

# HIV Impact



## Prevention for Positives

### *Reducing Further Transmission of HIV/AIDS*

Aimee Swartz

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When Tracy O' Neil's partner was diagnosed in 1989 with full-blown AIDS, neither of them even considered themselves to be at risk for HIV.

"I didn't—and I don't—use drugs. I wasn't sleeping around. We were educated and hard workers," O'Neil said. Unknowingly, Tracy's partner had been HIV-positive for years before he brought the virus home to Tracy. "We truly believed that these things just don't happen to people like us." His partner passed away in 1991. Tracy is now living with AIDS.

According to the Centers for Disease Control and Prevention (CDC), by mid-2001, more than 790,000 Americans had been reported to have AIDS and more than 450,000 Americans had died from the disease. The estimated number of new infections has remained stable since 1992, at about 40,000 new infections per year. Even today, tens of thousands of people—just like Tracy's partner—are unaware of their HIV status.

AIDS advocates at community-based organizations, public health departments, and Federal government agencies are beginning to focus on secondary prevention efforts, recognizing that AIDS prevention should not only be aimed at the uninfected, but also at those who are already living with the disease. Moreover, there is a recognized need to identify HIV-positive persons who are unaware of their HIV status in order to stop inadvertent transmission and get them into treatment.

#### What is secondary prevention?

Generally, public health officials tend to agree that primary prevention reduces HIV infection by eliminating risk factors, such as unsafe sex or sharing needles, but even leading health agencies have differing ideas of what constitutes secondary prevention.

For the most part, secondary prevention targets

HIV-positive persons in hopes of preventing reinfection and the infection of others. Secondary prevention efforts also attempt to reduce HIV risk co-factors, such as the presence of STDs, preventing the development of opportunistic infections, and preventing HIV from progressing to AIDS.

Traditionally, these prevention efforts for HIV-positive persons have focused on protecting one's own health. Until recently, few efforts have addressed the HIV-positive person's responsibility in preventing further transmission of the virus.

However, in an attempt to halve to rate of HIV infection in the United States over the next four years, the CDC is expanding its HIV prevention plan to include secondary prevention efforts. The CDC's new initiative—Serostatus Approach to Fighting the Epidemic (SAFE)—aims to expand voluntary counseling and testing programs to reach all individuals living with HIV, including the estimated 200,000-275,000 Americans who are infected with HIV but do not yet know it.

The initiative is based on the premise that targeting HIV-positive persons is a way to break the steady rate of HIV transmission. Through awareness and testing programs, SAFE will attempt to increase the number of people who learn their HIV status through voluntary testing (with a goal of 30,000 per year).

For those who test positive, SAFE is committed to:

- Helping HIV-positive patients improve treatment regimens;
- Supporting HIV-positive people and their partners in adopting HIV and STD risk-reduction behaviors;
- Increasing the number of HIV-positive people who



are referred to care and treatment programs; and

- Facilitating quality care and treatment.

Those who test negative for HIV but who are at high risk for contracting the virus will be referred to prevention programs to help them remain HIV-negative.

### Addressing Culture and Ethnicity

The San Francisco Department of Public Health's AIDS Office contracted with Better World Advertising to create and implement an HIV social marketing campaign targeted at gay and bisexual men and transgenders who are HIV-positive. The result was *HIV Stops with Me*, a secondary prevention effort that recognizes that all people have a role to play in HIV prevention.

The campaign addresses HIV status disclosure, responsibility, condom use, and self-esteem through a racially and ethnically diverse panel of authentic spokespersons—they themselves HIV-positive—who are committed to stopping further transmission of the virus. Tracy O'Neil, prevention case management supervisor at Haight-Ashbury Free Clinic, is one of those spokespersons.

"I became a role model because the African American community needs a role model who's not afraid to say, 'I'm living with this virus. Now what can I do?'" O'Neil said. "The African American community, for so many reasons, is scared to be vocal. Now I'm here to say, 'if you're HIV-positive, you have an incredible power to stop the spread of this virus.' People need to be more aware of what they're doing."

Of the seven spokespersons, four represent minorities. "Pre-

vention messages definitely need to be ethnically and culturally sensitive," said O'Neil. "Each community has its own values and structures. For instance, clients in the Latin American communities in which we work are often immigrants, selling drugs for money, or engaging in prostitution to support their families. We have to take all of this into consideration when trying to implement our prevention efforts." *HIV Stops with Me* has also been launched in Boston and Los Angeles.

"The standard information often is not relevant," said Jeff Parsons, associate professor and co-director, Center for HIV/AIDS Educational Studies and Training, Hunter College. "For example, prevention messages are often very gay-centered; men who have sex with men (MSMs) do not identify as gay or bisexual so this information, essentially, is completely lost on them."

In addition, Parsons, who is studying secondary prevention efforts in African American, Latino, and White HIV-positive MSMs who are alcohol abusing or dependent, has found that a critical component of secondary prevention efforts within communities of color is the need to address issues in a non-judgmental and non-confrontational tone.

"Our intervention included both individual and group therapy sessions that addressed risky behaviors, such as unprotected sex or sex while intoxicated, without placing blame. We let them create their own goals and we helped them reach them. This was the first time that a lot of these guys ever felt respected and listened to," Hunter said.

For more information on the CDC's SAFE initiative, call 800-311-3435. For more information about *HIV Stops with Me*, contact Better World Advertising at 415-837-1100. ❖

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The Resource Center is updating its mailing list.

If you receive our *Closing the GAP* or *HIV Impact* newsletters, you are on our list.

To verify your address, correct errors, or give us a new address, go to <http://www.omhrc.gov/omhrc/whatsnew/rcnew41.htm>

Update your contact information today!



*HIV Impact* is a free newsletter of the Office of Minority Health, Office of Public Health and Science, U.S. Department of Health and Human Services.

The Office of Minority Health Resource Center provides free information on various health issues affecting U.S. minorities.

To join our mailing list or to update your address, send an e-mail to [info@omhrc.gov](mailto:info@omhrc.gov). Or, write to OMHRC, P.O. Box 37337, Wash-

ington, D.C. 20013.

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# The Leadership Campaign On AIDS

## *Helping Communities Of Color Fight HIV/AIDS*

**Miguel Gomez, Director of The Leadership Campaign on AIDS**  
The Office of HIV/AIDS Policy

The Leadership Campaign on AIDS (TLCA) was launched in the summer of 1999 to educate, mobilize, and motivate leaders in communities of color, and to help them start or increase their efforts throughout the country to fight HIV/AIDS. As we enter the third decade of HIV/AIDS, U.S. communities of color continue to suffer disproportionately from the disease.

The Centers for Disease Control and Prevention estimates that about 339,000 persons were living with AIDS as of December 2000—41 percent were African American and 20 percent were Hispanic. AIDS rates among Asian Americans/Pacific Islanders and American Indians/Alaska Natives are cause for concern, as well.

Since its inception, TLCA has implemented educational communications initiatives designed to combat the stigma surrounding HIV/AIDS in communities of color. TLCA has facilitated and managed forums where community leaders representing African Americans, Hispanics, American Indians/Alaska Natives, and Asian Americans/Pacific Islanders discuss methods to raise awareness in minority communities where HIV/AIDS often is not discussed.

TLCA management uses feedback from forum participants to set its program agenda. To date, TLCA has conducted 11 forums with 149 minority community leaders from the African American, Hispanic, American Indian/Alaska Native, Asian/Pacific Islander and other minority communities.

