND HIV PREVENTION CAPACITY BUILDING ACTIVITIES TARGETED TO AFRICAN AMERICAN COMMUNITY BASED ORGANIZATIONS. THIS PROGRAM WILL FUND APPROXIMATELY 3 MINORITY NATIONAL, REGIONAL OR LOCAL ORGANIZATIONS WITH GRANTS AVERAGING \$200,000 EACH TO PROVIDE TECHNICAL ASSISTANCE TO AFRICAN AMERICAN COMMUNITY-BASED ORGANIZATIONS (CBOs) THAT QUALIFIED UNDER THE CDC'S ANNOUNCEMENT NUMBER 704 GRANT PROGRAM, TO ASSIST THEM IN ENHANCING THEIR ABILITY TO COMPETE MORE EFFECTIVELY.

AT LEAST 100 ORGANIZATIONS WILL RECEIVE THE TECHNICAL ASSISTANCE NEEDED TO IMPROVE AND INCREASE THEIR CAPACITY IN GRANT WRITING SKILLS, ORGANIZATIONAL MANAGEMENT AND INFRASTRUCTURE, PROGRAM DESIGN AND EVALUATION, ETC.

FOLLOWING COMPLETION OF THE TECHNICAL ASSISTANCE EACH ORGANIZATION WILL RECEIVE A \$25,000 PLANNING GRANT TO PLAN, DEVELOP AND DESIGN HIV PREVENTION INTERVENTION PROGRAMS TARGETED TO AFRICAN AMERICAN SUB POPULATIONS.

**DEVELOPMENT OF TECHNICAL ASSISTANCE
PROGRAMS (CDC, SAMHSA, HRSA)**

+\$2.5 MILLION

ESTABLISH A FUNDING MECHANISM TO AWARD APPROXIMATELY 100 INDIVIDUAL COMMUNITY BASED ORGANIZATIONS TO OBTAIN SMALL GRANTS FOR ORGANIZATIONAL INFRASTRUCTURE SUPPORT AND DEVELOPMENT FOR TARGETED NEEDS SUCH AS INTERNAL FINANCIAL SYSTEMS, PUBLIC AND PRIVATE SECTOR FUND DEVELOPMENT, PROGRAM PLANNING, MANAGERIAL STAFF AND BOARD DEVELOPMENT. THESE GRANTS WOULD ALLOW ORGANIZATIONS TO PURCHASE SPECIFIC TECHNICAL ASSISTANCE AND TO SUBSEQUENTLY HIRE STAFF TO CARRY OUT AND STRENGTHEN ORGANIZATIONAL FUNCTIONING IN THE SPECIFIED AREAS. THESE GRANTS SHOULD BE TARGETED TO INDIVIDUAL ORGANIZATIONS AND ALSO INCLUDE SUPPORT FOR LOCAL AND REGIONAL AFRICAN AMERICAN AIDS SPECIFIC COALITIONS/GROUPS TO

PROVIDE AND MAINTAIN LOCAL TECHNICAL ASSISTANCE TO THESE ORGANIZATIONS.

**TARGETED PLANNING GRANTS UNDER
TITLE III RYAN WHITE**

INCREASE THE NUMBER OF TARGETED PLANNING GRANTS UNDER TITLE III OF THE RYAN WHITE CARE ACT, TO BUILD NEW CAPACITY FOR PRIMARY CARE PROVIDERS IN AFRICAN AMERICAN COMMUNITIES TO LINK WITH AFRICAN AMERICAN COMMUNITY BASED ORGANIZATIONS TO DELIVER NEEDED HEALTH CARE SERVICES. THESE GRANTS WOULD AVERAGE BETWEEN \$75,000-100,000. GRANTEES WOULD BE RESPONSIBLE FOR DEVELOPING NECESSARY ASSESSMENTS OF THE PRIMARY CARE NEEDS OF CONSUMERS AND PROVIDERS IN THE AREA; DEVELOPING EPIDEMIOLOGICAL PROFILES OF THE SERVICE AREA; DEVELOPING LINKAGES WITH CBOS AND PROVIDERS IN THE AREA; AND PROVIDING ASSISTANCE TO CBOS TO DEVELOP THEIR CAPACITY TO DIVERSIFY THEIR FUNDING BASE AND ACCESS PRIVATE OR PUBLIC THIRD PARTY REIMBURSEMENT (SUCH MEDICAID) TO MEET THE SERVICE NEEDS OF THE CONSUMERS. THE ADMINISTRATION SHOULD PURSUE THE LEGISLATIVE CHANGES NECESSARY TO INCREASE THE LEVEL OF FUNDING FOR THESE PLANNING GRANTS.

**INCREASE THE PARTICIPATION OF AFRICAN
AMERICAN HEALTH CARE PROFESSIONALS IN
PROVIDING HIV CARE IN HIGHLY IMPACTED
AFRICAN AMERICAN COMMUNITIES (HRSA)**

+ \$9 MILLION

HRSA TO FUND A PROGRAM THROUGH THE NATIONAL MEDICAL ASSOCIATION, AND OTHER NATIONAL AFRICAN AMERICAN PROFESSIONAL HEALTH AND MENTAL HEALTH ORGANIZATIONS TO DEVELOP, SUPPORT AND ENHANCE SYSTEMS OF RECRUITMENT, REFERRAL AND PLACEMENT OF AFRICAN AMERICAN HEALTH AND MENTAL HEALTH CARE PROFESSIONALS IN HIGHLY IMPACTED AFRICAN AMERICAN COMMUNITIES. THESE WOULD INCLUDE SPECIALISTS IN HIV CARE, INFECTIOUS DISEASES, COMMUNITY HEALTH, INTERNAL MEDICINE, AS WELL AS NURSES, PHYSICIAN EXTENDERS AND MENTAL HEALTH PROVIDERS. PARTICIPANTS WOULD RECEIVE EDUCATIONAL LOAN FORGIVENESS ALONG THE LINES OF THE NATIONAL HEALTH SERVICE CORP. LOAN REPAYEE PROGRAM FOR WORKING IN AFRICAN AMERICAN COMMUNITIES HIGHLY IMPACTED BY HIV/AIDS. FUNDING FOR THIS PROGRAM SHOULD BE CHANNLED THROUGH THE PROGRAMS SUCH AS THE PRESIDENTS RACE INITIATIVE TO REDUCE HIV/AIDS HEALTH DISPARITIES AMONG AFRICAN AMERICANS.

TRAINING LAY COMMUNITY HEALTH WORKERS

WITHIN 90 DAYS THE SECRETARY OF HEALTH AND HUMAN SERVICES AND THE SECRETARY OF LABOR ARE TO DEVELOP A PLAN AND BUDGET TO BE PRESENTED TO THE CONGRESSIONAL BLACK CAUCUS TO CREATE A PROGRAM JOINTLY FUNDED BY THE DEPARTMENT OF LABOR AND HHS, THROUGH HRSA's BUREAU OF HEALTH PROFESSIONALS TO SUPPORT CONTRACTS FOR PROGRAMS TO TRAIN LOCAL COMMUNITY MEMBERS AS COMMUNITY HEALTH WORKERS IN HIGHLY IMPACTED AFRICAN AMERICAN COMMUNITIES.

THE GRANTS SHOULD SEEK TO BUILD ON THE CAPACITY AND STRENGTHS OF NATIONAL, REGIONAL AND LOCAL AFRICAN AMERICAN ORGANIZATIONS WITH A HISTORY AND TRADITION OF DEVELOPING AND IMPLEMENTING MODEL EMPLOYMENT PROGRAMS IN COMMUNITIES OF COLOR. TO MAXIMIZE THE IMPACT OF THESE INITIATIVES ON SUSTAINED COMMUNITY DEVELOPMENT, THE GRANTS SHOULD SUPPORT, TRAINING AND EMPLOYMENT TO PARTICIPANTS IN WELFARE REFORM PROGRAMS IN LOCAL COMMUNITIES.

ORGANIZATIONS SUCH AS THE NATIONAL URBAN LEAGUE COULD DEVELOP AND IMPLEMENT MODEL PROGRAMS THROUGH THEIR LOCAL AFFILIATES WHO WOULD FORM AGREEMENTS WITH LOCAL COMMUNITY CHURCHES, BUSINESS AND CIVIC GROUPS. THESE INSTITUTIONS WOULD SUPPORT RECRUITMENT, PROVIDE DAYCARE FACILITIES, COUNSELING AND OTHER ANCILLARY SERVICES TO THE TRAINEES.

TECHNICAL ASSISTANCE ACADEMY (CDC, HRSA, SAMHSA)

+\$750,000

OVER THE PAST TWO DECADES, AFRICAN AMERICAN LEADERS IN HIV/AIDS HAVE DEVELOPED TECHNICAL EXPERTISE IN A RANGE OF SERVICE DELIVERY AND MANAGEMENT AREAS. EFFORTS MUST BE MADE TO CAPITALIZE ON THE EXPERTISE OF THOSE WHO HAVE SUCCESSFULLY DEVELOPED, DESIGNED AND IMPLEMENTED A WIDE ARRAY OF EFFECTIVE HIV AND SUBSTANCE ABUSE PREVENTION, CARE, TREATMENT, SUPPORT AND COMMUNITY DEVELOPMENT PROGRAMS IN AFRICAN AMERICAN COMMUNITIES.

THE CDC, IN COLLABORATION WITH HRSA AND SAMHSA, SHOULD DEVELOP A TECHNICAL ASSISTANCE ACADEMY THAT RECRUITS, COORDINATES AND UTILIZES THE SERVICES OF THE AFRICAN AMERICAN HIV/AIDS EXPERTS AND LEADERS TO SHARE THEIR KNOWLEDGE AND EXPERTISE WITH EMERGING ORGANIZATIONS THROUGH THE PROVISION OF HANDS-ON TECHNICAL ASSISTANCE TO SUPPORT ORGANIZATIONAL

INFRASTRUCTURE DEVELOPMENT, AND PROGRAM IMPLEMENTATION.

THE ACADEMY WOULD RECRUIT AFRICAN AMERICAN HIV/AIDS EXPERTS AND LEADERSHIP WHO HAVE DEMONSTRATED SUCCESS AND SKILL IN PROGRAM DESIGN AND DEVELOPMENT, EVALUATION, ORGANIZATIONAL AND FINANCIAL MANAGEMENT, AND COMMUNITY DEVELOPMENT, AND WHO HAVE THE WILLINGNESS AND CAPACITY TO PROVIDE SUCH TECHNICAL ASSISTANCE TO SMALLER LOCAL AND REGIONAL IN COMMUNITIES HARDEST HIT BY HIV/AIDS.

**TECHNICAL ASSISTANCE TO INTEGRATE BEHAVIORAL
SCIENCE IN PROGRAM PLANNING (CDC & SAMHSA) +\$1.7 MILLION**

THE CDC AND SAMHSA TO AWARD 5 DEMONSTRATION GRANTS TO MINORITY NATIONAL, REGIONAL OR LOCAL ORGANIZATIONS TO PROVIDE TRAINING, TECHNICAL ASSISTANCE AND/OR DIRECT SUPPORT TO ENHANCE AND BUILD THE CAPACITY OF AFRICAN AMERICAN CBOs TO INTEGRATE BEHAVIORAL SCIENCE AND EPIDEMIOLOGICAL FINDINGS TO DESIGN, IMPLEMENT AND EVALUATE EFFECTIVE HIV PREVENTION INTERVENTION PROGRAMS.

**BUILDING AND SUSTAINING HIV SERVICE
INFRASTRUCTURE IN AFRICAN AMERICAN
COMMUNITIES (CDC, HRSA & SAMHSA) +15 MILLION**

THROUGH JOINT FUNDING NIH, CDC, HRSA & SAMHSA, WILL ESTABLISH A THREE YEAR CONTINUING FUNDING GRANT PROGRAM TO PROVIDE TAILORED AND TARGETED TECHNICAL ASSISTANCE TO AFRICAN AMERICAN COMMUNITY BASED ORGANIZATIONS TO BUILD AND SUSTAIN HIV SERVICE CAPACITY. NATIONAL, REGIONAL AND LOCAL MINORITY TECHNICAL ASSISTANCE WOULD RECEIVE GRANTS TO PROVIDE TECHNICAL ASSISTANCE TO AFRICAN AMERICAN CBOs IN HIGHLY IMPACTED AREAS OF THE COUNTRY AND THOSE AREAS WHERE THERE ARE EMERGING EPIDEMICS OF HIV, STDs, AND SUBSTANCE ABUSE YET HAVE LIMITED HIV PREVENTION, TREATMENT AND CARE CAPACITY. THE TECHNICAL ASSISTANCE WOULD BE GEARED TO ASSIST CBOs TO DEVELOP AND SUSTAIN SKILLS AND INFRASTRUCTURE IN ORGANIZATIONAL AND FINANCIAL MANAGEMENT, BOARD DEVELOPMENT, FUNDRAISING, AND COMMUNICATIONS TECHNOLOGY.

THE PROGRAM WILL INCLUDE A COMPREHENSIVE ORGANIZATIONAL EVALUATION AND TECHNICAL ASSISTANCE NEEDS ASSESSMENT; PROVISION OF HANDS ON TECHNICAL ASSISTANCE OVER A PERIOD OF 4-6 WEEKS AND PERIODIC FOLLOW UP AT 3 MONTH, SIX MONTH AND ANNUAL INTERVALS TO ASSURE APPLICATION AND INTEGRATION OR THE

TECHNICAL ASSISTANCE RECEIVED INTO ORGANIZATIONAL AND PROGRAM OPERATIONS.

EACH ORGANIZATION WILL BE PROVIDED TECHNICAL ASSISTANCE AND BE FOLLOWED UP FOR A PERIOD OF AT LEAST TWO YEARS TOTAL. THIS GRANT PROGRAM WILL ALSO ENABLE CBOs THAT ARE RECEIVING THE TECHNICAL ASSISTANCE TO EXPAND THEIR CAPACITY BY PROVIDING FUNDS TO ALLOW THEM TO HIRE KEY FISCAL AND MANAGEMENT PERSONNEL WHO WOULD CARRY OUT THE FUNCTIONS TO WHICH THE TECHNICAL ASSISTANCE WAS TARGETED.

HIV CARE CAPACITY PLANNING GRANTS HRSA **+\$3 MILLION**
ESTABLISH A GRANT PROGRAM TO PROVIDE AT LEAST \$3 MILLION FOR 30-40 TARGETED SUPPLEMENTAL PLANNING GRANTS TO BUILD NEW CAPACITY FOR HEALTH CARE PROVIDER ORGANIZATIONS SERVING AFRICAN AMERICAN COMMUNITIES TO PROVIDE HIV/AIDS SERVICES. THE PURPOSE OF THESE GRANTS WOULD BE TO BUILD PRIMARY CARE CAPACITY IN URBAN, SUBURBAN AND RURAL AREAS THAT HAVE HIGH NEEDS AND INADEQUATE PRIMARY CARE CAPACITY TO PROVIDE HIV/AIDS PREVENTION, COUNSELING.

TESTING, DIAGNOSTIC AND EARLY INTERVENTION AND TREATMENT SERVICES. THESE GRANTS SHOULD BE TARGETED TO TITLE III PROVIDERS, 330 CLINICS, RURAL HEALTH CLINICS AND COMMUNITY-BASED ORGANIZATIONS IN AFRICAN AMERICAN COMMUNITIES THAT ARE HIGHLY IMPACTED BY HIV/AIDS AND COMMUNITIES WHERE THE EPIDEMIC IS EMERGING AND SPREADING RAPIDLY. COMMUNITIES SHOULD BE SELECTED BASED ON MARKERS WHICH INCLUDE AREAS EXPERIENCING HIGH RATES OF HIV INFECTIONS, STDs, (INCLUDING SYPHILIS, CHLAMYDIA AND RECTAL GONORRHEA), SUBSTANCE ABUSE (INCLUDING CRACK COCAINE AND INJECTING DRUG USE), TEEN PREGNANCY, LATE OR NO PRENATAL CARE, AND HIGH RATES OF PERINATAL TRANSMISSION OF HIV.

SUSTAINED HIV PREVENTION INTERVENTIONS FOR AFRICAN AMERICAN WOMEN (CDC & SAMHSA) **+\$10 MILLION**
CDC AND SAMHSA TO JOINTLY FUND A +\$10 MILLION NATIONAL INITIATIVE FOCUSED ON SUSTAINED HIV PREVENTION INTERVENTIONS TARGETED TO AFRICAN AMERICAN FEMALES THAT ADDRESS THE FACTORS WHICH PLACE WOMEN AT HIGHER RISK OF HIV INFECTION INCLUDING SUBSTANCE ABUSE, POVERTY, DOMESTIC VIOLENCE, SEXUAL ABUSE, AND LOW SELF ESTEEM. THIS INITIATIVE SHOULD PROVIDE DIRECT FUNDING TO AFRICAN AMERICAN, OWNED AND OPERATED,

COMMUNITY-BASED ORGANIZATIONS WITH A COMMITMENT AND HISTORY OF PROVIDING SERVICES TO AFRICAN AMERICAN WOMEN AND FAMILIES. THE INITIATIVE SHOULD BE BASED ON EXISTING BEHAVIORAL SCIENCE KNOWLEDGE OF HIV/AIDS RISK FACTORS AND EFFECTIVE INTERVENTION STRATEGIES, AS WELL AS THE RECOMMENDATIONS OF CDCs FOCUS GROUPS ON AFRICAN AMERICANS. TARGET POPULATIONS SHOULD INCLUDE: BOTH RURAL AND URBAN YOUNG AFRICAN AMERICAN WOMEN AT RISK THROUGH SEXUAL CONTACT; ADOLESCENT FEMALES AT RISK THROUGH SEXUAL BEHAVIORS, INCLUDING EXCHANGE OF SEX FOR MONEY OR DRUGS AND UNPROTECTED SEX WITH AN HIV POSITIVE MAN; ADOLESCENT AND YOUNG WOMEN AT RISK DUE TO DRUG USE; AS WELL AS PREGNANT AND PARENTING YOUNG WOMEN AND THEIR MALE SEXUAL PARTNERS IN URBAN AND RURAL AREAS. INTERVENTIONS SHOULD BE TAILORED BY AGE, SOCIO-DEMOGRAPHIC AND RISK EXPOSURE FACTORS TO AFRICAN AMERICAN WOMEN WITHIN THE CHILDBEARING AGES OF 15-44 AND OLDER WOMEN (45 AND UP) AT RISK OF HIV INFECTION.

IN ADDITION, FUNDS SHOULD BE TARGETED TO ORGANIZATIONS IN AREAS WITH HIGH HIV INCIDENCE AMONG AFRICAN AMERICAN ADOLESCENTS, YOUNG WOMEN AND WOMEN IN GEOGRAPHIC AREAS SUCH AS THE SOUTH, WHERE HIV/AIDS AND STDs AMONG WOMEN (PARTICULARLY YOUNG WOMEN), IS INCREASING RAPIDLY.

**NATIONAL INITIATIVE TO REDUCE HIV INFECTION
AMONG GAY AFRICAN AMERICAN MEN
(CDC, SAMHSA & OMH)**

+ \$5 MILLION

CDC, SAMHSA AND OMH WILL JOINTLY FUND A NATIONAL INITIATIVE TO REDUCE HIV INFECTION AMONG GAY AFRICAN AMERICAN MEN, WHICH INCORPORATES THE ELEMENTS OF HIV/AIDS RISK REDUCTIONS THAT HAVE PROVEN EFFECTIVE AMONG GAY AFRICAN AMERICAN MEN. THIS INITIATIVE WOULD PROVIDE DIRECT FUNDING TO AFRICAN AMERICAN ORGANIZATIONS WITH A HISTORY OF SERVICE TO GAY MEN AND EMERGING ORGANIZATIONS THAT ARE SERVING GAY MEN OF AFRICAN DESCENT.

**INTEGRATION OF STDs, HIV, TB, SA PREVENTION AND
TREATMENT DEMONSTRATION PROGRAMS (CDC,
SAMHSA, HRSA)**

+\$12 MILLION

ESTABLISH A JOINTLY FUNDED PROGRAM TO SUPPORT A MINIMUM OF 15 DEMONSTRATION PROGRAMS (WITH APPROXIMATELY 5 PROGRAMS IN RURAL AREAS) TO INTEGRATE THE PLANNING AND PROVISION OF HIV, STD, TB AND SUBSTANCE ABUSE PREVENTION AND TREATMENT

SERVICES. HISTORICALLY BLACK COLLEGES WITH MEDICAL SCHOOLS AND HEALTH CARE PROFESSIONAL ARE TO BE INTEGRATED INTO THESE DEMONSTRATION PROJECTS, PARTICULARLY IN THE RURAL AND SOUTHERN AREAS OF THE COUNTRY. PROGRAM GRANTS WOULD RANGE FROM \$750,000 TO \$1 MILLION, EACH.

**REGIONAL TREATMENT PEER EDUCATOR
TRAINING INSTITUTE (HRSA)**

\$4.1 MILLION

ESTABLISH A PROGRAM TO FUND 6 NATIONAL/REGIONAL TRAINING INSTITUTES TO PROVIDE INTENSIVE 2 WEEK TRAINING AND SKILLS DEVELOPMENT EDUCATION FOR COMMUNITY-BASED ORGANIZATIONS TO DEVELOP AND IMPLEMENT PEER LED TREATMENT EDUCATION AND ADHERENCE SUPPORT PROGRAMS IN HIGHLY IMPACTED AFRICAN AMERICAN COMMUNITIES.

THESE PROGRAMS WILL ALSO PROVIDE TRAINING FOR THE PEER EDUCATORS AND FOLLOW UP TECHNICAL ASSISTANCE TO SUPPORT PROGRAMS IN THE IMPLEMENTATION OF THE PEER EDUCATION PROGRAMS. THEY WILL ALSO PROVIDE PERIODIC UPDATE TRAINING TO PROGRAMS AND PEER EDUCATORS TO KEEP THEM ABREAST OF NEW TREATMENT INFORMATION AND DEVELOPMENTS. ON AN ANNUAL BASIS THE INSTITUTES WILL PROVIDE TECHNICAL ASSISTANCE TO AT LEAST 200 COMMUNITY BASED ORGANIZATIONS AND TRAINING TO AT LEAST 1,200 PEER EDUCATORS.

**SUPPORTING COMMUNITY BASED OUTREACH AND
TREATMENT EDUCATION PROGRAMS (HRSA)**

+\$3 MILLION

HRSA SHOULD DEVELOP A GRANT PROGRAM TO PROVIDE DIRECT FUNDING TO AFRICAN AMERICAN COMMUNITY-BASED ORGANIZATIONS FOR COMPREHENSIVE OUTREACH AND TREATMENT EDUCATION PROGRAMS TARGETED TO AFRICAN AMERICANS. THE GOALS OF THIS INITIATIVE ARE TO: INCREASE HIV/AIDS TREATMENT KNOWLEDGE AND THE BENEFITS OF KNOWING ONE'S HIV STATUS EARLY; SUPPORT INDIVIDUAL DECISION-MAKING ON TREATMENT OPTIONS AND SUPPORT TREATMENT ADHERENCE FOR PERSONS ON ANTIRETROVIRAL THERAPIES.

**DEVELOP USER FRIENDLY GUIDES TO CLINICAL
CARE SERVICES (HRSA)**

HRSA WILL DEVELOP A PLAN AND BUDGET TO DEVELOP CULTURALLY COMPETENT GUIDES IN VARIOUS MEDIA (PRINT, AUDIOVISUAL) TO ADDRESS THE LANGUAGE AND LITERACY CAPACITY OF THE POPULATIONS TO BE REACHED, INCLUDING AFRICAN AMERICAN WOMEN, MEN AND YOUTH.

QUALITY OF CARE INITIATIVES

THE SECRETARY OF HEALTH AND HUMAN SERVICES SHOULD REQUEST THAT WITHIN 90 DAYS HRSA PROVIDE A DETAILED PLAN OF ITS EFFORTS TOWARD CLOSING THE DISPARITY IN ACCESS TO QUALITY HIV/AIDS HEALTH CARE AND HIV/AIDS HEALTH OUTCOMES CURRENTLY BEING EXPERIENCED BY AFRICAN AMERICANS LIVING WITH HIV/AIDS.

THIS PLAN MUST ADDRESS:

- 1) THE CAPACITY OF HRSA'S CURRENT AND FUTURE DATA COLLECTION EFFORTS TO PROVIDE RELEVANT INFORMATION ABOUT THE CAUSES OF DISPARATE HEALTH OUTCOMES AMONG AFRICAN AMERICANS LIVING WITH HIV/AIDS;
- 2) AN OUTLINE OF SPECIFIC HRSA INITIATIVES AND STRATEGIES DESIGNED TO ENHANCED HRSA'S CAPACITY TO PROVIDE SPECIFIC RECOMMENDATIONS TO HHS, STATE AND TERRITORY PUBLIC HEALTH OFFICIALS, HEALTH CARE PROFESSIONALS, AND RYAN WHITE CARE ACT GRANTEES REGARDING METHODS AND STRATEGIES TO IMPROVE HIV/AIDS HEALTH OUTCOMES AMONG AFRICAN AMERICANS; AND
- 3) RECOMMENDATIONS REGARDING CORRECTIVE ACTIONS TO BE UNDERTAKEN BY HHS AND/OR HRSA TO ENSURE THAT: 1) AFRICAN AMERICANS EQUITABLY RECEIVE HIV/AIDS CLINICAL CARE THROUGH RYAN WHITE CARE ACT FUNDED PROGRAMS; 2) IN EMAs, STATES AND TERRITORIES WHERE SIGNIFICANT DISPARITIES ARE IDENTIFIED, THAT CARE ACT PROGRAMS AND GRANTEES IN THOSE AREAS BE REQUIRED TO DEMONSTRATE SIGNIFICANT IMPROVEMENTS IN THE HEALTH STATUS OF AFRICAN AMERICAN PATIENTS LIVING WITH HIV/AIDS; AND 3) HRSA HAS THE CAPACITY TO ASSIST THE AFOREMENTIONED COMMUNITIES IN ITS EFFORTS TO IMPROVE HEALTH OUTCOMES FOR AFRICAN AMERICANS.

ADHERENCE RESEARCH

FUND DEMONSTRATION PROJECTS TO BE CARRIED OUT IN HIV/AIDS AND SUBSTANCE ABUSE TREATMENT FACILITIES IN AFRICAN AMERICAN COMMUNITIES HIGHLY IMPACTED BY HIV/AIDS. THE PURPOSE OF THESE PROJECTS IS TO EXPLORE DIFFERENT APPROACHES TO INCREASE AND SUPPORT PATIENT ADHERENCE TO HIGHLY AGGRESSIVE ANTIRETROVIRAL THERAPY (HAART) BY SUBSTANCE ABUSERS.

RESEARCH ACTIVITIES RELATED TO ADHERENCE SHOULD ALSO FOCUS ON

WOMEN AND MEN WHO ARE NOT SUBSTANCE ABUSERS, BUT ALSO HAVE COMPLEX LIFE SITUATIONS THAT IMPACT ON THEIR ABILITY TO ADHERE TO HAART AND OTHER HIV/AIDS THERAPIES.

MULTI CENTER CLINICAL TRIAL OF A NEW TOPICAL MICROBICIDE

NIH WILL PROVIDE THE NECESSARY FUNDING AND SUPPORT TO ACCELERATE THE DEVELOPMENT AND APPROVAL OF A NEW TOPICAL MICROBICIDE THAT IS AFFORDABLE, ACCESSIBLE AND ACCEPTABLE. IT IS THOUGHT THAT PROGRESS TOWARDS PRODUCT DEVELOPMENT IN THIS AREA IS 5 YEARS AWAY. CONSIDERING THE INCREASE IN SEXUALLY TRANSMITTED HIV AMONG WOMEN, IT IS CRITICAL TO PROVIDE WOMEN, PARTICULARLY WOMEN OF COLOR WITH FEMALE CONTROLLED METHODS TO PREVENT HIV TRANSMISSION. IT IS THEREFORE, IMPERATIVE TO ACCELERATE THE PRODUCT DEVELOPMENT, APPROVAL AND AVAILABILITY PROCESS. WHERE THERE IS LITTLE INTEREST ON THE PART OF THE PRIVATE SECTOR TO DEVELOP FEMALE CONTROLLED CHEMICAL METHODS TO PREVENT HIV TRANSMISSIONS, THE FEDERAL GOVERNMENT SHOULD SUBSIDIZE THE PRODUCT DEVELOPMENT RESEARCH AND TESTING.

HRSA WILL DEVELOP A GRANT PROGRAM TO PROVIDE DIRECT FUNDING TO AFRICAN AMERICAN COMMUNITY-BASED ORGANIZATIONS. THE PURPOSE OF THIS PROGRAM IS TO CONDUCT EDUCATION AND OUTREACH PROGRAMS TO INCREASE THE ENROLLMENT OF ELIGIBLE AFRICAN AMERICANS IN THE AIDS DRUG ASSISTANCE PROGRAM (ADAP). THE PROGRAM SHOULD FOCUS ON AREAS OF THE COUNTRY WHERE AFRICAN AMERICANS ARE DISPROPORTIONATELY UNDERREPRESENTED IN THE ADAP PROGRAM.

BUILDING STRONGER LINKAGES TO CONTINUITY OF CARE FOR INCARCERATED POPULATIONS (HRSA)

+4.7 MILLION

FUND DEMONSTRATION PROJECTS, IN EIGHT STATES, TERRITORIES, AND THE DISTRICT OF COLUMBIA, COLLABORATING WITH STATE, LOCAL, AND TERRITORY CORRECTIONAL SYSTEMS TO: TRACK THE IMPACT OF HIV IN THESE SYSTEMS; GUIDE EFFECTIVE PREVENTION AND TREATMENT INTERVENTIONS AND ESTABLISH LINKAGES TO COMMUNITY CARE FOR PERSONS SOON TO BE RELEASED. THESE DEMONSTRATION PROJECTS SHOULD EXTEND TO INCLUDE THE RANGE OF THE CRIMINAL JUSTICE SYSTEM FACILITIES AND PROGRAMS, INCLUDING: CORRECTIONAL FACILITIES; JUVENILE JUSTICE FACILITIES AND THE PROBATION AND PAROLE SYSTEMS. THIS PROJECT WOULD REACH 60% OF THE INCARCERATED POPULATION AND 66% OF REPORTED AIDS CASES IN STATE CORRECTIONAL SYSTEMS.

**SUPPORT AND SPONSOR CONFERENCE IN 1999 FOR AFRICAN
AMERICAN MEN (CDC, HRSA, OMH, SAMHSA)**

+\$750,000

IN ADDITION TO THE CONFERENCE ON WOMEN, SAMHSA, IN COLLABORATION WITH OMH, HRSA AND CDC, WILL FUND A NATIONAL CONFERENCE ON HIV PREVENTION, TREATMENT AND CARE FOR AFRICAN AMERICAN MEN AT RISK FOR AND LIVING WITH HIV/AIDS. THE CONFERENCE SHOULD INCLUDE HIV PREVENTION AND RISK REDUCTION STRATEGIES FOR GAY, BISEXUAL AND HETEROSEXUAL AFRICAN AMERICAN MEN. IT SHOULD ALSO INCLUDE PROGRAMS TO IMPROVE ACCESS TO HIV/AIDS CARE AND DRUG TREATMENT SERVICES FOR HIV+ AFRICAN AMERICAN MEN. THE GOAL OF THIS CONFERENCE IS TO DECREASE HIV INCIDENCE AND MORTALITY AND TO IMPROVE THE HEALTH OUTCOMES AND QUALITY OF LIFE AMONG THIS POPULATION.

REPORT TO THE CBC ON SUBSTANCE ABUSE TREATMENT EXPANSION

WITHIN 90 DAYS, SAMHSA AND RELATED ENTITIES, SUCH AS THE NATIONAL INSTITUTE ON DRUG ABUSE (NIDA), WILL PROVIDE A REPORT TO THE CONGRESSIONAL BLACK CAUCUS ON THE EXPANSION OF SUBSTANCE ABUSE TREATMENT. THIS REPORT SHOULD ASSESS THE NEED FOR ADDITIONAL DRUG TREATMENT SLOTS IN HIGHLY IMPACTED AREAS WHERE SUBSTANCE USE/ABUSE IS DIRECTLY OR INDIRECTLY FUELING THE HIV EPIDEMIC AMONG AFRICAN AMERICANS. THE REPORT SHOULD INCLUDE: AN ESTIMATE OF THE NUMBER OF ACTIVE INTRAVENOUS DRUG USERS, AND CRACK COCAINE USERS; THE CURRENT TREATMENT CAPACITY AND THE NUMBER OF NEW TREATMENT SLOTS NECESSARY TO EFFECTIVELY ADDRESS THE NEEDS THAT EXISTS IN AFRICAN AMERICAN COMMUNITIES THAT ARE HIGHLY IMPACTED BY THE DUAL EPIDEMICS OF HIV AND SUBSTANCE ABUSE. THIS REPORT SHOULD ALSO INCLUDE AN ESTIMATE OF THE LEVEL OF FUNDING NEEDED FOR THE DEVELOPMENT AND EXPANSION OF SUBSTANCE ABUSE TREATMENT CAPACITY IN THESE COMMUNITIES AS WELL AS A PLAN TO IMPLEMENT SUBSTANCE ABUSE TREATMENT CAPACITY EXPANSION IN THESE COMMUNITIES.

THE REPORT SHOULD OUTLINE THE LEVEL OF FUNDS NEEDED TO INCREASE THE NUMBER OF AVAILABLE DRUG TREATMENT SLOTS BY 50 PERCENT BY THE YEAR 2000, AND 75 PERCENT BY THE YEAR 2003.

REPORT TO THE CBC ON THE HIV SET ASIDE

WITHIN 90 DAYS, SAMHSA IS TO PROVIDE A DETAILED REPORT TO THE CONGRESSIONAL BLACK CAUCUS. THIS REPORT WILL DETAIL HOW THE HIV SET-ASIDE, IN THE SUBSTANCE ABUSE PERFORMANCE PARTNERSHIP BLOCK GRANT TO STATES AND TERRITORIES, IS BEING EXPENDED ON A

STATE BY STATE BASIS TO: 1) PROVIDE SERVICES WHICH WILL REDUCE THE SPREAD OF HIV AMONG SUBSTANCE ABUSERS AND THEIR SEX AND NEEDLE SHARING PARTNERS; AND 2) EARLY INTERVENTIONS TO IMPROVE THE QUALITY OF LIFE FOR SUBSTANCE ABUSERS LIVING WITH HIV/AIDS, TO SLOW THE PROGRESSION OF DISEASE IN HIV POSITIVE SUBSTANCE ABUSERS, AND TO PREVENT THE ONSET OF LIFE THREATENING ILLNESSES AMONG SUBSTANCE ABUSERS.

**EXPAND COMPREHENSIVE SUBSTANCE ABUSE
TREATMENT FACILITIES FOR WOMEN AND THEIR
CHILDREN (SAMHSA)**

+\$50 MILLION

SAMHSA WILL MAKE AN ADDITIONAL \$50 MILLION IN FUNDS AVAILABLE TO PROVIDE GRANTS TO COMMUNITY-BASED ORGANIZATIONS. THESE GRANTS WILL BE USED TO DEVELOP AND IMPLEMENT COMPREHENSIVE RESIDENTIAL DRUG TREATMENT FACILITIES FOR WOMEN AND THEIR CHILDREN IN COMMUNITIES WHERE THERE IS A HIGH INCIDENCE OF HIV INFECTIONS AMONG AFRICAN AMERICAN WOMEN WHICH ARE DIRECTLY OR INDIRECTLY ATTRIBUTABLE TO SUBSTANCE ABUSE. THESE PROGRAMS SHOULD DEVELOP WOMEN FOCUSED MODELS OF TREATMENT THAT ADDRESS THE COMPLEX FACTORS IN WOMENS' LIVES WHICH MAKE THEM MORE VULNERABLE TO SUBSTANCE ABUSE AND HIV INFECTION. THE PROGRAMS SHOULD ALSO INTEGRATE HIV, STDS AND TB PREVENTION AND TREATMENT SERVICES WITHIN THE DRUG TREATMENT FACILITIES.

INTENSIVE OUTREACH TO SUBSTANCE ABUSERS (SAMHSA)

+\$10 MILLION

SAMHSA WILL ESTABLISH A \$10 MILLION GRANT PROGRAM TO PROVIDE DIRECT FUNDING TO SUPPORT 30-35 AFRICAN AMERICAN COMMUNITY-BASED PROGRAMS, NATIONWIDE, TO PROVIDE INTENSIVE OUTREACH, EDUCATION, HIV COUNSELING AND VOLUNTARY TESTING AND DIRECT LINKAGE TO CARE FOR AFRICAN AMERICAN INJECTING DRUG USERS IN COMMUNITIES THAT ARE HIGHLY IMPACTED BY DRUG USE AND HIV/AIDS. THIS EFFORT SHOULD INCLUDE STREET OUTREACH AND SHOULD UTILIZE MOBILE HEALTH UNITS WHERE HIV PREVENTION AND PRIMARY HEALTH SERVICES, AS WELL AS REFERRAL AND LINKAGE TO DRUG TREATMENT PROGRAMS, CAN BE PROVIDED ON SITE.

**BUILDING HIV CLINICAL CARE RESEARCH CAPACITY
IN AFRICAN AMERICAN COMMUNITIES - COMMUNITY
PROGRAMS FOR CLINICAL RESEARCH ON AIDS (CPCRA)- NIH**

THE AVAILABILITY OF RESEARCH PARTICIPATION OFTEN MEANS THE DIFFERENCE BETWEEN RECEIVING NO CARE/INADEQUATE CARE AND RECEIVING COMPETENT CARE. CLINICIANS AND THEIR PATIENTS, WHO

HAVE ACCESS TO CLINICAL RESEARCH, ALSO TEND TO HAVE BETTER ACCESS TO NEWER AND MORE EFFECTIVE DIAGNOSTIC TOOLS, MONITORING TOOLS AND THERAPIES. HOWEVER, THIS CANNOT BE ACHIEVED WHEN HIV CLINICAL RESEARCH IS ONLY LOCATED ON ACADEMIC AGENCIES OR IN TEACHING HOSPITALS.

THE CPCRA HAS SIGNIFICANTLY MORE REPRESENTATION AMONG MINORITIES, WOMEN, AND FORMER INJECTING DRUG USERS THAN THE AIDS CLINICAL TRIAL GROUP (ACTG). HOWEVER, IT HAS FALLEN FAR SHORT OF INCREASING THE PARTICIPATION OF AFRICAN AMERICAN PATIENTS AND RESEARCHERS IN THE CPCRA.

TO EXPAND THE AVAILABILITY OF COMPETENT AND EFFECTIVE HIV THERAPIES, THERE MUST ALSO BE A CONCOMITANT EXPANSION OF THE AVAILABILITY OF PARTICIPATION IN CLINICAL RESEARCH BY AFRICAN AMERICAN PATIENTS AND THEIR CARE GIVERS. THIS CAN ONLY BE ACHIEVED BY:

- 1) INCREASING THE PARTICIPATION IN HIV CLINICAL RESEARCH OF THOSE INSTITUTIONS KNOWN TO PROVIDE CARE TO AFRICAN AMERICAN PATIENTS. THESE INCLUDE: HEALTH CARE INSTITUTIONS OWNED AND RUN BY AFRICAN AMERICANS; COMMUNITY-BASED HEALTH CARE AGENCIES, LOCATED IN AFRICAN AMERICAN COMMUNITIES WHICH HAVE ACTIVE COMMUNITY ADVISORY BOARDS CONTAINING AFRICAN AMERICANS AND HEALTH CARE AGENCIES ASSOCIATED WITH HISTORICALLY BLACK COLLEGES;
- 2) PROVIDING AT LEAST FIVE YEARS OF SUPPORT FOR THESE AGENCIES TO ENHANCE THE SUCCESS OF THEIR PARTICIPATION;
- 3) PROVIDING SUPPORT FOR THOSE SOCIAL SERVICES (SUCH AS CHILD CARE, TRANSPORTATION, AND TOOLS TO AID ADHERENCE TO THESE VERY COMPLICATED THERAPIES) NECESSARY TO ENHANCE THE SUCCESS OF THESE PATIENTS; AND
- 4) PROVIDING SUPPORT TO AFRICAN AMERICAN RESEARCHERS SO THAT THEY CAN PARTICIPATE WITHOUT THE CONSTANT CONCERN OF HOW TO MAKE UP THE DIFFERENCE BETWEEN THE LOWER REMUNERATION FOR CLINICAL RESEARCH AS COMPARED TO THE HIGHER COMPENSATION FOR CLINICAL CARE.

CONSIDERING THE ISSUES OUTLINED ABOVE, WITHIN 90 DAYS, THE SECRETARY OF THE DEPARTMENT OF HEALTH AND HUMAN SERVICES

WILL SUBMIT A REPORT TO THE CONGRESSIONAL BLACK CAUCUS, OUTLINING A PLAN WITH AN ACCOMPANYING BUDGET TO EXPAND THE PARTICIPATION OF AFRICAN AMERICAN CARE PROVIDERS AND PERSONS LIVING WITH HIV/AIDS IN COMMUNITY-BASED HIV CLINICAL RESEARCH.

STRENGTHEN THE ROLE AND AUTHORITY OF THE OFFICE OF MINORITY HEALTH AND THE OFFICE OF RESEARCH ON MINORITY HEALTH

THE CONGRESSIONAL BLACK CAUCUS REQUESTS THAT THE SECRETARY OF HHS PROVIDE A REPORT WITHIN 90 DAYS, TO OUTLINE A PLAN WITH ACCOMPANYING BUDGET PROPOSALS TO EXPAND AND STRENGTHEN THE ROLE AND AUTHORITY OF THESE TWO IMPORTANT OFFICES IN THE OVERALL STRATEGY TO ADDRESS THIS MAJOR PUBLIC HEALTH EMERGENCY AMONG AFRICAN AMERICANS.

HIV/AIDS ACCESS TO HEALTH CARE SERVICES AND HEALTH OUTCOMES RESEARCH (AHCPR & HCFA)

AHCPR TO FUND RESEARCH PROJECTS THAT ARE SPECIFICALLY DESIGNED TO ASSESS THE QUALITY OF CARE FOR THE PURPOSE OF IMPROVING HEALTH OUTCOMES IN THE AFRICAN AMERICAN COMMUNITY. SUCH WORK MUST BE CARRIED OUT WITH THE DIRECT PARTICIPATION OF AFRICAN AMERICAN ORGANIZATIONS INCLUDING: THE NATIONAL MEDICAL ASSOCIATION; NATIONAL BLACK NURSES ASSOCIATION; NATIONAL MINORITY AIDS COUNCIL; SUMMIT HEALTH COALITION AND OTHERS.

HCFA MUST PROVIDE THE CBC WITH A REPORT ON THE EFFORTS THAT IT IS UNDERTAKING TO ENSURE THAT QUALITY HIV CARE IS DELIVERED TO PERSONS WITH HIV/AIDS UNDER MEDICAID MANAGED CARE PROGRAMS.

STRENGTHENING THE HIV/AIDS ACTIVITIES OF THE OFFICE OF MINORITY HEALTH, AT THE OFFICE OF THE SECRETARY DHHS, AND THE OFFICE OF RESEARCH ON MINORITY HEALTH AT NIH

THE OFFICE OF MINORITY HEALTH (OMH) AND THE OFFICE OF RESEARCH ON MINORITY HEALTH (ORMH) HAVE NEVER BEEN ALLOCATED THE RESOURCES THAT ARE DESPERATELY NEEDED TO ADDRESS THE HIV/AIDS EPIDEMIC IN MINORITY POPULATIONS. THIS HAS PREVENTED THESE OFFICES FROM CARRYING OUT THEIR MANDATED RESPONSIBILITIES, ESPECIALLY AS THEY RELATE TO HIV/AIDS.

THE MISSION OF THE OFFICE OF MINORITY HEALTH IS: " TO IMPROVE THE HEALTH OF RACIAL AND ETHNIC MINORITY POPULATIONS THROUGH THE

DEVELOPMENT OF HEALTH POLICIES AND PROGRAMS THAT WILL HELP TO ADDRESS THE HEALTH DISPARITIES AND GAPS." IN LIGHT OF: THE PRESENT STATE OF EMERGENCY, THAT EXISTS WITHIN THE AFRICAN AMERICAN POPULATION; THE WHITE HOUSE DECLARATION TO CLOSE THE GAP OF RACIAL DISPARITIES IN PUBLIC HEALTH AND THE INCREASING RACIAL, ETHNIC, CULTURAL AND LINGUISTIC DIVERSITY IN THE U.S. POPULATION, IT WILL BE MANDATORY FOR THE ROLE OF THIS OFFICE, AND THE NIH OFFICE OF RESEARCH ON MINORITY HEALTH, TO HAVE MEANINGFUL SUPPORT TO EXPAND THEIR ROLES.

IN ACCORD WITH ITS MISSION, THE ROLE OF THE OFFICE OF MINORITY HEALTH HAS BEEN ESTABLISHED BY LEGISLATIVE MANDATE TO SERVE AS A FOCAL POINT WITHIN THE DEPARTMENT OF HEALTH AND HUMAN SERVICES, " TO PROVIDE LEADERSHIP, POLICY DEVELOPMENT AND COORDINATION , SERVICE DEMONSTRATIONS INFORMATION EXCHANGE, COALITION AND PARTNERSHIP BUILDING, AND RELATED EFFORTS TO ADDRESS THE HEALTH NEEDS OF RACIAL AND ETHNIC MINORITIES. THE OFFICE REMAINS UNDER-FUNDED AND DEVOID OF THE POWERS AUTHORIZED INHERENT IN LEGISLATIVE AUTHORITY THAT WOULD ALLOW THIS OFFICE TO MEET IT'S GOALS THROUGH CRITICAL EXPANSION.

THE CURRENT STATE OF EMERGENCY IN AFRICAN AMERICAN COMMUNITIES DEMANDS THAT THIS ROLE BE IMMEDIATELY EXPANDED IN THE AREAS OF COMMUNITY DEVELOPMENT IN PUBLIC HEALTH AND HIV/AIDS THAT MEET THE SPECIFIC RESPONSIBILITIES AS ESTABLISHED BY P.L. 101-527 (THE DISADVANTAGED MINORITY HEALTH IMPROVEMENT ACT). THESE MANDATES REQUIRE THIS OFFICE TO: "ESTABLISH LONG AND SHORT RANGE GOALS AND OBJECTIVES AND TO MANAGE CROSSCUTTING POLICY INITIATIVES THAT RELATE TO DISEASE PREVENTION AND HEALTH PROMOTION; TO SUPPORT SERVICE DELIVERY AND RESEARCH ON RACIAL AND ETHNIC MINORITIES; FACILITATE THE EXCHANGE OF MINORITY HEALTH INFORMATION; SUPPORT RESEARCH, DEMONSTRATIONS AND EVALUATIONS TO IMPROVE INFORMATION DISSEMINATION, EDUCATION, PREVENTION, AND SERVICE DELIVERY; PROMOTE MINORITY HEALTH PROGRAMS AND POLICIES IN THE VOLUNTARY AND CORPORATE SECTORS; DEVELOP HEALTH INFORMATION, PROMOTION AND TEACHING PROGRAMS AND ASSIST PROVIDERS OF PRIMARY AND PREVENTIVE CARE AND SERVICES."

IN LIGHT OF THE MANDATES OF THIS OFFICE, THE DEPARTMENT'S LACK OF INVESTMENT IN ITS MANDATED ROLE AND THE CURRENT STATE OF EMERGENCY FACING A MAJOR SEGMENT OF THE U.S. POPULATION THAT THIS OFFICE WAS ESTABLISHED TO SERVE, IF THERE WAS EVER A TIME

FOR THE OFFICE OF MINORITY HEALTH AND THE OFFICE OF RESEARCH ON MINORITY HEALTH TO SERVE AS THE LEADING FORCE IN COMMUNITY DEVELOPMENT THROUGH THE INTEGRATION OF SERVICES, DISEASE PREVENTION, HEALTH PROMOTION, EDUCATION. POLICY , AND LEADERSHIP IT WAS MANDATED TO SERVE, THE TIME IS NOW!

THEREFORE; THE CONGRESSIONAL BLACK CAUCUS STRONGLY RECOMMENDS THE FOLLOWING:

OFFICE OF MINORITY HEALTH/RESEARCH

+\$70 MILLION

+ \$40 MILLION

1) THAT THE SECRETARY OF HEALTH AND HUMAN SERVICES PROVIDE A REPORT, WITHIN 90 DAYS, THAT OUTLINES A PLAN OF ACTION , ACCOMPANIED BY BUDGET PROPOSALS TO EXPAND AND STRENGTHEN THE ROLE, AUTHORITY AND GRANT MAKING CAPACITY TO AFFECTED COMMUNITIES. BY PROVIDING A BUDGETARY INCREASE OF \$70 MILLION, FOR THE OFFICE OF MINORITY HEALTH, AND \$40 MILLION, FOR THE OFFICE OF RESEARCH ON MINORITY HEALTH, WITHIN THE 1998 FISCAL YEAR, THESE TWO IMPORTANT OFFICES WILL BEGIN TO MEET THEIR MANDATES TO TARGET AFRICAN AMERICANS AND THE CITIES HARDEST HIT BY HIV AND AIDS AND ACCOMPANYING CO-FACTORS.

2) THE OFFICE OF MINORITY HEALTH, THE NIH OFFICE OF RESEARCH ON MINORITY HEALTH, IN COLLABORATION WITH CDC, HRSA, SAMHSA, AND OTHER ENTITIES IN HHS, MUST JOINTLY ESTABLISH THREE COORDINATING COMMUNITY DEVELOPMENT GRANTS. A PLANNING INVESTMENT OF APPROXIMATELY \$320,000 EACH, SHOULD BE INITIALLY ESTABLISHED FOR THREE AFRICAN AMERICAN ORGANIZATIONS WITH INCREASED INVESTMENT FOR FURTHER SUSTAINED PROGRAM DEVELOPMENT. THE GRANTS WOULD TARGET COMMUNITIES AT HIGH RISK OF HIV/AIDS, TUBERCULOSIS, SEXUALLY TRANSMITTED DISEASE, INFANT MORTALITY AND DRUG ABUSE; TO ORGANIZE, EDUCATE, DEVELOP, AND PROVIDE TECHNICAL ASSISTANCE TO INDIGENOUS COMMUNITY MEMBERS AND LEADERS FOR THE ADVANCEMENT LOCAL DISEASE PREVENTION AND HEALTH PROMOTION IN COMMUNITIES OF AFRICAN DECENT. GRANTS WILL FOCUS ON THE SUSTAINED AND COORDINATED MOBILIZATION EFFORTS, LOCAL PROGRAM AND POLICY DEVELOPMENT ASSISTANCE , TARGETING LEADERSHIP AMONG CLERGY, ELECTED OFFICIALS, SOCIAL POLICY EXPERTS, BUSINESS, MEDIA LEADERSHIP AND OTHER COMMUNITY LEADERS TO ESTABLISH LOCALLY BASED COALITIONS IN PUBLIC HEALTH AND AIDS IN COMMUNITIES OF AFRICAN DECENT.

THE COALITIONS WILL NOT RENDER OR DISPLACE DIRECT SERVICES BUT

SERVE TO ENHANCE ANY AND ALL COMMUNITY EFFORTS INCLUDING ENGAGING LOCAL PRIVATE FUNDING SUPPORT FOR COMMUNITY AGENCIES AND EFFORTS AND RENDERING TECHNICAL ASSISTANCE IN ALL AREAS. THE PROVISION OF SUPPORT FOR ON GOING LOCAL COMMUNITY EFFORTS WILL BROADEN LEADERSHIP PARTICIPATION IN AN ESTABLISHED COMMUNITY PLANNING PROCESS.

AN ADDITIONAL \$210,000 SHOULD BE TARGETED TO DIRECTLY FUND COMMUNITY LEADERSHIP NEEDS ASSESSMENTS AND PROVIDE AN EVALUATION FOR THE PROGRAMS INITIATIVES. (ORGANIZATIONS SUCH AS THE NATIONAL COALITION ON MINORITY HEALTH, THE NATIONAL BLACK LEADERSHIP COMMISSION ON AIDS, HEALTH WATCH, SUMMIT HEALTH COALITION)

3) AFRICAN AMERICAN BEHAVIORAL RESEARCH INITIATIVE: THE OFFICE OF MINORITY HEALTH AND THE NIH OFFICE OF RESEARCH ON MINORITY HEALTH SHOULD JOINTLY AWARD \$500,000 TO 5 BEHAVIORAL SCIENCE RESEARCH GRANTS OF 100,000 EACH TO AFRICAN AMERICAN BEHAVIORAL SCIENTIST. THE PURPOSE OF THESE AWARDS IS TO GREATLY ENHANCE THE EXTERNAL RESEARCH AND KNOWLEDGE BASE OF THE BEHAVIORAL LINKS BETWEEN INTRAVENOUS DRUG AND CRACK/ COCAINE USE AND THE INCREASED INFECTION RATES AMONG AFRICAN AMERICAN WOMAN AND CHILDREN. RESEARCH WILL BE CENTERED ON BREAKING THE LINK THROUGH STUDY OF SAFE SEX BEHAVIORAL HABITS AND NEGOTIATION DEFICITS THAT PUT THESE WOMAN AT RISK.

4) HIV INTERVENTION AND PREVENTION RESEARCH PROGRAMS: THE PROPOSED PROGRAMS EMANATING FROM THE PREVENTION SCIENCE INITIATIVE AND THE OFFICE OF AIDS RESEARCH (OAR) WILL REQUIRE COORDINATED DEVELOPMENT AND SUPPORT TO EXPAND CULTURAL COMPETENCY, BROADEN OUTREACH, AND DEVELOP EFFECTIVE EVALUATION MODELS. THESE PROGRAMS MUST BE DESIGNED AND IMPLEMENTED TO BUILD A CULTURALLY COMPETENT COMMUNITY KNOWLEDGE BASE AND SEEK TO EXPAND THE KNOWLEDGE OF BEHAVIORS THAT PLACE TARGETED POPULATIONS AT RISK.

POPULATION SPECIFIC INTERVENTION PROGRAMS MUST BE FLEXIBLE ENOUGH TO ACCOMMODATE THE EXPANSIVE RANGE OF CULTURAL NORMS WITHIN GIVEN SEGMENTS OF A TARGETED POPULATION, YET SPECIFIC ENOUGH TO WITHSTAND CONVENTIONAL EVALUATION MODELS THAT ARE APPLIED UNIVERSALLY.

INTERVENTION AND PREVENTION INITIATIVES TARGETING COMMUNITIES

CURRENTLY EXPERIENCING THE HIGHEST RATES OF NEW INFECTION HAVE HISTORICALLY BEEN LIMITED IN FUNDING AND SCOPE. GRANTS ARE OFTEN PROHIBITIVE AND ALLOW NO ACCESS TO FUNDS NECESSARY FOR STUDY EXPANSION TO MEET THE NEED FOR CRITICAL ANCILLARY SERVICES THAT ENSURE RETENTION OF TARGETED POPULATIONS, WHEN NEEDED. OFTEN DEFINED AS "PILOT OR DEMONSTRATION" PROGRAMS WITH TENUOUS LIFE SPANS THEY OFFER LITTLE SUPPORT TO CONTINUE PROGRAMS THAT SHOW PROMISE.

A MECHANISM TO SUPPORT CULTURAL COMPETENCY IN PROJECTS THAT ARE PRE-PLANNED, MONITORED, AND EVALUATED, USING STANDARD PUBLIC HEALTH PLANNING, MUST BE IMPLEMENTED. NEW METHODS SHOULD PROVIDE ESSENTIAL TECHNICAL SUPPORT TO ENSURE THAT AGENCIES CAN MEET ONGOING PROGRAM NEEDS.

THE CBC RECOMMENDS THE AWARD OF GRANTS TO ORGANIZATIONS WITH A HISTORY OF DEVELOPING COMMUNITY PLANNING AND DEVELOPMENT AND PUBLIC POLICY SERVICES TO AFRICAN AMERICAN COMMUNITIES, INCLUDING PUBLIC HEALTH AND AIDS ON NATIONAL, REGIONAL OR LOCAL LEVELS AND ESTABLISH AND SUPPORT SCIENTIFIC ADVISORY REVIEW PANELS. THESE PANELS SHOULD, CONSIST OF BLACK BEHAVIORAL SCIENTISTS AND CLINICIANS TO ACT AS ADVISORS ON COMMUNITY INTERVENTION NEEDS, PROGRAMS AND EVALUATIONS, THAT SUPPORT AND ENHANCE CULTURALLY COMPETENT SCIENTIFIC KNOWLEDGE OF TARGETED POPULATIONS FOR COMMUNITY PLANNING AND DEVELOPMENT OF INTERVENTION INITIATIVES. THE CONSORTIUMS SHOULD BE COMMUNITY FOCUSED BUT ALLOWED TO PROVIDE ADVISE AND ASSISTANCE TO THE NIH GRANT DEVELOPMENT PROCESS AND TO RENDER SCIENTIFIC DIRECTION AND TECHNICAL ASSISTANCE TO GRANTEEES. THE BEHAVIORAL SCIENTISTS SHOULD HAVE ESTABLISHED CURRENT BODIES OF PUBLIC HEALTH RESEARCH ON MINORITY POPULATIONS AND CAN EXPAND APPLICABILITY OF FINDINGS TO OTHER INITIATIVES.

OUTREACH THROUGH FAITH COMMUNITIES

THE BLACK FAITH COMMUNITY CONSISTS OF MANY ELEMENTS THAT TOGETHER, PLAY A CRITICAL ROLE IN REACHING OUT TO THE BLACK COMMUNITY. THE CLERGY, THEIR CONGREGANTS AND THE JOINT ADVOCACY AND EDUCATIONAL IMPACT THEY BEAR ON COMMUNITY DEVELOPMENT IS IMMEASURABLE. ORGANIZATIONS SUCH AS THE BALM IN GILEAD, THE NATIONAL BLACK LEADERSHIP COMMISSION ON AIDS AND OTHERS HAVE BEEN SUCCESSFUL IN PROVIDING SERVICES,

PREVENTION EDUCATION, AND COMMUNITY DEVELOPMENT WITH LITTLE OR NO FUNDING SUPPORT FROM FAITH INITIATIVES. THE CDC CREATED THE COMMUNITY PLANNING PROCESS BASED ON ITS BELIEF THAT THE COMMUNITY EXPERIENCE GAINED BY AGENCIES IN THE FIRST WAVE OF THE HIV AND AIDS EPIDEMIC COULD RENDER VALUABLE DIRECTION TO FUNDING DECISIONS. YET, WITH A FAITH-BASED INITIATIVE IN OPERATION SINCE 1987, MANY ORGANIZATIONS WHO HAVE CONTRIBUTED TO THE WAR AGAINST AIDS SINCE IT FIRST INFILTRATED THE BLACK COMMUNITY HAVE NOT RECEIVED ADEQUATE SUPPORT.

TO BE EFFECTIVE, HHS MUST STRENGTHEN ITS INVESTMENT IN THE FAITH COMMUNITY. UNTIL RECENTLY, HHS HAD NOT MADE AN ATTEMPT TO REACH THE BLACK FAITH COMMUNITY. THIS LACK OF EFFORT IN COMMUNITY INTERVENTION IS FURTHER EVIDENT IN THE LACK OF ADEQUATE FUNDING FOR THE PROGRAMS GENERATED WHICH OFTEN GO UNRECOGNIZED. THESE RECOMMENDATIONS ARE IN ADDITION TO THE INITIATIVES OUTLINED. THEY SERVE TO PROVIDE DIRECTION TO INITIATIVES THAT SUSTAIN AND DEVELOP PARTICIPATION OF THIS CRITICAL SECTOR OF THE AFRICAN AMERICAN COMMUNITY.

DEVELOPMENT OF THE BLACK CLERGY

+\$700,000

THROUGH THE FAITH-BASED INITIATIVES OF THE CDC, THE OFFICE OF MINORITY HEALTH, SAMSHA AND SUPPORT FROM HRSA, AWARD APPROXIMATELY 7 GRANTS TO THE SCHOOLS OF DIVINITY AT HISTORICALLY BLACK COLLEGES AND UNIVERSITIES. THESE FUNDS COULD ALSO BE ALLOCATED TO SEMINARIES WITH A HISTORY AND TRADITION OF TRAINING BLACK CLERGY.

THE GRANTS WILL SUPPORT CURRICULUM DEVELOPMENT AND INSTITUTIONALIZE REQUIRED COURSES IN HIV AND AIDS, DRUG ABUSE COUNSELING, DISEASE PREVENTION AND HEALTH PROMOTION, PROGRAM DEVELOPMENT AND COMMUNITY INTERVENTION. THE COURSES WILL OFFER ADVANCE SPECIALIZED TRAINING AND COUNSELING WHILE INCREASING THE KNOWLEDGE BASE AND PROVIDING SUPPORT AND A PROVISION FOR DIRECT SERVICES TO INDIVIDUALS.

FUNDS WOULD BE AWARDED TO INSTITUTIONS SUCH AS THE INTERDENOMINATIONAL THEOLOGICAL CENTER (ITC), SAMUEL D. PROCTOR THEOLOGICAL CENTER OF VIRGINIA UNION, HOWARD UNIVERSITY'S DIVINITY SCHOOL, PAYNE THEOLOGICAL SEMINARY, HOOD THEOLOGICAL SEMINARY AT LIVINGSTON COLLEGE, SHAW THEOLOGICAL SEMINARY AND THE NEW YORK THEOLOGICAL SEMINARY. A SPECIAL FUNDS SHOULD BE AWARDED TO INSTITUTIONS, IN ADDITION TO THEIR

GRANTS, TO SUPPORT ONGOING TECHNICAL ASSISTANCE TO LOCAL BLACK CHURCHES WHERE GRADUATING CLERGY ARE ASSIGNED.

THIS APPROACH IS DESIGNED TO ENSURE ONGOING AND SUSTAINED EDUCATION AND DEVELOPMENT TO A WIDER RANGE OF CLERGY WHO ARE OFTEN GIVEN DIRECT RESPONSIBILITY FOR THE PROVISION OF SERVICES.

**INVESTMENT IN DIRECT SERVICE FAITH
BASED PROGRAMS**

+\$350,000

HRSA, THE OFFICE OF MINORITY HEALTH, THE NIH OFFICE OF RESEARCH ON MINORITY HEALTH AND SAMSHA, IN COLLABORATION WITH THE CDC, SHOULD ESTABLISH A DIRECT FUNDING PROGRAM TO BLACK CHURCHES IN COMMUNITIES HARDEST HIT BY HIV AND AIDS. TEN PLANNING GRANTS OF \$25,000 EACH WILL BE USED TO DIRECTLY FUND BLACK CHURCHES WITH THE WILLINGNESS AND CAPACITY TO SERVICE PEOPLE WITH AIDS IN THESE COMMUNITIES.

TEN ADDITIONAL GRANTS OF \$10,000 EACH WILL BE DIRECTLY AWARDED TO CHURCHES TO CONDUCT COMMUNITY DEVELOPMENT AND OUTREACH EDUCATION ACTIVITIES. THESE INVESTMENTS DO NOT RESPOND TO THE LACK OF SUPPORT TO BLACK CHURCHES WITH A LONG HISTORY OF PROVIDING DIRECT SERVICE POPULATIONS INFECTED OR AFFECTED BY HIV AND AIDS. THE KNOWLEDGE GAINED FROM THESE SERVICE PROVIDERS SHOULD BE SOUGHT AND USED TO HELP SUPPORT AND DEVELOP PROGRAMS AS WELL AS ALLOW THEIR PARTICIPATION IN PROVIDING LOCAL OR REGIONAL TECHNICAL ASSISTANCE TO BLACK CHURCHES THAT ARE WILLING AND HAVE THE CAPACITY TO ENTER THE AIDS SERVICE FIELD.

TECHNICAL SUPPORT TO THE FAITH-BASED COMMUNITY

WHILE THE BLACK CLERGY REMAINS AN INTEGRAL PART OF THE COMMUNITY LEADERSHIP, IT IS THEIR CONGREGANTS WHO OFTEN PROVIDE THE EXTENSIVE OUTREACH AND SERVICE CAPACITY NECESSARY FOR ONGOING COMMUNITY EDUCATION AND SERVICE. IT IS AS ESSENTIAL TO CREATE WIDE SPREAD PREVENTION MESSAGES AMONG THE COMMUNITY OUTSIDE OF THE CHURCH AS WELL AS INSIDE. FUNDING SHOULD BE PROVIDED TO AGENCY'S SUCH AS THE BALM IN GILEAD AND OTHERS, ON THE NATIONAL, REGIONAL OR LOCAL LEVEL. ORGANIZATIONS SUCH AS THE BALM IN GILEAD HAVE BEEN SUCCESSFUL IN PROVIDING TECHNICAL SUPPORT TO SEVERAL SEGMENTS OF THE BLACK CHURCH, INCLUDING YOUTH MINISTRIES, HIV SUPPORT GROUPS, WOMEN'S MINISTRIES AND OTHER INITIATIVES. SUPPORT SHOULD ALSO

BE AVAILABLE TO INSTITUTIONS THAT OFFER SUPPORT INTEGRATION
AND COLLABORATION AMONG THE FAITH-BASED COMMUNITY AND
OTHER COMMUNITY-BASED AIDS SERVICE ORGANIZATIONS.



Todd A. Summers
10/07/98 07:30:46 PM

Record Type: Record

To: Sandra Thurman/OPD/EOP, Michael Iskowitz

cc:

Subject: PACHA/CBC Members for key city visits

Here is a list of the PACHA and CBC members residing in key cities we discussed:

Los Angeles

Scott Hitt
Alexandra Levine
Altagracia Perez

Maxine Waters
Julian Dixon
Juanita Millender-McDonald

Seattle

Judith Billings

New York

Steve Abel
Debra Frazer-Howze
Nilsa Gutierrez
Mike Isbell
Ron Johnson

Major Owens (Brooklyn)
Charles Rangel
Edolphus Towns (Brooklyn)

Chicago

Bob Fogel

Danny Davis
Carol Mosely-Braun
Bobby Rush

Detroit

Kathleen Gerus (near, but not in, Detroit)

John Conyers
Jesse Jackson, Jr.
Carolyn Cheeks Kilpatrick

Atlanta

Denise Stokes
Bruce Weniger

John Lewis
Cynthia McKinney

Tuesday, October 6 - 4:00pm
Ward Room

AGENDA

- Status of CBC Proposal
- Status of Appropriation
- Date for Washington, DC Event
- Event Description/Roll-Out

FYI,
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**"STATE OF EMERGENCY"
WITH RESPECT TO THE EXTENT AND IMPACT OF
HIV/AIDS ON THE BLACK COMMUNITY**

CBC PRINCIPALS/POLICIES

- **FEDERAL FUNDS MUST BE DIRECTED TO FOLLOW THE EPIDEMIOLOGICAL TRENDS IN THE HIV EPIDEMIC. IN THE ABSENCE OF COMPREHENSIVE HIV SURVEILLANCE DATA, TRENDS IN SURROGATE MARKERS SUCH AS RATES OF SUBSTANCE ABUSE, TUBERCULOSIS, TEEN PREGNANCY AND OTHER SEXUALLY TRANSMITTED DISEASES SHOULD BE USED TO DETERMINE IMPACT AND NEED. NEW RESOURCES MUST BE ALLOCATED TO ADDRESS EMERGING NEEDS AND TO CLOSE THE GAPS IN SERVICES IDENTIFIED WITHIN THE AFRICAN AMERICAN COMMUNITY.**
- **REDUCE FURTHER TRANSMISSION OF HIV/AIDS AND PROMOTE EARLY INTERVENTION AND TREATMENT FOR THOSE WHO HAVE ALREADY CONTRACTED THE VIRUS, BY SUPPORTING LARGE SCALE, CULTURALLY APPROPRIATE, PUBLIC INFORMATION AND EDUCATION CAMPAIGNS TARGETED TO AFRICAN AMERICANS, TO EDUCATE PEOPLE ABOUT THE BENEFITS OF KNOWING THEIR HIV STATUS; TO PROMOTE HIV COUNSELING, AND VOLUNTARY HIV TESTING; AND TO PROMOTE VOLUNTARY PARTNER COUNSELING, NOTIFICATION AND REFERRAL SERVICES.**
- **PROMOTE WIDESPREAD UNDERSTANDING AMONG AFRICAN AMERICANS THAT DISEASE MANAGEMENT AND TREATMENT CAN INCREASE THE LENGTH AND QUALITY OF LIFE FOR PEOPLE LIVING WITH HIV/AIDS BY SUPPORTING LARGE SCALE PUBLIC INFORMATION AND EDUCATIONAL CAMPAIGNS DESIGNED TO DISPEL THE SHAME AND STIGMA ASSOCIATED WITH HIV/AIDS AND PROMOTE THE UNDERSTANDING THAT HIV/AIDS IS A TREATABLE AND MANAGEABLE CHRONIC DISEASE.**
- **ADDRESS THE LONGSTANDING DISPARITIES IN THE ALLOCATION OF HIV PREVENTION RESOURCES AMONG AFRICAN AMERICAN COMMUNITIES AND THEIR ORGANIZATIONS AND INSTITUTIONS, AND HOLD THE CDC ACCOUNTABLE FOR THE EXPENDITURE OF HIV PREVENTION COMMUNITY PLANNING FUNDS.**
- **BUILD AND SUSTAIN THE ORGANIZATIONAL INFRASTRUCTURE AND CAPACITY OF AFRICAN AMERICAN COMMUNITY-BASED ORGANIZATIONS AND INSTITUTIONS IN ORDER TO CONDUCT CLINICAL AND BEHAVIORAL RESEARCH AND DELIVER EFFECTIVE,**

STATE OF THE ART HIV PREVENTION, CLINICAL CARE, TREATMENT AND SUPPORTIVE SERVICES TO THOSE IMPACTED AND LIVING WITH HIV/AIDS.