In addition to those impacted through TLCA's forums, nearly 200,000 others from minority communities, including health care workers, policy analysts, clergy, correctional workers, and

others, have received TLCA support through training and conference activities. TLCA has also trained or held meetings with 429 individuals in order to address community concerns about the Federal grantmaking process and technical assistance activities.

### **One Size Does Not Fit All**

TLCA believes that community leaders can best determine the most appropriate and effective ways to fight HIV/AIDS in their communities. Recognizing that "one size does not fit all" in the development of messages and most educational materials, TLCA has designed culturally sensitive messages that speak to the issues, fears, and impact that HIV/AIDS is having in communities of color. TLCA's media efforts have been carefully tailored to be distinctly informative and compelling to each target community.

### **Six Degrees of Promotion**

TLCA has worked hard to make the most of every partnering opportunity through a "Six Degrees of Promotion" approach. Every event sponsored by TLCA leads to at least six ways of sharing the work. The event itself serves as the first "degree."

Information on the event, targeted for specific communities of color, comprises the other degrees of promotion, and include: dissemination of information about the event in TLCA's online newsletter, the *TLCA SPOTLIGHT!*; op-ed pieces written about the event, and circulated to major news markets; documentation of the event, shared with

*TLCA continued on 12*

## 2002 TLCA Program Initiatives

TLCA currently has an estimated 59 events on its calendar for 2002, with activities to include:

- Educational outreach at conferences and faith-based events;
- Plain language training seminars to help government officials draft more user-friendly grant announcements and application forms;
- HIV/AIDS-focused strategy forums with leaders from various organizations and communities of color;
- Public/private partnerships to build a commitment to fight HIV/AIDS across the nation—community by community;
- Communications and media outreach through news releases, news conferences, newsletters, public service announcements;
- One-page fact sheets, highly popular documents updated twice yearly with statistics for each community of color;
- Agreements with other Federal agencies, such as the Office of Minority Health and the Health Resources and Services Administration that include technical assistance, leadership and partnership development, and behavioral prevention research;
- Technical assistance to organizations such as the National Native American AIDS Prevention Center, working with tribal leaders to develop an HIV/AIDS prevention agenda for American Indian communities; and
- Ongoing evaluation of the effectiveness, quality, and immediate impact of TLCA-supported activities and programs. ❖

# Donating Blood?

## *What To Expect If You Discover You're HIV-Positive*

Brigette Settles Scott, MA

**T**he blood supply plays a vital role in the American health system. Each year, Americans donate approximately 12 million units of blood, which are processed into 20 million blood products. About 3.6 million Americans receive transfusions of these blood products each year.

The blood industry is made up of organizations such as the American Red Cross, United Blood Services, and various community and hospital-based blood collection centers.

The American Association of Blood Banks' member facilities are responsible for collecting virtually all of the nation's blood supply and transfusing more than 80 percent, while the Food and Drug Administration is responsible for regulating the blood supply.

Ongoing improvements and refinements together with advances in technology and science promise more sophisticated methods of blood collection and more accurate tests to protect the blood supply.

Nonetheless, blood and blood products are not entirely risk-free. There is a risk of infection with serious blood-borne viruses such as hepatitis and HIV/AIDS. But for patients who need blood transfusions, the risk of transfusion-associated disease is far less than the risk of dying or becoming more seriously ill without a transfusion.

### **Donor Notification**

According to Dr. Jerry Squires, vice president and chief scientific officer for the American Red Cross, for every 100,000 donors who give blood, five receive a call a few days or weeks later that inevitably leads to them discovering that they are HIV-positive.

The American Red Cross is sensitive to those who donate unaware of their status. "We follow a detailed notification procedure," Squires says. "And their confidentiality is absolutely maintained." According to Elizabeth Guido, RN, manager of donor health operations for the Red Cross, HIV-positive donors are only counseled in a face-to-face setting.

"We always have the donor come in and meet with us. There is a certain protocol we follow. We want to make sure that the person we're giving this information to is the person to whom the test results belong, so we always require them to present picture identification. We then show them a blood donation record to make sure that they understand it is their blood donation record and then we go from there," said Guido.

Guido maintains that the Red Cross ensures that they deliver appropriate services, with its primary role being a notification and referral service—providing only limited counseling

services to the donor. "We tend to hire individuals that have a background in counseling, like social work and hotline counseling where individuals are calling in about sexual health issues, or nurses who have had counseling backgrounds—to help us ensure that we are meeting the initial needs of the donors at the time of notification," said Guido.

"We notify these donors by giving them their test results, and at that point, we begin to refer them to organizations in their community that are particularly sensitive to culture, ethnicity, and language. We have a whole list of resources that we've developed over the last several years that we know specifically provide services to racial, ethnic, and other minorities in the community."

Part of the protocol that is followed includes making referrals to both clinical and community-based organizations and systems so that the donor will be able to make connections and receive adequate care and follow-up. "For us, the most critical element during the notification process is making sure that these individuals—when they leave us—are going to have a connect with both a physician or clinic who can follow-up medically, and also with a support system in the community, like family and friends," said Guido.

"If they don't have insurance, we try to connect them to organizations in the community who will then connect them with clinics that will provide services on a sliding scale or at no charge."

Because no two responses to the news of learning one is HIV-positive are the same, the Red Cross tries to individualize each encounter. "Because donors range in age from 17 to 65, come from different parts of the community, and have varying levels of education, we play it by ear with each individual donor. If you get someone who is very emotional when they get the news, we keep in mind that they are not hearing us if they are crying and upset. So, we sometimes sit back, wait, remain quiet, and allow them to ask questions, and also by the questions they're asking, we're getting from them how much they're understanding or hearing."

Connecting donors to organizations, resources and information in their local community that are particularly sensitive to their language and culture is the most critical element faced by the counselors. Squires believes that although only five out of every 100,000 donors learn they are positive, how the information is presented, and making that community connection is key. "It's also very important to those five people," he says.

*For more information on the American Association of Blood Banks screening guidelines, go to <http://www.aabb.org> or call 301-907-6977.* ❖

## How Are Blood Donors Screened?

**B**lood banks and related donation centers employ an intensive screening process on the front end to help minimize the number of donors who donate their blood not knowing they are HIV-positive or part of a group that is traditionally at a higher risk of having HIV (such as intravenous drug users).

Moreover, people who are at high risk of being infected with HIV often identify themselves and never make it to the point of donating blood. Below highlights the screening process:

- ☑ **Careful selection of donor populations:** Groups recruited for donation are informed about disqualifying situations and behaviors.
- ☑ **Donor questioning:** Before any blood is collected, donors must undergo a rigorous and confidential health history interview to exclude those whose blood might transmit disease. Donors are further advised and discouraged from donating blood simply to learn their HIV status.
- ☑ **Confidential unit exclusion:** After the interview, donors are asked to confidentially indicate whether their blood should be used for transfusions or not. This provides an opportunity for at-risk donors who might have donated reluctantly, such as under group pressure, to designate that their blood not be used.

*For a complete list of blood donation eligibility guidelines as followed by the American Red Cross, go to <http://www.redcross.org/services/biomed/blood/learn/eligibl.html>.* ❖

## National HIV Testing Resources Web Site

**H**ere you will find useful information and a wide range of resources on HIV testing, including:

- A national database of HIV testing sites;
- Frequently Asked Question (FAQs) on HIV/AIDS and HIV Testing;
- Resources for people who test positive for HIV;
- Basic information about HIV and AIDS, behaviors that place a person at risk for HIV infection, and what the testing experience is like;
- Information on upcoming events related to HIV testing;
- Resources for Webmasters who wish to link to this site, and more!