- **ENSURE ACCESS TO STATE OF THE ART HIV CLINICAL CARE AND DRUG THERAPIES TO AFRICAN AMERICANS LIVING WITH HIV AND AIDS. DEVELOP AND SUPPORT THE CAPACITY AND SUPPLY OF AFRICAN AMERICAN AND OTHER MINORITY HEALTH CARE PROVIDERS TO DELIVER STATE-OF-THE ART HIV/AIDS CLINICAL CARE AND DRUG THERAPIES, BY EXPANDING OPPORTUNITIES FOR CLINICAL TRAINING AND PROFESSIONAL DEVELOPMENT.**
- **DEVELOP AND EXPAND SOUND POLICIES AND PROGRAMS THAT ADDRESS THE INTERSECTING EPIDEMICS OF HIV, STDs AND SUBSTANCE ABUSE AND INTEGRATE HIV, STDs, TB AND SUBSTANCE ABUSE PREVENTION, TREATMENT, CARE AND ASSISTANCE SERVICES IN HIGHLY IMPACTED AFRICAN AMERICAN COMMUNITIES THROUGHOUT THE NATION.**

**CONGRESSIONAL BLACK CAUCUS RECOMMENDED
HIV/AIDS PREVENTION, TREATMENT AND CONTROL
PROJECTS AND INITIATIVES
FY 1998 AND FY 1999**

THE PROJECTS AND INITIATIVES OUTLINED HEREIN ARE IN ADDITION TO THE PROJECTS OUTLINED IN THE DHHS PROPOSAL.

INTRODUCTION

THE BURDEN OF HIV/AIDS ON RACIAL AND ETHNIC MINORITIES IS A SEVERE AND ONGOING CRISIS WHICH REQUIRES BOTH IMMEDIATE MEASURES, AND A LONG-TERM SUSTAINED COMMITMENT TO RESOLVE. SERVICES AND RELATED RESOURCES MUST FOLLOW THE TREND OF THE DISEASE.

THE ASSISTANCE PROVIDED MUST BE TARGETED FOR MAXIMUM EFFECTIVENESS, SUSTAINABLE CAPACITY AND COMMUNITY INFRASTRUCTURE BUILDING THROUGH MINORITY NATIONAL, REGIONAL AND COMMUNITY-BASED ORGANIZATIONS THAT ARE OWNED AND OPERATED BY REPRESENTATIVES OF RACIAL/ETHNIC MINORITY COMMUNITIES WHICH HAVE THE GREATEST INCIDENCE OF HIV/AIDS, AND WHICH HAVE A DEMONSTRATED COMMITMENT AND HISTORY OF SERVICE TO THOSE COMMUNITIES.

CLEARLY, THE DEPARTMENT OF HEALTH AND HUMAN SERVICES MUST EXPAND THE INVESTMENT OF RESOURCES AND EFFORT TO ADDRESS HIV/AIDS IN THE AFRICAN AMERICAN COMMUNITY. STEPS MUST BE TAKEN TO ENSURE THAT AFRICAN AMERICANS FULLY BENEFIT FROM EFFECTIVE PREVENTION AND TREATMENT INTERVENTIONS THAT CURRENTLY EXIST, AS WELL AS THOSE THAT ARE ON THE HORIZON..

INVESTMENTS IN FISCAL YEAR 1998 (IN ADDITION TO THE DHHS PREVIOUSLY IDENTIFIED PROJECTS)

HIV INTERVENTION AND RESEARCH PROGRAMS - (NIH/OAR)

THESE RECOMMENDATIONS SHOULD BE FUNDED THROUGH NIH, WITH SPECIFIC EMPHASIS ON OAR AND OTHER APPROPRIATE ENTITIES.

TO FUND PROGRAMS THAT BUILD THE RESEARCH CAPACITY WITHIN AFRICAN AMERICAN COMMUNITIES, SUPPORT RESEARCH CONDUCTED BY PERSONS INDIGENOUS TO THE COMMUNITIES TARGETED, AND PROVIDE TECHNICAL ASSISTANCE AND TRAINING TO AFRICAN AMERICAN

INSTITUTIONS AND COMMUNITY-BASED ORGANIZATIONS IN THE DESIGN AND IMPLEMENTATION OF BEHAVIORAL RESEARCH. INCREASE THE DIRECT PARTICIPATION OF AFRICAN AMERICAN PRINCIPAL RESEARCHERS AND INSTITUTIONS IN BEHAVIORAL AND BIOMEDICAL RESEARCH.

NIH POPULATION SPECIFIC INTERVENTIONS (NIH/OAR) +\$12 MILLION
IN ADDITION TO FUNDS ALREADY OUTLINED FOR TARGETED AFRICAN AMERICAN COMMUNITIES AND POPULATIONS, FUND ADDITIONAL POPULATION SPECIFIC GRANTS TO MORE EFFECTIVELY TARGET AT RISK PERSONS, ADDRESS COMMUNITY NORMS AND SUPPORT THE ADOPTION OF HIV RISK REDUCTION BEHAVIORS AND SUSTAIN BEHAVIORAL CHANGE AMONG HIGH RISK POPULATIONS. FUND ADDITIONAL PROGRAMS THAT:

- SPECIFICALLY TARGET PREGNANT AND PARENTING TEENAGERS AND THEIR SEXUALLY ACTIVE PARTNERS;
- TARGET BLACK HETEROSEXUAL MEN IN AGE SPECIFIC POPULATIONS;
- TARGET BLACK WOMEN IN AGE SPECIFIC POPULATIONS RANGING IN CHILD BEARING AGES OF 15-44; AND
- PROVIDE FOR RISK REDUCTION FOR CRACK COCAINE ABUSING YOUTH WHO PARTICIPATE IN THE SEX FOR DRUGS TRADE ASSOCIATED WITH CRACK USE.

AFRICAN AMERICAN COMMUNITY RESEARCH CONFERENCE (NIH/CDC) +\$200,000
THE NIH AND THE CDC WILL JOINTLY FUND A BLACK ORGANIZATION WITH THE HISTORY AND CAPACITY IN PROGRAM DEVELOPMENT IN COMMUNITY PLANNING, EDUCATION, COORDINATION, AND POLICY DEVELOPMENT AND COMMUNITY RESEARCH TO COORDINATE A CONFERENCE OF BLACK BEHAVIORAL AND BIOMEDICAL SCIENTISTS. THE INITIATIVE IS DESIGNED TO ESTABLISH A RESEARCH AND INTERVENTION AGENDA FOR THE BLACK COMMUNITY.

COMMUNITY RESEARCH COORDINATING GRANTS (NIH/OAR) +\$600,000
CREATE THREE (3) GRANTS OF \$200,000 EACH , AWARDED TO AGENCIES WITH A HISTORY AND CAPACITY OF COMMUNITY PLANNING, DEVELOPMENT, PUBLIC POLICY AND SERVICE TO AFRICAN AMERICAN COMMUNITIES IN HIV AND AIDS AND PUBLIC HEALTH, ON NATIONAL, REGIONAL AND/OR LOCAL LEVELS. THESE FUNDS WILL BE USED TO

ESTABLISH SCIENTIFIC PANELS OF BLACK BEHAVIORAL AND BIOMEDICAL RESEARCHERS TO SERVE AS ADVISORS, IMPLEMENT STRATEGIES THAT ADVANCE AN AFRICAN AMERICAN FOCUSED RESEARCH AGENDA WHILE OFFERING TECHNICAL ASSISTANCE TO COMMUNITIES AND ORGANIZATIONS SEEKING TO IMPLEMENT BEHAVIORAL INTERVENTION STRATEGIES IN HIV AND AIDS. THESE PANELS WILL SERVE AS ADVISORS ON PROGRAMS AND EVALUATIONS. ALTHOUGH COMMUNITY FOCUSED, THESE GROUPS WILL PROVIDE ADVICE AND ASSISTANCE TO THE NIH GRANT DEVELOPMENT AND APPLICATION PROCESS, AND WILL COORDINATE TECHNICAL ASSISTANCE TO CBOs ON A REGIONAL LEVEL.

**NIH BEHAVIORAL SCIENCE RESEARCH
GRANTS (NIH)**

+\$500,000

CREATE FIVE (5) NEW BEHAVIORAL SCIENCE RESEARCH GRANTS OF \$100,000 EACH TO AFRICAN AMERICAN RESEARCHERS TO EXPAND EXISTING STUDIES TARGETING SPECIAL POPULATIONS FOR SPECIFIC INTERVENTIONS AND COMMUNITY LEADERSHIP DEVELOPMENT THAT TARGET THE BEHAVIORAL LINKS BETWEEN IV DRUG USE AND THE INCREASED INFECTION RATES AMONG BLACK WOMAN AND CHILDREN. THIS INITIATIVE SERVES TO BREAK THE LINK BETWEEN UNSAFE SEXUAL PRACTICES AND SEXUAL NEGOTIATION DEFICITS BETWEEN BLACK WOMEN AND MEN AND SEXUAL PRACTICES AMONG HIGH RISK SEXUALLY ACTIVE HETEROSEXUAL TEENS.

**STRENGTHEN THE INVESTMENT IN AFRICAN AMERICAN CBO's
PROVIDING PREVENTION SERVICES (CDC)**

+ \$8 MILLION

THE CDC IS TO FUND, DIRECTLY, AFRICAN AMERICAN COMMUNITY BASED ORGANIZATIONS (CBOs) TO PROVIDE HIV PREVENTION SERVICES IN HIGHLY IMPACTED AND/OR UNDER-SERVED REGIONS OF THE COUNTRY INCLUDING THE SOUTHEAST AND SOUTH. THESE FUNDS WILL PROVIDE GRANTS RANGING BETWEEN \$150,000-\$250,000 TO AFRICAN AMERICAN CBOs TO PROVIDE HIV PREVENTION, HEALTH EDUCATION AND RISK REDUCTION SERVICES TO TARGETED AT RISK POPULATIONS OF AFRICAN AMERICANS. THIS INITIATIVE MUST FOCUS ON ORGANIZATIONS IN GEOGRAPHICAL REGIONS THAT HAVE PASSED ALL CRITERIA FOR FUNDING UNDER PROGRAM ANNOUNCEMENT 704 BUT WERE NOT FUNDED DUE SOLELY TO THE LIMITATION OF FUNDING AVAILABLE UNDER THE GRANT PROGRAM. SPECIAL ALLOCATIONS MUST BE MADE TO REGIONS WHERE AFRICAN AMERICANS ARE HIGHLY IMPACTED, BUT WHERE THE FUNDING IN THE REGION DOES NOT MATCH THE NEED FOR SERVICES IN THESE COMMUNITIES OR WHERE ENTIRE HIGH NEED COMMUNITIES WERE OMITTED FROM THE FINAL SELECTION FOR APPROVED FUNDING.

**PREVENTION AMONG HIV POSITIVE AFRICAN
AMERICAN GAY MEN (CDC)**

\$400,000

THE CDC TO DIRECT AT LEAST \$400,000, OF THE \$800,000 IN FUNDING PROPOSED FOR BEHAVIORAL RESEARCH ON THE EFFECTIVENESS OF HIV PREVENTION INTERVENTIONS SERVING HIV SEROPOSITIVE GAY MEN, TO PROJECTS SPECIFICALLY DESIGNED TO RESEARCH INTERVENTIONS TARGETED TO AFRICAN AMERICAN SEROPOSITIVE GAY MEN.

**PREVENTION AMONG HIV POSITIVE AFRICAN
AMERICANS (CDC)**

+\$1.5 MILLION

IN ADDITION TO THE \$3.9 MILLION TARGETED THROUGH STATE, LOCAL, TERRITORY HEALTH DEPARTMENTS, THE CDC SHOULD PROVIDE FUNDS TO SUPPORT 3 DEMONSTRATION PROJECTS, SPECIFICALLY DIRECTED TO AFRICAN AMERICANS, EXPERIENCING DIFFICULTY ACCESSING PREVENTION AND TREATMENT SERVICES TO PROVIDE PRIORITY HIV PRIMARY PREVENTION SERVICES TO AFRICAN AMERICANS, TO ENCOURAGE THEM TO LEARN THEIR HIV STATUS. FOR THOSE WHO ARE SEROPOSITIVE, THE PROGRAMS WOULD INCREASE ACCESS AND ACTUAL LINKAGE TO HIV TREATMENT AND SUPPORTIVE SERVICES.

**PREVENTION AMONG AFRICAN AMERICAN
MEN (CDC)**

+1.5 MILLION

THE CDC SHOULD PROVIDE AN ADDITIONAL \$1.5 MILLION TO SUPPORT A MINIMUM OF 3 BEHAVIORAL RESEARCH PROJECTS SPECIFICALLY DIRECTED TO INVESTIGATING THE EFFECTIVENESS OF PRIMARY PREVENTION INTERVENTIONS TARGETED TO FUND BEHAVIORAL RESEARCH CONDUCTED BY AFRICAN AMERICAN RESEARCHERS TO INVESTIGATE THE EFFECTIVENESS OF HIV PRIMARY PREVENTION INTERVENTIONS SERVING AFRICAN AMERICAN GAY, BISEXUAL AND HETEROSEXUAL MEN. THE PRINCIPAL INVESTIGATORS AND RESEARCHERS ON THESE PROJECTS MUST BE AFRICAN AMERICAN.

**PREVENTION OF HIV THROUGH STD
TREATMENT (CDC)**

+\$3.4 MILLION

AT A MINIMUM, PROVIDE AN ADDITIONAL \$3.4 MILLION INCREASE FOR COMMUNITY LEVEL INTERVENTIONS TO DETECT, TREAT AND CONTROL SEXUALLY TRANSMITTED DISEASES INCLUDING, BUT NOT LIMITED TO SYPHILIS, GONORRHEA (INCLUDING RECTAL), CHLAMYDIA AND HERPES IN AREAS ACROSS THE COUNTRY WHERE AFRICAN AMERICANS ARE MOST HIGHLY IMPACTED. THIS GRANT PROGRAM IS TO BE TARGETED TO COMMUNITY LEVEL INTERVENTIONS (SUCH AS THOSE SHOWING SIGNIFICANT REDUCTIONS OF HIV IN AFRICA) WHICH INCLUDE A PARTNERSHIP BETWEEN THE LOCAL, STATE AND TERRITORY PUBLIC

HEALTH DEPARTMENTS AND COMMUNITY BASED ORGANIZATIONS, AND COMMUNITY AND MIGRANT HEALTH CENTERS. SPECIFIC EMPHASIS MUST BE PLACED ON THE CITY OF BALTIMORE AND THE SOUTH AND SOUTH EASTERN SECTIONS OF THE U.S.

STD INTERVENTION -BALTIMORE AND SOUTH EASTERN REGION (CDC)

+\$3MILLION

IN ADDITION TO FUNDS ALREADY ALLOCATED TO THESE AREAS, AN ADDITIONAL GRANT OF \$1.5 MILLION SHOULD BE ALLOCATED TO THE CITY OF BALTIMORE WHERE SYPHILIS RATES ARE 18 TIMES HIGHER THAN THE NATIONAL AVERAGE. IN BALTIMORE, DURING THE LAST 24 MONTHS, 115 BABIES WERE BORN WITH UNTREATED SYPHILIS. THE GRANT WILL FOCUS ON EDUCATION AND INTERVENTION, SPECIAL PROGRAMS FOR PRENATAL CARE AND SYPHILIS TESTING, TREATMENT AND PREVENTION. THE GRANT WILL ALSO SERVE TO INCREASE STD TREATMENT IN DRUG TREATMENT PROGRAMS.

AN ADDITIONAL \$1.5 MILLION SHOULD BE ALLOCATED TO THE SOUTH EAST REGION OF THE UNITED STATES TO CONDUCT THE SAME SERVICES IN COUNTIES WHERE STD's ARE HIGHEST AMONG AFRICAN AMERICAN COMMUNITIES.

STD & DRUG TREATMENT REPORTS TO CBC

THE HHS WILL DELIVER A REPORT TO THE CONGRESSIONAL BLACK CAUCUS, NO LATER THAN DECEMBER 31ST 1998, THAT OUTLINES THE STATISTICS, INTERVENTION AND IMPLEMENTATION FINDINGS IN BALTIMORE AND THE SOUTH EAST REGION OF THE UNITED STATES. IN ADDITION, THE REPORT WILL OUTLINE THE 25 CITIES WHERE AFRICAN AMERICANS ARE MOST HEAVILY IMPACTED BY STD, HIV AND DRUG ADDICTION. IN CONJUNCTION WITH LOCAL HEALTH OFFICIALS ACROSS THE COUNTRY, THE REPORT WILL OUTLINE METHODS FOR A COMBINED STRATEGY TO REDUCE THE NUMBER OF STD TRANSMISSIONS, ELIMINATE CURRENT INFECTION AND INCREASE THE NUMBER OF DRUG TREATMENT SLOTS IN THESE COMMUNITIES BY THE YEAR 2001.

REDUCING HIV TRANSMISSION AMONG AFRICAN AMERICANS (CDC)

+\$400,000

THE CDC SHOULD PROVIDE \$400,000 IN FUNDING TO CARRY OUT THE AFRICAN AMERICAN COMPONENT OF ITS COMMUNITIES OF COLOR INITIATIVE. THIS WILL INCLUDE FOLLOW UP FOCUS GROUPS AND STRATEGY MEETINGS WITH AFRICAN AMERICAN EXPERTS IN HIV/AIDS TO DEVELOP AND FINE TUNE A SPECIFIC INITIATIVE TO REDUCE HIV INFECTION AMONG DIVERSE AFRICAN AMERICAN SUB POPULATIONS.

**ENHANCING STATE, LOCAL, TERRITORY
COORDINATION (SAMHSA)**

+\$100,000

THE COOPERATIVE PROJECT TO BE SUPPORTED BY SAMHSA WITH A \$50,000 GRANT TO BETTER DEFINE THE BARRIERS TO COLLABORATION OF STATE, LOCAL, AND TERRITORY HIV, SUBSTANCE ABUSE AND MENTAL HEALTH PROGRAMS, PARTICULARLY FOR COMMUNITIES OF COLOR REQUIRES ADDITIONAL SUPPORT. THE PROJECT INCLUDES COLLABORATION BETWEEN THE CDC, THE NATIONAL ASSOCIATION OF STATE AND TERRITORIAL AIDS DIRECTORS. (NASTAD) AND THE NATIONAL ASSOCIATION OF STATE ALCOHOL AND DRUG ABUSE DIRECTORS (NASADAD). ADDITIONAL GRANTS, IN THE SUM OF \$50,000 EACH, SHOULD BE AWARDED THE NATIONAL CAUCUS OF BLACK STATE LEGISLATORS (NCBSL) AND THE NATIONAL ORGANIZATION OF BLACK COUNTY OFFICIALS (NOBCO) TO IDENTIFY THE BARRIERS TO COLLABORATION AND DEVELOP A CORRECTIVE ACTION PLAN TO OVERCOME THE BARRIERS AND IMPROVE ACCESS TO HIV, SUBSTANCE ABUSE AND MENTAL HEALTH SERVICES FOR AFRICAN AMERICANS.

STRATEGY MEETINGS (CDC, SAMHSA, HRSA AHCPR, NIH)

+\$350,000

IN COLLABORATION, CDC, SAMHSA, HRSA, AHCPR, AND NIH, SHOULD PROVIDE \$350,000 IN A GRANT, TO BE AWARDED TO A CONSORTIUM OF NATIONAL AFRICAN AMERICAN AND MINORITY HIV/AIDS LEADERSHIP ORGANIZATIONS, TO COORDINATE A MEETING OF AFRICAN AMERICAN LEADERS IN THE HIV, HEALTH, FAITH, BUSINESS AND CIVIL RIGHTS COMMUNITIES TO DEVELOP A NATIONAL AGENDA AND ACTION PLAN TO COMBAT HIV/AIDS AMONG AFRICAN AMERICANS IN THE UNITED STATES. THIS ACTION PLAN WILL BE USED IN FISCAL YEARS 1999, 2000, AND THEREAFTER TO DIRECT THE FEDERAL RESPONSE TO THE STATE OF EMERGENCY OF HIV/AIDS AMONG AFRICAN AMERICANS.

CDC PREVENTION COMMUNITY PLANNING PROCESS

THE CURRENT PREVENTION COMMUNITY PLANNING PROCESS MANDATED BY THE CENTERS FOR DISEASE CONTROL AND PREVENTION HAS HAD SPORADIC IMPACT ON COMMUNITIES OF AFRICAN DESCENT ACROSS THE NATION. BY ALL ACCOUNTS, INCLUDING THE CDC'S OWN ADMISSION, THE PROCESS IS NOT WORKING FOR BLACK AMERICA. AMONG THE GREATEST FAILURES OF THIS PROCESS HAS BEEN THE LACK OF RESPONSE TO THE DIVERSE NEEDS OF THE AFRICAN AMERICAN COMMUNITY AT LARGE, A COMMUNITY WHERE NEW HIV INFECTIONS ARE GROWING AT AN UNPRECEDENTED RATE. THE PROCESS ALSO LACKS THE ABILITY TO COORDINATE AN ADEQUATE RESPONSE FROM KEY INDIGENOUS COMMUNITY LEADERS WITH A HISTORY AND CAPACITY TO ADVANCE

COMMUNITY DEVELOPMENT ON THE LOCAL LEVEL. SIMILARLY, THE PROCESS PLACES LITTLE OR NO EMPHASIS ON CREATING OR IDENTIFYING AVAILABLE FUNDING STREAMS OUTSIDE OF THE GOVERNMENT PROCESS. THESE FUNDING STREAMS WOULD SERVE TO ENHANCE PROGRAM DEVELOPMENT WHILE OFFERING LITTLE TECHNICAL SUPPORT IN ORGANIZATIONAL DEVELOPMENT TO MEET CURRENT CHALLENGES. EQUALLY DETRIMENTAL IS THE PROCESS' CONSISTENT INABILITY TO CREATE INFORMATION STREAMS OUTSIDE OF THE HIV/AIDS COMMUNITY. THESE INFORMATION STREAMS ARE ALSO CRITICAL TO ADVANCING KNOWLEDGE FOR COMMUNITIES WHO REMAIN IN PERIL. FINALLY, MANY AFRICAN AMERICANS IN OUR COMMUNITY, WHO SIT AT VARIOUS DECISION MAKING TABLES IN TERRITORIES, STATES AND MUNICIPALITIES ACROSS THIS COUNTRY, ARE SUBJECT TO VOTES BY CONSENSUS IN A PROCESS WITH UNBALANCED REPRESENTATION OF THE TARGET COMMUNITIES.

THE CDC'S PROCESS MANDATES ADHERENCE TO COMMUNITY PLANNING, YET IT ALLOWS THE DECISION MAKING TO TAKE PLACE AT VARIOUS LEVELS IN GOVERNMENT. DESPITE THE CONTROLS INHERENT IN THIS MANDATE, THE PROCESS MOVES TO ADMINISTRATIVE LEVELS IN STATE, LOCAL AND TERRITORY GOVERNMENTS, WHERE KEY ADMINISTRATIVE LEADERSHIP IN LOCAL HEALTH DEPARTMENTS BEAR NO RESEMBLANCE TO THE TARGETED COMMUNITIES. TODAY, MANY KEY PARTICIPANTS IN THE PROCESS HOLD STEADFAST THE BIASES INHERITED FROM OLDER AGENCIES AND SCHOOLS OF THOUGHT, WHO GAINED POWER DURING THE FIRST WAVE OF THIS EPIDEMIC, BIASES THAT ARE NOT TRANSFERABLE TO OUR COMMUNITY PROCESS.

THE PROCESS, HOWEVER, SHOULD NOT BE ELIMINATED. RATHER, THE CDC MUST RECOGNIZE THAT IF AFRICAN AMERICANS ARE TO BENEFIT FROM THE ENORMOUS INVESTMENT THAT THIS NATION HAS MADE IN HIV/AIDS, A SERIES OF PROCESSES MORE RESPECTFUL OF THE AFRICAN AMERICAN COMMUNITY'S NEEDS, MUST BE IMPLEMENTED. THE PREVENTION COMMUNITY PLANNING PROCESS IN COMMUNITIES OF AFRICAN DESCENT NEEDS A BROADER APPROACH. ONE THAT COMBINES THE EXPERTISE OF THE COMMUNITY AT LARGE WITH THE WILL AND DETERMINATION OF COMMUNITY LEADERS WHO POSSESS A HISTORY AND TRADITION IN COMMUNITY DEVELOPMENT. THE CURRENT PROCESS IS NOT ONE THAT LEADS TO CONSENSUS BECAUSE OF AN UNBALANCED REPRESENTATION OF THE AFRICAN AMERICAN COMMUNITY AND MUST THEREFORE ALLOW THE COMMUNITY TO COME TO A CONSENSUS AMONG ITSELF AND THEN ENGAGE IN A BROADER PROCESS. THE FOLLOWING IS A LIST OF RECOMMENDATIONS TO MEET THIS GOAL.

RECOMMENDATIONS:

THE CDC MUST REQUIRE STATES AND TERRITORIES TO ENGAGE IN A PROCESS OF AFRICAN AMERICAN COMMUNITY FOCUS GROUPS TO GARNER ADDITIONAL INFORMATION FOR PREVENTION PLANNING. THESE GROUPS MUST INCLUDE INDIVIDUALS REPRESENTING POPULATIONS IN THE BLACK COMMUNITY THAT ARE AT RISK AS DETERMINED BY CURRENT HIV INFECTION RATES. COMMUNITY LEADERS AND ORGANIZATIONS THAT HAVE TRADITIONALLY SERVED THE COMMUNITY (I.E.: CIVIL RIGHTS, CLERGY AND GROUPS SERVICING YOUTH, WOMEN, BLACK GAY MEN, BLACK HETEROSEXUAL MEN, DRUG USERS AND OTHERS) MUST BE TARGETED FOR INCLUSION IN THIS PROCESS.

THE CDC MUST ESTABLISH SYSTEMS WITHIN THE PREVENTION COMMUNITY PLANNING PROCESS, THAT ALLOW LOCAL INDIGENOUS LEADERS TO ENGAGE IN PLANNING, INFORMATION SHARING AND THE MAKING OF RECOMMENDATIONS REGARDING COMMUNITY NEEDS. THIS PROCESS MUST INCLUDE PEOPLE LIVING WITH HIV AND AIDS, MANY OF WHOM ARE AMONG THE INDIGENOUS BLACK LEADERSHIP.

WHEN POSSIBLE, THE CDC MUST REQUIRE LOCAL GOVERNMENTS TO HOLD QUARTERLY MEETINGS WITH PRIVATE FOUNDATION EXECUTIVES THAT INCLUDE THE PARTICIPATION OF VARIOUS FOCUS GROUPS. LOCAL GOVERNMENTS MUST LIST PRIORITY ANCILLARY SERVICE NEEDS OF FUNDED ORGANIZATIONS AND WORK WITH PRIVATE FUNDERS TO CREATE PROGRAMS TO MEET THESE NEEDS IN A JOINT PUBLIC PRIVATE PARTNERSHIP'S THAT ENHANCE THESE EFFORTS. LOCAL GOVERNMENTS MUST ALSO HOLD REGIONAL MEETINGS WITH PRIVATE FOUNDATIONS AND CORPORATE GIVING ENTITIES THAT INCLUDE THE PARTICIPATION OF LOCAL BLACK LEADERS AND PEOPLE LIVING WITH HIV AND AIDS. ALL LOCAL GOVERNMENTS MUST PRODUCE A MONTHLY INFORMATION REPORT ON PROSPECTIVE FUNDERS THAT CAN PROVIDE FUNDING FOR ANCILLARY SERVICES TO COMMUNITY ORGANIZATIONS.

THE CDC AND HRSA MUST DEVELOP AN ADEQUATE INFORMATION SYSTEM THAT INFORMS THE COMMUNITY AT-LARGE OF THE SCOPE OF THE AIDS EPIDEMIC. SPECIAL EMPHASIS MUST BE MADE TO ENSURE THE INVOLVEMENT OF A BROAD RANGE OF COMMUNITY

ORGANIZATIONS NOT YET WORKING IN AIDS, AS WELL AS ORGANIZATIONS DESIGNED TO COORDINATE LEGISLATORS, PUBLIC POLICY OFFICIALS, MEMBERS OF THE MEDIA AND OTHER LEADERS. PUBLIC INFORMATION FORUMS THAT MAKE USE OF BOTH THE PRINT AND ELECTRONIC MEDIA IN THE BLACK COMMUNITY MUST BE ADVISED QUARTERLY ON ALL ASPECTS OF THE LOCAL EPIDEMIC AND A FORMAL RELATIONSHIP FOR QUARTERLY REPORTING IN THE BLACK PRESS MUST BE MANDATED.

ALL GOVERNMENT ENTITIES HOLDING CONTRACTS WITH LOCAL MUNICIPALITIES MUST ENSURE THAT TOP LEVEL ADMINISTRATION, WITH OVERSIGHT TO THE COMMUNITY PROCESS, EMPLOY MEMBERS OF THE COMMUNITY THAT WILL BE SPECIFICALLY TARGETED FOR ON-GOING PUBLIC HEALTH AND DISEASE PREVENTION ACTIVITIES. IN ADMINISTRATIONS WHERE A DEFICIT IN THE HIRING OF PEOPLE OF COLOR IS EVIDENT, ALL EFFORTS AND ASSISTANCE FOR THE IDENTIFICATION OF QUALIFIED APPLICANTS FROM THE BLACK COMMUNITY, WITH THE WILLINGNESS AND CAPACITY TO WORK WITHIN GOVERNMENT, MUST BE SOUGHT. THE CDC MUST DELIVER A REPORT ON THE RACIAL AND ETHNIC BREAKDOWN OF THE LEADING PUBLIC HEALTH OFFICIALS ASSIGNED TO HIV AND AIDS IN EACH AREA WHERE THE EPIDEMIC HAS STRONGLY IMPACTED COMMUNITIES OF AFRICAN DESCENT. THIS REPORT MUST BE DELIVERED TO THE CONGRESSIONAL BLACK CAUCUS IN THE NEXT 90 DAYS FOR REVIEW BY MEMBERS.

THE CDC AND HRSA MUST MAKE EVERY EFFORT TO ENSURE THAT LOCAL GOVERNMENTS RECEIVING FUNDING EXPAND THEIR CONSULTANT BASE TO INCLUDE ACTIVISTS, BLACK ORGANIZATION DIRECTORS, LEADERSHIP, PUBLIC HEALTH OFFICIALS AND BEHAVIORAL SCIENTISTS.

THE CDC AND HRSA MUST ESTABLISH A SYSTEM TO IMMEDIATELY EVALUATE, ADJUST AND REMEDY ANY FUNDING DECISIONS EMANATING FROM THE CURRENT REVIEW AND PLANNING PROCESS WHEN IT IS EVIDENT THAT SPECIFIC SEGMENTS OF ANY POPULATION DEMONSTRATING THE HIGHEST NEED WILL NOT BE REPRESENTED IN THE FINAL SELECTION PROCESS. SYSTEMS THAT ALLOW FOR IMMEDIATE REDRESS IN CASES WHERE AFRICAN AMERICAN COMMUNITIES ARE NOT REPRESENTED IN FINAL FUNDING DECISIONS MUST ALSO BE DEVELOPED.

BUILDING COMMUNITY CAPACITY

THE CDC HAS MADE AN UNPRECEDENTED INVESTMENT IN THE MANDATED COMMUNITY PREVENTION PLANNING PROCESS, WHICH HAS NOT BENEFITED THE AFRICAN AMERICAN COMMUNITY. THE ISSUES ASSOCIATED WITH THE FAILURE OF THIS SYSTEM TO MEET COMMUNITY NEEDS AND PRELIMINARY RECOMMENDATIONS FOR IMPROVEMENT ARE OUTLINED IN OTHER SECTIONS OF THIS DOCUMENT.

HIV AND AIDS ARE BEING FUELED BY A HOST OF ACCOMPANYING CO-FACTORS THAT HAVE NEVER BEEN ADEQUATELY ADDRESSED FOR THE BLACK COMMUNITY. DRUG ABUSE, SEXUALLY TRANSMITTED DISEASES, UNACCEPTABLY HIGH MORTALITY RATES FROM CHRONIC ILLNESS AND CHILDHOOD DISEASES, COUPLED WITH FAILING PUBLIC HEALTH INFRASTRUCTURES IN THE AREAS OF DISEASE PREVENTION AND HEALTH PROMOTION, HAVE PLAYED A TREMENDOUS ROLE IN THE OUTBREAK OF NEW HIV INFECTIONS WITH MULTI-GENERATIONAL IMPACT ON THE BLACK COMMUNITY.

THERE ARE SEVERAL ESSENTIAL ELEMENTS TO BUILDING THE CAPACITY OF A COMMUNITY TO RESPOND TO THIS HEALTH CRISIS. PRIORITIES INCLUDE EFFECTIVE PUBLIC HEALTH INTERVENTIONS AND HIV/AIDS PREVENTION EDUCATION FOR AFRICAN AMERICAN POPULATIONS OFFERING A WIDE RANGE OF ORGANIZATIONAL SUPPORT. THIS SUPPORT SHOULD ENHANCE EXISTING SERVICES AND CREATE THOSE THAT ARE NEEDED. LOCAL, REGIONAL AND NATIONAL COMMUNITY DEVELOPMENT INITIATIVES THAT EXPAND RESOURCES AND POLICY DEVELOPMENT, OFFER SUSTAINED BENEFIT TO COMMUNITY PLANNING AND BROADEN PARTICIPATION OF COMMUNITY INSTITUTIONS AND LEADERS, ARE PRIORITIES.