*For more information on HIV testing, go to <http://www.hivtest.org/locate/index.htm>* ❖

## Screening Tests

**A**fter blood is drawn, it is tested for ABO group (blood type) and Rh type (positive or negative), as well as for any unexpected red blood cell antibodies that may cause problems in the recipient.

Screening tests are also performed for evidence of donor infection with hepatitis viruses B and C, human immunodeficiency viruses (HIV) 1 and 2, human T-lymphotropic viruses (HTLV) I and II and syphilis.

The specific tests performed are listed below:

- Hepatitis B surface antigen (HBsAg);
- Hepatitis B core antibody (anti-HBc);
- Hepatitis C virus antibody (anti-HCV);
- HIV-1 and HIV-2 antibody (anti-HIV-1 and anti-HIV-2);
- HIV p24 antigen;
- HTLV-I and HTLV-II antibody (anti-HTLV-I/anti-HTLV-II);
- Serologic test for syphilis; and
- Nucleic acid amplification testing (NAT). NAT is still a research initiative, but nearly all blood collected in the U.S. is being tested under the Food and Drug Administration's Investigational New Drug (IND) application process.

*For more information on the American Association of Blood Banks screening guidelines, go to <http://www.aabb.org> or call 301-907-6977.* ❖

### Donate Blood Today

Call 800-GIVELIFE (800-448-3543) or go to <http://www.givelife.org> to find out if you are eligible to donate blood.

# Jane's Story

## *An Older Woman Living with HIV*

Brigette Settles Scott, MA

**J**ane Fowler would have never thought she would be at risk for HIV. Yet, after her 23-year marriage ended, Jane found herself back on the dating scene. Here is Jane's story, in her own words, of being an older woman living with HIV.

*It was a letter I opened on a lonely Sunday in January 1991 in the privacy of my Kansas City, MO, apartment, upon returning from a cheery holiday spent with family in San Francisco, that would profoundly change my course in life. It was a letter that would transform me from professional journalist, an interviewer, into media interviewee—from private person to public activist.*

*Today, because of the letter's contents, I am a 66-year old prevention educator, speaking in venues across the United States, even internationally, urging diverse populations to recognize that HIV/AIDS does not discriminate, that the virus can infect anyone, of any age.*

*The letter, from a health insurer to which I had applied for new medical coverage, announced that I had been rejected because of a "significant blood abnormality," revealed in a routine test. Shaken by the startling news, I slept little that night and, the next morning, in a panic, telephoned the underwriter who had signed the letter. "What is the significant abnormality?" I inquired. Her curt reply: "Oh, I'm sorry, but that's confidential. Your doctor will have to tell you."*

*A few hours later, I sat in the office of my family practitioner, who looked troubled as she referred to a fax and reported, "Jane, this insurance company claims your blood tested positive for HIV." Stunned, I had a second test two days later, hoping there had been an error. Then I waited two weeks—the longest, most agonizing two weeks of my life—but results of that test only confirmed the presence of HIV.*

*My family and the few friends I told were shocked, because I didn't fit an HIV/AIDS stereotype. I obviously was not a gay man, I had never been an injecting drug user, nor had I ever had a blood transfusion. I was, at the time of diagnosis, a 55-year old career woman, who after graduating from the University of Kansas journalism school, spent 15 years as a reporter and feature writer for *The Kansas City Star*, next was associate editor of *Bon Appetit* magazine, then continued as a freelance writer for another two decades.*

*I had lived a conventional, traditional lifestyle. I had been a virgin on my wedding night in 1959, and remained monogamous during 23 years of marriage. But, in the early 1980s, I was divorced (not by choice) and dating again, for the first time in a quarter century. I didn't consider myself promiscuous. I didn't frequent singles bars, I went out with men my age, who, like myself, had been married and were divorced.*

*In those days, I knew little about HIV/AIDS, only that a*

*mysterious, fatal ailment was affecting the gay community. What did heterosexuals have to fear? It didn't occur to me that I would put myself at risk by engaging in unprotected sex with an attractive, amusing, intelligent man of many interests, who had been a close friend my entire adult life. But what happened to me at the end of 1985, at age 50, was infection with HIV.*

*After determining the date of infection, through research I did immediately following my diagnosis, I decided to call myself retired, to reduce stress and protect my immune system for as long as possible. Also, I did not have the courage to put myself in situations that might be painful, where I might experience rejection or intolerance. I lived partially isolated, spending time mostly with family and those friends who knew my condition, who were supportive and compassionate.*

*Four years passed. I took the antiretroviral drugs, as prescribed, without fail, and I was blessed. I remained healthy, free of opportunistic infections that could indicate progression to AIDS. Yet, I remained shamed and humiliated, still hiding the fact of my virus from all but my confidants.*

*Then, in the winter of 1995, I had a change of mind. Why not liberate myself by publicly acknowledging my predicament and, perhaps, help others at the same time? Using myself as an example, I could preach HIV prevention, particularly to my own age group. Encouraged by family and friends, I decided to stand up and say: "Look at this old wrinkled face. This is another face of HIV. It's not who you are, or how old you are, but what you do and don't do in regard to transmission of the virus."*

*Seven years have passed, and I have given nearly 500 presentations, including an address last June in Florida at the 2001 health symposium of the National Caucus and Center on Black Aged. Currently I am national coordinator of the National Association on HIV Over Fifty, an organization I helped found in late 1995, and served five years as co-chairperson of its board of directors.*

*Since my HIV diagnosis, my goal in life has changed. I am now committed to helping others remain free of HIV by speaking out, by admitting that I made a mistake 16 years ago, when I did not know the necessity of having "safe sex." I do not ask for sympathy or pity because of my infection, only that people assist me in my campaign to educate.*

*For more information on the National Association of HIV Over Fifty, go to <http://www.hivoverfifty.org/> or call 816-421-5263. ❖*

# HIV/AIDS Among Older Persons

## *A Growing Problem*

There has been a steady increase in the number of AIDS cases among older persons. In June 1998, the Centers for Disease Control and Prevention reported that the total number of AIDS cases for persons 55 years and older was 37,002. This number jumped to 40,017 in June 1999, then increased again to 42,985 in June 2000, and in June 2001, that figure was 45,903 cases.

For the same time period, the number of AIDS cases among African American and Hispanic persons ages 55 and older also increased—accounting for over half (52 percent) of the AIDS cases in this age group.

Below are some of the reasons why the older population is at risk for HIV/AIDS:

- **Stereotypes.** Health professionals often don't consider older patients to be at risk for HIV and are less likely to ask these patients about risk factors or to test them for HIV. "A common stereotype of older persons is that they don't have sex or use drugs," said Kathy Nokes, RN, chairperson of the New York HIV Over 50 Task Force. Older adults are often embarrassed to talk about sex, and many older people don't use condoms because they are viewed as unnecessary or as mechanisms to prevent pregnancy—which many older women no longer worry about, noted Nokes.
- **Lack of Prevention Efforts.** According to the Center for AIDS Prevention Studies at The University of California San Francisco, few HIV prevention efforts exist that target adults over 50. Mainstream ad campaigns need to incorporate images and issues concerning persons over 50 and encourage at-risk older adults to be routinely tested for HIV.
- **Misdiagnoses.** According to the National Association on HIV Over Fifty, many seniors are diagnosed with HIV at a late stage of infection and often become ill with AIDS-related complications and die sooner than their younger counterparts. Late diagnoses are often the result of initial misdiagnoses. When seniors develop AIDS-related symptoms like wasting, dementia and pneumonia, doctors frequently do not think to test them for HIV, according to the Centers for Disease Control and Prevention.
- **Lack of Research.** There is little information available about the tolerability and efficacy of HIV drugs in older individuals, which can make treatment methods (dosage and frequency) difficult, according to a 2001 presentation at the NAHOF National Conference entitled *HIV in the Aging Population*, by Lisa Hirschhorn, MD, director of HIV Care



AIDS Cases Reported in Persons, Ages 55 and Older

	African Americans Hispanics	Total Cases
Mid June 1998	18,746	37,002
Mid June 1999	20,782	40,017
Mid June 2000	22,788	42,985
Mid June 2001	24,841	45,903

at Dimock Community Center in Massachusetts and assistant clinical professor of medicine at Harvard Medical School. More research on sexual and drug using behavior of older adults is needed, as well as research on disease progression and treatments, including recruiting HIV-positive older persons for clinical trials.

In 2001, the National Institute on Aging and the National Institute of Mental Health, both part of NIH, allotted approximately \$1.5 million to look specifically at HIV prevention and intervention in seniors.

*For more information on HIV among older persons, contact the National Institute on Aging at 800-222-2225 or the National Association on HIV Over Fifty at 312-996-1373. ❖*

# Camping As Coping

## *Children Affected With HIV/AIDS Spend A Week In The Woods*

Aimee Swartz

As a result of new treatments that help HIV-positive children live longer and healthier lives, the number of children living with HIV and AIDS in the U.S. is at an all-time high.

Of the total number of AIDS cases reported to the Centers for Disease Control and Prevention through June 2001, children under the age of 13 accounted for 8,994 cases. Children of color are disproportionately represented among these AIDS cases. Of those 8,994 children, 82 percent were African American or Hispanic.

Moreover, tens of thousands of children live in homes where a family member is infected with HIV or AIDS. Many of these children care for the sick parent or sibling when they are as young as 5 years old.

In response to the problem, Christin Locke and a core group of friends founded Camp Sunrise, a residential summer camp dedicated to empowering children and families impacted by HIV/AIDS in 1994.

"I knew I wanted to start this organization, but I didn't know how. Through the help of pro bono lawyers from the Honda Corporation I contacted at the Columbus Bar Association, we were able to register Camp Sunrise as a non-profit entity. To this day, they still donate their time and money to Camp Sunrise because they recognize the importance of our mission," Locke explains.

"This is a place where any child who is living with HIV or AIDS, has a sibling or parent with the disease, or is grieving the loss of a loved one to the virus, can experience the joy of being a kid," Locke said. "It's just a normal summer camp, for very special children."

Karizma Smalls was one of these children. Now a college student, Karizma has spent every summer since she was 11 years old at Camp Sunrise. "My mom told me she had AIDS when I was nine years old. I thought I was the only kid like this in the world," Smalls said. "Then at camp I saw that there are other kids just like me, but that there are also kids with situations who are a lot worse because their mom has passed away or they are sick too."

"It doesn't matter what your situation is, everyone is going to treat you the same. You're still going to be able to swim in the pool and get hugs. And if you ever need to talk about anything, even the little kids can help you out because they understand. Everyone is there for the same reason," Smalls said.

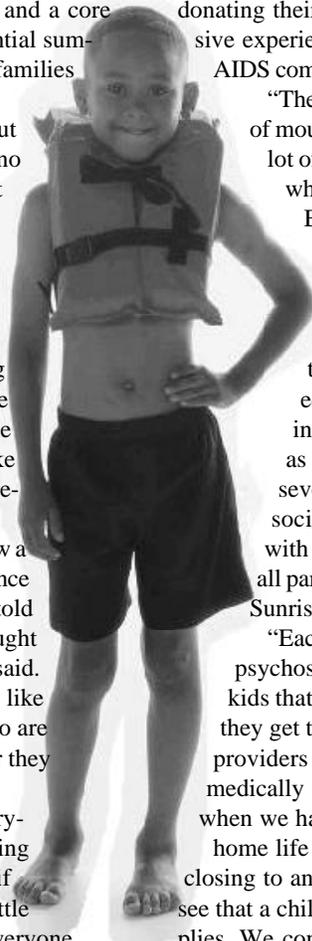
Camp Sunrise pitched its first tent in August 1995 and is Ohio's only summer camp program that caters specifically to the needs of children age 6-17 affected by HIV infection and AIDS. This coming summer Camp Sunrise will serve nearly 100 children, two-thirds of which are from minority communities. Through generous corporate and individual donations, local and national fundraising events, funds from the Ryan White CARE Act and other grants, Camp Sunrise continues to be free for families. The camp pays all costs, including transportation, year-round programming, and the executive director's salary, on a budget of just over \$100,000.

Nurses are on call 24 hours a day and are familiar with the children's individual medical needs before camp starts. Several social workers, psychologists, and therapists are on staff. All are donating their time, as are the 57 counselors who have extensive experience as camp counselors or members of the HIV/AIDS community.

"The first year our volunteer recruitment was all word of mouth. However, by the second year, we began to do a lot of advertising in local papers. We would speak anywhere we were asked. We went to college campuses, Black churches, Big Brothers/Big Sisters chapters and the Urban League. By the third year Camp Sunrise was so popular we had volunteers calling from all over the country," Locke says.

All staff members go through an intensive interview process and participate in HIV prevention education, cultural competency, and diversity training prior to the start of Camp. The staff is as diverse as the children it serves, with representatives from several racial and ethnic minorities, age groups, and socioeconomic statuses. Many have been involved with Camp Sunrise since the first year and travel from all parts of the country to continue participating in Camp Sunrise.

"Each staff addresses the physical, emotional, and the psychosocial well-being of each and every child. For the kids that don't have the proper medications, we make sure they get them, and then we follow up with their health care providers back home to let them know what is going on medically with the child. We follow up with case managers when we have a child disclose something to us about their home life that maybe they have never felt comfortable disclosing to anyone else. We handle issues of poverty when we see that a child needs shoes or clothes or glasses or school supplies. We confront illiteracy when we discover that a 10-year old can't read or write," Locke said.



“There are kids that come to us who are the sole survivors of their families, so we are faced with helping these children grieve,” Locke said. Camp Sunrise teaches coping skills and support-system-building to handle the emotional and social stresses, loss, and isolation caused by the disease. For these children, living with the knowledge that someone they depend on has the disease can be a terrifying and isolating experience. “Given that so many kids still live in such secrecy, Camp Sunrise, for some, is their only outlet.” Locke said.

Perhaps most importantly, Camp Sunrise provides an environment where children are free from the stigma of HIV and AIDS. A major task for children living with HIV or AIDS is keeping their HIV status, or a family member’s status, a secret. This is a difficult necessity in a society still struggling with fear of the disease. “There are no secrets at Camp. No one cares if your mom has AIDS or if you’ve got HIV. No one thinks it’s the end of the world or that it means you’re going to die the next day.” Smalls said.

“Back home, I can’t even mention HIV or AIDS without nasty comments. People are just uneducated. They don’t even know how you can get it. After spending so many

summers at camp, now I feel like I can speak up about HIV. Before I just used to let people say ignorant things and just look the other way. Now I’m more aware of the disease and can answer questions about AIDS without feeling ashamed,” Smalls said.