WHILE THE HHS DOCUMENT OUTLINES AN INTEGRATED SERVICE PATTERN FOR AFRICAN AMERICANS, IT ALSO MAKES CLEAR THAT MANY PREVENTION INITIATIVES ARE RECENT ADDITIONS. IN THE AREAS OF RESEARCH AND CARE, COMMUNITY RESPONSE INDICATES A NEED FOR IMPROVED OUTREACH AND RECRUITMENT EFFORTS. MOREOVER, THE HHS DOCUMENT DOES NOT PROVIDE SUBSTANTIVE SUPPORT FOR INTERNAL DEVELOPMENT OR SUSTAINING CURRENT COMMUNITY DEVELOPMENT INITIATIVES.

THE OFFICE OF MINORITY HEALTH (OMH)

+10 MILLION

OMH MUST BE ALLOCATED THE RESOURCES THAT ARE NECESSARY TO FULLY CARRY OUT ITS MANDATED ROLE. IF THERE WAS EVER A TIME FOR THE OFFICE OF MINORITY HEALTH AND THE OFFICE OF RESEARCH ON

MINORITY HEALTH TO SERVE AS A TRUE FORCE IN ENDING AMERICAS RACIAL DISPARITIES IN PUBLIC HEALTH, CARE AND SERVICES, THE TIME IS NOW.

THE CONGRESSIONAL BLACK CAUCUS RECOMMENDS THAT THE OFFICE OF MINORITY HEALTH ASSUME SOME OF THE GRANT AND FUNDING RESPONSIBILITY FOR COMMUNITY PLANNING AND DEVELOPMENT IN CONJUNCTION WITH THE CENTERS FOR DISEASE CONTROL AND PREVENTION, HRSA AND THE NIH, FOR THE BLACK COMMUNITY, AND THEN USE ITS LEGISLATIVE MANDATE TO REPLICATE PROGRAMS THAT HAVE MERIT IN OTHER ETHNIC MINORITY COMMUNITIES.

COMMUNITY DEVELOPMENT GRANTS

\$1.2 MILLION

IN 1998, THE OFFICE OF MINORITY HEALTH, IN CORPORATION WITH THE CDC, NIH AND SAMHSA SHOULD JOINTLY ESTABLISH THREE (3) GRANTS FOR APPROXIMATELY \$320,000 EACH, UNDER A NEW COMMUNITY DEVELOPMENT INITIATIVE. THE GOAL IS TO ESTABLISH LOCAL BLACK PUBLIC HEALTH AWARENESS COALITIONS IN TARGETED COMMUNITIES AT HIGH RISK OF HIV AND AIDS, TUBERCULOSIS, SEXUALLY TRANSMITTED DISEASES, INFANT MORTALITY AND DRUG ABUSE. THE COALITIONS WILL BE COORDINATED BY A NATIONAL, REGIONAL ENTITY AND SERVE TO ORGANIZE, EDUCATE, DEVELOP AND PROVIDE TECHNICAL ASSISTANCE TO INDIGENOUS COMMUNITY LEADERS FOR THE PREVENTION OF DISEASE AND THE PROMOTION OF HEALTH IN TARGETED COMMUNITIES. GRANTS WILL FOCUS ON THE SUSTAINED AND COORDINATED MOBILIZATION EFFORTS, LOCAL PROGRAM AND POLICY DEVELOPMENT ASSISTANCE, TARGETING A COALITION CONSISTING OF LOCAL CLERGY, ELECTED OFFICIALS, SOCIAL POLICY EXPERTS, BUSINESS AND MEDIA LEADERSHIP.

THESE FUNDS WILL BE USED TO ESTABLISH COMMUNITY BASED COALITIONS IN PUBLIC HEALTH AND AIDS IN COMMUNITIES OF AFRICAN DESCENT, AND WILL NOT RENDER OR DISPLACE DIRECT SERVICE ORGANIZATIONS, BUT WILL SERVE TO ENHANCE ANY AND ALL COMMUNITY EFFORTS, INCLUDING THE COORDINATION OF LOCAL PRIVATE FUNDING, EDUCATION AND SUPPORT FOR COMMUNITY AGENCIES WHILE RENDERING TECHNICAL ASSISTANCE IN ALL AREAS WHERE NECESSARY.

THE PROVISION OF SUPPORT FOR ON GOING COMMUNITY EFFORTS, WILL BROADEN LEADERSHIP PARTICIPATION, NEW OPPORTUNITIES FOR FUNDING AND THE ASSESSMENT OF NEEDS WHILE EDUCATING LEADERS WHO WILL EDUCATE THEIR CONSTITUENCY. AN ADDITIONAL \$210,000

SHOULD BE TARGETED TO FUND COMMUNITY LEADERSHIP NEEDS ASSESSMENTS AND PROVIDE A FORMAL EVALUATION PROCESS FOR PROGRAM INITIATIVES.

COMMUNITY DEVELOPMENT /TECHNICAL ASSISTANCE

+\$5 MILLION

A JOINT EFFORT BETWEEN THE OFFICE OF MINORITY HEALTH, NIH/SAMSHA/HRSA AND THE CDC TO AWARD \$5 MILLION PER YEAR FOR COMMUNITY DEVELOPMENT GRANTS TO 40 AFRICAN AMERICAN COMMUNITIES IN AREAS HIGHLY IMPACTED BY HIV AND AIDS. THE FUNDS WILL SUPPORT COMMUNITY-WIDE NEEDS ASSESSMENTS AND A PLANNING PROCESS FOR HIV, SUBSTANCE ABUSE AND STD PREVENTION, TREATMENT, CARE AND SUPPORTIVE SERVICES, FOR THOSE INFECTED, OR AFFECTED BY HIV/AIDS. FUNDING WOULD ALSO ENABLE THESE COMMUNITIES TO IMPLEMENT THE PLAN AND BEGIN THE PROCESS OF SERVICE DEVELOPMENT. THE GRANTS MUST BE AWARDED FOR A MINIMUM OF THREE YEARS TO ALLOW FOR CONTINUITY OF SERVICE PLANNING, DEVELOPMENT AND IMPLEMENTATION.

FY 1999

**COMPREHENSIVE MULTI-YEAR ACTION PLAN TO START IN FISCAL YEAR 1999
(IN ADDITION TO THE DHHS PREVIOUSLY IDENTIFIED PROJECTS)**

**TECHNICAL ASSISTANCE, INFRASTRUCTURE AND
CAPACITY BUILDING MINORITY NATIONAL, REGIONAL
OR LOCAL ORGANIZATIONS GRANT PROGRAM (CDC)**

+\$3.1 MILLION

CDC TO ESTABLISH A \$3.1 MILLION GRANT PROGRAM TO FUND TECHNICAL ASSISTANCE AND HIV PREVENTION CAPACITY BUILDING ACTIVITIES TARGETED TO AFRICAN AMERICAN COMMUNITY BASED ORGANIZATIONS. THIS PROGRAM WILL FUND APPROXIMATELY 3 MINORITY NATIONAL, REGIONAL OR LOCAL ORGANIZATIONS WITH GRANTS AVERAGING \$200,000 EACH TO PROVIDE TECHNICAL ASSISTANCE TO AFRICAN AMERICAN COMMUNITY-BASED ORGANIZATIONS (CBOs) THAT QUALIFIED UNDER THE CDC'S ANNOUNCEMENT NUMBER 704 GRANT PROGRAM, TO ASSIST THEM IN ENHANCING THEIR ABILITY TO COMPETE MORE EFFECTIVELY.

AT LEAST 100 ORGANIZATIONS WILL RECEIVE THE TECHNICAL ASSISTANCE NEEDED TO IMPROVE AND INCREASE THEIR CAPACITY IN GRANT WRITING SKILLS, ORGANIZATIONAL MANAGEMENT AND INFRASTRUCTURE, PROGRAM DESIGN AND EVALUATION, ETC.

FOLLOWING COMPLETION OF THE TECHNICAL ASSISTANCE EACH ORGANIZATION WILL RECEIVE A \$25,000 PLANNING GRANT TO PLAN, DEVELOP AND DESIGN HIV PREVENTION INTERVENTION PROGRAMS TARGETED TO AFRICAN AMERICAN SUB POPULATIONS.

**DEVELOPMENT OF TECHNICAL ASSISTANCE
PROGRAMS (CDC, SAMHSA, HRSA)**

+\$2.5 MILLION

ESTABLISH A FUNDING MECHANISM TO AWARD APPROXIMATELY 100 INDIVIDUAL COMMUNITY BASED ORGANIZATIONS TO OBTAIN SMALL GRANTS FOR ORGANIZATIONAL INFRASTRUCTURE SUPPORT AND DEVELOPMENT FOR TARGETED NEEDS SUCH AS INTERNAL FINANCIAL SYSTEMS, PUBLIC AND PRIVATE SECTOR FUND DEVELOPMENT, PROGRAM PLANNING, MANAGERIAL STAFF AND BOARD DEVELOPMENT. THESE GRANTS WOULD ALLOW ORGANIZATIONS TO PURCHASE SPECIFIC TECHNICAL ASSISTANCE AND TO SUBSEQUENTLY HIRE STAFF TO CARRY OUT AND STRENGTHEN ORGANIZATIONAL FUNCTIONING IN THE SPECIFIED AREAS. THESE GRANTS SHOULD BE TARGETED TO INDIVIDUAL ORGANIZATIONS AND ALSO INCLUDE SUPPORT FOR LOCAL AND REGIONAL AFRICAN AMERICAN AIDS SPECIFIC COALITIONS/GROUPS TO

PROVIDE AND MAINTAIN LOCAL TECHNICAL ASSISTANCE TO THESE ORGANIZATIONS.

**TARGETED PLANNING GRANTS UNDER
TITLE III RYAN WHITE**

INCREASE THE NUMBER OF TARGETED PLANNING GRANTS UNDER TITLE III OF THE RYAN WHITE CARE ACT, TO BUILD NEW CAPACITY FOR PRIMARY CARE PROVIDERS IN AFRICAN AMERICAN COMMUNITIES TO LINK WITH AFRICAN AMERICAN COMMUNITY BASED ORGANIZATIONS TO DELIVER NEEDED HEALTH CARE SERVICES. THESE GRANTS WOULD AVERAGE BETWEEN \$75,000-100,000. GRANTEES WOULD BE RESPONSIBLE FOR DEVELOPING NECESSARY ASSESSMENTS OF THE PRIMARY CARE NEEDS OF CONSUMERS AND PROVIDERS IN THE AREA; DEVELOPING EPIDEMIOLOGICAL PROFILES OF THE SERVICE AREA; DEVELOPING LINKAGES WITH CBOS AND PROVIDERS IN THE AREA; AND PROVIDING ASSISTANCE TO CBOS TO DEVELOP THEIR CAPACITY TO DIVERSIFY THEIR FUNDING BASE AND ACCESS PRIVATE OR PUBLIC THIRD PARTY REIMBURSEMENT (SUCH MEDICAID) TO MEET THE SERVICE NEEDS OF THE CONSUMERS. THE ADMINISTRATION SHOULD PURSUE THE LEGISLATIVE CHANGES NECESSARY TO INCREASE THE LEVEL OF FUNDING FOR THESE PLANNING GRANTS.

**INCREASE THE PARTICIPATION OF AFRICAN
AMERICAN HEALTH CARE PROFESSIONALS IN
PROVIDING HIV CARE IN HIGHLY IMPACTED
AFRICAN AMERICAN COMMUNITIES (HRSA)**

+\$9 MILLION

HRSA TO FUND A PROGRAM THROUGH THE NATIONAL MEDICAL ASSOCIATION, AND OTHER NATIONAL AFRICAN AMERICAN PROFESSIONAL HEALTH AND MENTAL HEALTH ORGANIZATIONS TO DEVELOP, SUPPORT AND ENHANCE SYSTEMS OF RECRUITMENT, REFERRAL AND PLACEMENT OF AFRICAN AMERICAN HEALTH AND MENTAL HEALTH CARE PROFESSIONALS IN HIGHLY IMPACTED AFRICAN AMERICAN COMMUNITIES. THESE WOULD INCLUDE SPECIALISTS IN HIV CARE, INFECTIOUS DISEASES, COMMUNITY HEALTH, INTERNAL MEDICINE, AS WELL AS NURSES, PHYSICIAN EXTENDERS AND MENTAL HEALTH PROVIDERS. PARTICIPANTS WOULD RECEIVE EDUCATIONAL LOAN FORGIVENESS ALONG THE LINES OF THE NATIONAL HEALTH SERVICE CORP. LOAN REPAYEE PROGRAM FOR WORKING IN AFRICAN AMERICAN COMMUNITIES HIGHLY IMPACTED BY HIV/AIDS. FUNDING FOR THIS PROGRAM SHOULD BE CHANNLED THROUGH THE PROGRAMS SUCH AS THE PRESIDENTS RACE INITIATIVE TO REDUCE HIV/AIDS HEALTH DISPARITIES AMONG AFRICAN AMERICANS.

TRAINING LAY COMMUNITY HEALTH WORKERS

WITHIN 90 DAYS THE SECRETARY OF HEALTH AND HUMAN SERVICES AND THE SECRETARY OF LABOR ARE TO DEVELOP A PLAN AND BUDGET TO BE PRESENTED TO THE CONGRESSIONAL BLACK CAUCUS TO CREATE A PROGRAM JOINTLY FUNDED BY THE DEPARTMENT OF LABOR AND HHS, THROUGH HRSA's BUREAU OF HEALTH PROFESSIONALS TO SUPPORT CONTRACTS FOR PROGRAMS TO TRAIN LOCAL COMMUNITY MEMBERS AS COMMUNITY HEALTH WORKERS IN HIGHLY IMPACTED AFRICAN AMERICAN COMMUNITIES.

THE GRANTS SHOULD SEEK TO BUILD ON THE CAPACITY AND STRENGTHS OF NATIONAL, REGIONAL AND LOCAL AFRICAN AMERICAN ORGANIZATIONS WITH A HISTORY AND TRADITION OF DEVELOPING AND IMPLEMENTING MODEL EMPLOYMENT PROGRAMS IN COMMUNITIES OF COLOR. TO MAXIMIZE THE IMPACT OF THESE INITIATIVES ON SUSTAINED COMMUNITY DEVELOPMENT, THE GRANTS SHOULD SUPPORT, TRAINING AND EMPLOYMENT TO PARTICIPANTS IN WELFARE REFORM PROGRAMS IN LOCAL COMMUNITIES.

ORGANIZATIONS SUCH AS THE NATIONAL URBAN LEAGUE COULD DEVELOP AND IMPLEMENT MODEL PROGRAMS THROUGH THEIR LOCAL AFFILIATES WHO WOULD FORM AGREEMENTS WITH LOCAL COMMUNITY CHURCHES, BUSINESS AND CIVIC GROUPS. THESE INSTITUTIONS WOULD SUPPORT RECRUITMENT, PROVIDE DAYCARE FACILITIES, COUNSELING AND OTHER ANCILLARY SERVICES TO THE TRAINEES.

TECHNICAL ASSISTANCE ACADEMY (CDC, HRSA, SAMHSA)

+\$750,000

OVER THE PAST TWO DECADES, AFRICAN AMERICAN LEADERS IN HIV/AIDS HAVE DEVELOPED TECHNICAL EXPERTISE IN A RANGE OF SERVICE DELIVERY AND MANAGEMENT AREAS. EFFORTS MUST BE MADE TO CAPITALIZE ON THE EXPERTISE OF THOSE WHO HAVE SUCCESSFULLY DEVELOPED, DESIGNED AND IMPLEMENTED A WIDE ARRAY OF EFFECTIVE HIV AND SUBSTANCE ABUSE PREVENTION, CARE, TREATMENT, SUPPORT AND COMMUNITY DEVELOPMENT PROGRAMS IN AFRICAN AMERICAN COMMUNITIES.

THE CDC, IN COLLABORATION WITH HRSA AND SAMHSA, SHOULD DEVELOP A TECHNICAL ASSISTANCE ACADEMY THAT RECRUITS, COORDINATES AND UTILIZES THE SERVICES OF THE AFRICAN AMERICAN HIV/AIDS EXPERTS AND LEADERS TO SHARE THEIR KNOWLEDGE AND EXPERTISE WITH EMERGING ORGANIZATIONS THROUGH THE PROVISION OF HANDS-ON TECHNICAL ASSISTANCE TO SUPPORT ORGANIZATIONAL

INFRASTRUCTURE DEVELOPMENT, AND PROGRAM IMPLEMENTATION.

THE ACADEMY WOULD RECRUIT AFRICAN AMERICAN HIV/AIDS EXPERTS AND LEADERSHIP WHO HAVE DEMONSTRATED SUCCESS AND SKILL IN PROGRAM DESIGN AND DEVELOPMENT, EVALUATION, ORGANIZATIONAL AND FINANCIAL MANAGEMENT, AND COMMUNITY DEVELOPMENT, AND WHO HAVE THE WILLINGNESS AND CAPACITY TO PROVIDE SUCH TECHNICAL ASSISTANCE TO SMALLER LOCAL AND REGIONAL IN COMMUNITIES HARDEST HIT BY HIV/AIDS.

**TECHNICAL ASSISTANCE TO INTEGRATE BEHAVIORAL
SCIENCE IN PROGRAM PLANNING (CDC & SAMHSA)**

+\$1.7 MILLION

THE CDC AND SAMHSA TO AWARD 5 DEMONSTRATION GRANTS TO MINORITY NATIONAL, REGIONAL OR LOCAL ORGANIZATIONS TO PROVIDE TRAINING, TECHNICAL ASSISTANCE AND/OR DIRECT SUPPORT TO ENHANCE AND BUILD THE CAPACITY OF AFRICAN AMERICAN CBOs TO INTEGRATE BEHAVIORAL SCIENCE AND EPIDEMIOLOGICAL FINDINGS TO DESIGN, IMPLEMENT AND EVALUATE EFFECTIVE HIV PREVENTION INTERVENTION PROGRAMS.

**BUILDING AND SUSTAINING HIV SERVICE
INFRASTRUCTURE IN AFRICAN AMERICAN
COMMUNITIES (CDC, HRSA & SAMHSA)**

+15 MILLION

THROUGH JOINT FUNDING NIH, CDC, HRSA & SAMHSA, WILL ESTABLISH A THREE YEAR CONTINUING FUNDING GRANT PROGRAM TO PROVIDE TAILORED AND TARGETED TECHNICAL ASSISTANCE TO AFRICAN AMERICAN COMMUNITY BASED ORGANIZATIONS TO BUILD AND SUSTAIN HIV SERVICE CAPACITY. NATIONAL, REGIONAL AND LOCAL MINORITY TECHNICAL ASSISTANCE WOULD RECEIVE GRANTS TO PROVIDE TECHNICAL ASSISTANCE TO AFRICAN AMERICAN CBOs IN HIGHLY IMPACTED AREAS OF THE COUNTRY AND THOSE AREAS WHERE THERE ARE EMERGING EPIDEMICS OF HIV, STDS, AND SUBSTANCE ABUSE YET HAVE LIMITED HIV PREVENTION, TREATMENT AND CARE CAPACITY. THE TECHNICAL ASSISTANCE WOULD BE GEARED TO ASSIST CBOs TO DEVELOP AND SUSTAIN SKILLS AND INFRASTRUCTURE IN ORGANIZATIONAL AND FINANCIAL MANAGEMENT, BOARD DEVELOPMENT, FUNDRAISING, AND COMMUNICATIONS TECHNOLOGY.

THE PROGRAM WILL INCLUDE A COMPREHENSIVE ORGANIZATIONAL EVALUATION AND TECHNICAL ASSISTANCE NEEDS ASSESSMENT; PROVISION OF HANDS ON TECHNICAL ASSISTANCE OVER A PERIOD OF 4-6 WEEKS AND PERIODIC FOLLOW UP AT 3 MONTH, SIX MONTH AND ANNUAL INTERVALS TO ASSURE APPLICATION AND INTEGRATION OR THE

TECHNICAL ASSISTANCE RECEIVED INTO ORGANIZATIONAL AND PROGRAM OPERATIONS.

EACH ORGANIZATION WILL BE PROVIDED TECHNICAL ASSISTANCE AND BE FOLLOWED UP FOR A PERIOD OF AT LEAST TWO YEARS TOTAL. THIS GRANT PROGRAM WILL ALSO ENABLE CBOs THAT ARE RECEIVING THE TECHNICAL ASSISTANCE TO EXPAND THEIR CAPACITY BY PROVIDING FUNDS TO ALLOW THEM TO HIRE KEY FISCAL AND MANAGEMENT PERSONNEL WHO WOULD CARRY OUT THE FUNCTIONS TO WHICH THE TECHNICAL ASSISTANCE WAS TARGETED.

HIV CARE CAPACITY PLANNING GRANTS HRSA **+\$3 MILLION**

ESTABLISH A GRANT PROGRAM TO PROVIDE AT LEAST \$3 MILLION FOR 30-40 TARGETED SUPPLEMENTAL PLANNING GRANTS TO BUILD NEW CAPACITY FOR HEALTH CARE PROVIDER ORGANIZATIONS SERVING AFRICAN AMERICAN COMMUNITIES TO PROVIDE HIV/AIDS SERVICES. THE PURPOSE OF THESE GRANTS WOULD BE TO BUILD PRIMARY CARE CAPACITY IN URBAN, SUBURBAN AND RURAL AREAS THAT HAVE HIGH NEEDS AND INADEQUATE PRIMARY CARE CAPACITY TO PROVIDE HIV/AIDS PREVENTION, COUNSELING.

TESTING, DIAGNOSTIC AND EARLY INTERVENTION AND TREATMENT SERVICES. THESE GRANTS SHOULD BE TARGETED TO TITLE III PROVIDERS, 330 CLINICS, RURAL HEALTH CLINICS AND COMMUNITY-BASED ORGANIZATIONS IN AFRICAN AMERICAN COMMUNITIES THAT ARE HIGHLY IMPACTED BY HIV/AIDS AND COMMUNITIES WHERE THE EPIDEMIC IS EMERGING AND SPREADING RAPIDLY. COMMUNITIES SHOULD BE SELECTED BASED ON MARKERS WHICH INCLUDE AREAS EXPERIENCING HIGH RATES OF HIV INFECTIONS, STDs, (INCLUDING SYPHILIS, CHLAMYDIA AND RECTAL GONORRHEA), SUBSTANCE ABUSE (INCLUDING CRACK COCAINE AND INJECTING DRUG USE), TEEN PREGNANCY, LATE OR NO PRENATAL CARE, AND HIGH RATES OF PERINATAL TRANSMISSION OF HIV.

SUSTAINED HIV PREVENTION INTERVENTIONS FOR AFRICAN AMERICAN WOMEN (CDC & SAMHSA) **+\$10 MILLION**

CDC AND SAMHSA TO JOINTLY FUND A +\$10 MILLION NATIONAL INITIATIVE FOCUSED ON SUSTAINED HIV PREVENTION INTERVENTIONS TARGETED TO AFRICAN AMERICAN FEMALES THAT ADDRESS THE FACTORS WHICH PLACE WOMEN AT HIGHER RISK OF HIV INFECTION INCLUDING SUBSTANCE ABUSE, POVERTY, DOMESTIC VIOLENCE, SEXUAL ABUSE, AND LOW SELF ESTEEM. THIS INITIATIVE SHOULD PROVIDE DIRECT FUNDING TO AFRICAN AMERICAN, OWNED AND OPERATED,

COMMUNITY-BASED ORGANIZATIONS WITH A COMMITMENT AND HISTORY OF PROVIDING SERVICES TO AFRICAN AMERICAN WOMEN AND FAMILIES. THE INITIATIVE SHOULD BE BASED ON EXISTING BEHAVIORAL SCIENCE KNOWLEDGE OF HIV/AIDS RISK FACTORS AND EFFECTIVE INTERVENTION STRATEGIES, AS WELL AS THE RECOMMENDATIONS OF CDCs FOCUS GROUPS ON AFRICAN AMERICANS. TARGET POPULATIONS SHOULD INCLUDE: BOTH RURAL AND URBAN YOUNG AFRICAN AMERICAN WOMEN AT RISK THROUGH SEXUAL CONTACT; ADOLESCENT FEMALES AT RISK THROUGH SEXUAL BEHAVIORS, INCLUDING EXCHANGE OF SEX FOR MONEY OR DRUGS AND UNPROTECTED SEX WITH AN HIV POSITIVE MAN; ADOLESCENT AND YOUNG WOMEN AT RISK DUE TO DRUG USE; AS WELL AS PREGNANT AND PARENTING YOUNG WOMEN AND THEIR MALE SEXUAL PARTNERS IN URBAN AND RURAL AREAS. INTERVENTIONS SHOULD BE TAILORED BY AGE, SOCIO-DEMOGRAPHIC AND RISK EXPOSURE FACTORS TO AFRICAN AMERICAN WOMEN WITHIN THE CHILDBEARING AGES OF 15-44 AND OLDER WOMEN (45 AND UP) AT RISK OF HIV INFECTION.

IN ADDITION, FUNDS SHOULD BE TARGETED TO ORGANIZATIONS IN AREAS WITH HIGH HIV INCIDENCE AMONG AFRICAN AMERICAN ADOLESCENTS, YOUNG WOMEN AND WOMEN IN GEOGRAPHIC AREAS SUCH AS THE SOUTH, WHERE HIV/AIDS AND STDs AMONG WOMEN (PARTICULARLY YOUNG WOMEN), IS INCREASING RAPIDLY.

**NATIONAL INITIATIVE TO REDUCE HIV INFECTION
AMONG GAY AFRICAN AMERICAN MEN**

(CDC, SAMHSA & OMH)

+ \$5 MILLION

CDC, SAMHSA AND OMH WILL JOINTLY FUND A NATIONAL INITIATIVE TO REDUCE HIV INFECTION AMONG GAY AFRICAN AMERICAN MEN, WHICH INCORPORATES THE ELEMENTS OF HIV/AIDS RISK REDUCTIONS THAT HAVE PROVEN EFFECTIVE AMONG GAY AFRICAN AMERICAN MEN. THIS INITIATIVE WOULD PROVIDE DIRECT FUNDING TO AFRICAN AMERICAN ORGANIZATIONS WITH A HISTORY OF SERVICE TO GAY MEN AND EMERGING ORGANIZATIONS THAT ARE SERVING GAY MEN OF AFRICAN DESCENT.

**INTEGRATION OF STDs, HIV, TB, SA PREVENTION AND
TREATMENT DEMONSTRATION PROGRAMS (CDC,
SAMHSA, HRSA)**

+\$12 MILLION

ESTABLISH A JOINTLY FUNDED PROGRAM TO SUPPORT A MINIMUM OF 15 DEMONSTRATION PROGRAMS (WITH APPROXIMATELY 5 PROGRAMS IN RURAL AREAS) TO INTEGRATE THE PLANNING AND PROVISION OF HIV, STD, TB AND SUBSTANCE ABUSE PREVENTION AND TREATMENT

SERVICES. HISTORICALLY BLACK COLLEGES WITH MEDICAL SCHOOLS AND HEALTH CARE PROFESSIONAL ARE TO BE INTEGRATED INTO THESE DEMONSTRATION PROJECTS, PARTICULARLY IN THE RURAL AND SOUTHERN AREAS OF THE COUNTRY. PROGRAM GRANTS WOULD RANGE FROM \$750,000 TO \$1 MILLION, EACH.

**REGIONAL TREATMENT PEER EDUCATOR
TRAINING INSTITUTE (HRSA)**

\$4.1 MILLION

ESTABLISH A PROGRAM TO FUND 6 NATIONAL/REGIONAL TRAINING INSTITUTES TO PROVIDE INTENSIVE 2 WEEK TRAINING AND SKILLS DEVELOPMENT EDUCATION FOR COMMUNITY-BASED ORGANIZATIONS TO DEVELOP AND IMPLEMENT PEER LED TREATMENT EDUCATION AND ADHERENCE SUPPORT PROGRAMS IN HIGHLY IMPACTED AFRICAN AMERICAN COMMUNITIES.

THESE PROGRAMS WILL ALSO PROVIDE TRAINING FOR THE PEER EDUCATORS AND FOLLOW UP TECHNICAL ASSISTANCE TO SUPPORT PROGRAMS IN THE IMPLEMENTATION OF THE PEER EDUCATION PROGRAMS. THEY WILL ALSO PROVIDE PERIODIC UPDATE TRAINING TO PROGRAMS AND PEER EDUCATORS TO KEEP THEM ABREAST OF NEW TREATMENT INFORMATION AND DEVELOPMENTS. ON AN ANNUAL BASIS THE INSTITUTES WILL PROVIDE TECHNICAL ASSISTANCE TO AT LEAST 200 COMMUNITY BASED ORGANIZATIONS AND TRAINING TO AT LEAST 1,200 PEER EDUCATORS.

**SUPPORTING COMMUNITY BASED OUTREACH AND
TREATMENT EDUCATION PROGRAMS (HRSA)**

+\$3 MILLION

HRSA SHOULD DEVELOP A GRANT PROGRAM TO PROVIDE DIRECT FUNDING TO AFRICAN AMERICAN COMMUNITY-BASED ORGANIZATIONS FOR COMPREHENSIVE OUTREACH AND TREATMENT EDUCATION PROGRAMS TARGETED TO AFRICAN AMERICANS. THE GOALS OF THIS INITIATIVE ARE TO: INCREASE HIV/AIDS TREATMENT KNOWLEDGE AND THE BENEFITS OF KNOWING ONE'S HIV STATUS EARLY; SUPPORT INDIVIDUAL DECISION-MAKING ON TREATMENT OPTIONS AND SUPPORT TREATMENT ADHERENCE FOR PERSONS ON ANTIRETROVIRAL THERAPIES.

**DEVELOP USER FRIENDLY GUIDES TO CLINICAL
CARE SERVICES (HRSA)**

HRSA WILL DEVELOP A PLAN AND BUDGET TO DEVELOP CULTURALLY COMPETENT GUIDES IN VARIOUS MEDIA (PRINT, AUDIOVISUAL) TO ADDRESS THE LANGUAGE AND LITERACY CAPACITY OF THE POPULATIONS TO BE REACHED, INCLUDING AFRICAN AMERICAN WOMEN, MEN AND YOUTH.

QUALITY OF CARE INITIATIVES

THE SECRETARY OF HEALTH AND HUMAN SERVICES SHOULD REQUEST THAT WITHIN 90 DAYS HRSA PROVIDE A DETAILED PLAN OF ITS EFFORTS TOWARD CLOSING THE DISPARITY IN ACCESS TO QUALITY HIV/AIDS HEALTH CARE AND HIV/AIDS HEALTH OUTCOMES CURRENTLY BEING EXPERIENCED BY AFRICAN AMERICANS LIVING WITH HIV/AIDS.

THIS PLAN MUST ADDRESS:

1) THE CAPACITY OF HRSA'S CURRENT AND FUTURE DATA COLLECTION EFFORTS TO PROVIDE RELEVANT INFORMATION ABOUT THE CAUSES OF DISPARATE HEALTH OUTCOMES AMONG AFRICAN AMERICANS LIVING WITH HIV/AIDS;

2) AN OUTLINE OF SPECIFIC HRSA INITIATIVES AND STRATEGIES DESIGNED TO ENHANCED HRSA'S CAPACITY TO PROVIDE SPECIFIC RECOMMENDATIONS TO HHS, STATE AND TERRITORY PUBLIC HEALTH OFFICIALS, HEALTH CARE PROFESSIONALS, AND RYAN WHITE CARE ACT GRANTEES REGARDING METHODS AND STRATEGIES TO IMPROVE HIV/AIDS HEALTH OUTCOMES AMONG AFRICAN AMERICANS; AND

3) RECOMMENDATIONS REGARDING CORRECTIVE ACTIONS TO BE UNDERTAKEN BY HHS AND/OR HRSA TO ENSURE THAT: 1) AFRICAN AMERICANS EQUITABLY RECEIVE HIV/AIDS CLINICAL CARE THROUGH RYAN WHITE CARE ACT FUNDED PROGRAMS; 2) IN EMAs, STATES AND TERRITORIES WHERE SIGNIFICANT DISPARITIES ARE IDENTIFIED, THAT CARE ACT PROGRAMS AND GRANTEES IN THOSE AREAS BE REQUIRED TO DEMONSTRATE SIGNIFICANT IMPROVEMENTS IN THE HEALTH STATUS OF AFRICAN AMERICAN PATIENTS LIVING WITH HIV/AIDS; AND 3) HRSA HAS THE CAPACITY TO ASSIST THE AFOREMENTIONED COMMUNITIES IN ITS EFFORTS TO IMPROVE HEALTH OUTCOMES FOR AFRICAN AMERICANS.

ADHERENCE RESEARCH

FUND DEMONSTRATION PROJECTS TO BE CARRIED OUT IN HIV/AIDS AND SUBSTANCE ABUSE TREATMENT FACILITIES IN AFRICAN AMERICAN COMMUNITIES HIGHLY IMPACTED BY HIV/AIDS. THE PURPOSE OF THESE PROJECTS IS TO EXPLORE DIFFERENT APPROACHES TO INCREASE AND SUPPORT PATIENT ADHERENCE TO HIGHLY AGGRESSIVE ANTIRETROVIRAL THERAPY (HAART) BY SUBSTANCE ABUSERS.

RESEARCH ACTIVITIES RELATED TO ADHERENCE SHOULD ALSO FOCUS ON

WOMEN AND MEN WHO ARE NOT SUBSTANCE ABUSERS, BUT ALSO HAVE COMPLEX LIFE SITUATIONS THAT IMPACT ON THEIR ABILITY TO ADHERE TO HAART AND OTHER HIV/AIDS THERAPIES.

MULTI CENTER CLINICAL TRIAL OF A NEW TOPICAL MICROBICIDE

NIH WILL PROVIDE THE NECESSARY FUNDING AND SUPPORT TO ACCELERATE THE DEVELOPMENT AND APPROVAL OF A NEW TOPICAL MICROBICIDE THAT IS AFFORDABLE, ACCESSIBLE AND ACCEPTABLE. IT IS THOUGHT THAT PROGRESS TOWARDS PRODUCT DEVELOPMENT IN THIS AREA IS 5 YEARS AWAY. CONSIDERING THE INCREASE IN SEXUALLY TRANSMITTED HIV AMONG WOMEN, IT IS CRITICAL TO PROVIDE WOMEN, PARTICULARLY WOMEN OF COLOR WITH FEMALE CONTROLLED METHODS TO PREVENT HIV TRANSMISSION. IT IS THEREFORE, IMPERATIVE TO ACCELERATE THE PRODUCT DEVELOPMENT, APPROVAL AND AVAILABILITY PROCESS. WHERE THERE IS LITTLE INTEREST ON THE PART OF THE PRIVATE SECTOR TO DEVELOP FEMALE CONTROLLED CHEMICAL METHODS TO PREVENT HIV TRANSMISSIONS, THE FEDERAL GOVERNMENT SHOULD SUBSIDIZE THE PRODUCT DEVELOPMENT RESEARCH AND TESTING.