In addition to its traditional programming, Camp Sunrise also offers a family weekend during the week of camp and several weekend retreats throughout the year. “We also help families deal with issues of racism, sexism, homophobia, drug abuse, poverty, homelessness, sexual abuse, sex, secrecy, and shame associated with HIV,” Locke said.

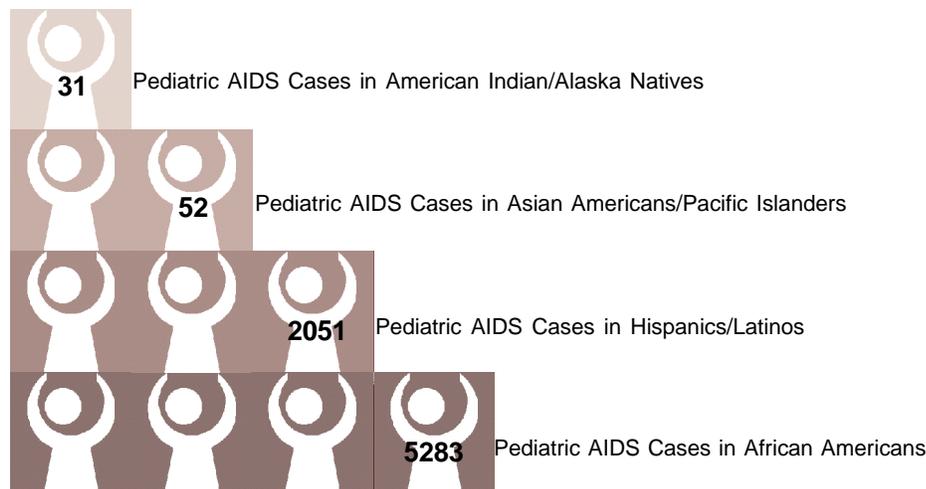
“My mom is lot better off now, too. She’s a lot more positive about life since I started going to Camp Sunrise. I said that if everyone acted like they did at camp, we wouldn’t have so many problems in the world. She agreed,” Smalls said.

Programs such as Camp Sunrise are extremely limited. To date, there are around twenty-four such programs in the United States, but because of demand, children are being placed on waiting lists.

*For more information about Camp Sunrise, contact Katy Finklea, executive director, at 614-297-8404. ❖*

## AIDS Cases in Minorities Under the Age of 13

Of the reported 8,994 AIDS cases by sex, age at diagnosis, and race/ethnicity, through June 2001 in the United States, minorities accounted for 7417 cases. The breakdown by minority group is as follows:



Source: HIV/AIDS Surveillance Report, Vol. 13, No. 1--Table 7. AIDS cases by sex, age at diagnosis, and race/ethnicity, through June 2001 in the U.S.

## Kids & Camps

Other camps that serve children and youth infected and affected by HIV and AIDS include:

Camp Glory  
3938 East Grant Road  
#216  
Tucson, AZ 85712  
520-578-2749

Camp Good Days and  
Special Times  
1332 Pittsford-Mendon Road  
Mendon, NY 14506  
585-624-5555

Camp Heartland  
1845 North Farwell Avenue  
Suite 310  
Milwaukee, WI 53202  
414-272-1118

Camp Laurel  
P. O. Box 93204  
Los Angeles, CA 90093  
323-653-5005

Camp Pacific Heartland  
Pacific Heartland  
P. O. Box 7099  
Beverly Hills, CA 90212  
818-753-6190

Camp Safe Haven  
P. O. Box 24  
Vineyard Haven, MA 02568  
508-693-1767

Camp Sunburst  
5350 Commerce Boulevard  
Suite I  
Rohnert Park, CA 94928  
707-588-9477

For more information, contact the  
American Camping Association  
5000 State Road, 67 North  
Martinsville, IN 46151  
765-342-8456  
<http://www.acacamps.org/>

# Service to the Community

## *Delta's Work to Reduce Pandemic of HIV/AIDS*

Brigette Settles Scott, MA

**O**n March 9, 2002, nearly all of the 950 chapters of Delta Sigma Theta Sorority, Inc., throughout the U.S. and abroad participated in an international health initiative focusing on HIV/AIDS—specifically in the African American global community. Sorority members around the globe organized and conducted public service projects designed to inform and educate families about the HIV/AIDS pandemic and its stronghold on the African American community. This was the first time the Sorority has mobilized its more than 200,000 members to participate in an event on the same day—launching its first *Delta International Day of Service*.

“It has never been done before, and that’s why I’m so happy to say it was truly a success!” said national president, Gwendolyn E. Boyd. “The number of members who participated—both collegiate and alumnae—coupled with the number of people at the community level who took part in the events worldwide assures us that we indeed made an impact on the lives of many within our communities.”

According to Boyd, the rampant spread of HIV/AIDS in this country and abroad has led the organization to face the challenge of helping to reduce its impact on African Americans. The newly established International Day of Service was designed to focus the entire sorority on HIV/AIDS. Members of the sorority were charged with helping to raise awareness of the disease and drive home the point that each individual has a role, and can contribute to the prevention and further spread of this disease.

Each chapter was called upon to conduct a public service activity that supports increasing awareness and eradication of this disease. Some of the ways chapters addressed the issue included walk-a-thons and other fundraising activities to help provide services to AIDS patients, sponsoring forums, seminars and town hall meetings, volunteering at hospitals and treatment centers, as well as conducting activities in local schools.

“Though there is increased knowledge about the disease and the individual approaches to prevention, far too many people still believe that ‘it can’t happen to me,’” added Boyd. “That’s why we chose to fight the spread of HIV/AIDS in this country and abroad as one of our signature national programs. It is an ongoing commitment.”

### Answering the Call

In Maryland, more than 22,600 people were living with HIV and AIDS as of September 2000. More than 82 percent were African American and 14 percent lived in Prince George’s

County. To help reduce these shattering statistics, four local chapters in Prince George’s County, Maryland—two collegiate (Zeta Delta, Bowie State University and Kappa Phi, University of Maryland College Park) and two alumnae (Fort Washington Alumnae and Prince George’s County Alumnae)—collaborated to spread the word about HIV/AIDS.

*Wake Up! The Reality of HIV/AIDS in the African American Community* was the theme of a day-long event developed to reach every age group—from small children and teens to seniors.

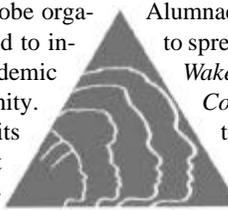
“We wanted to span all age groups to truly make this an event where entire families could come together and learn more about HIV/AIDS and its impact on families—not unlike their own. Because we recognize that family is such an important element within the African American community, we felt it necessary to take this comprehensive approach” said Aaron Johnson, program co-chair.

The event featured 12 workshops with titles like “Mommy and Daddy: What is AIDS?,” “How to Talk to Your Partner,” “Spirituality and the AIDS Factor,” “Straight Talk with Teens,” and “Seniors and AIDS.” Childcare and information from exhibitors—e.g., the National Institutes of Health’s Office of AIDS Research, the Prince George’s County Health Department, and Black Entertainment Television—were also made available.

“We wanted to deliver a high quality, cutting edge program to the community,” said Fort Washington Alumnae Chapter president, Theresa Green. “Through this program, we hope to decrease the incidence of HIV/AIDS in Prince George’s County’s African American community. We hope that the participants were left with a greater understanding of the magnitude of HIV and AIDS, as well as the risk factors, treatment and prevention programs, and community-based resources that are available. Ultimately, our goal was to simply inform people so that they could in turn, make better decisions.”

Also offered during the event was anonymous HIV/AIDS counseling and testing. “I was first on the list, and the first to be tested,” exclaimed Prince George’s County Alumnae Chapter president, Ola Hill. “It was non-invasive, very simple, and only took about 15 minutes. We as Deltas lead by example. I couldn’t very well encourage others to get tested, and learn their status, if I didn’t even know my own.”

Phillip Reynolds, a 15-year old, who reluctantly attended the conference at his mother’s demand, was glad that she insisted. He said his mother learned of the event from a co-worker, and felt it important that he attend. “I attended the teens-only session, and was both surprised and overwhelmed by the infor-



Deltas continued on 11

# Project of Intermediate Advocates *Bringing Health Information to D.C. Residents*

Houkje Ross and Aimee Swartz

**A**bdul-ali Muhammad is working to put health information in the hands of those who need it most. Muhammad is director of programs for the non-profit, Washington, D.C. organization, Project of Intermediate Advocates International, Inc. (PIA). PIA primarily works with low-income, African Americans who are infected or affected with HIV or who are at high risk for becoming infected with the virus. Although available to all city residents, PIA predominantly serves D.C.'s "East of the River" community—with the hopes of one day becoming a national HIV/AIDS services organization.

Funded by the National Library of Medicine (NLM), PIA provides D.C. residents and health professionals with training on how to access health information via trustworthy Internet sources like the Centers for Disease Control and Prevention, the NLM, and other U.S. Department of Health and Human Services Web sites.

"I started PIA in 1997 to show the community how to access health information via the Web and how to assimilate that information into their lives," said Muhammad. When I was first diagnosed with HIV, there was no one to teach me. I wanted to make it easier for people com-

ing after me who may be infected with the virus or know someone else who is."

Each month, PIA hosts two-hour training sessions at the George Washington University Campus. "We start with an introduction to the Web, explaining to people what the acronym WWW stands for," Muhammad explains. "We then explain what it means to 'surf the Web,' and how to get started. From there we teach participants what Web sites contain credible health information."

After residents are trained, they are referred to public libraries and several D.C.-based health organizations that provide residents with Internet access.

## **Empowering Individuals**

Getting D.C. residents to take control of their health is the main goal of the PIA program. "What we are really trying to do is to break this tradition in the African American community of not accessing health care," said Muhammad. Unlike many rural areas, D.C. has healthcare services available for the community.

"We as African Americans have a tendency to only go to the doctor if we are in pain, but by then it is often too late to do anything," said Muhammad. Much of this

behavior is due to African American history of being denied health care, he said.

"We were never taught about the importance of going to the doctor for preventive care. That tendency gets passed down from generation to generation. As a result, now when we do go to the doctor, we are often frustrated because we don't know how to take control of our own health, we don't know what kinds of questions we should ask," said Muhammad. "That's why this program is so important."

The program not only allows these individuals to confront HIV, but whatever medical problems they may be dealing with—be it high blood pressure, diabetes, or cancer—in a private and informed way. More importantly, it gets them thinking about their own health and the information gathered prepares them to deal with doctors, said Muhammad.

Part of the training involves the use of visual images of diseases—what the disease looks like at the cellular level, how it works to damage the body—to get participants involved in their own health, said Muhammad. "These images are attention holding and they create interested and informed consumers who are more prepared to confront doctors with symptoms and questions," said Muhammad.

## **Getting Them to Come**

Getting folks who most need the training to actually come, and participate in the training isn't easy, said Muhammad. "You or I can't just walk into these tight-knit neighborhoods where everyone knows each other, and expect these individuals to come to an Internet training. There has to be an incentive," said Muhammad.

To get them to come, PIA offers grocery coupons and serves food at the meetings, which are held in the evening—usu-

### **Deltas continued from 10**

mation. Kids were really open about their sexual experiences, and the questions that were asked really helped me to understand that I am the only one that can truly protect myself from this deadly disease."

Event sponsors felt that the event was a tremendous success. "Hundreds of sorors, their families, friends, and others who learned of our event attended. If we encouraged just one person to change their behavior or to get tested, we can claim success," added Green.

Delta Sigma Theta Sorority, Inc., is an international public service sorority that has chosen the fight against HIV/AIDS in the African American community as one of its national initiatives. Throughout its history, the Sorority has initiated and promoted community services programs addressing such areas as education, economic development, and physical and mental health.

For more information, go to <http://www.deltasigmatheta.org> or call 202-986-4400. ❖

**PIA continued on 14**

other Federal agencies and online; solicitation of the press with information on the event; and, dissemination of the event through sponsoring agencies' newsletters.

TLCA also works with its Federal colleagues to promote coordination and to improve HIV/AIDS services for communities of color.

For example, TLCA's Plain Language Training seminars are designed to help government officials draft more user-friendly grant announcements and application forms.

### Increased Efforts in Faith-Based Communities of Color

Faith leaders in communities of color can help effectively raise awareness, dismantle the fear and stigma, and embrace those infected and affected by HIV/AIDS, and as yet, have not been fully enlisted in the battle to fight the epidemic. For this reason, TLCA will continue to increase its support and collaboration with pastors, church leaders and nationally renowned gospel recording artists in several capacities to raise awareness.

Already the Campaign has produced a variety of faith-based educational tools from fact sheets and op-eds to television and radio public service announcements. TLCA continues to coordinate and lead faith-based seminars, workshops and news conferences as well as provide technical assistance to churches conducting HIV/AIDS outreach activities.

TLCA has made inroads into helping to fight HIV/AIDS in communities of color across the country over the past two years. With continued effort and support through TLCA and its partners, leaders within communities of color will be able to more effectively reach those who are infected and affected by the disease, and most importantly, new infections can be prevented.

For more information on *The Leadership Campaign Against AIDS*, go to <http://www.surgeongeneral.gov/aids/tlcapage1.html> ❖

## HIV and Substance Abuse Prevention In Hispanic Youth

Aimee Swartz

Numerous studies indicate that substance use among Hispanics in the United States is increasing, particularly among youth.

According to the Henry J. Kaiser Family Foundation, Hispanic youth represent approximately 14 percent of U.S. teenagers, but 20 percent of new AIDS cases reported among teenagers in 2000. Because Hispanics are the largest and fastest growing ethnic minority group in the U.S., addressing the impact of HIV/AIDS and substance abuse is critical.

In response to this problem, the Washington, D.C.-based Latin American Youth Center (LAYC), in 1999 launched *Focus on Kids*, a comprehensive and holistic peer-to-peer HIV and AIDS and substance abuse education and prevention program for multicultural youth.

Previously, the LAYC had been conducting separate HIV education and substance abuse prevention programs in neighborhood high schools through small local grants and money from the District's Addictions Prevention Recovery Administration. "We began to partner our programs because we couldn't address one without the other and because it was easier for the youth to connect one to the next. We wanted them to see what a big affect substance abuse has on HIV and AIDS and vice versa," said Doris Romero, youth developer.

"When we first started the program, we had to design everything ourselves from information we received in training and health fairs. But there was such an immediate need in the youth and such an interest, that we knew we had to do more," Romero explains. When the LAYC saw

the opportunity to expand its small program through a three-year Substance Abuse and Mental Health Services Administration's Center for Substance Abuse Prevention grant, it jumped at the chance. Now in its third year, the LAYC's unique program has successfully served hundreds of at-risk and hard-to-reach youth.