HRSA WILL DEVELOP A GRANT PROGRAM TO PROVIDE DIRECT FUNDING TO AFRICAN AMERICAN COMMUNITY-BASED ORGANIZATIONS. THE PURPOSE OF THIS PROGRAM IS TO CONDUCT EDUCATION AND OUTREACH PROGRAMS TO INCREASE THE ENROLLMENT OF ELIGIBLE AFRICAN AMERICANS IN THE AIDS DRUG ASSISTANCE PROGRAM (ADAP). THE PROGRAM SHOULD FOCUS ON AREAS OF THE COUNTRY WHERE AFRICAN AMERICANS ARE DISPROPORTIONATELY UNDERREPRESENTED IN THE ADAP PROGRAM.

BUILDING STRONGER LINKAGES TO CONTINUITY

OF CARE FOR INCARCERATED POPULATIONS (HRSA)

+4.7 MILLION

FUND DEMONSTRATION PROJECTS, IN EIGHT STATES, TERRITORIES, AND THE DISTRICT OF COLUMBIA, COLLABORATING WITH STATE, LOCAL, AND TERRITORY CORRECTIONAL SYSTEMS TO: TRACK THE IMPACT OF HIV IN THESE SYSTEMS; GUIDE EFFECTIVE PREVENTION AND TREATMENT INTERVENTIONS AND ESTABLISH LINKAGES TO COMMUNITY CARE FOR PERSONS SOON TO BE RELEASED. THESE DEMONSTRATION PROJECTS SHOULD EXTEND TO INCLUDE THE RANGE OF THE CRIMINAL JUSTICE SYSTEM FACILITIES AND PROGRAMS, INCLUDING: CORRECTIONAL FACILITIES; JUVENILE JUSTICE FACILITIES AND THE PROBATION AND PAROLE SYSTEMS. THIS PROJECT WOULD REACH 60% OF THE INCARCERATED POPULATION AND 66% OF REPORTED AIDS CASES IN STATE CORRECTIONAL SYSTEMS.

**SUPPORT AND SPONSOR CONFERENCE IN 1999 FOR AFRICAN
AMERICAN MEN (CDC, HRSA, OMH, SAMHSA)**

+\$750,000

IN ADDITION TO THE CONFERENCE ON WOMEN, SAMHSA, IN COLLABORATION WITH OMH, HRSA AND CDC, WILL FUND A NATIONAL CONFERENCE ON HIV PREVENTION, TREATMENT AND CARE FOR AFRICAN AMERICAN MEN AT RISK FOR AND LIVING WITH HIV/AIDS. THE CONFERENCE SHOULD INCLUDE HIV PREVENTION AND RISK REDUCTION STRATEGIES FOR GAY, BISEXUAL AND HETEROSEXUAL AFRICAN AMERICAN MEN. IT SHOULD ALSO INCLUDE PROGRAMS TO IMPROVE ACCESS TO HIV/AIDS CARE AND DRUG TREATMENT SERVICES FOR HIV+ AFRICAN AMERICAN MEN. THE GOAL OF THIS CONFERENCE IS TO DECREASE HIV INCIDENCE AND MORTALITY AND TO IMPROVE THE HEALTH OUTCOMES AND QUALITY OF LIFE AMONG THIS POPULATION.

REPORT TO THE CBC ON SUBSTANCE ABUSE TREATMENT EXPANSION

WITHIN 90 DAYS, SAMHSA AND RELATED ENTITIES, SUCH AS THE NATIONAL INSTITUTE ON DRUG ABUSE (NIDA), WILL PROVIDE A REPORT TO THE CONGRESSIONAL BLACK CAUCUS ON THE EXPANSION OF SUBSTANCE ABUSE TREATMENT. THIS REPORT SHOULD ASSESS THE NEED FOR ADDITIONAL DRUG TREATMENT SLOTS IN HIGHLY IMPACTED AREAS WHERE SUBSTANCE USE/ABUSE IS DIRECTLY OR INDIRECTLY FUELING THE HIV EPIDEMIC AMONG AFRICAN AMERICANS. THE REPORT SHOULD INCLUDE: AN ESTIMATE OF THE NUMBER OF ACTIVE INTRAVENOUS DRUG USERS, AND CRACK COCAINE USERS; THE CURRENT TREATMENT CAPACITY AND THE NUMBER OF NEW TREATMENT SLOTS NECESSARY TO EFFECTIVELY ADDRESS THE NEEDS THAT EXISTS IN AFRICAN AMERICAN COMMUNITIES THAT ARE HIGHLY IMPACTED BY THE DUAL EPIDEMICS OF HIV AND SUBSTANCE ABUSE. THIS REPORT SHOULD ALSO INCLUDE AN ESTIMATE OF THE LEVEL OF FUNDING NEEDED FOR THE DEVELOPMENT AND EXPANSION OF SUBSTANCE ABUSE TREATMENT CAPACITY IN THESE COMMUNITIES AS WELL AS A PLAN TO IMPLEMENT SUBSTANCE ABUSE TREATMENT CAPACITY EXPANSION IN THESE COMMUNITIES.

THE REPORT SHOULD OUTLINE THE LEVEL OF FUNDS NEEDED TO INCREASE THE NUMBER OF AVAILABLE DRUG TREATMENT SLOTS BY 50 PERCENT BY THE YEAR 2000, AND 75 PERCENT BY THE YEAR 2003.

REPORT TO THE CBC ON THE HIV SET ASIDE

WITHIN 90 DAYS, SAMHSA IS TO PROVIDE A DETAILED REPORT TO THE CONGRESSIONAL BLACK CAUCUS. THIS REPORT WILL DETAIL HOW THE HIV SET-ASIDE, IN THE SUBSTANCE ABUSE PERFORMANCE PARTNERSHIP BLOCK GRANT TO STATES AND TERRITORIES, IS BEING EXPENDED ON A

STATE BY STATE BASIS TO: 1) PROVIDE SERVICES WHICH WILL REDUCE THE SPREAD OF HIV AMONG SUBSTANCE ABUSERS AND THEIR SEX AND NEEDLE SHARING PARTNERS; AND 2) EARLY INTERVENTIONS TO IMPROVE THE QUALITY OF LIFE FOR SUBSTANCE ABUSERS LIVING WITH HIV/AIDS, TO SLOW THE PROGRESSION OF DISEASE IN HIV POSITIVE SUBSTANCE ABUSERS, AND TO PREVENT THE ONSET OF LIFE THREATENING ILLNESSES AMONG SUBSTANCE ABUSERS.

**EXPAND COMPREHENSIVE SUBSTANCE ABUSE
TREATMENT FACILITIES FOR WOMEN AND THEIR
CHILDREN (SAMHSA)**

+\$50 MILLION

SAMHSA WILL MAKE AN ADDITIONAL \$50 MILLION IN FUNDS AVAILABLE TO PROVIDE GRANTS TO COMMUNITY-BASED ORGANIZATIONS. THESE GRANTS WILL BE USED TO DEVELOP AND IMPLEMENT COMPREHENSIVE RESIDENTIAL DRUG TREATMENT FACILITIES FOR WOMEN AND THEIR CHILDREN IN COMMUNITIES WHERE THERE IS A HIGH INCIDENCE OF HIV INFECTIONS AMONG AFRICAN AMERICAN WOMEN WHICH ARE DIRECTLY OR INDIRECTLY ATTRIBUTABLE TO SUBSTANCE ABUSE. THESE PROGRAMS SHOULD DEVELOP WOMEN FOCUSED MODELS OF TREATMENT THAT ADDRESS THE COMPLEX FACTORS IN WOMENS' LIVES WHICH MAKE THEM MORE VULNERABLE TO SUBSTANCE ABUSE AND HIV INFECTION. THE PROGRAMS SHOULD ALSO INTEGRATE HIV, STDS AND TB PREVENTION AND TREATMENT SERVICES WITHIN THE DRUG TREATMENT FACILITIES.

INTENSIVE OUTREACH TO SUBSTANCE ABUSERS (SAMHSA)

+\$10 MILLION

SAMHSA WILL ESTABLISH A \$10 MILLION GRANT PROGRAM TO PROVIDE DIRECT FUNDING TO SUPPORT 30-35 AFRICAN AMERICAN COMMUNITY-BASED PROGRAMS, NATIONWIDE, TO PROVIDE INTENSIVE OUTREACH, EDUCATION, HIV COUNSELING AND VOLUNTARY TESTING AND DIRECT LINKAGE TO CARE FOR AFRICAN AMERICAN INJECTING DRUG USERS IN COMMUNITIES THAT ARE HIGHLY IMPACTED BY DRUG USE AND HIV/AIDS. THIS EFFORT SHOULD INCLUDE STREET OUTREACH AND SHOULD UTILIZE MOBILE HEALTH UNITS WHERE HIV PREVENTION AND PRIMARY HEALTH SERVICES, AS WELL AS REFERRAL AND LINKAGE TO DRUG TREATMENT PROGRAMS, CAN BE PROVIDED ON SITE.

**BUILDING HIV CLINICAL CARE RESEARCH CAPACITY
IN AFRICAN AMERICAN COMMUNITIES - COMMUNITY
PROGRAMS FOR CLINICAL RESEARCH ON AIDS (CPCRA)- NIH**

THE AVAILABILITY OF RESEARCH PARTICIPATION OFTEN MEANS THE DIFFERENCE BETWEEN RECEIVING NO CARE/INADEQUATE CARE AND RECEIVING COMPETENT CARE. CLINICIANS AND THEIR PATIENTS, WHO

HAVE ACCESS TO CLINICAL RESEARCH, ALSO TEND TO HAVE BETTER ACCESS TO NEWER AND MORE EFFECTIVE DIAGNOSTIC TOOLS, MONITORING TOOLS AND THERAPIES. HOWEVER, THIS CANNOT BE ACHIEVED WHEN HIV CLINICAL RESEARCH IS ONLY LOCATED ON ACADEMIC AGENCIES OR IN TEACHING HOSPITALS.

THE CPCRA HAS SIGNIFICANTLY MORE REPRESENTATION AMONG MINORITIES, WOMEN, AND FORMER INJECTING DRUG USERS THAN THE AIDS CLINICAL TRIAL GROUP (ACTG). HOWEVER, IT HAS FALLEN FAR SHORT OF INCREASING THE PARTICIPATION OF AFRICAN AMERICAN PATIENTS AND RESEARCHERS IN THE CPCRA.

TO EXPAND THE AVAILABILITY OF COMPETENT AND EFFECTIVE HIV THERAPIES, THERE MUST ALSO BE A CONCOMITANT EXPANSION OF THE AVAILABILITY OF PARTICIPATION IN CLINICAL RESEARCH BY AFRICAN AMERICAN PATIENTS AND THEIR CARE GIVERS. THIS CAN ONLY BE ACHIEVED BY:

- 1) INCREASING THE PARTICIPATION IN HIV CLINICAL RESEARCH OF THOSE INSTITUTIONS KNOWN TO PROVIDE CARE TO AFRICAN AMERICAN PATIENTS. THESE INCLUDE: HEALTH CARE INSTITUTIONS OWNED AND RUN BY AFRICAN AMERICANS; COMMUNITY-BASED HEALTH CARE AGENCIES, LOCATED IN AFRICAN AMERICAN COMMUNITIES WHICH HAVE ACTIVE COMMUNITY ADVISORY BOARDS CONTAINING AFRICAN AMERICANS AND HEALTH CARE AGENCIES ASSOCIATED WITH HISTORICALLY BLACK COLLEGES;
- 2) PROVIDING AT LEAST FIVE YEARS OF SUPPORT FOR THESE AGENCIES TO ENHANCE THE SUCCESS OF THEIR PARTICIPATION;
- 3) PROVIDING SUPPORT FOR THOSE SOCIAL SERVICES (SUCH AS CHILD CARE, TRANSPORTATION, AND TOOLS TO AID ADHERENCE TO THESE VERY COMPLICATED THERAPIES) NECESSARY TO ENHANCE THE SUCCESS OF THESE PATIENTS; AND
- 4) PROVIDING SUPPORT TO AFRICAN AMERICAN RESEARCHERS SO THAT THEY CAN PARTICIPATE WITHOUT THE CONSTANT CONCERN OF HOW TO MAKE UP THE DIFFERENCE BETWEEN THE LOWER REMUNERATION FOR CLINICAL RESEARCH AS COMPARED TO THE HIGHER COMPENSATION FOR CLINICAL CARE.

CONSIDERING THE ISSUES OUTLINED ABOVE, WITHIN 90 DAYS, THE SECRETARY OF THE DEPARTMENT OF HEALTH AND HUMAN SERVICES

WILL SUBMIT A REPORT TO THE CONGRESSIONAL BLACK CAUCUS, OUTLINING A PLAN WITH AN ACCOMPANYING BUDGET TO EXPAND THE PARTICIPATION OF AFRICAN AMERICAN CARE PROVIDERS AND PERSONS LIVING WITH HIV/AIDS IN COMMUNITY-BASED HIV CLINICAL RESEARCH.

STRENGTHEN THE ROLE AND AUTHORITY OF THE OFFICE OF MINORITY HEALTH AND THE OFFICE OF RESEARCH ON MINORITY HEALTH

THE CONGRESSIONAL BLACK CAUCUS REQUESTS THAT THE SECRETARY OF HHS PROVIDE A REPORT WITHIN 90 DAYS, TO OUTLINE A PLAN WITH ACCOMPANYING BUDGET PROPOSALS TO EXPAND AND STRENGTHEN THE ROLE AND AUTHORITY OF THESE TWO IMPORTANT OFFICES IN THE OVERALL STRATEGY TO ADDRESS THIS MAJOR PUBLIC HEALTH EMERGENCY AMONG AFRICAN AMERICANS.

HIV/AIDS ACCESS TO HEALTH CARE SERVICES AND HEALTH OUTCOMES RESEARCH (AHCPR & HCFA)

AHCPR TO FUND RESEARCH PROJECTS THAT ARE SPECIFICALLY DESIGNED TO ASSESS THE QUALITY OF CARE FOR THE PURPOSE OF IMPROVING HEALTH OUTCOMES IN THE AFRICAN AMERICAN COMMUNITY. SUCH WORK MUST BE CARRIED OUT WITH THE DIRECT PARTICIPATION OF AFRICAN AMERICAN ORGANIZATIONS INCLUDING: THE NATIONAL MEDICAL ASSOCIATION; NATIONAL BLACK NURSES ASSOCIATION; NATIONAL MINORITY AIDS COUNCIL; SUMMIT HEALTH COALITION AND OTHERS.

HCFA MUST PROVIDE THE CBC WITH A REPORT ON THE EFFORTS THAT IT IS UNDERTAKING TO ENSURE THAT QUALITY HIV CARE IS DELIVERED TO PERSONS WITH HIV/AIDS UNDER MEDICAID MANAGED CARE PROGRAMS.

STRENGTHENING THE HIV/AIDS ACTIVITIES OF THE OFFICE OF MINORITY HEALTH, AT THE OFFICE OF THE SECRETARY DHHS, AND THE OFFICE OF RESEARCH ON MINORITY HEALTH AT NIH

THE OFFICE OF MINORITY HEALTH (OMH) AND THE OFFICE OF RESEARCH ON MINORITY HEALTH (ORMH) HAVE NEVER BEEN ALLOCATED THE RESOURCES THAT ARE DESPERATELY NEEDED TO ADDRESS THE HIV/AIDS EPIDEMIC IN MINORITY POPULATIONS. THIS HAS PREVENTED THESE OFFICES FROM CARRYING OUT THEIR MANDATED RESPONSIBILITIES, ESPECIALLY AS THEY RELATE TO HIV/AIDS.

THE MISSION OF THE OFFICE OF MINORITY HEALTH IS: " TO IMPROVE THE HEALTH OF RACIAL AND ETHNIC MINORITY POPULATIONS THROUGH THE

DEVELOPMENT OF HEALTH POLICIES AND PROGRAMS THAT WILL HELP TO ADDRESS THE HEALTH DISPARITIES AND GAPS." IN LIGHT OF: THE PRESENT STATE OF EMERGENCY, THAT EXISTS WITHIN THE AFRICAN AMERICAN POPULATION; THE WHITE HOUSE DECLARATION TO CLOSE THE GAP OF RACIAL DISPARITIES IN PUBLIC HEALTH AND THE INCREASING RACIAL, ETHNIC, CULTURAL AND LINGUISTIC DIVERSITY IN THE U.S. POPULATION, IT WILL BE MANDATORY FOR THE ROLE OF THIS OFFICE, AND THE NIH OFFICE OF RESEARCH ON MINORITY HEALTH, TO HAVE MEANINGFUL SUPPORT TO EXPAND THEIR ROLES.

IN ACCORD WITH ITS MISSION, THE ROLE OF THE OFFICE OF MINORITY HEALTH HAS BEEN ESTABLISHED BY LEGISLATIVE MANDATE TO SERVE AS A FOCAL POINT WITHIN THE DEPARTMENT OF HEALTH AND HUMAN SERVICES, " TO PROVIDE LEADERSHIP, POLICY DEVELOPMENT AND COORDINATION , SERVICE DEMONSTRATIONS INFORMATION EXCHANGE, COALITION AND PARTNERSHIP BUILDING, AND RELATED EFFORTS TO ADDRESS THE HEALTH NEEDS OF RACIAL AND ETHNIC MINORITIES. THE OFFICE REMAINS UNDER-FUNDED AND DEVOID OF THE POWERS AUTHORIZED INHERENT IN LEGISLATIVE AUTHORITY THAT WOULD ALLOW THIS OFFICE TO MEET ITS GOALS THROUGH CRITICAL EXPANSION.

THE CURRENT STATE OF EMERGENCY IN AFRICAN AMERICAN COMMUNITIES DEMANDS THAT THIS ROLE BE IMMEDIATELY EXPANDED IN THE AREAS OF COMMUNITY DEVELOPMENT IN PUBLIC HEALTH AND HIV/AIDS THAT MEET THE SPECIFIC RESPONSIBILITIES AS ESTABLISHED BY P.L. 101-527 (THE DISADVANTAGED MINORITY HEALTH IMPROVEMENT ACT). THESE MANDATES REQUIRE THIS OFFICE TO: "ESTABLISH LONG AND SHORT RANGE GOALS AND OBJECTIVES AND TO MANAGE CROSSCUTTING POLICY INITIATIVES THAT RELATE TO DISEASE PREVENTION AND HEALTH PROMOTION; TO SUPPORT SERVICE DELIVERY AND RESEARCH ON RACIAL AND ETHNIC MINORITIES; FACILITATE THE EXCHANGE OF MINORITY HEALTH INFORMATION; SUPPORT RESEARCH, DEMONSTRATIONS AND EVALUATIONS TO IMPROVE INFORMATION DISSEMINATION, EDUCATION, PREVENTION, AND SERVICE DELIVERY; PROMOTE MINORITY HEALTH PROGRAMS AND POLICIES IN THE VOLUNTARY AND CORPORATE SECTORS; DEVELOP HEALTH INFORMATION, PROMOTION AND TEACHING PROGRAMS AND ASSIST PROVIDERS OF PRIMARY AND PREVENTIVE CARE AND SERVICES."

IN LIGHT OF THE MANDATES OF THIS OFFICE, THE DEPARTMENT'S LACK OF INVESTMENT IN ITS MANDATED ROLE AND THE CURRENT STATE OF EMERGENCY FACING A MAJOR SEGMENT OF THE U.S. POPULATION THAT THIS OFFICE WAS ESTABLISHED TO SERVE, IF THERE WAS EVER A TIME

FOR THE OFFICE OF MINORITY HEALTH AND THE OFFICE OF RESEARCH ON MINORITY HEALTH TO SERVE AS THE LEADING FORCE IN COMMUNITY DEVELOPMENT THROUGH THE INTEGRATION OF SERVICES, DISEASE PREVENTION, HEALTH PROMOTION, EDUCATION, POLICY , AND LEADERSHIP IT WAS MANDATED TO SERVE, THE TIME IS NOW!

THEREFORE; THE CONGRESSIONAL BLACK CAUCUS STRONGLY RECOMMENDS THE FOLLOWING:

OFFICE OF MINORITY HEALTH/RESEARCH

+\$70 MILLION

+\$40 MILLION

1) THAT THE SECRETARY OF HEALTH AND HUMAN SERVICES PROVIDE A REPORT, WITHIN 90 DAYS, THAT OUTLINES A PLAN OF ACTION , ACCOMPANIED BY BUDGET PROPOSALS TO EXPAND AND STRENGTHEN THE ROLE, AUTHORITY AND GRANT MAKING CAPACITY TO AFFECTED COMMUNITIES. BY PROVIDING A BUDGETARY INCREASE OF \$70 MILLION, FOR THE OFFICE OF MINORITY HEALTH, AND \$40 MILLION, FOR THE OFFICE OF RESEARCH ON MINORITY HEALTH, WITHIN THE 1998 FISCAL YEAR, THESE TWO IMPORTANT OFFICES WILL BEGIN TO MEET THEIR MANDATES TO TARGET AFRICAN AMERICANS AND THE CITIES HARDEST HIT BY HIV AND AIDS AND ACCOMPANYING CO-FACTORS.

2) THE OFFICE OF MINORITY HEALTH, THE NIH OFFICE OF RESEARCH ON MINORITY HEALTH, IN COLLABORATION WITH CDC, HRSA, SAMHSA, AND OTHER ENTITIES IN HHS, MUST JOINTLY ESTABLISH THREE COORDINATING COMMUNITY DEVELOPMENT GRANTS. A PLANNING INVESTMENT OF APPROXIMATELY \$320,000 EACH, SHOULD BE INITIALLY ESTABLISHED FOR THREE AFRICAN AMERICAN ORGANIZATIONS WITH INCREASED INVESTMENT FOR FURTHER SUSTAINED PROGRAM DEVELOPMENT. THE GRANTS WOULD TARGET COMMUNITIES AT HIGH RISK OF HIV/AIDS, TUBERCULOSIS, SEXUALLY TRANSMITTED DISEASE, INFANT MORTALITY AND DRUG ABUSE; TO ORGANIZE, EDUCATE, DEVELOP, AND PROVIDE TECHNICAL ASSISTANCE TO INDIGENOUS COMMUNITY MEMBERS AND LEADERS FOR THE ADVANCEMENT LOCAL DISEASE PREVENTION AND HEALTH PROMOTION IN COMMUNITIES OF AFRICAN DESCENT. GRANTS WILL FOCUS ON THE SUSTAINED AND COORDINATED MOBILIZATION EFFORTS, LOCAL PROGRAM AND POLICY DEVELOPMENT ASSISTANCE , TARGETING LEADERSHIP AMONG CLERGY, ELECTED OFFICIALS, SOCIAL POLICY EXPERTS, BUSINESS, MEDIA LEADERSHIP AND OTHER COMMUNITY LEADERS TO ESTABLISH LOCALLY BASED COALITIONS IN PUBLIC HEALTH AND AIDS IN COMMUNITIES OF AFRICAN DESCENT.

THE COALITIONS WILL NOT RENDER OR DISPLACE DIRECT SERVICES BUT

SERVE TO ENHANCE ANY AND ALL COMMUNITY EFFORTS INCLUDING ENGAGING LOCAL PRIVATE FUNDING SUPPORT FOR COMMUNITY AGENCIES AND EFFORTS AND RENDERING TECHNICAL ASSISTANCE IN ALL AREAS. THE PROVISION OF SUPPORT FOR ON GOING LOCAL COMMUNITY EFFORTS WILL BROADEN LEADERSHIP PARTICIPATION IN AN ESTABLISHED COMMUNITY PLANNING PROCESS.

AN ADDITIONAL \$210,000 SHOULD BE TARGETED TO DIRECTLY FUND COMMUNITY LEADERSHIP NEEDS ASSESSMENTS AND PROVIDE AN EVALUATION FOR THE PROGRAMS INITIATIVES. (ORGANIZATIONS SUCH AS THE NATIONAL COALITION ON MINORITY HEALTH, THE NATIONAL BLACK LEADERSHIP COMMISSION ON AIDS, HEALTH WATCH, SUMMIT HEALTH COALITION)

3) AFRICAN AMERICAN BEHAVIORAL RESEARCH INITIATIVE: THE OFFICE OF MINORITY HEALTH AND THE NIH OFFICE OF RESEARCH ON MINORITY HEALTH SHOULD JOINTLY AWARD \$500,000 TO 5 BEHAVIORAL SCIENCE RESEARCH GRANTS OF 100,000 EACH TO AFRICAN AMERICAN BEHAVIORAL SCIENTIST. THE PURPOSE OF THESE AWARDS IS TO GREATLY ENHANCE THE EXTERNAL RESEARCH AND KNOWLEDGE BASE OF THE BEHAVIORAL LINKS BETWEEN INTRAVENOUS DRUG AND CRACK/ COCAINE USE AND THE INCREASED INFECTION RATES AMONG AFRICAN AMERICAN WOMAN AND CHILDREN. RESEARCH WILL BE CENTERED ON BREAKING THE LINK THROUGH STUDY OF SAFE SEX BEHAVIORAL HABITS AND NEGOTIATION DEFICITS THAT PUT THESE WOMAN AT RISK.

4) HIV INTERVENTION AND PREVENTION RESEARCH PROGRAMS: THE PROPOSED PROGRAMS EMANATING FROM THE PREVENTION SCIENCE INITIATIVE AND THE OFFICE OF AIDS RESEARCH (OAR) WILL REQUIRE COORDINATED DEVELOPMENT AND SUPPORT TO EXPAND CULTURAL COMPETENCY, BROADEN OUTREACH, AND DEVELOP EFFECTIVE EVALUATION MODELS. THESE PROGRAMS MUST BE DESIGNED AND IMPLEMENTED TO BUILD A CULTURALLY COMPETENT COMMUNITY KNOWLEDGE BASE AND SEEK TO EXPAND THE KNOWLEDGE OF BEHAVIORS THAT PLACE TARGETED POPULATIONS AT RISK.

POPULATION SPECIFIC INTERVENTION PROGRAMS MUST BE FLEXIBLE ENOUGH TO ACCOMMODATE THE EXPANSIVE RANGE OF CULTURAL NORMS WITHIN GIVEN SEGMENTS OF A TARGETED POPULATION, YET SPECIFIC ENOUGH TO WITHSTAND CONVENTIONAL EVALUATION MODELS THAT ARE APPLIED UNIVERSALLY.

INTERVENTION AND PREVENTION INITIATIVES TARGETING COMMUNITIES

CURRENTLY EXPERIENCING THE HIGHEST RATES OF NEW INFECTION HAVE HISTORICALLY BEEN LIMITED IN FUNDING AND SCOPE. GRANTS ARE OFTEN PROHIBITIVE AND ALLOW NO ACCESS TO FUNDS NECESSARY FOR STUDY EXPANSION TO MEET THE NEED FOR CRITICAL ANCILLARY SERVICES THAT ENSURE RETENTION OF TARGETED POPULATIONS, WHEN NEEDED. OFTEN DEFINED AS "PILOT OR DEMONSTRATION" PROGRAMS WITH TENUOUS LIFE SPANS THEY OFFER LITTLE SUPPORT TO CONTINUE PROGRAMS THAT SHOW PROMISE.

A MECHANISM TO SUPPORT CULTURAL COMPETENCY IN PROJECTS THAT ARE PRE-PLANNED, MONITORED, AND EVALUATED, USING STANDARD PUBLIC HEALTH PLANNING, MUST BE IMPLEMENTED. NEW METHODS SHOULD PROVIDE ESSENTIAL TECHNICAL SUPPORT TO ENSURE THAT AGENCIES CAN MEET ONGOING PROGRAM NEEDS.

THE CBC RECOMMENDS THE AWARD OF GRANTS TO ORGANIZATIONS WITH A HISTORY OF DEVELOPING COMMUNITY PLANNING AND DEVELOPMENT AND PUBLIC POLICY SERVICES TO AFRICAN AMERICAN COMMUNITIES, INCLUDING PUBLIC HEALTH AND AIDS ON NATIONAL, REGIONAL OR LOCAL LEVELS AND ESTABLISH AND SUPPORT SCIENTIFIC ADVISORY REVIEW PANELS. THESE PANELS SHOULD, CONSIST OF BLACK BEHAVIORAL SCIENTISTS AND CLINICIANS TO ACT AS ADVISORS ON COMMUNITY INTERVENTION NEEDS, PROGRAMS AND EVALUATIONS, THAT SUPPORT AND ENHANCE CULTURALLY COMPETENT SCIENTIFIC KNOWLEDGE OF TARGETED POPULATIONS FOR COMMUNITY PLANNING AND DEVELOPMENT OF INTERVENTION INITIATIVES. THE CONSORTIUMS SHOULD BE COMMUNITY FOCUSED BUT ALLOWED TO PROVIDE ADVISE AND ASSISTANCE TO THE NIH GRANT DEVELOPMENT PROCESS AND TO RENDER SCIENTIFIC DIRECTION AND TECHNICAL ASSISTANCE TO GRANTEEES. THE BEHAVIORAL SCIENTISTS SHOULD HAVE ESTABLISHED CURRENT BODIES OF PUBLIC HEALTH RESEARCH ON MINORITY POPULATIONS AND CAN EXPAND APPLICABILITY OF FINDINGS TO OTHER INITIATIVES.

OUTREACH THROUGH FAITH COMMUNITIES

THE BLACK FAITH COMMUNITY CONSISTS OF MANY ELEMENTS THAT TOGETHER, PLAY A CRITICAL ROLE IN REACHING OUT TO THE BLACK COMMUNITY. THE CLERGY, THEIR CONGREGANTS AND THE JOINT ADVOCACY AND EDUCATIONAL IMPACT THEY BEAR ON COMMUNITY DEVELOPMENT IS IMMEASURABLE. ORGANIZATIONS SUCH AS THE BALM IN GILEAD, THE NATIONAL BLACK LEADERSHIP COMMISSION ON AIDS AND OTHERS HAVE BEEN SUCCESSFUL IN PROVIDING SERVICES,

PREVENTION EDUCATION, AND COMMUNITY DEVELOPMENT WITH LITTLE OR NO FUNDING SUPPORT FROM FAITH INITIATIVES. THE CDC CREATED THE COMMUNITY PLANNING PROCESS BASED ON ITS BELIEF THAT THE COMMUNITY EXPERIENCE GAINED BY AGENCIES IN THE FIRST WAVE OF THE HIV AND AIDS EPIDEMIC COULD RENDER VALUABLE DIRECTION TO FUNDING DECISIONS. YET, WITH A FAITH-BASED INITIATIVE IN OPERATION SINCE 1987, MANY ORGANIZATIONS WHO HAVE CONTRIBUTED TO THE WAR AGAINST AIDS SINCE IT FIRST INFILTRATED THE BLACK COMMUNITY HAVE NOT RECEIVED ADEQUATE SUPPORT.

TO BE EFFECTIVE, HHS MUST STRENGTHEN ITS INVESTMENT IN THE FAITH COMMUNITY. UNTIL RECENTLY, HHS HAD NOT MADE AN ATTEMPT TO REACH THE BLACK FAITH COMMUNITY. THIS LACK OF EFFORT IN COMMUNITY INTERVENTION IS FURTHER EVIDENT IN THE LACK OF ADEQUATE FUNDING FOR THE PROGRAMS GENERATED WHICH OFTEN GO UNRECOGNIZED. THESE RECOMMENDATIONS ARE IN ADDITION TO THE INITIATIVES OUTLINED. THEY SERVE TO PROVIDE DIRECTION TO INITIATIVES THAT SUSTAIN AND DEVELOP PARTICIPATION OF THIS CRITICAL SECTOR OF THE AFRICAN AMERICAN COMMUNITY.

DEVELOPMENT OF THE BLACK CLERGY

+\$700,000

THROUGH THE FAITH-BASED INITIATIVES OF THE CDC, THE OFFICE OF MINORITY HEALTH, SAMSHA AND SUPPORT FROM HRSA, AWARD APPROXIMATELY 7 GRANTS TO THE SCHOOLS OF DIVINITY AT HISTORICALLY BLACK COLLEGES AND UNIVERSITIES. THESE FUNDS COULD ALSO BE ALLOCATED TO SEMINARIES WITH A HISTORY AND TRADITION OF TRAINING BLACK CLERGY.

THE GRANTS WILL SUPPORT CURRICULUM DEVELOPMENT AND INSTITUTIONALIZE REQUIRED COURSES IN HIV AND AIDS, DRUG ABUSE COUNSELING, DISEASE PREVENTION AND HEALTH PROMOTION, PROGRAM DEVELOPMENT AND COMMUNITY INTERVENTION. THE COURSES WILL OFFER ADVANCE SPECIALIZED TRAINING AND COUNSELING WHILE INCREASING THE KNOWLEDGE BASE AND PROVIDING SUPPORT AND A PROVISION FOR DIRECT SERVICES TO INDIVIDUALS.

FUNDS WOULD BE AWARDED TO INSTITUTIONS SUCH AS THE INTERDENOMINATIONAL THEOLOGICAL CENTER (ITC), SAMUEL D. PROCTOR THEOLOGICAL CENTER OF VIRGINIA UNION, HOWARD UNIVERSITY'S DIVINITY SCHOOL, PAYNE THEOLOGICAL SEMINARY, HOOD THEOLOGICAL SEMINARY AT LIVINGSTON COLLEGE, SHAW THEOLOGICAL SEMINARY AND THE NEW YORK THEOLOGICAL SEMINARY. A SPECIAL FUNDS SHOULD BE AWARDED TO INSTITUTIONS, IN ADDITION TO THEIR

GRANTS, TO SUPPORT ONGOING TECHNICAL ASSISTANCE TO LOCAL BLACK CHURCHES WHERE GRADUATING CLERGY ARE ASSIGNED.

THIS APPROACH IS DESIGNED TO ENSURE ONGOING AND SUSTAINED EDUCATION AND DEVELOPMENT TO A WIDER RANGE OF CLERGY WHO ARE OFTEN GIVEN DIRECT RESPONSIBILITY FOR THE PROVISION OF SERVICES.