Cited by the Centers for Disease Control and Preven-

tion as a curriculum that works to prevent HIV and substance abuse, *Focus on Kids* enhances youth's understanding of behaviors that increase their risk for HIV, AIDS, and substance abuse. Moreover, the program increases youth's ability to resist these behaviors through peer support and the development of coping skills and self-esteem.

"Each year over 100 youth, who have little or no HIV education, go through our program," said Romero. "They see HIV and AIDS as very far from them. And they don't recognize how the spread of HIV is connected to substance abuse and other risk factors."

Youth between the ages of 10 and 17 meet weekly during the 11-session program for games, role-playing and honest



discussion on topics ranging from “Attitudes and Skills for Sexual Health” and “Risks and Values” to “Educate Yourself: Info and Consequences.” “They are very eager to learn and very eager to participate,” said Romero.

Facilitators, such as Romero, help the youth discern how to best talk to each other, to their boyfriends or girlfriends, and to their parents about substance abuse and sexuality issues, including HIV and AIDS. “*Focus on Kids* has really helped me improve my communications skills. I’m now much more assertive and confident. What I learned definitely stuck with me through the program,” said Elgin Garcia, a former participant.

To be eligible for the program, youth must not only possess a strong desire to learn about HIV/AIDS and substance abuse prevention, but must also have their guardians’ permission. “At first they’re not that interested in having their children participate because they don’t want to talk about AIDS or drugs. But then I usually take a different approach and focus on teen pregnancy and how issues of sexuality are linked to HIV and substance abuse,” Romero said.

Recognizing that without vigilant prevention activities the virus will continue to spread among a community that is already suffering from tremendous socioeconomic disparities, the LAYC is eager to build upon the *Focus on Kids* prevention efforts. The LAYC is hopeful that funding for the *Focus on Kids* program will be reinstated. If not, the LAYC intends to seek new support from local and national foundations, corporations, local governments, and other Federal sources.

“This is just the tip of the iceberg. We want to do what we’ve done with even more youth,” Mai Fernandez, managing director, said. Messages need not only to be clear, but consistent and familiar. Once families begin trusting the programs, they will be more likely to send another child through the program,” said Fernandez. The LAYC also has a partner program “Parent Strengthening,” which addresses similar issues within the family unit. In addition, the LAYC offers HIV testing and counseling, a condom distribution program, and operates one of the District’s few outpatient, bilingual walk-in drug treatment centers for youth.

Founded over 30 years ago to address the specific needs of immigrant at-risk Hispanic youth, the LAYC’s \$6.5 million budget now supports dozens of programs that foster youth development and empowerment, including crisis intervention, respite care, family support services, primary and preventative health care, citizenship classes, Internet access, vocational training, and multi-disciplinary arts.

Drawing on over 100 private, State, local, and Federal grants, the LAYC has extended its reach to the community at-large, each year serving over 5,000 infants, children, teens, and adults from the District’s Hispanic, Vietnamese, Caribbean, African American, and African communities.

*For more information about the Latin American Youth Center’s Focus on Kids program, contact Doris Romero at 202-319-2263.* ❖

## Funding

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### Adolescent Health Programs

The Centers for Disease Control and Prevention (CDC) announces the availability of fiscal year (FY) 2002 funds for a cooperative agreement research program for Integrated, Multi-level Interventions to Improve Adolescent Health through the Prevention of Sexually Transmitted Diseases, including HIV, and Teen Pregnancy. This program addresses the “Healthy People 2010” priority area(s) of Sexually Transmitted Diseases, HIV, and Family Planning.

Applications may be submitted by public and private non-profit organizations and by governments and their agencies, i.e., universities, colleges, research institutions, hospitals, other public and private non-profit organizations, and State and local governments.

Approximately \$1,000,000 is available in FY 2002 to fund up to three awards. It is expected that the average award will range from \$300,000 to \$500,000, including indirect costs. It is expected that the awards will begin on or about September 30, 2002, and will be made for a 12-month budget period within a project period for up to eight years. Application deadline is on or before June 1, 2002.

*For more information, go to <http://www.cdc.gov/od/pgo/funding/02008.htm>* ❖

### Research on Alcohol and HIV/AIDS

The National Institute on Alcohol Abuse and Alcoholism (NIAAA) seeks applications to support research to identify and characterize the role of alcohol, drinking behaviors, and drinking environments in the epidemiology and natural history, pathogenesis, prevention, treatment, and control of HIV/AIDS.

The goal of this program announcement—Research on Alcohol and HIV/AIDS—is to encourage multidisciplinary, interdisciplinary, and collaborative studies that focus on a range of epidemiologic and intervention issues within HIV and alcohol.

Relevant objectives identified in the plan include: to characterize the relative importance of alcohol and drug use in the acquisition and subsequent transmission of HIV in order to identify and apply appropriate alcohol and drug use interventions as public health measures; and to investigate the social and environmental factors that contribute to HIV infection, behaviors after infection, and co-occurring conditions (e.g., substance use, mental illness, homelessness, hepatitis, STDs, tuberculosis), including the causes and implications of stigma. Application dates are May 1, 2002, September 1, 2002, and January 2, 2003.

*For more information, go to <http://grants.nih.gov/grants/guide/pa-files/PA-02-039.html>* ❖

ally from 7 p.m. until 9 p.m.. “We used to hold the trainings at the NLM in Bethesda, MD and in the daytime. But attendance was low because most people couldn’t take off work and were unwilling to travel out of the city for the training,” said Muhammad.

PIA also recruits individuals from these neighborhoods to talk with the residents about the program to encourage them to come. They are often residents who are afflicted with HIV/AIDS or other health conditions that are common in D.C.’s African American community—diabetes, hepatitis C, and high blood pressure. Residents are more likely to come if they can relate to the messenger, said Muhammad.

“We’ve had very good responses from people who have participated in the program. Most people report using the information they learned in everyday practice and intend to pass that information along to others,” Muhammad explains. PIA is also conducting a long-term evaluation of the program and a citywide survey of what participants learned. In its effort to expand the program, PIA continues its search for funding, which would help Muhammad acquire transportation, trainers, equipment, and the ability to produce visual marketing materials.

The Office of Minority Health Resource Center (OMHRC) has been providing on-going technical assistance to PIA in the areas of grant writing, fundraising efforts, and organizational structuring to further its goal of beginning a national program.

“OMHRC is instrumental in the success of this PIA program. The individuals at OMHRC inspired me to pursue my goals of expanding the program and eventually making it national. They taught me how to utilize the information resources that are already out there and how to connect with the people who can further help PIA in its mission,” said Muhammad.