**INVESTMENT IN DIRECT SERVICE FAITH
BASED PROGRAMS**

+\$350,000

HRSA, THE OFFICE OF MINORITY HEALTH, THE NIH OFFICE OF RESEARCH ON MINORITY HEALTH AND SAMSHA, IN COLLABORATION WITH THE CDC, SHOULD ESTABLISH A DIRECT FUNDING PROGRAM TO BLACK CHURCHES IN COMMUNITIES HARDEST HIT BY HIV AND AIDS. TEN PLANNING GRANTS OF \$25,000 EACH WILL BE USED TO DIRECTLY FUND BLACK CHURCHES WITH THE WILLINGNESS AND CAPACITY TO SERVICE PEOPLE WITH AIDS IN THESE COMMUNITIES.

TEN ADDITIONAL GRANTS OF \$10,000 EACH WILL BE DIRECTLY AWARDED TO CHURCHES TO CONDUCT COMMUNITY DEVELOPMENT AND OUTREACH EDUCATION ACTIVITIES. THESE INVESTMENTS DO NOT RESPOND TO THE LACK OF SUPPORT TO BLACK CHURCHES WITH A LONG HISTORY OF PROVIDING DIRECT SERVICE POPULATIONS INFECTED OR AFFECTED BY HIV AND AIDS. THE KNOWLEDGE GAINED FROM THESE SERVICE PROVIDERS SHOULD BE SOUGHT AND USED TO HELP SUPPORT AND DEVELOP PROGRAMS AS WELL AS ALLOW THEIR PARTICIPATION IN PROVIDING LOCAL OR REGIONAL TECHNICAL ASSISTANCE TO BLACK CHURCHES THAT ARE WILLING AND HAVE THE CAPACITY TO ENTER THE AIDS SERVICE FIELD.

TECHNICAL SUPPORT TO THE FAITH-BASED COMMUNITY

WHILE THE BLACK CLERGY REMAINS AN INTEGRAL PART OF THE COMMUNITY LEADERSHIP, IT IS THEIR CONGREGANTS WHO OFTEN PROVIDE THE EXTENSIVE OUTREACH AND SERVICE CAPACITY NECESSARY FOR ONGOING COMMUNITY EDUCATION AND SERVICE. IT IS AS ESSENTIAL TO CREATE WIDE SPREAD PREVENTION MESSAGES AMONG THE COMMUNITY OUTSIDE OF THE CHURCH AS WELL AS INSIDE. FUNDING SHOULD BE PROVIDED TO AGENCY'S SUCH AS THE BALM IN GILEAD AND OTHERS, ON THE NATIONAL, REGIONAL OR LOCAL LEVEL. ORGANIZATIONS SUCH AS THE BALM IN GILEAD HAVE BEEN SUCCESSFUL IN PROVIDING TECHNICAL SUPPORT TO SEVERAL SEGMENTS OF THE BLACK CHURCH, INCLUDING YOUTH MINISTRIES, HIV SUPPORT GROUPS, WOMEN'S MINISTRIES AND OTHER INITIATIVES. SUPPORT SHOULD ALSO

BE AVAILABLE TO INSTITUTIONS THAT OFFER SUPPORT INTEGRATION
AND COLLABORATION AMONG THE FAITH-BASED COMMUNITY AND
OTHER COMMUNITY-BASED AIDS SERVICE ORGANIZATIONS.

THE WHITE HOUSE
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Office of Legislative Affairs

Fax Cover Sheet

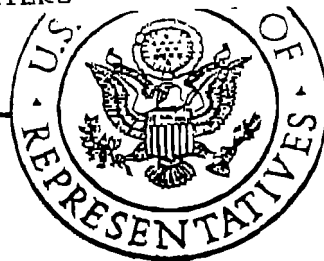
Date: 10/5To: Sandra ThurmanFax: 62438From: Janet Murguia
Deputy Assistant to the President
and Deputy Director for Legislative Affairs

at (202)456-2230

Comments: CBE Info

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Member of Congress
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Catherine Allen + Donna Crane

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Congressional Black Caucus

Congress of the United States

2344 Rayburn Building • Washington, DC 20515 • (202) 225-2201

October 5, 1998

The Honorable William J. Clinton
President of the United States of America
1600 Pennsylvania Avenue, NW
Washington, DC 20500

Dear Mr. President:

On behalf of the Congressional Black Caucus (CBC) we would like to thank you for your recent meeting with the members of the CBC on September 24, 1998. We found it to be very productive. In fact, it enabled us to discuss a number of critical legislative and public policy areas that are of mutual concern. The CBC was particularly pleased to learn that you are aware of and concerned about the crisis of HIV/AIDS in the African American community. It is in this spirit that the Caucus requests your support for the following items:

1. As we discussed during our meeting, we are excited about plans to conduct a joint press conference with members of the Congressional Black Caucus, Secretary Donna Shalala and you announcing the initiative that the Administration will be launching to target HIV/AIDS in the African American community. This initiative is an important component of the work that the Caucus is doing with Secretary Shalala to address this public health emergency. We are in agreement with you that this event should take place sooner rather than later.
2. The Congressional Black Caucus is working with members of the House Appropriations Committee to secure \$130 million in additional funding for sustained HIV/AIDS prevention, education and treatment within the Labor, Health and Human Services, Education and Related Agencies Appropriations Conference Report or as part of any omnibus supplemental appropriations bill. As you know, the key is access to funding, access to effective state-of-the-art therapies, and access to resources that provide for a sustained HIV/AIDS infrastructure. However, in order to effectively address the HIV/AIDS crisis in the African American community, we must ensure that adequate funds are targeted to the communities that have not benefitted from traditional HIV/AIDS funding streams.

As Congress and the Administration approach the "budget end game," your decision and firm direction to make funds available to the Department of Health and Human Services to begin the implementation of a targeted plan of action designed to specifically resolve the HIV/AIDS public health emergency in the African American community is absolutely essential. The CBC proposal will facilitate that effort.

A copy of the CBC's FY 1999 HIV/AIDS Funding Proposal has been attached for your review. This is an achievable, sound, sensible and responsible plan. As such, we urge you to make the CBC proposal a component of your FY 1999 Labor, Health and Human Services, Education and Related Agencies "budget end game" requirements.

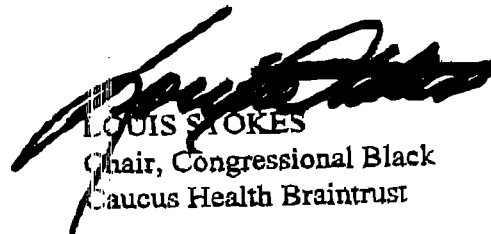
3. In addition, we support the effort to expand Medicaid coverage to low income persons who are HIV-infected but have not yet developed symptomatic HIV disease. The Department of Health and Human Services acknowledged the critical importance of treating the disease early when it issued guidelines that recommend the use of antiviral therapy before symptoms develop. Presently, many low income individuals are unable to receive HIV-related drugs and health care through the Medicaid program because program guidelines do not define individuals with early infection as disabled. Any concerns about cost effectiveness have been adequately addressed by recently available scientific research.

The Congressional Black Caucus is very excited about the potential to make the fight against the HIV/AIDS crisis in the African American community. Your work with us on these issues is of critical importance.

Sincerely,



MAXINE WATERS
Chair, Congressional Black Caucus



LOUIS STOKES
Chair, Congressional Black
Caucus Health Braintrust

NEW HRSA PROVISIONS

I. SPNS PROPOSAL

INSERT IN THE HEALTH RESOURCES AND SERVICES APPROPRIATIONS ACCOUNT:

HEALTH RESOURCES AND SERVICES

PROVIDED FURTHER, THAT 4 PERCENT OF THE FUNDS AVAILABLE FOR PARTS A, B, C, AND D OF TITLE XXVI OF THE PUBLIC HEALTH SERVICE ACT, BUT NOT TO EXCEED \$40,000,000, IS AVAILABLE FOR THE PURPOSES OF SECTION 2691.

EXPLANATION OF CHANGE

THIS LANGUAGE WOULD INCREASE THE FUNDING AVAILABLE FOR SPECIAL PROJECTS OF NATIONAL SIGNIFICANCE FROM \$25 MILLION TO \$40 MILLION. THIS WOULD INCREASE THE NUMBER OF GRANTS AVAILABLE TO DEVELOP AND ASSESS NEW AND INNOVATIVE MODELS OF HIV CARE ESPECIALLY DUE TO THE CHANGING DEMOGRAPHICS OF THE HIV EPIDEMIC AND THE CHANGING HEALTH CARE SYSTEM (E.G., MANAGED CARE, INCREASING NEW THERAPIES).

II. PLANNING GRANTS PROPOSAL:

INSERT IN THE HEALTH RESOURCES AND SERVICES APPROPRIATIONS ACCOUNT:

HEALTH RESOURCES AND SERVICES

PROVIDED FURTHER, THAT, NOTWITHSTANDING SECTION 2654©(4) OF THE PUBLIC HEALTH SERVICE ACT, NOT TO EXCEED 3 PERCENT OF THE FUNDS AVAILABLE FOR PART C OF TITLE XXVI OF THE PUBLIC HEALTH SERVICE ACT, SHOULD BE USED FOR THE PURPOSES OF SECTION 2654 (C).

PROVIDED FURTHER: SEC.2654. MISCELLANEOUS PROVISIONS© PLANNING AND DEVELOPMENT GRANTS. IS AMENDED--

- (1) BY STRIKING "\$50,000" AND INSERTING "\$100,000" AND BY STRIKING "AND" BEFORE "NONPROFIT PRIVATE" AND INSERTING "AND NONFEDERAL" BEFORE "ENTITIES".
- (2) BY INSERTING "OR OTHER SIMILAR HIV PRIMARY CARE PROGRAMS" BEFORE THE PERIOD.
- (3) BY INSERTING "OR PROPOSE TO PLAN FOR THE ACQUISITION OR DELIVERY OF PRIMARY CARE SERVICES" AFTER "PRIMARY CARE SERVICES".

EXPLANATION OF CHANGE:

RAISES THE LIMITATION ON THE AMOUNT OF FUNDS AVAILABLE FOR PLANNING AND DEVELOPMENT GRANTS AND INCLUDES A PREFERENCE FOR NONFEDERAL ENTITIES WHO PLAN ON DEVELOPING THE CAPABILITY OF PROVIDING PRIMARY CARE SERVICE FOR PERSONS WITH OR AT RISK OF HIV/AIDS.

**CBC HIV/AIDS FY 1999 L-HHS-ED APPROPRIATIONS PACKAGE
CONFERENCE REPORT PROPOSAL**

CENTERS FOR DISEASE CONTROL AND PREVENTION	+\$20 MILLION
DIRECTLY FUNDED CBOs (704 GRANTS)	(\$10 MILLION)
COMMUNITY DEVELOPMENT	(\$ 5 MILLION)
TECHNICAL ASSISTANCE (DIRECTLY FUNDED NATIONAL, REGIONAL AND LOCAL MINORITY ORGANIZATIONS)	(\$ 2.7 MILLION)
FAITH-BASED INITIATIVES	(\$ 2.3 MILLION)
HEALTH RESOURCES AND SERVICES ADMINISTRATION	+\$10 MILLION
RYAN WHITE TITLE I	(\$10 MILLION)
RYAN WHITE TITLE III (TARGETED PLANNING GRANTS)	(\$ 8 MILLION)
AIDS EDUCATION TRAINING CENTERS (COLLABORATIONS WITH NATIONAL MEDICAL ASSOCIATION AND THE NATIONAL BLACK NURSES ASSOCIATION)	(\$ 2 MILLION)
SUBSTANCE ABUSE AND MENTAL HEALTH SERVICES ADMINISTRATION	+\$25 MILLION
COMMUNITY SUBSTANCE ABUSE TREATMENT	(\$18 MILLION)
*COMPREHENSIVE RESIDENTIAL TREATMENT FOR WOMEN AND CHILDREN	(\$10 MILLION)
*TREATMENT SERVICES TARGETED TO MEN	(\$ 8 MILLION)
CENTER FOR SUBSTANCE ABUSE PREVENTION	(\$ 7 MILLION)
NATIONAL INSTITUTES OF HEALTH (OFFICE OF RESEARCH ON MINORITY HEALTH)	+\$ 7 MILLION
HHS, OFFICE OF THE SECRETARY (OFFICE OF MINORITY HEALTH)	+\$ 8 MILLION
PUBLIC HEALTH EMERGENCY FUND (SECRETARY DHHS, HIV/AIDS EMERGENCY FUND)	+\$50 MILLION
TOTAL	\$130 MILLION

RECOMMENDED BILL LANGUAGE

AGENCY: DHHS, PUBLIC HEALTH EMERGENCY AND SOCIAL SERVICES
FUND

For expenses necessary to support activities related to countering the threats of HIV/AIDS in African American and other communities of color, \$50,000,000, to remain available until expended; *Provided*, That these funds are hereby designated by Congress to be emergency requirements pursuant to Section 319 of the Public Health Service Act (42 U.S.C. 247D), as amended; *Provided further*, that these funds shall be made available only after submission to Congress of a formal budget request by the President that includes designation of the entire amount of the request as an emergency requirement as defined in the Section 319 of the Public Health Service Act (42 U.S.C. 247D).

RECOMMENDED CONFERENCE REPORT LANGUAGE

AGENCY: DHHS, PUBLIC HEALTH EMERGENCY AND SOCIAL SERVICES
FUND

The Conferees are very concerned about data that indicates that African Americans and other minorities are disproportionately and more severely impacted by HIV/AIDS and experience significantly higher morbidity and mortality rates than do other populations in the United States. The epidemic of HIV/AIDS among African Americans threatens the health and survival of this community and has continued to result in the unnecessary and premature loss of lives. African Americans, alone, account for 52 percent of the cumulative HIV and 36 percent of the cumulative AIDS cases. AIDS is also the leading cause of death among African Americans between the ages of 25 and 44. Unabated, this epidemic will have catastrophic effects. The Conferees have included an additional \$50 million to address the HIV/AIDS crisis facing the African American community and other racial and ethnic minority communities due to the changing demographics of the disease. These funds are to be available to address prevention and treatment needs of minority communities that are heavily impacted by HIV/AIDS. These funds are available for the Secretary of the Department of Health and Human Services to transfer to other agencies to: expand and improve access to state-of-the-art HIV/AIDS therapies; strengthen and expand targeted HIV/AIDS effective prevention and intervention activities; provide critical technical assistance in high risk communities; and build and sustain HIV/AIDS infrastructure. The Conferees recognize the interrelationship between substance abuse and HIV/AIDS and Secretary of the Department of Health and Human Services to also support HIV/AIDS substance abuse activities.

RECOMMENDED CONFERENCE REPORT LANGUAGE

AGENCY: CENTERS FOR DISEASE CONTROL

In 1997, African Americans accounted for 56 percent of all reported HIV cases and African American women accounted for 60 percent of all AIDS cases. Statistics show that one in 50 African American men and one in 60 African American women are infected with HIV. Of the 7,200 cases of HIV reported among 13 to 24 year-olds from January 1994 to June 1997, 63 percent were among African American youth alone. The Conferees have provided \$20 million in additional funding to be targeted to addressing urgent HIV prevention needs in the African American community. The Conferees designate \$10 million to the Directly Funded Minority Community Based Organizations Program to fund grant applications from indigenous organizations with a history of providing services to the African American community. The Conferees further direct the CDC to fund programs that target the high risk populations of women, youth and men who have sex with men. \$5 million for the creation of new community development grants to 20 African American communities highly impacted by HIV/AIDS. The funding will support needs assessments and planning processes to integrate HIV, STD, TB, substance abuse prevention, treatment and care. \$2.7 million for technical assistance to grantees under the Directly Funded Minority Community Based Organizations. Assistance to be provided by national, regional, and local minority organizations; \$2.3 million in funding to the CDC Faith-Based Initiative program to develop HIV and substance abuse prevention training grants and curriculum at the divinity schools of the Historically Black Colleges and Universities; capacity building grants for Faith centered direct service programs; and provide coordination for community planning, leadership, and program development.

The Conferees direct the CDC to institute program guidance and oversight mechanisms to ensure that the Prevention Community Planning Groups priorities are accurately reflected in the state or local plan submitted for grant award to the CDC. The Conferees further direct the CDC to ensure that the funding awarded corresponds to the demographics of the local epidemic and the identified needs.

RECOMMENDED BILL LANGUAGE PLANNING AND DEVELOPMENT GRANTS

Sec. 2654 of the Public Health Services Act, Miscellaneous Provisions (C) Planning and Development Grants, is amended:

1. By striking "\$50,000" and inserting "\$100,000" and by striking "and" before "nonprofit private" and inserting "and nonfederal" before "entities".
2. By inserting "or other similar HIV primary care programs" before the period.
3. By inserting "or propose to plan for the acquisition or delivery of primary care services" after "primary care services".

RECOMMENDED CONFERENCE REPORT LANGUAGE

AGENCY: HRSA

Between 1995 and 1996, AIDS deaths decreased 23 percent for the total U.S. population as compared to only 20 percent for Hispanics and 13 percent for African Americans. The disparities in death rates, as well as the HIV/AIDS rates experienced by African Americans are due to later identification of the disease, less access to HIV therapies that meet Federal guidelines and a lack of health insurance to pay for drug therapies. And, while Federal AIDS treatment guidelines calling for early and aggressive Antiretroviral treatment, 42 percent of African Americans that do not receive treatment do so after they are symptomatic. The Conferees are very concerned about these facts and has provided \$20 million in additional funding to be targeted to addressing treatment outcome disparities in communities of color. The Conferees designate \$10 million in Title I supplemental funding and direct that these funds be allocated to eligible metropolitan areas that have 30% or more African American HIV/AIDS cases in an effort to improve the quality of care and health outcomes for African Americans living with HIV/AIDS; \$8 million to Ryan White Title III to be used for targeted planning grants designed to build the HIV primary care capacity of indigenous organizations serving African American communities highly impacted by HIV/AIDS; and provides \$2 million and directs that subcontracts be awarded through the AIDS Education and Training Centers directed to the Historically Black Colleges and Universities for the education of health care providers serving African American communities on the Guidelines for the Use of Antiretroviral Agents in HIV-Infected Adults and Adolescents as developed by the Department of Health and Human Services.

RECOMMENDED CONFERENCE REPORT LANGUAGE

AGENCY: SAMHSA

In 1997, African Americans accounted for 53 percent of the cumulative adolescent and adult AIDS cases attributed to injection drug use. African American men accounted for 52 percent of the new male AIDS cases attributed to injection drug use. African American women accounted for 60 percent of the new female AIDS cases among injecting drug users. The AIDS Drug assistance Program, developed to help lower-income and under-insured patients pay for costly Antiretroviral therapies, served approximately 83,000 clients in 1996. Only 28.1 percent were African American. In order to more effectively address substance abuse treatment and prevention programs, which include an HIV prevention component, and to serve African Americans highly impacted by HIV/AIDS and substance abuse programs. The Conferees have provided \$25 million in additional, target funding. \$18 million is directed to be provided for the Center for Substance Abuse Treatment, of which \$10 million shall be used for comprehensive residential treatment for women and their children, and \$8 million shall be dedicated to treatment programs serving youth, and men who have sex with men. The Conferees have provided \$7 million for the Center for Substance Abuse Prevention to be targeted to prevention services for African American youth.

RECOMMENDED CONFERENCE REPORT LANGUAGE
AGENCY: NATIONAL INSTITUTES OF HEALTH
OFFICE OF RESEARCH ON MINORITY HEALTH

While recent years have brought unprecedented advances in HIV/AIDS therapies that have allowed those suffering with the disease to live longer, African Americans and other minorities have not fully, nor equally, benefitted from these new discoveries. In fact, HIV/AIDS is the leading cause of death among African Americans ages 25 to 44. The Conferees has provided \$7 million for the Office of Research on Minority Health (ORMH) at the National Institutes of Health (NIH). These funds shall be used to increase the number of African American principal investigators funded to conduct HIV behavioral and clinical research targeting the links between substance abuse, sexual behaviors and the extraordinary HIV infection rates in African Americans. Special emphasis is directed to be placed on research into ways of breaking this linkage. Research designed to build a culturally competent community knowledge base in areas hardest hit by HIV/AIDS is also a priority. The Conferees encourage ORMH to expand support to non traditional organizations in the Black Faith community, in particular those which are able to play a critical role in outreach to individuals who live in areas hardest hit by HIV/AIDS would also be a priority. ORMH is directed to expand support to non-traditional organizations in the Black Faith community, particularly those which can play a critical role in outreach to individuals who live in areas with high HIV/AIDS infection rates. This is an effort to improve the quality of care and health outcomes for African Americans and other minorities that are at risk for and living with HIV/AIDS.

RECOMMENDED CONFERENCE REPORT LANGUAGE
AGENCY: HHS-OFFICE OF THE SECRETARY
OFFICE OF MINORITY HEALTH

African Americans are disproportionately and more severely impacted by HIV and AIDS and experience significantly higher morbidity and mortality rates than do other populations in the United States. In 1996, African American youth, between the ages of 13 and 19, accounted for 15 percent of the population estimates for adolescents, but accounted for 58 percent of the adolescent AIDS cases in 1997. African American children accounted for 58 percent of the Pediatric AIDS cases in the United States. The Conferees have provided \$8 million for the Office of Minority Health (OMH) at the Office of the Secretary, HHS to strengthen the role of the OMH in HIV health care promotion and prevention at the state and local level. These funds will allow OMH to: initiate an educational campaign to improve knowledge and awareness among HIV-infected racial and ethnic minorities, and the health care providers serving these populations, of the importance of state-of-the-art therapy for HIV/AIDS in improving the length and quality of life; fund cooperative agreement grantees to work with states to strengthen/monitor state, local and territorial plans for providing HIV services to minorities; collaborate with SAMHSA to fund programs aimed at coordination of services for HIV, drug treatment and mental health; fund state and territory offices of minority health for demonstration projects to improve minority access to information and services and HIV/AIDS treatment; and collaborate with NIH and CDC to fund prevention research studies on HIV-related behaviors. The Conferees direct OMH to make community development and coordination grants to indigenous organizations with a history of supporting community development efforts in health promotion and disease prevention. The funding will support the development of leadership coalitions to conduct needs assessments and planning processes for the purpose of integrating HIV, STD, TB, substance abuse prevention, treatment and care services.



Todd A. Summers

09/17/98 05:38:03 PM

.....

Record Type: Record

To: Maria Echaveste/WHO/EOP, Minyon Moore/WHO/EOP, Richard Socarides/WHO/EOP, Christopher C. Jennings/OPD/EOP

cc:

Subject: CBC Press Conference problems

Sandy is on her way to Atlanta and asked that I share some info we got on the CBC press conference held this afternoon following the town hall meeting on AIDS in the African American community. Apparently, several HHS officials who attended but did not speak at the press conference put out that the reason that HHS didn't make the public health emergency requested by the CDC was because the White House wouldn't let them. This inaccuracy was apparently echoed by several of those who spoke at the press conference. NY Times, USA Today, and most of the major Afr-Am journals were present. We do not know how this will be carried in any of the articles and have calls out to see if that's the spin that will be used.

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Congressional Black Caucus Foundation, Inc.

AIDS Town Hall Meeting

HHS may shift funds to fight AIDS among blacks

Some say it's time to renew call for declaring 'state of emergency' among African Americans

by Rhonda Smith

A preliminary proposal that the U.S. Health and Human Services Department is developing calls for shifting between \$35 million and \$45 million of Ryan White AIDS funds for the current fiscal year to AIDS programs specifically designed to assist racial and ethnic minorities. The proposal is HHS's response to an urgent call from the Congressional Black Caucus in May that HHS Secretary Donna Shalala declare AIDS among African Americans a "public health emergency" so that more federal funds could be funneled to AIDS programs designed to help that population.

Details about the proposal were expected to be discussed Thursday, Sept. 17, after the *Blade's* deadline at the Caucus's national "town hall" meeting on AIDS at the Washington Convention Center. U.S. Rep. Maxine Waters (D-Calif.), the chair of the Congressional Black Caucus (CBC), said after a speech Tuesday, Sept. 15, that Shalala is expected to make a formal announcement about the proposal in 30 days.

Neither HHS officials nor Waters would discuss the proposal with the *Blade*, which obtained a copy of the preliminary document, dated July 30, from a source involved in the negotiations.

Waters did discuss aspects of the proposal during a speech this week in Washington, D.C., at an African American Leadership Summit on AIDS, sponsored by the 600-member National Black Caucus of State Legislators. During the speech, Waters said that HHS officials have offered to allocate \$30 million in AIDS funds by the end of 1998 to community-based groups in black communities nationwide that already are addressing this problem. More funds would be made available in 1999, she said, and the bulk of it would be for AIDS education, prevention, and treatment programs aimed at African Americans.

At the same time, Waters said HHS officials and the 39-member Congressional Black Caucus disagree over how much money is needed to address the epidemic. The Caucus is requesting that between \$90 million and \$250 million in federal support be made available, Waters said.

"This makes people shiver," Waters said, "but we've got them responding."

Waters said the CBC suggested that HHS officials declare AIDS a public health emergency among African Americans to sound a national alarm about the epidemic and to create interest in developing new policies that more adequately address the problem.

"There's resistance. [HHS officials] basically have some problems declaring this type of public health emergency because it requires money," she said. "They think that targeting resources means we're going to talk about taking money away from other communities. Nobody wants to talk about race-based solutions."



The Caucus is requesting that between \$90 million and \$250 million in federal support be made available, said Rep. Maxine Waters, chair of the CBC. (by Clint Steib)

In the HHS proposal draft obtained by the *Blade*, it states: "The Department is committed to developing and implementing a comprehensive response that both maximizes the effectiveness of existing programs to serve racial and ethnic minority communities confronting HIV/AIDS, as well as developing new and innovative strategies that target assistance to address specific needs."

This initial proposal, as well as a subsequent one that various AIDS activists said they have seen, is apparently HHS's formal response to a May 15 letter from Waters in which she requested that AIDS among African Americans be declared a "public health emergency." In a June 10 letter responding to Waters, Shalala promised to come up with "a detailed strategy" that involves developing policies that could be implemented immediately, as well as ones that would require more long-term planning. But in the letter last June, Shalala did not specifically address Waters's request for her to declare AIDS among African Americans a public health emergency.

National AIDS lobbyists who are familiar with the HHS-CBC negotiations said the black Caucus should renew its initial call that AIDS among African Americans to be declared a "state of emergency." This designation would more adequately reflect the scope and seriousness of the problem in black communities across the country, they said. It also reflects the strategy that Dr. Beny J. Primm, the director of the New York-based Addiction Research and Treatment Corp., proposed in April.

"People originally said they wanted the president to declare a 'state of emergency,' and that's something we shouldn't forget," said A. Cornelius Baker, executive director of the National Association of People With AIDS in Washington, D.C. "That goes beyond a 'public health emergency.'"

Government officials can declare a "state of emergency" when there are urgent and immediate needs for assistance in alleviating conditions that pose a serious threat to the health and welfare of communities. Under the federal Public Health Services Act, the HHS secretary can declare a "public health emergency" if he or she consults with directors in various HHS divisions and determines such a major step is necessary. The law stipulates that the HHS secretary can respond to "public health emergencies" by "making grants and entering into contracts and conducting and supporting investigations into the cause, treatment, or prevention of a disease or disorder."



NAPWA's Cornelius Baker would like President Clinton to declare AIDS among

The law also stipulates that a "Public Health Emergency Fund" be established. Currently, there is no money in this fund. Laurie Boeder, an HHS spokesperson, said Congress previously authorized \$45 million for the fund and in 1987, then HHS Secretary Otis Bowen directed HHS officials to disperse \$30 million from this fund to pay for AZT medication for people with AIDS nationwide who could not afford to pay for the prescription drug. (Boeder was unable to confirm whether there was \$15 million still in the fund or whether Congress authorized \$45 million but appropriated only \$30 million.) She also said that before any similar action could take place again, Congress would have to vote on whether to appropriate additional AIDS dollars for the Public Health Emergency Fund and if so, in which specific budget fiscal year this should occur.

NAPWA's Baker, who is HIV-positive, said that he would like to see President Clinton declare AIDS among African Americans a "state of emergency" and approach Congress about getting federal funds to address this problem.

**African Americans a
"state of emergency"
and approach Congress
for federal funds.** (by Clint
Steib)

"The President has to lead an effort to implement a national plan that is responsive to this epidemic among African Americans and, some would argue, for the entire nation," he said, "and that is absent right now."

Baker said he fears that having AIDS declared a "public health emergency" among African Americans would limit the federal response to this problem to HHS officials, who are developing a national strategy. He noted that Shalala failed earlier this year to convince Clinton to support and make federal funds available for needle exchange programs, which many believe would reduce the spread of HIV among African Americans and Latinos, in particular. Because of this, Baker said that Shalala might not be able to garner the federal support needed to effectively tackle AIDS among African Americans.

Daniel Zingale, executive director of AIDS Action, said that during recent closed-door meetings that he attended, HHS and some members of the Congressional Black Caucus appeared to agree that AIDS is a public health problem that should be treated as an emergency. But the two sides disagree "on the semantics around a state of emergency."

"The CBC is still emphasizing the importance of declaring a state of emergency, while HHS is arguing that the state of emergency implies a short-term crisis," he said. "My own view is that they should, in fact, declare a state of emergency and emphasize it as an ongoing crisis, rather than a short-term one."

Zingale also said that the July 30 HHS proposal reflects a critical need for \$100 million more in Ryan White AIDS funds for prevention and education programs. Currently, about \$625 million in federal funds are available for HIV prevention and education programs nationwide.

In addition to making funds for HIV prevention programs more of a priority for racial and ethnic minorities, Zingale said the federal government's Medicaid policy must be revised so individuals eligible for this type of public health assistance have earlier access to protease inhibitors and other drug therapies.

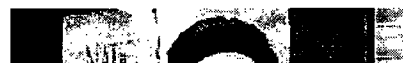
"If you're serious about closing the gap between blacks and whites when it comes to AIDS, you have to change the Medicaid rule that says a person must have full-blown AIDS before they can be eligible for access to AIDS-preventing drugs," he said. "And you have to get out of the way of local communities in removing HIV-tainted needles from the streets. And [the July 30 proposal] does neither of those things."

Baker noted that he has concerns about where the \$35 million to \$45 million mentioned in the preliminary HHS proposal would come from — federal AIDS funds that already exist or new funds that congressmembers would have to appropriate?

He and Zingale said they would be opposed to shifting federal HIV/AIDS funds from one population still struggling with the epidemic to another.

"We don't want to get in a situation where we're taking money from one group with AIDS to give to another group," Baker said, "when the issue is getting more money to serve *all* of our needs."

The source who provided the *Blade* with the July 30 proposal said HHS officials and Caucus members have refused to discuss their



negotiations publicly because they do not want to create an "us-against-them" atmosphere in which various communities are pitted against each other for federal funds.

During her speech Tuesday, Waters said that the actions that have proven successful for the white Gay community in fighting AIDS might not necessarily work in the black community.

"But we've got to forge ways to do it in the same way they did," she said. "They got education and prevention going among white Gays that paid off, and we've got to find ways."

She later said, "I know we've got friends [working on this issue] who are not African American who will do the right thing, it's just not enough of them."

Waters also said that black community leaders and AIDS advocates must become more aware of how AIDS funds are allocated in each region "from the time the money hits the state until it gets to the lowest planning committee."

"Don't let any planning committee that African Americans are not on review proposals," she said.

In addition, Waters said that African Americans and others must stop criticizing black religious leaders, many of whom have come under fire for not responding quicker when AIDS was first identified as a threat to communities of color 15 years ago.

"To keep beating ministers over the head about this is unrealistic," she said. "Stop running ministers away from this issue. Ask them to help you, and let them design ways to help you."

Finally, Waters told the state lawmakers that black community members must begin talking about AIDS in a new way "and forget about being embarrassed."

The July 30 proposal from HHS officials highlights strategies in three broad categories that the CBC identified as areas of concern: technical assistance and infrastructure support, access to prevention and health care services, and building stronger linkages to community care for inmates soon to be released from prisons or jails. Waters said the CBC would like more programs developed that involve testing jail and prison inmates and making sure that those who need access to treatment have it.

Racial and ethnic minorities together account for more than 54 percent of the total AIDS cases reported since the beginning of the epidemic, according to recent HHS statistics. In 1997, the fastest-growing proportion of new AIDS cases was reported among women of color. African American and Latina women accounted for 80 percent of new AIDS cases reported among women. Today, 63 percent of new AIDS cases among children under 13 are among African Americans, and 23 percent are among Latinos.

"We need additional resources," said Miguelina Maldonado, director of government relations and policy at the National Minority AIDS Council. "And we need to have the resources directed toward where the epidemic is doing the most harm."

"We need to develop both HIV care and prevention capacity in ethnic and racial minority



"We need to develop both HIV care and prevention capacity in ethnic and racial minority communities," said Miguelina Maldonado of the National Minority AIDS Council, "and emphasis should be placed on the African American community first." (by Clint Steib)

communities," she added, "and emphasis should be placed on the African American community first."

Maldonado said the National Minority AIDS Council and the CBC hope to agree on what levels of funding are needed for AIDS programs directed to racial and ethnic minority communities and to lobby Congress to adopt those numbers for FY 2000.

Baker said that certain AIDS strategies must focus solely on the African American community because that population is being disproportionately devastated by HIV/AIDS.

"But it does become problematic to somehow suggest that we're taking care of everybody except white Gay men," he added. "Every community has some level of emergency."

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Congressional Black Caucus

Congress of the United States

2344 Rayburn Building • Washington, DC 20515 • (202) 225-2201

August 3, 1998

VIA TELECOPIER AND U.S. MAIL

The Honorable Donna Shalala
 Secretary
 The Department of Health and
 Human Services
 200 Independence Avenue, SW
 Washington, D.C. 20201

Dear Secretary Shalala:

I have reviewed the proposals your agency submitted for discussion in response to the Congressional Black Caucus' call for a "public health emergency" designation of HIV/AIDS in the African American community. I am pleased to see that your agency has done some preliminary work to further address this dreaded epidemic. While your proposal is a good beginning, I believe there are a few other points that must be addressed

I understand from your staff that you do not want to simply declare a "public health emergency" and be bound by the short term nature of a statutory designation. I suggest that you declare a "public health emergency and beyond." By using this phrase, you can explain to the American people, through the media, the horrors of the HIV/AIDS epidemic in our country. This allows you to give HIV/AIDS the same attention that President Clinton gave the nursing home issue earlier this month.

I am also interested in a direct mail campaign in the regions highly impacted with the disease. A piece of mail in every mailbox will help to educate the community and help increase discussions between neighbors and families about the HIV/AIDS epidemic.

In addition, I suggest that the Department develop an advertising campaign with ads in all of the African American newspapers and many mainstream newspapers to make communities aware that HIV/AIDS is a

public health emergency. The ads also should tell individuals where they can obtain treatment.