*For more information on PIA, contact Abdul-ali Muhammad, 202-548-0191. For more information on OMHRC’s technical assistance activities, call 800-444-6472 and ask to speak to Silvia Villacampa. ❖*

## Organizations

### **American Association of Blood Banks**

8101 Glenbrook Road  
Bethesda, MD 20814-2749  
301-907-6977  
<http://www.aabb.org>

### **American Red Cross**

National Capital Chapter  
2131 K Street, NW  
Washington, D.C. 20037  
202-728-6400  
<http://www.redcross.org>

### **Delta Sigma Theta Sorority, Inc.**

1707 New Hampshire Avenue, NW  
Washington, D.C. 20009  
202-986-2400  
<http://www.deltasigmatheta.org/>

### **HIV/AIDS Treatment Information Service (ATIS)**

P. O. Box 6303  
Rockville, MD 20849-6303  
800-HIV-0440 (800-448-0440)  
<http://www.hivatis.org/>

### **Latin American Youth Center**

1419 Columbia Road, NW  
Washington, D.C. 20009  
202-319-2225  
<http://www.layc-dc.org/>

### **National Aging Information Center**

Administration on Aging  
330 Independence Avenue, SW  
Room 4656  
Washington, D.C. 20201  
202-619-7501  
<http://www.aoa.gov/naic/default.htm>

### **National Association of HIV over Fifty**

Southwest Boulevard Family  
Health Center  
340 Southwest Boulevard  
Kansas City, MO 66103  
816-421-5263  
[http://www.hivoverfifty.org/nahof\\_resources.html](http://www.hivoverfifty.org/nahof_resources.html)

### **National Center for HIV, STD and TB Prevention**

1600 Clifton Road  
Atlanta, GA 30333  
800-311-3435  
<http://www.cdc.gov/nchstp/od/nchstp.html>

### **National Pediatric and Family HIV Resource Center**

University of Medicine and Dentistry  
of New Jersey  
30 Bergen Street - ADMC #4  
Newark, NJ 07103  
800-362-0071  
<http://www.pedhiv aids.org/>

### **National Prevention Information Network (CDCNPIN)**

P. O. Box 6003  
Rockville, MD 20849-6003  
800-458-5231  
<http://www.cdcnpin.org>

### **Office of the Surgeon General**

5600 Fishers Lane  
Room 18-66  
Rockville, MD 20857  
<http://www.surgeongeneral.gov>

### **Office of HIV/AIDS Policy**

200 Independence Avenue  
Room 736E  
Washington D.C. 20201  
202-690-5560

### **Pediatric AIDS Foundation**

2950 31st Street, #125  
Santa Monica, CA 90405  
888-499-HOPE (888-499-4673)  
<http://www.pedaids.org>

### **Project of Intermediate Advocates**

1847 Massachusetts Avenue, SE, #12  
Washington, D.C. 20003  
202-548-0191

## Resources

**Diverse Communities, Common Concerns: Assessing Health Care Quality for Minority Americans**—a new survey by The Commonwealth Fund—reveals that on a wide range of health care quality measures minority Americans do not fare as well as whites. The survey looked at effective patient-physician communication, overcoming cultural and linguistic barriers, and access to health care and insurance coverage.

African Americans, Asian Americans, and Hispanics are more likely than whites to experience difficulty communicating with their physician, to feel that they are treated with disrespect when receiving health care, to experience barriers to access to care such as lack of insurance or not having a regular doctor, and to feel they would receive better care if they were of a different race or ethnicity.

While the health care experiences of different minority groups do vary significantly, many common concerns emerge. The survey findings also frequently reveal wide variation within racial and ethnic groups.

For more information, go to [http://www.cmf.org/programs/minority/collins\\_diversecommunities\\_523.pdf](http://www.cmf.org/programs/minority/collins_diversecommunities_523.pdf) or call 212-606-3800.

**The HIV/AIDS Surveillance Report**, U.S. HIV and AIDS cases reported through June 2001 Midyear edition Vol. 13, No. 1, includes new tables which present trends in estimated annual AIDS incidence from 1996 through 2000, by U.S. region, race/ethnicity, and exposure category.

To view and download the report, go to <http://www.cdc.gov/hiv/stats/hasr1301.htm>

**Report to the Secretary on HIV/AIDS in Racial and Ethnic Communities** contains more than 70 action steps that the Federal government could implement in order to address and enhance its efforts to meet the HIV prevention, service and research needs of racial and ethnic minority populations (Blacks/African Americans, Hispanics/Latinos, American Indians/Alaska Natives, Asians, and Native Hawaiians and Pacific Islanders).

This report, developed by a community/Federal workgroup, focused on issues such as inclusion, representation, data needs, infrastructure development, and technical assistance.

For more information, go to <http://www.omhrc.gov/omh/sidebar/rpt299.pdf>

**The State of Latinos in HIV Prevention Community Planning** is based on the experience of Latino staff at the Centers for Disease Control and Prevention's National Technical Assistance Providers' Network for Community Planning. They facilitated sessions on the Latino experience in community planning at various meetings and conferences in 2001. This document is a compilation of information from these meetings and various other sources. It was created to serve as a tool to help community planning groups (CPGs), health departments, and other stakeholders understand the issues behind Latino participation in community planning, as well as to increase Latino participation in the process.

To download the report, go to <http://www.cdc.gov/hiv/pubs/SLCP/SLCP.htm> or call 800-458-5231.

**Updated Fact Sheets** on HIV/AIDS and various groups of people have been posted online on the Center for Disease Control and Prevention's Divisions of HIV/AIDS Prevention Web site.

Groups covered are African Americans, Women, IDUs and partners, Hispanics, Men who have Sex with Men, Health Care Workers, and Young People.

For more information, go to <http://www.cdc.gov/hiv/pubs/facts.htm>



### Register Now for National Leadership Summit

The National Leadership Summit to Eliminate Racial and Ethnic Disparities in Health, originally scheduled for September 2001, has been rescheduled for July 10-12, 2002, in Washington, D.C.

The Summit, expanded to accommodate 2,500 participants, will be on an open-registration basis. Participants will include individuals from traditional and non-traditional organizations addressing minority health issues at the local, State, tribal, and national levels, as well as funders and policymakers. In addition to the identification and highlighting of successful programs, participants will be able to attend "skills building sessions" aimed at providing participants with information and skills to enhance their efforts at the local level.

Participants will receive a "community tool kit," containing descriptions of community-based programs, technical assistance documents, resource documents, and policies which are aimed at eliminating disparities.

The Summit supports Departmental efforts related to Healthy People 2010, the Nation's health agenda, as well as the Departmental Initiative on Eliminating Racial and Ethnic Disparities in Health.

For more information, contact BETAH Associates, Inc., toll-free at 1-888-516-5599 or visit us online at <http://www.summit.omhrc.gov> ❖

**DEPARTMENT OF HEALTH & HUMAN SERVICES**

Office of Public Health and Science  
Office of Minority Health Resource Center  
P.O. Box 37337  
Washington DC 20013-7337

PRSRRT STD  
POSTAGE AND FEES PAID  
DHHS/OPHS  
PERMIT NO. G-280

Official Business  
Penalty for Private Use \$300

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## Conferences

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**May 28-31, 2002**

Balm in Gilead: *2002 The Black Church HIV/AIDS Institute.*  
Dolce Tarrytown House Conference Center, Tarrytown, NY.  
For more information, go to <http://www.balmingilead.org>.

**May 28-31, 2002**

Global Health Council: *Global Health in Times of Crisis.*  
Omni Shoreham Hotel, Washington, D.C.  
For more information, call 202-234-0700.

**June 27, 2002**

National Association of People With AIDS: *National HIV Testing Day.* Nationally.  
For more information on events in your community, go to <http://www.napwa.org> or call 202-898-0414.

**July 7-12, 2002**

XIV International AIDS Conference.  
Fira de Barcelona, Barcelona, Spain.  
For more information, go to <http://www.aids2002.com>

**July 10-12, 2002**

National Leadership Summit to Eliminate Racial and Ethnic Disparities in Health.  
Hilton Hotel and Towers, Washington, D.C.  
For more information, go to <http://summit.omhrc.gov> or call Betah Associates at 888-516-5599.

**September 19-22, 2002**

U.S. Conference on AIDS.  
Anaheim Convention Center, Anaheim, CA  
For more information, go to <http://www.nmac.org> or call 202-483-6622.