The Department also needs to develop a working model to show organizations and communities how to run a testing site for HIV/AIDS. The model should be replicated across the country in every community and neighborhood. It can be finely tuned in identified high impact areas. CBC Members also can help promote the issue by attending public meetings and appearances in each of five targeted areas.

I look forward to working with you on the fight to get the HIV/AIDS crisis in the African American community under control in this country.

Sincerely,

A handwritten signature in cursive script that reads "Maxine Waters".

Maxine Waters, Chair
Congressional Black Caucus

Office of HIV/AIDS Policy

Office of Public Health and Science

Office of the Secretary

200 Independence Avenue, S.W., Room 736-E

Washington, DC 20201



Deliver To: _____

Sandy Thurman

Fax: _____

() 456-2439

Phone: _____

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From:

Deborah von Zinkernagel

Deputy Director for Policy

Phone: (202) 690-5560

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Date: _____

/ /

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If transmission problems occur, please call: Shellie Abramson @ 202-690-5560

Comments: _____

Discussion Draft

HIV/AIDS AMONG RACIAL AND ETHNIC MINORITY COMMUNITIES

Overview

The burden of HIV/AIDS on racial and ethnic minorities is a severe and ongoing crisis which requires both immediate measures and a long term sustained commitment to overcome. The Department is committed to developing and implementing a comprehensive response that both maximizes the effectiveness of existing programs to serve racial and ethnic minority communities confronting HIV/AIDS as well as developing new and innovative strategies that target assistance to address specific needs. Although a substantial portion of federal AIDS dollars are serving racial and ethnic minorities, it is clear that much more needs to be done to assure that these communities fully benefit from effective prevention and treatment interventions.

Over the remaining weeks of FY 98, a number of competitive grants will be announced by HHS agencies which will directly impact the availability of prevention and treatment services, support community based outreach and infrastructure, and support research among racial and ethnic minority communities. In addition, the Department will be targeting remaining FY 98 program resources as an investment, with the expectation that this commitment will form the basis for growth. A more comprehensive set of strategies for implementation in FY 99 is also provided here for the purposes of further discussion. Many of the strategies described would have broad benefit to racial and ethnic minority populations in addition to the African American community, as issues of community based capacity and infrastructure are shared concerns. It is the Department's desire to engage in a fruitful dialogue with the CBC, with the goal of achieving consensus around an effective action plan.

Investments in FY 1998

Provided here are brief descriptions of those activities addressing HIV/AIDS within racial and ethnic minority communities that the Department has either recently announced or plans to announce by the end of FY 98. These in part profile the type of targeted investments HHS believes will be necessary to address the many dimensions of an effective response to HIV/AIDS among minority communities. In addition to competitive grant programs and cooperative agreements that have been under development, this list includes some newly expanded or targeted investment of FY 98 funds as a first step towards addressing infrastructure needs, with the understanding that these types of investments would be expanded starting in FY 99. This list may also be expanded with several activities still under development.

Upcoming Announcements in FY 98

- o **HIV Intervention and Prevention Research Programs** Through the Prevention Science Initiative and the OAR Discretionary Fund, the NIH will award special funds of approximately \$6 million in the next few weeks to support new or expanded HIV intervention and prevention programs targeting minority populations. Funds will be awarded for projects such as: (1) risk reduction and prevention programs among urban and rural African Americans; (2) a risk reduction program to train African American mothers to participate in HIV prevention for their children; (3) a behavioral intervention program for African American adolescent women; (4)

series of 5 meetings across the country to assure that SAMHSA achieves a holistic picture of the integration and gaps of these services.

- o **Enhancing State and Local Coordination** A cooperative project to be supported by SAMHSA at \$50,000 involving the CDC, National Association of State and Territorial AIDS Directors (NASTAD) and the National Association of State Alcohol and Drug Abuse Directors (NASADAD) will better define the barriers to collaboration of state and local HIV and substance abuse and mental health programs, particularly for communities of color.

Newly Expanded or Directed Activities

- o **Helping CBOs** HRSA proposes to add \$100,000 to an existing cooperative agreement with the National Minority AIDS Council to provide technical assistance to minority community based organizations to assist them in enhancing their ability to compete more effectively for Federal, State or local government funds for the provision of services to people with HIV/AIDS.
- o **Outreach Through Faith Communities** The Office of Minority Health and the NIH Office of Research on Minority Health, in collaboration with SAMHSA, will establish a \$225,000 cooperative agreement with the Congress of National Black Churches to mobilize the outreach capability of the faith community to stem the rising rate of new cases by forging linkages with new and nontraditional partners. The churches will open their facilities to serve as centers for HIV/AIDS education, training of HIV/AIDS counselors and referral for services in conjunction with local health authorities. Pastors and other leaders of the churches will work to provide continuing education on HIV/AIDS and substance abuse to the congregation, extended families and friends in their various communities. Of this amount, \$25,000 will be targeted to joint activities related to the ongoing minority faculty development program with faith communities at SAMHSA.
- o **Strategy Meetings** On September 18, the Surgeon General will co-convene a meeting with influential African American business leaders to discuss ways that this important sector of the Black community can partner with Federal, State, and local efforts to build capacity for HIV prevention in their communities. In partnership with the 100 Black Men of America and the National Council of Negro Women, this will be the first in a series of small strategy meetings with key segments of national Black leadership to mobilize and link their efforts to respond to the growing HIV/AIDS epidemic among African American youth, women and men.

Recently Announced or Initiated Activities

- o **HIV/AIDS Care for Children, Women, Youth and Families** In the week of August 3rd, HRSA expects to award \$10.2 million in new and competing continuation grants to 16 grantees to support care and access to 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.
- o **Expanded Access to Care** The Office of Minority Health has awarded \$2.97 million to the Cook County Rush Health Center (CORE Center) to implement an information technology infrastructure to service providers, payers, HIV/AIDS patients and caregivers, researchers and

policy makers. The Center is a state of the art 60,000 square feet freestanding outpatient facility which provides comprehensive care, prevention services, and research opportunities to people with HIV/AIDS and infectious diseases, serving a predominantly minority population (African American and Latino). It will increase access to services and treatment for HIV/AIDS patients in Cook County when it opens later in 1998. The construction of the facility is supported by combined Federal and private funds.

- o **Strategic Planning for Substance Abuse and HIV/AIDS at SAMHSA** SAMHSA began the development of a strategic plan in July 1998 to guide all future HIV/AIDS related activities, investing \$50,000 in this effort. The strategic plan will contain specific components geared towards coordination of activities specifically targeted toward communities of color. Development of the plan will be done by all relevant stakeholders, i.e. professionals from communities of color, the substance abuse and mental health fields, the general public including consumers, and appropriate agency personnel.

Comprehensive Multi-Year Action Plan To Start in FY 1999

A sustained commitment will be required to effectively address those contributing factors underlying the severity of the HIV/AIDS epidemic among racial and ethnic minorities. The Department proposes a more comprehensive set of strategies for a multi-year action plan, grouped into the following three broad categories: technical assistance and infrastructure support; increasing access to prevention and care; and building stronger linkages to address the needs of specific populations. Additional initiatives are still under development and may be added to these strategies in the near future.

Technical Assistance and Infrastructure Support

- o Provide targeted technical assistance through contracts with national organizations to assist minority community-based organizations in developing expertise in fiscal and administrative grants management and the preparation of competitive funding applications, and through organizational mentoring strategies.
- o Increase the number of targeted planning grants under Title III of Ryan White 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. Average planning grant amount is \$50,000. These grants have typically been used to hire personnel to develop the necessary linkages and develop the organizational capacity to meet the requirements of Title III grantees, support formal needs assessments regarding HIV primary care needs of consumers and providers in the proposed service area, completing an epidemiologic profile of the service area, and identifying needed components of care and forming linkages with related providers in the community. Current statute limits planning grants to 1% of appropriated amounts.
- o Increase the proportion of new National Health Service Corps loan repayees who are directed to serve in highly impacted minority communities.
- o Develop and implement model programs for training and engaging community members as lay community health workers, building on the strengths of existing organizations such as communities of

faith, business and civic groups within racial and ethnic minority communities. This activity would be directed through partnerships and contracts with national organizations.

- o Support the early exposure of children in communities of color to the opportunities of a career in the health professions by requiring every grantee supported by the Bureau of Health Professions to establish outreach programs to local grade schools, junior high and high schools. This affects approximately 650 educational institutions.

Increasing Access to Prevention and Care

- o Provide outreach and primary care services in highly impacted minority communities through activities such as the availability of mobile medical units linked with existing health care providers. These activities could be directed through the Section 330 program or Title III of Ryan White.
- o Strengthen the requirement in CDC's HIV Prevention Community Planning cooperative agreements 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.
- o Develop a pilot demonstration program in 5 sites to integrate the planning and provision of HIV, STD, TB and substance abuse prevention and treatment services. Each project site would incorporate and build on behavioral and social science research and bring prevention and service delivery systems for STDs, TB and drug treatment into formal relationships with HIV systems, address gaps in enabling services that serve as barriers to care, support community outreach strategies, and target prevention to high risk groups.
- o Develop and implement a program to 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.
- o Prepare a user-friendly guide to clinical services for women. This resource is intended for the lay reader to assist women in accessing appropriate care.
- o The Ryan White programs are initiating a quality of care initiative to address issues of health care quality and those factors which result in the provision of an uneven quality of care among persons in care.
- o Explore the development of measures of health care quality for HIV disease. Development of such quality indicators, for use in both the public and private sector health care arena, could have an important impact on the quality of care provided to all people with HIV disease, including racial and ethnic minorities.
- o Support new research regarding the use of HIV therapies in drug-using populations with the following research goals: (1) to investigate how to recruit drug users into AIDS treatment and define what issues determine their adherence to AIDS therapy; (2) identify barriers preventing drug using populations from entering AIDS treatment; (3) develop clinical strategies for active drug users who cannot or will not enter AIDS treatment; (4) evaluate changes in risk behaviors as a result of therapy; (5) investigate comorbid

mental health conditions which would affect adherence to antiretroviral therapy; (6) determine the clinical complications of pharmacologic interactions between antiretroviral drugs, illicit drugs of abuse, and addiction treatment drugs; and (7) develop strategies for recruiting drug users in vaccine trials. It is intended that study participants will be primarily from minority communities. NIH will also additional resources on the epidemiologic and prevention of drug-abuse related HIV infection and the development of new drug abuse treatment strategies towards adolescents.

- o Support a phase I multicenter clinical trial of a new topical microbicide to determine its safety, tolerance and acceptability as a vaginal microbicide. Topical microbicides are critically needed to allow women to prevent HIV transmission. As the majority of new HIV infections among women are minorities, the focus for recruitment in the study will be in minority communities.

Building Stronger Linkages

- o Initiate a demonstration project in 6 States and the District of Columbia working with State and local correctional systems to track the impact of HIV within these systems, guide effective prevention and treatment interventions, and establish linkages to community care for persons soon to be released. This project would reach 60% of the incarcerated population and 66% of reported AIDS cases in State correctional systems.
- o Increase the number of Ryan White SPNS grants to: (1) develop new models for continuity of care between prison systems and community providers, and (2) develop new models to integrate substance abuse treatment with HIV care among specific populations. Current statute has capped SPNS grants at \$25 million.
- o Establish linkages between substance abuse treatment and HIV services within SAMHSA's new Targeted Capacity Expansion initiative, and place a setaside within the program next year for an integrated substance abuse and HIV care component. Address substance abuse and HIV issues within the Knowledge Development and Application initiatives in FY99.
- o Sponsor a women's conference in 1999 (SAMHSA) with sessions centered on issues relating to women in communities of color and HIV/AIDS.

New Partnerships

- o In recognition that a broad-based strategy to mobilize effective community responses must go beyond federal programs, the Secretary and the Surgeon General want to join with the CBC in reaching out to the leadership of major organizations to engage them in a national and grassroots effort to raise awareness and involvement around HIV/AIDS, seeking commitments to action from the leadership of national business and civic groups, and media organizations. The Surgeon General has made the issue of racial disparities in HIV and the urgency of HIV/AIDS in minority communities a top priority to be addressed in his public appearances as well as in the Race and Health Initiative.

Current DHHS Activities Targeting the HIV/AIDS Epidemic among Racial and Ethnic Minorities

The Department has a broad range of activities and programs that both directly and indirectly serve racial and ethnic minority communities affected by HIV/AIDS. A substantial portion of federal HIV/AIDS

dollars are serving these minority communities through programs targeted to HIV prevention, care, drug abuse prevention and treatment, and research. Provided in Appendices A through E are a compilation of OPDIV activities specifically targeting aspects of HIV/AIDS in racial and ethnic minority communities.

- Appendix A CDC Activities
- Appendix B NIH Activities
- Appendix C HRSA Activities
- Appendix D SAMHSA Activities
- Appendix E Office of Minority Health Activities

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PROPOSALS FOR DISCUSSION

PROPOSALS FOR DISCUSSION

The burden of HIV/AIDS on racial and ethnic minorities is a severe and ongoing crisis which requires both immediate measures and a long term sustained commitment to overcome. The Department is committed to developing and implementing a comprehensive response that both maximizes the effectiveness of existing programs to serve racial and ethnic minority communities confronting HIV/AIDS as well as developing new and innovative strategies that target assistance to address specific needs. A substantial portion of federal AIDS dollars are serving racial and ethnic minorities, however it is clear that much more needs to be done to assure that these communities fully benefit from effective prevention and treatment interventions. The Department is willing to direct and further target existing program resources in the range of \$35 million - \$45 million as an initial investment, with the expectation that this commitment will grow over time. The impact of this targeted investment will be far greater as it supports the ability of individuals and organizations within communities of color to effectively access existing resources and programs.

The Department has developed a number of strategies to address areas of specific concern identified by the Congressional Black Caucus. These strategies are grouped into three broad categories: technical assistance and infrastructure support; increasing access to prevention and care; and building stronger linkages to address needs of specific populations. A brief summary of these strategies is provided here for the purposes of discussion with staff of CBC member offices. The Department's desire is to facilitate a constructive dialogue, with the goal of achieving consensus around an effective action plan.

Technical Assistance and Infrastructure Support

- o Provide targeted technical assistance through contracts with national organizations to assist minority community-based organizations in developing expertise in fiscal and administrative grants management and the preparation of competitive funding applications, and through organizational mentoring strategies. Over 100 sites could be targeted for 2 week TA programs.
- o Increase the number of targeted planning grants under Title III of Ryan White to build new capacity for community-based organizations located in highly impacted minority communities to deliver needed health care services. Average planning grant amount is \$50,000. *
- o Increase the proportion of new National Health Service Corps loan repayees who are directed to serve in highly impacted minority communities.
- o Develop and implement model programs for training and engaging community members as lay community health workers, building on the strengths of existing organizations such as communities of faith, business and civic groups within racial and ethnic minority communities. This activity would be directed through partnerships and contracts with national organizations.
- o Support the early exposure of children in communities of color to the opportunities of a career in the health professions by requiring every grantee supported by the Bureau of Health Professions to establish outreach programs to local grade schools, junior high and high schools.

Increasing Access to Prevention and Care

- o Provide outreach and primary care services in highly impacted minority communities through such activities as the availability of mobile medical units. These mobile units could be directed through the

Section 330 program or Title III of Ryan White.

- o Place a new requirement in CDC's HIV Prevention Community Planning cooperative agreements that State allocation decisions must reflect the demographics of the HIV epidemic in that State.
- o Develop a pilot demonstration program in 5 sites to integrate the planning and provision of HIV, STD, TB and substance abuse prevention and treatment services. Each project site would incorporate and build on behavioral and social science research and bring prevention and service delivery systems for STDs, TB and drug treatment into formal relationships with HIV systems, address gaps in enabling services that serve as barriers to care, support community outreach strategies, and target prevention to high risk groups.
- o Develop and implement a program to 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.
- o Prepare a user-friendly guide to clinical services for women. This resource is intended for the lay reader to assist women in accessing appropriate care.
- o The Ryan White programs are initiating a quality of care initiative, to identify and address those factors which result in the provision of an uneven quality of care among persons in care.

Building Stronger Linkages

- o Initiate a demonstration project in 6 States and DC working with State and local correctional systems to track the impact of HIV within these systems, guide effective prevention and treatment interventions, and establish linkages to community care for persons soon to be released. This project would reach 60% of the incarcerated population and 66% of reported AIDS cases in State correctional systems.
- o Increase the number of Ryan White SPNS grants to: (1) develop new models for continuity of care between prison systems and community providers, and (2) develop new models to integrate substance abuse prevention and treatment with HIV care among specific populations.*
- o Establish linkages between substance abuse treatment and HIV services within SAMHSA's new Targeted Capacity Expansion initiative, and place a setaside within the program next year for an integrated substance abuse and HIV care component. Address substance abuse and HIV issues within the Knowledge Development and Application initiatives in FY99.

New Partnerships

- o In recognition that a broad-based strategy to mobilize effective community responses must go beyond federal programs, the Secretary and the Surgeon General want to join with the CBC in reaching out to the leadership of major organizations to engage them in a national and grassroots effort to raise awareness and involvement around HIV/AIDS, seeking commitments to action from the leadership of national business and civic groups, and media organizations. The Surgeon General has made the issue of racial disparities in HIV and the urgency of HIV/AIDS in minority communities a top priority to be addressed in his public appearances as well as in the Race and Health Initiative.
- * Requires legislative action

LEVEL 1 - 73 OF 333 STORIES

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Delivery (1/2)

CONTACT: White House Press Office, 202-456-2100, or Office of the Vice
President, 202-456-7035

DATELINE: WASHINGTON, July 16

BODY:

Following is a transcript of remarks made by Vice President Gore today at the
NAACP annual convention, as prepared for delivery (Part 1 of 2):

REMARKS BY VICE PRESIDENT ALBERT GORE, JR.

AS PREPARED FOR DELIVERY

NAACP ANNUAL CONVENTION

Thursday, July 16, 1998

It is truly a deep personal honor for me to come before America's premier
civil rights organization, to talk about a goal we share -- closing the
opportunity gap, so that every child in America can share in the American dream.

Thank you for what you do every day, and what you have done for nearly 90
years. The NAACP has been one of the mightiest forces for justice,
righteousness, and human rights that our nation has ever known. As Joe Madison
has said, "if a black person gets into trouble, he calls out two names -- Jesus
and the NAACP." Well, I believe all Americans need the NAACP -- now more than
ever.

It is true that this is a time of great prosperity for America. Some farmers
are suffering, but our economy is enjoying good times -- and it is a prosperity
that is shared by many.

Since President Clinton and I took office 5 plus years ago, we have seen a
renewal of America's economy. Over 16 million new jobs. The lowest
unemployment in a generation -- and the lowest African American and Hispanic
unemployment on record. Living standards are rising, and the gap between the
rich and the poor is closing. We are seeing progress: the highest home
ownership on record. More small businesses created than ever before in our
history.

But for all our progress, we know that too many never get into the winner's
circle of this new economy. We need to do more. As Kweisi Mfume has said on so
many occasions, "we can do better." I believe we must use today's prosperity to
expand that winner's circle -- by closing the opportunity gap in our schools, by

U.S. Newswire, July 16, 1998

closing the opportunity gap in our workplaces; and by building stronger families and communities all across the United States of America -- to include everyone in the winner's circle.

Now is the time to roll up our sleeves and do better. As Julian Bond has said, quoting his slave-born grandfather: "forward in the struggle."

Today, I want to talk about how we move forward in the struggle -- with a clear understanding of our past, a frank accounting of our present, and a bold and audacious vision for the future.

Let us start by confronting and understanding the past. Some people like to believe that the past is completely gone, and has no relevance in our present. They are wrong. I read a story in National Geographic last year. This article told of a town called Krakow, in Poland. Every day, to this day, in a church tower, a lone trumpeter sounds an alarm every hour on the hour -- to commemorate an invasion that happened seven centuries ago, when Mongols were about to storm their walls. The trumpeter ends his clarion mid-note -- evoking the moment at which a Mongol arrow pierced his throat, and cut off his trumpet mid-note.

So when people say the time has come to silence our clarion call for justice, I'm tempted to say: look around you. Look at the dark shadows and lingering poisons of our own past. We hear voices now in America arguing that our nation's historic struggle is over -- that we've already reached the promised land -- that we have a color-blind society. These people who now call for the end of policies to promote equal opportunity say there's been so much progress that no more such efforts are justified. What are they thinking? Don't they recognize that the tap root of racism is hundreds of years long?

What was their reaction to Jasper, Texas? That it was a bolt from the blue? That heinous crime wounded not only the Byrd family and the Jasper community, it wounded the American spirit. And God bless the Byrd family for leading us toward healing and reconciliation. What courage and amazing grace.

And even though Jasper was a lightning bolt, but it was not the only one.

Last year in Virginia, an African American man was doused with gasoline, burned alive, and decapitated by two white men.

This month in Lawrence, Massachusetts, an interracial couple celebrating their 20th wedding anniversary was subjected to racial slurs -- and when the husband protested, he was beaten by men with baseball bats.

And just twelve days ago, on America's Independence Day, a richly diverse neighborhood in Virginia Beach was covered in racist graffiti, swastikas, and slurs.

Don't tell me that our persistent vulnerability to racism has suddenly disappeared, and that we now live in a color-blind society. We've left Egypt, but don't tell me we've arrived in Canaan.

We're not just talking about the past. Ask the watchmen in the belltowers of America. All around us, there are arrows of hatred still flying through the air -- still silencing dreams, and cutting short hope like the lost notes of that

U.S. Newswire, July 16, 1998

trumpet, so many centuries ago.

We need a shield from those arrows -- and that means tough, uncompromising measures to enforce our civil rights laws and make certain that they are abided by.

This January, from Dr. King's pulpit at Ebenezer Baptist Church here in Atlanta, I was proud to announce, as part of the President's Initiative on Race, the largest single increase in the enforcement of our civil rights laws in nearly two decades. And I want to say to all who would discriminate in employment, discriminate in education, discriminate in housing, discriminate in health care: we will catch you, we will enforce the law, and we will punish you.

And let me say a special word to America's black farmers: it is time to redress the decades of discrimination you faced. You deserved far better from your government. And President Clinton and I pledge to you: this is a problem we will solve, not bury.

We need to do more. We need strong measures to ensure equal opportunity.

I've heard the critics of affirmative action. I've heard those who say we have a color-blind society. They use their color blind the way duck hunters use a duck blind -- they hide behind it and hope the ducks won't notice. And consider this: they're in favor of affirmative action if you can dunk the basketball or sink a three-point shot. But they're not in favor of it if you merely have the potential to be a leader of your community and bring people together, to teach people who are hungry for knowledge, to heal families who need medical care. Don't tell me we have a color-blind society. I have a different view: I believe that America still needs affirmative action.

So let's understand the influence the past has on the present. It is with us, and it has shaped us. And it is not sufficient to heal the wounds of our past. Before we can plan for the future, we must take stock; we must understand: what is the state of opportunity in America's present?

We have cut in half the gap between black earnings and white earnings over the past 30 years. But the wealth of black and Hispanic households still averages less than one-tenth that of white households. I say: we can do better. Forward in the struggle.

Today, more and more, people of all races and ethnicities are learning from one another, listening to each other's music, reading each other's books, living and working together. But still, too much of our culture is dangerous and destructive -- with gangs, guns, and drugs tearing apart families and communities -- with too many broken homes, too many absent fathers who fail to accept responsibility for their children. We can do better. Forward in the struggle.

In 5 + years, President Clinton and I have appointed more African Americans, more Hispanics, more Asian Americans, more Native Americans to Cabinet positions and judgeships and other high posts than ever before in American history. We have named African Americans as Secretary of Energy; Secretary of Agriculture; Secretary of Commerce; Secretary of Veterans Affairs; Secretary of Transportation; Secretary of Labor; Surgeon-General; Budget Director; Drug Czar;

U.S. Newswire, July 16, 1998

Chair of the Nuclear Regulatory Commission; Chairman of the FCC; Deputy Attorney General; Deputy Secretary of State; Secretary of the Army; Director of the National Parks Service; Director of Presidential Personnel; White House Director of Cabinet Affairs; and White House Director of Public Liaison.

My friends, the most diverse administration in history is also one of the most successful in history. And -- that's not in spite of our diversity; it's because of it!

But in so many places and professions, the glass ceiling still has not been shattered. We can do better. We know we can do better. Forward in the struggle.

We are expanding health coverage to up to five million uninsured children. And I'm proud that we are now targeting nearly 60% of our HIV prevention funds, and more than half of our funds for AIDS services, to people of color.

But there are still crushing racial disparities in health care -- in infant mortality, in cancer, in stroke and heart disease. And HIV and AIDS are growing fastest among African Americans -- accounting for 57 percent of all new infections, and 70 percent of new infections among young women. That is why we proposed a ten-year, \$400 million crusade to end disparities in American health care. And that is why we must all fight to meet the crushing burden of AIDS in the African American community. We should be proud of President Mfume's leadership in this effort. He knows we can do better. Forward in the struggle.

Friends, we have work to do. It can't all be done from the White House. And let's face it: it won't be done by this Congress. I've seen the NAACP's civil rights scorecard for this Congress: for the House, 21 out of 100. For the Senate, 36 out of 100. No wonder they're trying to cut education. With test scores like those, they're the first people we'd keep after class.

LANGUAGE: ENGLISH

LOAD-DATE: July 16, 1998

LOUIS STOKES
11TH DISTRICT, OHIO

MEMBER,
COMMITTEE ON APPROPRIATIONS
SUBCOMMITTEES:
RANKING MEMBER,
VA/HUD/INDEPENDENT AGENCIES
MEMBER,
LABOR/HHS/EDUCATION

Congress of the United States
House of Representatives
Washington, DC 20515-3511
HIV/AIDS FUNDING UPDATE

2365 RAYBURN HOUSE OFFICE BUILDING
WASHINGTON, DC 20515-3511
(202) 225-7032

DISTRICT OFFICE:
3845 WARRENSVILLE CENTER RD.
SUITE 204
SHAKER HEIGHTS, OH 44122
(216) 622-4900

July 14, 1998

cc: Sandy Thurman
M. Echeverste
B. Johnson

Dear CBC Colleague:

As funding for HIV/AIDS activities has remained a high priority for our Caucus, I want to take this opportunity to personally brief you on the FY 1999 Departments of Labor, Health and Human Services, Education and Related Agencies Appropriation Bill, as it relates to funding for HIV/AIDS activities. Yesterday, the House Committee on Appropriations passed the bill out of full Committee.

The key HIV/AIDS federal agencies are the Health Resources and Services Administration (HRSA), which has lead responsibility for the Ryan White AIDS programs, the National Institutes of Health (NIH) which is the primary funding agency for HIV/AIDS biomedical research, and the Centers for Disease Control (CDC) which funds HIV/AIDS research, surveillance, epidemiologic and laboratory studies, prevention activities, and state and local health departments' integrated community prevention plans.

With respect to Ryan White AIDS programs, the bill provides \$1.33 billion, which is an increase of \$181.1 million over the FY 1998 funding level. The language accompanying the Ryan White programs states that "[the] Committee is concerned about the continued disparity in health outcomes for people with HIV and AIDS in communities of color and recognizes the need to provide additional services specifically targeted to HIV infected individuals in these communities. The Committee encourages HRSA to give priority consideration to allocating grants to grantees serving primarily minority populations."

While the bill does not earmark a specific dollar amount for HIV/AIDS research, it does provide \$14.7 billion for biomedical research funding, overall, at the National Institutes of Health. The Committee understands that the NIH would allocate funding for AIDS activities in accordance with the amount specified in the FY 1999 Budget Justification, which is \$1.7 billion. The House report, however, does include specific language with respect to HIV/AIDS in minorities and women. It states that "[the] rate of HIV infection in women is rapidly rising and AIDS is the leading cause of death in minority women. The Committee encourages the National Institute of Allergy and Infectious Diseases to make HIV-related prevention, treatment, and care needs of women, particularly minority women a top priority."

CBC Colleagues
July 14, 1998
Page 2

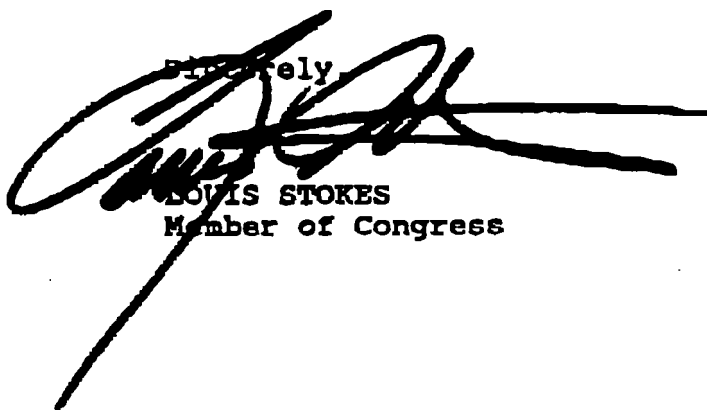
With regard to funding for AIDS activities under the auspices of the Centers for Disease Control, the FY 1999 appropriations measure provides \$625.5 million, which is an increase of \$542 thousand above the comparable FY 1998 amount and \$3.3 million above the President's request. The accompanying report language states that "[the] Committee is concerned that racial minorities be more fully targeted and included in HIV prevention efforts. The Committee directs the CDC to consider allocating increased resources to address the HIV-related health disparities in ethnic and racial minority populations. In particular, the CDC should consider increased support of minority community-based organizations and minority regional and national organizations including education, technical assistance, infrastructure, capacity building, community development, and public health initiatives."

As you are keenly aware, HIV/AIDS remains the leading cause of death for African Americans ages 25 to 44. The key is to make sure that there is a fair and equitable allocation of resources to African American communities to address the disproportionately higher rates of HIV-AIDS.

With regard to FY 1998, our Chairwoman, Ms. Waters, and I have been working with the Secretary of the Department of Health and Human Services to help make sure that funds are allocated to African American community-based organizations this fiscal year. The specifics of that allocation are still being worked out.

I hope that you find the information provided herein helpful. A comprehensive analysis of the FY 1999 appropriations bill overall will be provided to you under separate cover. In the interim, if you have any questions and/or concerns regarding the Labor-HHS-Ed funding measure, please do not hesitate to contact me.

Sincerely,

A large, stylized handwritten signature in black ink, likely belonging to Louis Stokes, is written over the word "Sincerely," and extends below the printed name.

LOUIS STOKES
Member of Congress

HIV/AIDS in the African-American Community



Southern Christian Leadership Conference

July 29, 1998

**Sandra L. Thurman
Director
Office of National AIDS Policy**

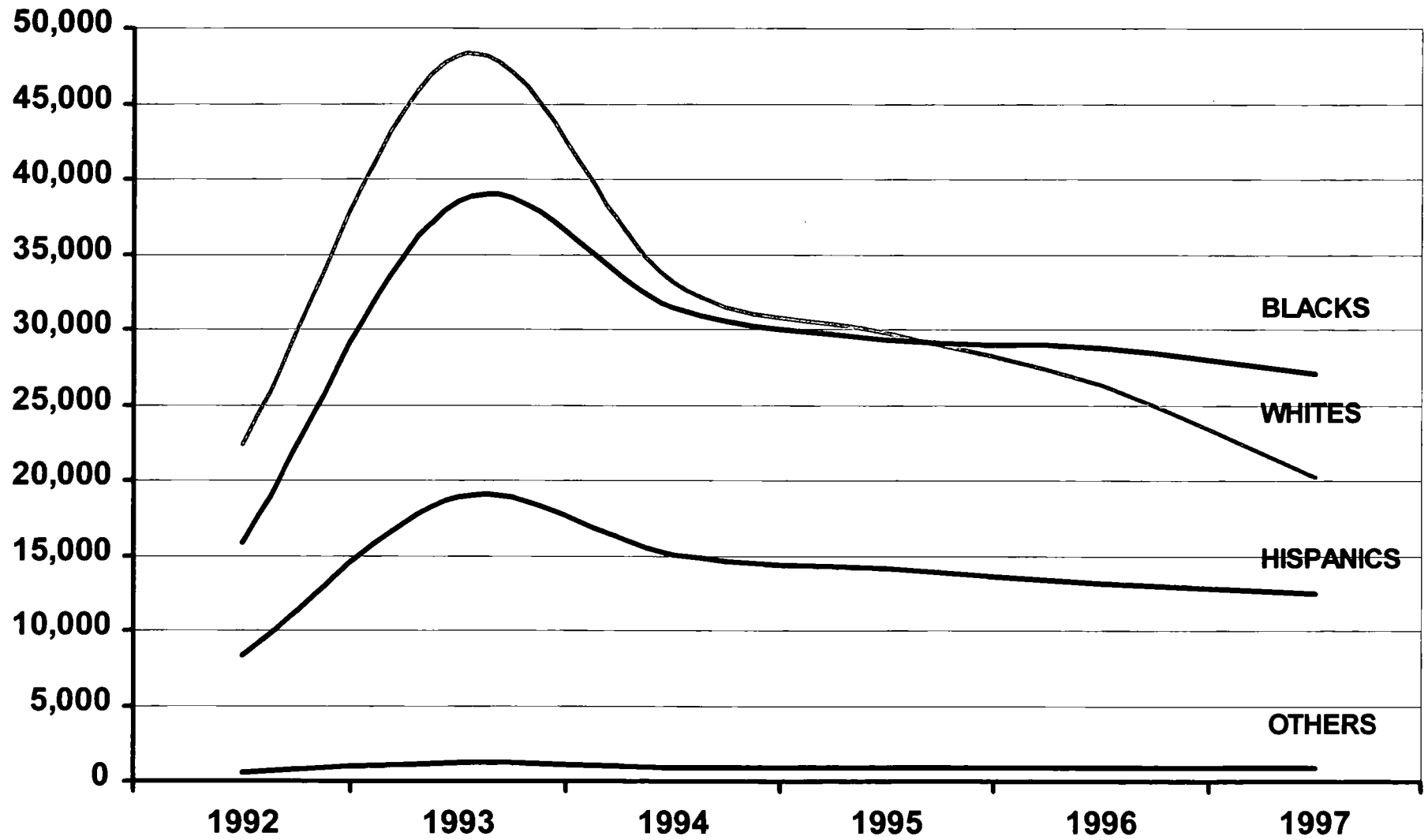
HIV/AIDS in the African-American Community

	AIDS Cases Reported (1997)	Cumulative AIDS Cases (thru 1997)	HIV Infections Reported (1997)*	Cumulative HIV Infections (thru 1997)*
Adults/ Adolescents	45%	36%	56%	52%
Men	40%	32%	50%	47%
Women	60%	56%	69%	67%
Pediatric	62%	58%	69%	63%

*Includes only those 27 states that provide confidential HIV infection reporting to the CDC (30 for pediatric cases). In addition, states implemented HIV reporting at different times; cumulative numbers do not include infections that occurred prior to the implementation of confidential HIV reporting.

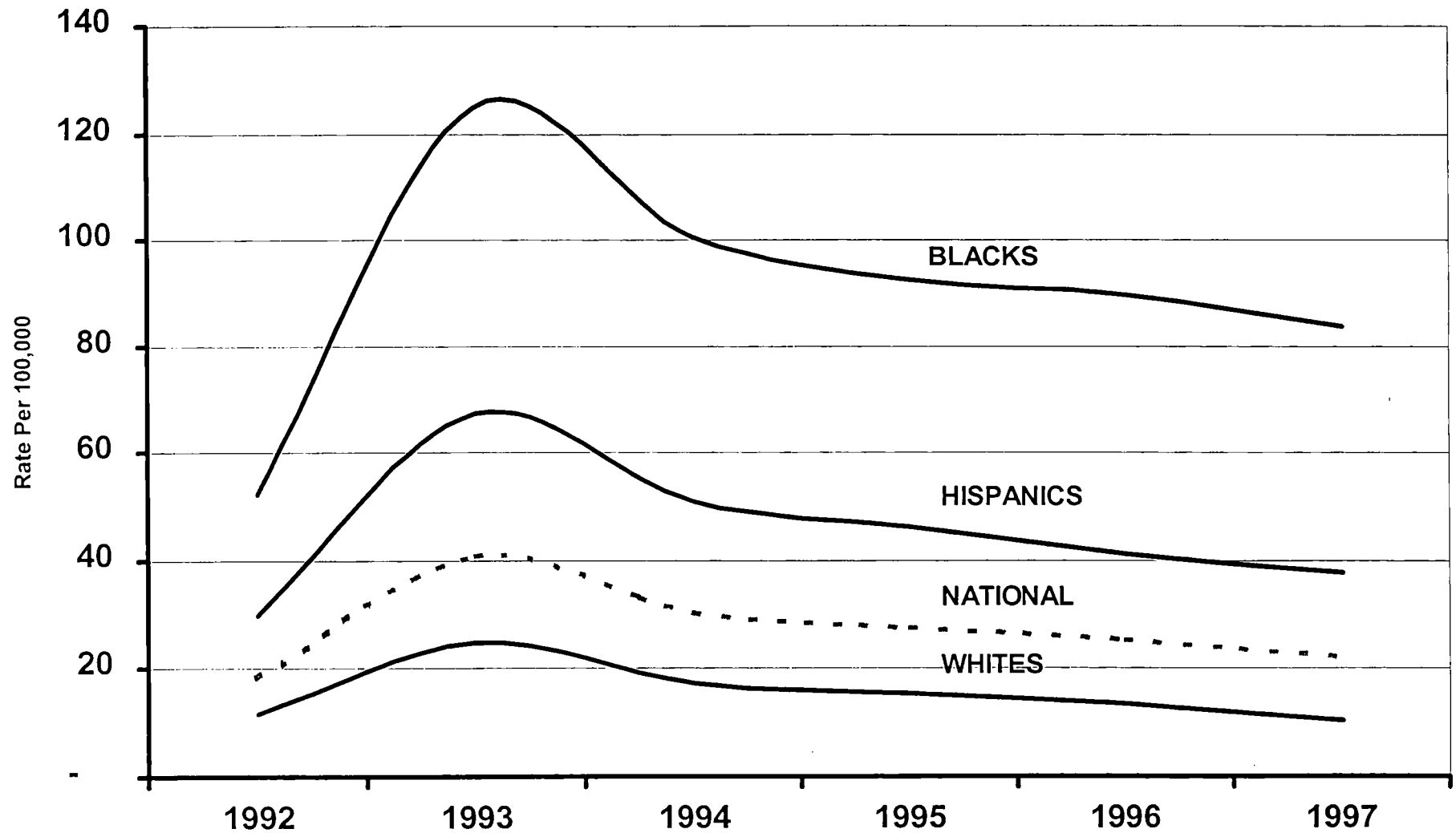
New AIDS Cases by Race

Source: CDC

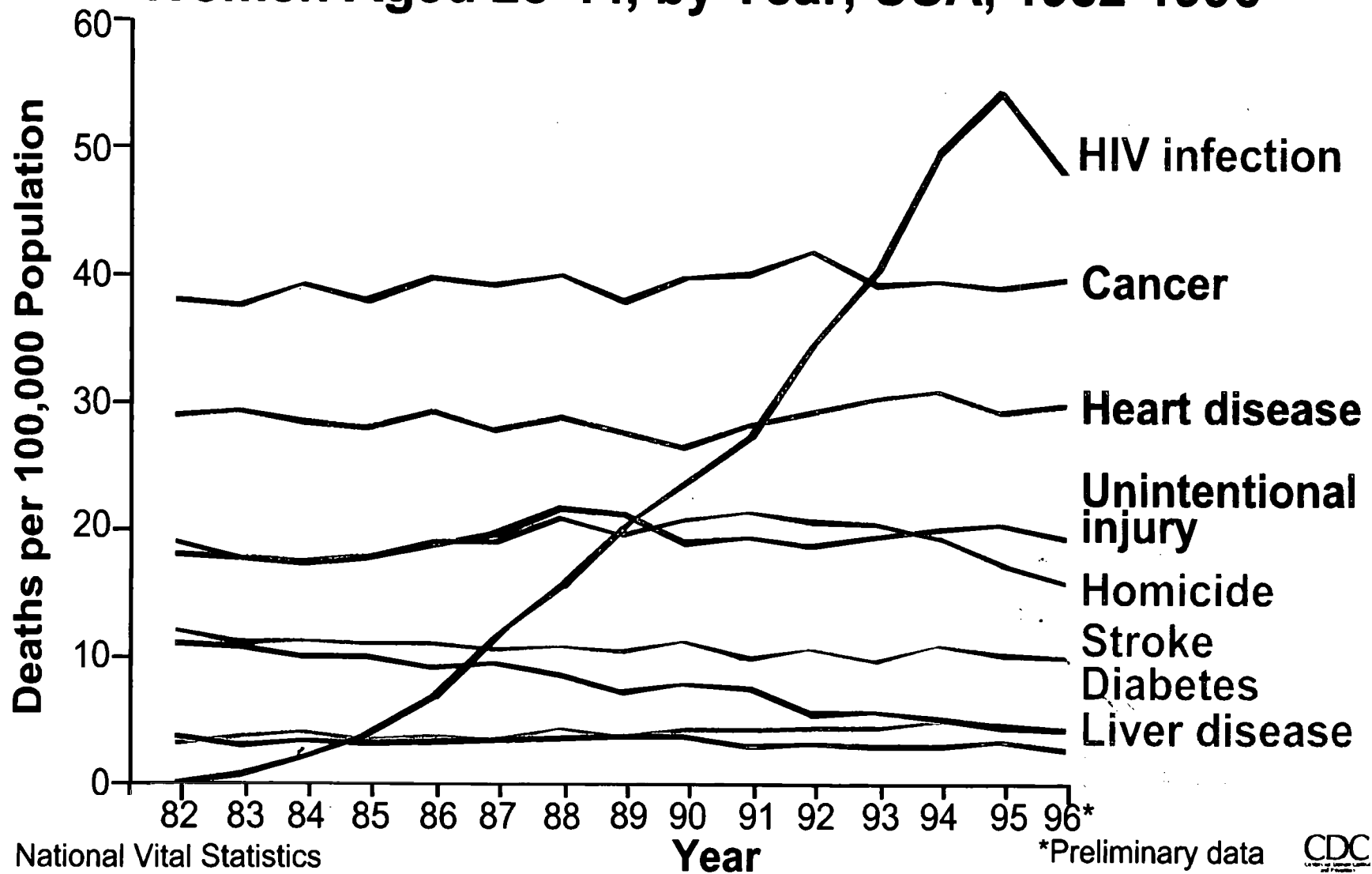


Rate of New AIDS Cases by Race

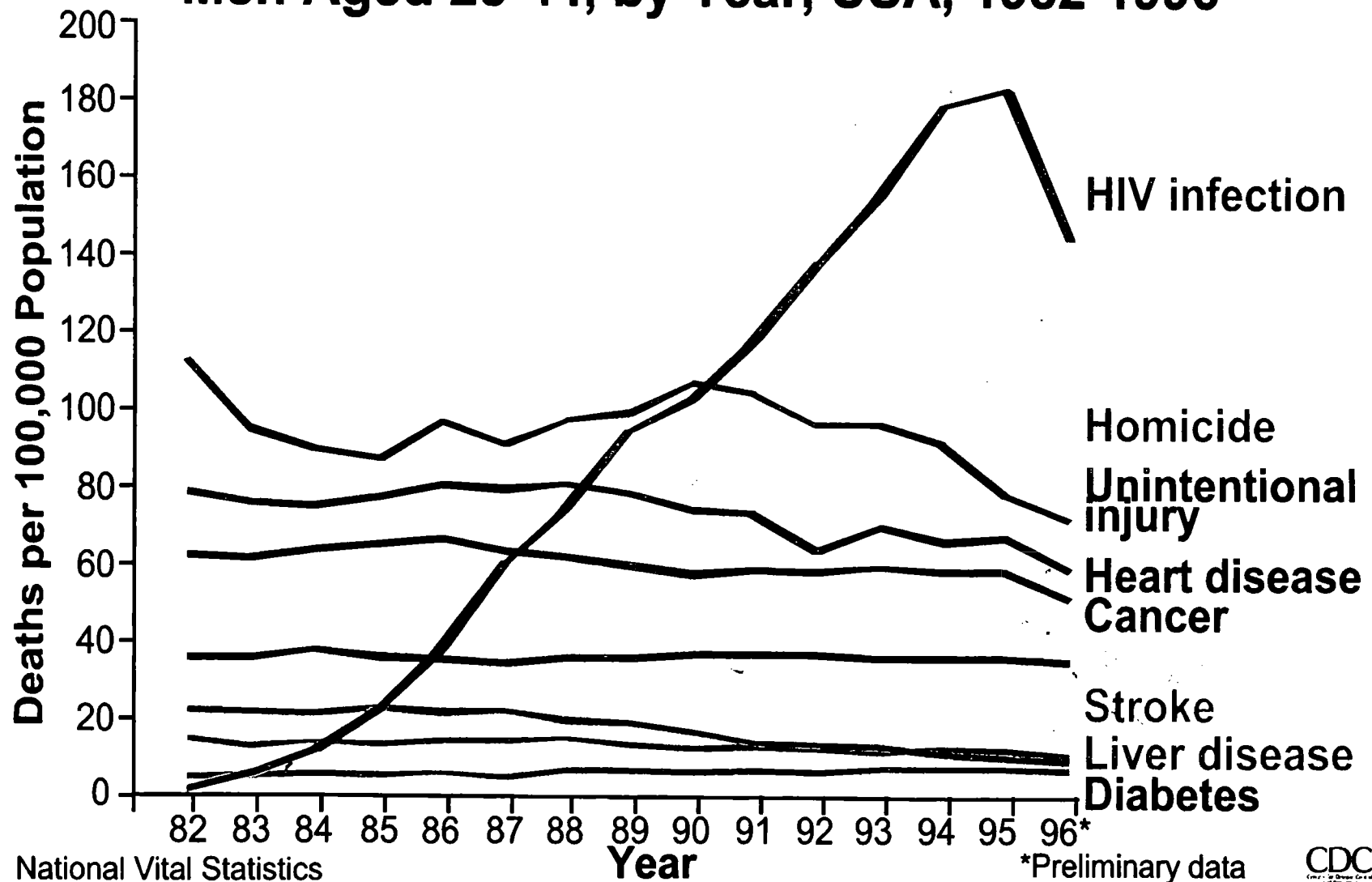
Source: CDC



Death Rates from Leading Causes of Death in Black Women Aged 25-44, by Year, USA, 1982-1996

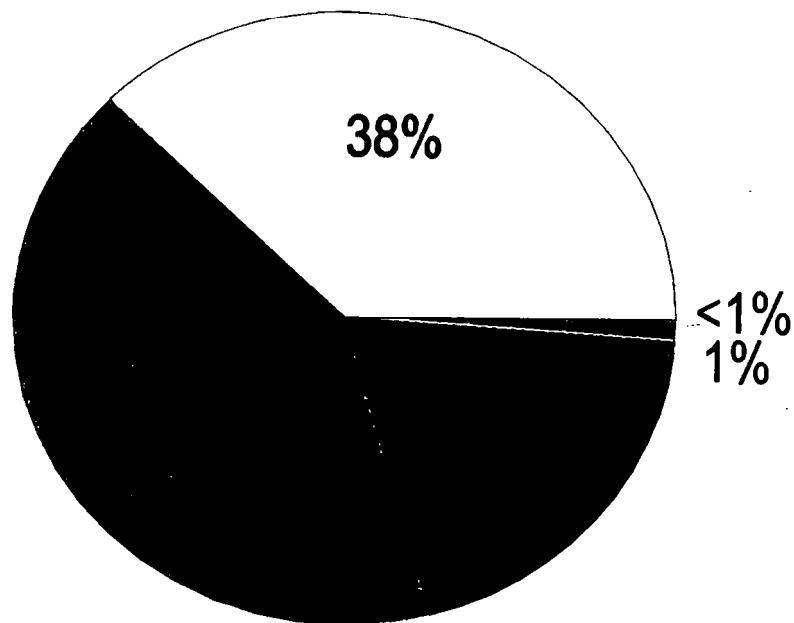


Death Rates from Leading Causes of Death in Black Men Aged 25-44, by Year, USA, 1982-1996



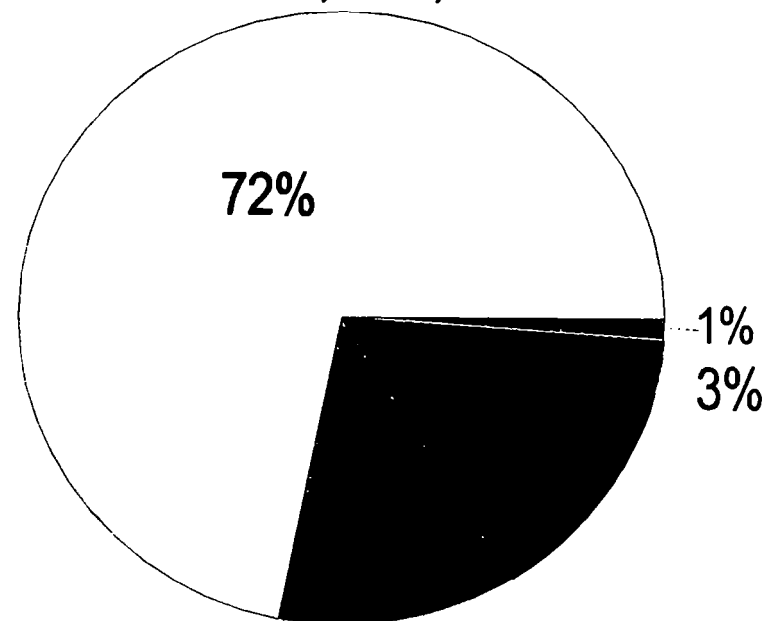
AIDS Cases Reported in 1996 and Estimated 1996 Population by Race/Ethnicity, United States

AIDS Cases
N=69,151



☐ White, non-Hispanic
☐ Black, non-Hispanic
☐ Hispanic

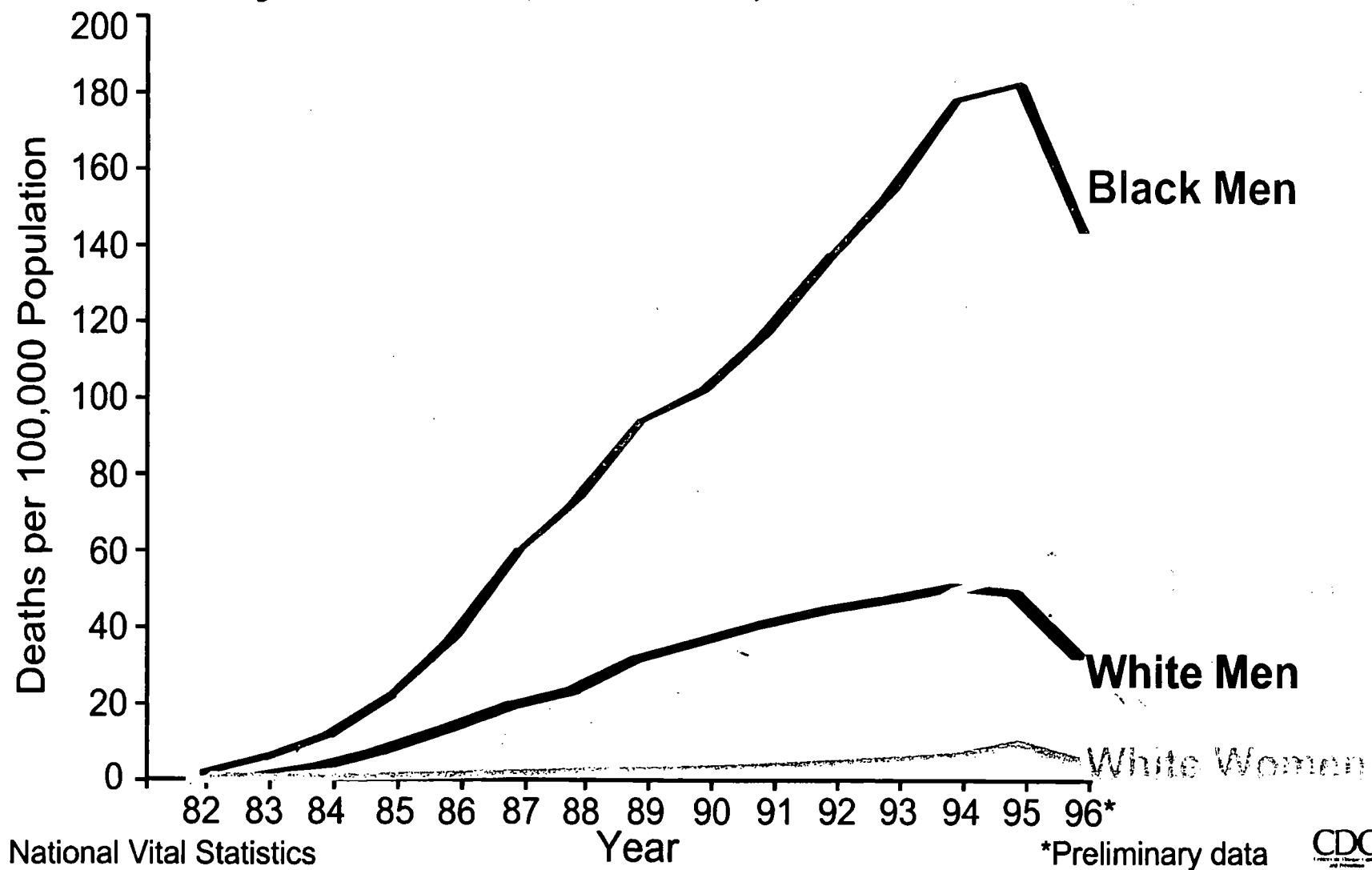
Population
N=269,459,000



☐ Asian/Pacific Islander
☐ American Indian/
Alaska Native

CDC
U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES

Death Rates from HIV Infection in Persons Aged 25-44 Years, By Sex, Race, and Year, 1982-1996 United States



Kaiser Family Foundation Survey - 1996

How do African Americans rate local or community groups in the fight against AIDS?

Rated as caring
“a lot” about the
fight against
AIDS

Rated as doing
“a lot” about the
fight against
AIDS

Local health care providers
(doctors, health clinics, hospitals)

61%

40%

Local public schools

49%

28%

Local church or religious leaders

54%

23%

And governments?

Local government and
political leaders

17%

14%

State government

20%

17%

Federal government

22%

18%

End-1997 global estimates

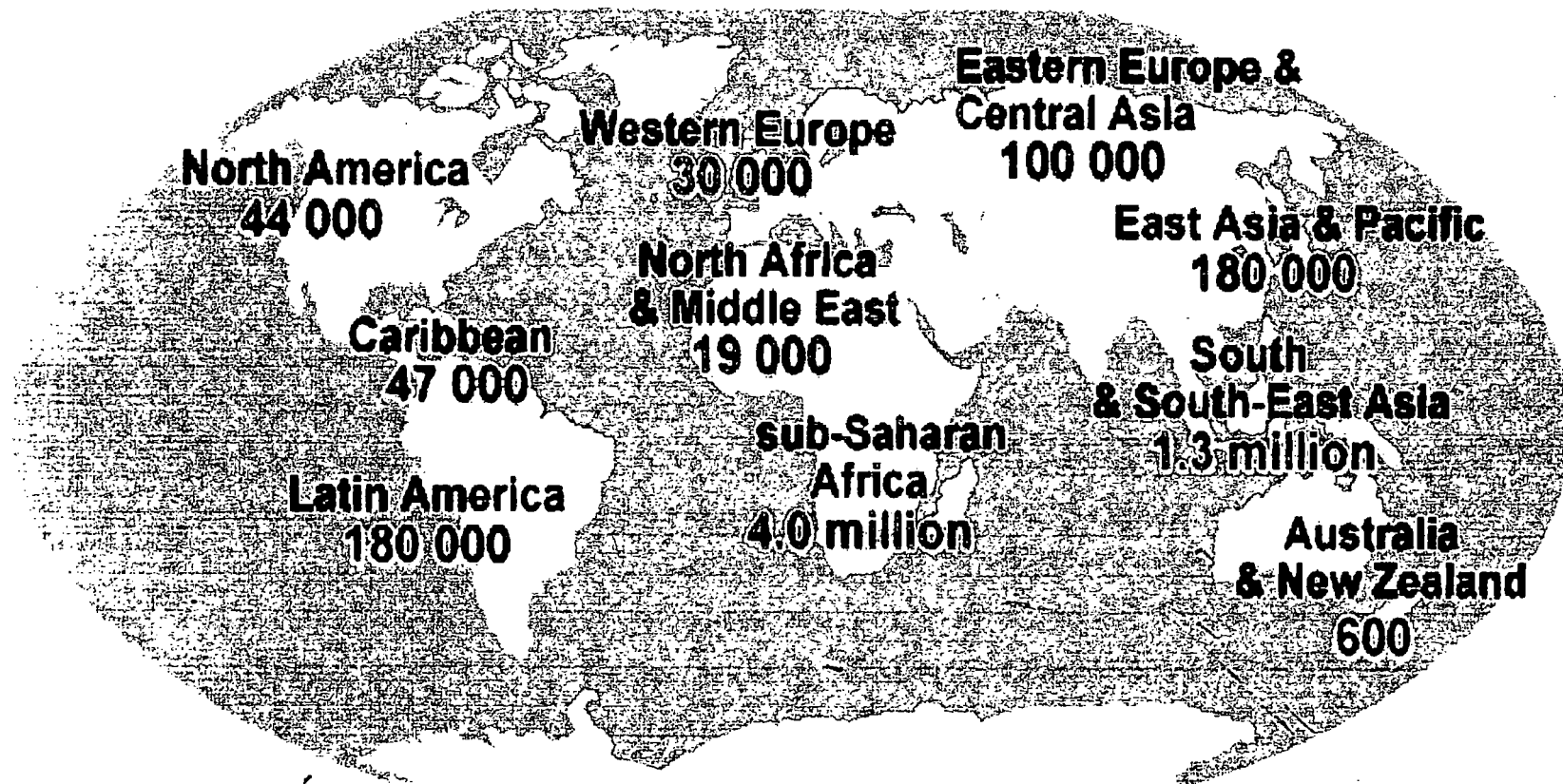
People living with HIV/AIDS 30.8 million

New HIV infections in 1997 5.8 million

Deaths due to HIV/AIDS in 1997 2.3 million

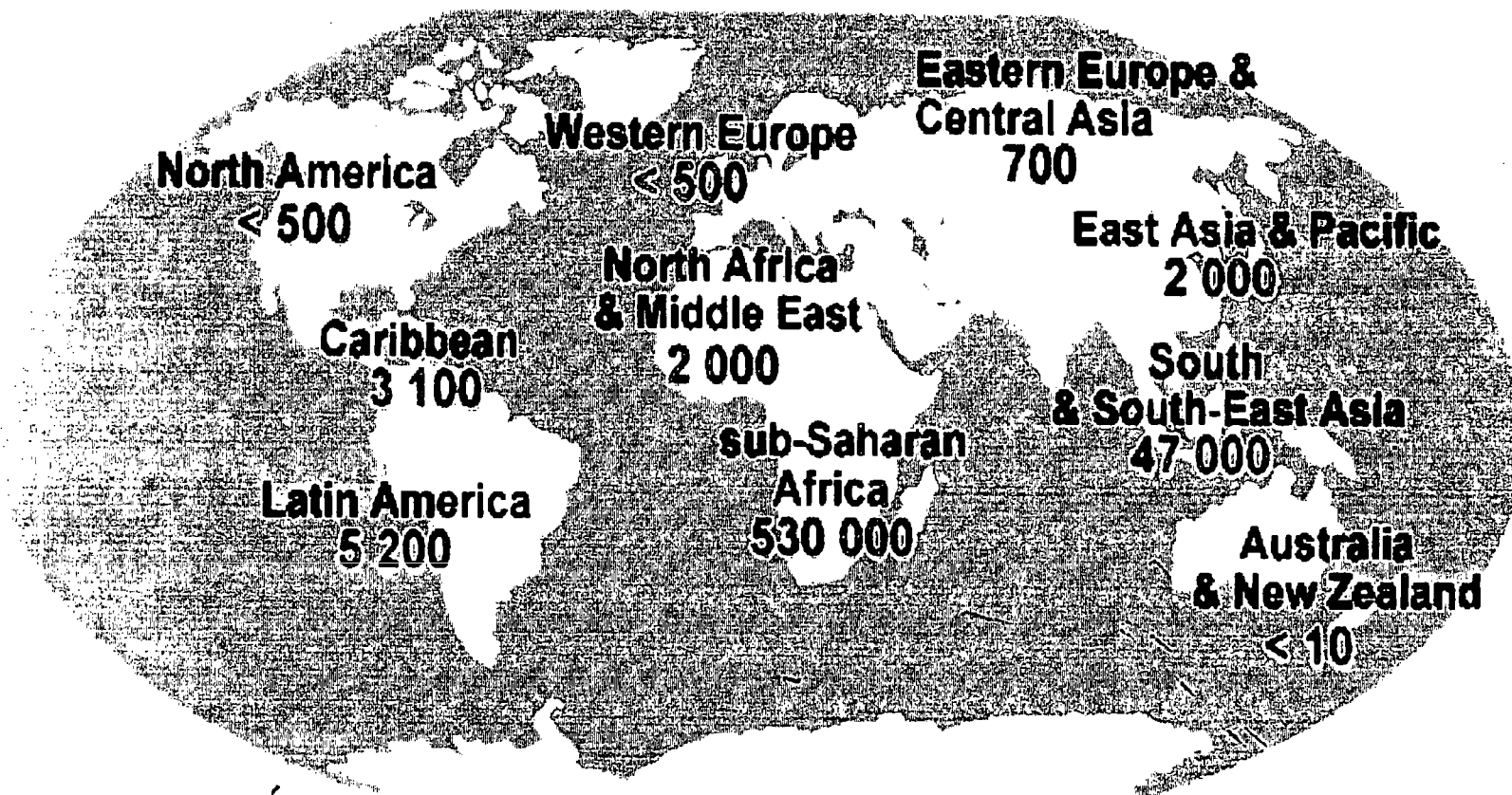
**Cumulative number of deaths
due to HIV/AIDS** 11.7 million

Adult & Child New Infections - 1997



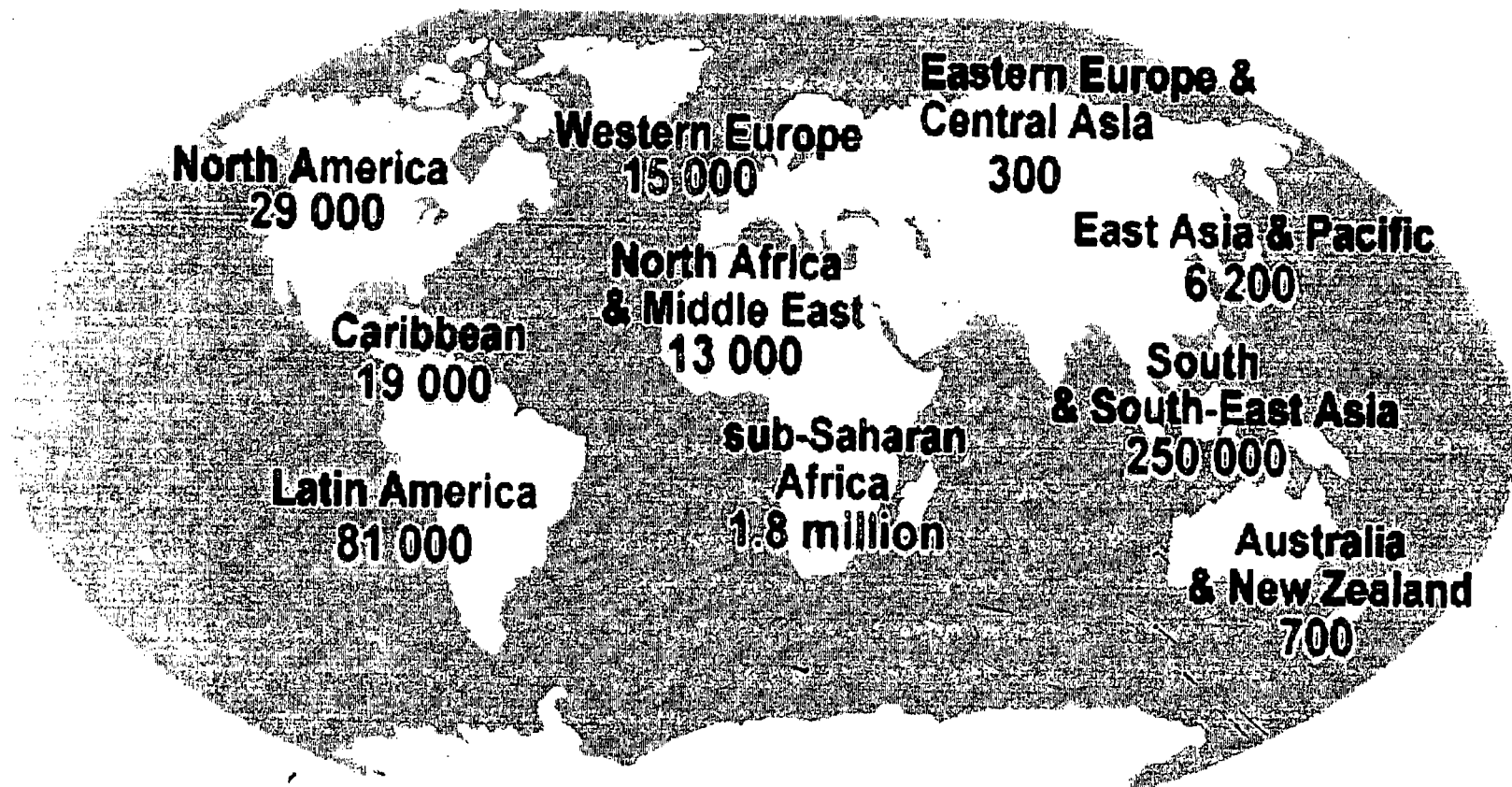
Source: UNAIDS

Children (<15) Infected in 1997



Source: UNAIDS

Adult & Child Deaths - 1997



Source: UNAIDS



Tsummers @ aol.com
07/28/98 10:54:48 PM

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cc:

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U.S. Calls on Blacks in AIDS Fight

.c The Associated Press

By LAURA MECKLER

WASHINGTON (AP) - With blacks now accounting for more than half of new HIV infections, Surgeon General David Satcher urged black leaders to mobilize against the epidemic.

Recalling his childhood in the segregated South, Satcher compared the fight against AIDS to the struggle for civil rights.

"We need to educate as we've never educated before," Satcher, who is black, told the Southern Christian Leadership Conference in a speech Tuesday. "I'm talking to you about you."

While blacks make up 13 percent of the U.S. population, they account for 57 percent of the new infections. Among some groups, the statistics are even more striking: Blacks and Hispanics make up 82 percent of HIV-positive women ages 13 to 24.

And life-prolonging AIDS drugs are helping whites more than blacks. In 1996, deaths among whites with AIDS were down 28 percent; for blacks, it was just 10 percent.

The Southern Christian Leadership Conference's new president, Martin Luther King III, underscored the difficulty of AIDS education, saying he is not comfortable promoting use of condoms.

"The only way is abstinence," he said in an interview after Satcher's speech. "Sex should not be something that we just casually engage in and take

lightly."

The solution, King said, is restoring fundamental values to society. He said AIDS is an important issue, although it is not among his top priorities.

Satcher did not recommend any particular prevention strategy on Tuesday. But he and other public health experts agree that use of condoms is essential to halt the spread of HIV among people who are not likely to abstain from sex.

The surgeon general will hammer the AIDS message in upcoming speeches to black journalists and doctors, and he plans to reach out to other groups such as black fraternities, sororities and newspapers.

But his speech to church leaders was particularly important. Churches play a central role in many black communities, and ministers are often among the most prominent community leaders. But church leaders have been reluctant to talk about AIDS because it relates so closely to sex and homosexuality, Satcher says.

The issue is also thorny because of its relationship to drug use, a major problem inside the black community with its own set of taboos.

"We need your help," Satcher told the organization formed by ministers in 1957. "We need the church to help us to deal with the prejudice and the bias that we face as we're trying to fight this epidemic."

Ministers are uneasy talking about AIDS, said the group's chairman, Dr. Claud Young, a family doctor in Detroit.

"They speak about sex in any form as if it's a form of cancer," he said, recalling preachers asking him not to use the word "condom" inside the church. "I said, 'Not only is the word condom being used in the church. I can assure you condoms are being used in the church.'"

Young added that in Michigan, black organizations have received little of the grant money available for prevention.

Today's fight presents challenges that did not exist during the 1960s, Satcher said. During the civil rights movement, he said, people had hope that they could effect change. Today, too many young people are hopeless about their futures so they do not try as hard to avoid risky sex and other health threats, he said. But that can change, he said.

"Leadership is critical," he said. "I don't think we've found any substitutes for good leadership."

AP-NY-07-28-98 1809EDT

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